



Ministry of Health



LEARNING JOURNEY REPORT FOR NATIONAL SANITATION WORKING GROUP



Compiled by

Peter Magara Monitoring and Learning Advisor IRC Uganda

Lydia Mirembe Communication and Knowledge Management Advisor IRC Uganda

Bamuloba Muzamiru Technical Assistant – Uganda Sanitation Fund

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1. Introduction

The Uganda Sanitation Fund (USF) is part of the Global Sanitation Fund programme being implemented globally in a number of countries. It is a five-year-long program funded by the Water Supply and Sanitation Collaborative Council (WSSCC) and managed by the United Nations Office for Project Support (UNOPS). In Uganda, it is being implemented by the Environmental Health Division of the Ministry of Health as the executing Agency (EA). The programme is in its 5th and final year of implementation ending in June 2016.

Ministry of Health pursues its mission through a holistic commitment to transformational development, Emergency relief, promotion of justice and strategic partnering with development partners. The ministry works jointly with its partners while delivering a number of health interventions to which preventive health forms part and with specific interest in sanitation and hygiene promotion. At national level, the national sanitation working group (NSWG) is an advisory body on the technical issues concerning sanitation.

In April 2016, stakeholders of the NSWG expressed interest in learning about the follow-up Mandona approach implemented by the Uganda Sanitation Fund and lessons learnt from implementation of the programme. The stakeholders agreed to schedule a learning visit to one of the USF districts. IRC Uganda in partnership with USF organized the Learning Journey to Lango region with Alebtong and Lira district Local governments on 14th – 17th June 2016.

1.1 Objectives of the Learning Journey

- To interact with implementers and identify factors facilitating and hindering implementation
- To facilitate learning and sharing
- To showcase how USF is rapidly improving the lives of people in the programme area through the CLTS and Follow up Mandona dynamism in communities.

- Develop recommendations for programme scale up and increased funding

The learning Journey attracted a total of 55 participants from CSOs, District Local Governments (Lira, and Alebtong) , Central Government (MWE, and MoH) and the Media. The NSWG was represented by 11 participants from IRC, Water Aid, Water for People, Goal, NETWAS, GTZ, AMREF, Plan international, Devine Waters/UWASNET regional Coordinator.

1.2 Methodology and Approach

The four days of the learning journey involved both plenary and field visits. The first and last days were reserved for travel for participants from NSWG, USF national Office and MWE. The actual learning and information exchange happened on day two and three. The participants were divided into two groups to enable them spend adequate time with implementers. The learning sessions involved;

- Plenary sessions were used to; provide an overview of the learning journey, USF Programme implementation and results, and share the formal opening remarks of the district local governments.
- Field visits provided opportunity for interaction with implementers to better understand the methodology, observe the results, challenges. Participants had a chance to witness the field application of the different approaches (CLTS and Follow up Madona) as carried out by the extension staff.
- Brainstorming and group work sessions were also used to discuss the observations and impressions on results in the field, and lessons learnt.

Opening Session

Mr. Byamungu the CAO opened the meeting and welcomed all the participants to Lira district. He was happy that people were coming from far and wide to learn from Lira district and commended the work of the Local Government for creating a good image of the district. He emphasized the link between water and sanitation and challenged the claim that increase in water availability reduces incidences of disease citing examples of continued prevalence of typhoid in towns and villages that had access to clean water. He re-echoed the importance of sanitation and hygiene improvement in reducing

prevalence of water borne diseases like typhoid. He concluded his remarks by wishing participants good deliberations and resolutions on sanitation and hygiene improvement. Meanwhile, Mr Aula James – ACAO in charge water and sanitation Alebtong District officially welcomed the team that went to Alebtong. He commended the good work being done by the extension staff towards the promotion of sanitation and hygiene through CLTS approach. He mentioned that the grant support has been instrumental in supporting the sanitation activities hence its continuity is a necessity towards promoting and prolonging communities' wellbeing. This has been observed in the reduction of sanitation related disease burden as evidenced in the outpatient department attendances'.

2. Overview of the Uganda Sanitation Fund: Achievements & Challenges

2.1 Learning proceedings

In both districts (Lira & Alebtong), the USF focal persons made presentations on USF implementation and results in the districts. They provided an overview of USF activities in the district, progress on result areas, Mode of Operation, Lessons and Challenges. The discussions that followed focused on the sanitation and hygiene promotion approaches used, the value addition of the follow-up Mandona approach (FUM) to CLTS.

