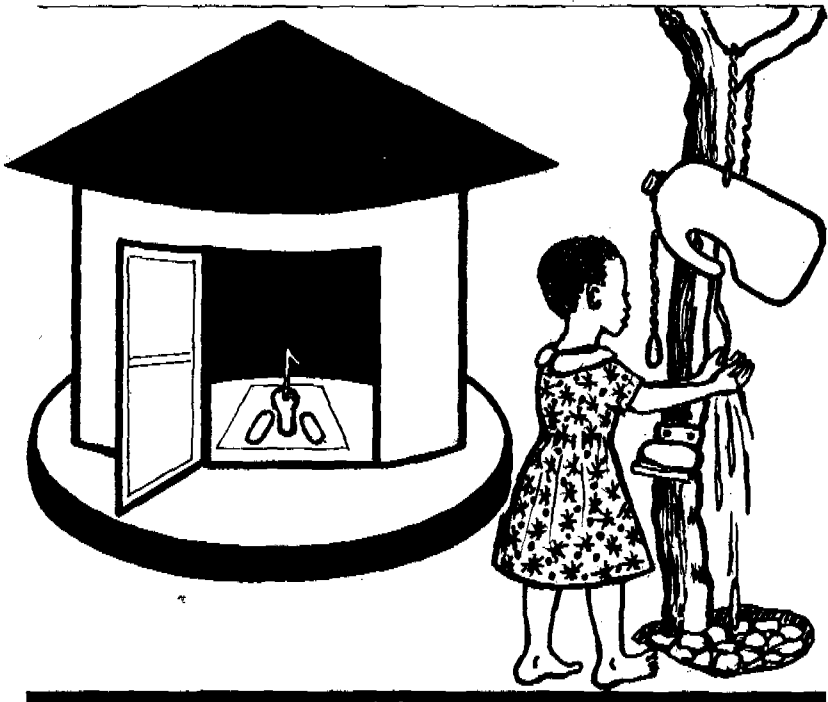


# SANITATION AND HYGIENE INFORMATION BOOKLET



824-4698-19300

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# INTRODUCTION

*The Government of Uganda and the Government of Denmark are funding the Rural Water and Sanitation (RUWASA), East Uganda Project. The main aim of the Project is to contribute towards better living conditions in the project area including a reduction in burden of work for women and children, and provision of necessary conditions for behavioral change which lead to long term reduction in water and sanitation related diseases.*

*The purpose of this booklet is to provide basic information about the sanitation programme of the RUWASA II project which calls for the promotion, construction and use of hygienic sanitary facilities (latrines and hand-washing facilities, refuse pits etc) at both household and institutional levels (primary schools and health centres).*

*The primary users of this booklet are the District and sub-county staff for reference, the Local council leaders and any other leader who are involved in the promotion of sanitation and hygiene in the Districts.*

*Special emphasis will also be placed on behaviour change through participatory hygiene methods (PHAST - Participatory Hygiene and Sanitation Transformation). Good hygienic and sanitation practices will be advanced through all the strategies employed by the project.*

## DEFINITION

### What is Sanitation?

Sanitation has many different definitions. In the RUWASA Project, it means the safe disposal of human excreta and household wastes in order to keep the home environment clean.

### What is hygiene?

Hygiene is the promotion of good hygiene practices, e.g. washing hands after defecating maintaining the safe water chain, keeping latrine compound clean etc.



*Wash your hands after using a latrine.*

## PROJECT STRATEGIES

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**The project is being implemented under four main strategies and these form the foundation for any activity. The strategies are:**

### 1. Decentralization:

This refers to the implementation of project activities by the district. The project office will offer support and advice. This is in line with the government policy of decentralisation and will assist in building capacity for staff at the district. The main implementing body at the district is the DMT composed of:

Chief Administration Officer (CAO), District Water Officer (DWO)/ Coordinator, District Community Development Officer (DCDO), District Health Educator (DHE), District Health Inspector (DHI), District Inspector of Schools (DIS), District Population Officer (DPO) and Chief Financial Officer (CFO) .

