

Uganda — Keeping a country clean through its schools and communities

by Regina C. Faul-Doyle and Brendan A. Doyle

This is a brief story about Uganda. Since colonial rule, efforts ranging from coercion in villages to persuasion in schools have been made to encourage its citizens to build, maintain, and use latrines, keep themselves and their environment clean, and use clean sources of water. With what results?

FROM THE 1900S through the 1960s, Uganda was no different from most other countries under a colonial government who held sanitation and hygiene high on their political and social agendas. First, keeping clean meant that the local population would be less exposed to tropical and common diseases. Secondly, the indigenous population would become stronger and healthier, thus a better source of labour and income generation. And thirdly, it was a sign of 'civilizing' the country and, just as importantly, it went hand in hand with

Christian ideals of cleanliness being next to godliness. Also typically, in order to get the local people to 'understand' how and why to keep clean, ministries were established, public-health rules written and made official in Parliament, and inspectors appointed to enforce the standards. As schools sprang up, educational standards were set up to parallel the British system, and textbooks written to exhort and explain the scientific facts about germs. Bye-laws were set for households as well as public areas. Homes, marketplaces, food stalls,

offices, hospitals, schools and recreation areas were expected to have a specified number of latrines or toilets available. Toilets and latrines were so synonymous with the law that they were even called 'bye-laws' by some Ugandans, and water points were clearly identified as 'government property'.

Food handling and processing was strictly governed. Rubbish and offal was to be disposed of by collection in designated rubbish tips to be carted, buried or burned. To ensure such high standards, public health inspectors routinely fined storekeepers, butchers, householders and schoolmasters. Schoolchildren memorized the life cycle of the rat and the workings of the alimentary canal.

The Government took on the responsibility for supplying the water to maintain good hygiene. Ministries for Water, Local Government and Health planned, funded, staffed, managed, and kept up water points in every town, brought boreholes to drought-prone and water-scarce areas, and provided water to as many clinics and schools as they could afford. A network of



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Collecting drinking-water in Uganda. In the early 1980s, over 70 per cent of all sources were broken down.



Before the major shake-up of water and sanitation policies in the mid-1980s, a large proportion of Ugandan children died from drinking dirty water.

installation and maintenance workers stretched thinly over a vast geographical area.

In interviews, retired public health


inspectors speak fondly of Uganda's well-kept cities and hamlets, proudly competing in 'most beautiful town' contests.

Making people use what they build and know: the reality

But further discussions indicate that, not far below the lovely surface, insanitary conditions continued. If a person or district had the right political or social clout, hygiene inspections for their businesses or homes might be waived. If a local chief were influential enough, the water pump might be found closer to his compound. Conversely, very poor or remote villages may never received a visit from the inspector, much less water workers.


And inspections were based solely on physical aspects — if latrines were faeces- and urine-free and met the building standards, they passed. No one stopped to ask or observe who was using the latrines, or if the water sources were actually working. People recall with amusement that many of the beautiful school and home 'bye-laws' went virtually unused to keep them clean in case an inspector called. Students were learning something about biology and vectors and could pass their exams, but no one asked them if they washed their hands before they ate.

Focus group discussions revealed




VALVATE DRILLING SYSTEMS

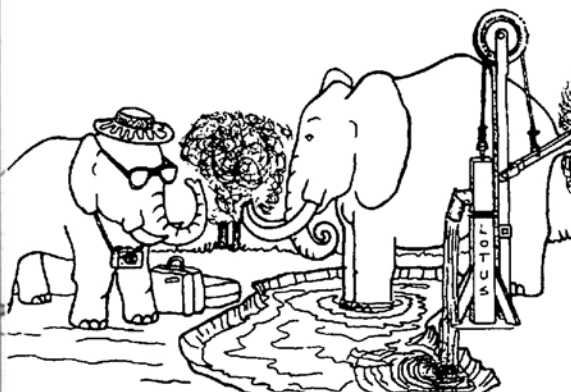
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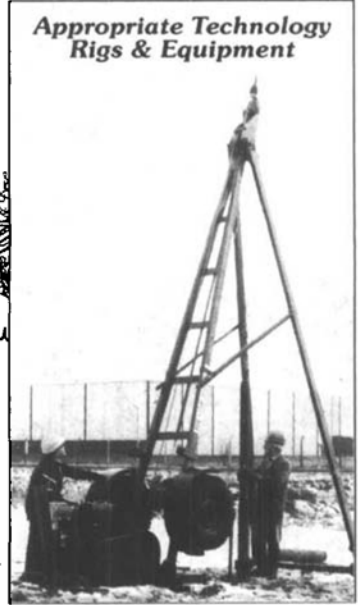


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that women and adolescent girls hardly ever used those latrines in the 'old days' because they were embarrassed that people would know what they were going to do, or felt that using the same place as men was taboo. Small children were often forbidden to use latrines because they might fall down the hole and, anyway, surely children's faeces were harmless.

