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# A Holistic Approach to Accelerated Attainment of Open-Defecation Free Status in Moyo District

**Date Published:** September 2021

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*Sanitation Learning Hub Case Study*



This case study was developed to inform subsequent research and analysis of local government leadership and prioritisation of sanitation and hygiene (S&H) in East Africa. Consolidated learning from across the three countries involved can be found in the [Sanitation Learning Hub \(SLH\) Learning Brief: Strengthening sub-national systems for area-wide sanitation and hygiene.](#)



#### Introduction

From late 2020 to early 2021, the Sanitation Learning Hub (SLH) collaborated with local government actors and development partners from three sub-national areas to explore ways of increasing local government leadership and prioritisation of sanitation and hygiene (S&H) to drive progress towards area-wide S&H. For some time, local government leadership has been recognised as key to ensuring sustainability and scale and it is an important component of the emerging use of systems strengthening approaches in the S&H sector. It is hoped that this work will provide practical experiences to contribute to this thinking.

Case studies were developed to capture local government and development partners' experiences supporting sub-national governments increase their leadership and prioritisation of S&H in Siaya County (Kenya, with UNICEF), Nyamagabe District (Rwanda, with WaterAid) and Moyo District (Uganda, with WSSCC), all of which have seen progress in recent years. The cases were then explored through three online workshops with staff from the local governments, central government ministries and development partners involved to review experiences and identify levers and blockages to change. This document presents key findings from this process.



Credit: Jason Florio

#### Why focus on sub-national systems strengthening?

To progress from scattered open defecation free (ODF) villages to safely managed sanitation in high-burden countries at scale, governments need to take the lead, display political leadership, and match commitments with the necessary human and financial resources (World Bank Group et al. 2018). Following widespread decentralisation reforms, including across Africa (Cabral 2011), responsibility for S&H often sits with sub-national governments. Recent years have seen an increase in commitments towards achieving total sanitation and ODF status from sub-national governments in a number of countries across the world. However, of the 62 countries with over 5 per cent open defecation, only 18 are on track to be ODF (UNICEF 2018). If we are to reach Sustainable Development Goal (SDG) 6.2, we need to drastically pick up the pace.

From late 2020 to early 2021, the SLH collaborated with local government actors and development partners from three sub-national areas to explore ways of increasing local government leadership and prioritisation of S&H to drive progress towards area-wide S&H. For some time, local government leadership has been recognised as key to ensuring sustainability and scale and it is an important component of the emerging use of systems strengthening approaches in the sanitation sector. It is hoped that this work will provide practical experiences to contribute to this thinking.

Three case studies were developed to capture local government and development partners' experiences supporting sub-national governments increase their leadership and prioritisation of S&H in Siaya County (Kenya), Nyamagabe District (Rwanda),

and Moyo District (Uganda), all of which have seen progress in recent years. The development partners involved were UNICEF in Kenya, WaterAid in Rwanda, and WSSCC/Uganda Sanitation Fund in Uganda. The cases were then analysed through three online workshops facilitated with staff from the local governments, central government ministries and development partners involved to explore them in further detail, review experiences and identify levers and blockages to change. Lessons from the workshops are documented in the SLH learning brief mentioned above.

This is the case study developed by Moyo District and WSSCC/Uganda Sanitation Fund documenting their experiences and reflections from working together to increase prioritisation of S&H in Moyo District, Uganda.

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## 1. Methods

This case study was developed to document WSSCC/Uganda Sanitation Fund and Moyo District's experiences relating to the overarching research question: *What influenced the local government to increase their leadership and/or prioritisation of sanitation and hygiene?*

SLH developed a case study development guide that included a suggested case study development process as well as a case study template with examples of questions to consider in each section. Most significant change (MSC) and outcome harvesting (OH) approaches were used to develop the case study: MSC as a means of first identifying a positive change(s) seen in selected local governments' prioritisation and leadership around S&H, and then OH to work back from these to unpack what may have contributed to the change(s).

Within this framework, teams produced research plans to develop their case studies before conducting literature reviews, interviews, and focus group discussions as necessary to inform and draft their case studies. SLH provided tailored support to each case study development team throughout this phase based on demand. For most, this involved reviewing research plans, interview guides, and draft case studies.

