PARTICIPATORY HYGIENE AND SANITATION

Report on the Prospective Review of Participatory Methods with a focus on PHAST

UGANDA

Conducted by: Network for Water and Sanitation International - NETWAS
FOREWORD

The Regional Water and Sanitation Group - East and Southern Africa (RWSG-ESA) in collaboration with the World Health Organization are pleased to present to you the Country Report for the Participatory Hygiene and Sanitation Prospective Review. The regional review was undertaken between March and April 1998, in Botswana, Kenya, Mozambique, Tanzania, Uganda and Zimbabwe.

The Institute for Water and Sanitation (IWSD) and Network for Water and Sanitation (NETWAS) carried out the review in Southern Africa (Botswana, Mozambique and Zimbabwe) and Eastern Africa (Kenya, Uganda and Tanzania) respectively.

The purpose of the review was to assess the effectiveness of participatory methods on hygiene behavioral change and identify country requirements for strengthening the use of participatory methods in government-sponsored water and sanitation projects and programs. The outcome is a documentation of experiences and lessons learned in the application of participatory methods on hygiene and sanitation. Each country report contains proposed action plans, budgets, and mechanisms for support.

As a follow up to the review, a regional workshop has been organized in Harare, Zimbabwe in November this year. The workshop will share the outcome of the review with sector partners. The thrust of the workshop is to further review support requirements at country and regional level and to map out a strategy on the way forward.

We would like to thank all those who contributed towards this worthy process. It is our sincere hope that the strategy outlined in this report serves a basis for planning future activities aimed at enhancing improved hygiene and sanitation in your respective countries.

Jean H. Doyen
Regional Manager,
Regional Water and Sanitation Group for East and Southern Africa
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Acronyms</td>
<td>ii</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>iii</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>iv</td>
</tr>
<tr>
<td>Main findings</td>
<td>iv</td>
</tr>
<tr>
<td>1.0  INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>2.0  CURRENT STATUS OF PARTICIPATORY METHODS FOR HYGIENE AND SANITATION PROMOTION</td>
<td>2</td>
</tr>
<tr>
<td>2.1  Training and Materials Development</td>
<td>2</td>
</tr>
<tr>
<td>2.2  Problems and Limitations in Application of Participatory Methods</td>
<td>4</td>
</tr>
<tr>
<td>2.3  Effects/Impact of Participatory Methods</td>
<td>7</td>
</tr>
<tr>
<td>3.0  INSTITUTIONAL ARRANGEMENTS SUPPORTIVE OF PARTICIPATORY METHODS</td>
<td>8</td>
</tr>
<tr>
<td>4.0  POLICY FRAMEWORK AND POLITICAL COMMITMENT</td>
<td>9</td>
</tr>
<tr>
<td>5.0  HEALTH AND SANITATION NEEDS</td>
<td>11</td>
</tr>
<tr>
<td>6.0  PLANS FOR STRENGTHENING PARTICIPATORY METHODS</td>
<td>11</td>
</tr>
<tr>
<td>7.0  RECOMMENDATIONS</td>
<td>14</td>
</tr>
<tr>
<td>8.0  WAY FORWARD AND ACTION PLAN</td>
<td>15</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>16</td>
</tr>
<tr>
<td>APPENDIX 1: Estimates of Conducting a Training Course</td>
<td>17</td>
</tr>
<tr>
<td>APPENDIX 2: List of People Interviewed</td>
<td>18</td>
</tr>
<tr>
<td>APPENDIX 3: List of References</td>
<td>19</td>
</tr>
<tr>
<td>APPENDIX 4: The Kampala Declaration on Sanitation (1997)</td>
<td>20</td>
</tr>
</tbody>
</table>
# LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
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</tr>
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<tr>
<td>AMREF</td>
<td>African Medical and Research Foundation</td>
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<td>DANIDA</td>
<td>Danish International Development Agency</td>
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<td>DMT</td>
<td>District Management Team</td>
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<tr>
<td>DWD</td>
<td>Department of Water Development</td>
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<tr>
<td>GOU</td>
<td>Government of Uganda</td>
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<td>IWSD</td>
<td>Institute of Water and Sanitation Development</td>
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<td>KUDEP</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>Ministry of Water Resources</td>
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<td>Network for Water and Sanitation</td>
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<td>Project Coordinating Committee</td>
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<td>Project Coordination Unit</td>
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<td>PHAST</td>
<td>Participatory Hygiene and Sanitation Transformation</td>
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<td>PHE</td>
<td>Participatory Hygiene Education</td>
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<td>PHEW</td>
<td>Participatory Hygiene Education Workshop</td>
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<td>PRA</td>
<td>Participatory Rural Appraisal</td>
</tr>
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<td>PROWWESS</td>
<td>Promotion of the Role of Women in Water and Environmental</td>
</tr>
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<td>PTA</td>
<td>Parents and Teachers Association</td>
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<td>RUWASA</td>
<td>Rural Water and Sanitation Project</td>
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<td>RWSG-ESA</td>
<td>Regional Water and Sanitation Group, East and Southern Africa</td>
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<tr>
<td>SARAR</td>
<td>Self-esteem, Associative strength, Resourcefulness, Action Planning and Responsibility</td>
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<td>SIDA</td>
<td>Swedish International Development Corporation Agency</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<td>UNDP</td>
<td>United Nations Development Program</td>
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<td>Village Level Program Planning</td>
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<td>Water, Environment and Sanitation</td>
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<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
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The review team would like to thank the following persons who assisted in various ways especially in spending their invaluable time giving their opinion and ideas. We would especially like to thank Mr. Collins Mwesigye of World Health Organization (WHO); Mr. Edward Bwengye-Kahoro of United Nations Children's Fund (UNICEF) Kampala; Ms Monica Kunihira of Water Aid, Kampala; Mr. Tom Mwebesa of the Ministry of Health (MOH); Mr. Kisembo of Small Towns Project; Mr. Kamau of Jinja Wetlands Project; the Director of Katwe Urban Development Program (KUDP); Mr. Sam Mutono; Mr. Eric Engstrom and Mr. David Mukama of Rural Water and Sanitation Project (RUWASA) also for the field visit; Mr. Mogens Mecha of DWD Danish International Development Agency (DANIDA) and Mr. John Odolon of Network for Water and Sanitation (NETWAS), Uganda.

