

DISTRICT ISH FINANCE STRATEGY

MINIMUM PACKAGE

**FOR 100% IMPROVED SANITATION
& HYGIENE IN THE DISTRICT**

TO ACHIEVE 100% ACCESS TO AND USE OF A
MINIMUM ISH STANDARD BASED ON LOCALLY
AVAILABLE MATERIALS

"Why This Strategy?"...the negatives!

At least 40% of the Ugandan people STILL do not have a safe, private, convenient, fly proof, smell-free latrine!

"Do you think that's a load of. ****!" ..YES?

well you are right..calculate just how much each week:

1 kg per person per week x 40% of the Ugandan population (9 million)

Weekly uncontained faeces = ...a load!

Hand washing with soap and water after defaecation and before eating are STILL not essential national habits!

"The simple act of washing hands with soap can cut diarrhoea risk by almost half, and respiratory tract infections by a third!"

Drinking water is STILL not kept safe enough!

"Much drinking water pollution occurs in the home.."

AND AS A RESULT..

**UGANDAN CHILDREN ARE STILL DYING FROM
PREVENTABLE DIARRHOEAL DISEASES**

Ugandan children STILL perform badly at school because of debilitating worm loads

Ugandan families STILL suffer the multiple costs of preventable diseases

If you believe that Ugandan Children deserve better... then this strategy is for you..

With this strategy you can apply the 3 pillars of the NATIONAL ISH STRATEGY:

PILLAR: Create DEMAND for ISH and ENFORCE

PILLAR: Accelerate SUPPLY of Pro-Poor ISH technologies

PILLAR: Establish an ENABLING FRAMEWORK

In this way you will:

- Implement the **Minimum Environmental Health Services** package with special emphasis on the **safe water chain** and the **Kampala Declaration on Sanitation (KDS)**
- **Achieve the Sector Undertakings**
 - ✓ The district should make specific **budget allocations** to Improve Sanitation and hygiene backed up by **enforcement**.
- **Assist** the District to make progress on the **Golden Indicators**. District health services will be monitored for **the percentage of households:**
 - with **access** to, and **using**, hand-washing facilities with water and soap (or soap substitute);
 - that are **safely disposing** of children's faeces;
 - that are **maintaining** the safe drinking water chain;
 - that have **access** to, and are **using**, improved toilets / latrines; and proportion of villages with a faecal-free environment.

What is it?

The strategy offers a set of options which are based on actual practice in the districts but it is for the districts to decide how much or how little they can put into practice – we suggest:

THE MINIMUM PACKAGE, but we are also developing

THE INTERMEDIATE PACKAGE

THE COMPREHENSIVE PACKAGE

BUT..the choice is yours! How far are you willing to go?

Who is it for?

The strategy is set out for the signatories of the MoU:

- ✘ The District Health Officer and the District Health Inspector
- ✘ The District Water Engineer and District Community Development
- ✘ The District Education Officer....

...**BUT** also the District VIPs

- ✘ The District Leadership – the Chief Administrative Officer and LC 5s plus committee secretaries..the LC 3s and the S/C chiefs

..**AND..**

Those who can provide technical assistance and supportive supervision:

- ✓ Environmental Health Division (MoH) – can show you how to:
 - Apply the Minimum Environmental Health Services Package.
 - Conduct baseline using the 'Household Assessment Book'¹
 - Facilitate 'exemplary leadership', advocacy, planning, community mobilisation in line with the Kampala Declaration on Sanitation²
 - Facilitate planning (all ministries have Planning divisions and the Area Health Teams are currently facilitating health planning in the districts)
 - Facilitate participatory approaches: Participatory Hygiene and Sanitation Transformation (PHAST) and Community Led Total Sanitation(CLTS) – model villages
 - Facilitate the model village approach
 - Facilitate Sanitation marketing
- ✓ MoE & S – can show you how to:
 - Engage community in facility construction
 - Carry out school parades and inspections
 - ⊗ Inter-school competitions
 - Form and mobilise School health clubs
 - ⊗ How to do drama, use music, apply child-to-child approaches
 - ⊗ How to improve latrines at home, make simple hand-washing facilities
 - Construct appropriate facilities

¹ The Household Assessment Book (HAB) is awaiting distribution and training on use.

