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**THE FUTURE OF WATER, SANITATION AND HYGIENE:
INNOVATION, ADAPTATION AND ENGAGEMENT IN A CHANGING WORLD**

**Challenges of hygiene promotion
in emergency situations in Uganda**

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Uganda has experienced a lot of emergencies caused by; civil conflict in the North, flooding in the North-East and disease outbreaks (cholera hepatitis E, yellow fever and Ebola), resulting into emergency hygiene promotional activities. Many agencies have been actively involved in hygiene promotion activities and strategic frameworks have been formulated to guide the whole process as an intervention mechanism. In spite of all these, hygiene and sanitation related diseases like Hepatitis E and cholera have continued to break out among the affected communities indicating gaps in the hygiene promotion campaign. The paper analyzes the problems/challenges experienced during hygiene promotion campaigns and make recommendations for improvement in areas of: co-ordination, funding mechanism, monitoring and evaluation, community participation, political support, message design/targeting, approaches, tools/materials, gender considerations, relationship with communities, technical issues, resource availability, motivation factors, available skills and cultural aspects/attitudes and policies/leadership/political ownership.

Definition of hygiene promotion

It is the planned, systematic attempt to enable people to take action to prevent or mitigate water and sanitation related diseases and provides a practical way to facilitate community participation and accountability in emergencies. It ensures that optimal use is made of water, sanitation and hygiene enabling facilities that are provided.

Problem statement

Uganda has experienced a lot of emergencies caused by; civil conflict in the North, flooding in the North-East and disease outbreaks (cholera hepatitis E, yellow fever and Ebola), resulting into emergency hygiene promotional activities. In Uganda, people's knowledge about hygiene behavior is high but their actual practice is not accordingly. The major challenge therefore lies in the barriers for changing hygiene behaviors and how to overcome them.

Challenges of hygiene promotion in emergencies

Hygiene promotion activities during emergencies are affected by poor coordination mechanisms amongst implementing agencies. They have differing motivations; leading to biased community involvement as communities have different expectations that determine the level of their participation. They have weak operation leakages resulting into overlapping, duplication of interventions and fragmented planning; making it very difficult to attain the desired objectives, ensure sustainability and ownership of the initiatives.

There is a problem of deciding which of the two critical areas: hardware and software should be emphasized most. There is poor attitude towards hygiene promotion by some key sector stakeholders. It is always taken as a small component of sanitation with limited: funding at districts level (10% of the public health component budget), logistical support in terms of transport, materials, equipment and personnel. The extension staff who are charged with hygiene promotion are not properly facilitated with transport, allowances, and other budgetary requirements.

Most of the emergency interventions in Uganda run between six to twelve months. Evaluating and monitoring the impact and sustainability of an intervention in communities needs time that is very hard to achieve within the emergency duration; as tangible indicators of behavior change are difficult to be realized and evaluated in short period of time. Short term interventions impact on the level of community participation; as soon as they start to internalize the response for ownership, the exit strategy comes up.

During emergency situations, communities always focus more on livelihood related activities; water supply, food and shelter than hygiene promotion activities resulting in low levels of local authorities and community participation. There is always laxity of local leaders to participate in hygiene promotion activities leaving it to village health teams (VHTs) trained by agencies. The poor commitment of the local leaders, inadequate support from political leaders, and political interference in the planning and implementation phases also affects the result of the hygiene promotion activities.

Experience has shown that hygiene promotion activities during emergencies have no harmonized tools and messages for children and parents. Basing on the limited time for planning and actual implementation, the information, educational and communication (IEC) materials used are always in languages not understood by the majority of people in the specific emergency area; creating communication barriers.

The dependency syndrome of communities is at its peak during emergency situations; they expect to be provided with everything and they are not ready for any input even learning new hygiene initiatives. Due to the limited time for mobilization, there is always poor use of local capacity and the top down approach is very eminent. There is always cultural resistance to new hygiene development approaches and some like; social marketing are time consuming. The key issues to be given to the different target groups are always not clearly defined. There are different approaches in the content, methodologies, tools, and there is no clear/standard approach for all the agencies.

During the emergency hygiene promotion interventions, there is always a conflict with government bureaucratic structures in communities, they take long to adapt to change and some tools do not fit their context.

The agencies involved with emergency promotion activities during emergencies are accountable to the funding organizations as opposed to the communities. Limited emphasis is put to ensuring that the community has properly conceptualized the message but rather to accomplishing the task they have been paid for. This has led to conflict situations in communities, misuse of hygiene promotion facilities. It is common practice for the people who implement hygiene promotion activities during emergencies to be strangers to the cultures of the affected communities. They overlook some of the crucial cultural norms like involving women in active community participation and existing hygiene practices to build on.