Special thanks go to the staff of the World Bank Regional Water and Sanitation Group, for East and Southern Africa (RWSG-ESA): Ms Rose Lidonde for her invaluable support in guidance and advice throughout the review, as well as Mr. Jean Doyen and Mr. Tore Lium for their commentary and advice during the drafting of the report.

It is through your support that we were able to compile this report

The Review Team

- Ms. Beth Karanja
- Dr. John Davis-Cole
EXECUTIVE SUMMARY

This prospective review was based on the initiative of the World Health Organization (WHO), Geneva and the World Bank Regional Water and Sanitation Group for Eastern and Southern Africa (RWG-ESA). The aim of the review was to assess what has been achieved through Participatory Hygiene and Sanitation Transformation (PHAST) and other participatory methods and to propose how to move forward with the use of participatory methods in the region.

The review was carried out in Tanzania, Kenya, Uganda, Botswana, Zimbabwe and Mozambique. The Network for Water and Sanitation (NETWAS) International was contracted to do the task in the Eastern Africa countries while the Institute of Water and Sanitation Development (IWSD) was contracted to carry out the review in the Southern Africa countries. The review was expected to produce country reports with details on the status of each country in terms of use, achievements, constraints, future plans and required support for the participatory methods from other agencies. The following is a country report for Uganda.

The review used a combination of various methods that included interviews through a semi-structured questionnaire; discussions with various respondents; and a field visit to the RUWASA Program in Mbale District.

Main Findings

a) Historical Background of Participatory Methods

Participatory methods were introduced in Uganda in the early 1990s. They gained increased visibility when the World Bank and RWG-ESA, and NETWAS organized training programs for the MOH in 1992. PHAST was introduced in 1993 by RWG-ESA specialists of Promotion of the Role of Women in Water and Environmental Sanitation Services (PROWESS) who trained a strong national core team of trainers (master trainers) within the Water Development Department of the Ministry of Water, Energy, Minerals and Environmental protection. PHAST was piloted in Mukono District at the community-based water and sanitation project of NETWAS.

b) Application and Understanding of Participatory Methods

Participatory methods have been institutionalized in Uganda and are widely used by non-governmental organization (NGOs), community-based organizations (CBOs), government programs, and individuals for training, materials development and field application. The key institutions that are vigorously involved in the promotion and use of participatory methodologies in the water and sanitation sector are RUWASA, Water AID and the UNICEF-WES Program. With so many actors in the field of participatory approaches, there is need for defining roles and responsibilities, with the aim of coordination among the sector partners.

The key problems experienced have been the high cost of training courses, lack of skills for materials development, lack of evaluation, few master trainers, and inadequate follow-up and supervision.

At institutional level, the top-down approach is still in place and community opinions do not
matter during the planning stage especially in most projects of the Ministry of Health where
there is slow acceptance of participatory methods due to the fact that there is no clear
policy at the ministerial level on the use of participatory methods.

However, NGOs like RUWASA have carried out training at institutional levels where
ministers and parliamentarians have participated, for example seminars on participatory
methods. There is now a demand for more of this training throughout the country.

c)Effects/Impact of Use of Participatory Methods

In general, participatory methods have improved people's problem-solving skills and
teamwork. Participatory methods have been used to address sanitation and health
problems such as the key diseases of malaria, diarrhea, upper respiratory tract infections,
AIDS, intestinal ailments and cholera.

At institutional level, impressive results have been achieved in the drinking water and
sanitation sector.

At community level, remarkable behavior changes have been observed within a relatively
short time period, for example hand washing and construction of latrines.

PHAST

PHAST is not generally used as PHAST but some of its tools are commonly used. Certain
institutions have borrowed tools from PHAST; Self-esteem, Associative Strength,
Resourcefulness Action (SARAR) and other participatory methods, and developed their
own tool kits.

Strengths – PHAST has enhanced community participation, especially of women; it cuts
across all educational levels; it lessens the burden on facilitators; and it simplifies
information collection.

Limitations – PHAST's limitations include raising high expectations among community
members; the high cost of training and materials production; and the opening up of
discussions on sensitive issues.

Some obstacles to the promotion of PHAST were weak advocacy, lack of focal point and
lack of support for institutionalizing PHAST in the curricula of schools.

d) Institutional Arrangements

- Training

The current institutional arrangements for the training of extension workers in participatory
methods vary in the country and depend on the policies of individual institutions. The
Water, Environment and Sanitation (WES) Program applies the 'cascade system' for
training of trainers teams at the national level, which then train extension workers at the
district level and these in turn train at the sub-country level.

Other key institution engaged in training are the National Institute of Community
Development, the School of Hygiene, the Uganda Community-Based Health Association,
Nzamizi Institute of Social Development, RUWASA and WaterAID.

- Monitoring

Monitoring in most projects including the WES Program is seriously lacking and therefore
capacity needs to be built in this area. Because government ministries have not yet
developed policies on the use of participatory methodologies, no review of participatory methodologies has been carried out.

Uganda's plans to expand the use of participatory methodologies could be effected by tapping on the potential of existing NGOs and by appointing a technical support person in the sector.

e) Policy Framework and Political Commitment

The use of participatory methods for hygiene behavior change in water and sanitation programs is a generally accepted principle by the Government of Uganda. The National Sanitation Task Force has drafted the Kampala Declaration on Sanitation which supports the use of participatory methods and community partnership. Key decisions makers lend their support by making regular visits to projects using participatory methods, especially the government ones. But very few visits are made to the NGOs' projects.

f) The Way Forward

As capacity-building is a key priority in Uganda's strategy for expansion of participatory methods, RUWASA, UNICEF and Water AID have allocated substantial resources specifically for the use and development of materials, and training in participatory methodologies. They are therefore in a position to play a leading role in participatory methodologies as well as provide funds or manpower to build capacities in the country. There are also other organizations that promote participatory approaches, for example, Mbale School of Hygiene, KUDEP, Nzamizi Institute of Social Development and the National Institute of Community Development, but they lack sufficient resources and manpower to make a significant difference in the country.

g) Proposed Plans of Action

- Capacity Building

Plans to strengthen participatory methods in the country vary from organization to organization and are dependent on whether the program is being implemented by an NGO or is a donor assisted government program. Expansion is expected to take place in training, field application and materials development by the following organizations:

Water AID plans to attend forums on community water and sanitation and advocate for the use of participatory methods and has already employed an artist on a permanent basis.

