# SINGLA SAFE WATER AND SANITATION PROJECT, NEBBI DISTRICT

COMPLETION REPORT
JUNE 2007 - MARCH 2008

**Prepared by:**
***The Agency For Accelerated Regional Development***
**(AFARD)**

**Submitted to:**
***The Royal Netherlands Embassy***
**Kampala**

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# NEBBI DISTRICT

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**31 March 2008**

**ACRONYMS**

| | | |
|---|---|---|
| AFARD | = | Agency For Accelerated Regional Development |
| FO | = | Field Officer |
| LC | = | Local Council |
| RNE | = | Royal Netherlands Embassy in Kampala |
| SWSCM | = | Safe Water and Sanitation Chain Management |
| UGX | = | Ugandan shillings |
| VHT | = | Village Health Team |

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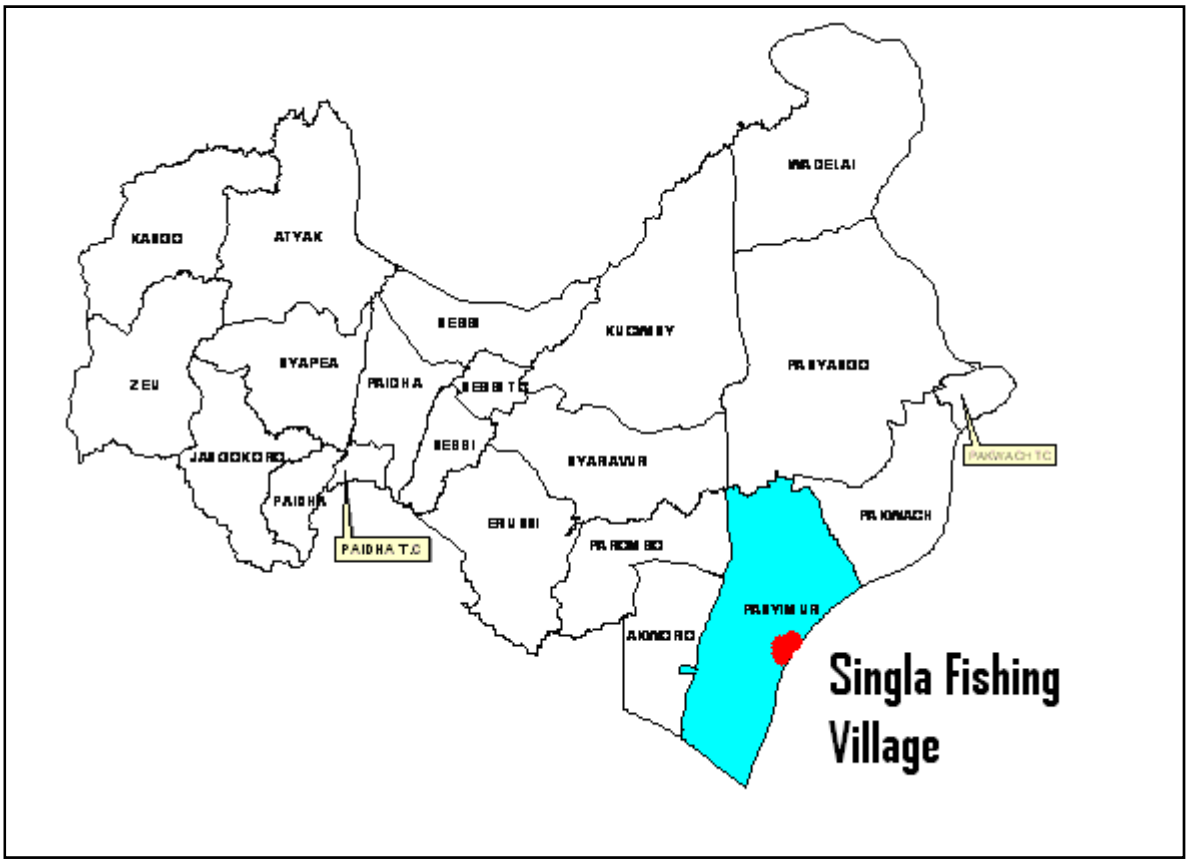
## 1.0 SUMMARY DATA

| Title of Report | **Completion Report** |
|---|---|
| Project Name | *Singla Safe Water and Sanitation Project* |
| Project Location | Panyimur Sub county |
| Implementing agency and address | Agency For Accelerated Regional Development (AFARD) and CARITAS-Nebbi.<br>P.O. Box 80, Nebbi. Tel: 047-621156; 077-437175/437154/619402<br>E-mail: afard@afard.net Website: www.afard.net |
| Contact person | Dr. Alfred Lakwo |
| Project summary | This project was designed to be implemented in the three fishing villages in Singla among 3245 people so as to address the bi-annual cholera epidemic and other high disease burden among fishing communities in Panyimur sub county.<br><br>The project, worth Ushs 59,399,100 (94% expected from RNE), aimed to 'promote safe water and sanitation chain management for improved health status of the fisher community in Panyimur sub county' with envisaged impacts including:<br><br>• reduction in productive days lost to illnesses among the sick and care-givers<br>• reduced school absenteeism among school-going children<br>• reduced direct household medical care budget<br>• increased personal, household and community hygiene<br>• improved social harmony through self-esteem. |
| Project duration: | 12 months (June 2007 - June 2008) |
| Total Project Cost<br>Total<br>RNE contribution<br>Local contribution | <br>UGX 59,399,100<br>Disbursed UGX 44,822,880 balance UGX 11,205,720<br>UGX 5,164,280 |
| Beneficiaries | 3,245 People in Singla Fishing Villages |
| Date of reporting | 31 March 2008 |

