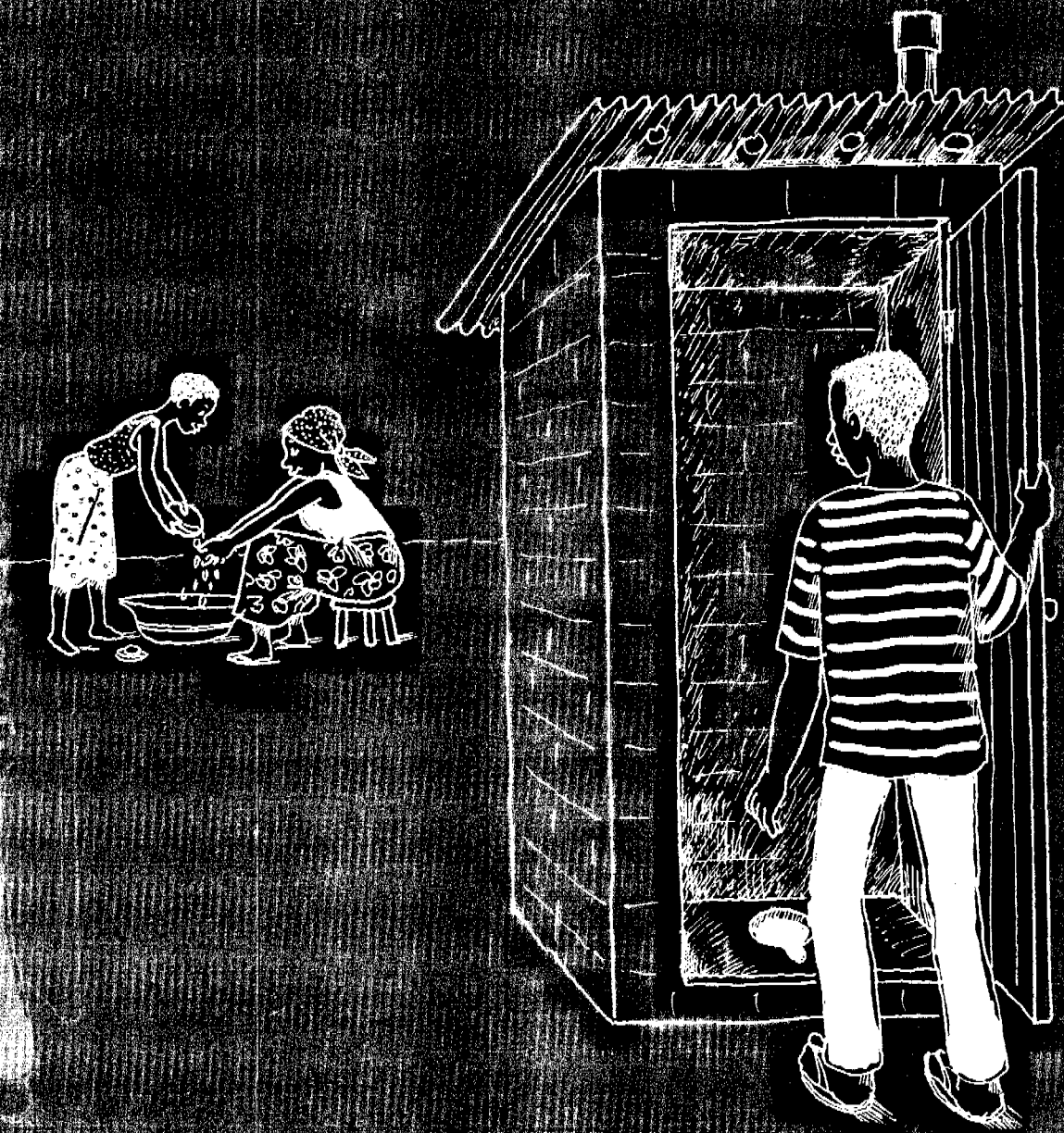
National Sanitation Guidelines



Ministry of Health - Uganda

National Sanitation Guidelines

These guidelines were produced for the
Ministry of Health – Uganda
by the Water and Sanitation Program – Africa Region (WSP-AF)

Water and Sanitation Program

An international partnership to help the poor gain sustained access to improved water supply and sanitation services

Credits

The NATIONAL SANITATION GUIDELINES are one of the support manuals for the use of district and urban councils in planning, organising, and promoting community managed sanitation and hygiene in Uganda.

The Guidelines were written on a collaborative basis by district and urban councils, central government ministries, NGOs, and donor agencies. These included:

- District Councils - Adjumani, Arua, Hoima, Iganga, Jinja, Kabale, Kabarole, Kasese, Kibaale, Kiboga, Lira, Luweero, Mbale, Mbarara, Moroto, Moyo, Mpigi, Mukono, Nebbi, Pallisa, Rukungiri, Sembabule, and Tororo
- Kampala City Council
- Ministry of Gender and Community Development
- Ministry of Health
- Ministry of Local Government
- Ministry of Natural Resources
- School of Hygiene
- DANIDA,UNICEF,WHO, The World Bank
- RUWASA
- AMREF, NETWAS, Water Aid

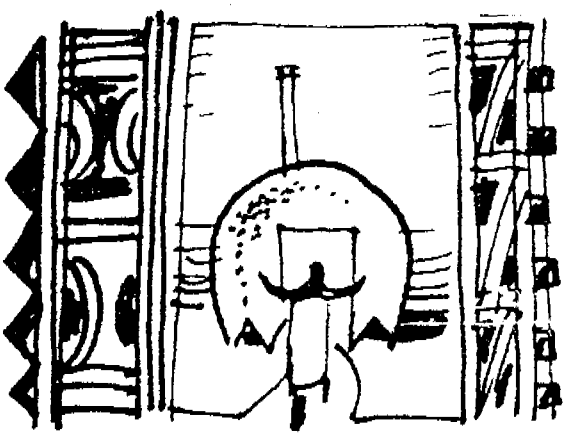
The guidelines were written in a series of workshops from August to October 1999. The exercise was co-ordinated by the Environmental Health Division (Ministry of Health) with support from the Water and Sanitation Program (WSP-AF) in Nairobi, Kenya.

Graphics were produced by Petra Rohr-Rouendaal, Ato de Graft, and reviewed by John Odolon of NETWAS Uganda.

The NATIONAL SANITATION GUIDELINES were specifically written for the use of district, urban and sub-county authorities, but are available for the use of all of those involved in sanitation and hygiene promotion.

The guidelines are in a series of publications developed to support sanitation and hygiene promotion in Uganda. The other publications in the series include:

- Concept Paper: Promotion of Sanitation in Uganda (Ministry of Health, 1997)
- National Sanitation Forum Report (Ministry of Health, 1997)
- National Sanitation Policy - Draft (Ministry of Health, 1997)
- Guidelines for School Sanitation (Ministry of Health, 1999)



Environmental Health Division
Ministry of Health
Kampala
Republic of Uganda

Introduction

Poor sanitation is a national problem and everybody's responsibility. In Uganda, it has an effect on health status, education, and development. It drains the national economy and slows down the pace of development efforts.

Who are the Guidelines for?

The Sanitation Guidelines have been prepared for use by the implementers, promoters, and supporters of programmes on sanitation and hygiene within the country, including:

- Technical officers and elected politicians of district and sub-county councils.
- National level government departments who provide resources and support
- Technical staff of water and sanitation projects (e.g. WES, RUWASA, etc)
- NGOs, CBOs and private contractors who are involved in providing services
- International and bilateral agencies supporting sanitation and hygiene.

What is the purpose of the Guidelines?

The objectives of the new guidelines are to:

- Provide a guide for local authorities on how they can plan, implement, and evaluate their own sanitation and hygiene programmes with or without external support
- Promote a standardised approach for sanitation and hygiene promotion by the different institutions and projects involved in this sector

How to use the Guidelines

The Guidelines are divided into eight sections plus a number of Appendices. The first three chapters deal with background issues - the status of sanitation in Uganda, goals and principles, and institutional framework. Chapters 4 and 5 describe the strategies and approaches used in building support for and action on sanitation. Chapter 6 gives the detailed guidelines for players at the district, sub-county, and community levels. Chapter 7 describes the strategies needed for different types of settlements e.g. peri-urban, emergency settlements, mobile populations, etc. Chapter 8 explains the technical options for excreta disposal and other sanitation components. The Appendices provide practical checklists for different operations e.g. sub-County sanitation plan, supervision checklist, etc.

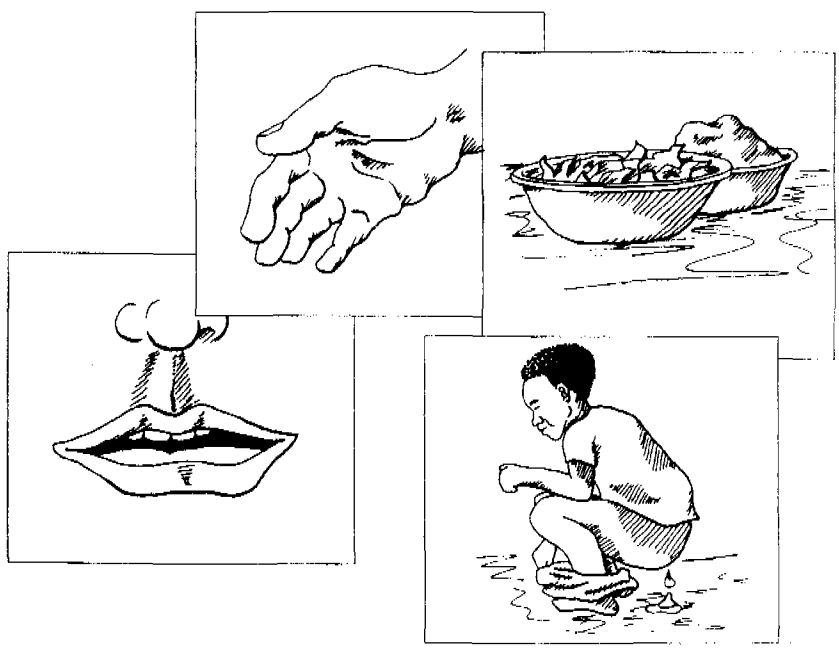
An Evolving Document

This version of the guidelines has been developed with extensive input from national and district level stakeholders. But the guidelines are not a finished product. They will be updated and refined on the basis of experience drawn from the field. So your experience can help improve the guidelines. Try them out in the field and let us know what changes are needed.

Abbreviations and Acronyms

CAO	Chief Administrative Officer
CBO	Community Based Organisation
CDA	Community Development Assistant
CHW	Community Health Workers
DCDO	District Community Development Officer
DHI	District Health Inspector
DMT	District Management Team
DWD	Directorate of Water Development
DWO	District Water Officer
EHD	Environmental Health Division
HA	Health Assistant
IEC	Information Education Communication
IMSC	Inter-Ministerial Steering Committee
LC	Local Council
MGCD	Ministry of Gender and Community Development
MLG	Ministry of Local Government
MOE	Ministry of Education
MOH	Ministry of Health
NETWAS	Network for Water and Sanitation
NGO	Non Government Organisation
PDC	Parish Development Committee
PHAST	Participatory Hygiene Awareness and Sanitation Transformation
PHC	Primary Health Care
PTA	Parent Teacher Association
RUWASA	Rural Water and Sanitation (East Uganda) Project
SA	Sanitation Aid
S&H	Sanitation and Hygiene
SCAC	Sub County Action Committee
SWOT	Strengths, Weaknesses, Opportunities & Threats - analytical tool
UNPAC	Uganda Plan of Action for Children
UPE	Universal Primary Education
VIP	Ventilated Improved Pit Latrine
WATSAN	Water and Sanitation (Committee) - community level
W&S	Water and Sanitation
WES	Water and Environmental Sanitation Programme

Contents



Foreword

Improved sanitation is important, but traditionally it has not been prioritized as a socio-economic development issue. Sanitation and Hygiene promotion is an integral part of the community development strategy. It cannot therefore be performed in isolation and independently from development activities carried out by other related bodies.

The development and promotion of sanitation and hygiene especially in rural, peri-urban, and in special situations namely; public institutions like schools and health units, emergency situations, fishing villages, mobile populations, is an essential component of Primary Health Care and an important part of the overall socio-economic development of this country. This inter-relationship and inter-dependence of health and socio-economic development entails that activities of health including sanitation must be co-ordinated at National, District, Sub-county and Community levels with those of other sectors including Education, Agriculture, Local Government, Housing, Works, Water Development, Communication, Community Development and Non-Governmental Organisations. These sectors have the potential to act as effective support systems in rural and peri-urban sanitation development programmes.

Existing resources and frameworks within government ministries, religious institutions, voluntary organisations, international and bilateral agencies should be mobilised, co-ordinated and directed to effective promotion of sanitation. Linkages with these sectors will not only bring assistance but also will prevent overlapping and wastage of resources and efforts.

Sanitation promotion in this country and indeed in many other developing countries is essentially a social and educational problem as opposed to being a technical one. Therefore, if we have to achieve the desired improvement in sanitation status, all sanitation ideologies or technologies should be properly explained to the people.

Women and children are the most important factors in family life and can be used as an entry point in the promotion of sanitation and hygiene. The proper methods of using the sanitation facilities provided and their value as a tool in the control of diseases, and the resultant benefits both in terms of well being and economic advancement must be inculcated in the minds of the people with special emphasis to women and children. The use of participatory tools remains the most important methods of guiding people on how to construct, use and maintain sanitation facilities.

Formulation of these guidelines is timely and I wish to thank all the organisations and individuals that participated in their production for the good job. It is my sincere hope that they will be well received and used as an important tool in the promotion of sanitation education and community development in general in our country.

Professor G.F Omaswa
Director General of Health Services
Ministry of Health, Uganda

July 2000

BACKGROUND

This section will address the following questions:

- What is the DEFINITION of sanitation?
- What is the EXISTING STATUS of sanitation?
- What are the EFFECTS of poor sanitation?
- What are the BENEFITS of improved sanitation?
- What has been DONE to intensify sanitation?

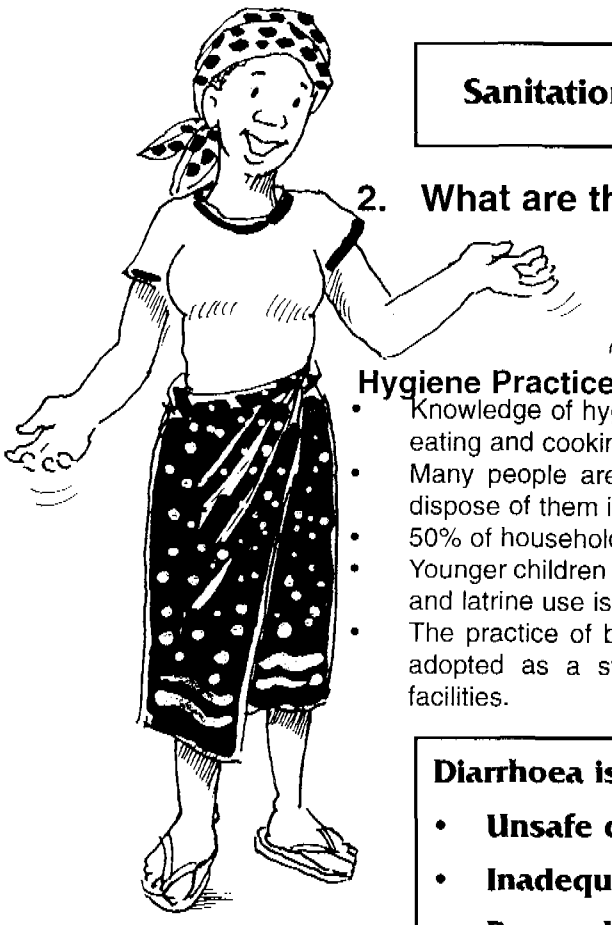
1. What is Sanitation?

Sanitation is a process where people demand, develop and sustain a hygienic and healthy environment for themselves by erecting barriers to prevent the transmission of disease. (UNICEF, 1997)

Sanitation is more than just building latrines to dispose of human excreta. It is a process with people at the centre aimed at keeping people and the environment clean. The process includes building, use and maintenance of latrines and other sanitation facilities; but it also involves learning, behaviour change, organisation, and collective action with other community members.

Sanitation is more than the disposal of human excreta. It also includes the following important components:

- Practising good personal, domestic and food hygiene
- Safe management of solid & liquid waste - rubbish, animal waste, dirty water
- Safe water chain - safe collection and storage of water, especially for drinking
- Vector control - control of insects and rodents that can spread disease



Sanitation is more than the promotion of latrines.

2. What are the Problems with Sanitation and Hygiene?

Hygiene Practices

- Knowledge of hygiene practices (e.g. handwashing after defecation and before eating and cooking food) is high but practice is poor.
- Many people are not aware of the health risks in children's faeces so they dispose of them indiscriminately.
- 50% of household latrines are poorly maintained and cleaned.
- Younger children and pregnant women are often discouraged from using latrines and latrine use is also constrained by taboos.
- The practice of building handwashing facilities near latrines has not yet been adopted as a standard practice. Only 12% of latrines have handwashing facilities.

Diarrhoea is primarily linked to:

- **Unsafe disposal of faeces, including child's excreta**
- **Inadequate handwashing practices**
- **Poor collection & handling of water - safe water chain.**

Excreta Disposal

a. Household Latrines in Rural Areas

- The percentage of household latrines in the rural areas declined from 90% in the 60s to almost 30% in the 80s and increased to 47.6% in the 90s.
- There are big regional differences - some districts have less than 10% coverage while others have over 85% coverage.
- In districts with nomadic populations (e.g. Moroto) latrines are only located in the trading centres and institutions, not in the rural areas.
- Most household latrines are traditional pit latrines, many of them in poor condition: walls and roofs are crumbling, and doors to provide privacy are missing. Only 30% of these latrines provide minimal protection and privacy. (DANIDA, 1996). Households are given little technical guidance during construction. (IRC-NETWAS)
- There is a low demand for improved pit latrines using a sanitary platform (sanplat), largely due to the costs involved, the inadequate supply, and the poor quality of sanplats produced by the low skilled private sector.
- Construction of latrines has also been limited by difficult terrain (e.g. rocky or soft soils, high water table) which prevents pit digging or results in the collapse of pits after digging. Pit lining significantly increases the cost of latrine construction. The districts do not know appropriate technologies for these soils.
- All family members except small children and the handicapped use latrines. Women and children are the major users. A number of cultural taboos, including sharing of latrines with in-laws, have blocked effective use of latrines.

b. Household Latrines in Urban Areas

- **In the towns latrine coverage is also relatively low (about 50%), but because of dense populations and the need for privacy, there is a bigger demand for latrines.**
- In peri-urban areas people have little access to basic sanitation. In Kampala, for example, 81 % of peri-urban dwellers have access to latrines, but only 23% have a separate latrine and 30% share a latrine with more than four other households. The latrines that do exist are shallow and poorly constructed.
- 41% of peri-urban households have excreta visible in their compounds, increasing the risk of diarrhoeal disease transmission.
- In some areas faeces are disposed of in polythene bags or "mobile toilets" which are discarded in banana plantations, rubbish bins, or drainage channels.

c. Public or Institutional Latrines

- Public latrines are constructed in markets, trading centres, clinics, schools, etc.
- There is a backlog of public latrines in the Rural Growth Centres, whose population is rapidly increasing.
- Roughly 50% of public latrines are traditional pit latrines and only 21.7% of public latrines use sanplats. The majority are constructed out of bricks and cement.

d. School Latrines

- The rapid increase in primary school classrooms and enrolment in response to UPE has increased pressure on the limited sanitation facilities available.
- Only 8% of primary schools have sufficient latrines for the number of students attending. In 1995 at the start of UPE the pupil-stance ratio was reported to be 328:1, far higher than the recommended ratio of 40:1. With the increase in classrooms and pupils, the current ratio is estimated to be 700:1.
- Only one third of the schools have separate latrines for girls.

Lack of separate facilities for girls has been the most important factor in the high dropout rates of female teenage students.

Water Collection, Handling and Storage

- There are high levels of contamination (over 80%) of drinking water at the source, during transportation, and at home (RUWASA, 1996)
- Only 9% of households were consuming water of acceptable quality.
- Major reasons for contamination include the use of dirty containers to fetch water and to store water, and storage containers not covered.

Solid and Liquid Waste Disposal

- In the towns there are problems of massive solid and liquid wastes and over-stretched basic services, due to the dens and rapidly growing population.
- Solid waste management is almost non-existent. In Kampala, for example, refuse is collected from only 20% of the population and only half of this is disposed of in a proper way. The rest is dumped indiscriminately.
- Little attention has been given to both wastewater disposal and storm drainage. Drainage is poor and limited to major roads and pathways. Drains are often used as dumping points for solid waste and sullage.

3. What are the Effects of Poor Sanitation?

Reduced Health Status

Poor sanitation impacts on the health and development potential of communities -

- Sanitation related diseases such as malaria, diarrhoea, worm infestations, eye infections, and skin diseases account for roughly half of all outpatient visits in the country and are major causes of mortality and morbidity (1996)
- Hundreds of thousands of people suffer from intestinal worms.
- About 440 children die of diarrhoea every week in Uganda. The high incidence of diarrhoea results in excessive nutritional stunting in children.
- Cholera outbreaks have become a common feature. In the period 1997-1999 over 50, 000 people have suffered from this disease, which is caused by poor sanitation.

