

LeaPPS Case: 2008-01

by Brenda Achiro, NETWAS Uganda

Reviewed by Jo Smet, IRC

Nsumba Twezimbe Salaam Women's Club

A Ugandan Community Health Club case and its impact on Sanitation & Hygiene

INTRODUCTION

Stakeholders in Water, Sanitation and Hygiene have realized the importance of sanitation and hygiene promotion towards the achievement of national health standards. Best operational practices (BOP)¹ are in place to address this. In Rakai district, Community Health Clubs and groups have promoted total sanitation² and hygiene. The ***Nsumba Twezimbe Salaam Women's Club*** is a successful Club that has promoted sanitation and hygiene among its members and the surrounding communities. This case is a useful practice for learning at district and sub-district level. It needs contextual analysis before applying it in specific communities.

Reference is made to a guideline on establishing Community Health Clubs (LeaPPS paper- forthcoming) that gives also other Ugandan and African Community Health Club cases.

The Community Health Club concept will be subject to further action-research in LeaPPS-2008.

BACKGROUND OF NSUMBA TWEZIMBE SALAAM WOMEN'S CLUB

Location

Nsumba Twezimbe Salaam Women's club is found in Nsumba village, Kalisizo Sub-County, Kyotera County, Rakai district, Uganda, about 5 kilometres off the Masaka-Kyotera highway.

Vision of the Club

The vision of the club is a 'healthy and wealthy village'.

Description of the Club initiative

Health extension workers singled out Nsumba village for its adherence to health and sanitation practices that has transformed the lives of its residents. The 12-member women's group has cash rounds (a system of making cash contributions for each other) as a way of improving their livelihood. In 2001, six members of the women group formed the Nsumba Twezimbe Salaam Club under the leadership of Hanifa Najjemba. The Club's aim is to promote hygiene and sanitation in their members' homes. The leader's interest in sanitation and

hygiene was triggered at some workshops she had attended.

An integrated family/community health promotion approach is being implemented to address income generation, hygiene and sanitation promotion, child immunization, improved food security, and prevention of HIV/AIDS, malaria and water- and sanitation-related diseases like diarrhoea and common stomach disorders.



Photo: Hanifa Najjemba standing next to her drying rack

Club membership

The club's present membership is made up of 20 members (11 women and 9 men); there are nine couples and two unmarried members. However, three of the club members are from Nsololo - a neighbouring village. The men in the club were convinced by their wives to join the group to support them with some of the club activities that required physical strength. These include constructing pit latrines, bath shelters and chicken houses. The women take on the lighter activities like constructing drying racks, hand-washing facilities and raised fireplaces, and smearing house floors.

The Club is headed by the **chair person**-Hanifa Najjemba. An **executive committee** of four members (chair person, vice chair person, secretary and treasurer) coordinates the Club's activities. A **monitoring committee** inspects households on a monthly basis to ensure that all the hygiene and sanitation requirements are in place. A **food security committee** ensures that each homestead has adequate food and a vegetable garden. The **evaluation committee** awards marks to the best performing household.

Club Objectives

The main objectives of Nsumba Twezimbe Salaam Club:

- Uplift household sanitation standards of the members.

¹ BOP is defined as an activity, technique or procedure that has proven to reliably lead to desired result or has produced outstanding results in one situation and could be adapted to improve effectiveness and/or innovativeness in another situation.

² Total sanitation in this abstract is defined as the presence of all sanitation facilities; pit latrine, bath shelter, hand washing facility, drying rack, rubbish pit and a separate animal house.

- Economic development of club members as a way of fighting poverty.
- Eradicate illiteracy.
- Reduce child mortality and improve maternal health.
- Combat sanitation-related diseases.