Figure 1: Map of the Project Area



## 2.0 INTRODUCTION

Nebbi district has continued to experience a poor environmental health condition. Preventable diseases are the main causes of morbidity (70%) and mortality (65%). According to the 2002 Population and Housing Census, population access to safe stood at only 65% and latrine was only 44% while latrine uses a paltry 17%.[1] The 3-year District Development Plan 2006/7 (table 13) shows that this situation is worst in Jonam county (43%).

Yet, the 3-year district and sub county development plans do not prioritize increasing access to and utilization of safe water and sanitation chain management (SWSCM). Neither is there sectoral integration of SWSCM in health and community services.[2]

The Agency for Accelerated Regional Development (AFARD) has therefore been implementing Singla Safe Water and Sanitation Project from June 2007. This project aimed at reaching out to three fishing villages in Singla with 3,245 people to fight the bi-annual cholera epidemic and other high disease burden among fishing communities in Panyimur sub county resulting from the low access to safe water and inadequate knowledge about safe hygiene practice.

## 3.0 THE PROJECT

On June 5, 2006, AFARD signed a Memorandum of Understanding with the Royal Netherlands Embassy (RNE) in Kampala Uganda to co-fund and implement the Singla Safe Water and Sanitation Project. The project was built on a 'Community Policing' concept where health is a collective responsibility and the core lessons that were learnt from a similar project implemented in Dei fishing village were incorporated in the formulation.

The project purpose, objectives, expected outputs, strategies, and impacts are summarized in Table 1 below.

[1] See UBOS (November 2005) 2002 Uganda Population and Housing census. Nebbi District Report. pp.6

[2] An analysis of the district and sub county development plans indicate that local government vision and mission are less impact oriented let alone being delinked from the various sector goals and specific objectives. No doubt resources are less invested in services sectors. In addition, that local government planning is guided by Indicative Planning Figures (IPF) but not local needs, what is called consultation is 'participation cosmetic'. Such 'sectoral compartmentalization' is the cause for the limited sectoral synergies, activity leverage, and resource duplications.

**Table 1: Goal, Objectives and Expected Outputs, Strategies and impacts**

| |
|---|
| **Project goal:** *To contribute to the promotion of safe water and sanitation chain management for improved health status of the fisher community in Panyimur sub county.* |
| ***Objective 1:*** *Household access to safe water increased by 39%*<br>*Output 1.1: A baseline for progress and impact tracking conducted*<br>*Output 1.2: 1 borehole drilled*<br><br>***Objective 2:*** *household utilization of safe sanitation practices improved.*<br>*Output 2.1: Construct 2 VIP latrines*<br>*Output 2.2: Train 1 water source and 2 VIP latrine management committees.*<br>*Output 2.3: Train 30 Village Health Team members*<br>*Output 2.4: Train 3 fishing village LC and beach management committees*<br>*Output 2.5: Conduct 12 hygiene education*<br>*Output 2.6: Formulate 3 byelaws*<br>*Output 2.7: Jointly launch the bye law*<br>*Output 2.8: Conduct 6 home hygiene campaigns*<br>*Output 2.9: Support 24 bye-law enforcements*<br>*Output 2.10: Provide local IECs – 12 radio talk shows, 2000 posters, 4000 leaflets, & 12 drama shows*<br>*Output 2.11: Hold 4 quarterly review meetings* |
| ***Strategies***<br>• *Community mobilization and a baseline study to establish current practices (Village inventory) and design an incremental change path using participatory approaches.*<br>• *The provision of safe water and sanitation facilities in public places.*<br>• *Community education and awareness creation for positive change using a multi-communication channel backed by local cadres (personnel and clubs).*<br>• *Setting local standards and enforcing compliance.*<br>• *Working hand-in-hand with government agencies.* |
| ***Envisaged impacts***<br>• *Reducing productive days lost to illnesses among the sick and care-givers.*<br>• *Reducing school absenteeism among school-going children.*<br>• *Reducing direct household medical care budget.*<br>• *Increasing personal, household and community hygiene*<br>• *Improving social harmony through self-esteem and reduced 'bewitching tags'.* |

*Source: Project Document*

This report, therefore, spells out the implementation progress made; impacts attained, challenges faced; lessons learnt; and the way forward.

## 4.0 THE REVIEW PROCESS

In order to provide RNE with credible accountability and AFARD with lessons for further improvement, an internal review was conducted with the project beneficiaries, community leaders and staffs from AFARD.

This review explored the performance and impacts of the project using a number of methods namely:

- First, a staff meeting was held to inform members of the need to account for the project performance (successes and failures). This meeting agreed on what the focus of accountability should be and who should do what, when, and with what results.