² The Environmental health Division and WaterAid have worked together in 3 districts to successfully apply aspects of the Kampala Declaration on Sanitation. Operational guidelines have been developed **AND WILL BE INCLUDED IN THIS STRATEGY or ATTACHED**

- ⊗ Latrines, hand washing and drinking water with special features for the girl child

✓ DWD – can show you how to:

- Carry out software steps
 - ⊗ General Planning and ADVOCACY
 - ⊗ Mobilisation, baseline (general training e.g. Water & Sanitation Committees)
 - ⊗ Construction – private sector engagement
 - ⊗ Follow-up, operation and maintenance
- Apply appropriate technologies
 - ⊗ Train and equip artisans, negotiate contracts
 - ⊗ Facilitate public latrine construction and management (e.g. Eco-San)

✓ NGO skills include:

- NETWAS = Co-ordination, newsletters, WebPages
- UWASNET = Handwashing campaign
- PLAN = Community Led Total Sanitation
- WaterAid = District Sanitation Strategy, KDS facilitation
- SSWARS = Sanitation marketing

There are lots more....and there's an emerging private sector too

Cross cutting themes

- Equity – focus on those districts willing to catch up..
- Reward districts (independently recognised) as doing well..!
- Gender parity but enhancing the role of women to achieve that parity
- Sustainability – promote environmental sustainability (ecosan)
- Special needs – people living with AIDS, people with disability
- Political commitment and active support

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ACRONYMS AND TERMS

CLTS	-	Community Led Total Sanitation
DHIs	-	District health Inspectors
DWD	-	Department of Water Development
EHD	-	Environmental Health Division
HWFs	-	Handwashing Facilities
ISH	-	Improved Sanitation and Hygiene
LSs	-	Landing sites
MoH	-	Ministry of Health
MoU	-	Memorandum of Understanding
MoES	-	Ministry of Education and Sport
PHAST	-	Participatory Hygiene and Sanitation
RGCs	-	Rural growth Centres
TSUs	-	Technical Support Units
VHTs	-	Village Health Teams

SUMMARY

0. SUMMARY MINIMUM 'MUST-DO' PACKAGE CREATE DEMAND FOR ISH <u>BUT</u> ALSO ENFORCE	Led By:	Annual Ceiling Ug. Shs
0.1. PREPARE AND PASS PUBLIC HEALTH ORDINANCE	DHI	.5m
→ Council passes/ratifies public health ordinance ³ with clear penalties and procedures for enforcement ⁴		
0.2. BUILD CAPACITY (CONFIDENCE, SKILLS AND TOOLS)	DHI	3m
→ DHI trains extension staff ⁵ on ISH software steps: <ul style="list-style-type: none"> ◦ Advocacy – the value of ISH (include enforcement) ◦ Social mobilisation – CLTS, PHAST, VHTs ◦ House to house procedures: <ul style="list-style-type: none"> ✓ 'negotiating' behaviour change ✓ baseline collection ✓ ordinance enforcement 	DHI	
→ District can request Technical Assistance – TSU, EHD, NGOs	TSU EHD	
0.3. CASCADE ADVOCACY LC5 – LC1	DHI	10m
→ Make rapid situation analysis of district ISH	DHI	
→ Prepare convincing ISH advocacy package (include disease burden, etc.) ⁶		
→ Conduct Inclusive ⁷ ISH advocacy meetings at district level	DHI	
→ Conduct ISH advocacy meetings at s/county level	HI	
→ Conduct ISH advocacy meetings at parish level	HA	
0.4. BUILD CONSENSUS AND PLAN FOR 100% ISH	DHI + DWSCC	2m
→ One district ISH plan, One district ISH budget		
→ DWSCC mobilised with clearly defined ToRs, reporting guide		
→ All leaders sign district declaration for 100% ISH		
→ All leaders sign personal 100% ISH declaration		
→ All institutional heads ⁸ sign 100% ISH declaration		

³ Public Health Act Section 57

⁴ Byelaws can also be developed at the sub-county level

⁵ Trainees could include extension workers, CBOs, NGOs and community volunteers

⁶ It may be necessary to translate into the local language

⁷ Stakeholders should include key opinion leaders (religious)

⁸ Army, health centres, police, schools, religious houses.

0.5. SENSITISE AND MOBILISE COMMUNITIES/SCHOOLS	DHI	7.5m
→ Establish model village in one sub-county (exchange visits)	DWSCC	
→ Extension workers apply CLTS in areas of low coverage	HA/CDA	
→ During visits to villages, schools are also visited	+ School Inspector	
→ Extension workers facilitate village/town/school ISH ⁹	HA/CDA VHT/LC1	
→ Mobilise and support village health teams/use DRAMA ¹⁰	DHO/DHI /HAs	
Village/town/school leaders sign declaration (agreement to achieve minimum/model ISH standard or model status)	LCs	
0.6. CONDUCT HOUSE-TO-HOUSE	DHI DWSCC	10m
→ Extension workers go house-to-house/ Institution to Institution to promote and negotiate the minimum ISH standard	HAs/ CDAs	
→ A X month warning (grace period) is given to households to reach the minimum ISH standard	/VHTs LC1s	
→ During House-to-House – ISH data is collected and district ISH baseline data system is established and updated (annually)		
→ House to house monitoring visit to:\ ✓ check progress ✓ Issue warnings ✓ Update data	HAs/ CDAs /VHTs	
→ House to house to apply sanctions against influential leaders who refuse to conform to minimum standard	HAs/ LC1s	
0.7. APPLY MASS MEDIA TO RAISE ISH AWARENESS	DHI DWSCC	4m
→ Radio talk shows/phone ins		
→ Drama sessions with follow-up discussion		
→ National sanitation week		
→ Make awards for best performance at all levels		
0.8. CONDUCT REGULAR SUPPORTIVE SUPERVISION	DHI DWSCC	3m
→ Support and encourage all cadres of extension worker		

