

**COMMUNITY CAPACITY
BUILDING FOR
SAFE WATER AND
SANITATION CHAIN
MANAGEMENT**

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INTRODUCTION AND PURPOSE

Majority of the people in Nebbi district are unhealthy. They suffer largely from otherwise preventable diseases which are caused by unsafe water and sanitation conditions. The health burden herein is enormous: lost productive days, medical cost, school absenteeism, and low esteem. Yet, this situation, taken as a norm emanate in the wake of increasing government spending on the provision of water facilities. Regrettable is the fact that:

- Government spending is biased towards water infrastructures as a form of political accountability. Sanitation which is health as water is life is fully ignored.
- Community involvement is kept at bay. This has rendered many facilities without the much needed operation and maintenance for sustainability. Neither has it left a community eager to adapt to safe sanitation practices as a way of life.

Based on these experiences, this manual has been developed to act as a facilitator's guide to rekindle and strengthen community response and demand for good water and sanitation practices. It is primarily designed to facilitate user community capacity and awareness on safe water supply and sanitation management with a focus on community grounded values, norms and practices. The manual is meant to address the core concerns of supply of, demand for, and compliance to safe water and sanitation chain. The focus herein as part of the Network Plan is that facilities will be provided. This manual therefore gives due attention to issues of sustainable management and use of these facilities as a step towards Building Community Capacity for a Healthy Living.

Manual formulation process

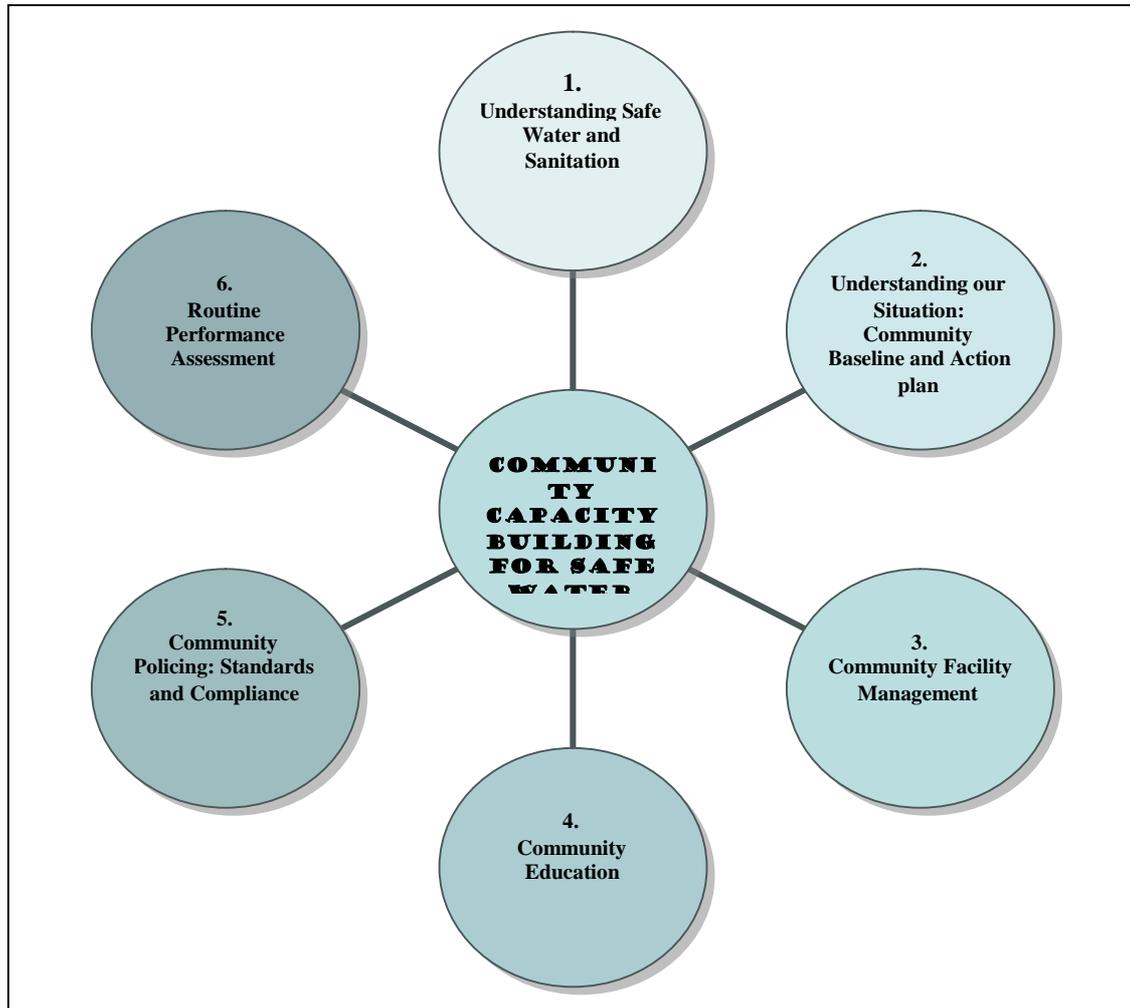
The formulation of this manual was through a consultative process that started with a review of what AFARD had been doing in Dei fishing village. This was followed by a one day workshop with the beneficiaries in Orussi parish involving 35 participants. The purpose of the workshop was to get insights into the key challenging situations in regard to the promotion of safe water and sanitation practices. Two staff from the district local government managed the workshop and the rest of the manual development processes. Various stakeholder micro-meetings were also held with AFARD and health department staffs to improve on the content and delivery mechanisms.

Manual Users

The primary intended users of this manual are the members of Nebbi Development Area Network (NDAN) and the local government frontline team of extension staffs who interact daily with the communities in the struggle to improve on the knowledge, attitude and practice of safe water and sanitation chain management. Other secondary users could be district staff and NGOs/CBOs managers placed at meso-level of development work in the water and sanitation sector.

Structure of the Manual

The manual is generally composed of six parts as hereunder:



Part I

UNDERSTANDING SAFE WATER AND SANITATION

What is contained in this Part

This part has two main units: what WATSAN is and what constitutes WATSAN. Both units try to conceptualize safe water and sanitation with a view of enabling the participants appreciate the meaning and importance of having a clean and safe water and sanitation.

Unit 1: WHAT SAFE WATSAN IS ALL ABOUT

Session objectives	By the end of the session participants should: 1. Understand the key meaning, aspects and concepts of safe water and sanitation 2. Understand why we need safe WATSAN.
Sub-topics	<ul style="list-style-type: none"> • Introduction to safe WATSAN • What is safe WATSAN • The Alur tradition and safe WATSAN • The context and core concepts of safe WATSAN • Why safe WATSAN
Facilitation methods and procedures	Q&A, brainstorming, group discussion and plenary, role play on safe WATSAN practices and management <ul style="list-style-type: none"> - Let the participants state what they know about safe WATSAN - Explore 'why safe WATSAN?' is required - Refer to the facilitator's note to sum up the session
Materials required	Flip charts, marker pens, masking tape and cards
Participants	LCs, community facilitators/change agents, extension workers, PDCs and facility management committees
Estimated time	3 hours

FACILITATOR'S NOTES

Introduction

We all know about water. Even traditionally the Alur have practices of making water safe (see box 1).¹ However, the sanitation practices (see table 1) are unsafe as a bush (locally known as *bar*) is gazetted for the disposal of human feaces. In this way, the water used by humans becomes unsafe as run-off deposit feaces in the water sources hence contaminating it. This then makes it clear that it is not healthy to simply have safe water without a safe sanitation or vice versa because either way there will be no safety in our lives. Thus, for a healthy living, we need to have both water and sanitation safe. This is the focus of this manual.

Box 1: Traditional Alur practices of making water safe

The traditional society looks at water as sacred God-given asset and values water for human and livestock needs. It promotes safe practices such as filtering and settling of water in pots before drinking, use of separate containers (*awal/agwata*) for drawing drinking water from pots, gazetted water sources to be used by livestock (separate from those used by human beings) and community work for cleaning up water points.

¹ These practices were derived during the consultative discussion in Erussi parish, 7th December 2006

Table 1: Traditional sanitation practices

Negative practices	Positive practices
No latrines and use of the surrounding bushes instead a place would be gazetted as substitution for latrines (<i>bar</i>)	<ul style="list-style-type: none"> • Most households would bury faeces to avoid contacts with other people, animals and flies that could promote further contamination
Use of unsafe water from lakes, rivers open wells and streams	<ul style="list-style-type: none"> • Bar was not gazetted above a water source that was used for cooking and drinking • Cultivation was not done near water sources that were in use for human needs • Use a specific pot (<i>agulu pii</i>) for cooling water for drinking. • Use of a particular <i>agwata</i> for drawing drinking water • Community work to clean up water sources
Living one house with animals	<ul style="list-style-type: none"> • Separation of grown up children from adults to avoid congestion in a living house and promotion of social values • Use of other structures like produce stores (<i>goga, dero</i>) and animal pens like <i>ot dyel</i>
Unprotected compounds that encouraged rodents/vectors	<ul style="list-style-type: none"> • Planting of trees within the compounds • Live fencing • Engaging children and youths to clean up compounds
Inadequate attention to personal hygiene and medical care	<ul style="list-style-type: none"> • Use of <i>oboko cyeth</i> and ashes (<i>vuru</i>) for hand washing which encouraged personal hygiene • Living on highly nutritious, well prepared, non carcinogenic and high- immunity foods • Busy working calendar that enhanced body exercise

What is Safe WATSAN (sWATSAN)?

Safe Water and Sanitation (sWATSAN) refers to a chain management system where the people equitably and sustainably demand, develop, and use safe water and hygienic practices for a healthy living.

Inherent in this definition are:

Chain management system	Refers to a consistent practice right from access through handling and utilization of sWATSAN. For instance, a water source must be protected; containers for drawing and storage must be clean in order to avoid contamination.
Equity	Refers to a situation where everybody young or old, men or women, disabled or physically able in the household or the community benefit from the chain management system.
Sustainable	Refers to a consistent practice without any breakdown in the chain management system both now and for future needs.
Hygienic practices	Refers to vector-free and risk-low personal, home and community practices that reduced exposure to health hazards.

Therefore, sWATSAN includes the supply of safe water and disposal of human and domestic waste facilities, practising of good community, home, and personal hygiene, and vector control surveillance. This means that there should be adequate facilities and grounded safe practices to ensure safe, accessible, equitable and sustainable sWATSAN for a community.

Why sWATSAN?

Unsafe WATSAN practices cause a big health burden through a high disease incidence which results into loss of productive days both to the sick person and the care taker, medical cost to buy medicine and pay for consultation fee with a doctor, social disharmony as often people resort to finger pointing that someone sick is being bewitched. For details, refer to part 5 of this manual.

In short, sWATSAN has the below advantages:

- Many days for productive economic activities.
- Women's burden to care for the sick is reduced.
- Many children attend school regularly and perform well.
- More money is saved for other household use.
- Social harmony is built in the community as brotherhood and sisterhood is maintained.