RUWASA has also been invited by Water AID to see the types of participatory materials under development. Phase I of RUWASA covered only three districts (Mukono, Jinja and Kamuli) but Phase II has been extended to seven districts, with government support and continued funds from DANIDA.
UNICEF expects to increase resources spent on hygiene education and sanitation promotion than in the previous years. There are plans to offer refresher training to WES staff and support for national training institutions. UNICEF also sees expansion taking place in training, materials development and field application.

NETWAS-Uganda was proposed by various sector partners to be a focal point for participatory methods. Expansion will take place in training, field application, materials development, and monitoring and evaluation. Since NETWAS operates in a demand-driven environment, it would require funds to produce/adapt training materials to stock a resource center. Possible obstacles to this expansion are lack of resources by clients who need assistance, few trainees, and lack of appreciation at policy level. The organization expects funds for this expansion to come from UNDP/World Bank (RWSG-ESA), Swiss Development Cooperation, and the Government of Uganda (DWD).
1.0 INTRODUCTION

In 1993, the UNDP-World Bank Water and Sanitation Program, RWSG-ESA and the WHO, Office of Operational Support in Environmental Health, initiated a developmental and applied research activity to strengthen hygiene behavior change. This activity was later named PHAST: Participatory Hygiene and Sanitation Transformation. From the beginning, various partners in the field were sought and included NETWAS, IWSD, UNICEF in three countries, various NGOs; and PHAST was funded primarily by the Swedish International Development Corporation (SIDA), FINNIDA, DANIDA and NORAD, WHO and the UNDP/World Bank Water and Sanitation Program.

In 1994, the pilot phase of the PHAST Initiative came to a close. Since then the five countries involved (Botswana, Ethiopia, Kenya, Uganda and Zimbabwe) have tried to carry out participatory activities and incorporate them into governmental and non-governmental water and sanitation programs. A number of other countries have also sought assistance from UNICEF, WHO and the UNDP-World Bank Program to initiate participatory activities in their own country Programs. Demand for assistance from various countries led to a joint decision by WHO and the UNDP/World Bank Program to conduct a prospective review in the region focusing on the countries where demand for future assistance was highest.

The countries selected for the prospective review were Kenya, Mozambique, Tanzania, Uganda, Botswana and Zimbabwe.

Aim of Review

To assess what has been achieved through PHAST and other participatory methods and to propose how to move forward with the use of participatory methods in the sub-region by identifying country support requirements for strengthening the use of participatory methods.

Objectives

- To assess the effectiveness of participatory methods on hygiene behavior change through the use of interviews and field visits.

- To identify country support requirements for strengthening the use of participatory methods in government-sponsored water supply and sanitation Programs. This will include identifying needs in policy development, training, materials development, and institutional arrangements.

- To prepare a preliminary plan of activities to strengthen participatory activities at the country level, including a proposed budget and timetable for 1998 and 1999.

The information collected by this activity will form the basis for decision-making by WHO and the UNDP-World Bank Program about future resource allocations for participatory methods. The objective of this resource allocation will be to maximize the benefits of further investments in PHAST and other participatory activities.
The allocation of further resources for participatory activities will be based upon an assessment primarily of:

a) evidence that participatory methods are currently active;
b) the existence of supportive institutional arrangements;
c) government commitment at country level; and
d) health and sanitation needs of the population.

Scope and Methodology of the Review

The review was held in March 1998 in Kampala, Mbale, Jinja and Entebbe. Interviews were conducted with key individuals in the water supply and sanitation sector, using the interview protocol developed for the review. In some cases where it was not possible to conduct an interview either because the respondents were not available or difficult to reach, questionnaires were sent to them. These were filled and returned to the contractor. Field visits were made to obtain a more complete picture of the achievements and needs of the country in order to strengthen the application of participatory methods. Review reports, annual reports, materials developed and any other useful documents were collected from respective organization. The questionnaires were then analyzed and synthesized for compilation of this report.

Key Characteristics of Uganda

Uganda is a landlocked country lying on either side of the equator. It covers an area of 236,580 sq.km, one sixth of which is made up of lakes, rivers and marshes. It is bordered by Sudan, the Democratic Republic of Congo, Rwanda, Tanzania and Kenya, and Lake Albert in the south and west respectively. The population according to the 1991 census is 16.67 million although present estimates are in the range of 20 million, of which 90 percent are in the rural areas. Uganda is a densely populated country (85 persons/sq.km) with the southwest and the slopes of Mount Elgon in the east experiencing the greatest population pressure. The national average growth rate is 2.5 percent. Administratively the country is divided into 39 districts, 150 counties, about 800 sub-counties, 4 800 parishes and 40 000 villages.

Life expectancy in Uganda is low - about 40 years - and infant mortality is 115 deaths per 1,000 live births. The main causes of under-five mortality: are malaria, measles, diarrhea, pneumonia and AIDS. Diseases related to poor water supply and poor hygiene and sanitation practices account for almost 50 percent of child mortality; malaria 25.5 percent and diarrhea, worm infestation, eye infections and skin diseases account for about 23.5 percent. A cholera outbreak in the country in 1997 affected several areas. In 1992, it was estimated that water supply coverage in rural areas was 36 percent and in urban areas it was 65 percent, while the percentage with household latrines was 48 percent countrywide.

2.0 CURRENT STATUS OF PARTICIPATORY METHODS FOR HYGIENE AND SANITATION PROMOTION

2.1 Training and Materials Development

The Participatory Rural Appraisal (PRA) is extensively used for the promotion of the water and sanitation sector as well as in other sectors such as agricultural promotion. Most of the tools within PRA, for example community mapping; seasonal calendars; transect/health walks, are shared also by other participatory methods like SARAR and PHAST. Other tools such as Venn diagrams, ranking or charts stand on their own as major tools in the
promotion of water and sanitation. Other participatory approaches including the Village level Program Planning (VIPPP) and the Logical Framework Analysis (LFA) are also very important, especially for participatory planning purposes.

PROWESS was introduced in Uganda by NETWAS/Uganda with the technical assistance of PROWESS specialists from RWSG-ESA. A training workshop was held in Mukono, Uganda and its main objectives were to:

- achieve greater awareness and understanding of participatory adult learning
- improve participatory learning facilitation skills
- design, adopt and produce participatory learning tools
- field test and demonstrate participatory methods and materials
- strengthen the team relationship between sector training and technical staff, and
- develop realistic follow-up workplans.