Club activities

Some of the activities include:

- Promoting household hygiene and sanitation among club members through:
 - Home visits
 - Conducting health education talks
 - Promoting total sanitation in the homes; smearing of the main house, latrine with hand washing facility, improved kitchen with raised fireplace, bath shelter, drying rack, refuse pits and clean compound.
- Offering support to the disadvantaged i.e. the widows, the elderly and the orphans by putting up drying racks, bath shelters and smearing of houses for them.
- Providing of training on request to other village/areas.
- Holding parties for each new member on becoming fully registered.
- Promoting the safe water chain.
- Promoting Rain Water Harvesting technology.
- Mobilising parents for immunization of children below five years.
- Promoting agriculture; rearing of chicken, pigs, growing ground nuts, coffee and bananas.
- Carrying out capacity building including on WASH.
- Conducting adult literacy classes.
- Promoting art & craft.
- Offering developmental activities like supporting UPE³ for disadvantaged children with scholastic materials; and HIV patients with foodstuffs.

Club plans and strategies for 2008 include:

- Purchasing a loud speaker for community mobilization and sensitization.
- Localising Ecological Sanitation using local materials.
- Economic empowerment of club members through agricultural practices (rearing of chicken, cattle, banana and coffee growing).

Major drivers of the process and success factors

- *An organised women group*, which initiated the process, advocated for sanitation and hygiene promotion, and mobilised support from their husbands and local leaders.
- *Involvement of men* in construction of some of the sanitation facilities; latrines, drying racks, bath shelters etc., added more value and acceptance of the initiative in the community.
- *Strong leadership qualities* in the club committees.
- The club chairperson is a *role model* and *champion* behind the initiative.
- *District health extension workers' involvement* helped the women to understand the relationship

between better sanitation and health, livelihood and a better life.

- *Local council involvement* offered political support
- *Village/community members* appreciated and embraced the initiative.
- *Teamwork* among club members.
- *Respect* among club members and for the club constitution.
- *Motivation by rewarding* every member who meets the 'HESAN' requirements.

Resources /Inputs

A member who has attained the hygiene and sanitation requirements in his/her home is given a **certificate of recognition** stating that the member has achieved the highest level of hygiene and sanitation. In addition to the certificate, other gifts including **cash envelop of UGX 200,000/=**⁴⁵ is given as a start up capital (*Entandikwa*), to join the club. A **membership fee of UGX 2,000/=** is paid.

The club has got a **constitution**, which spells out the rules and regulations governing the members. E.g. if a member misses three meetings, he/she is fined **UGX 2,000/=**.

The group also has an account to which all monetary contributions from well-wishers and visitors is kept. In place is a simple finance system of a receipt book for all cash contributions received.

The use of **local materials** is encouraged/promoted:

- Grass or papyrus for roofing houses in case one can not afford iron sheets or tiles.
- Cementing of floors using loam soil mixed with cow dung in case one can not afford cement.
- Sand and clay mixed with sap from potatoes leaves and water as an alternative for cement.



Photo: Bukenya Gerald- one of the club members using his 'tippy tap'.

³ UPE = Universal Primary Education

⁴ Each member donates UGX 10,000

⁵ Jan-2008: US\$ 1 ≈ UGX 1700 and € 1 ≈ UGX 2450

- Local shrub leaves (*ebikokoma*), for anal cleansing if toilet paper can not be afforded.
- Use of a stick to kill snakes in case of attack.
- Candle and a match box for lighting inside the latrine.
- Squat-hole cover made of wood with a handle.
- Brooms made of grass.
- Drying racks made of strong logs and banana fibres.