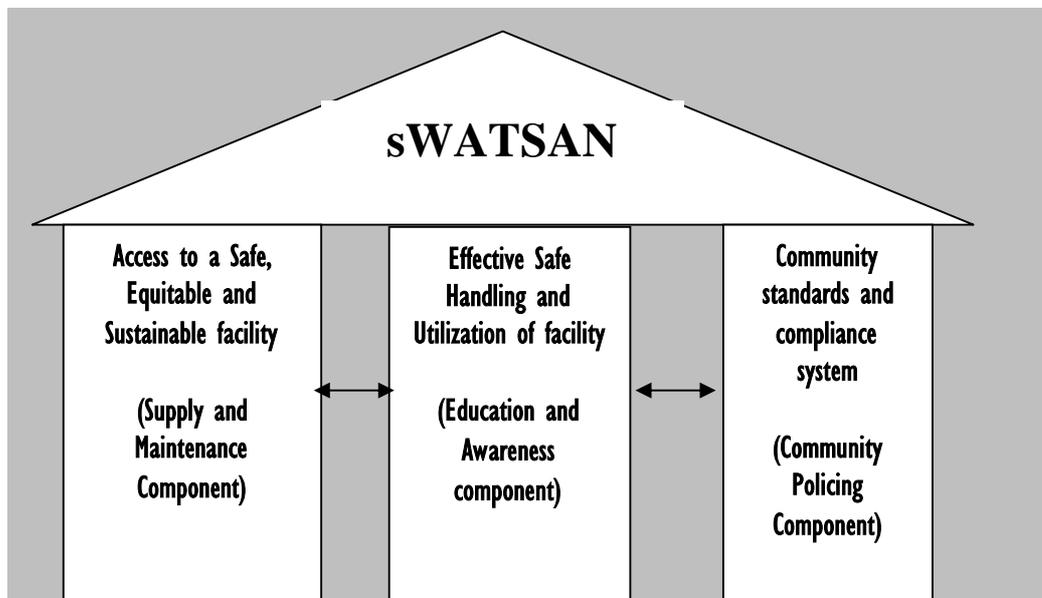
What constitute sWATSAN?

There are two major components of sWATSAN:

- Availability of safe water and sanitation facilities for individual, home, and community use.
- Effective hygienic utilization of the safe water and sanitation facilities.

To attain sWATSAN, figure 1 below presents a summary guide.

Figure 1: Core aspects of sWATSAN



From the schema above, what needs to be pointed in respect of having a community enjoy the full benefits of sWATSAN, is that there is need for:

1. Supply of sWATSAN facilities. This should entail:

- a. The provision of those facilities which a community on its own can not afford. For instance, drilling a borehole or auguring a shallow well is too expensive for a community in the short-term.
 - b. Besides, it should also include supplies like a demonstration VIP latrine in public places like landing sites, markets, and schools, among others.
 - c. Engrossed with supply is ensuring that these facilities are well maintained for a sustainable use. Herein O+M (operation and maintenance) will require setting an accepted committee to oversee the facilities and mobilize the user community for their O+M.
 - d. Finally, full coverage can only be achieved if the disadvantaged groups like very old people or disabled persons are provided with improved toilets.
2. Education and awareness on the value of these safe facilities (why they are a must for a community and how to use them). Often, it is taken for granted that having a facility or compelling a community to have sWATSAN facilities are adequate enough to make them healthy. This is not right. For people to sustainably realise the value of sWATSAN, they need to know what it entails and how best they can benefit from such an undertaking.
3. Community policing. Leaving sWATSAN to individual and household preferences endanger a community. That means that everyone in the community has to have and practice sWATSAN. To do this, a community needs to set its own sWATSAN standards (in a bye-law) and enforce it using its own local agents to ensure that everyone is compliant.

The Approach

As noted above, the best approach for increasing sWATSAN resides in:

1. Establishing a Frontline Agent: Change management is better anchored where the required change should take place. However, this requires having a small team of people who can champion the process. These people are called Frontline Agents. They are the local change agents and in sWATSAN acts like Village/Parish Health Committees.

Given the role these people are expected to play, it is vital to identify:

- Those able to volunteer for the good of their community.
 - Prominent peers who are accepted and respected.
 - A few literate team players in order to facilitate documentation.
 - Different categories of people from among the existing social clusters: old, young, women, men, boys, girls, etc.
2. Strengthening the Frontline Agent. After forming the team, it is pivotal that they know and internalise their roles with competency and confidence. To do this, they need:
- Training on the key sWATSAN aspects, core skills for undertaking their work.
 - Pre-field exposure that is supported by expert trainers in order to build mastery of sWATSAN.
 - Facilitation of their work through non-cash motivations. Things like T-shirts, gum-boots, etc have proved helpful identifiers.

3. Promoting Frontline Agent operation. Eventually this team must get embedded in their communities. But for them to be effective in producing the required sustainable results, there is need to:
 - Design and avail to them information, education, and communication (IEC) materials.
 - Provide them with backstopping services like attending community meetings they have called.
 - Ensuring that public awareness meetings are held.

Part II

UNDERSTANDING OUR WATSAN SITUATION: COMMUNITY BASELINE AND ACTION PLANNING

What is contained in this Part

In this part, you will find two main units: the quantitative baseline and utilising the baseline findings. The first unit aims at establishing the sWATSAN facility status in each village using an easy to fill questionnaire. This is meant to capture household and community facilities and use. The utilization of findings handles issues on mapping out community good health.

Unit 2: QUANTITATIVE BASELINE SURVEY

Session objectives	By the end of the session participants should: <ol style="list-style-type: none"> 1. Be able to undertake water and sanitation baseline surveys of their community using standardized formats 2. Be able to analyse and provide feedback on the WATSAN status in their community
Sub-topics	<ul style="list-style-type: none"> • Introduction to the baseline survey • The quantitative WATSAN survey instrument • Data analysis, reporting, and feedback
Facilitation methods and procedures	This is a technical support role aimed at enhancing community change agents' capacity to undertake a baseline survey and report on it. <ul style="list-style-type: none"> - Simply train the facilitators. - Refer to the guidance notes for details.
Materials required	Flip charts, marker pens, masking tape and the questionnaire
Participants	Community facilitators/data collectors, LCs, PDCs and extension workers
Estimated time	3 hours

FACILITATOR'S NOTES

Why do the survey sWATSAN?

The importance of undertaking the survey rests in the need to capture, document and manage community driven data/information on WATSAN status in the community. Thus, this survey is useful because it helps the community to:

- Know where they are (benchmark) in terms of sWATSAN.
- Understand why they are where they are (diagnoses of the problem).
- Set targets for their actions (joint planning).
- Have a point of reference for assessing their achievements (Monitoring and evaluation of progress made).

How often is the data collected?

To meet the above benefits/uses of the data, it should be collected:

- At the start of the intervention in order to get ex-ante information (to gauge where we started from) for a realistic planning.
- Periodically after every 6 months (preferably) in order to track progress.

The data collection instrument

Refer to annex 1. This is a questionnaire that captures basic demographic data as well as individual and household sWATSAN practices in terms of access, handling and utilization of sWATSAN facilities. The questions are then answered by asking individuals and household members and observing facilities.

It is recommended that a Village sWATSAN Register is set so that periodically a follow up can be made to the same households to ascertain sWATSAN performance trends.

Who collects the data?

This particular survey is carried out and owned by the community members. The enumerators is usually composed of community resource persons such as members of the local council, village health teams, parish development committees and traditional birth attendants with some basic secondary education and interviewing skills.

How will the data be analyzed?

Although at the network level, the Network coordinator can facilitate the data collection using computer aided software, it is important that the community own this processes. To achieve this, the followings are important.

- To produce a relevant report on the survey, we need to know the health status and the sWATSAN status.
- For the health status (the impact level), data relating to sickness (types, duration, services used) and medical care (cost incurred) needs to be analysed to show how (un)healthy the community as well as the stress they are going through.
- For the sWATSAN status, a Sanitation Index can be developed by analyzing the number (and percent) of households and individuals with safe WATSAN chain management system. This can be done by village and parish. See annex 2.

Unit 3: UTILIZING THE SURVEY FINDINGS

Session objectives	By the end of the session participants should: <ol style="list-style-type: none"> 1. Be able to understand their sanitation situations as a community and households 2. Identify a course of action
Sub-topics	<ul style="list-style-type: none"> • Feedback meeting • Action planning
Facilitation methods and procedures	Presentation of key findings Q&A on the way forward
Materials required	Flip charts, marker pens, masking tape and cards
Participants	Community facilitators/data collectors, LCs, PDCs and extension workers
Estimated time	2 hours

FACILITATOR'S NOTES

Reporting on sWATSAN survey findings

After the survey report has been produced (be it in its raw form), the followings must be done:

1. Convene a community feedback meeting. This will involve:
 - Holding a pre-community meeting by the Community leaders. During this meeting, strategies are designed on how to make the best of the feedback meeting. Tasks will also be shared among the leaders to ensure that all participate in the process. Finally, a schedule and venue for the community meeting will be agreed upon.
 - Mobilising the community for the meeting on the date and venue as was agreed upon. The participants should be all inclusive.
 - During the meeting, present the reason for the meeting which should be related to 'community responsibility for its health'. Then proceed to show the survey, and its findings in terms of the health status and sanitation status (by village and parish).

2. Facilitate an analysis of the findings. While the findings presents the facts on the ground, for an effective action to be taken, there is need to know why such findings are as such. Thus, this part f the session should be concerned with **Community Diagnosis** of the findings. Simply ask, '**why is the situation so?**'

3. Call for action to remedy the situation. After an exhaustive discussion, proceed to ask, '**what should be done to remedy the situation?**' This question will help in identifying what the community know as solutions to their problem causes. Do not hesitate to add to the list what the community does not know.

The below table can be used to enrich the sequence of analysis of step 2 and 3 above.

Table 2: Community diagnosis and solutions analysis

Issue	Finding	Causes (with examples)	Proposed solution
Health status			
Safe water			
Personal hygiene			
Home hygiene			
Community hygiene			

4. Draw an Action Plan.

Issue	Proposed Action	Target to be met	When is it done	Who takes responsibility
Health status				
Safe water				
Personal hygiene				
Home hygiene				
Community hygiene				

This can then be shared with the NDAN coordinator in order to facilitate a technical Action Plan integration with the programme schedule.

Part III

COMMUNITY FACILITY MANAGEMENT

What this Part Contains

This part handle concerns on the management of sWATSAN facilities and it dwells mainly on the establishment and strengthening of the water and sanitation facility management committee.

Unit 4: FORMATION AND STRENGTHENING OF MANAGEMENT COMMITTEE

Sessional objectives	By the end of the session participants should: <ol style="list-style-type: none"> 1. State what the water and sanitation committee is, criteria for selection and its composition 2. Enumerate at least four roles of the committee
Sub-topics	What the WSSC is, its criteria for selection, its composition and functions
Facilitation methods and procedures	Using Q&A, let the participants state whether or not they have a committee that is responsible for the management of the water facility they use? Explore further on how the committee was formed, their composition Using buzz groups of 2-3 people let each group discuss the roles of the committee. Allow participants to read their responses and record on a flip chart the responses and discuss while referring to the notes provided below.
Materials required	Flip charts, marker pens, masking tape and cards
Participants	Extension workers, water source committees, LCs, VHT
Estimated time	1 hour

FACILITATOR'S NOTES

Session 1: **What is water source and sanitation committee (WSSC)?**

The WSSC is that committee established by a community through a transparent election to ensure the safe and sustainable management of water and sanitation facilities. In the case of water facility, it is known as a Water Source Committee (WSC) while for sanitation is called a Sanitation Facility Committee (SFC). These committees are set up by the user-community of a facility.

Selection criteria

The committee is selected based on a set of criteria as below:

- Willingness to work on voluntary basis
- Trust worthy
- Interest in developing the community he/she resides in seen in involvement in previous community work
- A relatively permanent residence of the locality with minimum chances of relocating elsewhere

Composition of the committee

There is no set standard for the number of committees as this may also depend on the number of villages served and therefore having influence on the number of committee members. However, it is generally agreed that the committee should be composed of at least eight people half of whom should be women. The executive positions are:

- The Chairperson and his/her Vice
- The Secretary and his/her Vice
- The Treasurer
- The Caretaker (preferably a woman closest to the water point)
- Other Committee members (number determined by catchment area and need to ensure representative from a cross section of the population-geographically and culturally)

Functions of the committee members

Responsibilities (Positions)	Roles
Chairperson	<ul style="list-style-type: none"> • Heads the committee and is its general manager • Maintains close collaboration with outsiders on behalf of the committee • In collaboration with the secretary, calls for meetings and shares such meetings • Operates the committee finances in collaboration with the Treasurer and is a co-signatory for the water source bank account • In collaboration with other committee members, heads and spearheads the development of the committee workplans • Make emergency decisions on behalf of the committee • Supervise and monitor activities being implemented
Secretary	<ul style="list-style-type: none"> • Is the custodial of all records of the committee • Write all correspondences (in and out) of the committee and keep a record of such correspondences • Records all minutes of meetings and maintains an up-to-date register or file of minutes • Calls meetings in collaboration with the Chairperson • Is a co-signatory for the water source bank account • Maintains a register of all the water users that clearly spells out the sanitary status in each households • Make follow up on all decisions made by the committee
Treasurer	<ul style="list-style-type: none"> • Is the general manager of all the finances of the committee • Keeps an up-to-date register of all the users • Collect all user fees and other income for the water point • Make all payments related to O&M and other costs incurred • Keeps all financial records of the committee • Maintains an up-to-date register of all payments made by the users • Together with other committee members, develops the fundraising plan • Maintains the register of assets that the users might have acquired • Prepare financial report from time to time to the committee and the general user community • Account on the use of the user funds to the committee and the general users • Is the principle signatory of the users funds account
Caretaker	<ul style="list-style-type: none"> • Maintains the water source together with the users • Ensure among other through education the safe water chain at source level • Organize for general cleanliness of the water point • Ensure the security of the water points against animals and other unwanted elements • Organize for preventive routine O&M of the source • Monitor the water level and yield

Other committee members	<ul style="list-style-type: none">• Assist the executive committee members• Represent the interest of their consistencies
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Session 2: Effective Operations of Committee

Introduction

As a committee charged with safe and sustainable facility management, its effectiveness is determined by four cardinal management functions, namely:

- Regularity of effective meetings
- Operation and maintenance (O+M) of facilities
- Financial mobilization and accountability
- Stakeholder management.

For each of these functions, see a brief below.

1: Meetings of the Committee

It is essential that the WSSC hold meetings for its proper functioning. This is because meetings among others provide a forum for:

- Information sharing and exchange
- Collective decision making
- Common planning
- Responsibility sharing

Each WSSC is obliged to organize the following meetings:

Table 3: Committee meetings

Type of meeting	Called by who?	When?	Attended by who?	Why called?
Executive Committee meeting	Chairperson	Monthly	Executives	to discuss the affairs of the water point and other sanitation elements within the community; for review of previous month's performance; receiving reports from other committees for assignment provided previously and; planning for next month's interventions.
Extra Ordinary Executive Committee meeting	Chairperson	As and when required	Executives or all users	Depends on the nature of the unplanned for event.
User Community General meeting	Executives	Quarterly	All users & stakeholders	to inform (and seek opinion from) the community; to approve new bye-laws; assess performance of previous bye-laws; to make funds accountability; seek approval of new strategies to be adopted for the promotion of good use of the water facility and sanitation in the community; and planning for next quarter's interventions.
Extra Ordinary User Community General meeting	Chairperson	As and when required	Executives or all users	Depends on the nature of the unplanned for event.

Managing meetings of the Committee

For the various meetings to be effective, the Committee must do the followings:

1. Community mobilization for meetings

For good attendance it is important that the community is mobilized a head of time and thus, provided ample time to prepare to attend the meeting. This could be done by:

- Making announcements in form of speeches in public places such as mosques, churches, at funerals, markets, landing sites etc
- Writing letters
- Writing and posting public notices
- Use of community acceptable communication strategies such as drum beating, gongs, etc.

2. Organizing and conducting meetings

The energy and commitment put in organizing any meeting determines its success. It is therefore important to take note of the following when planning for a meeting:

- a) **Determine the need:** Let the purpose for the meeting be worth it. The need for any meeting should be determined by the Chairperson and the Secretary of course informed by the agreed schedule of meetings.
- b) **Be clear on the agenda:** This is the main body of the discussion; the list of items that people will talk about. This needs to be planned ahead of time and if possible communicated to the people who will attend the meeting. It is also good practice to offer a chance for the people to modify the agenda items or agree on the agenda before the meeting begins.
- c) **Time, venue and space should be convenient to all:** For good attendance:
 - the time for the meeting need not to conflict with people's daily activity calendars. For instance, it is not good to plan for a meeting on a market day or very late in the evening when women will be very busy cooking.
 - The venue need to be central, easy to reach and known by all the targeted participants.
 - It is important to check for sitting space, light and other materials that are necessary for the success of the meeting.
- d) **Prepare yourself very well:** Be prepared for the unexpected at all times. If you are going to make a speech have all supporting documents on the table. Items of list of users, status of paid up members and expenditure items are issues that normally attract people's attention. It is also important that as a committee you hold a pre-meeting to enable you all speak the same language. Besides apportioning blames, it is very shameful when the committee starts speaking in different tongues in front of the people they lead.

When conducting a meeting remember to:

- a) Follow the agenda as much as possible
- b) Take one agenda item at a time. Avoid the tendency of mixing issues (handling several agenda at a time)
- c) Keep order; let discussions and contributions be done orderly often after permission from the chair
- d) Give chance for everybody to participate; avoid the tendency of a few monopolizing the discussions
- e) Keep your self focused within the agreed time and avoid dragging discussions
- f) The chair should not monopolize discussions; only give guidance on issues being discussed

- g) Enable each time to reach a conclusion

3. Recording minutes

All proceedings of the WSSC as well as of the general meetings should be well recorded, documented and filed by the Secretary. This therefore, calls for quality in the recording of the minutes. It has to be emphasised here that it is only important issues that should be recorded in minutes otherwise it will be bulky and not focussed. The following forms a general guide about good minute writing:

- a) **Heading:** A minute should be headed with details on the title of the meeting, the date it took place and the venue
- b) **Participant list:** List of people who attended (and absentees fr committee members)
- c) **Agenda items for discussion:** All the agenda should be highlighted
- d) **Time when the meeting started and ended:** the starting time is normally stated at the start of writing the first minute while the end time is contained as the last sentence in the minute.
- e) **Records of proceedings:** Each agendum provides the starting point for recording and numbering the minutes. All minutes should be numbered. Even if there is no universally agreed format for recording minutes, generally the numbering should reflect the first order of the agenda items, followed by the month it is held and lastly the year. For example a meeting held in November with four agenda in the year 2006 can be recorded as follows: 01/11/2006, 02/11/2006, 03/11/2006 and 04/11/2006 for agenda one up to four respectively. This will at least show that in November of the year 2006 four agenda items were discussed.
- f) **Signed by the Chairperson and the Secretary:** It is a rule that space be provided at the end of the minute for the signatory of both the secretary and the chairperson. This is normally implemented in the next meeting when the minutes is read and okayed by all the parties who attended the meeting.

2: Operations and Maintenance

What is Operation and Maintenance (O&M)?

For the sWATSAN facilities provided to a community to work sustainably, without any breakdown, it must be given due attention in the form of O+M. Thus, O+M refers to the sum total of activities required to achieve smooth running and continuous sustenance of a water and sanitation facility to ensure long-term service (DWD: 2004).

The effectiveness of O+M is fully reliant on how the facility users are committed to doing so. Hence, a **community based maintenance system** that emphasizes community total support, innovativeness, responsibilities and authority over the development and discharge of the O&M interventions is of paramount importance.

Box 2: About O+M

Operation refers to the everyday running and correct handling of facilities. The proper operation of a water and sanitation facility results in its optimum use and contributes to a reduction in breakdown and maintenance needs.

Maintenance refers to the activities that are aimed at ensuring the proper working conditions and steady use of the facility over a long period of time.

The point to note here is that whereas operation handles the day to day activities, maintenance is geared towards sustaining the life span of the facility.

Key aspects of O+M are:

- Major operations: This is required to convey safe services to the users.
- Correct handling of facilities: This is to be done by the users to ensure long life span of a facility.
- Preventive maintenance: Refers to regular and routine activities that are undertaken to preserve, protect, and minimize breakdown. This entails regular inspections on either a daily, weekly, monthly or yearly basis. For the case of a borehole this may include activities such as greasing, fencing, checking of bolts and nuts etc.
- Corrective maintenance: This is undertaken when some problems have been detected with the facility and if use is continued there will be a likelihood of the entire breakdown. This may include such activities such as minor repairs and replacement of broken and worn out parts.
- Crisis maintenance: these are responses to major breakdowns.

The choice of which type maintenance to focus on depends on the prevailing situation and attitude of the users. However, for sustained use of the water and sanitation facility and cost effectiveness, preventive maintenance is being emphasised.

3: Financial mobilization and accountability

Financial mobilization

There are various sources of funds for the WSSC, however, the most reliable one is the user fee charges. The amount charged and duration of payments should be determined by the respective users. The following practices are highly recommended for the generation and management of the water user funds:

- The amount to be charged should be agreed upon by all the users by consensus. Impliedly, the amount should be affordable to all users. This therefore, demands that a community meeting must be held to decide on the amount and duration of payments.
- When the amount is agreed upon, it is important that this be minuted and signed by all the LCI and WSSC executives.
- The minutes of the meeting should be submitted to the office of the sub-county chief as well as the chairperson LCIII for support in case of seeking support in management of defaulters.
- A register of all the users must be generated, maintained and updated from time to time. Note that this register will prove useful in tracking payments.
- When any payment is made, a receipt dully signed by the treasurer and stamped must be issued out.

Financial Records and Accountability

Public funds must be properly utilized and accounted for. This thus, demands for proper documentation and acceptable accountability procedures of all the proceeds and expenditures. WSSC hold a lot of public funds and it is a necessity that some basic simple accounting procedures be put in place. Some simple basic books keeping practices is therefore prudent. For this purpose, the simple accounting/bookkeeping practices being emphasised is the use of receipts, household ledgers and income and expenditure books.

Financial Records

Receipts

Use: Receipts play a leading role in acknowledgement of payments (income). For any income accrued to the committee, a receipt must be issued. It is normally filed in duplicate with the

original issued to the person who made payments while the carbon copy is retained for record purposes. The Treasurer or the Caretaker can issue receipts for all monies received.

How often is it used? When any payment is being made to the committee.

Received from: <i>Can-wego Christine Nyamogo</i>
Amount received: <i>Four hundred shillings</i>
Being payment for: <i>Monthly user fees for two months of April and May</i>
Signature: <i>Makulatha Atimnedi</i>
Shs.400

Household payment ledgers

Use: To record all payments made by a particular household through out the year on a discounted basis. This is because individuals may not have all the money to pay at once and can therefore pay in instalments. It is the instalments that are recorded in the book which should reflect cumulative amounts paid over time and the net balance due. It is the responsibility of the Treasurer to fill this book.

How often is it used? The moment a household makes its payments

Name of household head: <i>Rejinal Opio</i>		Village: <i>Oryeyire</i>	
Total amount to be paid in a year: <i>2,400 (based on payments of shs. 200 monthly)</i>			
Date	Amount paid	Paid by	Balance
<i>2/04/06</i>	<i>400</i>	<i>Opio</i>	<i>2,000</i>
<i>4/07/06</i>	<i>200</i>	<i>Opio</i>	<i>1,800</i>
<i>15/10/06</i>	<i>800</i>	<i>Acen</i>	<i>1,000</i>

Income and expenditure book

Use: To record all income and expenditure items by date and sources/recipients. It helps in showing main income sources and expenditure areas and cash balance at any one time. This book is managed by the Treasurer.

How often is it used? When any income or expenditure is made.