Participations were able to learn that the value addition of the FUM was the ease of mobilizing communities. The approach was motivating, and entertaining, as it tapped into the local practices (singing and dancing) for celebration of sacred events and used them to inspire behavioural change. Communities look upto the FUM visits because they bring joy. This drives them to take the required action. The approach of encouraging mutual support among households was aslo found to be useful in promoting adoption of latrines and other prerequisites for home hygiene; hand washing facilities and drying racks. FUM differs from the traditional CLTS approaches that use coercion to influence behavioral change.

Mandona is a Malagasy word that means 'to push' and the acronym summarizes the approach's core principles.

Motivate households

Analyze the sanitation situation

Decide to act now

Organize actions

No-one left behind

Advance to ODF status

The other key lessons learnt while using the FUM approach include;

- Prompt and continuous follow up after triggering
- Keeping in touch with community using phone calls to natural leaders
- Adherence to community promises/schedules
- Building on community structures e.g. Natural leaders and VHTs
- Ensuring that immediate action is always taken during follow up through promoting Simple Immediate Doable Actions (SIDA)

2.2 Field Visits

Participants had opportunity to conduct field visits to programme areas in Alebtong and Lira. In Alebtong participants visited Onyamia and Emunya village from Awei and Omoro Sub county respectively. The Lira participants visited Agelilyec Village and Atom Village in Aromo and Agweng Sub counties respectively. The sessions involved a field experience on how follow up Mandona is conducted and also an ODF community.

Practical Follow-up Mandona

On arrival at the respective villages, the participants were grouped into smaller sub groups of 5-8 people and joined community members in conducting house to house mobilization while they cheered and sang in the local language. The mobilization attracted over 50 people to the community meeting where the progress of the village in sanitation and hygiene improvement was discussed.

The sub groups also conducted follow-up visits at household level. Each sub group visited at least 4 households to observe the sanitation and Hygiene status. The participants observed a number of parameters; hygiene around the home, presence of hand washing facility with soap and water, drying rack, cleanliness of the latrine, anal

cleansing material and presence of squat hole cover. The participants also participated in facilitating 'Simple Immediate doable actions (SIDA) at households that fell short of meeting these parameters. Community members that did not have latrines pledged to go and construct latrines and necessary accessories. Some community members volunteered to monitor their colleagues to ensure that they all have the standard facility as required. 15 people committed to build latrines by June 30th (two weeks from the date of the field visit).

Case Study: Agelilyec Village, Aromo Sub county

There are 52 Households in the village. 33 households have latrines the others don't have or are in the process of setting up. Mr, Otim Dickens, the Health Assistant Waleta Health Centre II reported that before the USF intervention, latrines in the area were not up to standard. They lacked the requisites like hand washing facility, squat hole cover, etc. After the intervention 33 households have standard latrines.

Mr. Otim reported that the OPD records at the health centre had improved because there is less reporting of diarrhea, dysentery and such diseases. People are now treating the health inspection team as part of their community which was not the case in the past. Whenever people saw the health inspectors, they would run away. But now they come, sit with them, and entertain them. The rapid improvement is attributed to frequent follow up visits that make use of drama in motivating and inspiring communities to take action.

Case Study: Aton Village, Agweng Sub county

There are 50 households with 174 people in the village. All households have sanitation facilities. Two years since the intervention by USF

The village has a sanitation committee. Each member is assigned six households to take follow-up. They subscribe to a VSLA that helps people to get some money to invest in sanitation. Vulnerable households e.g. the child headed families and the elderly are helped to establish sanitary facilities.

The Health Assistant Bonny Alaya, reported that has been ODF for two years. The village used to have outbreaks of cholera but these have reduced significantly. Aton village. The sanitation committees were crucial in sustaining the ODF status through working with VHTs to monitor household status and update the database. Religious leaders have also been involved in passing on members to their congregations. The main challenge affecting the community is that the water table is too high, one can only dig 5 metres.

Alebtong Case Study.

Case Study 1: Onyamia Village, Awei Sub county

A community meeting was organized in Onyamia village that attracted 67 members (aprox.39 females, 28 males). The community leaders were able to take participants through the different processes of the Followup Mandona approach, right from Mobilization to Follow-up. Two community members volunteered to show the visiting team and fellow community members on what they had done in respect to sanitation promotion especially toilet and hand washing construction. The visited homesteads had latrines, with functional hand washing facilities and tight fitting covers. A follow-up meeting was conducted after the household visits to discuss observation, lessons and plans. The team was assured that in the next one month, all the homesteads will have the required facilities in order for them to be declared open defecation free. The Health assistant was assigned to follow for actualization of the community's opinion.

Case Study 2: Emunya village , Omoro Sub county

Emunya is one of the villages was declared ODF. The village has 182 people living in 35 Households. Participants were taken through all the parameters used to assess a community for ODF status and were facilitated to conducted a transect walk to verify the status. The parameters include; No feaces anywhere in the open, availability of toilet with tight fitting cover, and functional hand washing facility. Households were randomly selected during the transect walk to observe their Sanitation and Hygiene status. Participants did not observe any feaces in the open hence qualifying the community to be ODF.

3. Key Observations from the Learning Journey

On Day three converged in Lira at Pauline Hotel to share their observations and lessons from the learning journey. The stakeholders from the National Sanitation working group were divided into groups and asked to share their observations on what went well, Lessons learnt and areas on improvement.

What went well?

- The required household sanitation facilities in place in all homesteads visited
- Good and uniform level of understanding among implementing staff at the district level contributed to attainment of consistent results in the areas visited
- Strong and consistent messaging 'eating feaces' adopted by all actors involved in the programmes had a significant impact on attitude and mindset change
- Use of SIDA worked well to trigger immediate actions

- There seems to be a short turnaround time from triggering to ODF in the communities visited
- The sanitation committees at village level have taken the initiative to ensure that gender equity and non-discrimination is addressed through provision of support to vulnerable households in establishing sanitary facilities
- The cluster approach of setting up village committees to follow up a specific number of households worked well and their collaboration with VHTs was contributed to consistent follow-up that contributed to sustaining ODF status in one of the communities visited.

Lessons from the learning visit

- The FUM approach is demanding in terms of human resource and therefore requires heavy involvement of community volunteers or resource persons to support the extension staff
- Focus on strong and consistent messaging by all actors involved in implementation. The '*eating faeces*' messaging worked very well for the programme.
- Involvement of local leaders is key and clearly motivates the community
- The Integration of VSLA is a good catalyst for sanitation improvement as it provides access to finance for establishing sanitary facilities
- Follow up Mandona is not a stand-alone approach but a hybrid of several other approaches
- There is need to be mindful of the balance between motivation and actual engagement of communities to ensure that enough effort is invested in triggering action
- Community groups make a good entry point for scale up on interventions
- Use of community structures (VHTs, LCs) enhance achievement and sustainability of desired results

What should be improved or adopted

- There is need to move beyond basic latrines to ensure that the constructed latrines meet the quality standards articulated in the Public Health Act and JMP standards.
- USF/MOH to work with CSOs e.g. Water for People to catalogue and promote model designs for basic latrines suitable for different environments
- Integration of CLTS and Followup Mandona in the Environmental Health Curriculum.
- Need to document the costs of involved in using the FUM to achieve ODF status
- Documentation and dissemination of Achievements and lessons from USF beyond the traditional USF stakeholders; Include; Office of the Prime Minister, UWASNET
- Develop and disseminate Follow up Mandona Manual
- Conduct ToTs for Targeted CSOs involved in Sanitation promotion on Follow up Mandona
- Ministry of Health to Catalogue different approaches for Sanitation promotion

4. Conclusion

The learning journey was useful in exposing the members of the National Sanitation Working Group and district level stakeholders to knowledge and practical application of the Follow-up Mandona Approach for sanitation and hygiene promotion. The team appreciated the ‘power’ of the approach in using local dance and drama to mobilize, motivate, and inspire communities to take action on sanitation improvement. They observed that less time and effort is required to achieve positive sanitation and hygiene results though further investigation is required to estimate the costs involved in using the approach to achieve ODF status. Ministry of Health through USF pledged to build capacities of CSOs in Followup Mandona to scale up its application in the Country.