- Second, a literature review of the project proposal and activity/financial performance was conducted. While the Community Development Manager led this process that produced the Implementation Progress (see part 5 below) and Achievement of Target Report (see part 6 below), the Finance and Administration Manager worked on the Budget Performance Report (see part 7 below).

- Third, an intervention impact evaluation study (See part 8 below) was conducted. This study, led by the Programme Director, used a longitudinal approach and depended on the baseline study instrument to collect individual and household data from the same households that were reached out to during the baseline study. Its aim was to provide a basis for difference-in-difference comparison of SWSCM practices so that the scope of change can be measured.

- Finally, an end-of-project review meeting has held. This meeting involved an open dialogue about the project and was conducted at the project site where all stakeholders attended.

Below is the summary report on the project activities and achievements.

# 5.0 PROJECT IMPLEMENTATION PROGRESS

## *5.1 Implementation preparation*

After signing the Memorandum of Understanding and the receipt of 80% of the approved funds, AFARD undertook to:

- Operationalise the Project Workplan so that all activities are time controlled for 20% top-up fund mobilization and results tracking.
- Prepare a Project Briefing Document (PBD) to ensure that all major project stakeholders are provided with copies about the project.
- Providing the PBD to especially the district and Panyimur sub county local government leadership.
- Discuss with Panyimur Local Government leadership on local ownership, co-funding, and sustainability issues. Thirteen people (1 female) attended this meeting. As a result, the sub county committed to mobilizing the beneficiary communities to contribute local materials worth Ushs 500,000 while it directly pays the facilities' contractors Ushs 2.5 million. In addition, the sub county allowed AFARD to identify the contractors who should deliver services in building the three approved facilities. JOWADA Technical Services was then contracted to drill the borehole under the technical supervision of the District Water Officer. And, UJUMBA Construction was constracted to build the two VIP latrines under the technical supervision of the District Works and Engineering engineer.

A photo after the joint meeting between AFARD Management Team with Panyimur Sub county leaders.

## *5.2 Community briefing meetings*

As an entry point to debrief the beneficiary communities about the project, 2 critical community briefing meetings were held. The first meeting, attended by 35 people (12 female), involved only leaders of the various villages together with sub county local government officials. Herein the focus was to win village leaders support given that they would be important in mobilizing their communities for the uptake, ownership and direct support for the project.

Community Debriefing meeting

The second meeting, attended by 55 people (32 females), was then held with beneficiary communities and their leaders were in attendance. In this meeting, the project brief was provided to the beneficiary communities. Besides, the community members transparently through an open nomination, CV presentation, and vetting identified the 30 Village Health Team members as local change agents and 3 sites for physical infrastructures. The water point was located in Singla A because of the prospect of securing 'sweet underground (unsalty) water' from the rift valley escapement streams. Meanwhile, the 2 VIP latrines were preferred near the Mosque where every market day many Moslems gather but without access to a latrine, and in Singla B where individually the people have failed to construct pit latrines because of the high water table.

### *5.3 Baseline survey*

In July 2007, a baseline study was conducted. AFARD designed the study instrument and the community members collected the data under the Project Officer's supervision. This study was conducted using household survey, direct observation, and community feedback/dialogue methods. It set impact pointers by providing where we were starting from in terms of safe water and sanitation chain management and 'red flags' where to delve more during implementation. The findings were also discussed with the community where the fair sanitation and hygiene status (index = 0.7) together with areas for concern as is shown in the box below were presented. This process provided stack facts to the community and won their efforts for change.

**Box 1: Core areas for concern**

- *Comprehensive safe water use was low as only 1 in 10 households use safe water for cooking and other domestic consumption because of time constraints resultant from having only one borehole serving all households.*
- *Only 46% of the households had latrines and 41% simply used the bush and/or defecated in the lake.*
- *Only 53% of the households had garbage pits while 31% simply scattered their solid wastes.*
- *Only 39% of the households had soak pits for bath, kitchen, and laundry liquid wastes disposal.*
- *Home hygiene was inadequate as many households lacked: kitchens (43%), bathing shelters (32%), utensil drying racks (52%), cloth lines (45%), mosquito nets (71%), and raised beds for sleeping (37%).*
- *Food hygiene was also poor as many people (45%) do not wash their hands with detergent before cooking or even before eating (29%). While 81% still wash their hands communally before eating.*
- *The above have resulted into 77.1% of household members falling sick mainly (50%) from malaria. The health costs therefrom were an average of 3 productive days lost to sickness per person and an average of Ushs 18,716 spent per person who fell sick.*

### *5.4 Construction of facilities*

The two firms contracted to construct the three project facilities commenced work immediately they were signed contracts with. JOWADA Technical Services, under the supervision of the District Water office, completed the drilling and installation of the borehole within the agreed upon time. The Contractor was fully paid for the work done both by AFARD and the Sub county local government.


Completed borehole already in use

With the facility management committee in place, the use of the water source is organized. Many people are lining for water all day long. The few cash saved at the start was presented to the community that decided on its use for the fencing the water points. And it was done.

