September 2010

Healthy Villages Program
Hygiene and Sanitation Report

JUNE 2009 – September 2010

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Introduction

About the Uganda Village Project

The Uganda Village Project (UVP) is an international public health organization working to promote and advocate for long-term community health and development solutions based on grassroots needs in the Iganga District of Uganda. UVP was founded in 2003 under the International Federation of Medical Students' Association-USA by a group of graduate students studying and volunteering in Uganda. UVP follows the "Village Concept Model" promoted by the United Nations and works exclusively with the district of Iganga in Uganda. Past projects in Uganda include areas of healthcare, orphan support, income generation, clean water, and well construction.

About the Healthy Villages Program

"Healthy Villages" is an innovative approach to providing rural healthcare and promoting public health with the people of Iganga by networking with CBOs, NGOs, International Donors and all levels of the national government from the village up to the National Ministry of Health. At its core, "Healthy Villages" will target the primary health risks of the region through community organizing, mobilization, capacity building and advocacy. It provides education, training and appropriate interventions to rural Health Center (HC) workers, local community leaders and the general population. "Healthy Villages" is a joint initiative of UVP and the District Health Office (DHO) of Iganga. This program is designed to link the strengths of these two entities to provide for the basic health needs of the region in a comprehensive and organizationally sustainable manner.

In partnership with the DHO, 70 villages were selected in the Iganga district for UVP to work in. These 70 villages were selected across 5 Sub-Counties, as falling in the bottom quartile for latrine coverage (less than 60%) and access to safe water. These indicators were chosen based on the relationship between poor sanitation and unsafe water and the leading health issues in the region; trachoma, diarrhoeal diseases and poor nutrition.

The Healthy Villages Program includes 8 major components; Malaria prevention, Eye Care, Family Planning, Nutrition, HIV/STDs, Obstetric Fistula, Village Health Teams, and Hygiene and Sanitation. We currently work in 10 villages within the Iganga district, providing access to services surrounding these components. We will continue our work in each village for 3 years. In June 2010 we will begin work in another 5 villages.

Hygiene and Sanitation Program

In designing our program, we reviewed many other current sanitation programs to identify best practices and strategies appropriate for our village.

We created a program with these following steps:

Creating a Village Health Team
UVP establishes a Village Health Team (VHT) in each of our villages, elected by the community and representing every zone of the village. They receive training from the Red Cross on a broad range of health issues, including hygiene.

Our Village Health Team is our major partner in all activities in the village for 3 years, including mosquito net distribution, family planning mobilisation, HIV testing and identifying villagers requiring referral and specialist treatment. Therefore our relationship with our village health team is long term and we invest in them considerably.

Sanitation Baseline Survey
Before undertaking work, we conduct a sanitation baseline survey in the village. The VHT and other volunteers visit each and every house in the village and record what measures they have in place, and what they do not have. As the survey takes place, members of the community are sensitised in good hygiene and sanitation, and invited to a village meeting.

Hands On Days
The Village Health Team are educated through a series of 'Hands On Days' about how to install the sanitation measures that need to be in place in their homes. We work to ensure all our Village Health Team members have a latrine, a plate stand, a ippy tap for hand washing, a wash room, a rubbish pit, and proper drainage. We work with them at their households to show them how to construct these in line with the best practice sanitation models. Our Hands On Days increase the effectiveness of the rest of the campaign by using the VHT homes as model households for the rest of the community. This helps not only to reinforce to the VHT that they serve as role models for healthy behaviours for the community, it also helps to create some curiosity and interest in the community for sanitation improvements to give the campaign momentum.

Community Consultation
A village meeting is held to discuss the results of the sanitation baseline survey with the village. At this time we discuss the effects of poor sanitation and the barriers they are facing in creating good sanitation. After the village has discussed the problem we move forward with them to create a work plan for the upcoming 'sanitation campaign'.

Subsidizing materials
UVP subsidizes the materials needed to implement the sanitation measures. This includes wire, jerry cans, nails, string, and 2-3 shovels and pick axes per village to use for digging latrines. The villagers provide the wood needed to build plate stands and tippy taps. They are told they must make a small financial contribution of 500 shillings towards the cost of the nails. UVP does not do the work alone, but work hand in hand with people who are ready to improve their sanitation.