⁹ It might be necessary to select and train community facilitators

¹⁰ Drama will need to be customised for ISH

We are proposing Ug Shs 40m. P.A. for the minimum package
Maximum 2 years to 'graduation'

REWARDS: Computer, Motor Cycles BSc x (?), dip. x (?)

FAILURE: District ISH 'takeover' by team of experts
Progress (and Funds) to be planned and monitored by the
DWSCC.

COMPLETION POINT(S):

The LC 5., LC 3., LC 2. and LC 1. Political leaders have agreed and signed:

- ✓ the ISH Uganda declaration
- ✓ the ISH ordinance/bye law
- ✓ the budgeted workplan with committed resources in council
- ✓ the respective roles and responsibilities.
- ✓ arranged a launching ceremony with presentation to the district council (as part of the National Sanitation Week)

The extension staff (health assistants and community development assistants) have:

- ✓ received training on ISH mobilisation methods
- ✓ have mobilised villages to comply with ISH – Uganda and trained Village Health teams/WatSan committees with mobilisation skills.
- ✓ with support from political leaders and DWSCC members have gone 'house-to-house' to:
 - ⊗ promote and negotiate compliance with the minimum ISH standard
 - ⊗ collect baseline information on level of ISH compliance (use H.A.B.)
 - ⊗ warn those without latrines they have X months to comply or face a fine of.....Ug Shs

The District Health Inspector with support from DWSCC members has arranged:

- ✓ a series of radio programmes emphasising the importance of ISH compliance
- ✓ the national sanitation week with further mobilisation backed up by prizes for best: household; village; parish; sub-county as well as best performing extension staff.

In two years time....

All political and influential leaders conform to the 'district exemplary code of conduct. The district has attained its target % compliance with the minimum standard at household and institutional level

THE UGANDA DECLARATION FOR I.S.H.

To 100% achieve Improved Sanitation and Hygiene in Uganda by 20...?

Our village, parish, sub-county, district.....will prioritise Improved Hygiene and Sanitation and end the shameful act of open defaecation in all parishes by 20....

It is our obligation under the Uganda Environmental Health Policy, the Public Health Proclamation (confirmed in the joint sector review) and it is our obligation to all our children, our parents and indeed ourselves.

Our DECLARED target:

All households in all villages will comply, on a daily basis, to a minimum standard of improved sanitation and hygiene by 20....

'I' personally will comply with the ISH Uganda Minimum Standard and be an exemplary leader

THE MINIMUM ISH UGANDA STANDARD
All households, schools and health centres in rural and urban areas to:
<ul style="list-style-type: none"> • have and to use a LATRINE for the <u>safe</u> disposal of ALL faeces (particularly child faeces)
<ul style="list-style-type: none"> • have a HAND-WASHING STATION next to the latrine with soap and water
<ul style="list-style-type: none"> • practice HANDWASHING with soap and water: <ul style="list-style-type: none"> ✓ after defaecation and, ✓ before feeding babies and before eating food
<ul style="list-style-type: none"> • protect drinking water from a safe SOURCE to MOUTH
<ul style="list-style-type: none"> • have a drying rack for kitchen utensils
<ul style="list-style-type: none"> • have a refuse pit for the safe disposal of solid waste

Signed by LC 5.....CAO.....Dated.....

Signed by LC 3.....Dated.....

Signed by LC 1.....Dated.....

IMPLEMENTATION GUIDE

MINIMUM PACKAGE

ACTIVITY	1. PREPARE & PASS PUBLIC HEALTH ORDINANCE		
Who leads	DHI, DHO	Who helps	CAO, LC5
Target	Polluters & Defaulters	Cost Ceiling	Ug. Shs. 0.5 m
Outcome	District ordinance in place with appropriate sanctions		

1.1. SHARE AND APPLY SUCCESSFUL ORDINANCES

The experiences (Best Practice) of Busia, Rakai, Masaka and others needs to be shared between districts.

Learning/exchange visits should be organised.