### Roles of the DMT:

- i. Plan and implement the sanitation programme in the District.

- 
- 
- ii. Facilitate private women groups to set up sanplat producing centres based on the recommendations of the District local council committee in charge of water and Sanitation activities i.e. the coordinating committee.
  - iii. Transportation of slabs and cement to primary schools which have dug the pits.
  - iv. Facilitate sanplat dealers to make orders from sanplat producer groups and effect sanplat deliveries to dealers and sales outlets in the sub-counties.
  - v. Establish an up to date data bank of all Sanitation activities in the district.

During the RUWASA phase II the districts implement all the project activities and the project office provides support to the districts.

It is therefore the responsibility of the District Management Team (DMT) to implement the sanitation activities/strategies. To ensure maximum achievement of the project objectives and sustainability of facilities all stake holders in the project activities must be involved at all the levels of implementation i.e. from planning to monitoring.

The procedures are elaborated in the next section some of which can run concurrently.

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## 2. Privatisation:

In line with the government policy of privatisation, the Project will promote the private sector. The private sector will be used to construct water and sanitation facilities at institutions and will also make slabs and sanplats.

## 3. Demand Driven:

The communities and institutions will be expected to express their demand for sanitation e.g. the Community will buy sanplats which have been subsidized by the project and request for slabs and cement.

## 4. Gender:

Women are the managers of the water and sanitation aspects in a home. The women therefore, will be specifically targeted so that they are involved in the decision making process for sanitation in the home and at the same time try to relieve their burden in this areas by involving the men. Gender therefore, will mean creating a balance between the men and women in regard to their roles as stipulated by society.

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## OBJECTIVES OF THE SANITATION PROGRAMME OF THE RUWASA PHASE II PROJECT

By the end of the project,

1. 70% of the users of water facilities provided by the Project have hygienic latrines.
2. 80% of the above regularly use hygienic latrines and have improved their personal hygienic practices.
3. In approximately 50% of the Primary schools (i.e. 725 schools) and 133 Health Centers have adequate latrine facilities.
4. Children's awareness on hygienic practices is raised through the provision of hygiene education.



## PROCEDURES AND ACTIVITIES OF THE SANITATION PROGRAMME

1. Introduction of Project activities at all the levels i.e. in District Local Councils (DLC), LC III, II, I, and Households.
2. Sensitisation of District and Sub-county Coordinating Committees.
  - Selection and training of Water User Committees (WUC) and Community Health Workers (CHWS), Community based groups e.g. Women's groups, Burial groups, Salaam clubs, etc.
  - Selection and training of Sanplat/Slab producers and dealers.

## ROLES OF THE DISTRICT

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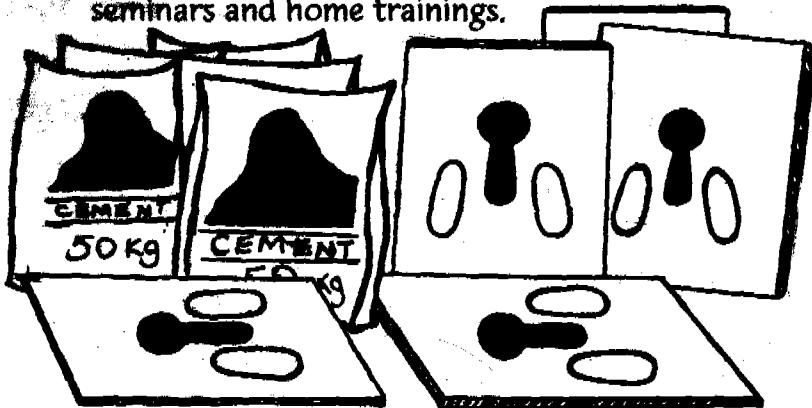
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### 1. Institutional Sanitation:

#### i. Schools.

1. The DMT members will conduct Zonal Seminars for Head-teachers, PTA chairmen, Management Committees chairmen in-charge of Health units, Health Management Committee chairmen, Statutory Committee of LCIII council in charge of sanitation and water activities, Chairmen sub-county education committee, Chairmen sub-county Health committee, the WUC and Sub-county chief about the procedures and activities for the sanitation programme at institutional level, on sanitation and hygiene awareness.
2. The District and county staff will carry out a baseline survey on the institutional latrine status.
3. After the Zonal Seminars, meetings will be held for Head-teachers, Chairmen, PTAs and School Management Committees to discuss the progress made and plan follow-up on the activities.

4. This will be followed by Seminars for Head-teachers Science Teachers and Senior Women Teachers focusing on promotion of behavioral change.
5. Provide free slabs for the latrines.
6. Supplement the cement required for the construction of the foundation of the latrines (at least one bag of cement per slab). For areas with collapsing formation/sandy soils, additional cement for pit lining will be provided).
7. Provide technical supervision during the construction of the latrines.
8. Pay the contractors/masons.
9. Reinforce the teaching of hygiene and sanitation awareness in Schools and Health units through science seminars and home trainings.



*Slabs for the latrines and cement for the construction of the latrine.*



*Home trainings*

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## ii. Health Units.

Construction of latrines at Health Units are fully funded by the project. However, the district will carry out the following activities :-

1. Training of the HUMC members, LCII executive, S/C chief, Women council chairperson, county staff and the LCI chairman of the area and the HU staff. The purpose of the training is to prepare the participants / enable participants to come up with a sustainable and appropriate operation and maintenance systems for both water and sanitation facilities installed.
2. Tendering out latrine construction to the private sector.
3. Orientation of the masons and contractors supervisions into the basics i.e. the DOs and DONT's of latrine construction.
4. Provision of technical supervision and guidance during construction
5. Certifying construction completion and issuing a certificate of completion
6. Effect payments.

- 
7. Distribution of hygiene and sanitation promotion materials to the Health units.
  8. Health units' staff and social mobilisers (HAs) conduct home visits to make follow ups on the patients and risk families.
  9. Ensure the Sub-county Health vote avails funds for operation and maintenance of installed facilities.



*Home visits*

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## 2. Household Sanitation and Hygiene:

### i. The Community:

1. Encourage the communities to build and use hygienic latrines, provision of hand washing facilities and their use.
2. Establish and train private sanplat / slab producers.
3. Facilitate the production of Sanplats and slabs by private groups.
4. Promote the purchase and sale of Sanplats and slabs by the private dealers.
5. Assist in the transportation of sanplats from private sanplat producers to the dealers.
6. Provide technical supervision in sanplat installations.
7. Promote hygiene and sanitation awareness and behavioral change through home visits.
8. Home visits by the social Mobilisers to collect information which will assist in the hygiene and sanitation programme at house hold level.

The following behavioral changes being promoted:

- Hygienic latrines are constructed, used and properly maintained.
- Users wash their hands after using latrines.
- Family compounds are free of faeces.
- Maintenance of the safe water chain from source to mouth and boil their drinking water.
- A 20% increase per capita use of water per person per day of 15-20 litres.



*Proper use and maintenance of a latrine.*



## STAKEHOLDERS

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The District Coordinating Committee ( Members of the Statutory Committee in charge of water and sanitation or works ) will co-ordinate, monitor and evaluate the Project in the District, and to help establish sustainable community based operation and maintenance system of Sanitation and Hygiene.

1. Plan for integration of sanitation and hygiene activities into the on-going District Health and water activities.
2. Monitor and evaluate the sanitation activities through the SCCC (sub county working sub committee responsible for coordination of water and sanitation activities) and Water User, Committees.
3. Monitor the institutional sanitation programme.

