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THE LOBULE STORY
How goats and lists made people build latrines

Introduction

The District leadership of Lobule Sub-County realized the need to come up with new strategies and a series of interventions to combat the increasingly alarming Hygiene and Sanitation situation in the sub-county.

Even though latrine coverage in Lobule had improved from 15% to 45% in 2005, to 64% in (2006), to 72% in 2007 and to 82% in 2008, the communities were hit by outbreaks of diseases such as cholera and meningitis. These outbreaks claimed the lives of many people, mostly women and children. This in turn greatly affected the productivity of the community. The affected households saw their expenditure increasing as a result of medical costs for treatment and drugs.

Action had to be taken to reverse this cycle and it had to be taken fast. It was calculated that these outbreaks could be entirely contained and the diseases eradicated if hygiene and sanitation facilities were improved and practices maintained at household level.

Summary of Intervention

Using Local Council Resolutions, all households with no latrines had to surrender two goats to the police and upon proven evidence of built latrines, the goats would be returned to the respective owners.

Secondly, a list of all households which had improved their sanitation was read and made public to encourage and motivate

non-compliance households to follow the same example. These two approaches went a long way to pushing people in Lobule to build latrines.



Households with no latrines had to surrender two goats to the police

Intervention objective

To identify appropriate strategies and interventions to combat disease outbreak and also improve hygiene and sanitation in Lobule Sub-County in particular and Koboko District at large.

Intervention Strategies and activities for improvement

To measure whether the set objectives of Koboko District were achieved, a baseline survey was carried out at household level in all sub-counties. Feedback of the baseline findings was used to inform all stakeholders of the hygiene and sanitation situation, and also to develop and

agree with community leaders on the way forward.

Household campaigns were initiated to mobilize and sensitize families on hygiene and sanitation practices and several activities were carried out under the household campaigns. These activities included mass health education on good hygiene and sanitation practices, provision of information on technical sanitation and hygiene measures with specifications of technology options that are simple, manageable and cost effective.

Field monitoring and supervision of hygiene and sanitation was carried out regularly in order to measure progress and promote effective practices.

with support from local community leaders. Defaulters were given ample time, at least one month as set by the local leaders, to build their latrines. After one month household checks were done and the names of complying families were taken off the black list and written on the white list as recognition of their efforts and achievement.

However, from persistent defaulters two goats were confiscated. These were then sold to compensate for the cost of the construction of their latrines. Local diggers and masons were then employed to dig the pits of the latrines and to construct the latrine facilities. Defaulters were also given the option to do community work like digging pits for the less able and female-headed households. In some communities, defaulters had to pay fines. In case a defaulter did not have animals or money to pay the fine, he/she would be detained in a police cell for a period not exceeding 24hrs.

Strategy chain

1. Data Collection in all the households
- ↓
2. Data analysis
- ↓
3. Meeting with community to resolve issues & agree on actions to take
- ↓
4. Educating the community
- ↓
5. Evaluate actions (after 1 month)
- ↓
6. Enforcement exercise

Major drivers of change and success factors

- **Determination and dedication of district officials** (District Director of Health and District Health Inspector) who took the initiative to come up with new strategies. Also of enforcement officials like Community Development Officers and Health Assistants, sub-county technocrats. Local politicians manifested good political will, local councillors and church leaders gave their time, knowledge and support during public mass sensitization and household campaigns.
- **Collective financial support** from the DMO Koboko and the District Council, which was needed to mobilize the public and keep the initiative running.
- **Contribution from Civil Society Organizations** like NGOs and CBOs e.g. CEFORD and KNET. Resources were used to facilitate the process and also