Costed examples of best practise to be posted on the website/newsletter

1.2. UPDATE PENALTIES

The Public Health has been reviewed and several councils have developed new ordinances with fines for non-ownership of a latrine ranging between Ug Shs 45,000 and Ug Shs 100,000. In Tororo, a recent development has seen a new fine of Ug Shs 50,000 being imposed on any householders living near schools who do not have adequate latrines.

1.3. KEEP ENFORCEMENT/NON-ENFORCEMENT RECORDS

1.3.1. *Enforce regular/safe emptying of septage*

This is for urban dwellers and for those landlords who wait for rains and empty septage into rainwater channels and gullies!

1.3.2. *Enforce latrine ownership*

The new ordinance is applied during house to house visits where householders without a latrine are given a grace period (3 months?) to construct a safe, durable latrine with a handwashing facility. In the case of the ultra poor, the vulnerable or people with disability, there may be a longer 'grace' period and fines collected from the 'better-off' may be used to help construct their latrines.

You are advised to serve a '*nuisance notice*' and enforce punitive sanctions as a last resort and to rely on peer pressure. If offenders persist after warnings then select the influential and 'better-off' to be taken to court but

REMEMBER:

- ✓ Make arrests on the day the court is sitting
- ✓ Let the appropriate authorities make the arrests backed up by local political leaders

- ✓ Involve the press particularly with high profile offenders to demonstrate that no one is above the law
- ✓ *'Community service'* can also be applied as a sanction against defaulters

N.B. There are reports of arrested persons 'jumping' out of the arresting officer's pick up and unpaid fines result in jail and the arresting officer has to pay for the prisoner's food!

1.4. EXPOSURE TO, AND TRAINING ON, ORDINANCES

1.4.1. For Political Leaders, Administrative Heads & Extension Staff

While the DHI will prepare the ordinances with legal advice, the council will ratify them and all will be responsible for rigorous and broad-based enforcement.

1.4.2. Exposure To, and Training On, Ordinances For DHIs and HAs

The district will need to draw up simple procedures and the enforcers will need to know the rules.

Completion Point:
Council passes public health ordinance with clear penalties, defined times and procedures for enforcement

MINIMUM PACKAGE			
ACTIVITY	2. BUILD CAPACITY (CONFIDENCE, SKILLS & TOOLS)		
Who leads	DHI, DHO	Who helps	CAO, LC5
Target	Extension staff	Cost Ceiling	Ug. Shs 3m
Outcome	Trained, equipped and committed ISH teams in all sub-counties		

At this point you will need to train your staff on the key software steps:

The DHI trains extension staff on improved promotion techniques (technical assistance from TSUs, EHD, NGOs)

2.1. SKILLS TRAINING

2.1.1. *Advocacy and communication*

- ✓ the value of Improved Sanitation and Hygiene emphasising the multiple impacts: socio-economic, health, educational.
- ✓ the need for, and the methodology of, enforcement

2.1.2. *Social mobilisation*

- ✓ Model households and villages

<p>Community group (Nsumba) step by step implementation approach</p> <ul style="list-style-type: none"> - Identify and support existing organised groups of 6-10 people or facilitate formation of new ones. - Identify community Hygiene and Sanitation needs - Sensitise the group and create awareness about the identified needs - Facilitate group to set objectives and action plans for individual home improvements include group income generation opportunities: chicken rearing, gardens etc. - Implement activities and conduct exchange visits to share experiences - Follow up and encouragement by club members and HA - Conduct review meetings by the members (weekly or monthly) - Ensure clear management and organisation for effective O& M - Maintain effective Leadership in the group - Mobilise new members to respond to the call for home improvements - Assess members who have achieved and excelled - Identify influential persons (LC chairpersons, EHD officials) who should advance and advocate for the initiative - Reward the best performers as a motivating factor and to encourage other community members to join.

- ✓ CLTS (Community Led Total Sanitation approaches),
- ✓ PHAST (Participatory Hygiene and Sanitation Transformation (PHAST) skills
- ✓ Village Health Team formation, empowerment with basic skills

2.1.3. House to house procedures:

- ✓ 'negotiating' behaviour change
- ✓ baseline collection
- ✓ ordinance enforcement

2.1.4. Institutional ISH Promotion

- ✓ How to facilitate school health clubs
- ✓ How to mobilise teaching staff for ISH including hygiene parades and competitions

2.1.5. Data management

- ✓ Computer skills

How to facilitate:

- Community Mobilisation
- Transect walk
- Village Mapping
- Faeces calculation
- 'F' Diagram with barriers
- Sanitation ladder
- Community Action Plan
- Agree behaviours to be adopted
- Village Declaration for Total Improved sanitation and hygiene

2.2. TECHNICAL ASSISTANCE

2.2.1. TSUs

The district can request Technical Assistance from the Technical Support Units (TSUs) based at the regional level, EHD, NGOs

2.2.2. Area health teams

MoH Cluster Area Health Teams Train Districts on Planning for implementation of the Minimum Environmental Health Services package.

