THE REPUBLIC OF UGANDA

EPRC ECONOMIC POLICY RESEARCH CENTRE

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COMMUNITY ENGAGEMENT AND ITS IMPLICATIONS FOR LATRINE COVERAGE AND BETTER HYGIENE AND SANITATION PRACTICES

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POLICY BRIEF NO. 2/17

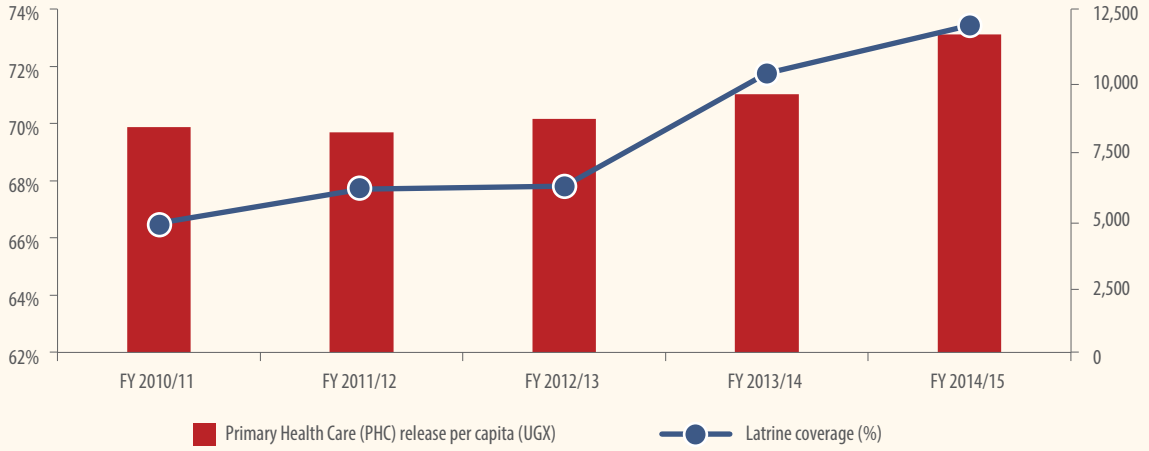
INTRODUCTION

The International Decade for Action - Water for life 2005-2015 report states that sanitation remains a powerful indicator of the state of human development in any community. Access to sanitation bestows benefits at many levels. Cross-country studies show that the method of disposing of excreta is one of the strongest determinants of child survival: the transition from unimproved to improved sanitation reduces overall child mortality by about a third. Improved sanitation also brings advantages for public health, livelihoods and dignity-advantages that extend beyond households to entire communities.

The United Nations estimates that there are 2.5 billion people who still do not use an improved sanitation facility and a little over 1 billion practicing open defecation. The National Service Delivery Survey 2015 results show that, four in every ten households in Uganda used a covered pit latrine without a slab compared to only 2% that used flush toilets. The proportion of households using a covered pit latrine without a slab in rural areas (45%) is twice that reported for urban areas (22%). On the other hand, 30% of households used covered pit latrine with a slab - with the majority in the urban areas (47%) compared to only 25% in rural areas. Overall, 6% of households do not have any toilet facility.

According to the Health Sector Performance Report (HSPR) 2014/15, latrine coverage improved from approximately 70% in 2010/11 to 73.4% in 2014/15 surpassing the HSSIP target of 72% (figure 1). Spatial analysis of budget allocations vs. latrine coverage reveals significant variations at regional and sub-regional levels. To illustrate, in spite of receiving the third lowest PHC per capita release in FY 2014/15 (UGX 8,825), at 89% the Ankole sub-region registered the best performance in latrine coverage nationally. Within the same sub-region, sustained increases in PHC per capita bewilderingly resulted in steady increases and reductions in latrine coverage in Buhweju (figure 4) and Ibanda (figure 5), respectively. The remainder of this policy brief focuses on a case study of the Ankole sub-region to identify key determinants in the improvement of latrine coverage and its implications for public health and child survival.

Figure 1: Latrine coverage (%) vs. Primary Health Care (PHC) release per capita (UGX)



CASE STUDY: ANKOLE SUB-REGION (FY 2014/15)

As it was stated at the outset, sanitation remains a powerful indicator of the state of human development in any community, and the method of disposing of excreta is one of the strongest determinants of child survival. While the Ankole sub-region received the third lowest PHC per capita release in FY 2014/15 (UGX 8,825), at 89% it registered the best performance in latrine coverage nationally (figure 2). Within the Ankole sub-region, whilst Mbarara (98%) accounts for the highest latrine coverage, at 78.3% Buhweju trails behind (figure 3). A closer look at these figures, however, reveals that in spite of being the worst performing district in the sub-region, Buhweju's 78.3% latrine coverage exceeds the national average and the Health Sector Strategic Investment Plan (HSSIP) target of 72%. Most importantly, figure 4 shows that steady increases in PHC per capita are closely correlated with significant improvements in latrine coverage in Buhweju, but not in Ibanda (figure 5). The next section aims to provide a deeper understanding of these dynamics in the Ankole sub-region by exploring the complex interplay of financial and non-financial factors responsible for marked variations in district specific performance.