However, a major delay was experienced in the construction of the two VIP latrines. The lead Engineer of UJUMBA fell sick (with hospital admissions at Nebbi) twice from malaria and typhoid. The recurrence of these attacks made the work to stall up to December.


VIP latrine being handed over by the Contractor to the Project in the presence of Vice Chair LC 3 and Sub county Chief

As such, at the start of December together with the Sub county leadership it was resolved that a new contractor be identified and awarded the contract. This meant that the work so far done was to be assessed and costed to ensure that it was well done and that the cost was equally effective. The District Engineer did that. Thus, a new firm Look for Jesus was contracted to complete the work on the two VIP latrines. This meant added cost that the Sub county agreed to meet.

The latrines were then completed by the end of February and handed over to the Sub county local government and them to the community in March. This approach was adopted, first to honor the political support the project had, but also to send a signal that no one in the community should tamper with the project by under rating the management committees because the government arm is within reach.

### *5.5 Training VHTs*

The 30 identified VHTs (16 males and 14 females) underwent an intensive training under the facilitation of a team composed of the District Health Educator (in-charge of Nebbi Hospital) and AFARD Field Officer. Building on the poor SWSCM facts on the ground the VHTs were trained in mobilization and communication skills as well as SWSCM core issues – better health, diseases causes-sign-prevention, and good life practices.

The Traditional Chief with AFARD team during VHT pass out

Awaiting their training pass-out, 30 bicycles were procured by a local businessman (so as to boost the local economy and build on the project working relation with the community).

Further, a local artist was contracted to design and produce 40 T-shirts and 30 umbrellas with the project name. Also procured from the local shops were 30 gum boots and 30 bags. These facilities were aimed at morale boosting the VHTs let alone supporting their initiatives in their communities.

Finally, the VHTs were passed out in a colorful ceremony in which the LC 3 Vice Chairperson, the Sub county Health Assistant and Community Development Officer and other councilors besides AFARD management team and the local area traditional chief were present. They were given certificates and their working kits.[3]

Apart from being grateful for the RNE support, the local leaders, and particularly the traditional chief, cautioned and challenged the VHTs to emulate the results of their counterparts in Dei in ensuring Singla is also Cholera-free let alone being a descent place, healthy enough, to live in. He also urged the sub county to replicate AFARD's model into other parishes of the sub county and requested that the current trained team should be financially supported to spill-over their services to other villages, if health is the true government concern for all the people in Panyimur.

[3] The spouses of the VHTs also attended this occasion and were delighted to see what their 'soul mates' have achieved. This was also the opportunity to caution especially men who like in Dei attempt to hijack the bicycles for their household livelihood activities and causing trouble to their wives should they detest such demands.

### *5.6 Training facility management committees*

The committees for the three facilities (a water source and 2 VIP latrines) identified by their communities when the VHTs were also being elected were trained by the Senior District Community Development Officer on key facility management issues. In all, 51 people (31 women) attended even though others were not invited. Notable in the training were aspects of community mobilization, facility safety up-keep, hygiene observations among users, financial mobilization and accountability, and routine maintenance. As such, the committees were urged to keep clear books of accounts and open bank accounts in the existing Village Bank (should the funds collected permit). Indeed, to date the work results of the water source indicated rays of hope in transparency and accountability practices.

### *5.7 Training of LCs and beach management committees*

This training, conducted by the Project Field Officer, was offered to prepare the community leaders for their future roles in the management of safe water and sanitation chain management. It was attended by 24 leaders (11 women). Included in the training content were: community health challenges, roles of leaders in ensuring their communities are healthy, facts about a SWSCM, and community policing approaches and practices.

### *5.8 Community education*

The VHTs together with the Field Officer, village local councils and beach management committee conducted community sanitation and hygiene education. The awareness and education was conducted using a village-to-village outreach approach. The VHTs of the area took overall responsibilities for reaching out to their community. The Filed Officer provided backstopping support. In all, 14 sessions that reached out to 303 home-to-home demonstrations were conducted in (Singla A 105, Singla Central 123, and Singla B 75). Core in the message were why people needed safe water and sanitation chain management practices.


Village health team actively cleaning up dirty

In conjunction with the sub county Health Assistant and the Local Council of Singla Central where the fish market is, the VHTs engaged for the first two months in managing the hygiene of the area focusing on educating 'foreign' traders and managing garbage.

### *5.9 IEC design, production and distribution*

To facilitate the face-to-face education, additional information and communication materials were produced and disseminated. This included:

- 12 radio talk shows were aired. The radio staffs collected information from the project site and aired them at the time agreed upon with the community.
- 2,000 posters and 4,000 leaflets were designed, produced and disseminated. The messages herein were generated from the basic facts in the baseline survey, common questions from education sessions, and best practices desired to cause change in the community.
- 12 drama shows were staged by Dei drama group that had been trained by AFARD for HIV/AIDS sensitization three years ago. The group was coached on the key information that should compose the play. In all 531 people (251 females) attended the shows.

### *5.10 Bye-law formulation*

Notwithstanding the community education conducted, cholera outbreak occurred in the Democratic Republic of Congo and Buliisa district and so the urgent need for byelaw emerged. Coded 'Our health is your responsibility', 3 community consultative meetings were held to sell the idea and solicit the way forward.