Sanitation 'Push'

The sanitation 'push' campaign lasts for a week. Between 15-25 members of the VHT and the community visit every house in the village to assess the willingness to improve sanitation measures, and if willing, to help construct tippy taps, plate stands, dig latrines, and make other sanitation improvements like latrine covers.

After the Push
After the campaign is complete, the VHT members are provided with materials to continue the sanitation work, and are encouraged to monitor their neighbours in the village and encourage them to continue improving their homes. As sanitation standards increase over time, they become the 'norm' in the village, and there is more pressure for all in the village to maintain standards of good sanitation.

Partnerships
UVP involves as many partners as possible. The Ugandan Red Cross provides support and training to our VHTs and participates in our sanitation campaigns. The Sub County Health Assistants often work with the teams to construct sanitation measures. The Health Assistant can also be utilised to provide motivation for village members who are reluctant to become involved in the campaign through reminders about the importance of abiding by sanitation laws, for the greater good of the community. The Community Development Officer has also frequently been involved in execution of our campaigns. Whenever possible, we also utilize teams of students from local universities or secondary schools, which provides an opportunity for students to learn about sanitation improvements as well as infusing youthful energy into the campaign.

Results of our Sanitation Baseline Survey

We have conducted sanitation campaigns in 6 of our 10 villages to date. Below is a summary of the hygiene and sanitation conditions we found in each village.

Nabitovu Village, Nambale Sub County

In Nabitovu we surveyed 155 houses, and extrapolated the data to reflect the sanitation level for Nabitovu's 375 households. We found that 299 (75%) of households possessed a latrine. However, only 59% of households had a latrine with walls and a roof. Only 50% of the latrines were clean, and only 24 latrines (15%) had a cover, to stop insect transmission of disease. Only 6% of households in Nabitovu had a hand-washing facility (tippy tap), and most were not equipped with soap.

57% of households possessed a washroom, though only 35% of households had washrooms that had adequate drainage, without stagnant pooling.

A poor 46% of households possessed a rubbish pit, and only 12% of households possessed a rubbish pit of a standard size.

41% of households possessed a plate stand for sun sterilisation of plates and utensils, and only half of these were strong and well built, with 2 racks.

Nabitovu Before the Sanitation Campaign

Sanitation Measure	Number	Percentage
Number of Households Surveyed	155 (375)	41.4% (100%)
Number of households that possess a latrine	299	75%
Number of households who possessed a latrine with walls and roof	237	59%
Houses possessing latrines that were clean	199	50%
Houses possessing latrines with a cover	24	15%
House holds with a hand-washing facility	23	6%
Households with a washroom	227	57%
Households with a washroom with adequate drainage	142	35%
Households with a rubbish pit	183	46%
Households with a rubbish pit of standard size	49	12%
Households with a plate stand	163	41%
Households with a strong plate stand with two racks	80	20%

Bugabula B Village, Bulongo Sub County

Bugabula B village had the lowest coverage of washrooms, falling roughly 42% below the average coverage for a village. Bugabula also possessed by far the worst coverage of plate stands, putting the village at a higher risk of disease transmission due to dirty plates and utensils.

Bugabula B Before the Sanitation Campaign

Sanitation Measure	Number	Percentage
Number of Households Surveyed	115	≈ 100%
Number of households that possess a latrine	69	60%
Number of households who possessed a latrine with walls and roof	48	42%
Houses possessing latrines that were clean	14	12%
Houses possessing latrines with a cover	9	8%
House holds with a hand-washing facility	22	19%
Households with a washroom	14	12%
Households with a washroom with adequate drainage	7	6%
Households with a rubbish pit	16	14%
Households with a rubbish pit of standard size	15	13%
Households with a plate stand	17	15%
Households with a strong plate stand with two racks	17	15%

Walukuba Village, Bulamagi Sub County

Walukuba Village has the poorest latrine coverage out of the six villages surveyed. Less than one third of the village possess a latrine that is more than a hole in the ground. Walukuba's coverage of rubbish pits was also very poor at 16%, it was the second worst out of all the villages. Walukuba had an almost non-existent coverage of hand washing facilities, and less than half the village has any sort of kitchen.