Action on defaulting

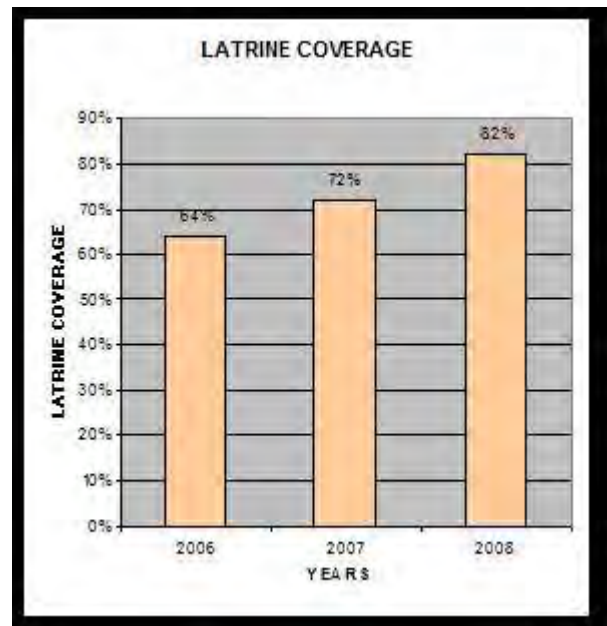
The programme was evaluated to ascertain progress of the activities and also identify sanitation defaulters on targets to be achieved within the specified period agreed in the meeting. Defaulters' names were black listed and follow up was done to bring about a change in their practices. This was done

purchase prizes which were given to the best performers.

- ***Involvement of women's groups*** The presence of women's groups in the campaigns greatly encouraged the local community women to participate and improve their hygiene and sanitation.
- ***Formation of support structures*** like Village Health Teams (VHTs), which carried out monitoring progress at household level; they praised those with improved practices and encouraged families that were lagging behind.
- ***Motivation factors*** Prizes such as utensils, jerry cans, soap and books were given to households that were being recognized as good performers of best hygiene and sanitation practices. Their names would also be taken off the black list and written on the white list which was made public. This served to boost the efforts of the recognized household and also motivate others.

Achievements of the initiative

- ***Containment of the outbreaks of cholera and meningitis*** The community registered a drastic reduction in the spread of diseases and in turn saved the lives of people and cut down on funds which were previously spent on medical bills and treatment.
- ***Increase in latrine coverage*** Coverage in Lobule Sub-county went up from 64% in 2006 to 72% in 2007, and 82% in 2008 as a result of the household campaigns and enforcement.



- ***Community involvement and participation of local leaders*** in the action, availing knowledge to the community members on best hygiene and sanitation practices, breaking down barriers and increasing communication between community members and their leaders on issues concerning hygiene and sanitation.
- ***Technology options*** The campaigns singled out sanitation and technology options which were both easy to implement and also cost effective. Hand washing facilities were provided and used, especially in schools, to improve hygiene and sanitation.

Lessons learnt

- It was noted that the ***lists of households*** that had constructed latrines being made public for recognition and giving prizes to the best performers has a ***more positive effect*** than giving fines, imprisonment and confiscation of goats. These punishments could easily be translated as harassment and oppression of the community members.
- ***Resource mobilization*** was done beforehand to facilitate the process of

sensitization and campaign activities at community and household level.

- Community members believed that *children's faeces were harmless* to their health. That is why children's faeces were left *indiscriminately* abandoned in compounds and cooking areas, to be collected and disposed of at a time convenient to the mother.
- The *community youth got involved* and they participated actively and energetically in the sanitation and hygiene campaigns. However, they need extensive mobilization to participate in the hygiene and sanitation activities as they have many other distractions demanding their time.
- *The elderly and the disabled* members of the community need a lot of guidance and help in order to participate in the sanitation promotions. They also need assistance from the youth (and defaulters) in the actual construction of the pit latrines.
- Some locations had difficult environmental conditions e.g. rocky and sandy soils. That made latrine construction hard for the households residing in these areas.

Issues for follow-up

- Adequately sourced sanitation budgets at district and sub-county level.
- Adequate management of sanitation and hygiene facilities at sub-county/ parish/ village level.
- Address the negative attitude of communities towards latrine construction.

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