What came out was that all the three villages agreed to have one bye-law that would be binding to all. As such, the process of byelaw formulation commenced with briefing by the resident magistrate on what a community byelaw should contain, its linkage with the mother law of Uganda, what penalties can be effected under the byelaw and the procedures of having it authentic.

The community was then left to debate on their own what their byelaw would be like. They took two weeks and came up with the core issues they needed in the byelaw. The Field officer and the Community Development Officer and Health Assistant of the area then drafted the preliminary document. This document was then discussed with the community in a meeting organized by the sub county.

Their final views were then integrated and the draft byelaw document was printed and submitted to the resident magistrate for legal perfection. His inputs and blessings then led to the production of the final byelaw. This was presented to the sub county for approval so that it became legal and enforceable even by the sub county courts.

### *5.11 Bye-law launching*

After the final byelaw document was approved and signed by the Sub County Council the community was then called to witness its launch. During this session, the VHTs were tasked (as agreed upon) with its enforcement. LCs were cautioned on the need for exemplary leadership and the 123 people in attendance (52 females) were informed of the binding regulations therein the byelaw together with the expectations and penalties. The VHTs were then sworn in by Resident Magistrate.

Chairman LC 3 officiating at the ceremony to launch the byelaw

### *5.12 Home hygiene campaigns*

To ensure that the byelaw was not implemented 'junta style', the VHTs and other community leaders agreed that a general round of education on both the value of SWSCM and the byelaw be conducted. This was done to ensure that the formal legal hiding under the unfair 'ignorance is no defense' is avoided by having everyone in the area know of the consequences of inaction.

As such, individual home hygiene campaigns were conducted. To attract the people more in this process, a competition was organized with prize awarded to best winners, that is, those with the required home facilities. Home visits were made by the VHTs and LCs as a team and a 'safe home facility compliance' checklist used to identify winners and culprits.

In all, 24 sessions that reached out to 211 homes were conducted (Singla A 87, Singla Central 50, and Singla B 74). From these sessions, 13 homes were selected and complaint homes. These were reevaluated for full compliance by a mixed team drawn from different villages. Herefrom, the 6 best winning homes were identified (two from each village). They were awarded cash prizes.

### *5.13 Support to Bye-law enforcement*

With ample community sensitization conducted (and agreed to be on going), in January 2008 the community agreed to kick-start the byelaw enforcement. AFARD provided two types of support. First, the Filed Officer operation to ensure that the rightful non-compliances cases were identified, compiled and a formal court submission prepared. Second, the VHTs who would stand as plaintiffs in the LC Courts were also provided funds. In this way, the first enforcement session in which 12 people were summoned to the VHT 'courts' went on well. These people were talked to and given days within which

the missing facilities in their homes had to be put in place and failure to do so would then lead to LC Court.

However, midway, the Sub county government with the warning from Ministry of Health and Local Government simply adopted the community byelaw, popularized it over the radio, and secured armed military personnel to enforce the byelaw in the entire sub county. This has led to a 100% compliance although its sustainability (our area of interest) is in doubt because the militarized enforcement compelled people to respond by fear but not being convinced to do so.

### *5.14 Review meetings*

To ensure that the project implementation is on course and focused, a multi stakeholders monitoring system involving the lower level government officials, the VHTs, and the beneficiaries was used. Three site visits were carried out by top management officials (the Programme Director, Community Development Manager, and Finance and Administration Manager).


Community Review meeting

Besides, three routine review meetings (and the last converted into evaluation meeting) were held and 140 people (80 women) attended. During these meetings the communities were always asked about the project progress in terms of work, challenges, and way forward. They were also asked to enlist what positive changes they were seeing in the community and in their own lives.

### *5.15 Impact assessment*

This activity was not planned for. However, it was seen as vital for accountability to be complete. As such, it was conducted as noted under 4.0 above and its findings are contained under 8.0 below.

## 6.0 PROJECT PERFORMANCE: ACHIEVEMENT OF TARGETS

| Activity | Set target | Actual output | Success rate | Why | Remarks |
|---|---|---|---|---|---|
| Project goal: *To contribute to the promotion of safe water and sanitation chain management for improved health status of the fisher community in Panyimur sub county.* | | | | | |
| Objective 1: *Household access to safe water increased by 39%* | | | | | |
| 1.1 Conduct a baseline survey | 1 | 1 | 100% | Identify benchmark and core are of programme focus and win community will | Completed timely and made the project work more relevant |
| 1.2 Drill a borehole | 1 | 1 | 100% | Provide access to safe water | Co-funded and won local government support |
| *Objective 2: Household utilization of safe sanitation practices improved.* | | | | | |
| 2.1 Constrict VIP latrines | 2 | 2 | 100% | Provide access to public toilet | Construction work delayed |
| 2.2 Train water source and VIP latrine management committees. | 3 | 3 | 100% | Set a basis for community sustainability of facilities and education | Committee is vigilant in resource mobilization and management |
| 2.3 Train Village Health Team | 30 | 30 | 100% | | VHT has become local government agent for sanitation improvement |
| 2.4 Train fishing village LC and beach management committees | 3 | 3 | 100% | | Are supportive of VHT in compelling community for change |
| 2.5 Conduct hygiene education | 12 | 12 | 100% | Improve on the knowledge of safe sanitation practices | Community know that their health is their responsibilities |
| 2.6 Formulate bye-laws | 3 | 1 | 33% | Set up a basis for community sustainability of SWSCM practices | Vetted and replicated by local government. Is on enforcement in the whole sub county |
| 2.7 Jointly launch bye-laws | 1 | 1 | 100% | | |
| 2.8 Conduct home hygiene campaigns | 12 | 14 | 117% | | |
| 2.9 Support bye-law enforcements | 24 | 27 | 113% | | |
| 2.10 Provide local IECs materials<br>-Radio talk shows<br>-Posters<br>- Leaflets<br>-Drama shows | <br>12<br>2000<br>4000<br>12 | <br>12<br>2000<br>4000<br>12 | <br>100%<br>100%<br>100%<br>100% | Deepen awareness and education | Community know that their health is their responsibilities |
| 2.11 Hold quarterly review meetings | 4 | 5 | 125% | Review progress | |