Socio-economic Costs

Poor health keeps families in a cycle of poverty and lost income. The national cost of lost productivity, reduced educational potential and curative health care is substantial:

- 40 million work days are lost each year because of sanitation related diseases. This represents on average about 3.5% of workers' time lost to sickness.
- Government pays 30 billion shillings a year for treatment of sanitation related diseases, including 4 billion a year for treatment of diarrhoea.
- Individual households also pay large sums of money for the treatment of sanitation related diseases.

Environmental Costs

Poor sanitation leads to environmental degradation and the pollution of water sources -

- Degradation of the environment by indiscriminate disposal of solid and liquid wastes
- Contamination of the lakes and rivers by untreated human waste
- Environmental damage discourages tourism and trade, reduces fish production, and increases costs for cleanup operations.

Poor Performance in Education

- 2.7% of all students' time is lost to sickness from sanitation related illnesses.
- Lack of segregated latrine facilities for girls is a major cause of dropout and a constraint preventing girls from full participation in education.

4. What are Benefits of Improved Sanitation?

Improving sanitation and hygiene can have a range of impacts in Uganda:

- Diarrhoeal morbidity rates would reduce by as much as 36% with improved excreta disposal and 33% with improved hygiene i.e. to as low as 66 per 1000 live births
- Under 5s nutritional stunting rates would reduce to 30%
- Universal Primary Education would be enhanced, particularly for girls
- Households would lose less time in sickness and be more productive - 140 million work days would be saved each year from reduced morbidity.
- Government and households would save billions of shillings annually from savings on curative health care - this would release resources for preventive health care.
- The ultimate benefit would be an improvement in the health status of the population and through that improvement of the economic and social status of the country.

5. What Has Blocked Effective Sanitation?

A. Low Demand

There is little demand for improved sanitation. People have many other priorities, which are viewed as more pressing than latrines. Unlike water which is viewed as a survival need, people don't see latrines or hygiene as part of basic survival. Sanitation is perceived as an individual, not a communal responsibility so it has been difficult to get the community and its management committees interested in sanitation.

B. Lack of Awareness of the Risks Involved

Many people don't see anything wrong with open defecation in the bush. They don't understand that this is a health hazard to themselves and other people. There are no immediate negative effects to make them question this behaviour. They may have heard from the radio or extension workers that these practices are harmful, but they don't believe it or see its relevance to their 'gives. No one has taken the trouble to discuss sanitation in terms they could understand and do something about.

C. No Sense of Ownership

People view sanitation as something imposed by outsiders - extension workers - rather than something they want to do. It is seen, as a set of rules to be blindly followed, not a set of actions that people have planned themselves. So sanitation is not seriously considered as part of the planning of a safe household and environment. They may worry whether the roof of their house is strong enough, but they won't worry whether they have a safe latrine. A latrine is not seen as a basic part of the household.

D. Low Prestige and Recognition

Sanitation has been given low status and recognition within the civil service. Professionals in this field (Environmental Health staff) have relatively low status and in the past have received lower levels of training (i.e. diplomas rather than degrees). As a result it has been difficult for these professionals to play a strong co-ordinating role and persuade other officials to give sanitation more attention and priority.

E. Lack of Political Will

In the past there has been a lack of political will behind sanitation. Many politicians viewed sanitation as the health workers' job, and took little responsibility for it. They neglected sanitation in their budgets and depended on donors to fund sanitation. They showed more interest in hardware than software, since they didn't understand the importance of software. Some politicians were reluctant to enforce Council bye-laws (e.g. closing down dirty markets) for fear of losing votes; and some were not exemplary in behaviour - they 'preached but did not practice' (i.e. build their own latrine).

F. Lack of Legislation and Supportive Policies

There has been inadequate attention given to the development of sanitation policies. The Public Health Act (11964) and other laws are outdated. For example the fines for failure to build a household latrine are no longer effective deterrents. Sanitation remains a low priority within Primary Health Care and the Five-year Health Plans do not give sufficient emphasis to sanitation. The National Health Policy makes little reference to sanitation - the policy is biased towards curative rather than preventive health, even though the top ten causes of morbidity and mortality are all linked to poor sanitation. Policies tend to favour water supply over sanitation and hardware over software.

G. Poor Institutional Framework and Co-ordination

The institutional framework in the past fragmented responsibility among different government departments and ignored the role that community organisations, NGOs, and the private sector could play. There was limited co-ordination and a lack of clarity about the roles of different players at different levels. Each project worked largely in isolation and produced its own guidelines.

H. Inadequate and Poorly Used Resources

Sanitation has not attracted the resources needed to do the job. It is as important for health as water supply and is a far more demanding problem, yet sanitation receives far fewer resources. Where resources are available, far too much goes into hardware and not enough into mobilisation and education.

I. Poor Planning, Budgeting, and Priority Setting

Sanitation is marginalised in planning, budgeting, and resource allocation. At the national level sanitation is marginalised within the PHC budget - it is only given 5% of the budget. In terms of implementation it is treated as an adjunct to water supply, rather than a legitimate activity in its own right. It is slotted into the water project cycle, even though sanitation behaviour takes much longer to change.

J. Declining Coverage, Inadequate Facilitation, and Lack of Skills

The coverage of extension workers has significantly dropped. Many field staff lost their jobs due to public service reform and at present only half of the posts of HAs and CDAs are filled. Extension workers are demoralised by low salaries, inadequate allowances and transport, and insufficient supervision. The low coverage severely limits the amount of direct contact with communities and households. At the same time many extension workers are conditioned to using the old approaches (i.e. telling people what to do) and lack the skills to use the new, participatory methods.

K. Inappropriate Approaches

The approaches used in promoting sanitation have depended too much on coercion and one-way communication of generalised messages, and not enough on discussion, peer group learning, the fostering of commitment, and practical action planning.

L. Promotion of Health Benefits Only

In the past sanitation has been promoted on the basis of health benefits only, and neglected the reasons which motivate most people to build latrines e.g. convenience, privacy, status, and for visitors or in-laws.

M. Lack of Clearly Defined Technical Options for Different Areas and Groups

There has been a lack of clearly defined and accessible technical options suited to different soil conditions (e.g. rocky or water logged), different target groups (e.g. disabled, elderly, infants, low income groups, etc), or different contexts (e.g. peri-urban areas, mobile populations, fishing villages, etc)

N. Women Marginalised

Women have the most to gain from sanitation and are more receptive to its benefits than men; but women have been given a backseat in household decision-making and have been largely ignored as managers and potential agents of change in promoting sanitation. Women's dependency on men to finance latrines and dig pits has not been addressed as part of the programme design.

6. Things Done to Revitalise Sanitation

In the 60s sanitation was well supported and latrine coverage was high (90-96%). At the time the population was smaller (9.5 million in 1969), the economy was healthy, the Public Health Act was applicable, law enforcement was strong, chiefs were respected, there was a higher ratio of extension workers to the population, and home and environment campaigns were undertaken annually.

In the 70s and early 80s the political turmoil and breakdown of law and order reduced latrine coverage to 30% (1983).

In the late 80s and early 90s a fresh effort was made to accelerate the promotion of sanitation. The biggest push came from the new water and sanitation projects -RUWASA, WES, Small Towns Water & Sanitation Project, and other projects - which promoted sanitation as part of the total package. RUWASA, for example, made latrine building a pre-condition for new water supply facilities. Nevertheless sanitation in these projects lagged behind the more popular water supply component.

By the mid-90s there was a growing recognition at the political level of the need to give sanitation more recognition. During the 1996 election campaign the President talked about the problem of low latrine coverage and sanitation was added to government's list of priorities. The new Constitution (1996) included a reference to individual responsibility for maintaining a safe environment.

In 1997 the Environmental Health Division brought stakeholders together to work on new sanitation policies and guidelines. They formed a Sanitation Task Force, made up of key agencies, which developed a draft Sanitation Policy, Guidelines on Technical Options, and promotional materials. They also produced a Concept Paper that argued the importance of sanitation within the national development strategy and was used in advocacy efforts within Cabinet and among politicians at the district level.

These efforts culminated in the National Sanitation Forum (October 1997) which brought together political leaders from all districts and representatives of ministries, NGOs, and donor agencies. The aim was to build commitment to sanitation at all levels. The output of this event was the Kampala Declaration on Sanitation (1997), that endorsed the guiding principles for sanitation improvement and provided a ten-point strategy for action at the district level.

POLICY

Goals

The Uganda National Plan of Action for Children (UNPAC) established a number of wide ranging goals for Uganda to achieve by the year 2000. These were set as priorities for social sector development (MFEP, 1992). Improved sanitation and hygiene would make a significant contribution to each of the following goals:

Health and Nutrition

- Reduce stunting from 45% to 20% among the under 5s
- Reduce micro-nutrient deficiencies (iron deficiency to 1/3 of the current rate and eliminate vitamin A deficiency)
- Reduce infant mortality rate from 101 to 50 per 1000 live births
- Reduce under 5-mortality rate from 180 to 70/1000 live births
- Reduce malarial mortality in under-5s from 20% to 10% and morbidity by 30%, plus reduce malarial morbidity in pregnant mothers by 60%

Water and Environmental Sanitation

- 75% of population to have access to safe drinking water
- 75% of population to have access to sanitary means of excreta disposal
- Improvement in the means of disposal of solid and liquid waste
- Eradication of guinea worm disease
- Reduce by 50% deaths due to diarrhoea and by 25% the incidence of diarrhoea in under 5s and 25% reduction in general diarrhoea incidence rate
- Reduce malaria caused mortality in the under 5s by 50% and morbidity by 30%
- Reduce malaria morbidity in pregnant mothers by 60%

Basic Education

- Achieve 95% access to basic education (i.e. entry to P1) and 50% completion rate of the basic education cycle for the under 15s
- Survival rate of enrolment in P5 from enrolment in P1 should be 60%
- 40% of those who attain P5 but do not complete the primary education cycle should complete P7 equivalent
- The survival rate of girls entering P1 and reaching P5 should be 60%
- Successful completion rate for girls in primary schools should be at 75% by 1995 and 90% by the year 2000.

Sanitation can help to make significant improvements towards all of these goals.

No other single intervention has the potential for such significant improvements to the health and well-being of a nation.

(Steven Esrey, 1994)

Key Principles

Basic right and responsibility: Sanitation is a basic right and a responsibility for everyone. Government must create an enabling environment through which all households can access sanitation and hygiene, but ultimately it is individual households who are responsible to develop sanitation facilities and improve their hygiene habits. Unlike water supply, which is provided as a community service, sanitation and hygiene are affected by the practices of individual households and thus can only succeed if all households are involved. Individual households will be empowered to make decisions and plan their own sanitation and hygiene improvements.

Hardware and Software: Effective sanitation focuses on people and behaviour, not just latrine construction. It is a process through which households improve their sanitation facilities while at the same time improving their hygiene practices. The overall aim is to improve their health and quality of life. Sanitation promotion will therefore include both infrastructural - the "hardware" and hygiene promotion - the "software" components.

Users are Decision-Makers: Unlike water supply, whose capital costs the government often pays, users largely finance sanitation facilities. So the facilities chosen must be affordable to the users. Each household and community will decide on sanitation and hygiene options, based on factors such as their willingness and ability to pay and other local circumstances e.g. income levels, soil types, cultural factors, population density, and settlement growth.

Participatory Process: In the old approach to sanitation and hygiene extension workers told people what to do, using a lecture approach. This approach failed to create a real commitment to change. The new approach involves people at all levels in discussion, problem-solving, decision-making, and action planning, so that people plan the changes they are to implement and are therefore committed to change. Those involved in sanitation and hygiene at all levels - politicians, district officers, extension workers, and community leaders - need to learn this participatory method.

Three-way Partnership: Local authorities and communities will work in partnership with households in facilitating sanitation and hygiene improvements. Local authorities will provide hygiene awareness and sanitation promotion, and training in construction skills; and communities will organise local problem solving and action planning as well as support to households.

Involvement of Private Sector and NGOs: The partnership will also include the private sector and NGOs who will help with the provision of services e.g. construction, sanplats and other supplies, and mobilisation/training services.

Locally Specific Solutions: Sanitation situations vary across the country and different solutions are needed in different areas. No single set of solutions will be uniformly imposed. Solutions will be developed on a situation specific basis taking into account local circumstances e.g. income levels, soil types, cultural factors, population density, and settlement growth.

Strategies to Revitalise Sanitation

These strategies were developed at the National Sanitation Forum:

1 **Exemplary Leadership and Commitment:** We, the collective leadership of the districts, commit ourselves to set good examples at home, at work and in all public places for improved sanitation.

2 **Full Community Mobilisation: We** shall mobilise and motivate the totality of the district and sub-county leadership (political, traditional, and administrative), households, communities and institutions (schools, health centres, industries, religious facilities) towards comprehensive promotion and provision of sanitation services for all households, institutions and public places in the districts.

3 **Focus on Districts, Sub-Counties and Urban Authorities:** Sanitation begins at home. We shall facilitate sub-counties and urban authorities to develop sanitation action plans with clear budget lines. These will be integrated into district plans with explicit objectives of raising the profile of sanitation in our districts and committing resources to sanitation programmes. This approach will be the best way of responding to the specific needs and circumstances of special areas (e.g. peri-urban areas, refugee settlements, mobile communities, fishing communities, etc) and target groups (disabled, elderly, etc).

4 **Co-ordination and Multi-Sectoral Approach:** Sanitation improvement shall be made an integral part of all social and economic development in our districts. We shall endeavour to co-ordinate all sanitation activities taking place in our districts, provide linkages to all relevant sectors, and establish the necessary framework for rational planning, monitoring and evaluation. A clear definition of the roles of all stakeholders will be defined through consultation to promote transparency and accountability and build collective vision.

5 **Focus on Schools:** Schools provide excellent opportunities to encourage positive life-long behaviour change. We shall ensure that every primary school and all other learning institutions have adequate sanitation facilities (latrines, safe drinking water supplies and hand washing facilities) and with separate facilities for girls. All primary schools shall be involved in School Health Promotion as dictated by Universal Primary Education. We further endorse the immediate re-introduction of school health inspections of pupils and premises.

6 **Fora at Districts:** We shall organise and conduct sanitation campaigns in all sub-counties on a regular basis. An annual sanitation forum shall crown this on an agreed National Sanitation Day. This will ensure an annual mechanism for reporting of progress (based on agreed indicators) and refinement of the strategies. A massive public education campaign with special focus on rational approaches for overcoming inhibiting taboos and cultural practices will be mounted at all sub-counties. Monthly sanitation days shall be introduced at all districts and sub-county levels. We further endorse the re-introduction of inter-district, inter-community and inter-school competitions. Appropriate incentives for rewarding performance shall be instituted periodically.

7 **Central Role of Women:** We shall ensure that women, youth and persons with disabilities are adequately represented at all levels of the sanitation delivery system and are provided with opportunities for economic advancement and support to sanitation activities.

8 **Private Sector/NGO Development and Service Delivery:** We shall involve the private sector and NGOs in the development, production and dissemination of appropriate sanitation materials. Support to the local private sector and NGOs (including artisans and community based groups) in skills development in sanitation service delivery *inter alia* communal latrines, production of sanitation facilities, sanplats, hand washing facilities and sanitation advocacy shall be facilitated. The appropriate enabling environment and incentive structures will be examined and applied to enhance their participation in sanitation services delivery. Different approaches for effective engagement of the private sector and NGOs should however be recognised.

9 **Capacity Building at District Level:** We shall ensure that we put in place a multi-sectoral cadre core at the district level to oversee implementation at the sub-county levels. Teamwork, motivation, balanced staff training, and strengthening of the complementary institutions in the districts shall be given top priority.

10 **Policies and Guidance:** The four levels of government (national, district, sub-county and urban) should collectively develop a comprehensive sanitation policy and operational guidelines, and pass necessary legislation to support sanitation improvements. Commitment to timely updating and enforcement of existing legislation should be one of the central pillars of sanitation delivery at all levels.

Laws and Policies Affecting Sanitation

The Government of Uganda has created an enabling environment for the promotion of sanitation through the provision of regulations. The following are a few of the laws:

Constitution (1995)
The 1995 Constitution of the Republic of Uganda states that:
It is the duty of every citizen of Uganda to create and protect a clean, healthy environment. (Chapter 3, Article 17 j)

Public Health Act (1964)
According to this act every citizen is obliged to have access to a latrine at his/her home (Chapter 269). It also requires that all places of work have latrines.

National Health Policy (1999)

The National Health Policy puts sanitation high on the Health priorities. Under Section 8.1.2 Primary Health Care (PHC) Grants, Sanitation improvement is one of the eight priority areas.

National Water Policy (1999)
One of the key policy directives under this policy is the promotion of:
Sustainable provision of clean safe water within easy reach and good hygienic sanitation practices and facilities, based on management responsibility and ownership by the users, within decentralised government.

Water Statute (1995)
One of the objectives of this statute is to:
Control pollution and promote the safe storage, treatment, discharge, and disposal of waste that may pollute water or otherwise harm the environment and human health.

Local Government Act (1997)
This Act defines the roles of local councils in providing and promoting sanitation and hygiene services at community and household levels. The Act provides for the decentralisation of powers and services from Central Government to Local Government with the aim of increasing local democratic control and participation in decision-making, and mobilising local support for development activities relevant to local needs.

Ugandan Plan of Action for Children (UNPAC, 1992)
UNPAC, which is government's policy document in the area of child survival and development, makes provision for basic services to Ugandans in water and sanitation, as well as other services.

National Gender Policy (1997)
This policy emphasised government's commitment to gender responsive development.

Universal Primary Education Policy
This policy aims at the rapid acceleration of primary school facilities and underlines the need for sanitation facilities to support the expanded enrolments.

INSTITUTIONAL FRAMEWORK

Effective implementation relies on a distribution of responsibilities to and partnership among a large number of different parties. These different parties need to work closely together and co-operate in solving problems. The participatory approach to planning and implementation must be reflected by participatory attitudes among all parties and at all levels of the system.

Decentralisation of implementation to local authorities, communities, private sector contractors, and NGOs also requires good co-ordination and clear definitions of the responsibilities of each party. To this end, the overall institutional structure is summarised in the chart on the following page, and the functions of the various parties are briefly described in the following section.

1. Community Level

a. Households

The basic unit for planning, building, and maintaining sanitation facilities is the individual household. Household members take part in discussions on the existing situation and what can be done to improve sanitation and hygiene; and then take action to make these improvements. Households are responsible for financing these improvements.

b. Community and Local Interest Groups

The community and local interest groups also participate in the planning and decision-making process and in monitoring sanitation and hygiene activities. They have the role of encouraging and supporting households to take action.

c. Water and Sanitation (Watsan) Committee

The Water and Sanitation (Watsan) Committee, which is formed in each community to plan and develop water supply facilities, also plays a role in promoting sanitation and hygiene. The committee is responsible for planning and promoting individual household sanitation and hygiene, as well as organising communal sanitation. Watsan is a subcommittee of LC1 and should have at least one LC1 representative as a member. The two groups should work closely together. Watsan has the following responsibilities:

- Represent the community in meetings with extension workers;
- Plan and conduct baseline surveys;
- Plan the community education process to facilitate household action;
- Organise communal labour for environmental action and refuse management;
- Develop and promote a code of conduct for sanitation and hygiene;
- Monitor Sanitation & Hygiene education and action;
- Organise support for the elderly, disabled, and others to improve their sanitation;
- Organise community level competitions or other schemes to motivate community members to improve their sanitation and hygiene.

d. LC1 Executive

The LC1 Executive is the primary leadership at the community level. LC1 members are expected to provide the overall direction and support for planning and action on sanitation & hygiene, including the mobilisation of resources, passing local bye-laws, and supervising implementation. The LC1 Executive supervises the work of the Watsan Committee and helps solve problems and resolve conflicts. LC1 members are also expected to be "exemplary" - to have latrines in their own households as a way of motivating others. They are also expected to model hygiene behaviours in their own lives.

e. Urban Areas - Landlords, Landowners, and Community Health Committees

In the urban areas landlords are responsible for the provision of sanitary facilities to tenants within reasonable distances and with a maximum loading of 30 people to one stance. Landowners are responsible for providing sufficient room for the construction of sanitation facilities, before selling the plot to a new owner. Community Health Committee is responsible for managing public latrines (e.g. in markets). Their role is to ensure that the latrines are kept clean, sanitary and accessible to all potential users.

2. Service Delivery

a. Non Government Organisations and Community Based Organisations

Non Government Organisations (NGOs) or Community Based Organisations (CBOs) will be contracted or supported to provide extension work in a specific area, working with and through the LC1 and Watsan. They would be expected to facilitate the entire mobilisation and training process (or certain aspects) in selected communities - doing baseline surveys, organising advocacy/planning meetings with community leaders and organisations, training community and group leaders, and facilitating community based problem solving, action planning, and action.

b. Contractors

Local contractors will be given preferential treatment in tendering for contracts to construct public latrines, school latrines, and other public sanitation facilities. In the urban areas contracts will be awarded for solid waste collection and the management of communal latrines. These contracts will be offered for tender, awarded, and supervised at the district or urban level. Councils will need to expand their capacity to assess the bids and manage the supervision of contracts. Contractors will also be given training to expand their capacity.

c. Sanplat Producers

Local entrepreneurs and groups will be encouraged to set up small businesses to produce sanitation platforms (sanplats) for direct sale to households. Some districts will assist with the initial training of sanplat producers and subsidise their initial production.

d. Masons

Local masons will be trained at the district or sub-county levels to build household latrines and handwashing facilities, using simple and affordable designs.

A special effort will be made to train and encourage women to take up these opportunities.