2.3. TOOLS AND EQUIPMENT

2.3.1. IEC materials

Flip charts, guides (the software manual)¹¹

2.3.2. Computer, printer

The DHI needs access to computer for report writing, data management, internet access

2.3.3. Transport

The DHI and extension staff need planned access to transport from the district pool or appropriate transport allowances

Completion Point:

Extension staff equipped with essential skills (and tools) for advocacy, community mobilisation and 'house-to-house' and 'school to school' behaviour change negotiation.

¹¹ The software group (based at DWD) has produced a manual describing community software steps with a guide to the use of different tools and approaches.

MINIMUM PACKAGE			
ACTIVITY	3. CASCADE ADVOCACY LC5 – LC1 & ALL INSTITUTIONAL LEADERS		
Who leads	DHI, DHO	Who helps	CAO, LC5, DWE, DEO
Target	Political leaders	Cost Ceiling	Ug. Shs 10m
Outcome	Signed ISH declarations and publicised lists of exemplary leaders		

This is where you need all your powers of persuasion

WHO LEADS:

District Health Inspector

WHO SUPPORTS:

Health inspectors and Health assistants with DWE, DEO and DCDO

WHO WITH:

All political and administrative leaders:

District - LC 5

Sub-county – LC 3

Parish – LC 2

Village – LC 1

and

leaders of institutions: prisons; health care facilities; churches; mosques:
schools; colleges; vocational training institutions;

OUTCOME:

Signed declarations, counter-signed at all levels with personal commitment to 'exemplary ISH leadership'.

How To Do It:

3.1. MAKE RAPID SITUATION ANALYSIS OF DISTRICT ISH

The first step is to do a rapid district assessment BUT remember -

...IT IS BETTER TO BE CORRECT, CHEAP AND TIMELY THAN EXACT, EXPENSIVE AND TOO LATE!

Develop a profile of the current Sanitation and Hygiene situation by Sub-County. This is EASY if you have already done a comprehensive, ‘house-to-house’ study..if not use the data you have (**Sources include:**

TOOL # 1: HOUSEHOLD ASSESSMENT BOOK¹² – LOCATION?

Use the Household Assessment Book (This will need to be distributed and Health Assistants will need training on how to use it),

or

Complete these simple tables:

TABLE 1. Sub-County Hygiene and Sanitation Access and Use

Sub-County	Latrines %		Hand washing %		Drinking water %		School WASH %	
	Access	Use	Access	Use	Access	Use	Access	Use

List resources available:

- ✓ Equipment which can be used
- ✓ Transport (vehicles, motor cycles, bicycles)
- ✓ Computer(s), printer(s)

List stakeholders (public, private, NGO, Academic) and consider possible partnerships and in particular actual or potential hardware producers or suppliers.

TABLE 2. District Stakeholders

Stakeholder	ISH Mandates/Functions/Opportunities
District Directorate of Health Services	
District	
District	
District	
NGOs	
Private sector	

¹² The Household Assessment Book is available from the MoH, EHD (Contact:??)

Identify skills, equipment needed

E.g. Computer, printer, motor cycles, bicycles, pick axes, crow bars etc..

3.2. PREPARE CONVINCING ISH ADVOCACY PACKAGE

Present the information from the rapid assessment (baseline information).

This could be presented in the form of a short report or a SWOT Analysis:

TABLE 3. SWOT Analysis

Strengths	Weaknesses
Opportunities	Threats

Define 100% Improved Sanitation and Hygiene

THE MINIMUM ISH UGANDA STANDARD
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And,

Explain the benefits of 100% Improved Sanitation and Hygiene:

- ✓ Poverty reduction, (environmental protection if done correctly)
- ✓ Privacy, dignity, convenience, prestige, feeling of well-being
- ✓ Reduced: smell; flies; ‘disgust’; shame; risk; sickness
- ✓ Money saved **NOT** paying the high costs of treatment for sickness
- ✓ More time available **NOT** having to look after sick family members
- ✓ Improved school performance, better opportunities (emphasise the needs of adolescent girls)
- ✓ List examples of best practice from Uganda:

- Cascading advocacy (including radio) and house to house in Masaka.
- Model Villages in Rakai and Lyantonde
- “Carrot and Stick” approaches in Busia

3.3. CONDUCT INCLUSIVE¹³ ISH ADVOCACY MEETINGS AT DISTRICT LEVEL

Make a convincing presentation to the political leaders (Advocacy) but also include institutional heads and if possible the press/the radio so declarations are in the public arena and there can be no U-TURN

Mix the negative and the positive. Let them feel the shame, the disgust but recognise the benefits of being seen as exemplary leaders and champions of ISH.

