

MAXIMIZING THE BENEFITS FROM WATER AND ENVIRONMENTAL SANITATION

## Community participation in improvements of environmental hygiene and sanitation

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*The water and sanitation sector in Kabale district is one of the sectors through which Poverty Eradication is being implemented, particularly through improved and sustainable water supply and sanitation. A study of the water and sanitation patterns of the district were conducted. These showed that poverty greatly limited good hygiene behaviour and improved sanitation and that without community involvement and participation towards ensuring improved and sustainable hygiene, very little shall be achieved. This paper outlines the above process and draws appropriate conclusions.*

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### Background information

The water and sanitation programme covers the entire district with a goal of poverty reduction through improved and sustainable water supply and sanitation in Kabale District.

Sanitation and hygiene promotion is a responsibility of the ministry of Health, Education and DWD in Uganda. The slow adoption of behavioral change with regard to Sanitation has led to poor health and poverty -with about 440 children dying of diarrhoea every week and 84% latrine coverage in rural areas (2002/2003 Uganda National Household Survey). Kabale district's latrine coverage is at 80% (end of April 2005 district report).

The water and sanitation scenario is a combination of both functional and non-functional structures and lack of facilities for safe water and sanitation.

The breakdowns, non-functionality and poor maintenance of water and sanitation facilities is being caused by poor mobilization at implementation level, lack of training and awareness raising to communities by the implementing agencies and presence of non-functional committees. These act as a set back for proper performance monitoring and evaluation at both community and programme level.

The Millennium Development Goal (MDGs) of eradicating extreme poverty and hunger and ensuring environmental sustainability together with the Poverty Eradication Action Plan (PEAP) themes and indicators of investment cost, Access/use-sanitation, equity and hygiene may not be achieved if the issue of community involvement and participation which ensures hygiene improvement and sustainability of facilities is not addressed.

Kigezi Diocese Water and Sanitation Programme (KD-WSP), which has been in operation since 1986 provides a sustainable health improvement to over 22,780 beneficiaries per year in Kabale District, Southwest Uganda through provision of improved and sustainable water supply and sanitation services and hygiene practices through projects

(construction of Gravity Flow Schemes, rainwater catchment structures, protection of springs, health, hygiene and maintenance trainings), on going support to programme beneficiaries to ensure sustainability of improved water supply and sanitation services and improvements to hygiene practices, accelerating service delivery by scaling up water supply and sanitation provision through Community Based Organizations (CBOs), and dissemination of best practices and advocacy to implementer/policy makers within Uganda and beyond. This is in line with the MDGS, and the PEAP themes and targets for Sustainable development in developing countries like Uganda.

### KDWSP approach to communities

One of the approaches of hygiene and sanitation improvement used by the program involves programme staff residing in communities prior to and during the programme intervention. Residing with in the community is undertaken after the community has received initial training in hygiene and sanitation related issues. The Programme hygiene and sanitation trainers reside in communities for 75% of their working days. While there, they undertake home visiting, provide hygiene education at household level; follow up action plans drawn by individual households and visit primary schools for health education.

The purpose of this is to identify with the community and build trust and confidence of the people. This allows the programme to reach a high quality relationship that would not be possible any other way and forms the basis for the sustainable change that KDWSP seeks to bring about.

In Nangara community, Bubare Sub County with three years after programme intervention, the health promotion staff resided in it working and interacting with Kagana women's group of 110 members. While there, hand-washing facilities were bought to improve on Handwashing after latrine use and latrine coverage increased among the group

members from . A case in point is the Kagaana women group in Nangara parish, Bubare subcounty with 110 members where improvement in sanitation has been realised. Latrine coverage among the group members increased from 65% in 2002 to 100 in 2000, Handwashing after latrine has increased from 0 to 80% over the same period. People outside the group are learning from them and have started to improve on their sanitation and hygiene practices.

### **Collaboration with the community leadership and other working agencies**

The program recognizes the importance of working with all stakeholders not work in isolation. It works through committees like the water and sanitation committee (WATSAN), monitoring teams and other existing groups such as stretcher groups (burial groups), mother's union, Religious institutions, and Government extension workers. The different stakeholder's work together in mobilization, sensitization, training, monitoring and evaluation of sanitation practices during and after program intervention. This promotes a spirit of responsibility and ownership, which has led to improvement and maintenance of hygiene activities during and after the Program's intervention. The committees involved work on a voluntary basis.

### **Accelerating service delivery**

KDWSP is using water provision to communities as an entry point to access people in hygiene and sanitation improvement. Thus it is actively involved in empowering women by training women groups - Community Based Organisations (CBOs) in ferrocement tank construction to harvest rain water. These are already established women groups with bye-laws, common goals and objectives and acts as a pressure group. This approach has led to the construction of rainwater tanks at household level and improved sanitation among the group members. As a consequence of these improvements they have started to undertake income-generating activities leading to improved standards of living.

### **Training methodology**

KDWSP uses certain approaches in training and dissemination of knowledge concerning hygiene and sanitation like study tours, health and hygiene competitions, use of demonstration villages and homes, use of local people in training others, use of teaching aids developed by the programme and similar to situation in Kigezi and use of local drama and video shows. Local drama is used and local films and charts have been developed which address realities in the community. The local films produced include "Nyanjura" which addresses rainwater harvesting, "Amaizi marungi" regarding community mobilisation and hygiene improvement, "Ekibon'omwe" considering the maintenance of water and sanitation facilities.

The educational materials in the films are presented in the

form of realistic village stories, with plenty of dialogue and action, and are thus well received by the communities.

A case in point is the Hamurambi Women group of 80 members who after watching the "Amaizi marungi" film (the sanitation scene) decided to improve on safe excreta disposal and they resolved that each member of the group should install a sanplat. 40 members bought and installed Sanplats and others are also showing willingness to have them put in place.

### **Involvement of children**

Children's involvement is another approach used by the program to reach out to the communities. Child to child linkages with children in and out of schools is established for hygiene and sanitation promotion. Children at schools also form a children committee and sanitation clubs. These are under the supervision of the sanitation teacher and teacher on duty. These teachers are trained in hygiene and sanitation issues by the District health promotion staff alongside KDWSP staff.

There have been noticed successes in schools where we conducted health education sessions. For example children can now wash their hands after latrine use even when the sanitation teacher does not remind them about the practice. And, more so, children's personal hygiene at schools has greatly improved due to regular sanitation visits by extension staff.

### **Conclusion**

Good hygiene behaviour and improved sanitation coverage in Kabale are not at 100% due to poverty, diseases such as HIV/AIDS and the heavy work load of women who are the ones charged with hygiene and sanitation in homes.

However, KDWSP has found that good practices such as Handwashing and safe excreta disposal can be adopted and sustained through the approaches outlined above, which the programme undertakes. Of particular importance is a high degree of involvement of the communities from initial mobilisation, through implementation and after.

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