Annex

Annex 1: List of Participants

No	Name	Designation
1	Okello Abel	Health Assistant Lira
2	Apong Beatrice	Health Inspector
3	Jimmy Otim	Asst. District Officer Lira
4	Ogwal Robert	Health Assistant Lira
5	Ochen Anthony Mark	MPH Officer
6	Muneza Fiston	MoH
7	Phillips Okot	Sanitation Expert GIZ
8	Sekuma Peter	Program Officer Netwas
9	Wanok Harrold	Environmental Health Officer MWE
10	Otodi Constantine	Health Inspector
11	Opio John Nelson	ADHO/ USF Focal Person
12	Namiya Jackline	Program Officer Water Aid
13	Janet Kabachunguzi	AMREF Health Africa
14	Lydia Mirembe	Communication & Knowledge mgt Advisor IRC Uganda
15	Birungi Annet	Health Assistant
16	Adoko Hellen	Health Inspector
17	Apio Lydia Angulo	Intern
18	Alum Solome	Intern
19	Okello Innocent	Principal Health Inspector
20	Egessa Richard	EHA
21	Julian Kyomuhangi	Asst. Commissioner EHD/MOH
22	Fred Mulabya	Senior Principal Health Inspector EHD/MOH
23	Otim Dickens	EHA
24	Byamungu Elias	CAO Lira
25	Esset Alexander	Health Assistant
26	Ogwal Geoffrey	Health Assistant
27	Kalyebi Peter	SPHI/MOH
28	David Mukama	Programme Manager USF
29	Atim Fiona	EHA
30	Patrick Okimo	Vision Group
31	Acio Charity	Health Assistant
32	Asiandu Robert	Health Assistant
33	Peter Magara	Monitoring & Learning Advisor IRC Uganda

34	Bashir Hangi	Communication & learning Specialist USF
35	Cecilia Adyero	Field Officer USF
36	Williams Moi	NEMPI Uganda/UBC
37	Osbert Atwijukye	Sanitation Engineer Water for People
38	Akonya Martin	Environmental Health Officer
39	Ojok Bosco	Health Assistant
40	Alii Jimmy Mahaye	Health Assistant
41	Adongo Rebecca	Health Assistant
42	Luka Bensoro	Assistant H/E
43	Ogwang Patrick	Health Assistant
44	Ekoluwet James	Health Assistant
45	Apiny Lillian	Community Development Officer
46	Olang Basil	Health Assistant
47	Ajali Betty	Community Development Officer
48	Ower Franco	Community Development Officer
49	Ogwal Benedict	Health Assistant
50	Awor Hellen Omara	Community Development Officer
51	Aber Thomas	Ag. ACDO Alebtong TC
52	Acen Susan	Community Development Officer
53	Obwala Bob Patrick	Health Assistant
54	Enyang Fred	Health Assistant
55	Kayanja Steven	EHD/MOH
56	Batesaki Rogers	EHO/MoH
57	Eron Rwamwanja	Technical Advisor USF
58	Bamuloba Muzamiru	Technical Asst. USF
59	Ibuyat David	Technical Asst. USF
60	Gorreti Tino	WASH Program Manager GOAL
61	Ocan Vincent Aporu	Town Clerk Alebtong
62	Ocen Moses	Executive Director Divine Waters
63	Epiangu Francis	USF Focal Person
64	Aula James	D/CAO
65	Okello Johnson	LCV Alebtong
66	Paul Matovu	Journalist

Annex 2: Presentations

**ALEBTONG DISTRICT
PRESENTATIONS DURING THE
LEARNING JOURNEY WITH THE
NSWG
HELD FROM 15TH-16TH 2016**

AT THE DISTRICT COUNCIL HALL
BY EPIANGU FRANCIS

Presentation out line

- General information
- Over view of the sanitation Trends in Alebtong
- Approaches used
- Activities under taken
- Sanitation status by Subcounties
- Achievements
- Challenges
- Recommendations
- Lessons learnt
- Sustainability Plan
- What next after USFSS

General information

- Total population -227,541
- No of counties - 2
- No of Subcounties - 8 and 1 TC
- Latrine coverage 81.4
- HWF coverage 22.6
- No of villages triggered 120
- Total number of ODF communities 40

Over view of sanitation Trends

Year	Indicator base line		End of year	
	Lat.	HWF	Lat.	HWF
2011-2012			70.1	20.8
2012-2013			73.4	21.4
2013-2014			76.9	21.4
2014-2015	77	21.	81.4	22.6
2015-2016	83	20.3		

Approaches used

- Use of kamala declaration on sanitation (Exemplary leadership)
- Advocacy at different levels like District, subcounty and community.
- Name and shame
- Radio Talk shows
- Line listing at subcounty and village

Activities Under taken

- Follow up -FUM
- Quarterly technical review meetings
- Technical support supervision by DHT
- Monitoring by the district Leaders
- Bimonthly meetings with the VHTS
- Quarterly report compilation and submission to MOH