Completion Point:

Political leaders and institutional heads have signed the ISH declaration and become exemplary leaders registered on a publicly displayed list. They campaign for the people within their constituency to follow the example!

¹³ Stakeholders should include key opinion leaders (religious)

THE I.S.H.UGANDA DECLARATION

To achieve 100% Improved Sanitation and Hygiene in Uganda by
20...?

Our village, parish, sub-county, district.....will prioritise Improved Hygiene and Sanitation and end the shameful act of open defaecation in all parishes by 20....

It is our obligation under the Uganda Environmental Health Policy, the Public Health Proclamation (confirmed in the joint sector review) and it is our obligation to all our children, our parents and indeed ourselves.

Our DECLARED target:

All households in all villages will comply, on a daily basis, to a minimum standard of improved sanitation and hygiene by 20....

'I' **personally** will comply with the ISH Uganda Minimum Standard and be an exemplary leader

THE MINIMUM ISH UGANDA STANDARD
All households, schools and health centres in rural and urban areas to:
<ul style="list-style-type: none"> • have and to use a LATRINE for the <u>safe</u> disposal of <u>ALL</u> faeces (particularly child faeces)
<ul style="list-style-type: none"> • have a HAND-WASHING STATION next to the latrine with soap and water
<ul style="list-style-type: none"> • practice HANDWASHING with soap and water: <ul style="list-style-type: none"> ✓ after defaecation and, ✓ before feeding babies and before eating food
<ul style="list-style-type: none"> • protect drinking water from a safe SOURCE to MOUTH
<ul style="list-style-type: none"> • have a drying rack for kitchen utensils
<ul style="list-style-type: none"> • have a refuse pit for the safe disposal of solid waste

Signed by LC 5.....CAO.....Dated.....

Signed by LC 3.....Dated.....

Signed by LC 1.....Dated.....

Outcome: Declarations cascade from household to District and to Parliament as MPs declare their commitment in parliament
LC 1, 2, 3, 5 Counsellors sign personal Declaration to exemplary sanitation and hygiene leadership (see suggested FORMAT in minimum package)
Declaration emphasises their commitment to achieve 100% – District Improved Sanitation and hygiene by.....

MINIMUM PACKAGE			
ACTIVITY	4. BUILD CONSENSUS, COORDINATE & PLAN FOR 100% ISH		
Who leads	DHI, DHO	Who helps	CAO, LC5
Target	District ISH Stakeholders	Cost Ceiling	Ug. Shs 2m
Outcome	Comprehensive district ISH plan reflecting S/County priorities		

Build consensus that the key stakeholders must act together, change together and **ACHIEVE 100% IMPROVED SANITATION AND HYGIENE TOGETHER**

Agree what is exemplary district leadership

Suggest code of conduct

Facilitate district and sub-county ISH coordination

Mobilise DWSCC with clearly defined ToRs and reporting guide

If DWSCC is not already active, it must be established with clear mandated responsibilities on planning, **WORKING TOGETHER**, supervision and reporting

4.1. DISTRICT CO-ORDINATION

4.1.1. Form DWSCC

- Conduct Hygiene and Sanitation planning and budgeting meetings
- Compile and submit plans and budgets to district planner
- Conduct quarterly DWSCC meetings with target agenda and clear quarterly targets with assigned responsibility

Make One district ISH plan, One district ISH budget

TABLE 4. Fundable activities

Activity	Unit	Qty	Total
Technical Assistance for Capacity building: District, Sub-County, Parish, Village			
✓ Skills – Software			
✓ Equipment (computer?)			
Baseline data collection – MIS development			
Advocacy and consensus building meetings			
Planning and co-ordination:			

Activity	Unit	Qty	Total
✓ DWSC meetings			
✓ S/County WSC meeting			
Village mobilisation – model villages			
House to house – model households			
Mass media – Radio, sani-days/weeks, drama			
School WaSH			
Software			
Monitoring, learning and documenting best practice			

4.2. DISTRICT COUNCIL RELEASE BUDGET FOR ISH PLANS

4.2.1. *Committee approval*

4.2.2. *Council approval*

Completion Point

- DWSCC members make their declaration to achieve 100% ISH
- The council approve the district ISH plan with budget
- The DWSCC meets quarterly with high member attendance and at-least 80% attainment of targets

MINIMUM PACKAGE			
ACTIVITY	5. SENSITISE AND MOBILISE COMMUNITIES, INSTITUTIONS AND RGCS		
Who leads	HAs, CDAs, VHTs	Who helps	DHI, DHO, DEO
Target	Communities, institutions and RGCs	Cost Ceiling	Ug. Shs 7.5m
Outcome	At least 80% compliance with minimum ISH standard by <u>all</u> communities, institutions and RGCs		