## ROLES OF THE COUNTY STAFF

County staff shall be responsible for the following activities among others:

1. Carry out mobilisation procedures in liaison with DMTs regarding institutional sanitation, i.e. information (zonal seminars) and meeting with heads of institutions and initial and follow up visits on construction of a household latrines.
2. Conduct science seminars in liaison with the DMTs.
3. Carry out, in liaison with sub-county mobilisers, practical training of WUCs members on construction of a household latrine.
4. Impart hygiene education in connection with the sanitation activities mentioned under responsibilities 1 and 2 above.
5. Carry out training of masons and small contractors with DMTs.
6. Supervise the construction of institutional latrines.
7. Liaison with sub-county staff to train sanplat dealers.

8. Promote the school health package whereby screening for water and sanitation related diseases of pupils will be done, so as to initiate dialogue between the parents and schools.
9. Promote active participation of pupils through formation of school health clubs and child peer education.
10. Distribute Sanitation information materials in form of posters, booklets, etc.
11. Facilitate the selection and reactivation of School Health Committees in schools.



*Sanitation information materials.*

## ROLES OF SUB-COUNTY COORDINATION COMMITTEE

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1. Co-ordinate sanitation activities with the village coordination committee/ Water User Committees.
  2. Draw up a work plan with the district staff for the implementation of activities in the sub-county.
  3. Ensure community participation into project activities.
  4. Promote sanitation and hygiene awareness through the various communication channels e.g. radio, drama, posters, etc.
  5. Recommend private sanplat dealers and sales outlets to the District.
  6. Promote the sale and use of sanplats in the sub-county.
  7. Monitor the sanplat deliveries and distribution in the sub-county sales outlets.
  8. Assist in the identification of sub-county, contractors/ masons.
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9. Monitor and evaluate the sanitation programme and make reports to the District Management Team.



*Promotion of sanitation and hygiene is done through various media, radio inclusive.*

## **ROLES AND RESPONSIBILITIES OF THE SOCIAL MOBILISER (Sub -county staff)**

1. Encourage stage drama on Water and Sanitation.
2. Visit homes regularly in order to emphasize sanitation and hygiene messages.
3. Regular monitoring of the use and maintenance of completed latrines.
4. Organize communication campaigns (where necessary).
5. Revive homestead health competitions.
7. Establish and train existing groups.

***The Demand Driven Approach will be used whereby communities and institutions will demand for sanitation services.***

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## Health Units:

### Roles of the Health Unit Management Committee:

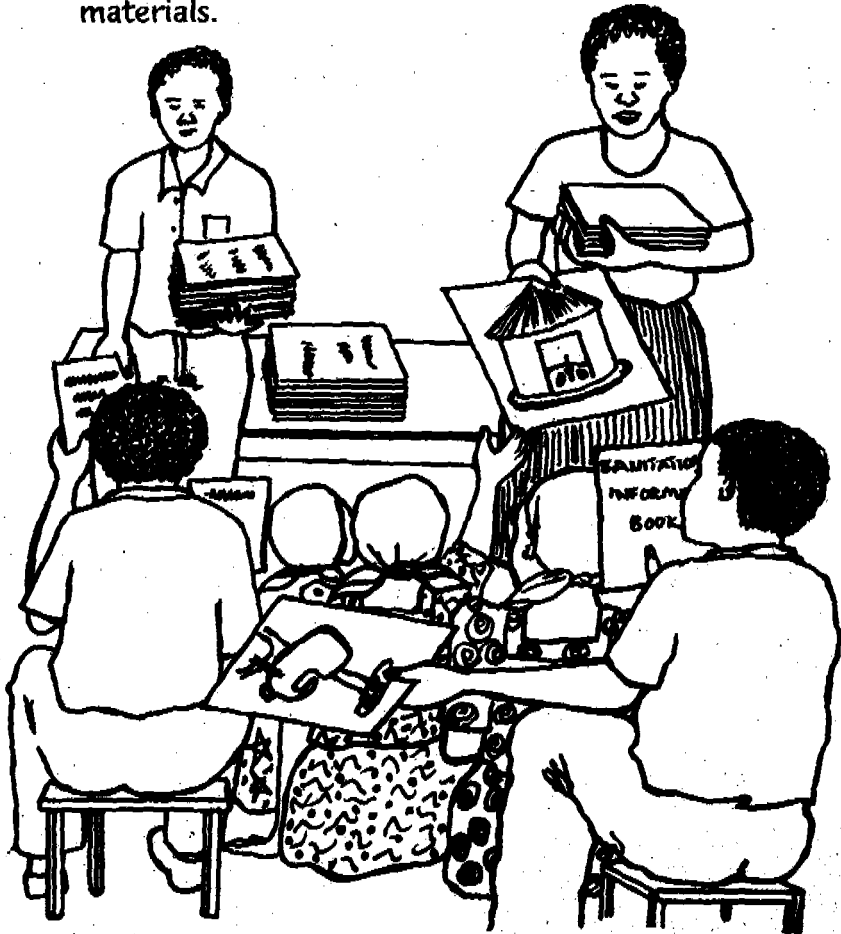
1. Create a healthy relationship between unit staff and the Community.
2. Look after the funds and property of the health unit staff and community.
3. Mobilise the public, through LC's and chiefs to participate in self-help projects pertaining to the health unit.
4. Advise relevant authorities of Government on matters affecting the health unit in relation to staff and public.
5. Take particular interest in the welfare and discipline of staff and employees.