## 7.0 FINANCIAL SUMMARY

This page has been left blank purposely. Attached to it are:

(i) Financial summary (1 sheet)
(ii) Cash book (2 sheets)
(iii) Project budget analysis (1 sheet)

## 8.0 IMPACTS OF THE INTERVENTION

To assess the project impacts (or outcomes given the short project time span) on the primary beneficiaries, an impact assessment study was conducted. The focus of this study was to identify the magnitude of change the project was able to achieve within 9 months. This change focus was looked from the objectives of the project. Thus, the study as a number of critical questions as are summarized below.

A longitudinal data collection method was adopted for the study. Data was collected from the same households that were involved in the baseline study. Moreover, a similar instrument was utilized. This questionnaire gathered information that related to both the households and members of the household.

### *8.1 Access to and utilization of safe water*

In order to assess how access to and utilization of safe water chain management has changed, the study asked, 'to what extent did the project change households' access to and utilization of safe water?' The findings are summarized below in comparison with the baseline status:

**Table 2: Access to and utilization of safe water**

| Indicators | Baseline status | End of project status | Variance |
|---|---|---|---|
| % Households using safe water for: | | | |
| ▪ Drinking | 90.0 | 98.3 | 8.3 |
| ▪ Cooking | 11.0 | 18.4 | 7.4 |
| % accessing safe water within 1Km for: | | | |
| ▪ Drinking | 89.0 | 95.8 | 6.8 |
| ▪ Cooking | 3.0 | 94.6 | 91.6 |
| % consuming over 20 litres of safe water for: | | | |
| ▪ Drinking | 96.4 | 96.7 | 0.3 |
| ▪ Cooking | 11.3 | 12.3 | 1.0 |
| % accessing safe water within 30 minutes for: | | | |
| ▪ Drinking | 88.8 | 73.7 | -15.1 |
| ▪ Cooking | 10.2 | 76.5 | 66.3 |
| % processing unsafe water for: | | | |
| ▪ Drinking | 91.8 | 92.8 | 1.0 |
| ▪ Cooking | 97.6 | 97.2 | -0.4 |

*Source: Baseline and impact assessment household data 2007 & 2008*

Evident from Table 3, it can be said that the project brought to the community high gains in (i) reducing the distance to safe water point; (ii) shortening the time spent on fetching water; (iii) increasing the use of safe water for both drinking but especially for cooking contrary to the traditional practice of using lake water; and (iv) increasing household uptake of more safe water. Yet, such gains are affected by the persistent use of unprocessed and unsafe water for both drinking (1.7%) and cooking (81.6%).

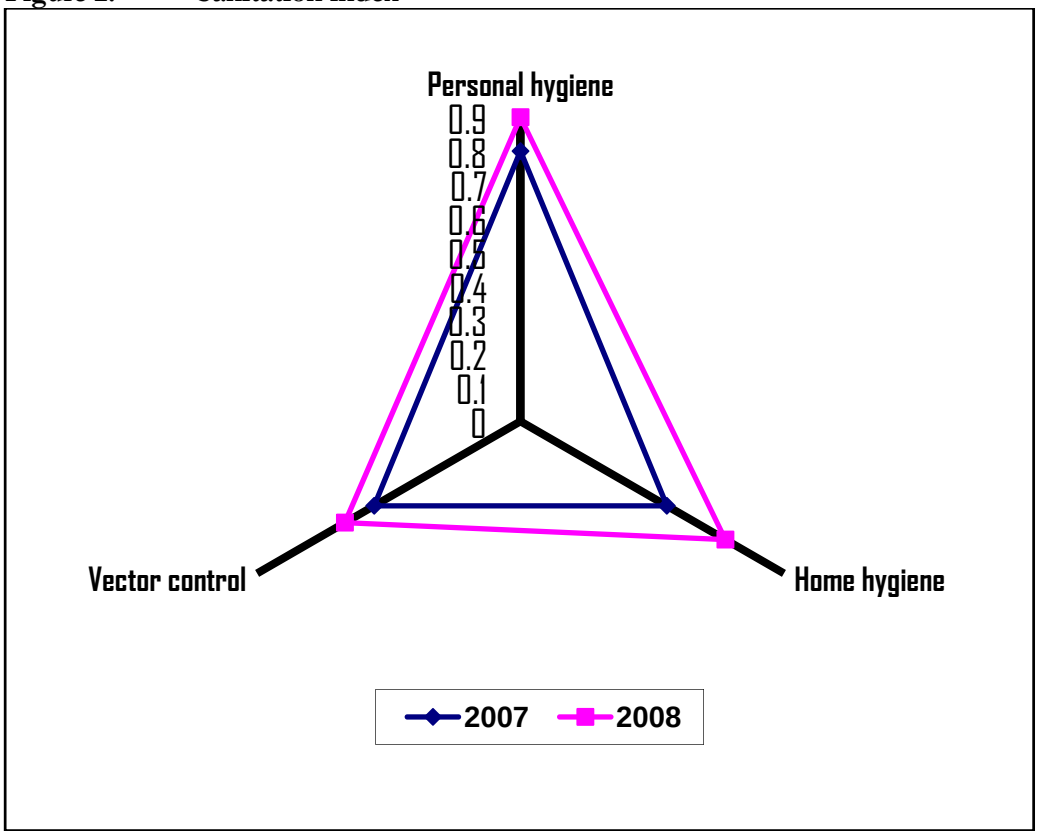
### *8.2 Adoption of safe sanitation and hygiene practices*