Figure 2: Latrine coverage vs. PHC release per capita (FY 2014/15)

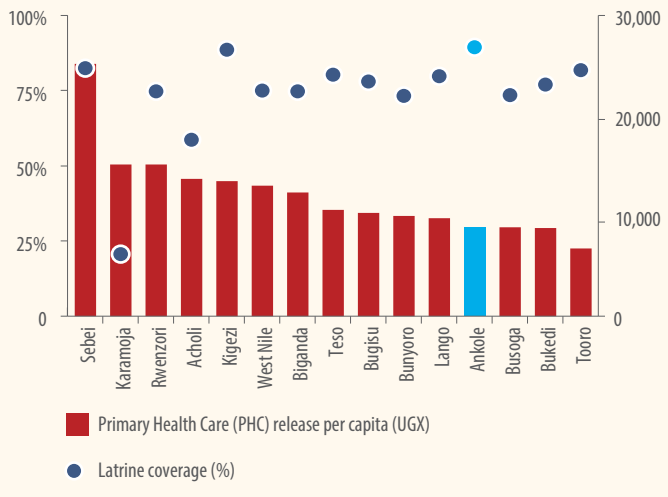


Figure 3: Ankole sub-region latrine coverage vs. PHC release per capita (FY 2014/15)

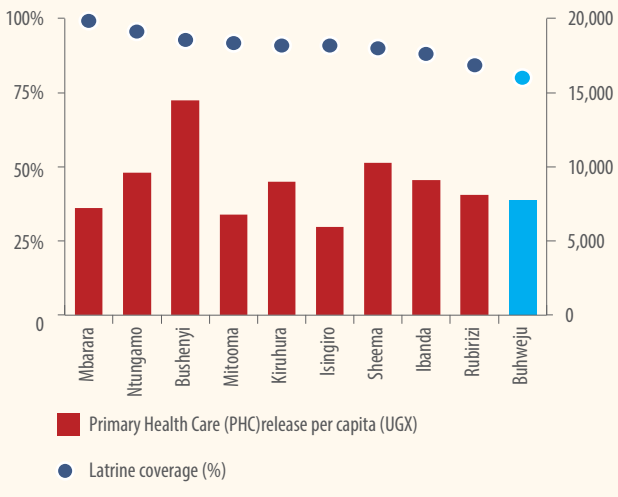


Figure 4: **Buhweju district latrine coverage vs. Cumulative Primary Health Care (PHC) release per capita (FY 2010/11 -2014/15)**

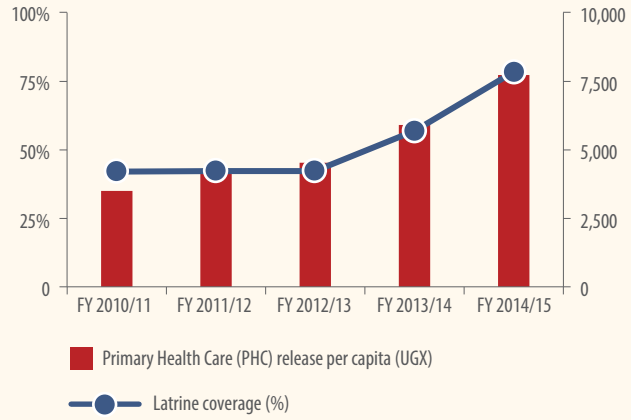
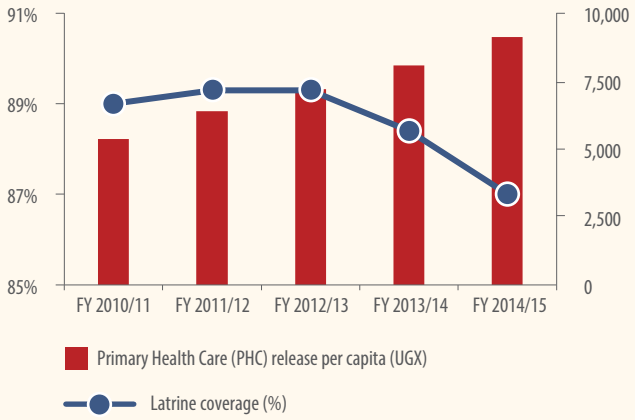


