



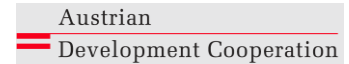
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GULU DISTRICT LOCAL GOVERNMENT

## Performance Improvement through Learning on Sanitation - PILS

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### CASE DOCUMENTATION

#### **INCREASE IN HUMAN RESOURCES FOR HEALTH TO IMPROVE ON SANITATION AND HYGIENE IN THE COMMUNITY**

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#### **Abstract**

In 2007, the Ministry of Health restructured the District Health System with the objective of improving the quality and access to the health services by bringing the health workers closer to the people. The system in Uganda was developed by the British with the introduction of Health Inspectors and Health Assistants which evolved further over time. A continuous challenge has been the filling of the created positions in the field. This case shows that the increase of health field staff has a direct positive impact on the hygiene practices of the community.

#### **Background**

Gulu District is located in Northern Uganda, 332 km by road from Kampala, the capital city of Uganda. The district has many challenges to realise 100% use of safe sanitation. These include a very young population that is still dependent and large areas that are sparsely populated with low demand for latrines. On top of this, the population has suffered from 20 years of

civil war, which has resulted in the so-called 'dependency syndrome', making people passive in solving their problems.

#### **History of hygiene and sanitation promotion in Uganda**

The first group of people to start hygiene promotion in Uganda were veterans of the Second World War. When these people came back from the world war some of them were trained in the basics of sanitation and hygiene. They were then called Health Orderlies and were deployed in the community, in which they created a lot of impact on the sanitation status of the rural community and this led to a drastic reduction of the diseases related to poor sanitation. The veterans who were by the then Health Orderlies were being supervised by the Health Inspectors who were British.

The British, who were by then the colonial masters of Uganda, then started training the Health Inspectors and Health Assistants.

When Uganda attained independence in 1962, it had only a few Health Inspectors and Assistants, and this structure remained basically the same until the District Health System was radically restructured in 2007. Two major elements of this overhaul were: (1) the creation of the position of the Assistant District Health Officer, specifically responsible for sanitation & hygiene with higher qualifications, and (2) the creation of the position of Health Assistant at the parish



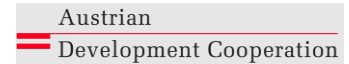
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level (Health Centre II) instead of sub-county level, which means there is more

than one Health Assistant in a sub-county compared to the past. The Health Assistants now work closely with the community in sanitation and hygiene promotion.

The Health Assistants are responsible for organising hygiene and sanitation competition in the community, sensitisation of the community on good hygiene practices and supervision of the Village Health Teams in their areas. The Ministry of Health has strengthened the link between the community and the health facilities by the creation of a group of community resource people called Village Health Teams. These teams work in the villages and are responsible for all health activities including hygiene and sanitation at the community level.

In the District Health Department, the overall officer who supervises hygiene promotion is the Assistant District Health Officer in charge of Sanitation and Hygiene promotion.

### **Other government actors in hygiene and sanitation**

Hygiene and sanitation promotion is a multi-sectoral activity and includes the Community Development Office, the Education Office and the Water Office.

In the sub-county there is a Community Development Officer who works with the Health Assistant in hygiene promotion.

In the District Water Office there is also an Assistant District Water Officer who is responsible for hygiene and sanitation promotion.

### **Increase of staffing and programmes**

Directly after the civil war in 2007, when most of the relief agencies phased out their support, the staffing level of the health care services was only at 35%.

The shortage of staff affected the quality of the health services which included hygiene promotion. However, the staffing level increased from 35% to 68% in the financial year 2008/2009. In the financial year 20010/2011 more health workers were again recruited giving the district a staffing level of 72%.

The staff recruited included the Health Assistants and the Health Inspectors, plus the Principle Health Inspector. This was because NUMAT (Northern Uganda Malaria, AIDS and Tuberculosis), through support from USAID (United States Agency for International Development), funded the recruitment of the health workers in Gulu district. The two mass recruitments were done due to the fact that relief agencies were leaving the District and the anticipation that the quality of health services would drop. Again in the financial



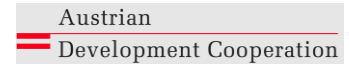
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year 2010/2011, Gulu district advertised for more health workers which included 13 environmental health workers amongst other staff.

Currently the district has 50 Environmental Health Workers and 12 Community Development Officers deployed at Sub-County level to work closely with Health Assistants when it comes to issues of sanitation improvement.

### Major drivers

- Anticipated decline in the quality of health services as many partners were leaving the district after the war
- Government, DPs and NGOs wanted to support returnees.

### Successes

- In the last three years health worker staffing level has increased from 35% to 72%
- Due to an increase in the number of Environmental Health Staff, latrine coverage has increased from 26% in 2007 to 62% in 2011
- Partnership with NGOs has improved because the number of Health Assistants has increased and they are deployed up to parish level.

### Challenges

- Attraction and retention of senior staff is not easy
- Many of the positions of Assistant District Health Officers are vacant, because of the few graduates of

Environmental Health Science with adequate experience.

### Lessons learnt

- Attraction and retention of Environmental Health workers can be possible only if these people are paid at a closer level with others in the Non-Governmental Organisations
- Improvement in hygiene and sanitation increases with the number of Environmental Health Staff, in particular at the community level.

*‘Sustained improved hygiene and sanitation can be realised if we work closely with the community and this is only possible if we recruit more staff and deploy them up to parish level as the policy requires’*

### More information

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