



# **Katine Community Partnerships Project**

## **Community Needs Assessment – Overview**

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## **INTRODUCTION**

In partnership with the Guardian and Barclays, AMREF in Uganda is implementing a three year integrated development project designed to improve the lives of people in Katine Sub-County in Soroti district. Katine Sub-County is one of the poorest regions in Uganda and is recovering from the destruction to its infrastructure, economy and livelihoods caused by the LRA insurgency of 2003.

As with all other AMREF projects, the Katine project will work in partnership with the community and local government authorities so that the project closely responds to the needs of the people and is sustainable<sup>1</sup>.

AMREF is working with FARM Africa as the project livelihoods partner; with FARM bringing over 20 years of experience of agricultural development in Africa. FARM-Africa's work focuses on four programme priorities – smallholder development, pastoral development, community forest management and land reform.

## **METHODOLOGY**

Given the multitude of development needs in the community, it is imperative that AMREF use a rigorous approach to select the priority areas where the project's activities can bring the highest benefit to the community. The needs of the community in Katine Sub-County have therefore been assessed through substantial Primary and Secondary Research and this assessment will be supplemented with a baseline survey conducted at the beginning of the project.

The primary research methods used include interviews with key informants, i.e. community residents who, because of their professional training and/or affiliation with particular organizations, agencies, or associations, are in a prime position to know what the needs that the community is facing are. The key informants included elected district and Sub-County officials, key institutional personnel and professionals of development organisations working in Katine Sub-County. These interviews were complemented by group discussions with a wide range of community residents in public meetings to ensure fair representation of concerns.

Secondary research was used to summarize, collect and/or synthesize the already existing data on Katine Sub-County. This data was collected from various previous research reports, newspapers, magazines and journal content, and government and NGO statistics.

The various sources used are fully listed in the Appendix.

## **PRIORITY AREAS**

The key needs identified and prioritised by AMREF fall within five areas of focus: Health, Livelihoods, Education, Community Empowerment and Water & Sanitation.

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<sup>1</sup> UG Katine file briefing information. 20070907

# 1. HEALTH

## Background & Facts

The health status of Ugandans is among the worst in the world. Health outcomes showed little or no progress in the 1990s with infant and under-five mortality rates worsening between 1995 and 2000. The average life expectancy at birth is 45.7 years (UNDP, 2005<sup>2</sup>) while over 75% of premature deaths are due to 10 preventable diseases. Participatory poverty assessments have identified poor health as a significant cause and effect of poverty in Uganda. Women and children bear a disproportionate burden of ill health and premature death. Perinatal and maternal conditions, malaria, acute respiratory infections, HIV/AIDS and diarrhoea account for 60% of the total disease burden<sup>3</sup>.

Katine Sub-County has one grade IV Health Centre (general referral hospital at district level) and two grade II Units (health centre at parish level). The district hospital has only recently been upgraded to Health Centre IV status following the construction of an operating theatre and maternity ward. Despite this the attendant doctor is rarely present owing to the lack of essential medical equipment and power. The power supply to the centre was cut during the insurgency and has not been restored.

According to district health officers, Malaria contributes to 23% of deaths in Katine Sub-County – many people, especially women and children, are unaware of the causes, symptoms and possible treatments and access to drugs is hindered by cost and availability. