

Improving district level leadership

Sanitation and hygiene in Uganda

Author: Carmen da Silva Wells, IRC International Water and Sanitation Centre, the Netherlands < dasilvawells@irc.nl>, Author: Patience Turyareeba, SNV Uganda < pturyareeba@snvworld.org>, Author: Brecht Mommen, SNV Uganda & t;bmommen@snvworld.org>

Uganda is a frontrunner in East Africa in water and sanitation reforms, but it is struggling to achieve its sanitation and hygiene-related Millennium Development Goals (MDGs). More district level leadership is needed.

Improved water supply and sanitation services are key priorities of Uganda's Poverty Eradication Action Plan. Statistics show there is a lot of work to be done. Latrine coverage stands at 62% nationally, and 79% of these latrines lack hand-washing facilities. In schools, there is an average of 69 students per latrine.

Sanitation and hygiene are not priorities at the district level. Limited funding (budgets for sanitation lag far behind those for water supply), the low profile and priority of sanitation and hygiene and the division of responsibilities and funding among departments that have other key priorities hamper progress.



Since 2001, responsibilities for hygiene and sanitation have been divided between district-level water, health and education departments. This has resulted in the fragmentation of activities and budgets. The Primary Health Care Grant (PHCG) and the Water and Sanitation Conditional Grant (WSCG) are the main funding sources for sanitation and hygiene, but neither have clear earmarks for these issues. Because of this, some districts have largely ignored sanitation and hygiene problems. After distribution of earmarked funds for medication, all other public health interventions, administrative and other recurrent costs, on average as little as 2% of the PHCG is allotted to sanitation and hygiene. WSCG funds are limited to water source protection rather than excreta management.

An additional constraint is the lack of manpower at district and subdistrict level to effectively implement and monitor sanitation and hygiene programmes. As a result, outreach to households, sanitation awareness raising and hygiene monitoring ? vital for achieving the MDGs ? are neglected.

Learning at the district level

Conditions vary substantially across Uganda's 80 districts, and official coverage statistics do not reflect the condition or use of latrines. Outbreaks of fecal-related diseases such as cholera continue to occur. To address these issues in districts with particularly poor sanitation, the International Water and Sanitation Centre (IRC), the Netherlands Development Organisation (SNV) and Network for Water and Sanitation (Netwas Uganda) launched the Learning for Policy and Practice in Sanitation and Hygiene (LeaPPS) programme. The programme has been implemented in the districts of Kyenjojo, Kamwenge, Arua and Koboko.

LeaPPS brings together groups of people who work in hygiene and sanitation improvement. This includes politicians, local government staff, community members, donors, researchers and private sector providers. Many of these groups have operated in an uncoordinated way, in isolation from each other. Many lacked access to information and guidelines developed in Kampala or practical lessons learned elsewhere. LeaPPS aims to foster stronger coordination and information sharing for improved hygiene and sanitation at the household and community level and in primary schools.

In 2007 and 2008, six multi-stakeholder learning sessions were attended by local politicians, district level staff, NGOs and CBOs, the private sector and representatives from two subcounties in each district. These sessions provided an opportunity for joint analysis of challenges and learning needs, which were then addressed through capacity building activities such as training, action research and case studies. Participants' interests and capacity building needs determined the learning agenda and were addressed through presentations, group work, discussions and field visits. Subjects included social marketing and participatory methods, effective bylaws and enforcement, low-cost innovative technologies such as Ecological Sanitation (EcoSan), the links between HIV/AIDS and water, and raising the profile of sanitation and hygiene.

Lessons learned

LeaPPS participants have developed their capacity to set performance targets, monitor and analyse their achievements and be innovative in their approaches. Although some progress has been made improving coordination and information sharing between local governments and civil society organisations, this remains a challenge.

Participants in the LeaPPS sessions learned the following conclusions:

- The LeaPPS model helps stakeholders identify their capacity needs.
- Learning is most effective when it builds on existing needs and programmes.
- Information needs to be better trickled down to the subcounty level.

Links

- [Water and Sanitation Resource Centre, Uganda](#)
- [The International Water and Sanitation Centre \(IRC\)](#)

- [SNV](#)

Further reading

- Ministry of Water and Environment, Uganda
. *Water and Sanitation Sector Performance Report 2007.*
- Ministry of Water and Environment, Uganda.
Water and Sanitation Sector Performance Report 2008.
- Water and Sanitation Program. (2006)
Financing Strategy for Sanitation and Hygiene Promotion in Uganda - Part I.
- Roz, S. (2008)
Documentation of Experiences of Water and Sanitation Sector, UWASNET June 2005; Water, Sanitation and Hygiene Policy Analysis. SNV Uganda