This case study was compiled by staff from Moyo District, the Uganda Sanitation Fund, and an independent consultant, between October 2020 and January 2021. It was developed based on data from quarterly and annual progress reports from Moyo District and interviews of key Moyo District leaders and staff.

The structure of the case study reflects the MSC/OH approach taken: following a background section providing context on the local government area, we explain the most significant change in the local government's prioritisation of S&H. The next section outlines activities that may have contributed to this change, followed by a look at some associated successes and challenges. The final section discusses lessons learned and recommendations that can be distilled from these experiences.

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## 2. Background

### *Uganda*

Uganda loses UGX 389 billion (equivalent to USD 177 million) annually due to poor sanitation. However, there have been large strides made in the country's sanitation and hygiene sector: national latrine coverage has improved from 49

per cent in 1999 to 78 per cent in 2018 and national handwashing coverage currently stands at 38 per cent, up from 30 per cent in 2015 when it was first tracked. An estimated UGX 1.77 billion was spent on construction of sanitation and hygiene facilities by local district governments in the 2018/2019 financial year, with at least seventy-seven latrines constructed in public places.

Numerous interventions from different sector actors have contributed to this progress, including district local governments and partnerships with stakeholders such as the Uganda Sanitation Fund (USF), among others.

Established in 1956, Moyo is a large district located in north-west Uganda in the West Nile region. It is bordered by Adjumani district to the south and east, Obongi district to the south-west, Yumbe district to the west, and South Sudan to the north. In 2019, part of Moyo was split off to form the new district of Obongi, in line with similar moves across Uganda to reduce the size of the larger districts. Administratively, Moyo District is a one-county district, comprising five rural sub-counties and one town council, 27 parishes, and 165 villages. At least 62 per cent of the population in Moyo lives on less than USD 1.90 per day, compared to 21.4 per cent nationally. At least 12 out of the 165 villages in Moyo District are classified as hard to reach due to their locations along river banks, making them prone to flooding every time it rains heavily.

### ***Uganda Sanitation Fund (USF)***

The USF ran from 2011 to 2020 and provided funding directly to district local governments to improve sanitation and hygiene in their areas. Moyo District was not originally included in the USF programme but was added in 2014 following lobbying to the Ministry of Health by the district's political leadership. A USF baseline study conducted in 2013 to assess the sanitation and hygiene needs of potential additional districts supported Moyo's addition to the programme, finding that the sanitation indicators for Moyo District were lower than the national average (latrine coverage was at 64.5 per cent compared to the national average

Figure 1: Moyo District in Uganda



Source: © OpenStreetMap contributors, Jarry1250, NordNordWest/Wikipedia [CC BY-SA 3.0](https://creativecommons.org/licenses/by-sa/3.0/)

of 72 per cent and no village was open-defecation free). Rates of handwashing with soap were also considered low (43.2 per cent), although there was no national figure to compare them to at that time.

The Moyo–USF partnership prioritised funding for activities in the lowest performing sub-counties within Moyo District, although staff working across all sub-counties were engaged in district-level activities with the ultimate aim of achieving district-wide ODF status. Through the multi-year Moyo–USF partnership, Moyo received funding as well as technical back up and capacity enhancement. When the Moyo–USF partnership started in the 2014/2015 financial year, the district lacked adequate funds for the field staff required to monitor and report on the hygiene and sanitation situation in the district. Moreover, there was limited financing in the areas of sanitation and hygiene due to competing district priorities. When the USF partnership started, district leaders respected USF requirements and ensured funding was pegged specifically to sanitation and hygiene activities in the district. By the 2019/2020 financial year, USF funding support for Moyo District had grown to UGX 91,098,856. This reflected the USF’s policy of rewarding high-performing and compliant districts with additional funds (and sanctioning/reducing funds for lower performing or less compliant districts). These funds covered the cost of field extension staff to conduct activities including community triggering sessions for sanitation improvement using the Community-led Total Sanitation (CLTS) approach, follow up of triggered communities, verification and declaration of open-defecation free villages, and more. Since its inclusion in the USF, Moyo has undertaken unique interventions in the sanitation and hygiene sector.