3. Implementation Management

a. District or Urban Council - LC5

Accountable to community members, LC5 has the overall responsibility for the management and monitoring of sanitation and hygiene within the district or urban area. It does this through its sectoral committee, which is responsible for:

- Co-ordinating planning and implementation within the district
- Supervising and monitoring the work of the District Management Team
- Prioritising and approving requests for support for sanitation and hygiene
- Developing and enacting bye-laws governing sanitation
- Developing a code of conduct for sanitation and hygiene
- Promoting the adoption of this code by all politicians and technical officers
- Identifying communities to be assisted with Council or other funds
- Co-ordinating with NGOs and private companies active in the sector
- Managing contracts for services provided by the private sector or NGOs

Councillors have a key role to play in sanitation and hygiene, disseminating information and promoting the adoption of new practices by their constituents. Their initiative and leadership will help to establish a sense of ownership of the programme by the district and its people. They are also expected to be exemplary in their individual practice as models of the new hygiene and sanitation behaviours being promoted.

b. District Management Team (DMT)

The District Management Team (DMT) is the implementing body of Council responsible for sanitation and hygiene. The DMT is chaired by the Chief Administrative Officer and reports to the sectoral committee of the LC5. It consists of the following members: Chief Administrative Officer, Chief Finance Officer, District Planning Officer, Secretary for Social Services, District Water Officer, District Community Development Officer, District Medical Officer, District Health Inspector, District Education Officer, Works Supervisor, and relevant NGO representatives.

This team is responsible for:

- Conducting baseline surveys, other forms of data collection, and record keeping
- Co-ordination, planning, and budgeting of sanitation activities within the district
- Preparation of workplans and budgets
- Management of funds allocated for district based sanitation
- Training personnel and politicians at the sub-county level to promote sanitation
- Organising inter-sub-County meetings to share experience on implementation
- Providing supervision and support for field based sanitation activities
- Monitoring field activities and maintaining inventories of sanitation facilities
- Co-ordinating the activities of the sub-counties and other players (e.g. projects, NGOs)
- Managing contracts for services provided by the private sector, NGOs, CBOs, etc
- Co-ordinating provision and maintenance of sanitation facilities in public places.

One of the DMT's most important tasks is to train personnel and politicians at the sub-county level, calling where necessary on outside assistance, and to backstop their activities. The DMT co-ordinates all training activities within the district, some of which they undertake directly, but often with outside support, especially from central government, projects, consultants, and NGOs.

Districts are no longer directly involved in the implementation of field sanitation programmes; their role is to facilitate, co-ordinate and support sanitation & hygiene programming initiated by the sub-county and the private sector.

c. Sub-County Council - LC3

The Sub-County Council (LC3) has the overall responsibility for managing and monitoring sanitation and hygiene within the sub-County. The Council is responsible for:

- Co-ordinating planning and implementation within the sub-County
- Supervising and monitoring the work of the Sub-County Action Committee
- Developing and enacting bye-laws governing sanitation
- Promoting the adoption of a code of conduct for sanitation and hygiene
- Identifying communities to be assisted with Council or other funds
- Co-ordinating with CBOs and NGOs active in the sector

Councillors at this level can play a critical role as change agents in promoting the new hygiene and sanitation behaviours, through speeches and through their own example.

d. Sub-County Action Committee (SCAC)

The SCAC is the planning and co-ordinating body responsible for sanitation and hygiene at the sub-county level. The SCAC reports to the Sub County Chief and sectoral committee of the LC3. It consists of the following members: Sub-County Chief, Health Assistant, Community Development Assistant and relevant NGO representatives.

The SCAC is responsible for:

- Conducting baseline surveys, other forms of data collection, and record keeping
- Co-ordination, planning, and budgeting of sanitation activities within the sub-county
- Preparation of workplans and budgets
- Management of funds allocated for sanitation within the sub-county
- Mobilisation and training at the community level to promote sanitation and hygiene
- Providing supervision and support for sanitation activities in the field
- Providing tools and equipment for pit digging in rocky areas
- Monitoring and evaluating field activities
- Co-ordinating parish level activities and activities of other players (e.g. CBOs, NGOs)

The key implementers at this level are the **Health Assistants (HAs)** and **Community Development Assistants (CDAs)**, as well as the **Sanitation Aids** at the parish level. Their role is to organise the process of mobilisation and training at the community level, including the preparation of village action plans. They are also involved in the monitoring of these activities at the community level and reporting on latrine coverage and household hygiene. To be effective they need to be supported with training, allowances, materials, transport, and supervision.

e. Parish Development Committees (PDC)

The Parish Development Committees are multi-purpose bodies responsible for the planning and implementation of a range of development activities at the parish level. One of their roles is to promote sanitation programming at the community level and to help communities come up with their own plans and priorities.

4. National Co-ordination and Policy Making

National level institutions are responsible for the following:

- Development of policies, guidelines, and standards
- Planning, budgeting, and resource mobilisation to support district implementation
- Training staff at district levels in planning, management, and other skills
- Developing IEC strategies and materials
- Co-ordination of the activities of all projects and institutions
- Follow-up support/supervision, monitoring and evaluation of implementation

a. Environmental Health Division (MOH)

At the national level sanitation is co-ordinated by the Environmental Health Division within the Ministry of Health. The Division is responsible for:

- Providing a vision for and co-ordination of sanitation projects and activities
- Designing policies, strategies, guidelines, standards, and training materials
- Networking with donor funded projects and NGOs to promote their observance of the guidelines and develop effective collaboration
- Disseminating information on sector activities and promoting exchange of experience and convergence of methodologies between various projects in the sector
- Resource mobilisation - funds, equipment and human resources
- Co-ordinating efforts to develop sector financing mechanisms at district level
- Working closely with the Ministry of Local Government to support the development of the implementation role of the District & Urban Councils
- Monitoring and evaluation and policy evaluation
- Implementing recommendations made by the IMSC and Sanitation Task Force

The Environmental Health Division is responsible for co-ordinating the formulation and development of software strategies and hardware technologies, training materials, guidelines and standards, partly in-house and partly with outside consultant support. A key element of this is co-ordination of the Sanitation Task Force, which brings together sector personnel to oversee the sanitation programme and prepare guiding documents (e.g. guidelines, policies, etc.), aimed at promoting a consistent approach. (EHD is the secretariat of the Task Force.) A second element is the identification and management of small applied research projects where new ideas can be tested and developed in the field e.g. testing of appropriate technologies for rocky or water logged areas, etc.

Environmental Health Division oversees monitoring and evaluation of the programme and manages a Management Information System. One of their tasks is to ensure that analyses arising from this work are systematically disseminated to all stakeholders.

EHD and other national players need to regionalise their support to the districts by assigning staff to work with a number of districts in the same region. This would ensure all districts get the necessary training, follow-up guidance, and support from the centre.

b. Sanitation Task Force

The Sanitation Task Force was established in 1997 as an inter-agency working group to plan strategies for the promotion of sanitation and hygiene. It prepared the Sanitation Concept Paper, reviewed laws and policies, analysed technical issues, and organised the National Sanitation Forum. It needs to be revived and assigned roles of promotion, guidance, and monitoring.

c. Inter-Ministerial Steering Committee (IMSC)

The IMSC is a policy and strategy making body that addresses water supply, sanitation, and hygiene. It is made up of the Permanent Secretaries and Directors from Ministries of Health, Natural Resources, Gender & Community Development, Local Government, Education, Finance, and Planning & Economic Development. The role of this committee is to:

- Review overall sector policy
- Co-ordinate and promote convergence between sector agency activities
- Promote appropriate changes in the policies of individual sector projects

d. Directorate of Water Development (Ministry of Water, Lands, & Environment)

This Division is responsible for the co-ordination and management of a number of regional water supply and sanitation projects. While water supply is given the major priority, DWD also has a responsibility for promoting sanitation and hygiene.

e. Ministry of Gender and Community Development (MGCD)

This Ministry is responsible for the development of both gender policies and community mobilisation services. It promotes gender responsive development and gender mainstreaming and promotes the strategic involvement of women in leadership and decision-making at all levels.

f. Ministry of Local Government (MLG)

This Ministry is responsible for local government functions and the decentralisation policy. The role of this Ministry is to support the training of local authorities and development of their management systems.

g. Ministry of Education (MOE)

This Ministry is in charge of educational policy and curriculum development and has overall responsibility for the Universal Primary Education policy and programme.

h. Health Education and Promotion Division (MOH)

The Division is responsible for developing and disseminating health education and information materials.

Roles and Responsibilities in Sanitation and Hygiene

PLAYER	Mobilisation and Planning	Training	Problem Solving/ Action Planning	Construction	Finance	Monitoring
Households			Participation	Unskilled labout and materials	100% capital & maintenance	Participation
Communities and Groups	Participation	Participation by com/group leaders	Facilitation by com/group leaders	Group efforts to get materials		Participation
LC1 and Watsan	Participation	Workshop Facilitation	Support	Promotion	Budget for elderly/disabled	Participation
Masons				Skilled labour		
Sanplat Groups				Sanplats		
Extension Workers	Facilitation	Workshop Facilitation	Supervision/ Support	Promotion and Technical advice		External Monitoring
NGOs	Facilitation	Workshop Facilitation	Supervision/ Support	Promotion and Technical advice		External Monitoring
LC5	Planning and budgeting			Promotion	Mobilisation & training budget	Review of Monitoring Data
DMT	Support-training and allowances	Support-materials and allowances	Support-materials and allowances	Training masons & sanplat groups		Analysis and Report Writing
National Institutions		Training design and materials		Technical guidelines		Data base management

STRATEGY

A. **Integrated and Stand Alone Approaches**
B. **Create Demand at the Household Level**
C. **Build Management at Community Level**
D. **Build District & Sub-County Management**
E. **National Co-ordination and Support**
F. **Involve the Private Sector and NGOs**
G. **Involve Women and marginalised Groups**
H. **Plan for Different Socio-economic Situations**
I. **Promote School Sanitation and Hygiene**
J. **Provide Technical Advice and Support**

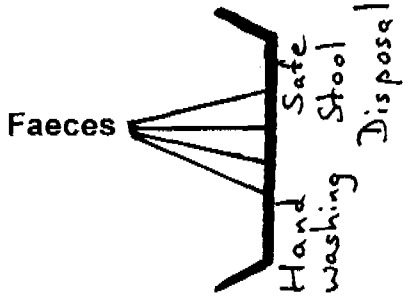
A. Integrated and Stand Alone

Rethink the marriage with water. In the past sanitation was marginalised as an adjunct to water programmes. It was given less priority in resources and was forced to move at the same pace as water, even though sanitation improvement is a long-term gradual process.

Combine sanitation with water supply but also give it extra resources and attention. In the new approach sanitation will be integrated with water supply in planning and implementation, but will also be given additional funds to continue beyond the period of the water project cycle. Sanitation will be included in discussions with the community about water supply as one part of an integrated project; but it will also be promoted as a programme in its own right through home improvement campaigns.

Strengthen hygiene promotion so it is no longer marginalised in relation to water supply or sanitation. Treat hygiene education as an equal and integrated partner with sanitation promotion. Combine sanitation and hygiene in the same process.

Improved sanitation will only have a real impact in blocking the transmission of excreta related diseases if it is combined with hygiene.



B. Create Demand at Household Level

Build a demand for improved sanitation. This will require a more participatory approach than in the past, reinforced with legal and social pressure. The aim is to get people to see sanitation and hygiene as an important part of their lives and something they are committed to improve. To build this commitment will require a more active approach, one which involves people in discussing sanitation, how it affects their lives, and what they can do to improve things - and then taking action.

Start sanitation improvement at the bottom. Improving sanitation will depend on the commitment and initiative of each household. So the basic or core activity is to involve each household in deciding what forms of improvement they want to make and how they are going to do it. In the end the successor failure of the entire effort will depend on how each household decides, plans and acts.

Sanitation improvement is an ongoing, not a one-off process. A one shot effort is not enough; sanitation and hygiene improvement is a gradual process so each household needs to be committed to an ongoing effort to improve things.

The Sanitation Ladder is based on the idea of helping households to improve their sanitation on a GRADUAL, ONGOING BASIS. For example a household who have no latrine might start by building a traditional latrine. Later, when funds permit, they may improve it by adding a sanplat. At a later stage, they may build a VIP latrine - and add a handwashing facility.

A participatory approach builds sustainability. The participatory approach is the only approach that promotes sustainable action. Telling or forcing people to build latrines won't produce sustainable results. Force will only produce short-term results - people will do something once and then stop, especially if they don't understand why it is needed or why lack of attention to sanitation and hygiene causes health problems. Only a participatory approach will build the understanding and commitment needed to foster ongoing efforts to improve sanitation.

A participatory approach empowers households to help themselves. The participatory approach encourages people to do things themselves - to decide what needs to be done and then to do it. The focus is on building commitment to self-planned and self-initiated action.

A participatory process encourages households to:
ANALYSE their own situation and key problems
DECIDE what things need to be improved
PLAN how they are going to do it
ACT!

Allow households to make their own decision on the type of latrine they want to build or the improvements to be made to an existing latrine. This choice will be based on information about costs, willingness and ability to pay, and household preferences. Choices will also be based on other local circumstances e.g. income levels, soil types, cultural factors, population density, and settlement growth.

Involve men and women in the decision-making. Women should not be left out. Husbands and wives need to agree together on what improvements are needed, how they are to be financed, how sited, how constructed, and how maintained.

Motivate people not only with health benefits. Health benefits are good reasons to promote sanitation but they are not the most important factors for most users. Other reasons such as privacy, convenience, status, and the need to accommodate visitors or in-laws motivate most people in Uganda.

Reinforce with social pressure from peers. While the individual household is at the centre of the process, households will be encouraged and supported by their peers -e.g. friends, and neighbours. The meetings take place in a household or in small groups where people discuss and plan how to take sanitation and hygiene action. These discussions produce common thinking and a collective commitment to action.

Provide other forms of reinforcement. Households will also be encouraged through:

- Local bye-laws promoting sanitation and hygiene improvement
- Exemplary behaviour by local politicians and community leaders
- New hygiene habits practised by schoolchildren who 'teach' their parents
- Local competitions, sanitation days, messages in the media, etc.

Targeting schools at the same time as communities helps to reinforce household action. Children set important examples through their own sanitation and hygiene practices learned at school.

Provide follow-up support for household action. Once households have made the decision to take action, then there is a need for follow-up support to ensure that:

- Initial actions are carried out i.e. digging and building a latrine
- Digging tools are available, especially in rocky areas
- Information is available on appropriate technologies for difficult soil conditions
- Households are able to find and hire latrine masons - and to buy sanplats
- Other actions are sustained e.g. cleaning and maintenance of the latrine, new habits in managing water (e.g. cleaning fetching and storage containers, etc)

Encourage neighbours to work together on sanitation improvement. They can support each other - bulungi bwansi - in digging pits or building latrines. Encourage the use of rotating credit unions to help fund latrine construction.

Encourage the use of local materials, approaches, and skills. This will help to make latrine building sustainable.

C. Build Management at Community Level

Put the community in charge. In the old approach the community sat back and listened and the extension workers organised the whole process. In the new approach the community's own leadership - LC1 Executive and Watsan Committee - take over responsibility for managing sanitation promotion. They are in "the driver's seat" -responsible for planning and organising the whole process. The aim is to base management of the sanitation programme as close to the "action" as possible.

Break the dependency on extension workers. In the new approach extension workers provide training and support and then step back and let the community manage. They train community leaders as both managers and facilitators. Once the leaders are trained, it is up to them to manage the whole programme and facilitate the group and household meetings. This means that ongoing promotion is not dependent on visits by extension workers - it continues under the initiative of local leaders. Extension workers provide continuing support and encouragement, but the process is not dependent on their visits to the community.

Create two forms of leadership at the community level:

a. Overall management - planning, resource mobilisation, support and monitoring
b. Sanitation promotion - the facilitation of group and household meetings.

Overall management is done by the LC1 Executive and Watsan Committee. Once they are trained, they take over the planning and organisation of the program -

- Identifying, training and supporting community facilitators
- Mobilising resources to assist households
- Planning support for disadvantaged households (handicapped or elderly people)
- Support, trouble-shooting, and monitoring.

Commit the Watsan Committee to sanitation. In the past Watsan Committees were more interested in water than sanitation or hygiene. Once the water supply was installed, they lost interest in sanitation and hygiene. In the new approach the challenge is to build a strong sense of ownership and commitment to the sanitation agenda. The aim is to get Watsan to see sanitation improvement as something worth doing and an important part of their job (along with water supply).

Other people in the community who are trained for this purpose do facilitation of group and household meetings. They are given skill training in how to facilitate participatory meetings - and then encouraged to organise local meetings.

Use informal groups in the community as the focus for the sanitation meetings. There is a network of formal and informal groups in the community who are already solving community problems and could be involved in promoting sanitation and hygiene. These groups include: clan groups, women's groups, youth groups, community health committees, burial groups, community insurance groups, religious groups, communal work groups, and drinking groups. Rather than forming new groups, involve these existing groups in promoting sanitation and hygiene. Select people from each of these groups to be trained as sanitation facilitators - and support them in organising meetings with their respective groups.

Implementation Process at Community Level

1. **Get Community Leaders on Board:** At the start extension workers meet with the LC1 Executive and Watsan Committee to build their awareness and commitment and involve them in mobilisation planning.

2. **Train Leaders:** During this phase extension workers train Watsan leaders and leaders of local community groups in the skills to conduct group/household meetings on sanitation and hygiene.

3 **Group and Household Meetings:** During this phase those who have been trained in Step 2 organise group or household meetings to facilitate discussion, problem solving, decision making, and action planning.

4. **Household Action:** Households begin to take action eg building latrines or adopting new hygiene behaviours.

5. **Support and Monitoring:** Household action is supported and monitored by community leaders.

D. Build District & Sub-county Management

Districts and sub-counties are in the driver's seat. In the past sanitation was implemented directly by central government. Now the districts and sub-counties are responsible for managing implementation, while central government takes a facilitating role aimed at supporting district initiative.

Make sanitation a priority at all levels. Districts and sub-counties need to 'own' sanitation and prioritise it within their own budget. Districts and sub-counties should be encouraged to put their own funds into sanitation and not rely entirely on donor support.

Katakwi District have introduced a condition that each sub-country council allocate one million shillings for sanitation in order to receive support from the district level. This condition builds commitment at lower levels and gets all levels (sub-country, district, national) to contribute to sanitation. Villagers see that their taxes are being used in village sanitation projects which they have planned and supported.

Build commitment to "software". When Councils put their money into sanitation, they are funding training for community leaders, household education, and follow-up monitoring. These activities are called "software". Software is very important but it is little understood and not as visible as "hardware". Often politicians are more interested in supporting "hardware" - physical projects that are more visible. There is a need to help politicians understand the importance of software.

"Software"

The following is a list of things covered in the 'software' aspects of sanitation:

- Baseline surveys to assess the sanitation situation
- Training workshops for extension workers and community leaders
- Allowances to support community work by extension workers
- Participatory tools (eg PHAST pictures) and manuals on sanitation options
- Monitoring and evaluation
- Media campaigns to reinforce community level promotion
- Public speeches given by political leaders

Councils also need to support "hardware" - the physical side of things. This would include training of masons, subsidies for sanplats, the provision of technical designs and digging tools, etc. But this is only half of the story. The other half - money to support extension visits, training, etc - is equally important.

Promotion is an ongoing, not a one-off process. While Councils need to plan for initial mobilisation work, they also need to see that sanitation promotion is an ongoing process. New habits are acquired over a period of years and improvement in sanitation is a gradual thing, with sanitation improvements going hand in hand with economic improvements. So Councils need to budget for sanitation on an ongoing basis.

Sanitation promotion is everyone's responsibility, not just extension workers. Leadership at all levels - LC politicians, administrative officers, religious leaders, etc. -should assume responsibility for sanitation improvement in their communities. This also involves leadership by example - all politicians and civil servants should have sanitary latrines and demonstrate hygienic practices as role models to the community.

Strengthen capacity of district and sub-county structures to manage sanitation. Provide training for professional staff in planning, budgeting, resource mobilisation, financial management, mobilisation of local leaders, gender awareness, participatory methods, supervision, and monitoring. Training should be done through workshops, meetings to exchange experience, and regular supervision and support. There is also a need to invest in team building to improve the performance of teams at district and sub-county levels.

Strengthen the planning and budgeting process at district and sub-county levels. Produce annual plans and budgets at the sub-county level and ensure that these are used in developing plans at the district level. Ensure that budgeted funds are released on time at the sub-county level.

Improve financial accountability. Provide guidance and supervision for districts to help them improve their financial management. Clear financial procedures and Letters of Understanding between various actors are needed to ensure more transparency.

Increase the number of extension workers to improve contact and communication with communities. Recruit at least one CDA and one HA for each sub-county. Recruit more women to join the environmental sanitation field. Where there are insufficient HAs or CDAs, involve other locally based cadres e.g. teachers, NGOs, CBOs, CHWs.

Improve the morale of extension workers. There is a need to increase support for extension workers and revive a feeling of professional pride and commitment. This will require increased facilitation (transport and allowances) and more supervision and support in the field. Training workshops for extension workers should be reinforced with supervision visits in the field and regular debriefing meetings.

Train staff at all levels in participatory approaches. Sanitation promotion requires new skills in facilitating participatory discussion, decision-making, and planning. Staff need to learn the techniques and new attitudes involved.

Establish monitoring systems at all levels. There is a need for monitoring at district and sub-county levels as well as by the community. Data should be collected and analysed and people at all levels involved in data collection and analysis.