Unless accompanied by safe sanitation and hygiene practices, having and using safe water is in itself inadequate to promote a healthy living. Thus, the value of sanitation as was emphasized in community education and policing was deemed important for Singla fisher folks to enjoy good health. To ascertain the project impacts in this regard, the study asked, 'to what extent did the project change sanitation and hygiene practices in the community?'

In answering this question, sanitation and hygiene practices were assessed using the sanitation index as is summarized in Figure 2 below (for details see annex 1 and 2). This index is composed of three dimensions, namely:

(i) personal hygiene that covers how people take care of their body, hair, teeth, and clothes;
(ii) home hygiene which focuses on facilities for a safe home like latrine, kitchen, bathing shelter, and garbage pits, among others; and
(iii) vector control practices that involve food handling, water safety in the house, latrine safety, and mosquito prevention.

**Figure 2: Sanitation index**




*Source: Impact assessment survey data 2008*

While Figure 2 above show only a 0.1 point change in the sanitation index from 0.7 in July 2007 to 0.8 in March 2008, marked changes were experienced in home hygiene (from 0.5 to 0.7 over the same period) when compared to the marginal 0.1 point change in

personal hygiene and vector control practices. The community during the review meeting associated this change with the community byelaw that made it impossible for household heads, landlords and tenants alike to dodge having safe home facilities.

While this observation is true, it can also be observed that community policing is skewed in its focus on home hygiene. By ignoring personal hygiene and vector control practices as the utmost responsibility of community members to take up, this approach to a safe community can therefore be effective to the extent that community awareness and education has a wider outreach to all social categories.

Not surprising, there are persistent bad practices related to non-use of latrines (42.3%) especially among men, disposal of children's feaces in garbage pits (16%), scattering of solid waste (17.4%) and liquid waste (20.5%). Such practices, unless checked, provide fertile avenues for effective diseases transmission within the 7Fs (feaces, field, flies, finger, fluid, fruits, and food) route.

### *8.3 Changes in the health conditions*

Finally, to explore whether the above gains in access to and utilization of safe water and sanitation chain management did benefit Singla community the study asked three questions are summarized (with their findings) in table

**Table 3: Health gains**

| To what extent did the project: | Indicator | Baseline status | End of project status | Variance |
|---|---|---|---|---|
| • reduce the number of productive days lost to illnesses among the sick and care-givers? | % who fell sick from water related illnesses | 77% | 51.9% | 25.2% |
| | Average # of days of sickness | 3 | 2.5 | 0.5 |
| • reduce school absenteeism among school-going children? | % who fell sick aged 5-19 years | 38.0% | 19.5% | 18.5% |
| | Average # of days absent from school due to water-related illnesses | 2.1 | 1.4 | 0.7 |
| • reduce direct household medical care budget | Average amount (UGX) spent on medication | 18,716 | 32,072 | -13,356 |

*Source: Baseline and impact assessment data 2007 & 2008*

What Table 3 above reveal is that the project area witnessed a high decline in: (i) falling sick in both the general population (25%) and school going age (19%); and (ii) the number of days lost to illnesses. However, while such gains are positive, there has been an increase in medical cost. Such a scenario should be read from two perspectives. First,

it reveals that many sicknesses are now considered life threatening and warranting medical attention as can be explained by the 10% point change in cases of other diseases and 8% point change in malarial diseases. Second but arising from the first, it indicates the improvement in health seeking behavior especially from modern health services providers. Unfortunately, majority (17% and 7% point changes) of the people who fell sick sought treatment from private for-profit sources like (Angal) hospital and clinics respectively given that the available government facility lack personnel, equipments, and drugs.