The impact of the partnership was assessed through quarterly progress assessment and reporting based on data collected by village health teams, who can access the most vulnerable members of the community. Information is shared with district health assistants before being sent to the district principal health inspector, who in turn shares it with the national Ministry of Health. This information is used by the Ministry of Health to inform decision making relating to resource allocation.

## 2.1. Roles and responsibilities of sanitation and hygiene stakeholders

**The District Health Department District** This department – and particularly the environmental health section within it – is mandated to spearhead the development of sanitation and hygiene in the district.

**Water Supply & Sanitation Coordination Committee (DWSSCC)** Chaired by

the Chief Administrative Officer (see below), the DWSSCC is responsible for implementing S&H improvements in the district. The committee coordinates WASH actors in the district, advocates for sanitation and hygiene among stakeholders, and provides linkages across district government departments working on sanitation and hygiene. Its members are district technical staff who ordinarily meet once every quarter, although in special cases the committee meets more frequently.

**Office of the Chief Administrative Officer (CAO)** The CAO heads the technical wing in the district. As chair of the DWSSCC, they are the overall coordinator of sanitation implementation in the district and appoint the focal person who is responsible for the day-to-day coordination of sanitation-related activities. The CAO is also the accounting officer for the district and is responsible for approving and releasing all district funds.

**District council** The district council comprises elected political officials who approve district plans and budgets, and make policies to guide general district development.

**District Executive Committee** The District Executive Committee oversees implementation and monitoring of council programmes, coordinates the work of NGOs and other development partners, and reviews and approves district reports, especially if they are to go outside of the district.

**Resident District Commissioner (RDC)** The RDC is the (unelected) representative of the president in the district. In Moyo District, the RDC allocated funds from their budget for 30 minutes of radio airtime per week to broadcast sanitation and hygiene messages, following lobbying from Moyo District political leaders.

**Non-governmental organisations (NGOs)** The NGOs involved in sanitation improvement in Moyo were mapped and invited to participate in the quarterly DWSSCC meetings. They include FEAT AFRICA, which operates in one sub-county and MIDIA, which operates in the entire district. The Uganda Red Cross Society also occasionally provides refreshment to the sanitation and hygiene volunteers when they go out to do work. UNICEF provides budget support to the water department. This mainly goes to construction of sanitation infrastructure in schools.

**Private sector** The main private sector stakeholders in Moyo are the private local FM radio stations (particularly Trans-Nile Broadcasting Services and Voice of the Nile FM) which were called upon by the district leadership to participate in sanitation improvement. They provide free airtime (one hour every week, in

addition to that paid for by the RDC) to the DWSCC to mobilise the communities to improve their sanitation practices.

**Village Health Team** This is the grass root structure of the Ministry of Health (also referred to as Health Centre 1). Although made up of volunteers, it is responsible for the health of the community and is required to report any health problems (including poor sanitation and hygiene) to the next level (Health Centre 2).

**Community own-resource persons** This includes Natural Leaders (activists who emerge and take the lead during CLTS processes, driving their community to end open defecation and ensuring that everyone can access adequate sanitation and hygiene), community engineers (innovative community members that use available and affordable materials to invent local sanitation and hygiene technologies) and community champions/consultants (natural leaders who carry their passion for ending open defecation beyond their borders, and are involved in triggering sessions and follow-up activities in neighbouring communities).

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### 3. The most significant changes identified in the local government's prioritisation of S&H

One significant change that has been identified in the Moyo District local government's prioritisation of S&H is the **inclusion of the sanitation update as an agenda item on every council session agenda**. Shortly after Moyo joined the USF, the district political leadership held an extra ordinary council meeting (the highest policy making organ of the district) in April 2014 and decided to put sanitation high on their district development agenda. They decided to re-activate the District Water and Sanitation Coordination Committee (DWSCC) to lead sanitation and hygiene improvements in the district and tasked it to give a quarterly update to the council on the progress made. There was also enhanced political commitment to the sanitation agenda that had not previously existed. Early engagement with the county governor, county executive committee members, members of the county assembly (MCAs), and other politicians in the county helped create political support for the CLTS initiative. By engaging these stakeholders early on, it helped to also create awareness around the negative impact that poor sanitation can have on social, economic, and cultural development, with grave consequences for individuals, households, and the nation as a whole. MCAs were also lobbied for resource allocation towards sanitation activities during county budgeting sessions.