Strengthen collaboration, communication, and co-ordination among all players. There is a need to foster a common approach to sanitation and get players working more closely together. Collaboration and co-ordination should be built through:
Participatory workshops to identify and agree on roles and responsibilities
Letters of Understanding as a device to get agreement on roles and responsibilities of different players and to increase commitment and accountability
Organisation of inter-sub-county meetings to share plans and discuss problems
Formation of an NGO coalition in each district

E. National Co-ordination and Support

The role of the centre is to create an enabling environment for district level implementation through policy making, co-ordination, provision of guidelines, training and support for district and sub-county authorities, and IEC programmes.

Draw up budgets to support district level implementation. The costs will vary in different parts of the country so districts should make an input to the costing - otherwise the costs will be unrealistic. Districts should prepare their own plans and budgets and submit them to national institutions for funding.

Encourage districts to "vote with their feet" for sanitation. Use the demand driven approach to trigger a stronger response from the districts. Make a district allocation of funds for sanitation a requirement for receiving matching funds from the national level.

Provide follow-up support and supervision. Districts need regular guidance from the national level to improve their effectiveness, reinforced with in-service training. One way to ensure that all districts are supported on a regular basis is to assign national staff to be responsible for a "region" or cluster of districts.

F. Involve Private Sector and NGOs

In the new approach private sector and NGOs will provide the following services:
- Digging and construction of household latrines
- Production and supply of sanplats to upgrade traditional latrines
- Construction of new hygienic latrines and slabs for VIP latrines.
- Software activities e.g. baseline surveys, extension work, training, etc.

Districts should find effective ways to involve the private sector. They should advertise and invite tenders from private contractors and encourage all contractors who are capable of doing the work to apply. Where possible districts should select local contractors, as they will be more responsible to the community.

Districts should encourage the formation of new contractors where they do not exist. For example in some districts there is a need to promote the formation of small entrepreneurs to produce and sell sanplats. Women's groups need to be encouraged to take up this work as a form of income generation.

Districts should manage the private sector in a transparent way. District Tender Boards should be trained in how to manage the tendering process transparently and efficiently; and Council technical staff in how to supervise the contracts. Contractors should be given training in contract management and the technical skills to construct improved latrines or sanplats.

Districts should find effective ways to work with NGOs. NGOs have lots of experience and skills in working with communities, which need to be tapped. However, there is a need to find more effective ways to co-ordinate their inputs and get NGOs to work within the guidelines.

G. Involve Women and Marginalised Groups

Sanitation affects men and women differently. Problems of privacy during defecation or urination are especially acute for women and are heightened during menstruation. Because of these problems and others (e.g. distance and safety) women have a higher demand for latrines than men do. Men, on the other hand, are less inconvenienced and therefore have a lower interest than women in building and using latrines.

Improved sanitation will reduce women's workload and improve family health. Women are the managers of household latrines and household health care. Improving sanitation facilities will cut back on their workload and lead to better family health. Their participation, therefore, is critical to the success of efforts to improve sanitation.

Women cannot improve sanitation on their own. Men have a major say in the decision to improve sanitation, control the release of family finances to pay for improvements, and are expected to dig the pit and build the latrine. So women need the co-operation of the men to build a new latrine. It is therefore important to involve both women and men in the decision-making process. If men are not involved or informed, they will give these improvements low priority. Encourage partners to decide together on sanitation improvements, including the choice of sanitation option, siting, use of family funds for sanitation, and cleaning and maintenance of the latrine.

Integrate sanitation issues into all aspects of sanitation development. Ensure that women are adequately represented in the Watsan Committee (at least 30%), given key positions, and participate actively in decision-making. Other strategies to optimise women's participation are:

- Recruit and train women to be extension workers, community facilitators, hand pump caretakers, latrine masons, and sanplat producers.
- Arrange meetings at convenient times for women and make meetings shorter
- Organise assertiveness training to boost their confidence
- Disaggregage strategies by gender and collect gender disaggregated data
- Assess the impact of sanitation promotion on female community members.

Move from "effective representation" to "effective participation"

Women's workload is a major constraint on improved sanitation and hygiene. Because of their heavy workload women have less time for doing quality hygiene. Promote an analysis of gender roles in relation to sanitation and hygiene as the first step towards agreeing on ways to reduce women's workload. Look for innovative ways to change the division of labour e.g. slogans such as "The smart man fetches water."

Extension workers need to be given more training on gender issues. Many extension workers are not fully gender sensitised - so they avoid using gender tools (e.g. daily calendar) in their work with communities. There is a need to improve the skills of extension workers in facilitating gender awareness and action at the community and household level through refresher training, regular guidance, exchanges of experience, and support materials.

H. Plan for Different Socio-economic Situations

Sanitation needs to be adapted to the different contexts in Uganda e.g. peri-urban and squatter settlements, mobile populations, fishing villages, and emergency/refugee settlements.

There is no universal blue print to be uniformly applied to these different contexts.
Each context is different and requires its own approach. An approach needs to be developed for each area, through a participatory process involving local people. This would ensure that the strategies are sensitive to local concerns and reinforce community-based management of sanitation.

For example in Karamoja there is a need to facilitate a process of participatory research, analysis, and action planning with community leaders. This would help to develop an approach to sanitation and hygiene which suits the characteristics of the 'manyatta', builds on local traditions, and taps the ideas and energies of the community.

These approaches are given in Section 7.

I. Promote School Sanitation and Hygiene

The aim of school sanitation and hygiene is to promote good sanitation and hygiene conditions and practices in school with the aim of reducing girl child dropout rates, improving academic performance, and preventing water & sanitation- related diseases.

Schools will be a major focal point for sanitation promotion. Children can be powerful change agents within their homes through their knowledge and use of sanitation and hygiene practices learned at school.

Ensure that every primary school has adequate sanitation facilities i.e. latrines, safe drinking water, and hand-washing facilities. District and sub-county authorities will plan and budget for school sanitation and ensure that all new schools have latrines before they are certified.

Involve the community in planning and developing school sanitation facilities. The PTA (or School Management Committee) should work with LC1 executive and Watsan Committee to organise community input to the construction of school latrines and handwashing facilities. Get parents to contribute finances or labour, but these should not be made obligatory.

Inspect latrines as a standard part of school inspections. If the latrines are not, in satisfactory condition, give the schools a deadline to improve these facilities - if there is no improvement by the given date, the schools should be closed.

Make sanitation and hygiene more practical. Teach sanitation not only as a school subject, but also as new habits for daily living. Form school health clubs and introduce practical activities such as how to make simple handwashing facilities and mosquito traps. Encourage students to use these new habits (e.g. washing hands after using the latrine) both at school and at home. Involve all students in cleaning school latrines on a rota basis - and avoid using this activity as a form of punishment. Conduct daily inspection parades, including the inspection of students and the school latrines. Encourage students to transfer the skills to their own homes.

Build the interest and commitment of school staff. Provide training for all teachers and head teachers on sanitation and hygiene. Encourage teachers to be role models in their own behaviour, to teach students how to use sanitation facilities correctly, and to promote sanitation and hygiene in all school activities.

Encourage the girl child by providing special facilities. Provide separate latrines and a changing room for female teachers and girls.

J. Provide Technical Advice and Support

Provide technical advice on sanitation facilities to enable households to make an appropriate choice. The following need to be considered:

- Each household will be given information on a number of sanitation options (along with their costs) as the first step towards selecting an option that suits them.
- Each household will choose the type of sanitation option based on their willingness and ability to pay as well as other factors.
- Social and cultural practices, which vary considerably from area to area, will affect the range of options acceptable to users.
- Availability of local materials and skills also affects the choice of technology or construction method. Facilities will be designed to maximise the use of local materials and skills in order to reduce costs and stimulate the local economy.
- Sanitation options will be designed to provide an effective barrier against disease.
- Poorly designed or maintained latrines can pollute the environment. Sanitation options will be designed and constructed to minimise environmental pollution.
- The special needs of children, disabled people, and the elderly will be considered in the design of facilities.
- The potential for upgrading as affordability increases will be considered when selecting the type of latrine. Sanitation improvement is an ongoing process and households are expected to make gradual improvements over a period of time.

Provide appropriate technologies for difficult soil conditions e.g. rocky or water logged areas. Provide technical guidelines to extension workers and masons in these areas and organise demonstrations. These technologies will have the following characteristics - easy to construct and operate; use materials that are readily available; have been tested and shown to be sustainable and acceptable to users; and are environmentally acceptable.

PARTICIPATORY APPROACH

Introduction

In general there is a **low commitment to improved sanitation and hygiene.** One of the reasons is that unlike water which people see as a survival need, people don't regard sanitation and hygiene in the same way - they don't see latrines and hygiene habits as part of basic survival.

One reason is that **people don't understand that poor sanitation and hygiene is a health hazard.** They may have heard this message from extension workers, but they don't believe it or see its relevance to their lives. No one has taken the trouble to discuss sanitation in terms they could understand and do something about.

People view sanitation as **something imposed by outsiders** - extension workers - rather than something they want to do. It is seen as a set of rules to be blindly followed and not a set of actions that people have planned themselves. So sanitation is not seriously considered as part of the planning of a safe household and environment. They may worry whether the roof of their house is strong enough, but they won't worry whether they have a safe latrine. A latrine is not seen as a basic part of the household.

One reason for the low commitment is the **"telling" approach** used to teach sanitation and hygiene in the past. Extension workers told people what to do e.g. build a latrine, wash your hands after defecation. They repeatedly talked and delivered lots of information but allowed little time for discussion. As a result people just listened - they were treated as "ears" - and had no chance to discuss these ideas e.g. why poor sanitation is a health hazard, how this relates to their own lives, and what they can do practically to avoid this hazard.

The new approach involves a **different, more participatory form of "learning"**. In the new approach people don't sit back, listen to the extension worker, and passively swallow their ideas. Instead they are actively involved in discussion - they identify sanitation and hygiene problems in their community, work out solutions which are affordable and appropriate for them, and plan practical action. Through working out their own solutions and making their own plans for action, they build commitment to real action. They have decided themselves what they want to do, rather than simply doing what they were told by the extension worker, so they are more committed to doing it.

The new approach focuses on **behaviour change**, rather than merely the delivery of information. The aim is to get people to know and TAKE ACTION, by getting them to come up with their own solutions that are practical, realistic and affordable.

This approach is aimed at building **self-motivation for change.** The aim is to get people to change their behaviour through their own initiative, rather than external force or incentives e.g. prizes for competitions. People change their behaviour when they want and can do so for their own reasons. Competitions can support this initiative, but real change can only be sustainable if it starts with the households' own commitment to change. Experience in Uganda has shown that if change is solely motivated by competitions, all sanitation activities stop when the prizes stop coming.

Self-motivation will be reinforced with **group consensus or peer pressure.** In the new approach groups of community members come together to discuss and agree on what problems need to be solved and how to solve them. This group commitment helps to reinforce the efforts by individual households. People get a chance to discuss their ideas with others and get approval and support for change.

Bye-laws and codes of conduct will also help to reinforce behaviour change. These rules or laws, which are introduced by community leaders and politicians, are aimed at promoting exemplary behaviour and stopping worst practices.

Community based monitoring can also help to motivate large-scale change. The community keeps a record of those households who have, for example, built latrines. This public record motivates others to follow this example.

Most water and sanitation related diseases can be prevented by improving the following behaviours:

- **Sanitary disposal of faeces**
- **Handwashing after defecation and before touching food**
- **Keeping drinking water free from faecal contamination**

New Skills and Attitudes for Extension Workers

To implement the new approach extension workers need **new skills and attitudes**. The job is no longer to give talks and deliver information only. The job is to facilitate discussion, so it will require skills in asking effective questions, encouraging participation, listening, and summarising. Extension workers also need to change their attitudes - to stop thinking of "villagers" as "ignorant people". They need to develop a new, more respectful view of community members and their ability to work out practical solutions if given a chance.

The new approach is to ASK QUESTIONS AND FACILITATE DISCUSSION so that people identify their own problems, work out their own solutions, and make their own plans for action.

This new approach requires **more intensive interaction** between extension workers and households. It takes longer and can no longer be 'hit-and-run'. Extension workers need to give community members time to analyse their own situation, see the real risks in faecal oral transmission, solve problems, choose options, and make effective plans.

The participatory approach uses **"tools" or pictures** that stimulate discussion. The tools get people talking and allow them to control the discussion. They are given, for example, pictures showing different excreta disposal options. These include a) open defecation, b) "cat" method, c) open trench latrine, d) basic latrine, and e) improved latrine. They are asked to put the pictures in order according to their effectiveness in solving the problem of oral-faecal contamination. The result - the "Sanitation Ladder" - is then used to choose the desired option to be implemented i.e. one that would make an improvement in sanitation and be affordable.

The new method **avoids a 'single solution' approach**; instead it promotes the idea of communities and households choosing their own sanitation options, based on personal preferences, affordability, and other factors. Instead of being forced to accept a single option, households have the freedom to define the sanitation option they can afford and manage, given the resources available and other constraints. This concept is represented in the Sanitation Ladder.

The Sanitation Ladder allows individuals to make **gradual improvements** within their own resource constraints. Everyone makes improvements to their existing situation: those without toilets can build a basic pit latrine; those with a basic latrine can improve the floor or privacy, etc. This approach moves away from a narrowly defined sanitation with a single target and allows everyone to participate, even with limited resources. It defines sanitation not in terms of one inflexible national standard but in terms of what is possible for the specific household in each situation.

This process of behaviour change has its own **cycle or steps**:

1. **Identifying and prioritising sanitation and hygiene problems**
2. **Understanding faecal-oral transmission**
3. **Problem solving & selecting options (type of excreta disposal)**
4. **Action planning**
5. **Monitoring and evaluation**

This approach has a number of different tools that are explained in the Annex.

PARTICIPATORY TOOLS

MAPPING:

Participants use whatever materials are available to create a map of their community showing its water sources and sanitation facilities. This helps people visualise their overall situation.
This can be done on the ground with a stick or written on a large sheet of paper. Participants then use the map to discuss water and sanitation problems facing the community.

SANITATION LADDER:

This use a set of pictures showing different sanitation options.
Participants arrange these on a scale from worst to best, like steps on a ladder.
They identify their own situation and look at advantages of moving up the ladder.

TRANSMISSION ROUTES AND BLOCKING THE ROUTES:

This activity starts with a set of pictures showing different ways in which faecal-oral contamination can occur.
Participants organise these pictures based on what they know about diarrhoeal disease transmission.
The second activity involves working out how these transmission routes can be blocked.
To help with this activity, participants are provided with pictures of common "barriers" (e.g. latrines, handwashing, etc) that can be used to block any of the transmission routes of faecal-oral disease.
The "barriers" are then discussed according to their effectiveness and practicality.

GENDER TASK ANALYSIS:

In this activity participants sort a set of pictures which depict household and community tasks on the basis of who would normally perform them - a man, a woman, or a man and a woman jointly.
People assess the way tasks are distributed by gender and it clarifies the workload differences between men and women.

STORY WITH A GAP:

This activity uses two pictures - one showing a "before" scene (a problem situation) and one showing an "after" scene (improved situation or solution). The pictures stimulate discussion on the steps to move from the "before" to the "after" situation. In this way they fill the "gap" in the story. This helps to simplify the planning process by breaking it down into a series of steps.

THREE PILE SORTING:

Participants sort pictures of hygiene or sanitation related situations, according to whether they are considered "good", "bad", or "in-between".

BEHAVIOURAL CHANGE

Behavioural change is more likely to happen, if.....

- **People see real benefits** in adopting the new practice.
- **People recognise that certain practices are harmful and have felt the harmful effects**. People don't see children's faeces as harmful because there are no immediate negative consequences.
- **The negative consequences of certain practices are immediately felt.**
- **The community decides new practices**, rather than imposed from the outside - they are based on community agreement.

- **Opinion leaders set an example** e.g. LC1 and Watsan members build latrines.
- **Field workers are patient, respectful and supportive**. They don't criticise people and don't impose their own ideas.
- **Men and women are equally involved** in the decision-making and action.
- **People have the resources to adopt the new practice** - e.g. money to build latrines or buy soap.
- **People have the time to do it.** If women are too overloaded with work, they won't be able to take on the extra work to carry out new hygiene practices.
- **Facilities are accessible** - e.g. latrines are close to the house and not locked
- **Facilities are designed to promote hygienic practice** - e.g. latrines designed with a handwashing facility.
- **The new practice is perceived as being "modern" or giving them status** - e.g. the status of having a latrine.
- **Solutions build on what people already know and do and are adapted to local conditions** e.g. use of ash rather than soap.

New hygiene habits are taught to the children through the school hygiene programme.
Where possible, new practices build on local beliefs, many of which are aimed at protecting community members.

IMPLEMENTATION STEPS

District Level

1. ADVOCACY/ORIENTATION FOR COUNCILLORS
2. ORIENTATION FOR IMPLEMENTORS
3. POLICY MAKING
4. COMMUNITY MOBILISATION BY POLITICIANS
5. PLANNING, COORDINATION, AND BUDGETING
6. TRAINING SUB-COUNTY LEVEL ACTORS
7. PROCUREMENT - MANAGING PRIVATE SECTOR
8. SUPERVISION AND MONITORING
9. ADVOCACY AND NETWORKING

1. Advocacy and Orientation for Councillors

Objectives:
- Review sanitation/hygiene status in district
- Raise awareness of the profile of sanitation/hygiene
- Identify sanitation/hygiene improvement strategies and activities
- Secure political commitment and resources
- Agree on roles and responsibilities and institutional framework
- Integrate planning implementation
- Strengthen and harmonise relations among actors.

Major Output:
- Political commitment e.g. resource allocation and prioritising action on sanitation

Timing and Duration:
- One-off workshop of 1-2 days (whenever there is a change of office bearers)

Who Facilitates?
- National level and district staff, assisted by NGOs and consultants

Who Participates?
- Whole Council

Activities:
Short workshop comprising the following activities:
- SWOT analysis of sanitation/hygiene in district
- Introduce sanitation/hygiene improvement activities
  [PHAST tools - Story with a Gap, Sanitation Ladder]
- Agree on how Council can commit itself to sanitation and hygiene
- Discuss roles, responsibilities, and institutional framework
- Develop action plan
- Develop monitoring and evaluation tools
- Workshop evaluation

Optional Forms of Political Commitment

- Council resolution or bye-law
- Putting sanitation and hygiene activities into Council budget
- Assigning responsibility for sanitation and hygiene to a Council committee
- Setting sanitation and hygiene targets for each parish/sub-county

Materials:
- Allowance (lunch, transport, etc)
- Manila paper, markers, masking tape + PHAST tools

Things to Guard Against:
- Sanitation and hygiene not accepted as a high priority

2. Orientation for District Level Implementers

Objectives:
- Review sanitation status in district and raise awareness of sanitation profile
- Discuss sanitation and hygiene improvement strategies and activities
- Raise awareness of participatory approach to sanitation and hygiene
- Agree on roles and responsibilities of all players
- Improve skills in planning, budgeting, supervision, and monitoring
- Improve skills in results-oriented management
- Develop skills in managing private contractors and NGOs

Major Output:
- Action Plan

Timing and Duration:
- One-off workshop - three days

Who Facilitates?
- National level staff - assisted by NGOs and consultants as appropriate

Who Participates?
- District Action Committee members - CAO, CFO, District Planner, Secretary for Social Services, DWO, CDO, DMO, DHI, DHE, DEO, Works Supervisor + NGOs and relevant CBOs

Activities:
Short workshop comprising the following activities:
- SWOT analysis of sanitation and hygiene in district
- Identify sanitation and hygiene improvement activities
- Demonstrate PHAST - Planning Tools, Story with Gap, Sanitation Ladder
- Discuss roles, responsibilities, and institutional framework
- Develop action plan
- Workshop evaluation

Materials:
- Manila paper, markers, masking tape
- PHAST Tools, district map

Things to Guard Against:
- Marginalisation of sanitation and hygiene in a programme linked with water
- Top down approach

3. Policy Making

Objectives:
- Review sanitation and hygiene plans and progress
- Strengthen support for sanitation and hygiene initiatives in district (raising profile)
- Review and develop policy and other relevant guidelines for sanitation & hygiene
- Foster linkages among technical, administrative, political organs and civil society

Major Output:
- Resolution by Council on how to deal with sanitation/hygiene

Timing and Duration:
- Regular meetings - at least two times a year

Who Participates?
- Full Council and relevant sectoral committee

Activities:
- Regular meetings of Council sectoral committee to:
- Review sanitation and hygiene plans and progress
- Strengthen support for sanitation/hygiene initiatives in district (raising profile)
- Review and develop policy and other relevant guidelines for sanitation/hygiene
- Foster linkages among technical, administrative, political organs and civil society
- Report to full Council about progress on sanitation and hygiene

Examples of By-laws

- All politicians should have a latrine as a requirement for holding political office.
- All government institutions and houses should have latrines.
- All households who have a completed latrine should pay less tax.
- New houses should not be occupied until latrines are in place.

NO LATRINE - NO CAMPAIGN!

Materials:
Action Plan

Things to Guard Against:
Bye-laws which are too difficult to implement

Councils are responsible for both HOUSEHOLD SANITATION and INSTITUTIONAL SANITATION. All public places should have access to suitable sanitation facilities. The Councils should include in their budget funds for building and maintaining PUBLIC LATRINES and OTHER PUBLIC SANITATION FACILITIES.