The participants were drawn from a variety of implementing and training agencies in the Ugandan water and sanitation sector. A few participants also came from Kenya, Zimbabwe, and Tanzania. It was expected that by working through this network of institutions, appropriate mechanisms would be established for institutionalizing the participatory approaches at the national level. The workshop was facilitated by the PROWESS specialists from Nairobi, jointly with the national core team of trainers. As a result, a strong national team of trainers was created, most of whom continue to render their services in the sector.

The RWSG-ESA in cooperation with the Community Water and Sanitation Unit (CWS) of WHO, initiated a program in 1992 to develop guidelines and participatory tools for hygiene promotion in water and sanitation projects. The aim was to develop field oriented guidelines and materials to assist extension workers, health educators and trainers to effectively enhance sustainable hygiene behavioral practices. It was felt that the SARAR methodology, pioneered by the PROWESS, could be adapted to hygiene education as an alternative to the conventional message-oriented, didactic approaches which had not generally produced significant results in terms of individual behavior change. Consequently, a one week Participatory Hygiene Education (PHE) pre-planning workshop was held in Kenya for Botswana, Kenya, Uganda, and Zimbabwe trainers to pre-test prototype tools.

A Regional Participatory Hygiene Education Workshop (PHEW) was held in Mukono in October 1993 to facilitate the development and testing of prototype materials in the four pilot countries. The main aim of this workshop was to draw from the existing hygiene education concepts and materials and produce a training of trainers manual on participatory methods for hygiene education. In addition to training a core team of specialists from the pilot countries, the Mukono workshop also got the participants to draft plans for field testing the participatory hygiene promotion approach in each of the respective countries. The workshop also identified the need to produce a variety of communication materials and to form a pool of artists who would contribute to future workshops. A regional follow-up meeting was held for both Kenya and Uganda in August 1994, to review the original objectives of PHAST Program, and where appropriate, reformulate them to suit country level situations. It was also for developing project monitoring schedules for application in all the participating projects as well as a documentation strategy.

It is difficult to give a correct figure of the number of people trained to date because of the wide number of organization conducting training at various levels. In RUWASA every staff member has been trained. Over 60 have been trained at the national level and the WES Program trained about 40 social mobilizes in 1997. By 1994/95 22 staff had been trained. WaterAID trained six people in each of their nine projects making a total of 54 people
trained. In Uganda, participatory methods training has been actively promoted or supported by UNICEF, RUWASA, AMREF, Carl Bro, WaterAID, Plan International, DENIVA-Kampala, RED BARNA, CARE, Eastern Centers Water and Sanitation Project, Small Towns Project, WHO, UNDP/World Bank RWSG-ESA, DANIDA and World Neighbors.

Some of the NGOs using participatory methods are: NETWAS-Uganda, AMREF, Action AID, WaterAID. Government projects or ministries using participatory methods are RUWASA, KUDEP, Small Towns Project; Eastern Center Water and Sanitation project; School of Hygiene, Nzamizi Institute of Social Development; DWD-WES Program and the Ministry of Health. Some CBOs include: Kuju Rural Development Project (Amvria-Katakwi) and Uganda Community-based Health Care Association. It is quite clear that more needs to be done in Uganda because some projects still cannot find the necessary capacity to use participatory methods. For example, the Jinja Wetland project had to secure the services of a Kenyan to assist it in the use of participatory methodologies.

2.2 Problems and Limitations in Application of Participatory Methods

Although several organizations have fully adopted the use of participatory methods, some problems have arisen. In the area of training, some organizations felt that training courses are expensive because of the cost of preparation of materials and the use of the services of an artist throughout the training. It was also pointed out that trainers may know how to use the materials but do not know how to develop them, and that evaluations are not carried out to determine what progress has been made. Furthermore, there are few master trainers and getting trainees fully converted to the proper use of the methodologies without follow-up and supervision will make it difficult for trainers or users to apply the tools properly.

In the field, there is resistance by district level staff to use the tools properly. They are used to telling people what to do and almost invariably continue with their monologue. Field staff also felt that it takes too much time to administer the tools. One major problem cited by a number of interviewees is how to ensure the continued supply of enough materials and to make sure that the materials will last for a long time. It has been found that the materials sometimes get stained or wet during the rains and within a short time they are tattered and torn. The problem is how to keep the materials permanent and in good condition.

In the community, users of participatory methods find that high expectations are raised and this certainly causes disillusionment when communities do not receive the services expected. It has also been observed that sometimes people involved in the exercise may not be representative of the community and some powerful people may complain that they were not part of the process. Sometimes communities feel they are treated like children when given pictures to play with.

At institutional level, the top-down approach is still in place and community opinions do not matter during the planning stage. This is common in most projects of the Ministry of Health where there is slow acceptance of participatory methods. The main problem is that there is no clear policy at the ministerial level on the use of participatory methods.

However, NGOs like RUWASA have carried out training seminars on participatory methods which have been attended by ministers and parliamentarians. RUWASA has come up with a one day seminar in its integrated training activity Program for senior government personnel. There is now a demand for more of this training throughout the country.
The names of master trainers in the country are:

John Odolon
Phoebe Baddu
Joseph Epitu
David Mukama
Marcella Ocharo
Collins Mwesigye
Monica Kunihira

Table 1 below shows the most common participatory methods used.

**Table 1: Community Participatory Methods Used in Uganda**

<table>
<thead>
<tr>
<th>Method Name</th>
<th>Institution using method</th>
<th>Where used</th>
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<tbody>
<tr>
<td>SARAR</td>
<td>WaterAID, RUWASA, School of Hygiene</td>
<td>WES projects, projects in rural areas, all training activities</td>
</tr>
<tr>
<td>PHAST</td>
<td>UNICEF</td>
<td>WES projects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community-based health care training association projects and WES projects</td>
</tr>
<tr>
<td>PRA</td>
<td>KUDEP, UNICEF</td>
<td>WES projects</td>
</tr>
<tr>
<td>VIPP</td>
<td>UNICEF</td>
<td>WES projects</td>
</tr>
<tr>
<td>Logical Framework Analysis</td>
<td>UNICEF</td>
<td>WES projects</td>
</tr>
</tbody>
</table>
The most popular tools used are the following:

