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## Sanitation and behavioural change: ACORD's experience

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**Sanitation and behavioural change: ACORD'S experience***Fred Bangu, Uganda*

ACORD (AGENCY FOR Co-operation and Research in Development) is an International consortium of NGO's working together with poor African communities for the promotion of rural development.

ACORD started Work in Mbarara district, South Western Uganda in Onuchinga programme area in 1987. The area covers 654 square kms with a population of 75.000 people.

Initial interventions were in micro-finance, environment protection, gender sensitisation and HIV/AIDS awareness.

In 1994, the programme expanded to cover water development, so as to increase on the availability of dependable and reliable water supplies and improving on the hygiene and sanitation of communities.

Hand dug and drilled tube wells were constructed together with surface rain run-on water harvesting technologies i.e rock tanks, Artificial Pared Catchment tanks (APC's), valley tanks and dams.

Previously, most of the population of On-chinga, obtained their domestic water from unprotected wells, streams, ponds as well as rain run-off detention facilities i.e. natural depressions in the ground. Due to inappropriate sanitary arrangements, these unprotected sources were prone to constant contamination with faecal counts in most of their running as high as 2220 per 100ml.

Ground water abstraction technologies which would have offered solutions for poor microbiological quality had serious chemical quality limitations i.e. high concentrations of iron 11, calcium and manganese salts.

Therefore, the communities continued to rely mainly on the surface rain nun-off harvesting teclmologies which were not offensive to taste in the mouth and for washing and cooking.

The District Health Extension Staff whose role is to give guidance to communities on public health, hygiene and sanitation improvement were poorly motivated/facilitated to effectively do their work.

In 1996, ACORD contracted 3 sub-county extensionists from the health department to sensitise and health educate communities in the programme area. In return they were

offered some modest day and transport allowances.

This slightly improved the situation, but by the end of 1997, it was very difficult to measure the impact due to concentration of the meagre resources over a wide geographical area, i.e. over 120 villages in 15 parishes.

Last year, this approach was changed to mainly concentrate on a smaller area and with specific target groups who would act as role models for the rest of the communities to learn from.

With the help of local leaders, ACORD and health department staff selected 15 pilot villages, one in each parish including a primary school in each pilot village to work with.

A baseline survey was conducted to determine the existing situation in all the 1400 households covering 7276 people in the pilot villages.

A summary of the findings is given in the table below;

Feedback meetings and workshops were conducted for the local leaders to present them the survey results and work out action plans.

From the survey results, it was noted that the pit latrine coverage was generally good ie. 82 per cent, probably due to earlier interventions, which included forced implementation of bye-laws by local chiefs, requiring people to have pit latrines. However, their proper use was comparatively low i.e. 45 per cent mainly due to Peaces littered on the floors and their surrounds.

Adult users especially men were noted to have also contributed to making them dirty especially when they wetted the area around the squat holes when urinating, causing discomfort for other users.

A fair percentage of the people kept their drinking water stored in clean containers i.e. 53 per cent, while a lower percentage only 45 per cent fetched water in clean containers, leaving the majority 55 per cent using dirty containers to probably fetch water from improved sources. Hence, contamination took place inside the dirty containers before transferring to probably clean storage containers.

The low coverage of composite pits 19 per cent was

**Table 1.**

Villages	No. Of H/HS	Pop.	Latrines		Clean Water Containers		Compost Pits	Drying Racks
			Present	Clean	Collection	Drinking		
15	1400	7276	1156	637	634	750	272	735
% ages	%	---	82	45	45	53	19	53

attributed to better use of the organic/kitchen waste for organic farming and feeding domestic animals.

The community representatives agreed with the health and ACORD staff to lay more emphasis on behavioural change, so as to uplift the standards of the sanitation environment in their areas. They felt that this would minimise on the contamination of water in their wells and also during the process of collection and storage in the homes.

### Issues cited for addressing include

- Sensitisation of men on the proper use of latrines i.e. taking care not urinate on the floors.
- Construction of urinal sheds/structures . Proper disposal of both children's and adult's faeces.
- Washing hands after visiting the toilets.
- Sensitisation on the importance of clean water collection and storage containers.

As a first step, ACORD conducted 2- days workshops for the local leaders in each of the 15 pilot villages to sensitise them on their roles in the promotion of sanitation and behavioural change, so as to cut off the common oral faecal transmission routes. Participants were drawn from women, youth, school, religious and opinion leaders:

Each pilot village drew up a one year action plan to demonstrate some practical aspects of the new approach. 3 model homes were selected in each village (one of which was a female headed household) and these in turn would influence another 3 neighbours who would also do the same until the multiplier effect spread throughout the whole village.

Some of the local leaders were exposed to an improved community based health care (CBHC) model village set up by UNICEF in the North of Mbarara district.

ACORD with the District Health and Education Departments, organised drama competitions amongst the 15 schools in the pilot villages to create awareness of the effects on health and production caused by diseases related to poor latrine use.

Each participating school was rewarded with a hand washing facility, and exercise books and pens for the students respectively.

The health extensionists intensified home visits to the pilot villages where emphasis was placed on the 3 model homes and their neighbours.

Focus group discussions were held with members of the homes on sanitation and hygiene issues and practical facilities put in place i.e. urinals and bathing facilities, dish drying racks, squat hole covers and hand washing facilities near existing pit latrines .

The local leaders were also involved in monitoring the progress of developments in the pilot homes and their surrounds.

Most of the pilot homes responded positively to the home visits, with women headed households being most enthusiastic and innovative to implement new ideas.

In Buhoigore village, women organised into a group that assisted each other to improve on their homesteads i.e. putting up dish dry racks, urinals, cleaning the compound etc.

In Kyazugu village the local leaders, successfully mobilised mainly women for a general home improvement campaign:

The impact of the school drama competitions on the surrounding communities was very tremendous. Wash hand facilities were bought by some of the surrounding schools and shopkeepers and operators of eating places . Others improvised with small water plastic containers and soap placed near the pit latrines.

All the above case studies are testimonies that the new approach is yielding some positive results.

### Lessons learnt

- Community involvement in sanitation programme is very crucial for their success.
- Through home visits, facilitators should learn and understand community's problems and concerns and gradually build their confidence and capacity to address some of the issues by themselves.
- Behavioural change of communities to adapt to new attitudes and practices is a slow process that requires time patience and commitment by the facilitators.
- Women are key players in the promotion of hygiene and sanitation behavioural change because in most cases they are the ones who stay at home in the dirty environment and suffer most when caring for the sick ones.
- Drama is a good method for dissemination of key messages and information to communities especially those with low literacy levels.

### Way forward

The Uganda Government has been very supportive towards efforts of improving sanitation especially in rural areas.

In his 1999 New Years address to the Nation, President Yoweri Museveni said that 40 million work days are lost due to poor sanitation related diseases, "*one man one vote should rhyme with one home one toilet!*")

ACORD shall continue to concentrate on modelling the 15 pilot villages and schools this year, to provide learning experiences for others.

Home visits shall be continued so as to put up new facilities and encourages the good maintenance and use of the old ones.

Refresher workshops for local and opinion leaders shall be held to enable them evaluate current progress and draw up relevant action plans.

Internal exchange visits between the pilot villages shall be conducted to assist them evaluate themselves relative to each other.

An evaluation of the 15 pilot villages shall take place before the end of this year and it is anticipated that the experiences and results from these two years pilot project shall provide useful information for ACORD and others to

design more effective practical hygiene and sanitation programmes for communities in developing countries.

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