THE DIFFERENT ROLES FOR COMMUNITIES AND HOUSEHOLDS

While many of the needed changes will happen at the household level, in some contexts some decisions and actions may need to be taken collectively by the community. Such shared action may relate local decision making about the most appropriate range of sanitation solutions (communities may need to decide whether they are willing and able to manage shared facilities or whether they can all afford to invest in private household WASH facilities.

INTRODUCTION

AMREF being existent in the Northern region has picked pointers factors that influence behavioral change. The experience is that initially AMREF employed CLTS and PHAST approaches in rural communities in Pader district. However the two approaches yielded less result on sustainability of latrine coverage and open defecation free zones. For example Lutini village in Awere Sub Counties are an unfortunate incident happened. During one of the community triggering sessions, a bottle demonstration was conducted and to surprise one of the volunteers of the sessions drunk the bottled water with fecal content in it. He explained that triggering had been conducted several times and it was nothing new. A look at the villages that had been declared Open Defecation Free had instead detoriated due to little or no follow up. What did this mean to AMREF? A different strategy needed to be adopted to change community mindset.

JESE’s experience in the Rwenzori region is that Community Led Total Sanitation yielded good results under the WASH and LEARN project. JESE utilized the originally known as “NYUMBA KUMI concept” in promoting adoption of WASH facilities and practice. After communities had been triggered, households were facilitated to form clusters on a criteria of proximity and common household characteristics (10 or more households in each cluster) to monitor and support each other to have basic household sanitation and hygiene facilities and practices. This is aimed at creating sanitation demand and enhancing community’s adoption to total sanitation at household level in Bunyangabu district in the Rwenzori region.

NETWAS under the SDG programme has facilitated the utilisation the different strengths of AMREF and JESE and provided technical assistance in integrating traditional CLTS and clustering households.

Clustering Households Re-enforces Clts Efforts in Agago District

Best Practice documentation has been developed under the WASH SDG Programme by NETWAS UGANDA as a member of the WASH Alliance International, partner of the WASH SDG Consortium.
LESSON LEARNT ON CLUSTERING APPROACH IN COMPLIMENTING CLTS COMMISSIONING

Recognizing that clustering approach to sanitation and hygiene uptake may be difficult but could be one of the most significant programming decisions to be taken. Once it becomes clear that a different range of WASH technologies could be employed to tackle the sanitation challenge, implementers and health workers may find a huge number of options opening up to make incremental improvements.

SDG programming can help to signal this shift by:

1. Instituting consultative processes to review and update technical norms and standards within cluster groups from different sub-counties of intervention within Agago district.
2. Earmarking funds for sanitation marketing
3. Making funds through WASH product loans available for training technicians in new and non-traditional technological approaches
4. Making funds available for research and field-based trials of new technologies
5. Training cluster heads (where they exist) to help them oversee appropriate sanitation interventions
6. Utilising cluster heads to publicize and promote new and innovative technologies and approaches

OYLELO VILLAGE, KOTOMOR SUB COUNTY AGAGO DISTRICT CLUSTERS HOUSEHOLDS FOR IMPROVED WASH UPTAKE

Olyelo village adopted clustering households as a means to increase uptake and adoption of best hygiene and sanitation practices and construction of WASH facilities. On 20th August, 2019, AMREF and JESE facilitated selection and grouping of clusters for improved sanitation. The chairperson took a lead role and his village now has 5 cluster groups with cluster heads. The cluster heads are assisted by assistants who help to monitor and follow up cluster group members. Cluster group members meet weekly to evaluate themselves on the progress on the sanitation ladder. Household level participatory evaluations and planning have emphasized the need and potential of Household sanitation. AMREF and JESE have made a strategy to conduct sanitation and social marketing of WASH through cluster heads. The cluster heads have influenced households to adopt hand washing facilities.

METHODOLOGY

AMREF, JESE with support from NETWAS have integrated clustering household concept in existing government structures where cluster heads are assigned responsibility of following up their cluster group members on their status and therefore reporting to the area zone village health teams. The cluster group heads’ reports feed into the Health management Information system as the WASH section report is always updated. And later, the Village Health teams recommend cluster groups that have fulfilled all the WASH requirements of a model household to receive a stamp n the group listed households by the parish chief. Failure to adhere to the requirements, the parish chief’s then recommendation for reprimand is made.

ACHIEVEMENT

Clustering households has now been adopted by health Assistants of Kotomor, Wol, Paymor as a means to enforce the ongoing CLTS initiatives in Agago district sanitation and hygiene facilities and practices

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