S/No	Date	Particulars	Income	Expenditure	Balance
<i>01</i>	<i>2/7/06</i>	<i>User fees from Opar</i>	<i>2,500</i>		<i>2,500</i>
<i>02</i>	<i>8/7/06</i>	<i>User fees from Opio</i>	<i>1,200</i>		<i>3,700</i>
<i>03</i>	<i>20/8/06</i>	<i>Greasing</i>		<i>200</i>	<i>3,500</i>
<i>04</i>	<i>27/8/06</i>	<i>Fine from Acen</i>	<i>600</i>		<i>4,100</i>
<i>05</i>	<i>2/9/06</i>	<i>Replacement of nuts</i>		<i>1,850</i>	<i>2,150</i>

Community relevant accountability practices

It is not enough to just have books of accounts in place without developing a usable system through which the community could critique the contents of the financial records. It is being proposed that, accountability for funds utilized be done in the following ways:

- During community meetings especially when feedback is being provided on WATSAN surveys
- Pinning of notices that show all funds collected and utilized
- Liaising with the LLG extension workers to cross check used funds and make reports to the community on a quarterly basis

- Banking all funds and making bank statements/bank books public after every quarter

4: Stakeholder management

The entire sWATSAN management cycle, as noted before, can not be adequately handled by a community alone. This means that in one way or the other, the community need to build alliance with other people or organizations both within and outside of it. It is such networking which is herein referred to as stakeholder management.

It is therefore important for the community to know who they can work with, and for what reason or in what area so that they can approach these actors. Below is a list of who are community sWATSAN stakeholders.

Table 4: sWATSAN stakeholders

Stakeholder	Area of interest
Local council l	<ul style="list-style-type: none"> • Mobilization of the user community for meetings and payments of user fees • Enforcement of bye-laws • Arbitration in conflict situation
Cultural leaders	<ul style="list-style-type: none"> • Mobilization of the user community for meetings and payments of user fees • Enforcement of bye-laws • Arbitration in conflict situation
Village health teams/PDC	<ul style="list-style-type: none"> • Mobilization of the user community for meetings and payments of user fees • Community education • Enforcement of bye-laws
Community	<ul style="list-style-type: none"> • Planning and budgeting for sWATSAN • Contribute towards O&M by among others providing labour and cash • [S]elect representative to manage the facility • Make relevant byelaws
Lower local government	<ul style="list-style-type: none"> • Plan for and implement water and sanitation programmes • Help in enacting and enforcements of bye-laws • Provide financial resources • Monitoring of performance of water sources and hygiene standards • Provide technical support to communities: community mobilisation for new water sources, training, monitoring, community hygiene promotion, planning for O&M • Development and enforcement of bye-laws
District	<ul style="list-style-type: none"> • Provision of financial and technical back-up support to LLGs • Planning and establishment of funds for major O&M that go beyond the capacity of LLG and communities • Enactment and enforcement of ordinance • Monitoring and evaluation of the performance of the facilities including the private sector
NGO's and CBO's	<ul style="list-style-type: none"> • Planning and budgeting • Provision of financial and technical back-up support to LLGs and districts • Undertake studies • Mobilization of communities for O&M • Capacity building of the community or its representative through training
Private sector	<ul style="list-style-type: none"> • Supply of manufactured products • Undertake contracts on behalf of government • Manage some facilities especially water
Central government	<ul style="list-style-type: none"> • Provision of policy framework for delivery and regulation of services • Quality assurance through monitoring and issuing of guidelines • Provision of financial and technical back-up support to districts • Undertake studies • Capacity building for the district
Other development partners	<ul style="list-style-type: none"> • Provision of financial and technical back-up support to districts • Undertake studies

Part IV

COMMUNITY EDUCATION MANAGEMENT

What is contained in this Part

In this part, attention is given to key community education and awareness creation aspect. Primarily, these are the messages the community need to know in order to have informed decisions on having and using sWATSAN facilities. It is also what is seen to motivate correct utilization of facilities. Thus, the how and what are the contents of this part.

Unit 5: COMMUNITY EDUCATION

Session objectives	By the end of the session participants should: 1. Understand why we need sWATSAN. 2. Mention at least 5 diseases (with their causes, symptoms, and control) related unsafe WATSAN 3. Identify at least 5 best practices of sWATSAN chain management.
Sub-topics	<ul style="list-style-type: none"> • Community education • Basics of safe sanitation and hygiene
Facilitation methods and procedures	Q&A, Group discussion and plenary, demonstration, photography and film show on a model home, a safe and unsafe water sources, safe and unsafe sanitation facilities: <ul style="list-style-type: none"> • Using Q&A, find out whether there are hygiene awareness gaps • Explore and focus on the existing community sWATSAN strategies • Bridge the knowledge gap.
Materials required	Flip charts, marker pens, masking tape and cards, digital photo camera, video camera
Participants	VHC
Estimated time	12 hours (phased in 2-3 hours)

FACILITATOR'S NOTES

Introduction

Hygiene promotion has three major factors, which include: (i) establishing and facilitating the work of local change agents; (ii) forming community groups – the so-called village health groups/clubs; and (iii) mutual sharing of information and knowledge through effective mobilization and provision of essential mass education.

Fundamentals of community education

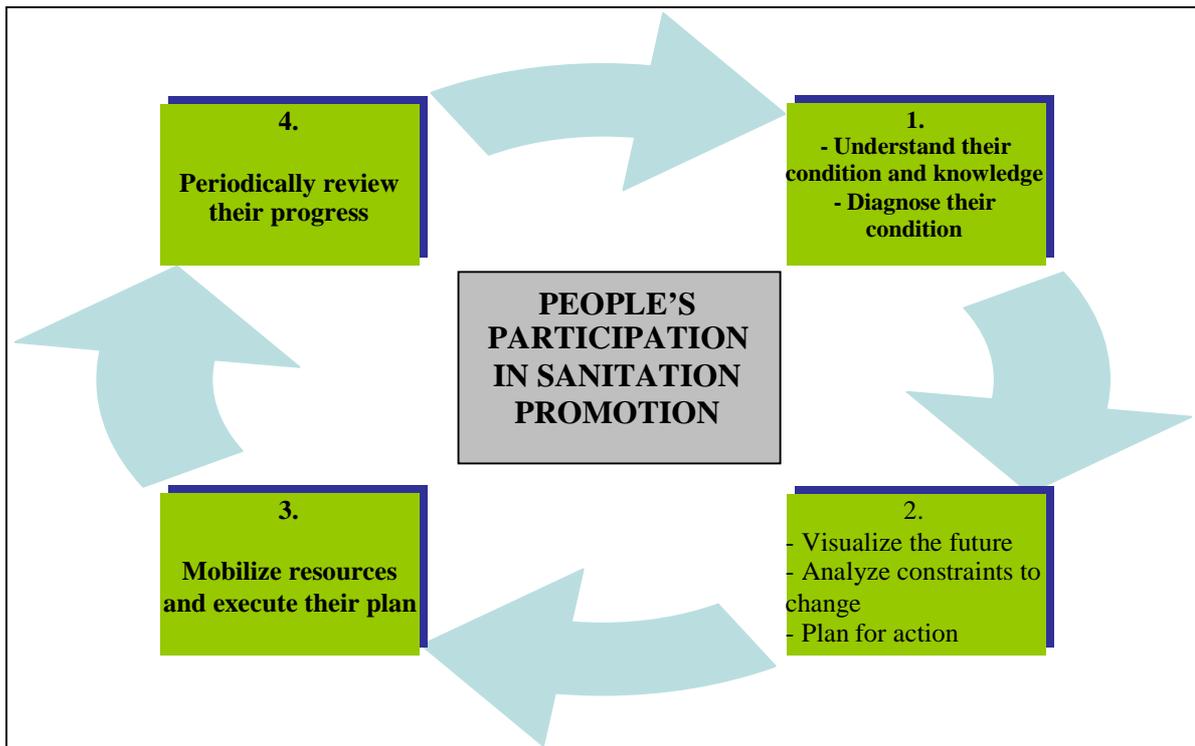
By using PHAST and SARAR approach, the fundamental objectives are:²

- To teach sanitation and hygiene concepts
- Enable people overcome constraints to change.

This is done by involving all members of the society – young and old, female and male, higher and lower social status, in a participatory process to assess their own conditions and knowledge base, diagnose their own situation, visualize a future status, analyse constraints to change, plan for change, mobilize resource and execute their plan, and periodically examine their progress.

² PHAST =Participatory, Hygiene, And Sanitation Transformation and SARAR = Self-esteem, Associated strength, Resourcefulness, Action Planning, and Responsibility.

Figure 2: Schematic approach to PHAST approach



The above approach is anchored on the following factors:

1. People are the best agents to know their problem and desire to change it. The decision should then be made by them.
2. Increased adoption is dependent on an incremental approach whereby shift in conditions is based on the progress made.
3. Sustainability can best be built on improving knowledge and practices built on what exist and should be encouraged or discouraged.

Then, this training is aimed at transforming the community KAP for a better sanitation and hygiene which eventually improve their health conditions.

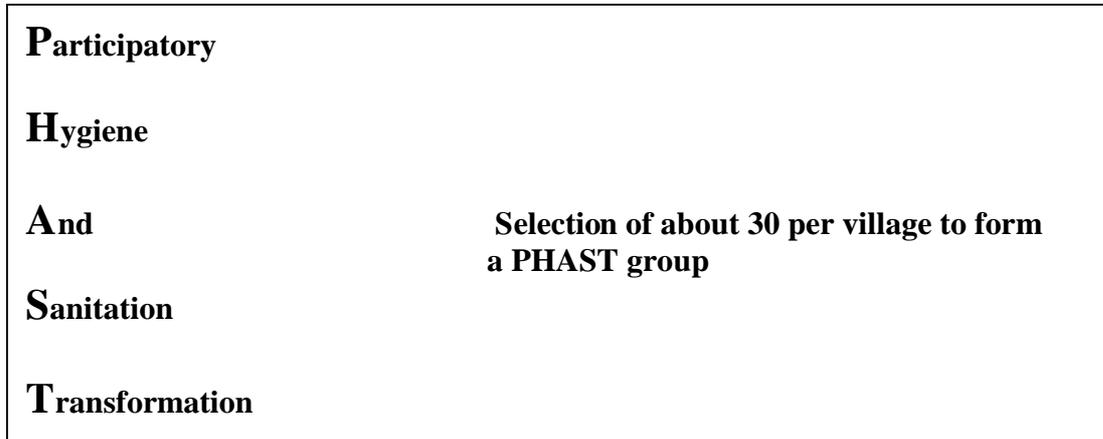
Strategies for sWATSAN Public Education and Awareness

The following are the key proposed ways of education and awareness on safe WTSAN:

- PHAST group (30 people per group formation in the whole of Orussi catholic parish community).
- Use of village change agents who will act as both community facilitators and role models for safe water management and hygiene promotion.
- Cleaning up public sanitary facilities like public latrines (youth and women clubs/groups)
- Establishment of demonstration WATSAN facilities for the public and the vulnerable population like the aged and persons with physical disabilities by partners like the Sub County local government and civil society.
- Home to home visit; like a poor performing village to a model village.
- Public hearing, consultations and participation (*barazas*)
- Establishment of multi-media IEC strategies; mobilization materials like T/shirts, caps, film shows, music dance and drama, home competitions and performance rewards.

