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**LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND
SUSTAIN WATER, SANITATION AND HYGIENE SERVICES**

Model village approach: case of Kamwenge District

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A model African country is made up of model villages. Every home in a village should have all the requirements of hygiene and sanitation and also; the line community should have a water source that has all the requirements of appropriate O&M as safe water is a key complimentary element of ideal hygiene and sanitation and vice versa. This has been done through village hygiene and sanitation improvement campaigns in Kamwenge District through District and Sub County Health Inspectorate teams through the model village approach. The key elements contributing to the success of the approach are; strong engagement with the local government leaders, inclusiveness of the sanitation committees, political willingness and continuous monitoring. This has resulted in increased access to sanitation and presence and use of handwashing facilities.

Background

A model African country is made up of model villages. This is the underlying philosophy of Water for People's current approach to health and sanitation in Uganda. Implementing at the village level, Water for People aims to have Uganda become a model for excellent health and sanitation in Africa. This is why the organisation wants to share with other implementers its best practices, successes and lessons learnt.

In order to achieve their goal of having every household and every institution have access to safe water and appropriate hygiene and sanitation, Water for People is implementing what is known in the WASH sector as the "Model Village Approach". The approach targets to have every home in a village have all the requirements of hygiene and sanitation and also ensuring that the village has a water source that has all the requirements of appropriate O&M as safe water is a key complimentary element of ideal hygiene and sanitation and vice versa. This has been done through village hygiene and sanitation improvement campaigns. This approach is currently being implemented in Kamwenge District in Mid-Western Uganda.

Implementing stakeholders

Water for People is an international NGO which under its 'Everyone Forever' program, implemented in all its global programs, aims to have every household and every institution have access to safe water and appropriate hygiene and sanitation. Water for People works with the District and Sub County Health Inspectorate teams of each village during the implementation of this approach. These village health teams comprise of a respected representative from the village, as well as the:

1. District Health inspector
2. County Health Inspector
3. Health Assistants
4. Community Development Officer
5. Sub County Chief
6. Local Council Chairmen

The requirements of a model home

Following discussions with the health departments of Kamwenge District Local Government and partners, it was agreed that a model home should comprise of the following elements.

Table 1.		
Main buildings	The compound	The pit latrine
<ul style="list-style-type: none"> Well-ventilated and well-lit Well-thatched or roofed Plastered floors and walls Main house should have a veranda and beds with mosquito nets The kitchen should have a raised fireplace with a smoke escape Animals should be kept in a separate animal house 	<ul style="list-style-type: none"> The grass should be kept low A wire for hanging clothes Plates should be placed on a two-level sanitary racks after being washed, with a soak pit with stones for good drainage The outside bath shelter should have curved walls for privacy, and a soak pit with stones for good drainage Sorted rubbish pits to not throw plastics into their gardens 	<ul style="list-style-type: none"> Plastered with good finishing Well-built with good ventilation Doors for privacy With separate stances for females and males Anal-cleansing materials Pit cover Handwashing facility with soap



Photograph 1. 2 Level dish drying rack



Photograph 2. Hand washing facility



Photograph 3. Example of model village house



Photograph 4. An animal house

Methodology

1. Water for People identifies existing leaders in the village, to form a new sanitation committee. Some members are voted in. Each village committee is headed by the Local Council III chairperson, county and district health inspector.
2. Water for People informs the committee about the requirements of a model village, and also teaches them strategies such as community engagement. Conversely, the committee informs Water for People