Walukuba Before the Sanitation Campaign

Sanitation Measure	Number	Percentage
Number of Households Surveyed	121	≈100%
Number of households that possessed a latrine	64	39%
Number of households who possessed a latrine with walls and roof	49	30%
Houses possessing latrines that were clean	13	8%
Houses possessing latrines with a cover	11	7%
House holds with a hand-washing facility	7	4%
Households with a washroom	51	31%
Households with a washroom with adequate drainage	13	8%
Households with a rubbish pit	27	16%
Households with a rubbish pit of standard size	6	4%
Households with a plate stand	48	29%
Households with a strong plate stand with two racks	31	19%

Bulumwaki A Village, Namungulwe Sub County

Bulumwaki's latrine coverage was slightly above average, though there was a distinct problem of poor cleanliness of the latrines. Poor use of latrine covers put the Bulumwaki community at risk of disease transmission from flies. Bulumwaki had poor coverage of rubbish pits, only one house out of five possessing a rubbish pit. Only one in twenty households possessed a rubbish pit of an adequate size.

Bulumwaki Before the Sanitation Campaign

Sanitation Measure	Number	Percentage
Number of Households Surveyed	154	≈100%
Number of households that possess a latrine	109	71%
Number of households who possessed a latrine with walls and roof	80	52%
Houses possessing latrines that were clean	67	44%
Houses possessing latrines with a cover	23	15%
House holds with a hand-washing facility	16	10%
Households with a washroom	70	45%
Households with a washroom with adequate drainage	30	19%
Households with a rubbish pit	32	21%
Households with a rubbish pit of standard size	7	5%
Households with a plate stand	52	34%
Households with a strong plate stand with two racks	33	21%

Butongole Village, Namalemba Sub-County
Butongole's latrine coverage was found to be below average, and only half of houses possessed more than a just a hole in the ground.

Butongole Before the Sanitation Campaign

Sanitation Measure	Number	Percentage
Number of Households Surveyed	166	≈100%
Number of households that possess a latrine	127	66%
Number of households who possessed a latrine with walls and roof	85	51%
Houses possessing latrines that were clean	77	46%
Houses possessing latrines with a cover	13	8%
House holds with a hand-washing facility	22	13%
Households with a washroom	116	70%
Households with a washroom with adequate drainage	35	21%
Households with a rubbish pit	34	20%
Households with a rubbish pit of standard size	17	10%
Households with a plate stand	51	31%
Households with a strong plate stand with two racks	31	19%

Bunio Village, Namalemba Sub-County

Bunio possessed the lowest coverage of hand-washing facilities (tippy-taps) across the six villages. While Bunio's latrine coverage was above average, cleanliness is still an issue. Bunio's plate stand coverage was above average, though most plate stands were found to be in poor condition.

Bunio Before the Sanitation Campaign

Sanitation Measure	Number	Percentage
Number of Households Surveyed	183	≈100%
Number of households that possess a latrine	150	82%
Number of households who possessed a latrine with walls and roof	126	69%
Houses possessing latrines that were clean	101	55%
Houses possessing latrines with a cover	47	26%
House holds with a hand-washing facility	4	2%
Households with a washroom	122	67%
Households with a washroom with adequate drainage	59	32%
Households with a rubbish pit	75	41%
Households with a rubbish pit of standard size	59	32%
Households with a plate stand	82	45%
Households with a strong plate stand with two racks	47	26%

Sanitation Improvements across 6 villages 2009-2010

These are the improvements to sanitation recorded during the week of our sanitation push. However VHTs and the communities do continue to work after our campaign is ended, so true sanitation results are higher than recorded.