- Promotion of model villages like *Oyiko village Padolo parish(2005)* and *Mambi village Pajur parish(2006)-Erussi sub county*
- Inclusion of the existing structures and institutions like local governments, civil society organizations like AFARD, Nebbi District NGO Forum, Faith-Based organizations, the churches and mosques

**PHAST as an example participatory safe WATSAN management and awareness strategy-
Erussi sub count**



Procedures and criteria for selecting a PHAST group

- Call for a village council meeting to select the willing PHAST participants who must be residents and models/exemplary in hygiene promotion.
- Select a bout 30 group members during the meeting using the following criteria:
 1. Exemplary persons in community development processes and initiatives/self motivated persons-those who can go an extra mile in development processes.
 2. Residents of the trial village
 3. Voluntary and approachable persons
 4. Mobilization skills
- Training of the PHAST group using pictures and posters to cater for the illiterate participants and make the training more demonstrative and effective for implementation.
- Action planning; PHAST group members plan for their home improvements first and later draw work plans for other village members (to serve as examples).

Basics of Sanitation and hygiene

1. What is sanitation?

Safe sanitation refers to the provision of human excreta and solid and liquid wastes management facilities and processes that ensure personal, home, community and institutional hygiene. Good sanitation practices include:

- Safe disposal of human excreta
- Personal/home and food hygiene
- Safe disposals of solid and liquid wastes
- Safe collection and storage of water
- Control of insects and rodents
- Safe food handling and storage.

2. Why good sanitation and hygiene practices?

Unsafe WATSAN practices cause a big health burden through a high disease incidence which results into loss of productive days both to the sick person and the care taker, medical cost to buy medicine and pay for consultation fee with a doctor, social disharmony as often people resort to finger pointing that someone sick is being bewitched. Below is an example of how this happens.

Table 5: Cause- effect relationships of unsafe WATSAN

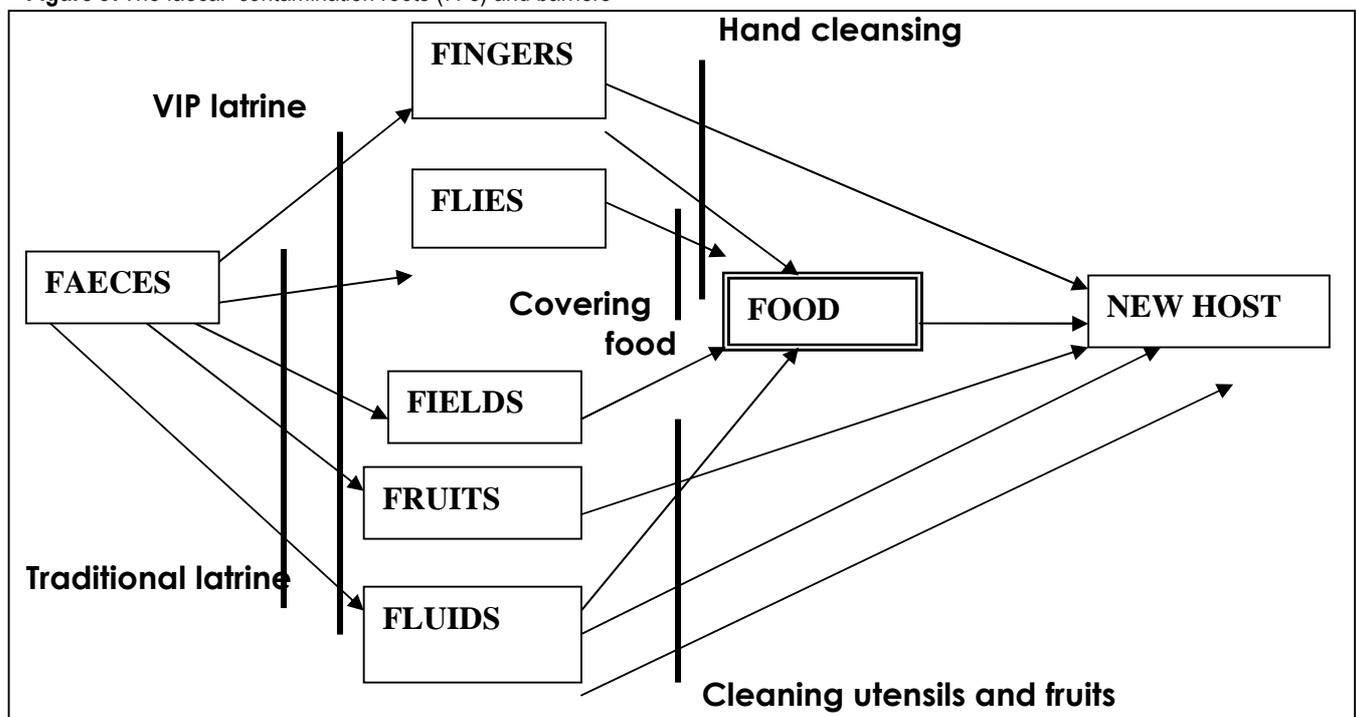
Problem(s)	Cause(s)	Effect(s)
Sicknesses from preventable diseases like cholera, dysentery, trachoma, bilharzias, malaria, respiratory and gastric infections	Use of unsafe water Poor latrine coverage Poor personal hygiene	Increased infant mortality and general morbidity, Reduced labour force, increased medical costs lost productive days, Social costs like witch craft & conflicts
Environmental pollution and nuisance	Uncontrolled disposal of human excreta and domestic/kitchen wastes	Epidemics of diseases like cholera, dysentery, malaria and bubonic plague General environmental health discomfort.
Influx of rodents like rats	Poor management of solid wastes such as agricultural and kitchen wastes	Epidemics of diseases like cholera, dysentery, malaria and bubonic plague.

SWATSAN therefore has the below advantages:

- Many days for productive economic activities.
- Women's burden to care for the sick is reduced.
- Many children attend school regularly and perform well.
- More money is saved for other household use.
- Social harmony is built in the community as brotherhood and sisterhood is maintained.

The diagram below illustrates one of the commonest ways and prevention of faecal contamination that is a problem related to unsafe WATSAN.

Figure 3: The faecal- contamination roots (7Fs) and barriers



Source: The PHAST Initiative, World Health Organization, UNDP-WB WATSAN Program 1997, 2000

3. Unsafe water and sanitation related diseases

Disease nature	Symptoms	Causes	Prevention	Treatment
<p>Cholera Its outbreak can occur sporadically in any part of the world where water supplies, sanitation, food safety and hygiene practices are inadequate. Overcrowded communities with poor sanitation and unsafe drinking-water supplies are most frequently affected.</p>	<p>Cholera is an acute infection of the intestine, which begins suddenly with painless watery diarrhoea, nausea and vomiting.</p>	<p>Is caused by the bacterium <i>Vibrio cholerae</i> through</p> <ul style="list-style-type: none"> - Eating food or drinking water that has been contaminated by the faeces of infected persons. - Raw or undercooked food in areas where cholera is prevalent and sanitation is poor. - Vegetables and fruit that have been washed with water contaminated by sewage. 	<ul style="list-style-type: none"> - Provision of adequate safe drinking-water - Proper personal hygiene - Proper food hygiene - Hygienic disposal of human excreta. 	<p>Replacement of lost fluids and salts. The use of oral rehydration salts (ORS) is the quickest and most efficient.</p> <p>In severely cases, intravenous fluids can be given.</p>
<p>Malaria Is transmitted by mosquitoes which breed in fresh or occasionally brackish water.</p>	<p>Include fever, chills, headache, muscle aches, tiredness, nausea and vomiting, diarrhoea, anaemia, and jaundice (yellow colouring of the skin and eyes). Convulsions, coma, severe anaemia and kidney failure can also occur. Delayed or ineffective treatment, can lead to a severe cerebral form followed by death.</p>	<p>Is caused by four species of Plasmodium parasites (<i>P. falciparum</i>, <i>P. vivax</i>, <i>P. ovale</i>, <i>P. malariae</i>). People get malaria after being bitten by a malaria-infected <i>Anopheles</i> mosquito especially at dusk and early evening, but others bite during the night or in the early hours of the morning. It explodes with 8 to 35 days. The infective form (sporozoite) migrate to the liver, multiply inside liver cells, and spread into the bloodstream. Their growth and multiplication takes place inside red blood cells. The released parasites invade other blood cells.</p>	<ul style="list-style-type: none"> - Use of insecticide-treated bed nets, especially by children, PLWA, and pregnant women - Apply intermittent preventive therapy in pregnancy - Ensure early detection and control of malaria epidemics, especially in emergency situations. - Reduce mosquito breeding sites by filling in and draining water bodies. 	<ul style="list-style-type: none"> - Prompt treatment with effective anti-malarial drugs
<p>Typhoid and paratyphoid enteric fevers Are a bacterial infection of the intestinal tract and bloodstream.</p>	<p>Symptoms can be mild or severe and include sustained fever, malaise, anorexia, headache, constipation or diarrhoea, rose-coloured spots on the chest area and enlarged spleen and liver. Most people show symptoms 1-3 weeks after exposure. Paratyphoid fever has similar symptoms to typhoid fever but is generally a milder disease.</p>	<p>Caused by the bacteria <i>Salmonella typhi</i> and <i>Salmonella paratyphi</i> respectively. Typhoid and paratyphoid germs are passed in the faeces and urine of infected people. People become infected after eating food or drinking beverages that have been handled by a person who is infected or by drinking water that has been contaminated by sewage containing the bacteria. Once the bacteria enter the person's body they multiply and spread from the intestines, into the bloodstream.</p> <p>Even after recovery from typhoid or paratyphoid, a small number of individuals (called carriers) continue to carry the bacteria. These people can be a source of infection for others.</p>	<ul style="list-style-type: none"> - health education about personal hygiene, especially regarding hand-washing after toilet use and before food preparation; provision of a safe water supply; - proper sanitation systems; - excluding disease carriers from food handling. 	<ul style="list-style-type: none"> - antibiotic treatment. <p>A vaccine is available, although it is not routinely recommended except for those who will have prolonged exposure to potentially contaminated food and water in high-risk areas. The vaccine does not provide full protection from infection.</p>
<p>Schistosomiasis</p>	<p>Rashes or itchy skin. Two months after infection, fever.</p>	<p>Caused by three main species of flatworm.</p>	<p>-Use latrines</p>	<p>Chemotherapy with</p>

Disease nature	Symptoms	Causes	Prevention	Treatment
Is a water-based disease	chills, cough and muscle aches may occur, as the parasites mature. Untreated infections can result in blood in urine and stools, and enlarged liver and spleen. Chronic infection leads to diseases of the liver, kidneys and bladder. Occasionally, the nervous system is affected causing seizures, paralysis or spinal cord inflammation.	namely Schistosoma haematobium, S. japonicum, and S. mansoni. Infection occurs when free-swimming larvae penetrate human skin during drinking unsafe water or bathing, and washing in lake/river. The larvae develop in fresh-water snails. After skin penetration, the larvae transform and are carried by the blood to the veins draining the intestines or the bladder where they mature, mate and produce eggs. Eggs cause damage to various tissues, particularly the bladder and liver. The reaction to the eggs in tissues causes inflammation and disease. When infected humans excrete parasite eggs with feces or urine into water, the eggs hatch releasing larvae that in turn infect aquatic snails. In the snail the parasite transforms and divides into second-generation larvae which are released into fresh water ready to infect humans. Those who work in irrigation or fishing are at increased risk for schistosomiasis. With the increase in wilderness or "off-track" tourism, more tourists are becoming infected.	-Spray latrines -Use water from protected sources -Bath at home -Wash at home	praziquantel, targeted at school-age children and high-risk groups, offers the most efficient way to achieve the recommended strategy for morbidity control.
Diarrhoea It is most commonly caused by gastrointestinal infections.	Diarrhoea is the passage of loose or liquid stools more frequently than is normal for the individual. It may be watery (for example in cholera) or passed with blood (in dysentery for example). Diarrhoea is also associated with other infections such as malaria and measles.	Is a symptom of infection caused by a host of bacterial, viral and parasitic organisms. It is caused by: Water contaminated with human faeces. Animal faeces. Poor personal hygiene. Food prepared or stored in unhygienic conditions.	- Use safe drinking water. - Improve sanitation. -Practice good personal and food hygiene. -Health education about how infections spread.	-Give more fluids than usual, including oral rehydration salts solution, to prevent dehydration. -Continue feeding. -Consult a health worker if there are signs of dehydration or other problems.
Ascariasis Is an infection of the small intestine caused by Ascaris lumbricoides, a large roundworm. It is common among children 3-8 years.	A person becomes infected after accidentally swallowing the eggs. The eggs hatch into larvae within the person's intestine. The larvae penetrate the intestine wall and reach the lungs through the blood stream. They eventually get back to the throat and are swallowed. In the intestines, the larvae develop into adult worms.	The first sign may be the passage of a live worm, usually in the faeces. In a severe infection, intestinal blockage may cause abdominal pain, particularly in children. People may also experience cough, wheezing and difficulty in breathing, or fever.	- avoid contact with soil that may be contaminated with human faeces; - wash hands with soap and water before handling food; - wash, peel or cook all raw vegetables and fruits; - protect food from soil and wash or reheat any food that falls on the floor.	The availability of water for use in personal hygiene as well as proper disposal of human faeces. Treat infected individuals (and domestic animals) with mebendazole or pyrantel pamoate.

