KNOW-HOW 3000

Experience

IN DETAIL

Community Health Diagnosis - WASH Needs Assessment Tool

HORIZONT3000

AUSTRIAN ORGANISATION
FOR DEVELOPMENT COOPERATION

Table of Contents

Table of Contents ... 2
List of Abbreviations ... 2
1. General Information ... 3
2. Context of the Experience ... 3
3. Main Characteristics of the Experience ... 3
4. Stakeholders and Partners – Roles and Responsibilities ... 4
5. Resources ... 5
6. Impact of the Experience/ Practice ... 5
7. Lessons Learned and Recommendations ... 5
8. Challenges ... 6
9. Sustainability ... 6
10. Experience Sharing/ Up-scaling ... 6
11. Bibliography ... 7

List of Abbreviations

AMREF	African Medical and Research Foundation
CSA	Climate Smart Agriculture
GREAT	Gender Roles, Equality and Transformation
CMT	Community Mobilisation Team
M&E	Monitoring and Evaluation
PACHEDO	Partners for Community Health and Development Organisation
PDRA	Participatory Disaster Risk Assessment
PMEL	Participatory Monitoring, Evaluation and Learning
PRA	Participatory Risk Appraisal
VHT	Village Health Team
WASH	Water, Sanitation and Hygiene

Imprint

Experience in Detail
"Community Health Diagnosis"

Released in
Vienna, November 2016
by
HORIZONT3000
www.horizont3000.at

Edited by
Pachedo
and
HORIZONT3000

With the support of
the Austrian Development Cooperation(ADC) and the Member Organizations of HORIZONT3000

Graphics by
HORIZONT3000

Contacts
Okuni Ratib Sam
s.okuni@yahoo.com
and Omali Simon Peter
omalisimonpeter@gmail.com

[1] DKA Austria - Development Cooperation Agency of the Catholic Children's Movement of Austriam, Catholic Men's Movement of Austria – KMBÖ, Catholic Women's Movement of Austria – kfbö, Caritas Austria, Department for mission and development of the Archdiocese of Vienna, Welthaus Diocese Graz-Seckau, Brother and Sister in Need – Diocese of Innsbruck, Brother and Sister in Need - Catholic Action Carinthia

1. General Information

The *“Partners for Community Health and Development Organisation”* (further on named as *“PACHEDO”*) is situated in the Gulu Municipality, Uganda, East Africa.

Localization of the Experience

PACHEDO strives for *“Communities living a dignified, healthy and productive life, socio-economically empowered to innovatively meet and demand for their basic needs and rights”*, providing interventions like *“Water, Sanitation & Hygiene (WASH), Mental Health, Food Security & Sustainable Livelihoods and Social Protection”* in the North and North Eastern Uganda.

The experience is called *“Community Health Diagnosis”, short for “Community Action Participatory WASH needs assessment Tool”.*

2. Context of the Experience

Community Health Diagnosis as an approach has been practiced for various WASH assessments in all PACHEDO WASH Communities in North and North Eastern Uganda like in the Bala Community in Kole District, Lango Subregion; Bungatira rural Communities of Gulu District as well as Atiak Sub-county of Amuru district, Acholi sub-region; Soroti, Amuria and Katakwi Districts of the Teso Subregion in North Eastern Uganda.

The tool was first administered in 2012 in the Kole District and thereafter locally replicated to other districts of Soroti, Nwoya, Amuru as well as the Alebtong districts of North and North Eastern Uganda.

Poor hygiene, absence of sanitation facilities, limited access to safe water and above all poor waste disposal and management at household level, in institutions like public schools and busy places such as hotels, bars, churches as well as markets characterized the region. Limited government commitment to allocate resources in the area of sanitation development as well as negative traditional perspectives such as taboos and practices that are deterrent to sanitation programmes further deteriorated the initial situation. Furthermore, there is high morbidity from diarrhoea diseases, which is ranked number four in the disease burden, and upper respiratory tract infections, which ranges second in the disease burden, in Awach sub county as well as a very high prevalence of childhood diarrhoea diseases in Northern Uganda compared to other regions of the country.

Initially, groups like breastfeeding women, persons with HIV & AIDS, the disabled, elderly and other vulnerable categories of persons, like women and children, who in several instances require larger quantities of water for consumption in order to ensure general hygiene and sanitation were left out in the assessments. Initially, the assessments mostly focused on male participants excluding the less powerful. Having realised such experience in the daily WASH community based service delivery, PACHEDO decided to work closely with the affected communities to develop a more inclusive and gender-sensitive community health diagnosis approach.