As far as the 'government property' water was concerned, a Ministry of Land, Minerals and Water Resources survey in the early 1980s showed that, at any one time, over 70 per cent of all sources were broken down, and that they stayed that way on average for six months. Inspectors were not trained to watch or report as people walked behind the latrines into the bushes, fields, storm drains, or streams to defecate, or carried their water pots past broken-down pumps, or damaged or blocked spring-boxes to the rivers or lakes.

Independence

Following the declaration of independence in 1962, new governments continued to operate in the same way. The serious mismanagement of the economy and subsequent deterioration of public services in the early 1980s did little to improve the level of sanitation and hygiene and water services in Uganda. The colonial laws remained on the books but, with the public coffers being rapidly drained, there were few inspectors to enforce them. When water services broke down, there were even fewer maintenance workers to fix them; and people were afraid to repair them for fear of interfering with government property, particularly during the dictatorship of Amin. Books and materials disappeared and trained teachers were killed off or left teaching, to be replaced by barely literate 'volunteers'. Years of internal conflict prevented the country from catching up with the rest of Africa in the fields of public health, education and development in general, including new participatory and empowering approaches.

Lessons learned

By 1983 when less than 7 per cent of its people had access to a safe water supply, and only approximately 8 per cent had sanitary latrines. It was calculated that unsafe water and insanitation-related disease was the second leading cause of death among infants, accounting for 16 per cent of all deaths. A comprehensive situation analysis of the conditions affecting the

health and socio-economic status of women and children gave the first clear picture in decades on which to make informed decisions regarding policy, strategies, and resource allocation. Sanitation and poor hygiene practices were identified as a critical area of concern just at the time when AIDS was becoming a serious threat. This made everyone rethink strategies for public and school education with a focus on behavioural change.










In hindsight it was obvious that a top-down and paternalistic approach to water and sanitation — with a limited objective of constructing physical facilities — was doomed to failure, and that rote memorization of foreign facts was not of practical, real-life use to kids.

Positive change

In the mid-80s, ministries and aid agencies were determined to learn from the past. The democratic government of Yoweri Museveni led to changes in thinking about the ownership of public resources. Money and manpower shortages forced people to think practically about issues of participation and enforcement, and brought external agencies and ministries together to share costs and expertise and think of ways to persuade, not force. These shortages also limited the scope; from an attempt to reach every household, to reaching war-torn communities and drought-prone areas. It was also thought that, to cover as many behaviourally related health problems as possible (HIV, diarrhoea, malaria, measles and others) and to create a future demand for facilities and service use, school education should be revitalized.

In planning strategies to provide facilities and education for adults, it was determined that, where possible, people would be consulted and given

choices in approaches, educated about the links between sanitation, hygiene, and disease, and given greater control and a wider, more active role in

		water BORNE diseases Diseases we can get by DRINKING Unprotected Water	
Bilharzia Bilharzia causes Blood in the Urine and Abdominal Pain.		Cholera A lot of Watery Diarrhoea, Dehydration, Weakness and Collapse	
Diarrhoea Many Loose Watery Stools. We get Diarrhoea from many types of Diseases.		Guinea Worm The Worms come out of the skin and cause burning, Itching and Infection.	
Hepatitis A long time Sickness with Pain in the Abdomen, Yellow Eyes, Loss of Appetite and Dark Urine.		Polio Polio causes Permanent Lameness in the Arms or Legs.	
Typhoid A Fever with Headache, Abdominal Pain, Weakness, Confusion and Diarrhoea.		Worms Sometimes Drinking Dirty Water Gives Us Hookworm, Whipworm or Roundworm	