Sanitation status by subcounty as of Junes 2016

S/ty	HH	Lat.	Cov	HWF.	Cov
1. Abako	5625	4318	76.9	1166	20.7
2. Amugu	6513	5120	78.6	1281	19.6
3. Omoro					
4. Aloï					
5. Akura					
6. Awei	4958	4386	88.3	1127	22.1
7. Abia	5664	5098	90.0	1133	20
8. Apala	4871	3871	79.4	411	8.4
9. ATC	1527	1140	74.6	367	24

Achievements

- 18 ODFS (Q3)
- 22 villages being verified for ODF (Q4)
- Followed up 55 villages
- Triggered 120 villages in feb. 2014
- Support supervision being done by the DHTS
- Monitoring by the district leaders
- Support from the centre

Challenges

- Lack of transport for the technical staffs
- Inconsistency in data
- Late release of funds from the centre
- Poor attendance of meetings
- High expectation for pay from the community members

Recommendations

- Timely release funds from the centre
- Verification of data at all levels
- Continuous community sensitization
- Lobbying for transport from various institutions
- Engagement with various community leaders

Lessons Learnt

- ❖ Need for constant FUM
- ❖ Working closely with community leaders
- ❖ Communities can make their own sanitation facilities using the local available materials
- ❖ Community champions play a big role in making the community ODF

Sustainability plan

- Use of the existing government structures VHTS ,Lc, Technical staffs
- Use of bye laws set by different lower local government
- Use of ordinances passed by the district
- Use of Kampala declaration on sanitation
- Plan for monitoring of ODF communities

What next after USF

- Roll out FUM to other villages in the district
- Build the capacity of VHTS in FUM
- Work closely with the other departments in scaling up FUM e.g. Water departement,community department, education department










• THANKS FOR LISTENING



**LIRA DISTRICT PRESENTATION
DURING NSWG LEARNING VISITS
AT PAULINE HOTEL
15 JUN 2016**

Presented by Opio John Nelson
USF FOCAL PERSON

Outline

- USF overview in the District
- Progress on result areas (baseline, targets)
- Approaches/Mode of Working
- lessons,
- Challenges

Programme profile

- USF planned to start in July 2014
- The District has 13 S/Cs, Pop. 410,160
- USF targeted 5 S/Cs, 18 parishes, 225 villages.
- Baseline at start:
 - ✓ Latrine coverage for the District was at 82%,
 - ✓ HWWS/HWF was 44%,
 - ✓ **NO ODF village**
- In 2014/2015 coverage drop to 80% and 26%

Key result areas as of 31/3/2016

Indicator Category	Indicators	Target as of 30 th June 2016	Achievement as of 31 st March 2016
1. Intermediate indicators	1.1 Villages triggered	159	13
	1.2 New basic latrines	4325	1150
	1.3 Latrines with washable squat area (improved latrines)	17,346	1959
	1.4 New HWF	17,346	1368
2. Results indicators	2.1 Villages declared ODF	225	8
	2.2 People living in ODF environments	181,713	1228
	2.3 Additional population using latrines	34,540	10401
	2.4 People washing hands with soap/ash	181,713	6840
	2.5 People using improved latrines	86730	9795

Approaches

- Community Lead Total Sanitation
- Follow Up Mandona approach (28-29/7/2015)
- Technical staff work in teams of 8 persons.
- Teams are independent and take actions on challenges
- Teams compile and submit field reports on USF.
- Teams conduct daily feed back meetings.
- Working with CORPs/volunteers from the village
- Building on community existing strength e.g. VSLA
- Monthly meetings with CORPS



Key lessons learnt

- Prompt and continuous follow up after triggering
- Keeping in touch with community using phone calls to natural leaders
- Adherence to community promises/schedules
- Building on community structures e.g. Natural leaders and VHTs
- Many household in the area had san-plats but were not being used
- SIDA
- Entertaining other than coercion

Community innovation

- Community using old jerry can or woven rids to make door shutters for their latrine
- shaped as squat hole covers



Challenges

- Technical
 - ✓ Latrine design by the community
 - ✓ Obtaining required monitoring data timely
 - ✓ Competing activities
- Administrative
 - ✓ Delays of funds that affect continuity of activities
 - ✓ Following procedures to declare the village ODF
- Organizational
 - ✓ New staff not trained
 - ✓ Poor targeting
 - ✓ Drawing staff away from their station/sub counties

Plan for Sustainability

- Planning based on unit cost for declaring village ODF
- Build capacity of CORPs capacity in all USF villages to ensure sustainability
- Build community groups (VSLA) capacity at parish level for scaling up.
- Scaling up to other parishes and sub-county
- Share experience with other entity

Apwoyo Binowu Lira