



NETWAS Uganda



GULU DISTRICT LOCAL GOVERNMENT

Performance Improvement through Learning on Sanitation - PILS

A project funded by

Austrian

Development Cooperation

CASE DOCUMENTATION

HARMONISED DISTRICT DATA BASE FOR SANITATION, HYGIENE AND SAFE WATER

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Abstract

Data and databases, once properly managed, can provide a benchmark for assessing the impact of interventions and future planning, among other benefits. There is a need for commitment from all stakeholders, as well as proper coordination so that the District can equitably offer sustainable services to all its citizens.

Background of initiative

Gulu District is located in Northern Uganda. It is bordered by Amuru District in the West, Kitgum District in the North East, Pader District in the East, Lira District in the South East and Oyam District in the South. The District headquarters is 332 km away from Kampala.

Gulu District covers a total land area of 3,449.08 km², making 1.44% of the national land area, of this 96.9 km² (0.8%) is open water.

Gulu district is recovering from a 20 year civil war that left over 1.5 million people displaced from their homes.

During the many years of civil war, there was no specific database on WASH (Water, Sanitation

and Hygiene). The sanitation coverage dropped due to congestion in the camps where the few available sanitation facilities were being shared. This made sanitation data collection difficult as sanitation facilities were being used communally and sanitation as a fundamental individual right was not prioritised.

Currently, the majority of the communities have returned home and it is now possible to collect household and institutional WASH data in the District. In addition to this, there is a high demand for WASH data from the district, WASH partners, and line ministries. According to the data collected by the District Water Office (DWO) and the District Health Office (DHO) in mid 2011, safe water coverage is at 65%, latrine coverage at household level is at 62% and hand washing practice at 6.7%.

Description of initiative

Databases are often designed to offer an organised mechanism for storing, managing and retrieving information. For the case of water and sanitation, a database is designed in such a way as to capture information on sanitation and hygiene practices in households and institutions.

This information is often acquired through sanitation baseline surveys usually carried out prior to any new WASH intervention in a particular locality and also updated annually through routine data collection by the District Health Office (for household and health unit sanitation data) and the District Education Office



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(institutional sanitation data). All the 3 line departments (District Health, Education and

Water Offices) collect their respective sanitation data which is centrally updated in a database that will be in the District Water Office. The software currently used is Microsoft Office Access.

Added to this, the monthly District Water and Sanitation Coordination Committee Meetings also provide a platform for acquiring such information from WASH implementing partners through sharing progress reports, which helps building the database. This database, however, needs to be updated regularly because the attributes used keep changing.

The data is used by the district (District Water Office, District Health Office, District Education Office, District Community Development Office, District Planning Office etc), WASH partners and line ministries for a great number of purposes: for planning, to portray the WASH situation in the district, for advocacy and lobbying for WASH resources, for allocation of WASH activities to partners, for focusing sanitation improvement strategies and approaches like CLTS and home improvement campaigns in poor performing villages, and for policy development.

This data is often collected by extension workers: Community Development Officers (CDOs) and Health Assistants (HAs), as well as by Village Health Teams (VHTs).

The entry and analysis is done by the Assistant District Water Officer - Sanitation and District Health Officers (DHIs).

Successes

- The District Water Office has endeavoured to ensure that data collection, entry and analysis are done effectively, especially for the newly

drilled water sources since it is still a new 'practice'.

- The data so far available has enabled the District and its partners to set priorities and design appropriate strategies for the villages performing poorly in terms of sanitation, thus uplifting the general sanitation status in Gulu District. For example Corner Ward village in Paicho Sub County has improved greatly in terms of latrine coverage, i.e. from 36% in 2009 to 87% by mid 2011, mainly due to the commitment of the Village Health Teams, Health Assistants and World Vision support.
- Coordination between the District and partners has greatly improved because the partners know of the existence of the database and provide data on their catchment areas.

SITUATION TABLE

Indicator in %age	2006 /7	2007/8	2008/9	2009/10	2010 /11
Pit latrine coverage in community	65	26	39	45	62
Safe water coverage	60.5	61	62	63	68

From the table above, we can see that latrine coverage was at 65% in 2006/7, as people were still in Internally Displaced People's camps but the coverage drastically dropped to 26% in 2008 when camp phase out began and people started to return to their original homes and satellite camps. This low coverage was due to the fact



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that sanitation, particularly latrine construction, was not prioritised like other basics such as shelter, food production/garden, and work. However, from late 2008 to the present, the situation has greatly improved with a lot of support from WASH development partners and commitment from the 3 district line departments and lower local government structures.

Challenges faced by Initiator & target group

- Because of limited resources allocated to sanitation, data collection is still a challenge. In health, 5% of the Primary Health Care (PHC) budget is constrained, as well as in water, where sanitation is treated as an adjunct to water supply and not a legitimate activity on its own.
- Data management is still a problem since it requires frequent updates.
- Low turn out during the District Water and Sanitation Coordination Committee meetings has affected report sharing with partners and other sectors that also collect data on sanitation, which could be entered in the central database.
- The absence of sanitation byelaws and inadequate enforcement of the Public Health Act has resulted in many communities not attaching value to sanitation, nor adopting hand washing as a standard practice, hence the low latrine coverage and poor hygiene practices in the District.
- Sanitation is a very critical aspect of health, yet it receives little political attention in advocacy and lobbying.

Resources

Resources in cash come from:

- District water and sanitation conditional grant, Northern Uganda Development of Enhanced Infrastructure Livelihood (NUDEIL), Peace, Recovery and Development Program (PRDP), and United Nations Children's Fund (UNICEF).
- WASH partners like World Vision, JICA, and CARITAS, Uganda Red Cross Society, Drop in the Bucket.

Resources in kind:

- Human resources i.e. extension workers (HAs, CDOs), district staff (from Health, Water and Education departments), WASH partners and the community members.
- Motorcycles, vehicles, bicycles
- Computer and printers, including the relevant software (Ms Access), and photocopiers.

NB: Resources for data collection are mainly hard cash, human resources and transport resources, whereas setting up and maintenance of the data base requires Information, Communication and Technology (ICT) equipment and their relevant software and hard cash, as well as human resources.

Lessons learnt

- For this 'practice' to be sustainable, more resources have to be provided to ensure frequent data collection and thus data updates.
- More commitment is required from other sectors (Health and Education) as well as implementing partners in the District for proper coordination and data management.
- The district should consider employing data clerks (permanently or on a contract basis) at departmental level to enhance data



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management as such staff are not available. However, the number to be employed will depend on the need for data by each department.

- Since Village Health Teams are village based and accustomed to the village settings, they should be effectively trained in household data collection, while other groups would be trained

to handle data collection on institutional sanitation.

“Once this ‘practice’ registers total success, there will be a spill over effect to other departments, and districts who will appreciate the importance and benefits of having a harmonised database”