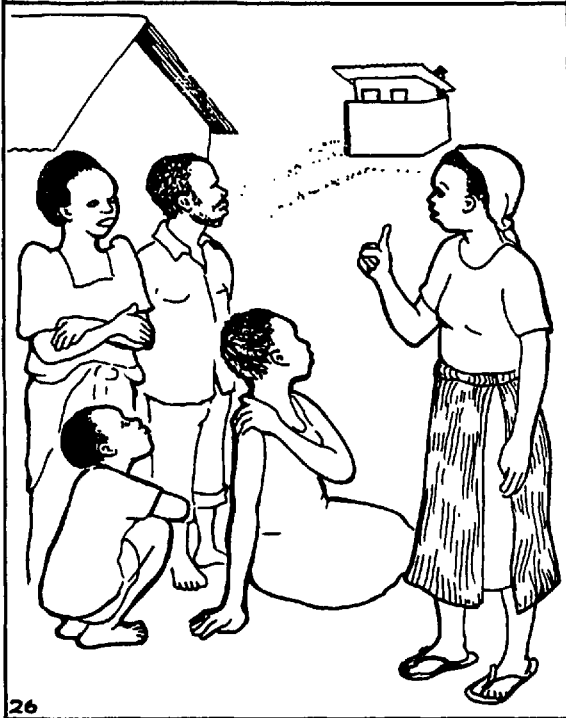
An example of Uganda's current Science and Health syllabus for primary schoolchildren.

controlling and managing local resources.

Relevance and participation

The challenge of putting water, sanitation and hygiene into the school curriculum as a part of health and science was formidable. 'Science' required complete reconstruction to encompass more comprehensive ideas about the prevention and treatment of disease and, more controversially, human behaviour (including sexuality). It had to be relevant to local environments and cultural mores, while at the same time meeting exacting educational and moral standards to satisfy parents and school-boards. To get children to understand the messages and apply the lessons to the world outside the classroom, the subjects also needed to be

The U-Two Pump Caretaker's work is also to
**Encourage people to build
 and use latrines.**



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In Uganda, there's more to it than nuts and bolts: a page from the handbook for U-Two handpump mechanics.

taught using more fun, interactive methodologies.

Teachers needed new resources as well as assurances that the subjects would be incorporated into national examinations. This entailed field-testing the new curriculum, textbooks and school health 'kits' (packages of teaching and learning exercises, posters, stories, and games) by teachers, schoolchildren, administrators, examiners, parent groups and religious leaders, as well as participating ministries (Health, Education, Water, Public Works, and Local Government), NGOs, and aid agencies. Teachers required retraining — many were educated to primary level only — in new subjects and new ways of teaching.

To get water supplies built that the people would own, maintain, and protect was as great a challenge: communities who had always been told what to do, and who had received (unreliable) services for free, had to understand the concepts of community ownership, democracy, responsibility, and self-reliance.

Communities had to elect water and sanitation committees which included women and minorities, decide who would be trained to maintain and protect the new water supply, and figure out how they would raise, account for, and use money or something in kind to contribute to the Government-led construction, pay local caretakers and

mechanics, and buy and stock spare parts. The community-elected caretakers and mechanics received education in health and hygiene, including methodologies in latrine construction. They, in turn, would discuss the concepts, and provide their neighbours with information on basic health, sanitation and hygiene.

The results?

After two years, the textbooks and 'kits' were ready to be distributed nationwide to all primary and secondary schools. Hundreds of teachers were given appropriate health-education training. Sanitation, hygiene, and water eventually became 'examinable' (required study) at each successive level of the national examinations. And a recent survey by WHO Uganda indicates that over 90 per cent of schoolchildren know answers to key questions in sanitation and hygiene (just as a *New York Times* article reported changing sexual behaviour in the wake of AIDS).

But, critically, there continues to be a lack of physical facilities to put such education into practice, and any comprehensive behavioural study to find out whether, if the facilities are

available, children do put their knowledge into practice. As we write, few schools in Uganda have access to latrines and a reliable supply of water.

The war-traumatized communities across Uganda which were given an opportunity to participate in the new water-ownership and maintenance programme have proven to be self-reliant. Many communities have used their newly developed organizational and capacity-building skills not only to maintain water supplies, hygiene, and sanitation education successfully, but to put into practice other ideas such as women's groups, community co-operatives, development loans, and agricultural and transportation improvements.

The Government has expanded the programme to other communities interested in water and sanitation development. Private enterprise is also being encouraged to assist wherever practical. But so far there has been no systematic evaluation regarding indicators about typical behaviour in handwashing, about defecation and hygiene (who and where), and other key water and sanitation practices. Although the trend of water and sanitation coverage is up from what it was in the mid-1980s, perhaps an all-out effort to change behaviour to fully reflect safe practices in sanitation and personal hygiene is still needed.

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- Water Sources Information Sheet
- Water Borne, Water Cleaned, Water Control, Water Habitat Diseases Posters 1,2,3,4.
- Water Sources Poster
- Keeping Water Clean Information Sheet
- Water Uses Information Sheet
- Cleaning Dirty Water Instruction Sheet
- Water Uses Poster
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- Water Collection Places Information Sheet
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