Club achievements to date

- There has been a reported reduction in the prevalence of sanitation-related diseases that used to be common among the village community.
- Total sanitation in the whole village; that is, all village members have a pit latrine, drying rack, hand washing facility, rubbish bin, bath shelter and clean compound.
- The club has trained the whole village and the neighbouring parishes and sub-counties in hygiene and sanitation improvement.
- Land has been purchased for the construction of a training/demonstration centre in the village.
- One of the club members has offered four acres of land for constructing a Health Centre, an initiative financially supported by Concern World Wide.
- The Club has influenced the formation of two other clubs within the village; Nsumba Twegate (2005) and Nsumba Akujjamubuzibu (2006).
- The Club has contributed to the recognition of Nsumba as a model village in the whole country.
- The Club has hosted visits of a number of high ranking dignitaries, like the chairman of LC V Rakai district, representatives from the World Bank, Danish Embassy, South Africa, World Vision, Concern Worldwide and members of the Uganda Sector Software Working Group.
- The club has been recognised by Innovations at Makerere University (*i@mak*) and in a nation-wide competition it received an award of UGX 7.5 million (about US\$4,500) to construct rainwater harvesting tanks for Club members. *i@mak* funded UGX 600 million (about US\$ 350,000) for a community project to develop the whole village on different aspects like building schools, roads and a resource centre that will be used for demonstration purposes.



Photo: Rainwater harvesting tank of one of the Club members

Lessons learnt

- Organized Community Health groups can act as an entry point for sanitation and hygiene improvement.
- Organizational and managerial skills of the group determine the success of the initiative.
- Monitoring committee ensure sustainability of the innovation.
- Existence of a club constitution binds members together and instills respect and responsibility.
- Gender sensitivity may increase acceptance of an innovation in the community.
- Support from district local government to the initiative creates more chances of sustainability.
- The maximum number of members (20, 11 households) makes the Club manageable
- The spill-over effect of the initiative is felt more within the village - and to some extent also in nearby villages - than in further villages, probably due to geographical barriers.
- The successful Club attracts NGOs to further support them.
- Some external support, fully financed as demonstration units, may be non-replicable by non-subsidised members or other villagers. For instance the Urine-Diversion EcoSan built as demo in Nsumba may have cost more than UGX1M; see picture below



Photo: Demo EcoSan urine-diversion type Nsumba Village

- Rewards in form of subsidies for WASH facilities may have negative effects on success of a best practice as it may affect the sense of ownership and create a new dependence.



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Perceptions of neighbouring communities; *Nsololo, Kalongo and Kyamagaga villages*

- Most neighbouring villages have adopted the initiative in the hope of also attracting funding, and this may be the main driving force.
- The neighbouring villages highly appreciate the initiative and believe Nsumba might be one of the cleanest villages in the country; attempts to adopt some of the sanitation and hygiene activities are evident in the neighbouring villages.
- Some community members from nearby villages say the actual requirements for joining the Club are not yet clear to them.
- Other community members say, they do not have the requirements to join the club, and so have decided to copy some of the activities individually, putting up each a sanitation facility at a time.
- Surrounding villages are happy that they will benefit from some of the Club initiatives, like the Health Centre that is presently under construction. The Health Centre is an idea of the Club after they received funds from i@mak. Now each household of the neighbouring village is making cash contributions of UGX500 towards the construction of this Health Centre.
- Other neighbouring communities feel the original club cannot be joined because it has progressed a lot, however they can join the newly formed ones; 'Nsumba Twegata' and 'Nsumba Akujamubuzibu'.
- Some communities feel they do not have champions in their villages to spearhead such initiatives.
- Others feel they need more health extension work among their communities for more awareness.

Challenges of the initiative

- Club members are disappointed at the fact that with all their endeavours to train and sensitize surrounding villages on the model village initiative, none of them readily pick up the practices.
- Surrounding villages expect external support if they are to take up the initiative.
- Lack of champions with a vision of sanitation and hygiene improvement in their villages.

Contacts for more information

Hanifa Najjemba, Leader Nsumba Twezimbe Salaam Club, Kyotera county, Nsumba village Rakai district. P.O. Box 38, Kalisizo

References/ materials used and info sources

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- WSP (2006) Best Operational Practice Report (BoP); see www.watsanuganda.watsan.net
- New Vision (2006) Edition Local Leader, 02 November 2006
- Resource persons: Daudi Mukama, Khasifa Nantaba, Sam Mutono and Cate Nimanya

For further information contact
netwasuganda@gmail.com

And visit www.watsanuganda.watsan.net