4. Community Mobilisation by Politicians

Objectives:
- Support and encourage local initiatives in sanitation and hygiene

Major Output:
- Increased motivation and commitment at community level

Timing and Duration:
- Regular visits at community level
- All functions at community level

Who Participates?
- All Councillors, LC Chairpersons, RDCs, MPs, and technocrats

Activities:
- Speeches given at community level by councillors to support and encourage local initiatives in sanitation and hygiene
- Encourage home/village improvement competitions & inter-school competitions

Materials:
- Guide for Political Leaders

Things to Guard Against:
- *Dependency syndrome e.g. unless there is a project, no action on sanitation*
- Expectation of extra allowances by political leaders

Points for Talks by Politicians on Sanitation

- Everyone needs to improve sanitation if we are going to improve the health of the community. If only a few people participate, there will be no improvement.
- Every political leader should have a latrine - we should lead by example.
- A clean household is a healthy household -
- Cover faeces or build a latrine - stop faeces from entering the mouth
- Teach children how to use latrine and encourage everyone to use it.
- Keep the latrine clean and scrub the slab.
- Wash hands after defecation and handling children's faeces
- Wash hands before preparing food and before eating.
- Explain the costs of improving sanitation, depending on the options

OPTION	COSTS
• Free range	• Free
• Trench latrine	• Digging hoe
• Basic pit latrine	• Cost of digging pit
• Materials - poles & grass	
• Labour for construction	
• Improved pit latrine	• Above costs + sanplat
• Handwashing facility	

5. Planning, Co-ordination, and Budgeting

Objectives:
- Assess status of sanitation/hygiene in district
- Develop plans for sanitation/hygiene
- Review progress of implementation
- Identify new problems
- Review plans and budgets/expenditures
- Form District NGO Forum (to review progress and share experience)

Major Output:
- District plan and budget for sanitation and hygiene
- Regular progress reports

Timing and Duration:
Regular meetings of District Action Committee (DMC, DMT)

Who Participates?
DMC/DMT members + NGOs

Activities:
- Carry out sanitation/hygiene baseline study
- Develop sanitation/hygiene plan for district
- Develop budget for sanitation/hygiene activities
- Review implementation progress and resolve bottlenecks

BASELINE SURVEY

- If a district is not clear about its sanitation and hygiene status, it should organise its own baseline survey to collect this information. This information will help to guide the planning and provide a base for monitoring.
- Each sub-county as part of its mobilisation process can conduct the survey; or it could be contracted to a local NGO.
- Each survey will include three main steps -
- Training for those who are collecting the data e.g. use of instruments
- Field data collection
- Analysis and writing up the results.
- The survey would collect data on different aspects of sanitation:
- Excreta disposal
- Waste water disposal
- Refuse disposal
- Hygiene practices

Materials:
- Baseline Study format
- Format for Sanitation & Hygiene Plan

Things to Guard Against:
Over ambitious and unrealistic plans

FINANCE AND BUDGETS

- Make information on budgets available to all stakeholders. For example the information on the budget allocated to each district for school sanitation was published in the newspapers.
- *Provide information about what finances are available from different sources - for example:*
- Monies locally raised from local government tax
- Monies from central government grants
- Monies from donors and projects
- District budgets should include the following items:
- Mobilisation costs e.g. allowances for extension workers
- Cost of conducting baseline survey and monitoring surveys
- Training events e.g. workshops to train staff at different levels
- Educational materials e.g. PHAST materials, pamphlets
- Pickaxes and other tools to break through hard rock
- Subsidies for sanplat production
- Construction costs for public latrines e.g. in markets, health facilities.
- Budgets for sanitation should also recognise the contribution from individual households. Often this contribution is not recognised yet it is a major one. This includes labour for digging pit, construction labour, materials, etc.

6. Training of Sub-County Players

Objectives:
- Review sanitation/hygiene status at the sub-County level
- Raise awareness of the profile of sanitation/hygiene
- Discuss sanitation/hygiene improvement strategies and activities
- Raise awareness of participatory approach to sanitation and hygiene
- Agree on roles and responsibilities of all players
- Improve skills in planning, budgeting, supervision, monitoring, accountability
- Strengthen links between Councillors and staff at sub-county level

Major Output:
- Increased political commitment and resource allocation
- Increased skills and confidence to promote sanitation/hygiene

Timing and Duration:
Workshops as required

Who Facilitates?
District Level staff, NGOs, District Councillors

Who Participates?
Councillors at LC3 level, sub-county chiefs, relevant extension workers

Activities:
- Training (including refresher training) on the following topics:
- Analysis of sanitation and hygiene in sub-county (SWOT)
- Sanitation and hygiene improvement activities
- Development of sanitation bye-laws
- PHAST approaches
- Roles and responsibilities of different players
- Steps in community level implementation
- Identification of private sector organisations who could participate
- Action planning

Materials:
Manila paper, markers, masking tape + PHAST tools

Things to Guard Against:
- Negative politicisation
- Dependency syndrome
- Lack of enforcement of bye-laws
- Expectation of extra allowances by political leaders
- Training should be focussed and needs-oriented, rather than too general

Technical Training

In addition to training politicians and personnel at the sub-county level, there is also a need to train:

- MASONS - skills for constructing latrines and handwashing facilities
- SANPLAT MAKERS - technical skills and how to run a small business

7. Procurement

Objectives:

- Develop and implement clear, transparent, and practical procurement procedures in line with existing tendering regulations

Major Outputs:

- Quality goods and services provided by contractors in a timely and efficient manner

Timing and Duration:

- Ongoing

Who Facilitates?

- National Level staff, NGOs, and consultants

Who Participates?

- Members of Tender Board, Contractors, and District Level staff

Activities:

- Training of Tender Board
- Identification of projects in which to involve private sector
- Registration of potential contractors/suppliers/consultants
- Pre-qualification - reduce numbers to manageable levels
- Tendering, Tender Evaluation, Tender award and implementation
- Training of contractors in both technical and business skills

Materials:

- Tender Board Guidelines/Procedures

Things to Guard Against:

- Favouritism and conflict of interest practised by Tender Board
- Lack of skills by technical officers to assess bids and supervise contractors
- Sub-standard goods and services
- Unnecessary delays in awarding tenders
- Stiff conditions e.g. paying contractors in one payment at the end of the work, rather than in instalments

8. Supervision and Monitoring

Objectives:

Set up an effective supervision and monitoring system that ensures quality sanitation/ hygiene services delivery through:

- Development and/or review of supervision and monitoring tools
- Proper use of supervision and monitoring tools (e.g. use of supervision checklists)
- Availing necessary resources (funds and logistics) for supervision

Major Output:

- Regular support to front-line implementers and information on progress

Timing and Duration:

- Ongoing

Who Facilitates?

- District Level staff, NGOs, CBOs

Activities:
- Design supervision and monitoring tools
- Conduct field trips to check on work at sub-county and community level
- Collect and analyse data
- Write monitoring reports and disseminate to all stakeholders

Materials:
- Supervision and Monitoring Checklist

Things to Guard Against:
- Practising supervision as a form of police work
- Hoarding data - data should be collected, processed, and made available

9. Advocacy and Networking

Objectives:
- Share information, experience, technology developments, and monitoring & evaluation results on sanitation/hygiene

Major Output:
- Increased knowledge, strategies, and skills for promoting sanitation/hygiene

Timing and Duration:
- Inter-sub-county meetings as required

Who Facilitates?
- District Level staff, NGOs, CBOs, and opinion leaders

Who Participates?
- Councillors, officials, and field workers at Sub-County level

Activities:
Inter-sub-County meetings on the following topics:
- Sharing of experience on sanitation and hygiene in different sub-counties
- Analysis of resistance and strategies for overcoming it
- Refresher training on PHAST approaches
- Use of mass media and communication channels
- Networking within sub-counties

Materials:
- Manila paper, markers, masking tape + PHAST tools

Things to Guard Against:
- Hiding of negative findings
- Raising of false expectations
- Conflict between politicians and technocrats

Public Latrines

Public latrines should be constructed at health centres, markets, lorry parks, or other public places. The latrines would be owned by market or transport associations and would be managed in the following way:
- Private contractors through tender would construct the latrines.
- Operation & maintenance would be contracted out to a private operator
- Attendants would be hired to keep the latrine clean and the latrines would be provided with posters on proper latrine use and hygiene.
- The latrines would be used on a "pay and use" basis, contracted out on a payment of a fixed amount to the owner.

Sub-County Level

1. ADVOCACY AND ORIENTATION FOR POLICY MAKERS AND IMPLEMENTORS AT SUB-COUNTY LEVEL
2. POLICY MAKING
3. COMMUNITY MOBILISATION BY POLITICIANS
4. PLANNING AND COORDINATION
5. TRAINING
6. SUPERVISION AND MONITORING
7. ADVOCACY AND NETWORKING

1. Advocacy/Orientation for Policy Makers and Implementers at Sub-County Level

Objectives:
- Raise awareness of the profile of sanitation/hygiene at district level
- Identify sanitation and hygiene improvement activities
- Get political commitment for effective participation, supervision, and M&E
- Agree on roles and responsibilities
- Discuss integrated planning, budgeting, and release of funds
- Strengthen and harmonise relations among all actors

Major Output:
- Political commitment

Timing and Duration:
- One-off workshop - one day

Who Facilitates?
- District staff and Councillors

Who Participates?
- LC3 Councillors and staff

Activities:
- Short workshop comprising the following activities:
- SWOT analysis of sanitation/hygiene in sub-county
- Agree on how Council can commit itself to sanitation and hygiene
- Discuss roles and responsibilities
- Identify sanitation/hygiene improvement activities at sub-county level
- Develop action plan
- Workshop evaluation

Optional Forms of Political Commitment

- Council resolution or by-law
- Develop plans and budgets for sanitation/hygiene activities
- Assign responsibility for sanitation & hygiene to a Council committee
- Set sanitation/hygiene targets for each parish
- Facilitate and motivate staff - or hire new staff

Materials:
- Manila paper, markers, masking tape + PHAST tools

Things to Guard Against:
- Lack of awareness by politicians - sanitation not accepted as a high priority
- Lack of budget for sanitation activities
- Political interference

2. Policy Making

Objectives:
- Review sanitation and hygiene plans and progress
- Strengthen support for sanitation/hygiene initiatives in sub-county (raising profile)
- Review and develop policy and other relevant guidelines for sanitation & hygiene

Major Output:
- *Resolution by Council on how to promote and improve sanitation & hygiene*

Timing and Duration:
- Scheduled meetings - Full Council and sectoral committee

Who Participates?
- Full Council, sectoral committee, and NGO representatives

Activities:
- Scheduled meetings of Council sectoral committee to:
- Review sanitation/hygiene plans and progress
- Strengthen support for sanitation/hygiene initiatives in sub-county (raising profile)
- Review/develop policy and other guidelines for sanitation/hygiene improvement

Examples of By-laws

- All political leaders should have, use, and maintain a hygienic latrine.
- All institutions (e.g. schools, markets, offices, and places of worship) should have hygienic latrines.
- Higher tax for those who do not have latrines.

Materials:
- Action Plan

Things to Guard Against:
- Misappropriation of resources
- Setting irrelevant rules and regulations
- Leaders not being exemplary

3. Community Mobilisation by Politicians

Objectives:
- Promote sanitation and hygiene at the local level
- Support and encourage local initiatives in sanitation and hygiene

Major Output:
- Increased motivation/commitment at community level

Timing and Duration:
- regular visits at community level

Who Participates?
- All Councillors and MPs

Activities:
- Speeches given at community level by Councillors to support and encourage local initiatives in sanitation and hygiene
- Promote participation in communal action on sanitation and hygiene

Materials:
- Brochures, posters, flyers, booklets

Things to Guard Against:
- Cheap popularity
- Conflicting messages

4. Planning and Co-ordination

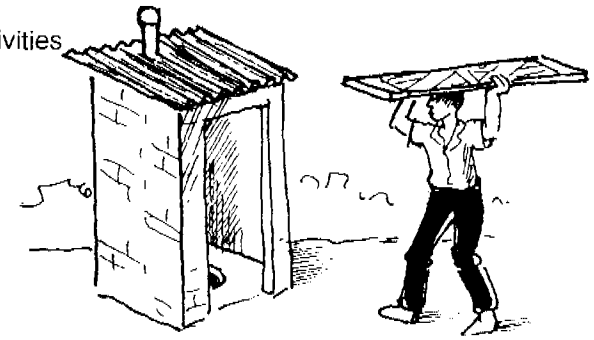
Objectives:
- Assess status of sanitation/hygiene in sub-county
- Review progress in implementation of sanitation/hygiene activities
- Establish and strengthen links between implementers and stakeholders
- Develop integrated action plans and budgets for sanitation/hygiene

Major Output:
- Sub-county action plan for sanitation and hygiene

Timing and Duration:
- Scheduled Sub-County SWS Co-ordination Meetings

Who Participates?
- Sub-County staff, NGO, and the relevant sectoral committee

Activities:
- Provide support for sanitation/hygiene baseline study
- Develop budget for sanitation/hygiene activities
- Approve, disburse funds, and monitor sanitation/hygiene activities
- Review implementation progress and resolve bottlenecks
- Develop sanitation/hygiene plan for sub-county



Materials:
- Baseline Study format
- Format for Sanitation & Hygiene Plan

Things to Guard Against:
- Unrealistic or over-ambitious plans

5. Training

Objectives:
- Review sanitation/hygiene status at the parish level
- Raise awareness of the profile of sanitation/hygiene
- Identify parish sanitation/hygiene improvement activities
- Identify Sub-County plans for institutional sanitation
- Introduce the use of participatory approaches to sanitation/hygiene promotion
- Agree on roles and responsibilities of all players
- Improve skills in use of participatory approaches for sanitation/hygiene promotion

Major Output:
- Increased skills/confidence to promote participatory sanitation/hygiene promotion

Timing and Duration:
- Workshops as required

Who Facilitates?
- Sub County staff, NGOs

Who Participates?
- Parish Development Committees and Village Action Committees
- School teachers, health unit staff, religious leaders

Activities:

A. Workshops for school teachers and health unit staff - topics:
- Review of institutional sanitation/hygiene plans
- Skill development - planning, mobilisation, training, and communication skills
- SWOT analysis of sanitation & hygiene in the schools
- Review of roles and responsibilities of key actors
- Development of action plans

B. Workshops for parish development committees and village action committees:
- Review of sanitation/hygiene situation
- Problem solving and action planning

- Mobilisation and facilitation skills for sanitation/hygiene promotion
- Follow-up support and monitoring
- Development of action plans

Materials:
- Manila paper, markers, masking tape + PHAST tools

Things to Guard Against:
- Avoid training without needs assessment first
- Lack of concern about staffing - some districts don't worry about staffing until there is a new project
- Creation of high expectations

Institutional Sanitation

- The sub-county is also responsible for sanitation in public places e.g. markets.
- Encourage them to include budgets for constructing and maintaining latrines in public places.
- Many districts are privatising the management of markets. As part of the contract for managing the markets, the contractor should also be asked to manage both excreta and solid waste disposal. If, for example, there are no sanitation facilities, the contractor should be asked and paid to construct and maintain appropriate sanitation facilities.

6. Supervision and Monitoring

Objectives:
- Institute an effective supervision and monitoring system that ensures quality sanitation/ hygiene services delivery
- Review and apply practical options for dealing with special situations within their localities

Major Output:
- Regular support to village level implementers
- Information on progress

Timing and Duration:
- Ongoing

Who Facilitates?
- Sub-county staff

Activities:
- Field trips to check on work at community level
- Meetings with the community

Materials:
- Supervision and Monitoring Checklist

7. Advocacy and Networking

Objectives:
- Share information, experience, technology innovations, and monitoring and evaluation on sanitation/hygiene implementation

Major Output:
- Increased knowledge, skills and strategies for promoting sanitation/hygiene

Timing and Duration:
- Ongoing

Who Facilitates?
- Sub-county staff

Who Participates?
- Parish Development Committees, Village Action Committees

Activities:
- Inter-parish/village meetings or exchange visits to share experience on sanitation and hygiene in different parishes or villages

Community Level

1. ORIENTATION FOR & PLANNING BY LC1 EXECUTIVE
2. ORIENTATION FOR & PLANNING BY WATSAN COMMITTEE
3. TRAINING OF GROUP LEADERS
4. GROUP MEETINGS AND HOUSEHOLD VISITS
5. HOUSEHOLD AND COMMUNITY ACTION
6. MONITORING

1. Orientation for Planning by LC1 Executive

Objectives:
- Analyse existing sanitation and hygiene situation in community
- Identify sanitation/hygiene improvement activities
- Raise awareness and build support/commitment of local leaders
- Agree on and share roles and responsibilities
- Identify locally available community resources
- Develop initial mobilisation plan

Major Output:
- Mobilisation Plan

Timing and Duration:
- One-off workshop + regular meetings

Who Facilitates?
- Extension workers - Health Assistants, Community Development Assistants, NGO/ CBO field staff, Community Health Workers

Who Participates?
- LC1 Executive

Activities:
- Short workshop comprising the following activities:
- Analysis of existing sanitation/hygiene situation, using PHAST tools
- Action planning - identifying actions and groups to be involved
- Discussion of LC1's role in supporting sanitation/hygiene improvement
- Identification of resources to be used in supporting sanitation/hygiene improvement

Materials:
- PHAST tools - Story with a Gap, Sanitation Ladder

Things to Guard Against:
- Unrealistic and unachievable action plans - help villagers make realistic plans!
- LC1 Executive focusing on individual interests

2. Orientation for and Planning by Watsan

Objectives:
- Analyse existing sanitation/hygiene situation in community
- Identify sanitation/hygiene improvement activities
- Strengthen Watsan's commitment to sanitation and hygiene
- Develop a plan for working through local groups

Major Output:
- Effective action committee

Timing and Duration:
- Regular meetings

Who Facilitates?
- Extension workers + LC1 committee member responsible for health

Who Participates?
- Whole community + LC1 members

Activities:
Short workshop comprising the following activities:
- Analyse existing sanitation/hygiene situation, using PHAST tools
- Discuss what Watsan is doing already in relation to sanitation and hygiene.
- Discuss steps in mobilisation process:
  Train Group Leaders ∫ Group Meetings ∫ Household Action ∫ Monitoring
- Identify groups to be involved
- Action planning - mobilising groups and preparing for training course

Special Note

Encourage close links between Watsan and LC1 - for example by nominating one LC1 member to Watsan. If Watsan has any problems, it can get help solving them from LC1. Otherwise it will be isolated and alone in dealing with problems.

3. *Training of Group Leaders*

Objectives:
- Build sense of ownership and commitment to sanitation and hygiene
- Develop skills to mobilise communities for promotion of sanitation & hygiene
- Develop skills in using PHAST approaches and tools
- Agree on roles and responsibilities in promoting sanitation and hygiene

Major Output:
- Skills and confidence to promote sanitation & hygiene

Timing and Duration:
- Half-day workshops as required

Who Facilitates?
- Extension workers

Who Participates?
- 1 or 2 representatives of each group

Activities:
- Half day workshops:
- Review of participants - What groups are represented? Who is missing?
- Analysis of sanitation/hygiene situation in village - using PHAST tools:
  a) Developing their own awareness on sanitation/hygiene
  b) Planning how they could build awareness/action in their own groups
- Skills in conducting sanitation/hygiene baseline survey
- Action planning (to prepare mobilisation plan)

Materials:
- PHAST tools

Things to Guard Against:
- Inappropriate timing - avoid harvesting or planting seasons

There are many existing groups in the community who are solving community problems and could be involved in promoting sanitation and hygiene. These groups include: clan groups, women's groups, youth groups, burial groups, community insurance groups, religious groups, communal work groups, drinking groups, etc. The aim would be to use these groups as the vehicle for promoting sanitation and hygiene. Avoid forming new groups - work with existing ones.

4. Group Meetings and Household Visits

Objectives:
- Collect baseline information on sanitation and hygiene
- Build awareness on the need for sanitation improvements
- Agree on a minimum sanitation standard
- Action planning for sanitation and hygiene improvement

Major Output:
- Action plan for sanitation/hygiene improvement

Who Facilitates?
- Watsan Committee members (reinforced by extension workers)

Who Participates?
- Group members and households

Activities:
Group meetings to:
- Assess the sanitation/hygiene status of different households
- Identify and prioritise village sanitation/hygiene improvement needs
- Develop an action plan

Household meetings to:
- Appraise the sanitation situation of their homes
- Identify needs and set priorities
- Draw up action plans to address their needs
- Identify and allocate resources for sanitation improvement in the home
- Agree on roles and responsibilities by gender for provision of O&M and sustainability of these facilities
- Agree on a code of conduct to promote proper use and maintenance of facilities
- Agree on a self-monitoring system

Baseline Survey

Data to be collected: name of household head, type and number of latrines and handwashing facilities. O&M of existing latrines. Safe water chain.

Example of Action Plan

1) Improve latrines (privacy, structure);
2) Hand washing facilities;
3) Water point cleanliness
4) New pit digging and construction;
5) Safe water chain;

Materials:
- PHAST Materials, Baseline Survey materials

Things to Guard Against:
- Overuse of PHAST Tools resulting in boredom
- Misuse of tools by community and group leaders

5. Household and Community Action

Objectives:
- Mobilise sanitation and hygiene at the local level
- Construct/provide acceptable excreta disposal facilities
- Promote and practice hygiene behaviours and approaches
- Observe codes of conduct in regard to use and maintenance

Major Output:
- Action on sanitation and hygiene

Timing and Duration:
- Ongoing

Who Participates?
- Community members

Activities:
- Communal action on collective activities (e.g. water point cleanliness)
- *Individual action by each household*
- Mutual support among households e.g. helping each other with latrine construction or with collection of locally available materials

Materials:
- Technical guidelines for latrine construction
- Special tools for digging in hard rock areas

6. Monitoring

Objectives:
- Check on progress towards household and community goals

Major Output:
- Information on progress and obstacles

Timing and Duration:
- Ongoing

Who Facilitates?
- LC1 Executive, Watsan Committee, Groups, community members

Activities:
- Data gathering and analysis by Watsan Committee and groups

Materials:
- Monitoring Checklist

SPECIAL SITUATIONS

Sanitation needs to be adapted to different situations. In Uganda there are a number of different contexts, each of which needs a special approach - e.g. peri-urban settlements, mobile populations, fishing villages, emergency or refugee settlements, and schools.