In addition to the above roles as stipulated by the Ministry of Health guidelines, the following are also included:-

- i. Promotion of hygiene and sanitation in the community
- ii. Institute an appropriate and sustainable operation and maintenance system for sanitation and hygiene.

iii. Organise HUMC trainings for HUMC, SHC, LCIII executive, LCI Chairman and secretary for women

iv. Distribute hygiene and sanitation promotional materials.



*Distribution of hygiene and sanitation promotional materials.*



## ROLE OF THE WATER USER COMMITTEE

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1. Encourage the community to construct and use hygienic latrines with sanplats or slabs.
2. Encourage the communities to improve upon existing latrines without using sanplats.
3. Promote the purchase and installation of Sanplats to the Community.
4. Monitor and evaluate progress of sanitation activities in the villages and report to sub-county committee.
5. Ensure community participation in the sanitation activities at institutions.
6. Encourage the community to provide and use hand washing facilities.

## ROLES OF THE COMMUNITY

The community will have the following responsibilities:-

1. Dig and construct hygienic latrines at their households using locally available materials. Families who build latrines will be able to buy sanplats from the private sanplat dealers as follows:

1st January 1998 - December 1998= 2000/=

1st January 1999 - December 1999= 2000/=

1st January 2000 - December 2000= 2000/=

1st January 2001 - December 2001= 2000/=

2. Be responsible for the proper use and maintenance of the latrines.
3. Practice hygienic behaviors all the time e.g. hand washing after latrine use, keeping their latrines clean.
4. Assist the schools in the provision of locally available and affordable materials.

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5. Provide labour to assist the contractors/masons during constructions of latrines at schools.
  6. Identify suitable persons to be trained as community health workers to promote sanitation and hygiene.

## OTHER DOCUMENTS ON HYGIENE AND SANITATION

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- Information booklets for primary school.
- House hold latrine construction guide.
- Institutional latrine construction guidelines. (Mason's guide).
- Institutional latrine designs, construction and costs.
- Application forms for the Institutional Sanitation programme.
- Agreement forms to be signed by the head - teachers of primary schools, PTA Chairmen and in-charge of Health Units.
- Hygiene education information materials.
  - i. Sanitation Flyer.
  - ii. Provision of Hand-washing facility guidelines (tippy tap).

- 
- Two sets of information booklets for the following target groups:
    - a. District Coordination Committee (working committee of the LC V Council charged with coordinating (RUWASA) activities.
    - b. Sub-county Coordination Committee.
    - c. Water User Committee.
    - d. Social Mobilisers.

**IMPROVED  
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FOR HEALTH AND  
PROSPERITY !**



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