This has been in place since 2014 when the USF project was introduced to the district, and is still unique to Moyo. From April 2014 to date, the DWSCC has been given a platform to update the district council whenever it is in session. The minutes of the district council for all years have an agenda item for an update from the DWSCC on the sanitation situation of the district.

The district Social Services Committee – made up of councillors (politicians) – monitors sanitation and hygiene promotion activities at community (household) and institutional (schools, health centres, worship places) levels on a quarterly basis and holds the DWSCC to account in council meetings, confirming or challenging their reports to the council as needed.

The resolution to include the sanitation update in every council agenda motivated the environmental health extension staff (who are at the forefront of sanitation and hygiene improvement), to perform to their best and also to use the available resources in an accountable manner. They realised that their political supervisors were interested in their performance and in results and worked hard to bring about the desired change. By June 2020, the sanitation and hygiene indicators for Moyo District had significantly improved (Latrine coverage 95 per cent, hand washing with soap 65.3 per cent, and 130 villages [out of 165] declared ODF).

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## 4. What contributed to these changes?

Initial motivation for S&H progress among political leaders in Moyo led to successful lobbying and its inclusion in the USF project. Motivation was spread across the district leadership and technical staff at the start of the partnership with the USF. Institutional triggering was conducted at the district level, by USF staff based at the Ministry of Health.

All the district councillors, as well as senior technical staff from different departments, participated in the triggering. Activities included displaying positive aspects of the district, such as tourist sites, pictures of the district leaders, cultural leaders, and national emblems that originate from the district. After this, the negative side displaying pictures of open defecation was also presented. This created a sense of shame, disgust, and fear and culminated in action by the leaders. An interview with the district chairperson revealed that the institutional triggering session conducted by visitors from the Ministry of Health challenged him to take action to ensure that his district improves upon the sanitation indicators. After the first institutional triggering session at the district level in 2014, the district chairperson was greatly touched to see the poor sanitation



conditions within his area of jurisdiction and this prompted him and his executive to prioritise sanitation and hygiene. It was at the end of this triggering that district leaders decided to re-activate the DWSCC and create a standing agenda item at quarterly council meetings for it to report to the district leadership on progress.

Motivation to continue to prioritise S&H in Moyo has been sustained by the political leadership's desire to become the first ODF district in Uganda.

Continued advocacy such as institutional triggering at lower local government level was also important to sustaining motivation among the political leadership at those levels. This was conducted by the district technical staff and involved political leaders and technical staff at the lower local government levels. In addition, regular communication between USF staff and the district leadership contributed greatly to the motivation to attain ODF status.

Other actors have contributed to sustaining the DWSCC's activity, including the civil society organisations UNICEF and the Uganda Red Cross (URC) Society.

These organisations have supported the DWSCC by providing it with resources (sitting allowances by UNICEF and refreshments by the URC Society). These resources have made it possible for members of the DWSCC to meet regularly since 2014.

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## 5. Successes

Due to the prioritisation of sanitation and hygiene in Moyo District, there has been an emergence of champions in the district government. These include both technical and directly elected leaders who participate in the council meetings. The DWSCC updates acted as an eye opener to the sanitation and hygiene situation in the district, and the data is presented in a visually stimulating way. At least ten directly elected political leaders, including the district chairperson, participated in community triggering sessions, follow-up, and ODF verification exercises coordinated by the DWSCC. Political leaders who were previously not interested in 'shit' can now articulate sanitation and hygiene issues. Given the political prioritisation afforded to sanitation by the district political leaders, the CAO also ensured that funds for sanitation and hygiene were allocated and released in a timely manner, facilitating the work of frontline staff.

The local media in Moyo District has championed the journey towards ODF status since the council resolved to have DWSCC updates in every seating. Besides

the 30 minutes weekly airtime provided by the RDC on various radio stations, the news reporters occasionally seek out success stories in communities, and interview different political and technical leaders on matters regarding sanitation and hygiene. Some community members have since called the radio stations directly to share their sanitation and hygiene success stories. This motivates other communities to follow the same path.