- Role plays
- Three pile sorting
- Sanitation ladder
- Community mapping
- Story with a gap
- Ranking
- Picture sorting
- Venn diagrams
- Gender roles
- Faecal barriers
- Faecal oral routes
- Task analysis
- Unserialised posters

PHAST is generally not used as PHAST but some of the tools like sanitation ladder, community mapping, three pile sorting and story with a gap are commonly used. Organizations like water AID have taken tools from PHAST, SARAR and other participatory methodologies and developed a tool kit for use in their projects. RUWASA has also developed guidelines and a tool kit for sub-country (LC III) councils. These guidelines are aimed at enabling the District Management Teams (DMT) conduct introductory seminars for the sub-county (LC III) council members. Respondents from organizations that are using some of the PHAST tools gave the following comments on their strengths and weaknesses:

### Some Comments on PHAST:

**Strengths:**

- Enhances community participation
- Enhances women's participation
- Cuts across the educational level
- Puts less burden on facilitators
- Simplifies information collection

**Weaknesses:**

- Requires skilled personnel
- Materials expensive to produce
- Requires the use of an artist
- High expectations created

These responses may be generally applicable to other participatory methodologies besides PHAST, but because the respondents are not using PHAST as a step-by-step process, the responses tend to be non-specific.

### Obstacles to Promotion of PHAST in Uganda

The following obstacles were found to be hindering the smooth promotion of PHAST methodology in Uganda:

- Advocacy for the initiative was weak.
- PHAST lacked a home or focal point in Uganda.
- There is lack of support to institutionalize PHAST promotion activities in established institutions' curriculum like schools of hygiene and community development training schools.
• There are inadequate PHAST toolkits and in some cases there is a total lack of them.

2.3 Effects/Impact of Participatory Methods

On the impact of the use of participatory methods on behavior change, respondents felt that participatory methods have not only helped them gain a better understanding of how to deal with problems but also how work in a consultative manner. More importantly, they have led to an impressive performance in the drinking water and sanitation sector in the country. Behavior change generally takes a long time but some phenomenal changes could be observed after a relatively short time period, which tended to be overlooked most of the time. Some of these changes that have been observed by three of the respondents are given below:

Example 1: Observation by Monica Kunihihara, Water Aid

Hand washing in Kyakulumbye Development Association in Mpigi and Kasunga community-based health care project (Kasese) has increased. Dish racks, dish washing and newly constructed latrines could be seen after a year. Separation of animals from general housing could also be observed in the Kasanga project.

Example 2: Observation by Edward Bwengye-Kaharoro, UNICEF WES

I was working in Busia STWSP in June 1996, and in a community meeting which happened to be attended by some Karamojongs (who live and work in Busia town), the discussion used, among other starters, the sanitation ladder. It generated a lot of positive discussion. This young man learnt how to construct a strong latrine. On going back home to Moroto District, he was determined to have a latrine in his compound and at the time of our visit to his manyatta, he had prepared a pit. When we asked him what he was doing and why and where he got the information on latrines, he shared with us the Busia experience.

Example 3: Observation by Collins Mwesigye, WHO, Uganda

Hand-washing appears to be increasing throughout the country, especially in Mukono District next to the RUWASA project area where hygiene education activities have been intensified. This area has not suffered from cholera despite the recent outbreak (1997) of cholera in the country. However, Kampala and its neighboring districts have been affected. These are areas where RUWASA is not active.
3.0 INSTITUTIONAL ARRANGEMENTS SUPPORTIVE OF PARTICIPATORY METHODS

Institutional arrangements for the training of extension workers in participatory methods vary in the country and depend on the policies of individual institutions. In the WES program, the project trains extension workers, but institutions like the National Institute of Community Development trains community development workers. The School of Hygiene trains health inspectors and health assistants. The Uganda Community-Based Health Association trains extension workers at various levels. Training is also carried out by Nzamizi School of Social Development. RUWASA trains the District Management Teams who then go on to conduct training at the lower levels. RUWASA has also identified institutions whose capacities they would like to build in participatory methodologies. It is expected that after staff of these institutions have been trained, they would extend the training to other institutions or their respective projects.

In order to reach the community, district level staff have been trained by key organizations like RUWASA and Water AID who are actively involved in the use and promotion of participatory methodologies. For example, RUWASA trains district staff who train the divisional staff including the local government bodies (health assistants and community development assistants). From this level the communities are reached. The local councilors play an important role in the transfer of information down to the community.

The WES program applies what is known as the cascade system where the national level team trains the district level who then train at the sub-county level. Those trained at the sub-county level work at the community level. Water AID, for example, trains partner staff and district staff who carry out training at the community level.

A number of training institutions have incorporated participatory methods. Some of these are listed in Table 2.

Table 2: Institutions and the Kind of Personnel Trained

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION</th>
<th>PERSONNEL TRAINED</th>
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<tbody>
<tr>
<td>School of Hygiene</td>
<td>Health Assistants and</td>
</tr>
<tr>
<td>Schools (Primary/Secondary)</td>
<td>Pupils</td>
</tr>
<tr>
<td>Polytechnics</td>
<td>Staff on specific projects of water and sanitation</td>
</tr>
<tr>
<td>National Institute of Community Development</td>
<td>Community Development Workers</td>
</tr>
<tr>
<td>Nzamizi Institute of Social Development</td>
<td>Community Development Assistants, Community Development Officers</td>
</tr>
</tbody>
</table>

RUWASA has been carrying out a comprehensive training program in participatory methodologies and in 1997, it held training sessions ranging from one to five days. One thousand six hundred and fifty-one (1 651) people were trained. NETWAS (Uganda) also carried out training of stakeholders in WES on the use of participatory methods between August and September 1997.
Through sponsorship by DANIDA, RUWASA has supported PHAST initiatives in the country. Other institutions which have been similarly involved are WHO, UNDP/World Bank (RWSG-ESA), UNICEF, Kampala (WES Office), the Ministry of Natural Resources and NGOs (such as Water AID).

RUWASA and Water AID have developed numerous materials on participatory methods especially those relating to hygiene education and promotion.

Some organization systematically monitor communities where participatory methods have been used whole. Others are presently developing a more effective monitoring and evaluation program. Recently, one staff member of RUWASA was sent to a NETWAS short course on monitoring for effectiveness. It is expected that a proper system of monitoring will now be worked out in the project. RUWASA does not feel that it has taken this issue seriously in the past although the monitoring unit and social mobilizes in its projects carry out some routine monitoring.