There is no universal blueprint to be uniformly applied to these different contexts. Each context is unique and requires its own set of approaches

In all of these cases a common approach is used to develop awareness of sanitation/hygiene problems and promote action to solve them.

1 **MOBILISATION MEETINGS with existing leaders/organisations (LC1) and the community to raise their awareness on sanitation and hygiene and win their support/commitment**
2 **SELECTION OF ACTION COMMITTEE to educate and mobilise the community on sanitation and hygiene**
3 **TRAINING of the Action Committee**
4 **DATA GATHERING, EDUCATION, AND ACTION PLANNING with individual households and small groups using a participatory (PHAST) process**
5 **ACTION by individual households and community**
6 **MONITORING**

Peri-Urban Settlements

Rapid rural-urban migration has led to the accelerated development of informal and often unplanned settlements in peri-urban areas. These settlements lack basic services, including sanitation and drainage. Most residents do not have access to proper sanitation facilities. Roughly 50% rely on poorly maintained communal pit latrines, buckets, or free range. The problem is the most critical in low income housing areas, where latrines do not exist or are poorly constructed and located.

PROBLEMS	SOLUTIONS
Tenants not easily available during the week	Hold meetings on the weekends when tenants are more easily available Mobilisation through social groups
Absentee landlords who are only interested in getting rent - no interest in providing latrines for their rented houses	Sensitise landlords to build latrines. Form landlord associations Communicate with landlords in writing Pass bye-laws to pressure landlords - cannot put tenants in house until proper sanitation facilities constructed
Land ownership very complex in some towns/cities (e.g. Kampala) - makes it difficult for government to intervene to solve land problems	Policy review and implementation Enforce land act (Councils) Guidelines on land management Formulate laws on land size
Councils more interested in revenue collection than bye-law enforcement	Pressure councils to enforce their own bye-laws and building regulations

PROBLEMS	SOLUTIONS
Overcrowding and lack of planning results in small plots and congested buildings - makes it difficult to find enough space to dig pits for latrines	Promote planning of settlements by LC1 i.e. demarcation of plots Sensitise and involve landlords in planning and demarcation process
Temporary and poorly constructed structures	Enforce building regulations
High cost latrine options required by councils - not appropriate/ affordable	Promote more affordable/appropriate forms of sanitation e.g. pit latrines
Lots of individualism in peri-urban areas and people from different ethnic groups - no "community"	Use participatory approaches which involve people in joint problem-solving Work through local councils
Difficult conditions for construction of latrines e.g. swampy/flooded areas, water logging	Educate on danger of building in areas Government to set an example in protecting swampy areas
Refuse crudely dumped - in many areas refuse not collected	Involve the private sector in refuse collection in order to increase coverage

Emergency Settlements

Emergency or refugee settlements are often unstable with people constantly coming and going. There may be lots of factionalism and political conflict. Sanitation promotion in these settlements needs to create a sense of "community", building on the fact that these camps are often settled with people from the same ethnic group or area. The primary aim should be to involve the refugees in managing their own sanitation.

PROBLEMS	SOLUTIONS
Sudden influx of a large population	• Provide temporary shelter in public places e.g. church, school • Provide relief • Implement disaster plan
Outbreaks of disease e.g. DD, STD, ARI, cholera	• Plan for health emergencies • Organise screening and treatment • Organise children's immunisation and hygiene education • Screen for security
Cultural/social issues - refugees may be armed, speak foreign languages, and have foreign beliefs/practices	• Use the refugees' own leadership to help run the programme • Use multi-disciplinary teams to work with refugees
Inadequate land for settlement	• Identify land for settlement • Promote planning of settlements and demarcation of plots • Provide enough space for houses, latrines, baths, garbage disposal • Identify water supply sources
Refugees' sanitation needs seen as low priority - no budget for sanitation	• Advocate for more resources committed to sanitation for refugees
Conflicts and different approaches adopted by different agencies in providing disaster relief	• Establish a refugee desk to co-ordinate refugee activities by different agencies
Unpredictable refugee movements - difficult to plan because numbers keep changing	• Active tracking - registration of refugees and frequent updating of refugee population data
Household and institutional latrines get filled quickly	• Provide emergency latrines
Misuse of people's land for excreta disposal	• Hygiene education in settlement camps

Mobile Populations

PROBLEMS	SOLUTIONS
Mobile population - no permanent settlements so difficult to practice sanitation. People prefer open fields and dry river beds. Believe that piling up human excreta in one place encourages illnesses	• Encourage sanitation to be practised in the more permanent settlements • Promote appropriate sanitation options e.g. trench latrines • Sensitise people about health risks of living with animals • Reduce mobility by promoting change from quantity to quality breeds
Resistance to change imposed from outside community	• Build on existing structures e.g. elder dominated system for decision-making • Put them in "driver's seat" - get them to define their own sanitation strategy
Standard sanitation solutions (e.g. well constructed VIP latrine) are not relevant to mobile populations	• Define sanitation relevant to situation. • Sanitation Ladder should be developed with options appropriate to the situation
Major sanitation problem in these settlements is the open defecation practised within/outside 'manyatta'. Creates the major health hazard.	• One major objective of the sanitation programme should be to remove faeces from the manyatta i.e. to encourage people to defecate outside the manyatta
Cow dung is not perceived as a problem, but it is a health hazard. Because of poor drainage washed into compounds in rainy season	• Help people see cow dung is a hazard • Promote drainage around cattle area • Promote removal of dry cow dung
Drinking water is shared with cattle. Little water reaches household. As a result limited handwashing.	• Promote development of water supply for households e.g. dams, springs, etc • Optimise the use of water for hygiene • Promote filtering of guinea worm water
Small/poorly ventilated houses - cause of ARI and other diseases	• Discuss problem and let community find appropriate solutions e.g. increase hut size or more huts or more air inlets
Men are often busy with cattle - not always available for meetings	• Early morning meetings • Short meetings - one problem per meeting • Get leaders to plan & organise meetings
Women are often forced to sit at the back of meetings and excluded from the discussion/decision-making	• Use a culturally appropriate process to make men gender aware and involve women in discussion/decision-making • Hold separate meetings - then bring groups together and ask one woman to talk for the women's group

Fishing Villages

PROBLEMS	SOLUTIONS
Men and youth are always on the lake fishing - difficult to mobilise	• Work through Fisheries Department and train their staff on hygiene and sanitation. • Integrate sanitation into fisheries department programmes e.g. use meetings on fishing permits to talk about hygiene & sanitation • Work through fishermen's own leaders and groups to promote sanitation • Fit into schedules of fishing activities
Migratory occupation - so fishing villages are often temporary and roughly constructed settlements	• Encourage fishing groups to establish permanent and well planned settlements • Encourage permanent structures for rent • Set up planned system of plots from start
Overcrowding at landing sites and villages; land ownership not clearly defined; landlords and fishermen are resentful of government interference in land ownership problems	• Promote planning of each settlement i.e. demarcation of plots • Sensitise and involve landlords in planning and demarcation process • Resolve land ownership problems by involving landlords and Land Board • Register all fishing families in each village • Limit no. fishing permits issued for each site
Lack of latrines at landing sites & fishing villages due to low awareness & construction problems (e.g. high water table)	• Raise households' awareness of importance of sanitation and hygiene • Provide designs suited to conditions • Provide suitable public latrine options
How educational levels - male youth go fishing rather than to school	• Raise awareness of benefits of education • Enforce laws on education and child labour • Add schools when planning fishing villages
Contamination of fish and water due to unhygienic habits e.g. handling of fish in unhygienic places	• Raise awareness on food & personal hygiene • Promote building of hygiene platforms • Inspect fish before sale and medically examine all people handling fish
Contaminated water used for domestic purposes	• Raise awareness on problems of contaminated water • Improve and protect water sources • Treat lake/river water before drinking and other domestic purposes e.g. bathing • Overcome practice of depending on lake or river water for domestic water

Institutions, e.g. Schools, Clinics, etc.

PROBLEMS	SOLUTIONS
High UPE enrolments and limited resources - low latrine coverage	• Increase funding to provide adequate coverage of sanitation facilities (i.e. 1:40)
Limited space available for latrines and for re-siting latrines once full. Lifespan of school latrines is short - "graveyard of latrines!"	• Acquire land and proper site planning • Solve land problems e.g. demarcate school boundaries • Develop technology for pit emptying
UPE guidelines do not prioritise sanitation - sanitation is not prioritised in schools	• Include S&H in plans/budgets at all levels • Specify percent of UPE funds for S&H • Make sanitation a basic requirement for new schools before they are certified
Guidelines for sanitation in schools unclear	• Specify contributions from different levels: national, district, and community
Overcrowding - 150 children in one class	• Build more classrooms - coverage 1:55 • Train and hire more teachers
Cleaning of latrines is treated as a punishment, so students do not see the importance of this activity	• Stop treating latrine cleaning as a form of punishment - instead it should be seen as a normal activity
Poor use and maintenance of latrines	• Train teachers in sanitation & hygiene • Establish a cleaning roster • Daily spot checks on facilities
Poor hygiene among school children and teachers	• Practical demonstrations & practice • Reactivate hygiene parades, school inspections, and health visits • Get teachers to be exemplary
S&H is exam subject so focus on rote learning & memory work, not new habits & skills for daily living	• Emphasise S&H as a practical subject and provide lots of opportunities for practice in and outside the school
UPE misinterpreted as providing toilets for free - so many parents have stopped contributing	• Raise parents' awareness of dangers of poor sanitation & importance of sanitation • Involve parents more actively in sanitation
No provision of latrines by sex	• Provide separate latrines for girls and boys and for different age groups
Rigid guidelines for contractors i.e. only paid once work completed	• Give contractors a percentage payment at start of the work
Girls and female teachers lack facilities for their special needs	• Establish changing room for girls and female teachers in each school

Gender Issues

PROBLEMS	SOLUTIONS
Gender constraints e.g. women waiting for men to provide finance and pit	• Integrate gender into all aspects of sanitation development
Women are major targets for education on S&H but men make the decisions	• Involve women and men in education and mobilisation activities • Assertiveness training so that women develop confidence to decide and act
Gender awareness in relation to Sanitation and Hygiene is lacking at all levels	• Promote awareness of gender issues related to S&H at all levels. • Desegregate sanitation strategies by gender, age, and income levels
Extension workers are not fully gender sensitised - so they avoid using gender tools (e.g. daily calendar) in their work	• Extra training for extension workers on how to facilitate gender awareness & action at community/household level
Decision-making and resource control within households is still dominated by men + women are often excluded from decisions on choice/siting of latrines	• Promote the idea of husband and wife doing joint planning & decision-making on sanitation improvements, including: • the choice of sanitation option • the siting of the latrine • the use of family funds for sanitation • cleaning & maintenance of latrine
Women depend on men/husbands to finance latrines and dig the pits	• Promote income generating strategies so women not economically dependent
Women's heavy workload is a major constraint to improved hygiene	• Use gender tools to raise awareness of gender roles and agree on how to reduce women's workload
Women's participation in Watsan and other committees is low	• Ensure 30% of committee members are women and that they participate fully • Select times for meetings which suit women and make meetings shorter
Female Watsan committee members are harassed by community members if they try to promote hygiene and sanitation	• Discuss women's leadership roles with the whole community and get them to agree on S&H promotion programme
Technical positions in water and sanitation are dominated by men	• Select and train women to be caretakers, latrine masons, and sanplat producers

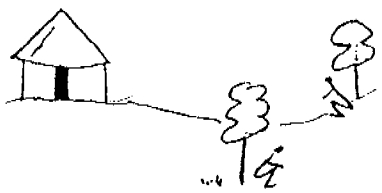
TECHNICAL OPTIONS

1. Human excreta disposal

Safe human excreta disposal is one of the most effective measures a household can undertake to prevent diarrhoeal disease. Other benefits include increased privacy, convenience, improved environmental cleanliness and improved status. The fundamental requirement of excreta disposal for improved health is to isolate the excreta from the environment. Not all of these options fulfil this criteria and some are not recommended because of the associated health risk and other advantages. However, they have been included so that the full range of options can be considered.

Open defecation

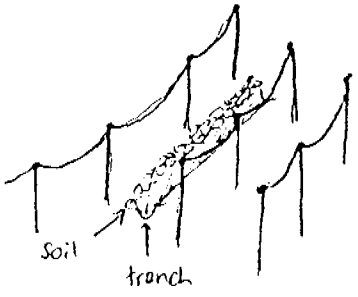
Where there are no latrines, people resort to defecation in the open. This may be indiscriminate or in special places for defecation generally accepted by the community. Open defecation may be the preferred option of nomadic communities and in places where digging pits is difficult. Where populations are low and in hot, dry conditions, leaving faeces in the open may reduce the development of fly populations. However, when it rains the health nuisance from flies and intestinal worms may be unacceptable.



Advantages	Disadvantages
• No cost • Easy	• Considerate fly nuisance • In wet conditions lavae of hookworms develop and surface water becomes contaminated with faeces • Lack of privacy • In highly populated areas, there is a risk of stepping into faeces

Defecation fields

Designated defecation fields confine excreta in a certain area, but require strict super-vision and management to be effective. The fields are laid out by dividing a field into strips with poles and tape (or fences). Different fields will be necessary for males and females. This system can be particularly useful as a first measure in refugee camp situations. Defecation is allowed within each opened 1.5m wide strip. Several strips can be opened if large numbers of people are using the field at the same time. New strips can be spaced away from old strips to reduce the fly and smell nuisance. In hot dry weather, faeces can be left uncovered to dry out under the sun. Once dry they should be collected and buried. In a wet, humid climate, the sterilising effect of the sun may not be complete and it is then better to cover with soil to prevent fly breeding and to reduce smells. Digging shallow trenches along the strip can do this. Handwashing facilities should be available near to the exit of the defecation field.



Advantages	Disadvantages
• Cheap • Quick to set up, even for large populations	• Difficult to maintain in a hygienically acceptable condition over time • In wet conditions lavae of intestinal worms • develop and surface water becomes contaminated with faeces • Lack of privacy

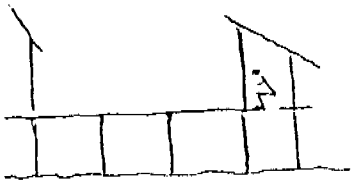
Shallow pit

People working on farms may dig a small hole each time they defecate and then cover the faeces with soil. This is sometimes known as the "cat" method. Pits about 300mm deep may be used for several weeks. Excavated soil is heaped beside the pit and some is put over the faeces after each use. Decomposition in shallow pits is rapid because of the large bacterial population in the topsoil, but flies breed in large numbers and hookworm can spread around the holes. Hookworm lavae can migrate upwards from excreta buried less than 1m deep, to penetrate the soles of the feet of subsequent users.

Advantages	Disadvantages
• Cheap	• Considerable fly nuisance
• Quick to set up	• Spread of hookworm lavae
• Ok as temporary measure	• Lack of privacy

Overhung latrine

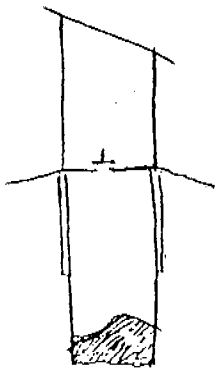
A latrine built over a take, river or other body of water into which excreta drops directly is known as an overhung latrine. If there is a strong current in the water, the excreta are carried away. Local communities should be warned of the danger to health resulting from contact with or use of water into which excreta have been discharged. Pollution of water may also lead to the contamination of fish and fish products.



Advantages	Disadvantages
• Cheap	• Serious health risks
• May be the only feasible system for communities living nearby warter	• Pollution of water and contamination of fish and fish products

Traditional pit latrine

This consists of a timber and murram slab over two pits that may be 2m or more in depth. The slab should be firmly supported on all sides and raised above the surrounding ground so that surface water can not enter the pit. If the sides of the pit are liable to collapse they should be lined with brick or stone or made in a trapezoidal shape. A squat hole in the slab or a seat is provided so that the excreta fall directly into the pit. A tight fitting wooden cover over the squat hole when the latrine is not in use will reduce the access of flies into the pit. A small concrete slab or "sanplat" (0.5m x 0.5m) can be placed over the squat hole for ease of cleaning. The smell and fly nuisance can be reduced by throwing handfuls of ash or lime into the pit each week, or by smoking the pit. Solutions to common problems with pit latrines are expanded on the next two pages.



Advantages	Disadvantages
• Low cost	• Considerable fly nuisance (and mosquito nuisance if the pit is wet), unless there is a tight fitting cover the squat hole when the latrine is not in use
• Can be built by householder	• Smell
• Needs no water for operation	• Slab will only remain safe for a few years due to termite or other damage to timbers
	• Life of latrine limited to size of pit or strength of slab

Solutions for common problems with pit latrines

Bad Smells

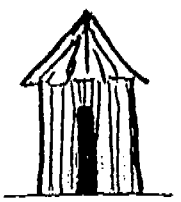
- Throw handfuls of ash or lime into the pit over the ecreta
- Smoke the pit by throwing lighted grass or papers into the latrine pit
- Provide the latrine with a vent pipe (see VIP option)
- Use a timber and murram slab and keep it clean by smearing frequently with fresh murram

Flies

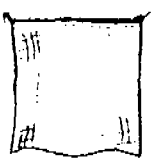
- Place a tight fitting wooden or concrete lid over the squat hole. A murram floor can be moulded to fit the lid exactly.

Too expensive

- Construct a shallower pit (each person only produces 0.05m' dry sludge over one year)

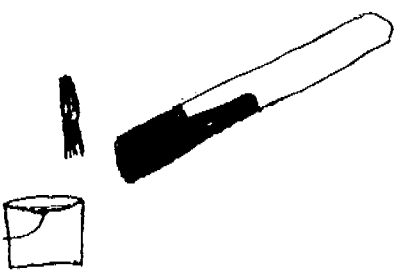


- Use local materials for slab and superstructure (banana leaf, papyrus for walls/roof)



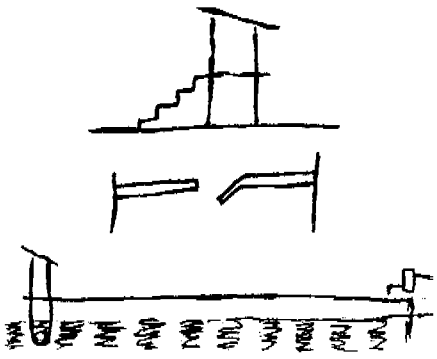
- Use scrap materials for superstructure (e.g. scrap metal or sacking for doors)

Termite damage



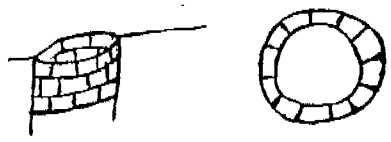
- Use termite resistant timbers such as fence-post palm or mahogany
- Paint the timber with old engine oil prior to use

High water table

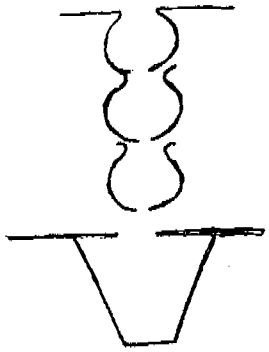


- Raise pit above the soil (as with mould pit latrine)
- Prevent "splash back" by building a baffle into the squat hole
- Do not use groundwater for drinking within 200m radius

Collapsing Soils



- Line pits with stone, bricks or concrete blocks and use round pits instead of square or rectangular ones

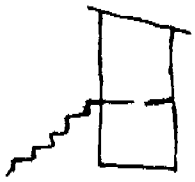


- Use narrow pits and line with broken water jars
- Dig shallow pits that are wider at the top than at the base (most stable with at least a 450 angle)

Hard-rock

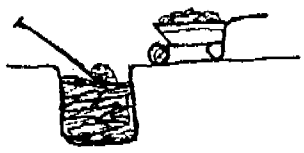
- Use pick axes or crow bars to break through the rock, crack the rock by heating with fire and quenching with water

- Build pits over natural cracks and crevices (but do not use groundwater for drinking)



- Raise pit above the soil (as with mound pit latrine)

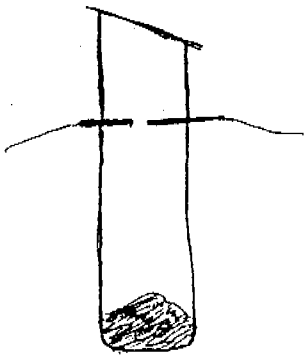
Latrine already full and no other location to dig new latrine pit



- Empty the latrine pit. Handle sludge with care, bury sludge if fresh. Old latrine superstructure may need to be demolished.

Pit latrine with concrete slab

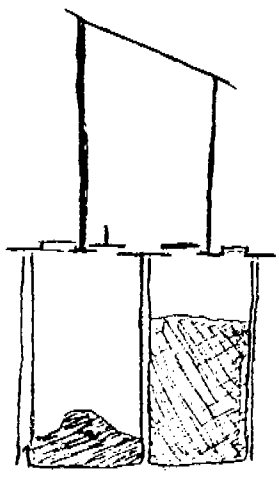
This latrine is similar to the traditional pit latrine, but the slab is made of reinforced or shaped concrete. The slab should be firmly supported on all sides and raised above the surrounding ground so that surface water can not enter the pit. If the sides of the pit are liable to collapse they should be lined with brick or stone (see section on solutions to common problems with pit latrines). A squat hole in the slab or a seat is provided so that excreta falls directly into the pit. A tight fitting wooden or concrete cover over the squat hole when the latrine is not in use will reduce the access of flies into the pit. The smell and fly nuisance can be reduced by throwing handfuls of ash or lime into the pit each week or by smoking the pit.