Another success that stemmed from political prioritisation of S&H in Moyo and which has contributed significantly to the improvement of the sanitation and hygiene situation in the district was the linking of sanitation facilities to livelihood programmes in the district. The district council made it mandatory for everyone who benefits from district livelihood programmes to have and use a sanitary facility in the home in order to qualify for support. This has been a major success because the group members assess themselves and apply social pressure on their colleagues even before the assessment carried out by the sub-county Community Development Officer.

The champions are engaged in learning exchange visits across sub-counties and villages to motivate and encourage more locals to adopt good sanitation practices. Examples of good practices shared include communities in Moyo District that have adopted the use of locally available materials such as flat stones to construct washable latrine floors. Latrine floors and walls are smeared with a mixture of mud, residue of local brew, and sap from indigenous trees to prevent termites.

Another success story was the quarterly meetings organised by the DWSCC, which brought together all the S&H stakeholders from across the district to share their achievements and planned activities. This contributed to improved coordination and equitable allocation of resources within the district.

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## 6. Challenges

There is still a significant financing gap for sanitation and hygiene because of competing priorities. USF funding only ever covered activities in selected sub-counties of Moyo, and ended in 2020. Software activities are generally seen not to score many political points as opposed to infrastructural developments such as building hospitals, classroom blocks, and roads, among others.

There is still low involvement from the private sector in sanitation and hygiene despite the demand created by CLTS and institutional triggering activities. This is a challenge because the supply chain is incomplete without the private sector,

who can close the gap by providing the products and financing options required for improved sanitation facilities.

When the new district of Obongi was carved out of Moyo District, Moyo District staff, finances, and equipment were transferred to the new district. In particular, some of Moyo's most experienced staff were transferred to support the establishment of Obongi. This meant a reduction in district resources. This was further compounded by the 'migration' of the development partners such as Oxfam DRC from Moyo to the new district, which was now the refugee-hosting district).

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## 7. Lessons learned and recommendations

### Lessons Learnt:

- Institutional triggering and continued advocacy have proved to be powerful tools in capturing the interest of political leaders in sanitation and hygiene improvement. This is especially effective when data is used to present the current sanitation and hygiene situation to leaders to trigger their commitment to a positive change. For example, different stakeholders present data on progress made, unserved villages, and communities still practising open defecation, in the DWSCC meetings, which triggers leaders to take action.
- There is a need for an active coordination mechanism at national and sub-national level to achieve sanitation and hygiene targets. For the case of Moyo District, the DWSCC provided this platform for coordination and learning among stakeholders.
- In order to foster and support increased political will, leadership, and ownership around sanitation and hygiene, there is a need for champions at national and sub-national levels. These can be political leaders or private-sector champions like the media. In the case of Moyo, the district chairperson, who is the political head, was a big sanitation and hygiene champion and this proved pivotal in the prioritisation of these issues in the district.

### Recommendations for Moyo District:

- Continue with the advocacy and institutional triggering efforts with the aim of stimulating increased financial commitment towards sanitation

and hygiene.

- The political and technical leadership of Moyo District should attract funding from development partners and NGOs through submitting proposals and continuous lobbying of the central government to invest in sanitation and hygiene.
- Develop a district sanitation and hygiene master plan that will guide the local government on where to invest and how to prioritise the limited resources to achieve desired targets. The development of this master plan can be spearheaded by the district health office, in close coordination with the DWSCC.

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**Correct citation:** Ssemwanga, D. K., Aballa, D. L., Amoko, S., and Nduhukire, S., (2021) *A holistic approach to accelerated attainment of open-defecation free status in Moyo District: A case study of key stakeholder inclusiveness*, A Sanitation Learning Hub Case Study. The Sanitation Learning Hub, Brighton: IDS.

DOI: [10.19088/SLH.2021.018](https://doi.org/10.19088/SLH.2021.018)

First published in 2021

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ISBN 978-1-78118-844-6

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This document has been financed by the Swedish International Development Cooperation Agency, Sida. Sida does not necessarily share the views expressed in this material. Grants from UNICEF and the Sanitation and Hygiene Fund also contributed to this work. Responsibility for its contents rests entirely with the authors.