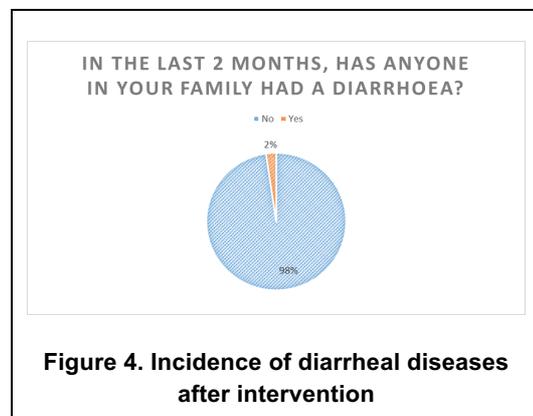
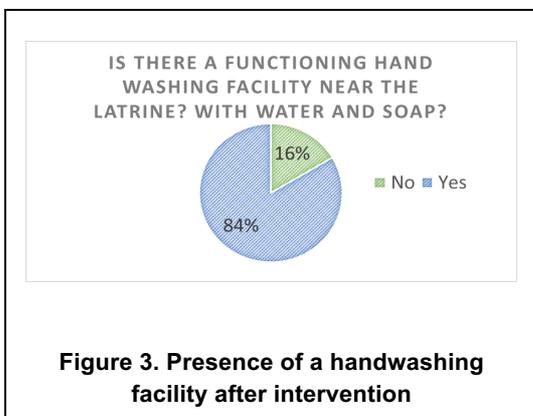
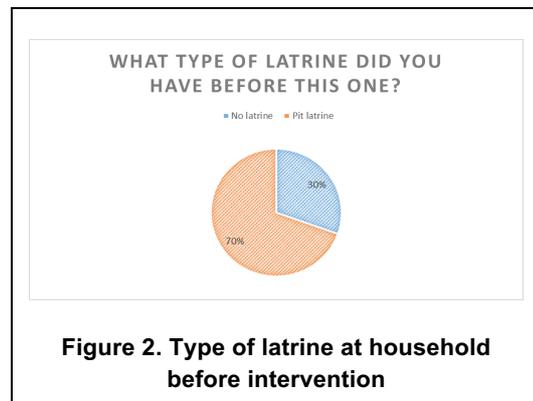
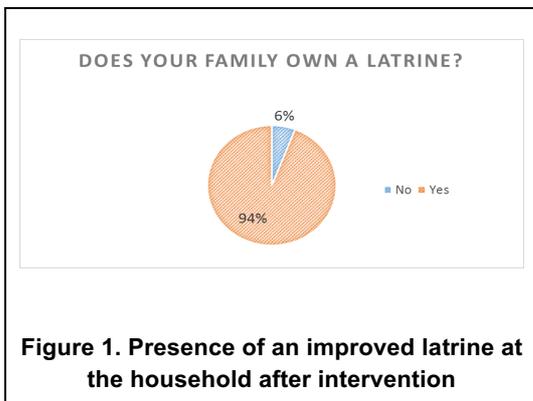
- about the specific health and sanitation issues facing the village, and how the committee feels these issues should be approached in a culturally sensitive manner.
3. The committee then carries out a door to door campaign in the village, informing households about what they need to do to become a model home, as well as why and how. Committee members provide hands-on training in the building of sanitation facilities such as the tippy-tap, assisting to a certain extent but supervising the process to completion. The committee also holds demonstration visits where village members are taken to see model homes first hand, then emulate what they have seen.
 4. The health inspectors or their assistants make follow up checks on these model homes to make sure they are being maintained. The inspectors also visit the village water sources to ensure they are safe and being maintained properly. Without a safe water source, a model home is not possible. This is why Water for People introduced the model village approach alongside the ‘water safety planning’ approach which aims at eradicating waterborne diseases through regulating human and animal behavior at water sources.
 5. Once 100% sanitation coverage has been achieved in a village, meaning each home has the model home requirements and the water source is safe, Water for People shifts its focus to the next village. This process will be repeated until all villages in all the sub counties are model villages, turning Kamwenge into a model district.

Results

Data collection 2 months after the implementation of the model village approach revealed the following:

Increase in sanitation access

The approach resulted into increase in the number of households with improved latrines. 24% of the households that didn’t have latrines prior to the programme have since then constructed latrines. More data indicates that those that had simple pit latrines have since then upgraded to pour flush whereas some have incorporated permanent slabs on their traditional pits.



Increased handwashing with water and soap

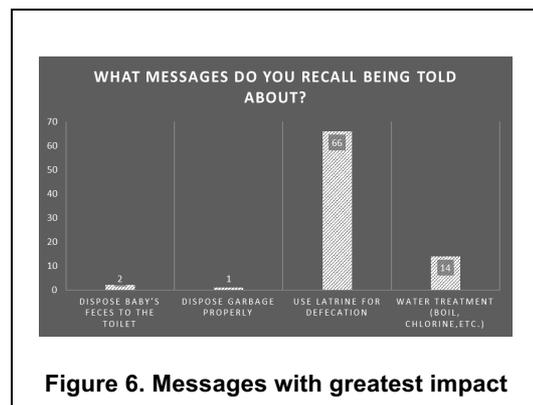
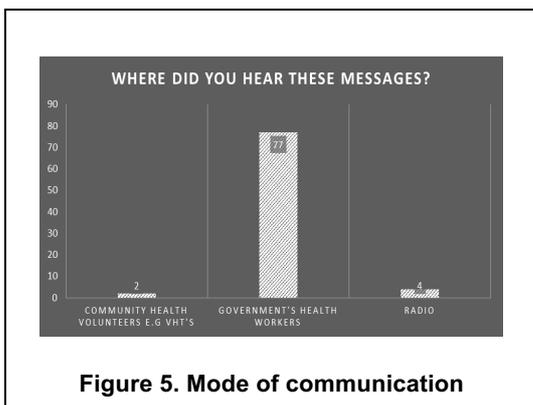
Prior to the intervention, there was hardly any household that had a functional hand washing station defined to be one that has the ability to contain water for hand washing and soap or acceptable equivalent like ash. The intervention has seen this increase to 84%. Further studies will have to be conducted to assess hand washing at critical times of the day.