Recommendations for improvement

Basing on the experience of the past hygiene promotion activities in emergencies, recommendations for improvement have come up. For this presentation, they are categorized into strategic orientations: covering six areas of; technical issues, availability of resources, motivational factors, and skills of hygiene promoters, cultural reasons / attitudes and policies/leadership/political ownership and way forward.

There is need to come up with clear designs for hand washing facilities for children and adults at appropriate places, explore means of accessing safe water like rain water harvesting, latrines with proper and acceptable design and location, considering small children and gender issues like female wash rooms and urinals for men. It is recommended to use sustainable local materials reproducible by the community. All structures have to consider privacy; structures should have appropriate doors, curtain walls and roof.

All interventions should aim at ensuring community ownership. It is advisable that the issue of advocacy is incorporated into the work plans and all the facilities are commissioned and handled over to the communities for operation and maintenance (O&M).

Communities need to be provided with tools for construction of sanitation facilities under proper supervision on their use by the implementing agencies. Supervision should include promotion of appropriate technologies to encourage use of locally available/ cost effective materials and use labor – based strategies involving members of communities.

Communities in emergency situation need be motivated through; frequent field visits to assess their needs, public recognition, rewards, positive testimonies, provision of incentives – mobility, T-shirts, soap for hygiene promoters. There is need to be careful with the exit strategy, community involvement and leadership in planning and decision making also need to be gender sensitive, have user friendly facilities, build the capacity of communities through trainings, hold regular meetings, provision of facilities linked to hygiene promotion like; boreholes, slabs, exchange visits between districts, regular follow ups, community

based monitoring and evaluation, have feedbacks on achievements and failures, social capital in communities.

It is critically advised to identify the skill gaps of hygiene promoters and carry out capacity building in relation to the identified gaps. The implementers have to be conscious of, and have proper understanding of the community cultures. It is recommended that participatory needs assessment is adopted by use of appropriate and simplified tools translated in local languages. The use of bottom – top approach is recommended to ensure motivation and active involvement in the emergency interventions.

The use of local music dance and drama, exchange visits for leaders, opinion leaders and cultural bodies, social gatherings like drinking places, funeral groups and matches; result in the acceptance of the interventions. Gender mainstreaming during the mobilization and sensitization of the local structures like clan leaders and using them to reach out to the rest of the community has to given high priority. the implementers have to build on the good hygiene practices to improve hygiene promotion like use of jerry cans instead of pots for water storage, use of community dialogues, participation and empowerment, use of testimonies (a story to portray preventative measures as compared to cure), use of councilors and existing community structures).

The technical staff at all levels should sensitize politicians on how to come up with appropriate policies on hygiene promotion, participatory planning and policy formulation – ‘bottom – up’ approach to problem identification/analysis. There is need to facilitate community action planning, empower hygiene promoters with advocacy skills, empower politicians to perform their roles and responsibilities in hygiene promotion, re-orient existing structures towards hygiene promotion, involve hygiene promoters during policy initiation at all levels.

Way forward

The bottom-up, needs-based and rights-based approaches have to be emphasized. The implementers have to ensure team work at community level, private sector involvement, and frequent information sharing through arrangements like community health clubs. The communities have to be empowered through community health clubs, use of music, dance and drama to disseminate hygiene promotion messages.

Exchange visits to model communities on hygiene promotion by promoters, communities and leaders are recommended. Home and village improvement campaigns, community based management information system, rewards to best performing villages and hygiene promoters, use of demonstrations, use of media, child to child linkages, training of community facilitators have proved to be instrumental in hygiene promotion campaign during emergencies.

Approved materials in line with harmonization of hygiene promotion materials; design, targeting, language for different hygiene behavior is key for the implementers. There is need to develop cost – effective materials with simplified messages that create good impact, hygiene and sanitation tangible indicators, document best practices and information sharing among agencies. Community members’ skills to implement operate and maintain the hygiene promotion facilities have to be developed Using well designed tools for training.

Integrated planning, participation of political leaders in hygiene promotion workshops, information sharing among stake holders, joint monitoring, and joint co – ordination meetings enhance the success of the intervention.

Although emergency situations are take a short, it is important to encourage students to use it for hygiene promotion research, document the operation and share the research findings with communities. This research has to target the community culture and indentify the best way to carry out future emergency intervention.

It is envisaged that if consented and well programmed interventions are put in place, the communities in emergency situations in Uganda can be saved from hygiene related epidemics.

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