Advantages	Disadvantages
• Relatively low cost (once slab is purchased can be re-used) • Can be built by householder • Needs no water for operation • Easily understood • Safe, long-lasting slab	• Considerable fly nuisance (and mosquito nuisance if the pit is wet) • Smell (often worse than traditional pit latrine) • Slab must be constructed by fundi • Difficult or expensive to empty pit once it is full

Alternating pit latrine

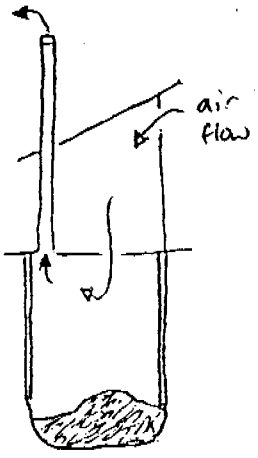
This variation on the simple pit latrine can use a timber and murram slab or a concrete slab over two pits which may each be 2m or more in depth. The slab should be firmly supported on all sides and raised above the surrounding ground so that surface water can not enter the pit. The pits must be lined with brick or stone and large enough to take an accumulation of faecal solids over a period of two years or more. A squat hole, in the slab is provided over each pit so that excreta falls directly into the pit. Again, a tight fitting wooden cover over the squat hole when the latrine is not in use will reduce the access of flies into the pit. A second larger hole is required over each pit so that a person with a bucket or the pipe of a vacuum truck can remove the contents of the pit. One pit is used until it is full. It is then closed and the second pit is used until that too is full, by which time the contents of the first pit will have completely decomposed and even the most persistent pathogens will have been destroyed. When another pit is required the contents of the first pit can be dug out (it is easier to dig than undisturbed soil). The first pit can then be used again.



Advantages	Disadvantages
• Low cost • Can be built by householder • Needs no water for operation • Once constructed the pits are permanent • Easy removal of solids from the pits as they are shallow • Pit contents can be safely used as a soil conditioner after one year without treatment	• Considerable fly nuisance (and mosquitoes if the pit is wet), unless there is a tight fitting cover over the squat hole when the latrine is not in use • Bad smell • Stab will only remain safe for a few years due to termite or other damage to timbers • Life of latrine limited to size of pit or strength if stab • Vacuum tankers are expensive and people may not be willing to dig out the pit-contents

Ventilated pit latrine

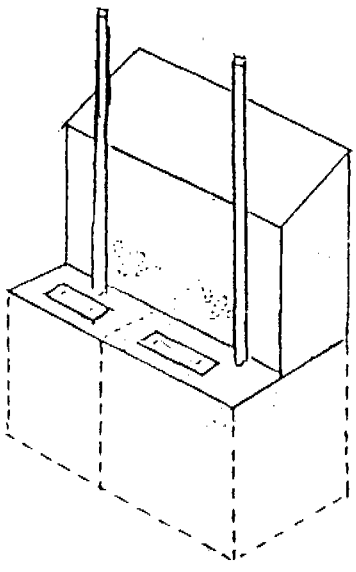
Variations of the traditional pit latrine include the Ventilated Improved Pit Latrine (VIP). Fly and odour nuisance may be substantially reduced if a pipe extending above the latrine roof, with fly-proof netting (preferably with 1.5mm mesh) across the top of the pipe ventilates the pit. Wind blowing across the top of the vent pipe causes air in the vent pipe to move upwards. When there is no wind, air in the vent pipe moves upwards if it is heated from the sun. Smells from the pit are carried up the pipe and escape from the top. Flies from outside are attracted to the pipe by smell but can not get through the netting. Flies hatching in the pit are attracted by light at the top of the vent and -fly upward but can not get out through the fly screen. It is essential that the superstructure shades the squatting hole or the flies will exit from there. It is also essential that the vent pipe extends above the superstructure, nearby trees and other buildings by at least 0.5m. While in theory VIP latrines are simple to build and should provide effective fly control they are often poorly constructed, badly seated and do not live up to their reputation.



Advantages	Disadvantages
• Medium cost	• Does not control mosquitoes if pit is wet
• Can be built by householder	• Cost of providing a vent pipe often more than the rest of the latrine
• Needs no water for operation	• Need to replace the vent fly-screen every three months or more
	• Difficult or expensive to empty pit once it is full

Alternating ventilated pit latrine

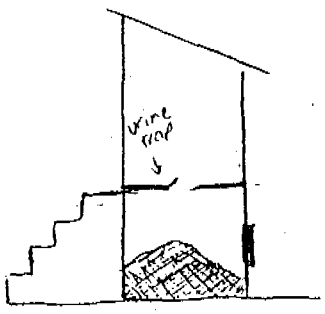
This variation on the VIP latrine can have either a timber and murram slab or a concrete slab over twin pits which may each be 2m or more in depth. The slab should be firmly supported on all sides and raised above the surrounding ground so that surface water can not enter the pit. The pits must be lined with brick or stone and large enough to take an accumulation of faecal solids over a period of two years or more. A squat hole in the slab or a seat is provided over each pit so that the excreta fall directly into the pit. Again, a tight -fitting wooden cover over the squat hole when the latrine is not in use will reduce the access of flies into the pit. A second larger hole-is required over each pit so that a person or the pipe of a vacuum truck can remove the contents of the pit. A third hole is required in each slab for the vent pipe. As with the alternating pit latrine, one pit is used until it is full. Thereafter, the second pit is used until that too is full, by which time the contents of the first pit can be dug out (it is easier than undisturbed soil) and the pit can be used again. The first pit can then be used again.



Advantages	Disadvantages
• Medium cost, can be built by householder	• Does not control mosquitoes if pit is wet
• Needs no water for operation	• Cost of providing a vent pipe may be more than the rest of the latrine
• Once constructed the pits are more or less permanent	• Need to replace the vent fly-screen every three months or more
• Easy removal of solids from the pits as they are shallow	• Vacuum tankers are expensive and people may not be willing to dig out the pit contents
• Pit contents can be safely used as a soil conditioner after one year without treatment	

Dry-box latrine

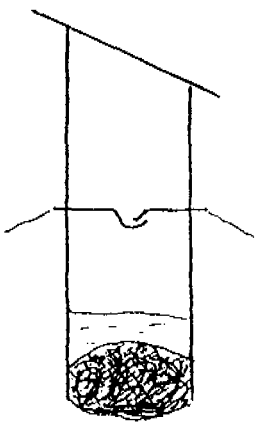
The dry-box latrine is usually built above ground. Its receptacle consists of two sealed boxes or vaults each with a hatch on the outside. On top of the vaults there is a squat hole with a urine collector from which the urine flows via a pipe into a soakpit or collected in ajar and diluted to be used as liquid fertiliser. After using the latrine the user sprinkles ashes, soil or a soil with lime mixture over the faeces. Every week the contents of the box need to be stirred with a long stick and more ashes added. On the same principal as alternating pit latrines, when the first box is nearly filled up it should be closed off and then the second box is used. A year later and before the second box is full, the first box can be emptied and the contents safety used as a soil conditioner. The dry-box latrine can be attached to a house and is suitable for high-density areas. It is important to keep all liquids out of the box because they slow down the decomposition and result in foul smells and fly infestations. If the urine collector is considered too difficult, a pipe can be installed at the base of the box to drain the liquids into a soak-away pit.



Advantages	Disadvantages
• Low cost	• Requires more attention and management than other types of pit latrine
• Low smell	• Contents of the pit must be kept dry to avoid smell and fly problems
• Once constructed the system is more or less permanent	• System less appropriate for people who use water for anal cleansing
• Pit contents can be safely used as a soil conditioner after one year	
• System can be used in rural or urban areas	

Pour-flush latrine

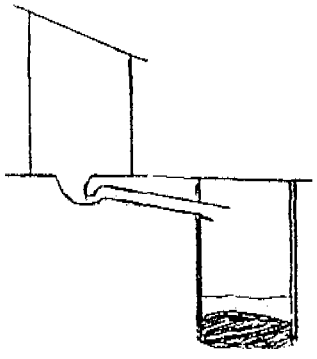
A latrine may be fitted with a trap providing a water seal, which is cleared of faeces by pouring in sufficient quantities of water to wash the solids into the pit and replenish the water seal. A water seal prevents flies, mosquitoes and odours reaching the latrine from the pit. The water-seat pan can be moulded out of cement plaster, plastic, glass fibre or ceramics. The smoother the finish and the smaller the water-seal, the less water is needed for flushing. Solid objects can not be disposed of down a water-seal latrine, which, once blocked, must be gently unblocked. Many water-seat units get broken in the unblocking process and must be repaired or replaced.



Advantages	Disadvantages
• Low cost	• A reliable, if limited water supply must be available
• Control flies, mosquitoes and odour	• Blocked or broken when solid anal cleansing material is used
• Contents of pit not visible	• Must be constructed to high standards
• Gives users the convenience of a WC	• Difficult or expensive to empty pit once it is full unless alternating pits are constructed

Offset Pour-flush latrine

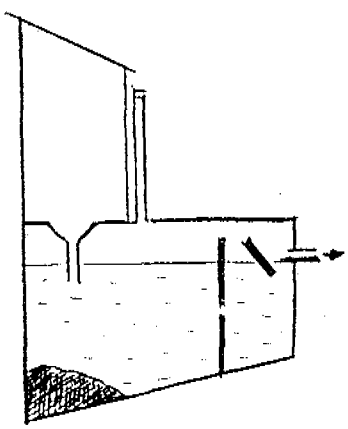
The pit of a pour-flush latrine can be offset from the latrine by providing a short length of pipe or covered channel from the pan to the pit. The ground supports the pan of an offset pour-flush latrine and the latrine may be within or attached to a house. The pipe work can be moved to join the pan with an empty pit once the first is full.



Advantages	Disadvantages
• Low cost	• A reliable (even if limited) water supply must be available
• Control of flies and odour • Contents of pit not visible • Pipework can be connected to new pit once first one is full	• Unsuitable where solid anal cleansing material is used
• Pan supported by ground	• Must be constructed by trained fundi
• Latrine can be in house	• Difficult or expensive to empty pit once it is full unless alternating pits are constructed

Aqua-privy

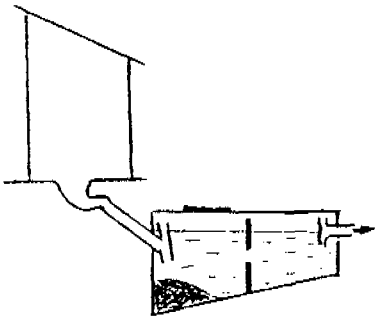
An aqua-privy has a watertight tank immediately under the latrine floor. Excreta drop directly into the tank through a pipe. The bottom of the pipe is submerged in the liquid in the tank, forming a water seal to prevent escape of flies, mosquitoes and smell. The tank functions like a septic tank. Effluent usually infiltrates into the ground through a soak-away. Accumulated solids (sludge) must be removed regularly. Enough water must be added to compensate for evaporation and leakage losses.



Advantages	Disadvantages
• Does not need piped water on site	• High cost (more expensive than VIP or pour-flush latrine)
• Less expensive than a septic tank	• Water must be available nearby
	• Fly, mosquito and smell nuisance if seal is lost because insuffiicient water is added
	• Regular (and expensive) desludging required, and sludge needs careful handling
	• Permeable soil required to dispose of effluent

Septic tank

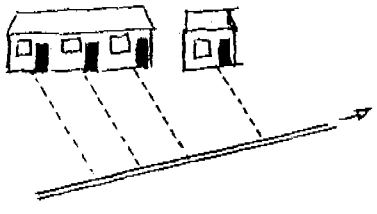
A septic tank is an underground watertight settling chamber into which urine, faeces and water (raw sewage) is delivered though a pipe from plumbing fixtures inside a house or other building. The sewage is partially treated in the tank by separation of solids to form sludge and scum. Effluent from the tank infiltrates into the ground through drains or a soak-away. The system works well where the soil is permeable and not liable to flooding or waterlogging, provided the sludge is removed at appropriate intervals to ensure that it does not occupy too great a proportion of the tank.



Advantages	Disadvantages
• Gives the users the convenience of a WC	• High cost
• Control of flies and dour	• Reliable and ample piped water required
• Contents of pit not visible	• Only suitable for low-density housing
	• Regular (and expensive) desludging required
	• Sludge needs careful handling
	• Permeable soil required

Sewerage

Discharge from WCs and other liquid wastes flow along a system of sewers to treatment works or directly into the lake or river. Alternative designs including sewers of smaller diameter (small-bore sewerage), sewers built near to the surface, and sewers with flatter gradient have all been tried. Many of these systems require a chamber at each house to retain solids, which have to be removed and disposed of from time to time. Some of these systems have been found to be suitable for providing sanitation simultaneously for a large number of high-density dwellings. Types of treatment works include percolating filters, waste-stabilisation lagoons, and sludge digesters.

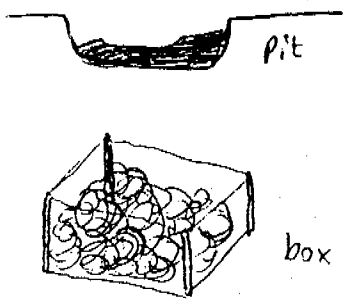


Advantages	Disadvantages
• User has no concern with what happens after the WC is flushed	• Efficient infrastructure required for construction, operation / maintenance
• No nuisance near to the household	• High construction costs
• Treated effluent can be used for irrigation	• Ample and reliable piped water supply required (a minimum of 70 litres per person per day)
	• Discharge requires adequate (and expensive) treatment to avoid pollution

2 Solid waste disposal

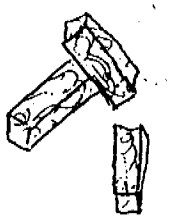
Ineffective disposal of unwanted household materials including vegetable wastes, glass, cans, plastic bags and paper can cause problems of unsightliness and can also encourage bad smells, attract rats, mosquitoes and flies, and may cause cuts and injuries. However, different types of solid waste can be useful if kept separate. There is a selection of options for each type of waste as follows:

Composting vegetable waste



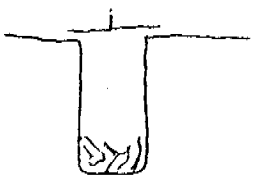
Peelings of matooke, other fruit and vegetable waste, animal dung and even leaves from trees can compost down to form a valuable soil conditioner and fertiliser. A small pit can be dug in a vegetable growing patch and the vegetable waste from the household disposed of in the pit for one month or so, until it is full. When it is filled, it should be covered with soil and another pit dug. A more sophisticated option is to construct a box out of timber and chicken wire mesh. Vegetable waste matter is then disposed of in the box until it is full or until the compost is required. Composting of cooked foods is not advisable as it encourages rats.

Burning organic waste



Vegetable waste including matooke peelings and dried water hyacinth can be chopped up and squeezed into small bricks to dry in the sun. Animal dung can be spread thinly and dried in the sun. Once dried these bricks and pats can be stored until required. They can be used as a substitute for charcoal or wood for cooking with.

Burial of bones, glass and metal cans

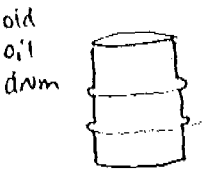


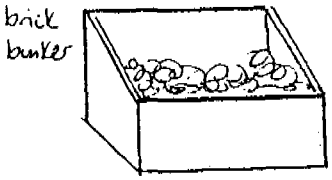
Glass does not compost down and if thrown in gardens can later be stood on and cause injury. Bones and metal items do decompose but the process is very slow. It is safer to dispose of these materials by digging a small pit three feet deep and discarding the wastes in them. These pits should be covered so that children do not fall into them. Bones, metal objects and broken glass can also be thrown in latrine pits, if the pit is not going to be reused.

Burning of plastic paper

Plastic bags do not compost down, but they can be burned with other dry materials such as old newspapers. This can be done in a shallow pit. The resultant ash is not good for the soil and may be poisonous, so it should not be spread around vegetable and fruit growing areas.

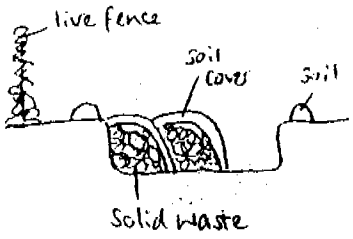
Communal waste collection





Where there is insufficient space in a compound for individual household disposal pits, communal solid waste collection is necessary. Communal containers such as empty oil drums can be located in strategic places so that households can bring their solid waste materials to one collection site. For larger communities, concrete solid waste bunkers may be necessary. These bunkers should be constructed to encourage drainage away from the bunkers. Vegetable and animals wastes will break down quickly, to give off offensive smells and encourage flies, rats and other scavengers. It is essential that this solid waste is collected frequently and taken to a designated disposal site. Solid waste can be transported in boxes, or in handcarts, animal carts, bicycles with box containers, tractors with trailers.

Communal waste tipping



Solid wastes must be removed from collection points and transported to a site where burial can take place. This area should be fenced to prevent scavengers. Wastes can be disposed of in a trench or a mound. At the end of each tipping day, the newly tipped wastes should be covered with a 0.1m layer of clean soil. When the trench is full or the pile is more than a meter high, the waste should be covered with a 0.5m deep final soil covering to prevent fly breeding. Burning dry materials can reduce volumes of solid waste, but this is not always possible without segregation of wastes by the community. This waste disposal site should not be within 200m or a drinking water source.

Special wastes

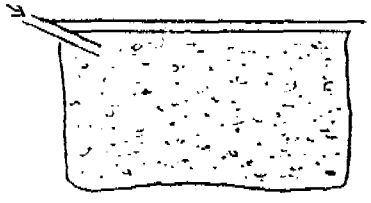
Some wastes require special treatment.

- Old engine oil should not be disposed of into water courses
- Bones and slaughter waste need to be buried as soon as possible the same day
- Plastic bags are difficult to get rid of, try to use paper bags instead
- Glass, paper and plastics car, be recycled to make more glass, paper and plastic items. Factories may actually be interested in buying waste!

3. Liquid waste disposal

Ineffective disposal of used or wastewater can cause problems of mosquito breeding. They may also create muddy puddles in which people may slip and fall over or where children may play. Where water is carried to the home by hand, volumes of domestic sullage are generally low and well dispersed, but the volumes generated from household connections may produce the significant problems. There are four main options for the disposal of wastewater:

Soak-away

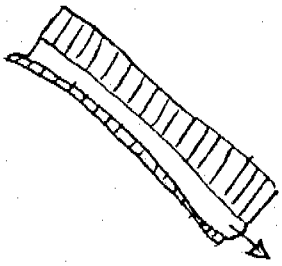


Liquid wastes from washing areas; bathrooms, water taps and rainwater can be drained into channels or pits. The size of these soak-aways depends on the ability of the soil to absorb water and the amount of wastewater to be disposed of. Trenches or pits can be filled with large stones or gravel to prevent them from collapsing. Sullage water with high solids content should be strained to stop the soil pores blocking up quickly using woven sacking or a strainer which should be cleaned frequently. Grease traps need to be used to prevent fatty waste from kitchens blocking the soak-away.

Evaporation pans

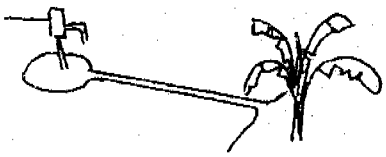
Where soils are rocky or are unable to soak up water (clay soils) and where the climate is very dry, evaporation pans can be used to dispose of wastewater. These beds should be allowed to dry out completely each week to reduce mosquito breeding. They require close and careful management if they are to be effective. They can be planted with grass or other vegetation to encourage evaporation through the plant leaves (evapotranspiration).

Drains



Natural drainage follows the contours of the land and can be further encouraged by the construction of channels or drains to divert the water to a lower area. If the gradient of the drain is shallow, it will become a pond. If it is too steep, it will be eroded by the speed of the water. Encourage grass growth along earth drains to keep the soil bound together but do not allow the grass to grow long. Where drains are taking high volumes of water, or have steep gradients, they may be lined with stones or concrete for strength. Drains should be kept free from garbage. Drains can be covered which reduces the likelihood of blocking and reduces the danger of people falling into the drains by accident.

Irrigation



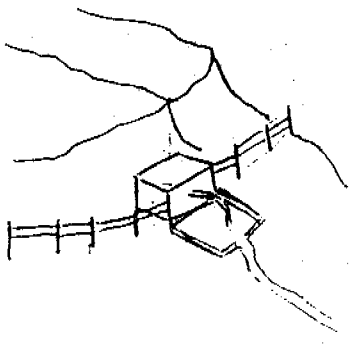
Wastewater can be used productively for the irrigation of quick-growing fruit such as papaya and banana or for irrigation of vegetable gardens. Eucalyptus and papyrus are "water hungry" plants which soak up large quantities of water. Small earth drains can be used to divert water -to the plants. Care must be taken to avoid wastewater collecting in puddles and creating breeding sites for mosquitoes.

4. Safe water chain

The safe water chain is the process of keeping water safe from the point of collection through to consumption. Often water quality tests show that water that was of good quality at the source becomes dirty during collection and storage and is often of poor quality by the time it is drunk. The following section provides options for keeping water clean and for cleaning dirty water.