Disease nature	Symptoms	Causes	Prevention	Treatment
<p>Scabies Is a contagious skin infection that spreads rapidly in crowded conditions.</p>	<p>A pimple-like rash most common on the hands, especially the webbing between the fingers, the skin folds of the wrist, elbow or knee, the penis, the breast or the shoulder. Infestation often causes intense itching all over the body, especially at night. Scratching of itchy areas results in sores that may become infected by bacteria.</p>	<p>Caused by the microscopic mite <i>Sarcoptes scabiei</i>. The fertilized female mite burrows into the skin, depositing eggs in the tunnel behind her. After the eggs are hatched, larvae migrate to the skin surface and eventually change into the adult form. Spreads by direct skin-to-skin contact and with infested garments and bedclothes or between sexual partners.</p>	<p>Improved personal hygiene Use of safe and adequate water. Use acaricide ointments preceded by a hot bath with liberal use of soap. Infested clothing should be sterilized or washed in hot soapy water. Bedding, mattresses, sheets and clothes may require dusting with acaricides. -safe sex practices</p>	<p>Oral dose of ivermectin</p>
<p>Trachoma Is an infection of the eyes that may result in blindness after repeated re-infections.</p>	<p>Infection usually first occurs in childhood but people do not become blind until adulthood. The disease progresses over years as repeated infections cause scarring on the inside of the eyelid. The eyelashes eventually turn in. This causes rubbing on the cornea at the front of the eye. The cornea becomes scarred leading to severe vision loss and eventually blindness.</p>	<p>Is caused by an organism called <i>Chlamydia trachomatis</i>. Through the discharge from an infected child's eyes, trachoma is passed on by hands, on clothing, or by flies that land on the face of the infected child to another child, mother or others.</p>	<p>Use of safe water Proper disposal of human and animal waste Reduction of fly breeding sites Increased facial cleanliness (with clean water) among children.</p>	<p>The scarring and visual change for trachoma can be reversed by a simple surgical procedure Antibiotic treatment (Tetracycline eye ointment new antibiotic and azithromycin)</p>
<p>Ringworm (Tinea) Is a contagious skin disease, caused by a fungus, which affects the scalp (tinea capitis), nails (tinea unguium), feet (tinea pedis or "athlete's foot"), or body (tinea corporis).</p>	<p>On the scalp, it begins in the form of a pimple or sore, which then spreads into a ring shape. Hair becomes brittle, breaking easily and falling out, leaving bald spots on the scalp. On the body, it may first appear as red or pink, flat or slightly raised, patches on the skin. The circular sores may be dry or scaly crusted or moist. As the sores become larger, the central area clears, leaving a ring of infected tissue around the clear area. Infection in the nails usually begins at the site of an injured nail and may spread to the other nails. Infected nails become thick, pitted, grooved and abnormal in shape and colour.</p>	<p>Is caused by various types of fungi known as the dermatophytes. It is spread by direct contact with an infected person or animal (dogs, cats, guinea-pigs, cattle), contact with soil or by indirect contact with items contaminated by the fungus, for example clothing, towels, bedclothes, chairs, and toilet articles handled by people with the infection. The link with water is via poor personal domestic hygiene and shortage of water for cleaning and washing.</p>	<ul style="list-style-type: none"> - An adequate supply of water for personal washing and hygiene. - Regular and thorough bathing with soap and water, with special attention to drying moist areas. - Health education about how its spreading can be prevented. 	<ul style="list-style-type: none"> - The clothing and linen of infected persons should be frequently laundered in hot water to rid them of the fungus. - Rashes can be treated with topical anti-fungal lotions or creams. - Oral anti-fungal medication may be used.
<p>Campylobacteriosis Is a severe form of diarrhoea infection of the gastrointestinal tract.</p>	<p>Include diarrhoea (often including the presence of mucus and blood), abdominal pain, malaise, fever, nausea and vomiting. The illness usually lasts 2 to 5 days but may be prolonged by relapses, especially in adults. In some individuals a reactive arthritis (painful inflammation of the joints) can occur. Rare complications include seizures due to high fever or neurological disorders such as Guillain-Barre syndrome or meningitis.</p>	<p>Is caused by zoonosis (passed to humans via animals or animal products) bacterium, usually <i>Campylobacter jejuni</i> or <i>C. coli</i> common in warm-blooded domestic and wild animals. They are found in food animals such as poultry, cattle, pigs, sheep, ostriches, and shellfish and in pets including cats and dogs. People are exposed to the bacteria after consuming contaminated food</p>	<ul style="list-style-type: none"> - Safe drinking-water supply including continuous disinfection (chlorination) of drinking-water; - proper handling of production animals; - proper sewage-disposal systems and protection of the water supply from contamination; - thorough cooking of potentially 	<p>- rehydration therapy plus antibiotic therapy for those with severe infection.</p>

Disease nature	Symptoms	Causes	Prevention	Treatment
		such as undercooked meats, contaminated water, or raw milk.	contaminated foods; - adequate personal hygiene (washing hands after toilet use as well as after handling pets or farm animals); - avoiding raw milk.	
Dengue and Dengue Haemorrhagic Fever is a mosquito-borne infection. Dengue fever is a severe, flu-like illness that affects infants, young children and adults but rarely causes death. Dengue haemorrhagic fever (DHF) is a potentially lethal complication.	The clinical features vary according to the age of the patient. Infants and young children may have a feverish illness with rash. Older children and adults may have either a mild feverish illness, or the classical incapacitating disease with abrupt onset and high fever, severe headache, pain behind the eyes, muscle and joint pains, and rash. DHF is characterized by high fever, haemorrhage - often with enlargement of the liver—and in the most severe cases, circulatory failure. The fever usually continues for 2-7 days. It may be accompanied by febrile convulsions.	There are four distinct, but closely related, viruses which cause dengue. Dengue viruses are transmitted to humans through the bites of infective female Aedes mosquitos. Mosquitos generally acquire the virus while feeding on the blood of infected people. Infected female mosquitos may also transmit the virus to the next generation of mosquitos.	Eliminate the mosquito breeding-sites. Proper disposal of solid waste helps to reduce the collection of water in discarded articles. Preventing mosquito bites with screens, protective clothing and insect repellents. Apply insecticide	
Leptospirosis Is a bacterial disease that affects both humans and animals.	The early stages of the disease may include high fever, severe headache, muscle pain, chills, redness in the eyes, abdominal pain, jaundice, haemorrhages in skin and mucous membranes (including pulmonary bleeding), vomiting, diarrhoea and a rash.	Caused by pathogenic Leptospira spp. Human infection occurs through direct contact with the urine of infected animals including rodents, insectivores, dogs, cattle, pigs and horses or by contact with a urine-contaminated environment, such as surface water, soil and plants. Leptospire can gain entry through cuts and abrasions in the skin and through mucous membranes of the eyes, nose and mouth. Human-to-human transmission occurs only rarely.	- control the infection source (e.g. rodent control, animal vaccination); - interrupt the transmission route (e.g. wearing protective clothing, refrain from contact with infected animals and from swimming in contaminated water, provide clean drinking-water); or - prevent infection or disease in the human host (e.g. vaccination, antibiotic prophylaxis, information to doctors, veterinarians, risk groups and the general population).	Use appropriate antibiotics
Fluorosis Is an ingestion of excess fluoride, most commonly in drinking-water, can cause fluorosis which affects the teeth and bones. Moderate amounts lead to dental effects, but long-term ingestion can lead to potentially severe skeletal problems.	Is characterized by staining and pitting of the teeth. In more severe cases all the enamel may be damaged. The early symptoms of skeletal fluorosis, include stiffness and pain in the joints. In severe cases, the bone structure may change and ligaments may calcify, with resulting impairment of muscles and pain. Acute high-level exposure causes immediate effects of abdominal pain, excessive saliva, nausea and vomiting. Seizures and muscle spasms may also occur.	Requires multiple exposed to sources of fluoride, such as in food, water, air (due to gaseous industrial waste), and excessive use of toothpaste.	Use safe drinking-water with safe fluoride levels. De-fluoridation using bone charcoal, contact precipitation, activated alumina Health education regarding appropriate use of fluorides. Mothers in affected areas should be encouraged to breastfeed since breast milk is usually low in fluoride.	

What are the key aspects of safe sanitation and hygiene

1. Safe water management

Water can be drawn both from the surface and under ground sources but the following are the basic safe water points:

- Protected springs
- Dug shallow wells
- Boreholes (deep wells)
- Piped water supply (Gravity Flow schemes and urban water supply)
- Rain water harvesting; ideal for institutional water supply and homes with adequate surface areas for rain water harvesting

Safe chain management practice

- *Boiling*; this method kills pathogens, although boiled water tastes "flat" but the it loses the flat taste once left covered and cools for some hours as it absorbs air
- *Canvas filtering*; use of canvas or cloths removes suspended particles/solids but does not kill pathogens; should be boiled after filtering
- *Settling*; solid impurities settle, water is collected and boiled to kill pathogens
- *Heating in plastic bags/bottles*; some households filter water, fill in plastic bags/bottles, place on iron sheet roofs, heat for the whole day and cool at night. This is similar to boiling process except that it is a local initiative.
- Fully protected/closed/capped water source where no surface water can run directly into it.
- People do not step into the water while collecting it.
- Latrines are located as far as possible (about 30 metres) from the water source and not on a higher ground.
- Solid wastes pits, animal excreta and other pollution sources are located as far as possible
- There is no stagnant water within 5 metres from the source.
- In case of wells, the collection buckets are kept clean and off the ground or a hand pump is used.
- Trees or cover grasses are planted around the source to enhance water re-charging capacity and control of soil erosion/water catchment area management)
- Protected water sources
- Presence of legal and institutional frameworks for WATSAN management like local bye-laws and WATSAN management committees.
- Clean and safe water collection, handling and storage facilities.

2. Safe management of human excreta

The worst human waste is faeces as compared to urine. However both need to be properly managed for a home to be healthy. This can be done by:

- Construct a pit latrine which should have door shatters.
- Make a pit-hole cover.
- Use the pit-cover always after using the latrines.
- Ensure that the latrine is always clean by smearing.
- Have anal cleaning materials in the latrine house to avoid wasting of the walls with faeces.
- Deposit faeces of children in latrines and not on a garbage pit.
- Have a hand washing facility nearby.
- Wash hands after every use of a latrine with ash or soap.