Various other projects like Eastern Centers Water and Sanitation Project, Small Towns Project and WES carry out monitoring. Monitoring is usually done by the monitoring officer based at DWD. At Water AID, hygiene promoters who are community members are monitored by project staff who pay visits in order to see how the participatory tools are being used.

However, most of the respondents stated that monitoring in their projects is seriously lacking. Even in the WES program, it seems that monitoring is lacking and therefore capacity needs to be built in this area. Because government ministries have not yet developed policies on the use of participatory methodologies, no review of participatory methodologies has been carried out the use of participation methodologies is slow and community participation is taken into consideration only at the implementation stage in many projects.

This notwithstanding, institutions such as NGOs and individuals are making significant contributions to the use of participatory methodologies in Uganda. However, there is really no participatory methods focal person in the country nor a participatory methods coordinating team.

4.0 POLICY FRAMEWORK AND POLITICAL COMMITMENT

The use of participatory methods for hygiene behavior change in water and sanitation programs is a generally accepted principle by the Government of Uganda. There is now in place a National Sanitation Task Force which is responsible for formulating the guidelines. In this task force, all the stakeholders are represented. The task force has now drafted the Kampala Declaration on Sanitation. However, the declaration does not specifically mention the use of participatory methods or their promotion, although mention is made of community partnership. It is expected that this will be taken into consideration when a sanitation policy is developed (see Appendix 4).

The problem analysis is done at the national level, the decision is then made and it is at the implementation stage that participatory methods start. It is clear that this approach is a mixture of participatory and non-participatory approaches.

In a small town water and sanitation project, the districts will identify areas in need, for example, of water. The sub-county will then get an allocation of water points, a decision depending on the number of parishes and the parishes will agree on which village needs a
water point. This is followed by training and sensitization of the community by support staff from the project and the districts. The participatory process really starts when the communities do a community mapping exercise and agree on where to site the wells. The technical part of the project does the actual sitting (yield tests, depth, etc.). Water user committees are then formed and trained on participatory methods. Gender balance is also taken into consideration. The policy is that at least half of the committee members should be women. The community is requested for cash contribution before the implementation of the project starts. In general, the hand pump mechanic is a private entrepreneur responsible for water points in the community and the community pays for the services. If a woman is identified as a pump mechanic, the project pays 100 percent of the cost of using her but if a man is chosen, the project pays 75 percent and the community pays the rest. This is done to promote the full involvement of women in the project.

The water user committee is trained in book-keeping. Presently at RUWASA a monitoring system is being developed so that the users would be able to do the monitoring.

Key decisions-makers also make regular visits to projects using participatory methods. In the RUWASA projects, visits are made at the following levels:

**Inter-Ministerial Steering Committee**

This is the policy-makers meeting and this simply involves officials from the Ministries of Finance, Water and Health who meet with project staff on half yearly basis. Staff of RUWASA and DWD attend this meeting.

**Project Coordinating Committee (PCC)**

This consists of all the implementing districts (i.e. DMT, Chairmen of Councils, etc.). The committee meets every quarter and rotates from district to district. This is generally considered by all involved as a very good forum for exchange of ideas, experiences and information.

**National Level - Project Administration Committee**

This committee meets every quarter and is comprised of donors, council representatives for sectors, DWD and project management staff. Meetings are held in Mbale and Kampala. One day is always set aside for field visits.

These field visits are not made to all projects using participatory methods. Apparently, key decision makers in the country would visit projects that are under government programs like RUWASA, but projects by NGOs do not seem to benefit from these visits. For example, Water AID projects only benefit from occasional visits by District Officers. Water AID feels that the way forward should be one in which District Officials pay regular visits and comment on the projects.

Most of the respondents did not appear to know how much money was spent on the development and use of participatory methods activities in 1997, the reason being that no specific budget is allocated to it. However, some programs like RUWASA and WaterAID are actively involved in the development and use of participatory methods and are therefore in a position to give an indication of their budget for 1997. RUWASA spent approximately UShs. 98,605,000 (about US$ 98,605) and Water AID spent Pounds 2,500 sterling pounds. In RUWASA, funding is determined by the Project Office Management meetings and local councils (chaired by the LC5 chairman) but this varies from district to district. At RUWASA, Mr. Sam Mutono is the key decision-maker. For example in Jinja, the District Health Inspector is responsible and in Mbale, the District Water Officer is the
responsible officer. The Inter-Ministerial Steering Committee also makes decision on funding. At DWD, the Director, Mr. Patrick Kahangire is a key decision making on funding. At the Ministry of Health, it is Dr. S. Zaramba; at the Ministry of Community Development, it is the Director, Rwebeire Bairra and the Chief, WES. Mr. Lloyd Donaldson makes the decisions at UNICEF.

5.0 HEALTH AND SANITATION NEEDS

Life expectancy in Uganda is low, about 40 years, and the infant mortality rate is 115 deaths per 1,000 live births. In 1991, the infant mortality rate was 122/1,000 and in 1995 it was 97/1000. The main causes of under-five mortality are malaria, measles, diarrhea, pneumonia and AIDS. Diseases related to poor water supply and poor hygiene and sanitation practices account for almost 50 percent of child mortality: malaria 25.5 percent and diarrhea, worm infestation, eye infections and skin diseases account for about 23.5 percent. There was one cholera outbreak reported in the country in 1997 which affected several areas. In 1992, it was estimated that water supply coverage in rural areas was 36 percent and in urban areas it was 65 percent, while the percentage with household latrines was 48 percent countrywide. The sanitation coverage in the rural areas is 47 percent while in the urban areas it is 96 percent. In Uganda, the greatest need for water development is in the semi-arid north. In the south, where rainfall is substantial, the problem is mainly due to water quality and inadequate provision of the necessary services.

RURAL AND URBAN SAFE WATER AND SANITATION COVERAGE

<table>
<thead>
<tr>
<th>AREA</th>
<th>SANITATION (PERCENT)</th>
<th>SAFE WATER (PERCENT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RURAL</td>
<td>47</td>
<td>36</td>
</tr>
<tr>
<td>URBAN</td>
<td>96</td>
<td>65</td>
</tr>
</tbody>
</table>

Participatory methods have been used to address malaria, diarrhea, upper respiratory tract infections, intestinal worms, skin diseases, eye infections and AIDS. For example, to address diarrhea, some of the PHAST tools like sanitation ladder and three pile sorting cards have been used.

