

### DISTRICT LEVEL SANITARY SERVICES DELIVERY: GOVERNANCE, ACCOUNTABILITY AND TRANSPARENCY CHALLENGES.

Towards improvements in accountability in the districts of Nebbi, Moyo and Adjumani in the West Nile region of Uganda.

#### I. Defined mandates among government departments

At national level, sanitation and hygiene are the responsibility of three line ministries: the Ministry of Water, Lands and Environment, responsible for sanitation around water points and public places; Ministry of Health, responsible for household hygiene and sanitation; and the Ministry of Education, responsible for sanitation in schools. This shared responsibility in sanitation and hygiene has been formalised by a Memorandum of Understanding (MoU) between the three ministries. The MoU itself has several limitations in that it does not clarify mandates sufficiently. For instance, the roles of local government departments and other national ministries like the Ministry Of Gender Labour and Social Development.

#### II. Practice at local government levels

At district level, through the various discussions held with the responsible technocrats in the WASH governance dialogues, it was found that the Department of Health, Water and Education all have a component of sanitation and hygiene promotion. For instance, the Department of Health is responsible for sanitation at household level; the Department of Water is responsible for sanitation around water points and in public places; and the

Department of Education is responsible for sanitation in schools. Formally, this is all in line with the national MoU on sanitation. However, the assumed inter-departmental collaboration in the DWSSC does not take place. The project facilitated dialogues revealed that improved coordination, harmonisation and collaboration on sanitation and hygiene would yield increased efficiency and effectiveness, important in view of the small budget allocations available for sanitation and hygiene. Better coordination would lead to improved sustainability in sanitation and hygiene service delivery by district and Sub-county departments. Leadership by politicians and coordinating technocrats at district and Sub-county level would contribute to these potential improvements.

#### III. Challenge: collaboration among the concerned departments

The WASH governance project aimed at promoting communication and collaboration among the three departments for more efficient sanitation service delivery. During the district dialogue sessions #3, technocrats from the health department in all three districts blamed limited collaboration with the water departments in areas of monitoring and water quality testing, areas they felt they as health practitioners could greatly contribute to. To this effect, action plans of joint monitoring were proposed during the meetings. In most cases, the department of water has funds for water quality testing and monitoring of water facilities. Since the health department normally has limited budget for such activities, it was proposed that the two departments work jointly. However, follow-up was limited. During the discussions, participants reported that there is no evidence of actual monitoring, but rather 'hearsay' by some department heads.

The Senior Environment Officer of Moyo district said: *"I have never been involved in joint inter-departmental monitoring, yet in case of disease outbreaks it is the Environmental Health Department that is blamed"*. In Moyo district it was agreed that water quality testing should either be done by the Health Assistant or Action Against Hunger- a NGO operating in the area - but this should be done in consultation with the Water Department.

#### IV. Health allocates too little to sanitation and hygiene

As noted the Health Departments in the three districts have limited budgets for sanitation and hygiene promotion. During the district dialogue session #3 in Nebbi district in October 2009, it was said that the guidelines indicate that 50% of the PHC (Primary Health Care) funds should be for curative (drugs), and 10% for environmental health, such as sanitation and hygiene promotion. However, this agreed 10% is often much less in some districts. In Nebbi district, it was reported that for the financial year 2009/10, only 5% of the PHC funds had been allocated to environmental health, and that was achieved after a lot of advocating and 'pushing' by the District Health Inspector. It was reported that it was even much lower than 5% in the previous years. *"They are normally overruled by medical doctors who favour more lucrative curative work"*, one participant was quoted as saying.

#### V. Uncoordinated budgeting for sanitation activities among departments

During joint budget analysis sessions, it was noted that the Departments of Health, Water and Education budgeted for the same activity differently and each within their own budgets without any coordination. A good example is the planning for activities during the yearly sanitation week.

In Nebbi district, during the FY 2009/10, the Health Department budgeted for sanitation activities worth UGX 2,075,000, and yet the Water Department budgeted for the same sanitation week activities under the 12% funds meant for software. It was agreed to explore ways of implementing such an activity jointly.

No.	Budget Item	Allocation in UGX
1	Development of Environment Health Annual Plan	672,750
2	Advocacy on Sanitation and Hygiene	4,070,000
3	Kampala Declaration Strategy; model village promotion in all S/Cs	3,701,000
4	Home improvement campaigns	6,912,000
5	Data Bank establishment	1,818,500
6	Inventory of Sanitation NGOs/CBOs	249,000
7	Technical supervision/monitoring	2,040,000
8	Quarterly review meetings	2,032,000
9	Sanitation week activities	2,075,000
10	Programme support cost (stationery, photocopying etc.)	1,043,795
	<b>GRAND TOTAL</b>	<b><u>24,614,045</u></b>

During one of the project dialogue sessions to analyse in detail the above budget, it was noted that the budget for environmental health was very stringent (number and nature of activities in relation to the amount of funds allocated). Actual implementation is constrained, and sometimes ends up not being done due to budgetary limitations.

## VI. Action Research

The WASH Governance project developed and introduced the district planning and monitoring maps for sanitation, as well as district Gantt charts specific for sanitation and hygiene, which have been shared and tested in the districts. However, these tools have not been taken up fully by the local governments. This could probably be due to the short time period between introduction of the tools and uptake by the district; there is a need therefore for more time to monitor and follow up.

The Secretary for Finance and Works, Honourable Chaiga Martin, Moyo District Local Government, was quoted as saying during one of the dialogues, "I am very disappointed because of the not implemented planned actions. This clearly shows the low level of commitment technocrats have towards this noble cause; as politicians we are interested in seeing results". He cautioned the lead department officers to do their part, take up the accountability tools; Gantt charts, planning and budgeting maps, and motivate other stakeholders.

## VII. Recommendations

It is therefore recommended that for better sanitation and hygiene in the districts:

1. There should be joint planning and implementation by the three departments, properly supervised by the council;
2. Opportunities for joint monitoring interventions should be used since it is normally budgeted for in the Water Department budgets;
3. Efforts should be made to use the 10% funds for environmental health to effective use and inform the benefitting citizens clearly about these plans, through publishing of plans and locations on notice boards;
4. Continuous advocacy for prioritizing sanitation and hygiene at district level; the opportunities can be used during the initial planning and budgeting process;
5. Districts should take up the use of existing accountability and transparency tools (as developed and tested during the project Action Research)

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