Mode of communication

Communities are educated by the sanitation committees that comprise of District level health officials, Sub county level political and technical staff and village level representatives. Additionally, radio talk shows are held to target participants that may not attend the meetings. Data collected shows that majority of the community members still remember what they were told by the government health workers. This shows that more emphasis should be placed in investing in government workers to move around communities. Never the less, the radio talk shows and use of village level people should also be used.

Packaging of the messages

Whereas the community members were educated in a number of aspects, data collected indicated that they remembered the message about the use of a latrine for defecation most. This indicates the need for messages to be packaged singly to avoid other aspects being ignored by the community members. We have made plans to revisit communities about water treatment, garbage disposal and the like.



Successes so far

So far, progress has been made in the villages of Ntara B, in Ntara Sub County, Kemihoko in Nyabbani Sub County and, Kabale and Kirinda in Biguli Sub County.

1. Model homes: Each household has the sanitation facilities needed to make a model home.
2. Water sources: Since water safety goes hand in hand with having a model household, the water sources in these communities are being cleaned and renovated.
3. Sanitation committees: These have brought together leaders from different levels and sectors. There is greater engagement between the local government leaders and health officials, which allows issues of health and sanitation to be presented directly to local government. Water source caretakers and hand pump mechanics also engage directly with local government leaders to talk about the state of water sources in the village. Such a platform did not exist before.
4. Capacity building: Aside from the trainings of sanitation committee members, Water for People has also built the capacity of the pre-existing village health teams, by informing them about the newest trends and practices in health and sanitation including increased community engagement.
5. By-laws: In each sub county, bylaws now exist that will penalize any individual who does not have a model home or is caught exhibiting outlawed behavior at water sources such as open defecation, bathing or animal grazing.
6. Sustainability through 'pay-for-fetch': Each household is now being encouraged to pay a monthly dividend towards keeping the water source clean.
7. Funding and Replication of the approach: The district local government leadership has been instrumental in the implementation of this approach. They are currently replicating the approach in other villages with

their own human resources with funding from water for people. The government is now looking at ways of using their little available budget in a more effective manner to reach few people per year using the model village approach as opposed to getting to many people in many villages with no impact at all.

Drivers of success

According to Water for People Uganda, key elements that are contributing to the success of the Model Village Approach are: Strong engagement with the local government leaders, health officials and village members. *Inclusiveness of the sanitation committees.* There is multi-level engagement between local council chairmen and health officials at different levels. *Political willingness.* The local government leaders have been fully co-operative with Water for People throughout the program, and their presence at household trainings has ensured that household members listen to the health officials that are training them, since local leaders may command more respect than health inspectors. Also, bylaws have been put in place by these leaders and are being enforced in a fair manner to people who do not maintain model homes or are caught behaving badly at water sources. *Annual monitoring.* This is a key pillar for Water for People as it contributes to their evidence-based advocacy. People are trained first by presenting the cold, hard facts to them such as the high level of ecoli in their water source.

According to Joshua Bwanero, County Health Inspector, Kamwenge District, the key elements contributing to the success of the Model Village Approach are: He and his team try to sensitize the community through memorable skits and storytelling. For example, he always begins his sensitization by asking whether clear glass of water he is holding is clean or not. When the audience answers yes, he says the water actually contains 50 percent faeces. He then asks the audience if they know whose 'faeces' they are drinking back at home. This disgusts and scares the community into not being fooled by the clean appearance of water, but rather that they change their behavior at the water source so that it is as clean as it looks.

Joshua and his team always try to identify the best actors in the community, who can talk to their fellow villagers about good sanitation practices. These include elders who were around in the 1960s, when the rural communities practiced better hygiene. Joshua also points to the fact that in the model village approach, Community Led Total Sanitation (CLTS) is combined with home improvement. CLTS was the method being previously implemented by Water for People but was found to have too narrow of a focus to effect significant change (e.g. focusing on prevention of open defecation).

According to Ronald Mugume, chief of Biguli sub county, Kamwenge District, the key elements contributing to the success of the Model Village Approach are; Commitment to the cause. Ronald believes that as a leader, his commitment has helped see many activities through to completion. "Once you set out, don't look back." Continuous monitoring of the households to ensure their sanitation facilities are maintained and non-selective enforcement of the bylaws put in place is key.

Best practices

1. Local leaders should be brought on board whenever entering a community
2. The community should be engaged and included in decision-making
3. Committees should be inclusive and bring together leaders from different levels and different sectors e.g. local government and health sector on same committee
4. Existing structures should have their capacity built
5. Frequent monitoring should take place for evidence based advocacy
6. Monitoring results should be presented to the actors at all levels e.g. right down to the hand pump mechanics, in water safety planning
7. There should be systems integration i.e. maintaining a model home should be planned alongside maintaining the community water source
8. Users should be encouraged to contribute monetarily to the maintenance of their water sources, to establish a sense of ownership and responsibility

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