5.1. COMMUNITY MOBILISATION STEPS

5.1.1. District Facilitates Extension Staff and Village Health Teams

The DHI holds staff meetings to plan day to day activities in different sub-counties to plan a co-ordinated approach and apply the community mobilisation (software) steps

5.1.2. Teams Apply Community Mobilisation Steps

The extension agents (HAs and CDAs) under guidance from the DHI will prioritise activities from the following:

- Conduct community Hygiene and Sanitation promotional meetings (apply CLTS, PHAST approaches)
- Conduct baseline surveys with the community
- Give feed back and facilitate development of Community Action Planning (CAP)
- Conduct Home Improvement Campaigns and competitions
- Establish Hygiene and Sanitation test models for BOP
- Mobilise communities to construct latrines and provide HWFs
- Organise Sanitation days
- Select and train sanitation committees/VHT
- Develop, Produce/acquire & distribute H&S IEC materials
- Communities Construct new latrines and provide handwashing facilities.
- Conduct exchange visits
- Develop guidelines on use of folk media and radio
- Provide technical drawings and cost estimates of the different technologies
- Conduct Drama shows
- Support NGOs to construct alternative sanitation technologies for demonstration¹⁴
- Follow up on latrine construction and provision of HWFs
- Monitor and evaluate use and maintenance of facilities

¹⁴ Accelerating supply of pro-poor technologies will be the primary focus of the intermediate and comprehensive packages

5.1.3. District and Sub-County Support and Supervise

The importance of regular supportive supervision cannot be overstated. Close teamwork, mutual learning and recognition of a job-well-done are essential. Good performance must be recognised and rewarded while poor performance must be corrected and given added support.

5.2. INTEGRATED SCHOOL ISH

5.2.1. School software steps

- Conduct School advocacy meetings
- Conduct school sanitation surveys
- Give feed back & facilitate development of School sanitation programmes
- Train school teachers
- Revive/Form and train school health clubs and sanitation committees – revive school parades and inspections
- Monitor and evaluate use and maintenance of facilities
- Conduct inter and intra school competitions
- Conduct inter and school competitions

5.2.2. Skills Learning

Teachers are trained on School WaSH

- ✓ Life skills-based hygiene promotion (**DEVELOP GUIDES**)

5.2.3. School hardware Steps

- Construction of new latrines and provision of handwashing facilities.
- Follow up on school latrine construction and provision of HWFs

The district can consider giving their trained artisans and masons (who achieve a certain standard) contracts for building school latrines.

Latrine options should consider EMPTYING as a major design feature e.g. THE ARBORLOO principle

Hand washing Options

Rain water harvesting

Drinking Water Options

Schools could be used as training and demonstration centres for appropriate, affordable latrines and hand washing stations. Masons could be trained on-the-job and a number of simple demonstration options built for consideration by the community surrounding the school.

5.3. RGC AND LANDING SITES

5.3.1. RGC Software Steps

- Conduct (RGC/LS) community promotional meetings
- Conduct sanitation baseline surveys
- Give feed back & facilitate development of RGC/LS Sanitation Action Plans.
- Develop guidelines & strategy for safe use and maintenance of public toilets.
- Select management committees
- Conduct trade premises inspections
- Conduct medical examinations of food handlers
- Monitor and evaluate use and maintenance of facilities

5.3.2. RGC Hardware Steps

- Construct new public latrines and provide handwashing facilities at the RGC/Landing sites.
- Follow up on RGCs/LS latrine constructions and provision of HWFs
- Develop O&M training guidelines for public toilets
- Train management committees on O&M

5.4. HEALTH CENTRES

- Conduct Health Unit promotional meetings
- Select management committees
- Construct new public toilets and provide handwashing facilities
- Follow up on toilet constructions and provision of HWFs
- Train management committees on O&M
- Monitor and evaluate use and maintenance of facilities

Completion Point:

Villages, schools, RGCs, landing sites and health units all commit to the minimum ISH standard and leaders sign the ISH declaration.

Compliance reaches at least 80% within 1 year (or agreed period).