Safe Handling and storage

Safe water sources

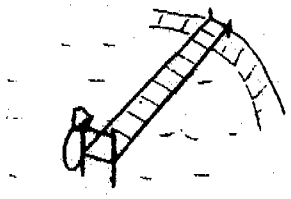


Water sources are safe when all the following criteria are met:-

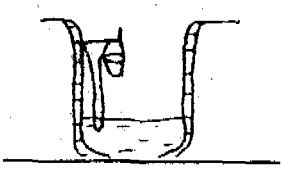
- the water is fully enclosed or protected (capped),
- people and animals do not step into the water while collecting it,
- water from the surface is not able to drain into it,
- the nearest latrine is more than 10 meters away and is not on higher ground,
- the nearest solid waste pit, animal excreta or other pollution source is more than 10 meters away,
- no stagnant water is within 2 meters of the water source,
- the collection buckets are clean and kept off the ground

Safe collection

Items entering the water should not be placed on the ground. Water containers that are dipped into water sources should be thoroughly clean. Where water is scooped by hand out of a pond or well, a clean scoop can be used to transfer the water into a carrying container.



To discourage people from entering a pond when collecting water, platform steps or ramps can be built to bring people close enough to the water for them to bend down and fill their containers. However dirt deposited on these structures can enter the pond, especially when it rains. If the pond level varies considerably, people can draw the water with a bucket and rope. Bank mounted pumps can be used to supply water to people away from the pond but these may be difficult to maintain.



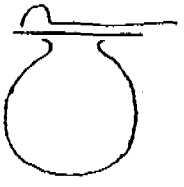
Where a rope and bucket are used to draw water, the bucket and rope should be kept off the ground, one way is on a hook inside the water well.

Safe transportation

A carrying container should be clean especially on the inside. The inside of clay pots can be cleaned with ash and leaves. Putting a little clean sand in the jerrican with some water and shaking it for a few minutes cleans the inside of a jerrican. This should be done each week.

When carrying water in a pot or basin, use clean balancers to keep the water from spilling. These can be the clean scoops used to collect the water from the source. They can also be leaves washed in clean water.

Safe storage and handling



The inside of all drinking water storage containers should be cleaned each week. If these are clay jars they can be washed with ash and leaves or with soap and cloth. The top of the water container should be covered to stop dust and other things from failing into the drinking water. Water can also be poured from the container but fingers should not come in contact with the water.

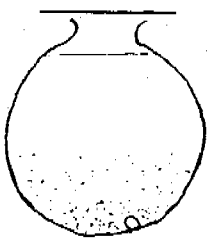
Scoops used to take water out of the storage container should be clean. They should never be placed on the floor.

Keep them on the lid of the water storage jar.

Domestic water treatment

If you are worried about the quality of your drinking water, there are simple treatment measures that can be used to purify the water.

Settling



If water is muddy, then leaving the water to settle overnight may clear the water at 'the top of the jar. The clear water at the top of the jar is then poured into a clean container. If this water is still cloudy, it can be left to settle for a further 24 hours and the top portion *of* the liquid poured off into another clean container for use (this is sometimes referred to as the three-pot system).

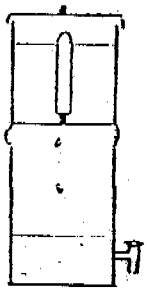
Adding certain chemicals or plant seeds can help this settling process. Some options are:

- A small lump of "white rock" (aluminium sulphate) placed in the water container
- A pinch of powder made from the ground seeds of the trees *Moringci oleifern* and *Moringa* stenopetala can be sprinkled on the surface of the water

Canvas filters

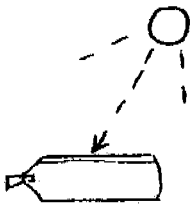
The simplest type of filter to use is a canvas bag. The bag is filled with water, and the water collected as it seeps out of the bag. This will remove some (but not all) pathogens, and will make the water clearer. Bags are available which have been specially treated to prevent them from rotting.

Candle filters



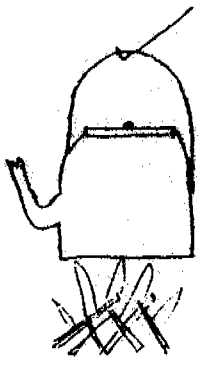
The candle filter is a porous porcelain hollow "candle" cartridge. The very small pore sizes of these materials do not allow large things to pass through. They do not filter out all pathogens from the water. The ceramic candle should be cleaned and boiled at least once -a week, even if it is not clogged. If it has become clogged, it should be scrubbed under running water with a stiff brush free from soap, grease or oil. If the ceramic candle is cracked there is danger that water will pass through without being filtered. Boiled water passed through the filter may have more pathogens in it than before so it is better to filter water before boiling.

Sunlight



A good and low-cost way of purifying clear water is to put it in a clear plastic bag or a clear bottle and leave it in direct sunlight for a few hours. This will kill most pathogens in the water.

Boiling



Bringing any water to the boil will destroy harmful pathogens in that water and make it safe to drink. This is expensive on fuel to boil the water (roughly 1kg wood per litre of water), requires heating pots and boiled water storage jars and also takes time. The water that has been boiled tastes "flat", but if you leave it for a few hours in a partly filled, covered container, it will absorb air and lose its flat taste.

5 Vector control

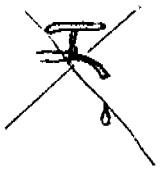
Certain diseases are transmitted to humans via insect vectors. Vector control activities attempt to reduce vector-borne diseases by disrupting the life cycle of the vector or reducing the contact of the vector with humans. Vector control requires a thorough understanding of the ecology and behaviour of the individual vectors and their relationship with the host. This section covers the two vectors responsible for the majority of vector borne illness in Uganda.

Malaria spreading mosquitoes

Malaria is the single most important vector-borne disease causing 25% of all sickness and deaths in Uganda. The malaria spreading mosquitoes are the type called *Anopheles* mosquitoes and when resting tilt their bodies with their heads pointing downwards. These mosquitoes can breed in still, unpolluted water below 3000m altitude including swamps and containers. Most *Anopheles species* feed on people at night. Most species fly up to 2km from their breeding site to feed. The adults live for about 30 days and many are resistant to insecticides. Different types of Anopheles mosquitoes live in different habitats; for example *Anopheles gambiae* larvae prefer the sun or partial shade and do not like thick bush. However, *Anopheles funestus,* which can also spread malaria, may infest reed swamps. Correct identification of mosquitoes is important when deciding on the appropriate mosquito control options. The following general principles are important for all Anopheles mosquitoes:

Remove standing water

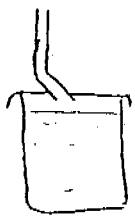
Drain water ponds, puddles and other reservoirs where fresh water collects within 7 days of their formation, before the lavae have time to mature (see Section 3 on liquid-waste disposal). The smallest puddles and streams are the most important. Fill up pits used for the extraction of construction materials and fill in puddles and small ponds. Maintain and keep drains clear. Unblock gutters, empty water containers including vases and animal dishes on a weekly basis and scrub them out before refilling. Remove containers, bottles, discarded tyres etc. from compounds.



Prevent excessive amounts of wastewater. All piped water systems leak. Regular monitoring and prompt repair of faulty pipes will reduce the production of stagnant pools. Turn off taps immediately after use. Discourage children from playing with running water from taps.

Use up waste water by irrigating vegetable gardens and f1water hungry" plants, or in underground soak-aways (see Section 3 on liquid waste disposal).

Cover water filled tanks

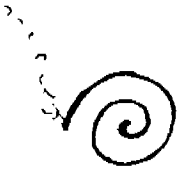


Screen or cover open water supply tanks to prevent access to mosquitoes. Use rust resistant material such as nylon, stainless steel or aluminium mesh. Make sure that the soak-aways, septic tanks and grease traps are tightly closed. Fill in any holes and cracks around their tops.

Bed nets

Use a bed net at night to provide personal protection against biting mosquitoes. The bed net should be free from holes. A bed net impregnated with insecticide (Icon, Permethrin or Deltamethrin) will prevent mosquitoes biting even if the skin is in direct contact with the net.

Repellents



Repellents provide personal protection. Repellents can be smeared on the skin (such as repellent soap containing "Deet" which stops the mosquitoes biting where the repellent has been put. Other repellents can be burned (such as mosquito coils containing Pyrethrums) which either kill the mosquitoes or drive them away from the smell of the burning coil.

Traps

Mosquitoes are attracted to heat, so traps using light as a source of heat encourage adult mosquitoes towards and into them.

Pesticides

Seek specialist advice. Pesticides are poisonous and have to be used in the correct proportions and dose rates to be effective.

Residual spraying of insecticide on the inner walls of dwellings is the method of choice for malaria vector control where the vectors are known to rest indoors. Aerosol spraying in Uganda is mainly of deltamethrin. If walls are not washed or painted after spraying, the insecticide can be effective for several months. Spraying has to be undertaken with extreme care, organisation and good logistical support. Spraying safety precautions must be followed extremely closely.

Water can be treated with insecticide that is safe for humans and animals. Slow release briquettes of these insecticides are the most practical solution in drinking water storage containers that release the insecticide over a period of months. MoH approves only one insecticide for use in Uganda:
Temephos (Abate) - an organophosphate insecticide of very low mammalian toxicity.

NO OTHER INSECTICIDES SHOULD BE USED IN WATER

Dengue fever and yellow fever spreading mosquitoes

Dengue fever is endemic but tends to occur periodically as epidemics, These mosquitoes breed in containers such as water storage jars, pots, tins, roof gutters, tree holes, buttress roots, leaf axils of pineapples, irrigated plantations etc. The adult mosquitoes are only able to fly 30m to feed and mostly bite and rest outdoors. They nearly always live near humans and bite only humans. Their eggs can survive desiccation. They have some resistance to insecticides.

Control measures are very difficult to ensure and is impossible in a vegetated areas. Those for Malaria mosquitoes are required along with:

- Prohibiting agricultural activities in townships, and
- Clearing all vegetation from a 30m radius from homes.

Diarrhoea and eye infection spreading flies

Diarrhoea is the second most common cause of sickness and the third most common cause of death in Uganda. Filth flies (including houseflies) transmit diarrhoeal diseases (Shigella, Salmonella, Cholera) and eye diseases (conjunctivitis, trachoma). Diarrhoea is spread in several other ways which makes it impossible to tell how important fly transmission is in the occurrence of any diarrhoeal outbreak, however they are likely to be an important vector when they are present in large numbers. Flies breed in organic matter (garbage, animal faeces, human faeces, corpses, rotten plant material). A fly can lay 3500 eggs in one day that can hatch within 2 days. Over 42,000 larvae have been bred in 1kg of human faeces! The flies feed on food and other organic matter, eye and wound secretions. Their abundance increases with warm land damp weather. They are, frequently resistant to insecticides.

Solid waste disposal

Solid waste disposal before flies have chance to lay eggs in it (see Section 2 on solid waste disposal)

Excreta disposal

Excreta disposal before flies have a chance to lay eggs in it (see Section 1 on human excreta disposal)

Localise the organic matters in such a way that flies breeding in it are unable to escape (see the VIP latrine in Section 1 on human excreta disposal)

Dry and burn animal excreta (see Section 2 on solid waste disposal)

Covering food

Cover foodstuffs with either lids or cloth covers to prevent flies landing on food before it is eaten.

Pesticides

Spraying (Flies are notorious for developing insecticide resistance so this method should only be used if absolutely necessary and then only for a short time)

6 Further research

Human excreta disposal

- Termite resistant timbers and treatments,
- Safe systems for use, in high water table areas near to lakes,
- Cheap pit linings to prevent soil collapse,
- How effective (and what) is the chemical advertised for reducing volumes in filled up latrine pits,
- Suitable options for nomadic communities (fishing, pastoral),

Solid waste disposal

- Marketing of paper bags in place of plastic bags

Liquid waste disposal

Safe water chain

Vector control

The value of larvivorous fish (fish that eat lavae) in ponds and lakes.

ANNEX E: PARTICIPATORY TOOLS

STEPS	ACTIVITIES	TOOLS
1. **IDENTIFYING PROBLEMS**	Identifying health problems Mapping water and sanitation in the community	Unserialised Posters Story with a Gap Community Mapping
2. **ANALYSING PROBLEMS**	Selecting good/bad hygiene practices Investigating community practices Analysing faecal-oral transmission	Three Pile Sorting Community Mapping Transmission Routes
3. **PLANNING FOR SOLUTIONS**	Selecting barriers to block faecal-oral transmission Analysing roles of women and men	Blocking the Routes Story with a Gap Gender Role Analysis
4. **SELECTING OPTIONS**	Choosing sanitation improvements Choosing improved hygiene practices	Sanitation Ladder Three Pile Sorting Selecting the Barriers
5. **ACTION PLANNING**	Planning who does what Identifying what might go wrong	Sanitation Ladder Planning Tools
6. **MONITORING/ EVALUATION**	Checking on progress towards change	Various tools

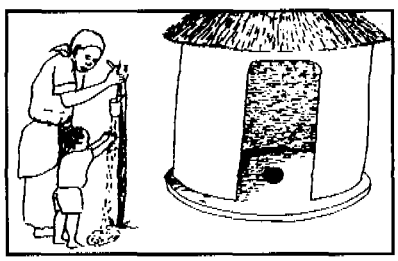
UNSERIALISED POSTERS

Purpose: Identify important issues and problems facing the community
Build team spirit and group self-esteem

Time: 1 hour

Materials: 10-15 pictures showing everyday life in the community

Method:
1. Divide into groups of 5-8 people and give each group picture set.
2. Ask each group to select 4 pictures and make up a story.
3. Have each group present their story and answer questions.
4. Discuss stories and how they relate to real issues in community.



Discuss:
a. *What real problems in your community are raised by the stories?*
b. *What can we do to solve these problems?*
c. *What other problems do your community face?*

STORY WITH A GAP

Purpose: Raise awareness of why poor hygiene and sanitation practices exist
Get agreement on what can be done to change those practices

Time: 1 hour

Materials: Sets of 'before' (problem) and 'after' (improved situation) pictures:
A) Defecation in bush B) Defecation in pit latrine

Method:

1. Show A ('bad' picture) and ask - "*What do you see?*"
2. Show B ('good' picture) and ask - "*What do you see?*"
3. Ask people to make a story describing what happened between A and B - or discuss the differences between A and B
4. Discuss questions below.

Discuss:

a. *What is the problem? What are its causes?*
b. *What did this village do to solve their problem?*
c. *Does your community have similar problems?*
d. *What can you do to solve these problems?*
e. *What can be done to encourage people to change their practices?*

COMMUNITY MAPPING

Purpose: Help community identify and prioritise W&S-related health problems

Materials: Natural objects - e.g. sticks, stones, etc
Option - newsprint and markers

Method:

1 Divide into 2 or 3 groups e.g. older men, women, and youth.
2 Make a map of the community on the ground, showing features e.g. boundaries, roads, rivers, houses, farms, school, clinic, etc
3 Then add water and sanitation features - e.g. water points, latrines, waste disposal sites, and areas of poor sanitation
4 Discuss health or sanitation problems e.g. contamination of old sources, water-related diseases, poorly maintained water point.
5 Bring groups together to share their maps. Discuss differences - *Why did the men not identify the same problems as the women?*

Discuss: Take one major problem at a time and do problem analysis:

a. *Why is it a problem? What are its effects?*
b. *What are the causes?*
c. *How have we tried to solve problem?*
d. *What difficulties have we faced in trying to solve the problem?*

THREE PILE SORTING

Purpose: Clarify what people consider to be 'good' and 'bad' hygiene practices
Identify factors that block people from performing 'good' practices

Materials: Sets of about 30 cards showing different types of hygiene behaviour
Cards with words or faces showing 'good', 'bad', and 'in-between'

Method:

1 Divide into groups and give out sets of cards.
2 Sort cards into three piles - 'GOOD', 'BAD', and 'IN-BETWEEN'
Explain that 'GOOD' means "activities which are good for health".
3 Round robin report back. Ask each group to talk about one card from each pile and then let another group present.
4 Choose 1-2 behaviours that participants agree are good and want people to do on a regular basis. Choose at least two behaviours that are bad, which participants want to discourage.

Discuss:

a. *'Bad' cards - Why are these practices 'bad'? How often do we do these practices? What can be done to improve things?*
b. *'Good' cards - Why are these practices 'good'? How often do we do these practices? Wha prevents us from doing this behaviour?*
c. *'In-between' practices - Why are these practices 'in-between'? What can we do to chang these practices to good behaviours?*
d. *How can we influence the community to adopt good practices?*
How can we influence the community to stop bad practices?

TRANSMISSION ROUTES

Purpose: Raise awareness of oral-faecal transmission routes
Raise awareness of hygiene risk behaviours

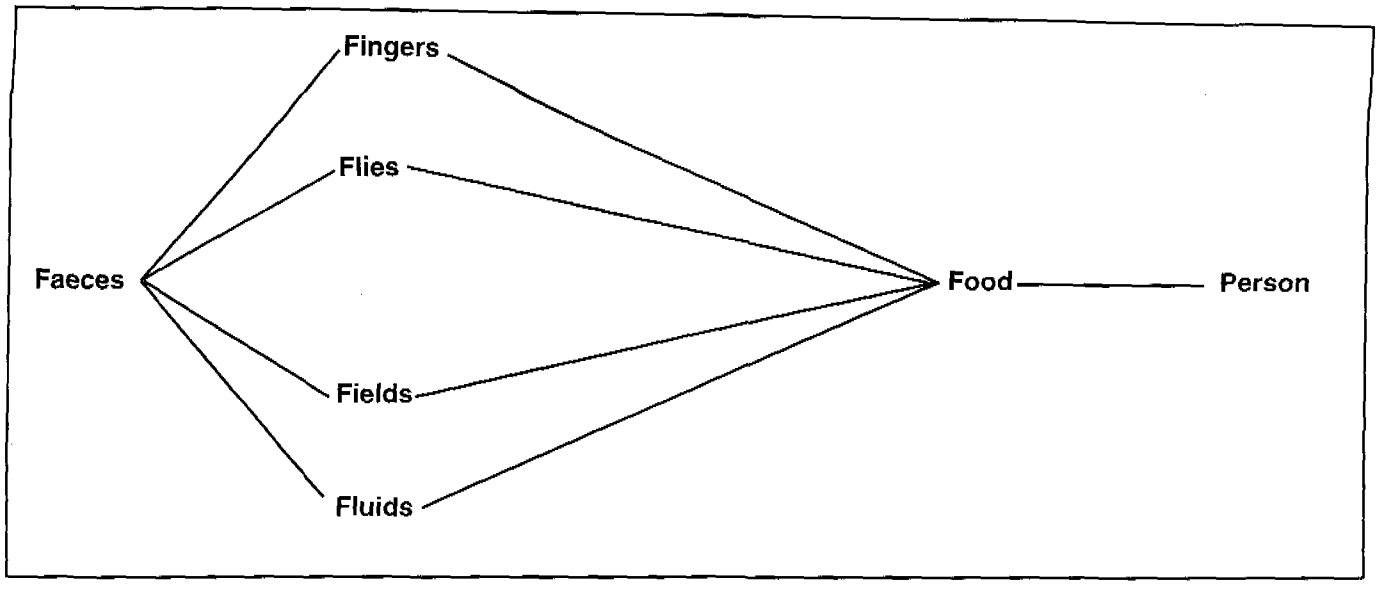
Time: 1-2 hours

Materials: Pictures showing situations in which oral-faecal transmission occurs

Method:

1. Show pictures at both ends - person defecating, person's mouth
2. Ask participants to select the other pictures and place them in between to show how faecal matter is spread
3. Draw arrows between pictures to show how this might happen
4. Discuss: a) transmission routes, b) hygiene risk behaviours

Use the F-DIAGRAM below to help explain things.



BLOCKING THE ROUTES

Purpose: Raise awareness of how to stop faecal oral transmission routes

Time: 1 $^{1}/_{2}$ hours

Materials: Set of cards

Method:
1. Put up 'Transmission Routes' Diagram (made by participants)
2. Add cards to the diagram to show where to stop or block the transmission of faecal matter

Discuss:
a. *How can we block routes of transmission and prevent diseases?*
b. *How can we improve hygiene practices in home and community?*

SELECTING THE BARRIERS

Purpose: Analyse how effective the barriers are and how easy or difficult they would be to put into place.

Time: 30 minutes to 1 hour

Materials: Barriers Chart

Method:
1. Take the barriers from the Transmission Routes Diagram and get participants to place them on the Barriers Chart
2. Then discuss how to implement those barriers that have a high/ medium impact and are relatively easy to implement.

Discuss:
a. *Which barriers would you like to use in the community?*
b. *What are the practical issues in putting the barriers into place?*

BARRIERS	Easy to Do	In-Between	Hard to Do
High Impact			
Medium Impact			
Low Impact			

SANITATION LADDER

Purpose: Decide on options for sanitation improvement and do action planning
Raise awareness of advantages and disadvantages of each option

Materials: Pictures showing various methods of excreta disposal -

- Open defecation in bush
- Burying faeces
- Unimproved pit latrine
- Pit latrine with sanplat and roof but no door
- Pit latrine with sanplat and roof and door

Method:

1. Divide into groups and hand out pictures.
2. Groups arrange pictures in the form of a 'ladder' - the worst sanitation practice at the bottom and the best at the top
3. Decide at what level the community or household is now
4. Decide at what level the community would like to aim at
5. Do action planning - who to do what when and how

Discuss:

a. Which option is:
   - W *the most/least expensive?*
   - W *hardest/easiest to do/maintain?*
   - W the most/least healthy?
   - W the most/least smelly?

b. What are the advantages or disadvantages of each option?
c. What are the barriers preventing you from adopting each option?
d. What practical steps can you take to improve your sanitation

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