3. Main Characteristics of the Experience

Following PACHEDO’s trends of WASH service delivery in conflict, post conflict and disaster affected communities of North and North Eastern Uganda, PACHEDO’s interventions as an organisation solely depended on long time base line surveys and estimated statistics provided by the government in the national and district development plans, which in most cases took quite some time. These assessments were not community participatory, which means that the actually affected persons in the communities were not involved in the assessments, yet they deeply understand their WASH situation. PACHEDO - while working with these communities - proved that the

beneficiaries were not passive but had a lot of potential in addressing their own WASH issues using their local resources, if empowered with skills and technological options as well as attitudes relevant to their post conflict situation. Community Health Diagnosis was therefore developed by PACHEDO Public Health Officers and Community Based Social Workers, working closely together with Government Community Development Officers of Bala Sub-county in Kole District, including the selected Community leaders such as LCs, Traditional Leaders as well as Leaders of HIV&AIDS groups of Women and Children.

The evolution of the Community Health Diagnosis included the following stepts and concepts:

Community engagement:
PACHEDO's practical involvement within the targeted communities - while initiating the WASH services in the project subcounties – included the collection of samples on the WASH situation of the targeted communities, serving as baseline information. These baseline surveys involved the local leaders, selected people in the communities as well as desk reviews.

Experience documentation and sharing of best practices:
PACHEDO tried to document all best practices and options for improvement in order to share them with the respective sub-county and district stakeholders on the ongoing WASH interventions. In the process, PACHEDO was stimulated to generate a workable community based assessment tool, not only targeted towards planning but also towards the participatory generatation of M&E indicators, periodically having the opportunity for a feedback session and holistically embrace all categories of persons into needs assessment, planning, implementation and M&E processes.

Experience exploration:
All targeted communities were encouraged to diagnose their own WASH problems. Structured interviews as well as focus-group discussions were conducted among the groups of women, children, persons with disability and persons living with HIV-AIDS. The feedback was shared with the partners at the district and sub-county level in order toimprove WASH services.

Pretest of the community health diagnosis:
PACHEDO cooperated closely with resource persons of the community, like group leaders of people living with HIV-AIDS, the disabled, clan leaders as well as village health teams, placing special consideration on gender issues. This was seen worthwhile in the identification of WASH needs among both informal and formal communities.

Review meetings:
Review meetings at community and district level took place in order to further promote the adoption of the model.

Scaling up of the experience:
PACHEDO has worked closely together with children, women and disabled persons in order to install the Community Health Diagnosis in all areas of PACHEDO's WASH interventions.

The development and use of "Community Health Diagnosis" is aimed to place targeted communities at a centre stage in profiling their WASH (Water, Sanitation and Hygiene) problems together with associated health problems, root causes, effects and risks. It puts a special emphasis on the most vulnerable groups such as women, children, elderly and persons with physical or mental disabilities.

PACHEDO uses participatory tools commonly and interchangeably applied in Participatory Disaster Risk Assessment (PDRA), Participatory Rural Appraisal (PRA) and Community Action Cycle of the GREAT (Gender Roles, Equality and Transformation), such as a WASH problem tree, exploration, a problem scoring matrix, population and community resource mapping, capacity assessment, vulnerability risk assessment, WASH problem analysis, strategy selection, community action planning, PMEL (Participatory Monitoring, Evaluation and Learning) etc.

4. Stakeholders and Partners – Roles and Responsibilities

The main beneficiaries of the experience are vulnerable rural and periurban persons and / or households such as women, children, elderly, and persons with disabilities, persons living with HIV-AIDS in conflict, post conflict and disaster affected communties. Moreover, primary schools as well as public places such as markets also benefit from the practice.

The Sub-county Community Mobilisation Team comprises public health assistants, PACHEDO field officers, community development officers, VHT (Village Health Team) coordinators and gender officers, who play a key-role in community mobilisation and advocacy for ordinance as well as the improvement of WASH government services including the technical follow-up of the community action plans. At parish level Community Action Groups consist of community leaders representing gender, WASH and women groups, persons living with HIV-AIDS, children etc. as well as the whole community itself within the selected location.