Table 1: Tippy Tap and Latrine Improvement

Subcounty	Village	# Tippy Taps built	% Tippy Tap coverage improvement	New Tippy Tap Coverage Across village	# Latrines Built	% Latrine coverage Improvement	New Latrine Coverage across village
Nambale	Nabitovu	126	32%	37%	5	1%	76%
Bulongo	Bugabula B	113	98%	117%*	7	6%	66%
Bulamagi	Walukuba	68	58%	62%	n/a	n/a	n/a
Namungulwe	Bulumwaki A	122	80%	90%	15	10%	81%
Namalemba	Butongole	96	71%	84%	6	3%	80%
	Bunio	136	75%	77%	29	16%	98%
Total		**661**			**62**		
Average		**110**	**69%**	**78%**	**12**	**7%**	**80%**

*In Bugabula B, more than one Tippy tap was constructed at many households, meaning the village now has more than one tippy tap on average per household.

Table 2: Plate Stands, Rubbish Pits and Bathroom Drainage Improvements

Sub-county	Village	# Plate Stands Constructed	% Plate Stand Coverage Improvement	New Plate Stand Coverage for Village	# Rubbish Pits Dug	% Rubbish pit coverage improvement	% Rubbish Pit coverage Improvement	New Rubbish Pit coverage for village	#Bathroom Drainage Improved
Nambale	Nabitovu	87	22%	62%	114	29%	9%	74%	35
Bulongo	Bugabula B	86	75%	90%	83	72%	31%	86%	36
Bulamagi	Walukuba	8	17%	46%	n/a	n/a	n/a	n/a	n/a
Namungulwe	Bulumwaki A	41	26%	60%	70	45%	34%	66%	51
Namalemba	Butongole	17	10%	41%	29	18%	5%	38%	8
	Bunio	98	53%	98%	117	57%	35%	105%*	64
Total		**337**			**413**				**194**
Average		**56**	**34%**		**82.6**	**44%**	**23%**		**39**

* Many rubbish pits we found in Bunio were of inadequate size or full, so we re-dug many pre-existing ones.

Note:

- Total % are an average of the % coverage across villages
- Walakuba received a ‘mini’ sanitation campaign, focused on plate stands and tippy taps, and will receive a push for latrines and other measures in the near future.

Summary of Findings:

The success with which we implemented our sanitation campaign in each village was influenced by a broad range of factors. The group implementing the Sanitation Campaign in every village was made up of members from the VHT and other interested members of the community, and the number of people enthusiastic to join in each group made a difference. In villages with higher initial coverage rates of various sanitation measures, it was often easier to convince villagers to participate in constructing sanitation measures, while it was more of a struggle in villages where having no latrine or plate stand or rubbish pit was the norm. Weather, elections, religious holidays and other village events played a role on how much could be achieved over the course of the campaign. Several sanitation campaigns were enhanced by children from the local school participating and helping out. Also, sanitation campaigns were enhanced when the Sub-County Health Assistant participated, and was able to provide legal incentives village who were not in compliance with latrine standards.

Constructing latrines remains by far the most difficult sanitation measure to initiate, given the considerable amount of time to dig and construct. Some villagers also resist digging latrines as they to not see the need to change their habits of open defecation that has been the habit for many centuries, and do not connect illnesses such as diarrhea with poor sanitation. However the elimination of the practice of open defecation is by far the most important sanitation measure we can achieve in a village. Building tippy taps is among the quickest and most effective measures to implement, but offers the biggest challenge in terms of long term solutions to hand washing, as tippy taps need to be filled regularly with water and fixed when they are broken, which requires motivation on behalf of the villagers.

Conclusions:

Our sanitation campaigns have shown that significant improvements can be made to the standards of sanitation in a village within a very short time. Sanitation measures do not need to involve sophisticated technology or particular expertise to implement, and sanitation measures based on locally available low cost materials are more likely to be sustainably adopted and replicated in the village. UVP will continue to make efforts to continue sensitizing our villages on the importance of hygiene and sanitation, and work with our Village Health Teams to encourage our communities to maintain and upgrade their sanitation measures on a continual basis.

Acknowledgements

- Choose A Need
- Ugandan Red Cross Staff and Volunteers
- Busoga Trust
- The Sub-County Health Assistants from Namalemba, Namungulwe, Nambale, Bulongo and Bulamagi Sub-Counties.
- The Village Health Teams from Nabitovu, Bugabula B, Walukuba, Butongole, Bulumwaki and Bunio who helped to make these campaigns a reality.