6.0 PLANS FOR STRENGTHENING PARTICIPATORY METHODS

Plans to strengthen participatory methods in the country vary from organization to organization and depend on whether the program is being implemented by an NGO or is a donor-assisted government program. The two key institutions that are vigorously involved in the promotion and use of participatory methodologies in the water and sanitation sector in Uganda have been given more prominence below. These are RUWASA, Water AID and UNICEF-WES Program. These institutions have the capacity and resources required to play a major role in the use of participatory methodologies in the country by being major agents of change and influence.
RUWASA

RUWASA is using a number of strategies to contribute to the project objective of improving the living conditions of the people through the provision of safe clean drinking water, including increased access by reducing distance to the water source, as well as providing the necessary conditions for behavior change so as to reduce water and sanitation related diseases in the long-term. One such strategy is the improvement of institutional sanitation. The project has therefore targeted primary schools and health units. A partnership has been worked out with the schools.

RUWASA has also decided to promote a participatory approach to mobilize all committees (children, men, women) both at the household and institutional level, through health education, drama, radio, school class, print media and training of key transmitters of health messages. This is aimed at trying to stimulate attitude change and translating knowledge into practice by the use of local resources available. Teachers are now being targeted for training together with chairpersons of Parent-Teachers Association (PTAs) and the school management committees. Particular emphasis is put on science and senior women teachers so that through their lessons, they could advance a change in behavior and attitude among the children at an early age. Fifty percent of schools have been targeted for the provision of slabs, cement and payment for masonry work. All this is planned for Phase II of the RUWASA Program which is now under implementation. Other plans are geared towards the promotion of improved traditional latrines.

The DWD feels that one major obstacle is to be able to involve people at several levels, for example village and district levels. Currently, allowances have to be paid to people to get them involved. Transportation costs could also be a problem. Since DANIDA has a substantial budget there does not appear to be a major problem in expansion. SIDA has also allocated US$1 million for community support.

WATERAID

According to the organization's 1997 strategic framework objectives, it plans to integrate water supply, hygiene-education, sanitation, facility management and capacity building in all projects that it supports. This will be achieved through support to direct delivery partners working alongside its client group (the communities). A typical strategy for integrating the above activities will involve:

- pre-project work with potential partners, including training in PRA methodology to conduct baseline studies with the beneficiary group and produce comprehensive and realistic project proposals.
- Preliminary mobilization and training of the community by the direct delivery partners using participatory tools. The community will be involved in all stages of project development.
- Hygiene education will be promoted using a resource base of participatory approaches. The program support unit is responsible for training partners in participatory methodology, who in turn train community health volunteers at the parish/village level. Baseline data relating to existing hygiene practices will be used to tailor the project to suit the communities' own prioritized behavior changes. A greater emphasis will be placed on hygiene promotion than in previous years, with approximately 10 percent of the budget being allocated to these activities.
Capacity building will be achieved through structured training programs in response to the identified weaknesses of both communities, partners and WaterAID staff. Approximately 10 percent of program funds will be spent on capacity building. At the national level, capacity building activities will include the production of participatory health education materials of a national standard.

In the past, WaterAID projects concentrated only on water but now all projects are integrated. To back this up, the organization now has a hygiene education policy in place and at least 30 percent of project funds are allocated to hygiene and sanitation improvements. This Program is monitored on a quarterly basis. In order to expand participatory methods in the country, WaterAID will attend any forum on community water and sanitation, and advocate for the use of participatory methods. The organization has already employed an artist on a permanent basis. RUWASA has also been invited by WaterAID so that they could see the types of participatory materials under development. Expansion is expected to take place in training, field application and materials development.

WaterAID does not envisage any serious problems to expansion as long as its fund-raising division in London continues to procure the necessary funds. However, it is felt that political support needs to be strengthened especially for sustainability. This they hope to emphasize in their letter of understanding to be signed this year (1998).

**UNICEF - WES PROGRAM**

UNICEF expects to spend over 50 percent of its resources on hygiene especially in primary schools. There are plans to offer refresher training to WES staff and support for national training institutions. UNICEF also sees expansion taking place in training, materials development and field application. Cholera and sanitation tool kits are presently under development. One serious problem is diminishing financial resources worldwide. This is likely to affect UNICEF's plans to increase resources for expanding participatory methods. The support UNICEF needs is dialogue with key actors; meeting with master trainers and organization like NETWAS and AMREF. Meetings could also be done nationally as a way of updating and informing each other.

**WHO**

The WHO is also targeting school health, urban health and water quality surveillance in rural areas although there are no plans to expand participatory methods in the country and no resources have been allocated.

**NETWAS - UGANDA**

The role of NETWAS was seen to be that of advocacy, materials development and distribution as well as follow-up reviews and assessment. Since NETWAS operates in a demand-driven environment, no funds are allocated for this important role and it hopes to create a demand through sensitization and increased requests from organizations that have previously utilized its services. Non-availability of resources to clients who need assistance, few trainees, and lack of appreciation at policy level are possible obstacles to this expansion. In order to effectively carry out the above activities, financial support is necessary. NETWAS would require funds to produce/adapt training materials to stock a resource center. The organization expects that funds for this expansion would come from UNDP-World Bank RWSSG-ESA, Swiss Development Cooperation, and the Government of Uganda (DWD).
6.1 Comments on Proposed Plans of Action

From the foregoing, it is clear that RUWASA, UNICEF and Water AID have allocated resources specifically for the use and development of materials, and training in participatory methodologies. Substantial amounts of funds are presently earmarked for this activity by these organizations. They are therefore in a position to play a leading role in participatory methodologies as well as provide funds or manpower to build capacities in the country. These institutions appear to be at the forefront in the sector, as was evident from the responses given by a number of interviewees. Many of them would cite RUWASA or Water AID whenever questions were raised on training or development of materials. One interesting observation was that most of the respondents interviewed either at UNICEF, WHO or other organization have either worked for RUWASA or have been involved in some of their programs. The former UNICEF - supported South West Integrated Water and Health Program, used lots of tools currently in PHAST with an input from World Neighbors, in the name of Keith Wright. Other institutions like the School of Hygiene, KUDIP, Ndamizi Institute of Social Development and the National Institute of Community Development are also involved. The private sector consultants like CDRAN, Combine, etc, programs like STWSP, Eastern Centers Water and Sanitation Project which is a DANIDA-supported project, are also key actors in the promotion of participatory approaches and should be given due consideration. It is therefore important to consult them in any programs geared towards the promotion and use of participatory methodologies and PHAST in particular.