- Smoke the latrine regularly to avoid it developing bad smell.
- Poor ash regularly into the pit to kill the maggot and mosquitoes that often breed in pits.
- Always urinate in the latrine or bath shelter.

3. Safe solid and liquid waste management

We produce solid (refuse) and liquid waste from domestic and at time business uses on a daily basis.

Untreated wastes are:

- Unsightly because a look at it is disgusting.
- Smelly making a home less or landing site less habitable.
- Provide breeding ground for disease vectors like mosquitoes, flies, and rats.
- Often brought home by animals and children get in contact with them.

The best option is to reduce such waste or to manage them well by:

- Having garbage pits for solid waste which must be destroyed regularly after piling up.
- Having soak pits for liquid waste and ensure that it is well constructed to avoid flies and mosquito invasion.
- Recycling solid organic waste into compost manure.
- Buying wastes that are not needed.
- Turning organic waste into fuel especially those from vegetables or animal waste.

4. Food hygiene

Keeping food safe

When you serve food, never leave it out over 2 hours.

Keep hot foods *HOT* and cold foods *COLD*

Don't serve raw or partially cooked meat, poultry, fish and eggs.

What are the appropriate measures?

1. Wash hands frequently using warm and soapy water. Wash your hands after: Using the toilet, changing children's nappies, petting animals, coughing or sneezing into your hand, blowing your nose, smoking, and always before handling food or changing food functions.
2. Sanitize the food preparation area (kitchen) frequently.
3. Make sure your utensils are clean and not contaminated by children, pets, insects or dirty hands.
4. Use clean cloth to clean up your hands and a separate cloth for utensils during food preparation and serving.
5. Change utensils and dishes when changing foods.
6. Have one person serve.
7. Do not serve or store food in hazardous material containers.
8. Let people wash their hands, with soap before eating, individually.
9. Serve food for each member on her/his plate.
10. Destroy leftovers that are not safe to store, e.g., food that has already been mixed with soup.

How to deal with food leftovers

- Never taste food that looks or smells strange to check if you can still use it. Just throw it away.
- Allow cool air to circulate around food to keep food safe.
- Do not mix unused and uncooked foods with leftover foods.

5. Home hygiene

A good home has all the basic facilities that make it clean and safe.

Key facilities are:

Compound	Home facilities
<ul style="list-style-type: none"> -Clean compound without rubbish littered anyhow - Non bushy neighbourhood -Garbage pit regularly burnt 	<ul style="list-style-type: none"> -Clean house for sleeping separate from cooking -A bed at least 7ft high -Waste management facilities -A store for food and other items

Avoid the followings:

- Crowded conditions for people
- Camped collection of facilities that breed rodents
- Poor indoor air condition which leads to respiratory track infection
- Inadequate lighting which leads to eyesight problem.

6. Personal hygiene

Body <ul style="list-style-type: none"> - Bath at least twice a day - Use soap when bathing - Use clean water to bath - Ensure occupational safety - Use safe oil/vasline to smear - Have enough rest/sleep - Do some exercise 	Head <ul style="list-style-type: none"> - maintain short hair - comb hair always - remove lice when available
Teeth <ul style="list-style-type: none"> - bush teeth at least once a day - use toothpaste or ash to brush - use a toothbrush or small tree stem 	Nail <ul style="list-style-type: none"> - keep nails always short - clean underneath nails always
Clothes <ul style="list-style-type: none"> - maintain clothes clean - Iron after washing especially work cloth 	Hand washing <ul style="list-style-type: none"> - wash hand with detergent after defecating, cleaning a child, before handing food and before eating

7. Community hygiene

In many communities there are communal areas gazetted for community use like grazing. However, some of these places are used for defecating. This use pause a threat to the entire community. It is therefore that the community:

- Ensures that a community water point is kept clean and safe

- Setting up a communal refuse pit where collection is centrally managed
- Communal dumping grounds are regularly cleaned
- Constructing drainage where wastewater (sullage) can flow uninterrupted
- Mosquito breeding sites are destroyed
- Areas abused by some members by defecating are governed by local rules.

There are also good public places that need to be handled with care. These are local markets, landing sites, and schools. These must:

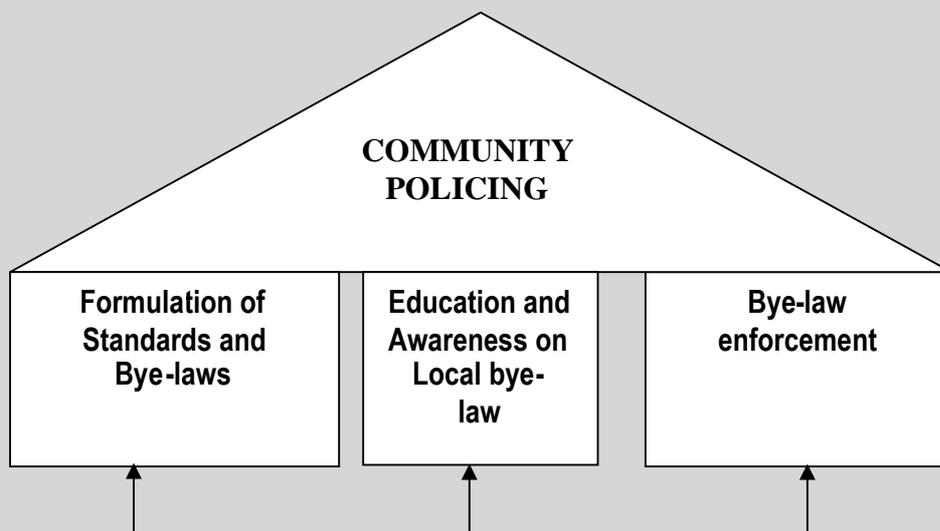
- Have good latrine facilities with hand-washing facilities.
- Have a garbage pit for refuse disposal.
- Have safe water sources.
- Ensure that food sold in them follow right food handling procedures.

Part V

COMMUNITY POLICING: STANDARDS AND COMPLIANCE ENFORCEMENT

What is contained in this Part

Three units are contained in this part with the first handling formulation of bye-laws and standards; the second unit is on bye-law education and awareness while the third focuses on enforcement of laws. The purpose of this part is to enable communities understand their own situation and develop bye-laws that are relevant, acceptable to them, and easy to enforce.



Unit 6: FORMULATION OF BYE-LAWS AND STANDARDS

Session objectives	By the end of the session participants should: 2. Identify the existing laws and local bye-laws on WATSAN and critique their functionalities 3. Understand the procedures for local bye-law formulation.
Sub-topics	<ul style="list-style-type: none"> • Introduction • The existing legal framework for safe WATSAN • Procedures for the formulation of local bye-laws
Facilitation methods and procedures	<p>Q&A, Group discussion and plenary, Focus Group Through Q&A find out if the participants are aware of the existing legal and institutional frameworks like policies, laws, regulations, guidelines on WATSAN, If they are aware, are the laws being enforced by the existing institutions/structures, community and individuals? If not why and how can the laws be enforced effectively?</p> <p>Explore to find out the best ways for formulating and enforcing local bye-laws to reinforce the existing legal systems on WATSAN</p> <p>When all the discussions have been exhausted, refer to the notes below.</p>
Materials required	Flip charts, marker pens, masking tape and cards
Participants	LCs, PDCs, community facilitators, facility management committees and extension workers
Estimated time	3 hours

FACILITATOR'S NOTES

Introduction

While sWATSAN is used by individuals and households, failures to do so have bad spill-over effects on the entire community. For instance, having no latrine by one household would mean they dispose off their waste in the open and flies that are disease spread vectors will know no boundary when spreading the diseases in the community. To avert this, there is need to ensure that everyone in the community adhere to best sWATSAN practices. Doing so is what is called **sWATSAN Community Policing**. Inherent herein are:

- The community must set its own standards of best sWATSAN practices. This is the sWATSAN Bye-law.
- The community must conduct an education and awareness creation among its members about the bye-law so as to enable the enforcers to be accepted.
- The community must enforce the bye-law after the agreed upon grace period.

The legal framework of sWATSAN

In Uganda sWATSAN management and practices are guided by both institutional and legal frameworks. The legal framework comprises of the sector policies, other statutory instruments and local bye-laws and structures. Therefore, other lower legal systems such as the district ordinances, lower local governments and community bye-laws can be built on these because all other laws should be consistent with the existing state laws, especially with the constitution, which is the supreme law of the country.

The following are the key policies and laws that govern water and sanitation management in Uganda:

- The National Environment Management Policy (1994) among other objectives emphasize on environmental health and sustainable water resources management.
- The Constitution of the Republic of Uganda(1995): Article 39 states that, Every Ugandan has a right to a clean and healthy environment
- The National Environment Act (1995) Cap.153 emphasizes on environmental quality and sustainability, and legal and institutional frameworks for the sustainable management of environmental resources, which include water.
- The Local Government Act (1997) Cap. 243 2nd schedule spells out environment and sanitation as part of the functions of Local Governments. This means that local governments should plan and budget for the management of environmental resources and sanitation facilities.
- The Water Act 1999 Cap.152 provides for rights in access to safe water, planning for water use and easements and sustainable management of water resources.
- The National Water Management Policy (1999) emphasizes on the provision of adequate quantity and quality of water for all social and economic needs.
- There are standards and regulations related to wastes management and pollution, water resources management/conservation and sanitation. Examples of such standards and regulations include; standards on discharge of effluent into water and land(No.5 of 1999), regulations on the use of wetlands(No.59 of 2001), regulations on riverbanks/lakeshores (No.3 of 2000) and hilly/mountainous areas (No.2 of 2000) , regulations on sewerage(1999), the water supply regulations (1999) and regulations waste on management (No.52 of 1999)
- Community service orders in polluter pays principle; for example in this case, if a person pollutes water that is used by a community, s/he is forced to either clean up the water source or do other work like cleaning a public sanitary facility to compensate the community.
- Nebbi District Public Health Bill (2003); this bill spells out primary health care, occupational safety, water and sanitation.

Thus, in order to ensure effective enforcement of the above legal systems and enhancement of the formulation and enforcement of the local/community bye-laws, there is need to first educate the community as mentioned in the previous unit of this manual. However, it is not enough to sensitize the community but rather customize the existing legal systems into acceptable local/community bye-laws for a popular and effective compliance and enforcement on safe WATSAN management.

Community Bye-law formulation

It should be noted that:

- It is best practice to take the initiative of community policing (bye-law formulation and enforcement) after the supply of facilities and effective community education on sWATSAN. This is because the community would have known the benefits of sWATSAN practices.
- The process should be spearheaded by the Village Health Committee who are knowledgeable of the reasons for sWATSAN but owned by the Community with vested powers in the elected leaders.

Below is the summary of the process of formulation of local bye-laws on safe WATSAN:

- Hold a caucus meeting with LCs and other community leaders to spell out the urgency of the sWATSAN Community Policing process. This can be derived from the proposed actions during the community planning held in Part II – Baseline Feedback meeting.
- Mobilize the community for the community bye-law formulation meeting. Use the different channels to ensure that all community members attend the meeting.
- Hold a community meeting. During this meeting, dwell on the need for having a Community Policing framework in place. Use evidence from the results of your work and the consequences of stubborn failure to drive the point home.
- Allow the community to set their own standards in respect to sWATSAN. This discussion should be allowed to be weighed on what the community see as its priority needs rather than taking the entire sWATSAN chain management which is ideal but ambitious. Such an agreement, after an elaborate discussion should specify:
 - The core sWATSAN practices desired within a specified period of time. For instance, in the next 3 months, all households must have a toilet facility, in 6 months all must have garbage and soak pits, etc. These will be core benchmarks and indicators to start with.
 - The enforcement frameworks, that is:
 1. The enforcement agency that must comprise of the LC courts, VHC as monitors, and the community as beneficiaries.
 2. The penalties for defaulting to do so. E.g., failing to have a pit latrine will cost Ushs 50,000.
 3. The grace period within which enforcement of the bye-law will commence because everyone would have been given reasonable time to put in place the standards required.
 4. Post penalty management whereby should one default even after LC Court rulling how s/he will be handled.
 5. Roles of LCs in the management of community land especially dumping grounds.
- Draft the agreed upon bye-law. A small team of VHC and the LCs should then compile the community agreed upon views for on-use.
- Seek legal assistance. To make the bye-law consistent with the existing laws of Uganda, the service of a legal mind should be sought be it from a resident magistrate or a lawyer. This put the draft bye-law in consultation with the community leaders in a format that is consumable by courts.