Figure 5: **Ibanda district latrine coverage vs. Cumulative Primary Health Care (PHC) release per capita (FY 2010/11 -2014/15)**



EVIDENCE FROM THE FIELD

Fieldwork in Buhweju and Ibanda districts consisted of Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with residents, DHOs, Environment officers, CAOs, sub-county chiefs, community development officers and health assistants. FGD and KII participants unequivocally identified strong sensitisation efforts; enforcement; and political support as some of the key factors driving high latrine coverage in the districts visited. Respondents also identified challenging terrain (e.g. soft soils, rocky, hilly, high water table) and social practices as key challenges. To illustrate, local communities were often unable to construct latrines deeper than 5ft, which tended to collapse or kept being washed away by seasonal rains. The same local communities showed a clear preference for shared facilities.

In setting the two districts apart, Buhweju's performance has largely been attributed to innovation in latrine construction, sustained commitment to sensitization campaigns, social mobilization and private sector as well as political involvement. Due to Buhweju's challenging terrain, health officials work with local communities to construct round, and more durable, instead of rectangular pit latrines.

Community sensitization activities include outreach, home visits, health talks at health centres and sanitation campaigns and competitions. While undertaking door-to-door immunization outreach activities, health workers also inspect the status of household latrines and in instances of unsatisfactory facilities they engage the community on how to improve the existing situation. Annual hygiene and sanitation competitions, where households with the best latrine facilities are publically recognized and rewarded with prizes, stood out as extremely powerful approaches to motivate local communities to construct and maintain latrines in good condition. Further, social mobilization through clubs has also helped increase latrine coverage in Buhweju. Club membership/rules/admission is sometimes based on whether one owns a latrine. The community self-identifies and self-reports residents without latrines. Another community based initiative encourages community members to gather and assist households who cannot construct their own pit latrine. Moreover, tea factories have contributed to increasing latrine coverage by (i) ensuring that only those with latrines supply tealeaves; (ii) helping construct pit latrines through fair trade premium.

Community sensitization is almost always complemented by strong enforcement. In this regard, household heads without functioning pit latrines are reprimanded and ultimately arrested for one or two days, after which they are made to sign an agreement requiring them to construct latrines in a stipulated time beyond which prolonged arrests are warranted. Notably, sub-county chiefs and health assistants task local council 1 chairpersons to identify, visit and educate households without latrines.

In terms of strong political support, respondents attested that politicians' active engagement during sensitization campaigns plays a very important role especially when it comes to sensitizing households on the benefits and uncompromising need to prioritize latrine construction and good hygiene and sanitation.

> Past political events have shaped attitudes towards the importance of good sanitation. For instance, during the 1986 civil war, many soldiers camped in Bitsya Sub County in Buhweju district succumbed to death caused by sanitation related diseases. These deaths have been a reminder to the people in the district to ensure good sanitation practices, particularly latrine use to avoid many deaths that occurred in 1986 because of poor sanitation. ***Bitsya Sub-County, Buhweju district, KII***

POLICY RECOMMENDATIONS

Latrine technology innovation

- Ministry of Water and Environment (MoWE) engineers to devise and provide guidelines for latrine construction especially for different types of terrain.
- DHOs to provide training to VHTs on latrine technology appropriate for different areas.
- Ministry of Health (MoH) and MoWE to create and disseminate user-friendly latrine construction guidelines to communities.

Sharing of Sanitation and hygiene best practices in the Ankole sub-region

- DHOs in the Ankole sub-region to share best practices in latrine construction technologies, community mobilization techniques and enacted bylaws that have proved effective in improving latrine coverage.

Intensify community sensitization campaigns on latrine construction

- DHOs and DWOs to employ innovative community sensitization initiatives of motivating communities to build household latrines (e.g. sanitation and hygiene competitions).
- DHOs and DWOs to work in partnership with the media, especially radio, to advocate for sustained improvements in latrine coverage.
- Sub-county chiefs to initiate community driven and owned bylaws to instil a sense of responsibility for community members to construct household latrines.

Engagement of politicians and soliciting for political support for sanitation and hygiene promotion

- DHOs and DWOs with support from CAOs to seek active stakeholder participation, especially area politicians, in sanitation and hygiene community engagement.
- DHOs and DWOs to produce advocacy materials for stakeholders and politicians' perusal.

FOR ADDITIONAL INFORMATION:
Margaret Kakande, Head / BMAU, Ministry of Finance, Planning and Economic Development
Margaret.Kakande@finance.go.ug
Diego Angemi, Chief / Social Policy and Advocacy, UNICEF, Uganda
dangemi@unicef.org