7.0 RECOMMENDATIONS

The following are the recommendations for the aforementioned:

a) That the focal point for PHAST in Uganda becomes the Environmental Health Division of the Ministry of Health.

b) That NETWAS-Uganda coordinates and promotes PHAST activities in support of Environmental Health Division.

c) That efforts should be directed at institutionalizing PHAST into school curricula (School of Hygiene and Community Development School).
8.0 WAY FORWARD AND ACTION PLAN

1. Operational

a) Advocacy for PHAST at the policy level (Environmental Health Division, Directorate of Water Development Department) shall be spear headed by MoH, with support from UNICEF, RUWASA and NETWAS, while funding would come from GOU, UNICEF, DANIDA, NGOs and RWSG-ESA between 1998/99. The objective will be to institutionalize participatory methods at MoH, MoLG/MoWR, and to sensitize the government line ministries to vote funds for participatory training.

b) Conduct TOT in terms of training of extension workers, MoH staff, conduct refresher course for all trained and make follow-up of staff programs and government projects. The objective will be to strengthen and develop skills on use of participatory methods. The MoH will be responsible for this activity with support from partners like UNICEF, DANIDA, NGOs and RWSG-ESA in 1998/99.

c) Hold a consultative meeting and produce and disseminate the National Tool Kit with the objective of finalizing this tool kit. The MoH shall take the lead role in collaboration with sector partners in 1998/99.

d) Develop a Training Guide and an Implementation Guide. The objective will be to introduce quality control mechanisms in training and implementation. The MoH with support from UNICEF, DANIDA, RWSG-ESA and NETWAS shall take the lead in 1998/99.

e) To conduct a baseline survey with the objective of assessing the general situation on sample basis according to regional differences. The MoH will take the lead in 1998/99.

f) To conduct study tours and arrange certification of the training courses with the objective of providing suitable incentives for the use of participatory methods. The Government of Uganda will explore the issue of certification as an incentive. This shall be done in 1999.

2. Learning and Leadership

a) To appoint a participatory focal person within the MoH with the aim of having somebody who will be the focal point person and work with the participatory team.

3. Institutional

a) To define roles and responsibilities within the framework of participatory hygiene and sanitation with the major aim of providing coordination among sector partners. This may be done with the utilization of PCU which represents from other activities and is instrumental in scaling-up participatory methods tapping on the existing NGOs based in DWD. The MoH and MoWR with the support from RWSG-ESA will take the lead in this activity in 1998.

b) To appoint a technical support person for participatory methods as this will enhance capacity of the ministry and tap into the existing local skills capacity.
APPENDICES
APPENDIX 1:

ESTIMATES FOR CONDUCTING A TRAINING COURSE

♦ TRAINING THROUGH AN AGENCY

For a Training of Trainers Residential Course in Participatory Methods for two weeks (12 days) for about 20 participants, the estimate cost would cover the following broad areas:-

- Consultancy Fee (preparation and facilitation) $250 - 300 per day per Facilitator (2)
- Artist's fee $150 - 200 per day
- Meals and Accommodation - Facilitators @ $150 per day per facilitator
- Participants @ $50 per day per participant
- Travel - Air Tickets for Outside Facilitators @ $300 per facilitator
- Hire of transport for field visit @ $600
- Stationery and photocopying @ $2000
- Contingencies (inclusive of reimbursements for participants and in-country facilitators) @ $3,000

- Estimated total costs: $37,000

♦ Training for Communities

For a training of community leaders at a non-residential course in participatory methods covering six(6) days for 20 participants, the estimate costs would cover the following broad areas:

- Meals i.e. teas and lunches $10 per person
- (inclusive of two (2) facilitators) @ $10 per person
- Honorarium for the facilitators (2) @ $1000
- Stationery and photocopying @ $100
- Travel for the local facilitators (2) $ per person(*missing figure)
- Contingencies @ $500

- Estimated total costs: $5,000
## APPENDIX 2:

### LIST OF PEOPLE INTERVIEWED

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Position</th>
<th>Organization</th>
<th>Address</th>
<th>City</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monica Kunihira</td>
<td>Coordinator, Program Support Unit</td>
<td>Water Aid,</td>
<td>P O Box 11759</td>
<td>Kampala</td>
<td>Uganda</td>
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<tr>
<td>2</td>
<td>Edward Bwengye-Kahororo</td>
<td>Asst. Project Officer, WES</td>
<td>UNICEF-WES</td>
<td>P O Box 7047</td>
<td>Kampala</td>
<td>Uganda</td>
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<td>3</td>
<td>Mr. Eric Engstrom</td>
<td>Technical Adviser</td>
<td>RUWASA Project</td>
<td></td>
<td>Mbale</td>
<td>Uganda</td>
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<td>4</td>
<td>Mogens Mechta</td>
<td>Sector Adviser</td>
<td>DANIDA, Directorate of Water</td>
<td></td>
<td>Entebbe</td>
<td>Uganda</td>
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<td>Development</td>
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<tr>
<td>5</td>
<td>Mr. Collins Mwesigye</td>
<td>Community Water and Sanitation Adviser</td>
<td>WHO,</td>
<td></td>
<td>Kampala</td>
<td>Uganda</td>
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<tr>
<td>6</td>
<td>John Odolon</td>
<td>Program Officer</td>
<td>NETWAS</td>
<td>P O Box 40223</td>
<td>Kampala</td>
<td>Uganda</td>
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<tr>
<td>7</td>
<td>Mr. David Mukama</td>
<td>Hygiene Education and Sanitation Specialist</td>
<td>RUWASA,</td>
<td></td>
<td>Mbale</td>
<td>Uganda</td>
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<td>8</td>
<td>Mr. Sam Mutono</td>
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<td>RUWASA Project</td>
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<td>9</td>
<td>The Director</td>
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<td>KUDEP,</td>
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<td>10</td>
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<td>11</td>
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<td>12</td>
<td>Mr. Kamau</td>
<td>Jinja Wetlands Project</td>
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APPENDIX 3:

LIST OF REFERENCES


3. Hygiene Promotion Manual for the Great Lakes Region: CARE


6. Regional Participatory Hygiene Education Workshop: Mukono, Uganda