5. Resources

The resources involved depend on the very location, covered by the interventions; for instance a parish may require the following:

- 2 technical officers of the organisation worth 265,- USD per month (for 4 months)
- Facilitation of 20 community resource persons such as VHTs including sub-county CMT (Community Mobilisation Team) to be trained in order to guide the assessment process worth 500,- USD (for 4 months)
- Refreshments during the process of assessment and action planning worth 1000,- USD (for 4months)
- Feedback session to the community (sharing of the assessment report) worth 600,- USD (for 4 months)
- Training materials worth 220,- USD (for 4 months)
- Communication worth 100,- USD (for 4 months)
- Transport/ Fuel for the organisation worth 400,- USD (for 4 months)

6. Impact of the Experience/ Practice

- Inclusive representation of the WASH needs of the communities in PACHEDO's interventions and projects.
- Inclusive Community Action plans that cater for the most vulnerable within the community.
- Appropriate technologies adopted for special groups such as persons with disabilities and children for improved access to waste management and water point facilities.
- Increased water access to over 70% of the targeted communities and specific vulnerable groups targeted by PACHEDO such as persons with disabilities, the elderly, women, children at schools etc. due to increased advocacy for safe water.
- Inclusion of vulnerable persons into the functional structures that promote hygiene and sanitation and protection of water points such as sanitation committees, water user committees etc.
- Enabled PACHEDO to derive accurate base line WASH information from the direct beneficiaries, and to programme and strategically achieve desired WASH outcomes.

Out of the experience, PACHEDO has been motivated to integrate a certain CSA Model (Climate Smart Agriculture) - with special emphasis on *"Water for Production"*, including irrigation systems - in its work.

7. Lessons Learned and Recommendations

Every segment of the population in the community should be involved and encouraged to actively participate in identifying their WASH needs and generate practical actions to respond to them.

A community driven health diagnosis is more sustainable, since the community resource persons are involved and empowered to facilitate the assessment process through culturally adaptive methodologies.

Also, the actions to respond to the identifyed needs are owned as well as jointly implemented and monitored by the local communities and

other government and non-government stakeholders.

8. Challenges

The Community based Health diagnosis is less finance driven and more human resource demanding. Nevertheless, financial resources in order to provide refreshments for the beneficiaries and to cater for the technical staff while implementing action plans can be scarce. Furthermore, transport facilities like motorcycles and other motor vehicles and / or computer systems to document best practices are also quite cost intensive.

For this and other reasons, forging partnerships with well established partners like AMREF (African Medical and Research Foundation) and / or government structures was important.

Nevertheless, more financial resources are needed in order to scale up to a wider range. Transport facilities and ICT in order to document and install a lasting M&E data base are still required.

9. Sustainability

The follwing elements need to be put into place for the practice to be institutionally, socially, economically and environmentally sustainable:

- Clear principles of Community Health Diagnosis in order to guide the application and utilization
- Systematic documentation and dissemination of best practice examples in order to scale-up, e.g. by a facilitator's guide, training manuals, documentaries etc.)
- Platforms for experience sharing and marketing and the integration at institutional level, e.g. public health universities, tertiary health institutions and community deployment institutions
- Specialized team to champion the scaling-up

10. Experience Sharing/ Up-scaling

The following conditions need to be in place for the practice to be replicated:

- Principles of gender sensitivity and inclusion with special interest to allow free participation for both men and women
- Public health and community development workers to guide the assessment process
- Respect for culture and people's own opinions
- Locally available resources like VHTs, human resources and financial resources to facilitate the process

PACHEDO does not know any other institutions which have similar experiences or have implemented similar practices, but PACHEDO has shared the experience already with AMREF Gulu.

Besides that, the following institutions and / or organisations could be interested in the experience:

- World Vision Gulu
- District Public Health Officer Gulu,
- local governments

11. Bibliography

Community Managed Disaster Risk Reduction: Training Resource Materials, printed by the International Institute of Rural Reconstruction (IIRR), Nairobi, Kenya, 2006.

Community Action Cycle Implementation Guide, by the Institute of Reproductive Health, Georgetown University, 2013. Link: http://irh.org/projects/great_project/

Community health workers training manual and clinical guidelines generated by the Ministry of Health of Uganda, 2012-2015.

Field placement tool for Community health Diagnosis in Clinical Psychiatry: Training syllabus, by the Ministry of Education and Sports of Uganda, 2004-2006.

PACHEDO CHD (Community Health Diagnosis) innovation assessment guide and tools (home to home assessment tool, focused group discussions, key informats questionaire).

PACHEDO CHD (Community Health Diagnosis) reports 2011, 2012, 2014 and Community Implemented Action plans 2011, 2012, 2013, 2014, 2016.