- Secure approval by the sub county council. It is a requirement that LC3 approve of any community bye-law before its enactment and enforcement. This makes the LC 3 responsible for its implementation should there arise the need for arbitration.
- Launch the bye-law with participation of all the key stakeholders. During this launch, invite the district and sub county leadership. Their presence will echo the importance of the bye-law and provide support for its enforcement. Equally, disseminate copies of the launched bye-law to the various organizations and leaders.
- Educate the community. Create community and stakeholder awareness on the bye-law especially on its penalties as well as the agreed upon grace period.
- Enforce the formulated bye-law.

Community education and sensitization on bye-law

As soon as the bye-law has been launched, it is important that the community is made aware of it. This community education on the bye-law will enhance people's knowledge of its implications for themselves as individuals and as a community.

The following methods can be used:

- Passing the message during any public gathering as in churches, mosques, funeral sites.
- Organizing community education meetings.
- Through LCs mobilizers to pass it to their communities.

Bye-law enforcement

sWATSAN enforcement is a set of actions set to achieve sWATSAN compliance to correct or halt conditions that can endanger community health. Enforcement relates to the existing legal and institutional frameworks established by the community in its bye-law.

The following are the key practices to ensure sWATSAN enforcement:

- Declaration of public clean-up and enforcement week.
- Conduct routine home inspections to identify defaulters.
- Facility audit and inspections by extension workers.
- Compile the list of defaulters and submit to LC Courts.
- Enable the court to mobilise the LC leaders, the community and the defaulters.
- Stand as a plaintiff against the defenders (defaulters) during the court session.
- Monitor LC Court decisions to ensure compliance.
- Provide feedback to the community to assess how the bye-law is being used or abused.

Post penalties management

There may be difficult cases of non-adherence and defiance to the established local/community bye-laws. This will depend on the attitudes and behaviours of individuals or norms, values, beliefs, practices and qualities of a community or household. Such differences in society can cause complications in community action planning and local bye-law formulation and enforcement.

The following strategies/alternatives could be applied in difficult cases:

- Holding a VHC meeting with LCs to ask for the next step.
- Warning and sensitization of the culprit(s).
- Using community service orders
- Referral to higher courts to deal with the case in line with other laws of Uganda.

Bye-law review

Overtime, the community may realise that its growth path in terms of bye-law implementation requires a review of their bye-laws. Once the community has realised this, the existing bye-law must be subjected to scrutiny by the community members. In doing so, they must:

- Know what achievements they scored with the past bye-laws.
- Explore what worked well for replication.
- What did not work well for modification.
- What more needs to be done (new plan).

Part VI

ROUTINE PERFORMANCE ASSESSMENT

What is contained in this Part

After going through the entire process, this part provides insights into how communities together with their facilitators could check back and (re)design alternatives for better WATSAN facility management and use.

Unit 7: MONITORING AND EVALUATION

Sessional objectives	By the end of the session participants should be able to use the monitoring format for assessing performance
Sub-topics	Monitoring format
Facilitation methods	Focussed group work and lecturatte, writing M&E report
Materials required	Flip charts, marker pens and masking tape
Participants	Local governments, LCs, PDCs, community facilitators, VHTs, facility management committees civil society and churches
Estimated time	1 hour

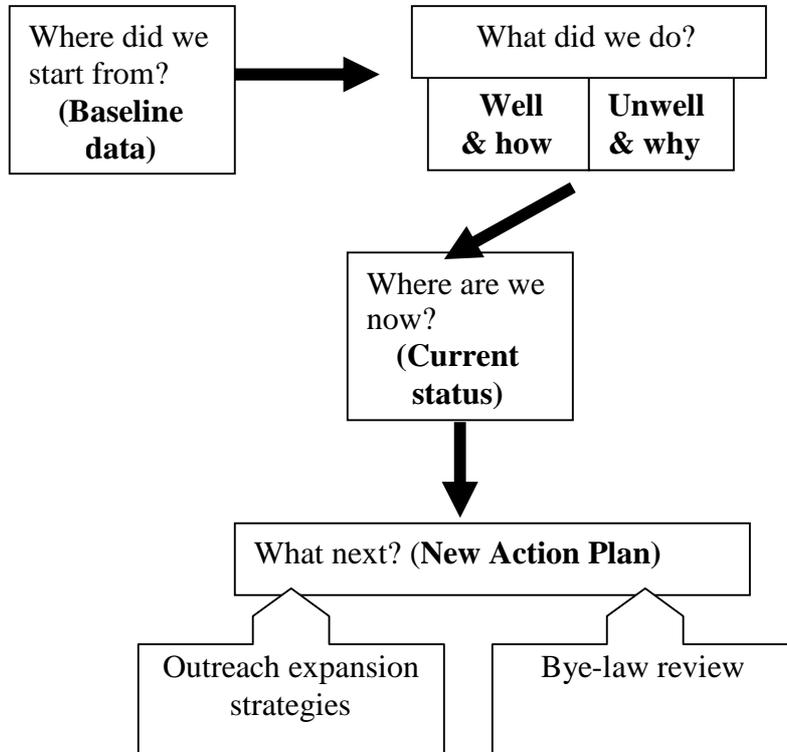
FACILITATOR'S NOTES

Monitoring is all about checking progress of work done within a given interval. The purpose is **to collect information** for timely decisions (sometimes corrective) to be made. The decisions to be made should be accepted to the people concerned. This therefore, calls for collective involvement and genuine participation of the concerned people so that the monitoring results are accepted and owned. Note that monitoring is not about fault finding but rather to document where we are doing well (design strategies to strengthen), badly (make corrective interventions) or static (look for alternatives) and at what costs.

From the onset, it has to be emphasized that there will be two types of monitoring. One will be for routine monitoring of day to day activities while the other will focus on periodic assessment of achievements. While the latter will focus on reflecting and re-using the quantitative survey instrument contained in Unit 2, the former will mainly use the template below to design monitoring interventions for all activities undertaken.

Take a similar approach as under baseline survey to collect information from the Village sWATSAN Register and provide feedback to the community. Allow a discussion on the way forward.

Review scheme



Annex 1: Household Survey Tool

HOUSEHOLD SURVEY TOOLS

Village	Parish	Sub county	District
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Part 1: Demographic characteristics

1. How many people in total stay in this household? ----- M ----- F -----

2. For all the people mentioned please fill in their status *starting with the household head*.

Name of person	General demographic data								Health status: In the last 1 month, did the named person -				Personal hygiene: Does the named person – (1=Yes; 2=No)						
	Sex	Age	Education status	Marital status	Primary activity	Residence ship	Physical ability	Parenthood status (for children under 18 yrs)	Fall sick (Yes/No)	F or how long (in days)	What sickness? (Write name)	Where treated?	How much money paid	Maintain nails short?	Brush teeth at least once a day?	Maintain smart hair?	Have skin disease?	Have clothes clean?	Bath at least once a day?

Key for filling the table (state the number only)

- Sex: 1=Male; 2= Female
- Age: 1= 0-4; 2=5-9; 3=10-14; 4=15-19; 5=20-24; 6=25-29; 7=30-34; 8=35-39; 9=40-44; 10=45-49; 11=50-54; 12=55-59; 13=60-64; 14=65 years and over.
- Educational status: 1=None; 2=FAL; 3=Primary; 4=Secondary; 5=Post-secondary
- Marital status: 1=Single; 2=Cohabiting; 3=Formally married; 4=Widow/Widower
- Primary activity: 1=None; 2=Student; 3= Farmer; 4=Fishing; 5=Fish mongering; 6=Shop-keeping; 7=Brewing / selling alcohol; 8=Commercial sex work; 9=Civil servant; 10=Others (specify).
- Residence ship: 1=Permanent; 2=Temporary; 3=Seasonal
- Physical ability: 1=Physically fit; 2=Person with disabilities
- Parenthood status: 1=Have both parents; 2=Lost the mother; 3=Lost the father

Part II: Water supplies and utilization

Water use	Main water source (name) for	Alternative source (name) for	Distance to main source (in Km) for	Distance to alternative source (in Km) for	Number of daily water consumed (in jerry cans) for	Time taken (in minutes) for a jerry can to fill	Water processed before use for (Yes/No)	If processed, how?	Type of storage for on-use
Drinking									
Cooking									
Bathing									
Washing utensils									

Part III: Excreta disposal

1. Do you have your own latrine? Yes/No (tick one)
2. Where is excreta disposed by:
Men?..... Women?..... Youth?..... Children?
3. Does the facility provide privacy? Yes/No (observe first then tick).
4. What is used for anal cleaning?
5. Is the anal cleaning material always available at the point of use? Yes/No

Part IV: Solid and liquid waste management

1. Where do you dispose your garbage?
2. How do you destroy the refuse after sometimes?.....
3. Where do you dispose your liquid waste generated by?
Bathing:..... Laundry:..... Utensil washing:.....

Part V: Vector control practices

1. What is the housing type? 1=Permanent, 2=Semi-permanent, 3=Temporary.
2. What is the material used for:

- Roofing?	- Walling?	- Flooring?
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3. Do you wash your hands with soap or any cleanser:

- after defecating? Yes/No	- Before cooking food? Yes/No	- Before eating? Yes/No
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4. Do you

Have mosquito net? Yes/No	How many?	Everybody sleep under a net? Yes/No
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5. What is the method of serving food? 1=individual plate; 2=communal

6. How is food stored in the household?

Uncooked foods?	Cooked food	Leftover food
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7. How do people wash their hands before eating? 1=pour water for individual; 2=wash communally using same water

8.

Facility	Kitchen	Bathroom	Drying rack	Cloth line	Soak pit	Water storage facility covers	Garbage pit	A cup for fetching and another for drinking water	Separate sleeping room	Home compound	Kitanda for sleeping	Pit latrine	Pit latrine cover	Hand washing facility
Do you have? 1=Yes 2=No														
Is it used? 1=Yes; 2=No														
How clean? 1=Good 2=Fair; 3=Poor														

DISCUSSION AND OBSERVATION GUIDE

1. What is the traditional belief and practices of water collection, storage and use?
2. What risks do people (especially women and girls) face in collecting water?
3. What hygiene issues are identifiable in water collection, storage and use?
4. What challenges do you face in safe water access and use?
5. What practices characterize excreta disposal among men, women, and children?
6. How are issues related to flooding/water logging handled?
7. How are rats, flies, mosquitoes, worms, lice handled?

	What are the practices of handling	Risks associated with them	Challenges to change	What measures are appropriate
Water collection				
Water storage and use				
Water logging and flooding				
Excreta disposal				
Vector control				
- rats				
- flies				
- mosquito				
- lice				
- snails				
- bed bugs				

8. At the various institutions: landing sites, market, schools, eating houses, bars and lodges how are safe water and sanitation practiced? What challenges are experienced?
9. What are the current prevalent ailments in the community? What are their causes? What preventive measures are used to control them? How successful are these measures? Why are people resistant to change?

Current common ailment (list)	Causes	Prevention measures	Success of measures	Why resistance to change?