MINIMUM PACKAGE			
ACTIVITY	6. CONDUCT HOUSE TO HOUSE		
Who leads	DHI, DHO	Who helps	CAO, LC5
Target	Polluters & Defaulters	Cost Ceiling	Ug. Shs 10m
Outcome	At-least 80% compliance with the minimum standard after 3 household visits have been made		

6.1. HAS AND CDAS GO HOUSE TO HOUSE

6.1.1. Promote ISH and negotiate behaviour change

- ✓ Promote home improvement in line with the minimum standard
- ✓ Identify model households as good examples for others to follow
- ✓ Negotiate behaviour change

6.1.2. Collect baseline data¹⁵

- ✓ Latrine access and use – including current technologies
- ✓ Handwashing facilities – availability of soap and water – frequency
- ✓ Safe water chain – from source to mouth
- ✓ Mosquito nets
- ✓ Shower room
- ✓ Drying rack and Refuse pit

6.1.3. Apply ordinance

If household non-compliant with minimum ISH standard explain the district ordinance and give explain that all households must comply. Explain that there will be a return household visit (agree time) by which time the household should be conforming if not a deadline for compliance will be set and a 'nuisance notice' served.

It should be noted that the household visits to households reluctant to comply with the minimum standard will be more frequent and will require support from local political leaders and possibly back up from the court. Do not harass the poor and vulnerable but target the better-off. Support for the poor and vulnerable will need to be negotiated and arranged by the community.

Completion Point: At-least 80% compliance with the minimum standard after 3 household visits have been made.

¹⁵ See household data collection form created by WaterAid (INCLUDE SCANNED COPY?)

MINIMUM PACKAGE			
ACTIVITY	7. APPLY MASS MEDIA TO RAISE ISH AWARENESS		
Who leads	DHI, DHO	Who helps	CAO, LC5
Target	Polluters & Defaulters	Cost Ceiling	Ug. Shs 4m
Outcome	Increased awareness of ISH benefits and increased compliance with ISH minimum standard		

7.1. RADIO, NEWSPAPER,

7.1.1. Radio

Monthly radio slots – phone ins or chat shows should be carried out to coincide with the different stages – advocacy, mobilisation, enforcement. The message should be simple and consistent with the minimum package.

7.1.2. Newspaper

Journalists should be openly encouraged to report both the good and the bad and to follow up important burning issues such as the state of sanitation at landing sites or conditions in the overcrowded slums of the emerging towns.

7.2. DRAMA

Arrange drama sessions but also facilitate 'follow-up' discussion

7.2.1. Sanitation Week

All sub-counties need to be active..

Rewards should be given.. tactically to encourage and engage not the opposite!

7.2.2. Publicity for Best practice

Model households, Villages and schools should be in the paper and on the radio as well as winning prizes!

7.3. AWARDS FOR BEST PERFORMANCE

Include awards for journalists who highlight sanitation and hygiene issues

Completion point:

Increased awareness of ISH benefits and increased compliance with ISH minimum standard

MINIMUM PACKAGE			
ACTIVITY	8. CONDUCT REGULAR SUPPORTIVE SUPERVISION & MONITORING		
Who leads	DHI, DHO	Who helps	CAO, LC5, LC3, LC1
Target	Extension staff	Cost Ceiling	Ug. Shs 3m.
Outcome	Improved staff performance and District ISH data management		

8.1. SUPERVISION

8.1.1. Training

It is important that trainers follow-up their trainees and check that performance meets agreed criteria and trainees are following procedures and achieving targets. The onus should be on supportive supervision to encourage good performance and assist those facing difficulties. Checklists can be developed.

8.1.2. Performance Indicators

As part of the results oriented management system the supervisor should agree targets with staff and monitor progress accordingly.

8.2. MONITORING

8.2.1. District Hygiene and Sanitation Key Performance Indicators

The district will set outcome targets in the integrated ISH plan but it will also be important to develop a series of process indicators so that progress can be checked and activities modified where appropriate. (SEE PLANNING GUIDE)

	Key Performance Indicators (to be reported in Annual Performance Report)	Objectives
	OUTCOME	
1	% of Households with access to and using safe and well maintained sanitation (toilet) facilities.	To raise household sanitation coverage from to... by the end of the year
2	% of Households with access to and using hand washing facilities	To raise household HWFs coverage from to... by the end of the year
3	% of Schools with access to and using well maintained sanitation facilities, meeting the required national standards of the 1:40 pupil stance ratio.	To reduce on the number of schools which do not meet the required national standards of pupil stance ratio of 1 : 40 by 5% by the end of the year
4	% of Schools with access to and using handwashing facilities.	To reduce the number of schools without access to HWFs by...%. by the end of the year

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	Key Performance Indicators (to be reported in Annual Performance Report)	<u>Objectives</u>
5	No. of Rural Growth Centres with access to and using safe and well maintained sanitation facilities with handwashing facilities	To reduce the number of RGCs/LSs without access to safe sanitation with HWFs by...%. by the end of the year
	No. of Health Units with access to and using safe and well maintained sanitation facilities with handwashing facilities	To reduce the number of Health Units without access to safe sanitation with HWFs by...%. by the end of the year
6	<i>% of water samples taken at the time of collection/consumption that comply with National standards</i>	