### *8.4 Social benefits*

The intricate relationship between facilities and personal and community behaviour requisite for community health policing noted above reflects a big and important link between community health and social relations. In this view, the study team further questioned the community members in the review meeting, 'In what ways did the project improve social harmony in the community?' Responses to this question included:

- "Now as ordinary people, we even work together with government officials to ensure that our community is healthy and safe" said a female VHT. She added, *"How else would an uneducated person like me even get closer to such educated officers? Indeed the project has brought us a common ground and harmony to work for that goals"* she added.

- A woman council leader pointed that:

  Through the project I realized how I was promoting unhealthy practices in my home. I used to serve my husband with water for wash his hands before eating first and compel the children to wash in the same basin. After the training, I realized that doing so exposes my children and those of the neighbors who eat with my children to infections. Since then I have changes. Everyone is served with water individually before and after eating.

- The restoration of esteem and confidence was reiterated by a remark that the community have its own bye laws.' *This bye law has come timely enough. We now know that actually a witch is better than a filthy person. This is because a witch can only kill one person at a time as compared to a filthy person who can through spreading diseases like cholera kills many people at once'* cried Natalina Opiyo of Singla B Village.

- A member of the VHT noted, *"At least our project has compelled the Sub county authority to formulate a bye-law for all the other villages without one. It had to do this because we are an island of decency in our homes, body and public places'.*

- The Sub county officials on their part pointed that, *"the project has brought us a consciousness that local people can make development work. What needs to be done is to involve them in the identification of needs and mobilization of joint efforts to achieve those needs. For instance, the VHTs have now enabled the health assistant to become vigilant in all the parishes.*

*In some cases, he even works with them. As a result, many homes have been reached out to. Soon cholera will be history".*

**Sustainability**

To explore how the project will be sustained, in the Focus group discussion members were asked, 'How has the project established means for ensuring that it is sustainable?' to this, the most common responses provided were that:

- The local bye-law in use is what will live until a distant future. It will continue to bind every village member to ensuring that they meet the safe home compliance criteria. And now the byelaw has been enforced sub countywide.
- The trained VHTs have demonstrated vigilance and are now active allies of the sub county local government. Together with the Health Assistant they are reaching out beyond the project area to educate the community on the importance of SWSCM.
- The water and sanitation committees formed and trained have demonstrated honesty, transparency, and accountability in that they are both engaged in the routine supervision of facilities as well as in mobilizing money that are well kept. This money will be used for the maintenance of facilities should the need arise.
- The linkage built with local government has made it impossible for any member of the area to even think of dodging a safe home compliance standards because failure to do so means either being taken to a formal court of law that is already punitive enough I the eyes of the local and ever feared and avoided.

## 9.0 CHALLENGES AND RECOMMENDATIONS

**Table 4: Summary of challenges and solutions**

| Challenges | Recommendations |
|---|---|
| • Some bad practices are still lingering in the community despite education and byelaw enforcement. | • VHTs should continue with community education side by the bye-law enforcement.<br>• |
| • The sub County adopted a different Sanitation Campaign strategy from the ones of the VHTs. The Sub County Team would seize the defaulters' property and/or fine them for allowances of the Home Inspection Team. This contradicts the styles of the VHTs in which the fine is used to provide the missing Facility in the person's home. | • Lobby the sub county local government to adopt a humane compliance enforcement straetegy based on the VHT and community agreed upon approach. |
| • Singla Fish market goes on throughout the night. This night trade makes it impossible for the VHTs to police proper public sanitation practice. *'It is very tricky in that there are also no sign posts warning against careless ness. This makes it easy for the night shift business persons to soil the place.*' Said Collins. | • Lobby the sub county local government to stop night fish trade. |
| • Singla has also just become a Town Board. It will have a new administrative structure which remains unclear of the expected continued support for SWSCM compliance. | • Lobby the new Tow Board managers to support the VHTs work for the good of the area. t |

## 10.0 LESSONS LEARNT

- Meaningful involvement of local government stakeholders in a project creates effective Sub County support. *'The way you handle your project gives me the morale to support you in all ways. You have a transparent system that gives all the stakeholders a say in the project processes from the start to the end'* said Mr. Okumu Robert, Chairman L.C.III Panyimur Sub County.

- Multiple channels of communication deepens knowledge about health issues. For instance, Ayomirwoth Leotisya of Singla A Village remarked that, *the dramatists were so funny that I thought they were alluding to me. The messages are passed in a comic manner that makes you thirsty to hear it to the end but only to realize that they have called you to act on issues you had initially ignored when the VHTs were educating the public.'*

- Joint planning and reviews by the key stakeholders promotes trust and morale among the stakeholders during implementation. *'I feel so great in doing my job. Imagine we are doing it together with the Health assistant and with full support from the Chairman L.C. III'* said Majid a VHT.

## 11.0 CONCLUSION

In all, the Singla Safe Water and Sanitation Project had a successful project performance. It achieved all its deliverables. Within nine months, the project was able to cause a 10% point change in improved sanitation and hygiene practices as is exhibited by personal, home and vector control practices.

Notwithstanding, gaps in sanitation index (0.2) shows that there is still an urgent need for ensuring the population comply with the community approved byelaw. There is also need to ensure that education continues in the area so as to deepen the uptake of better sanitation and hygiene practices. The support of LLG should be solicited in this regard.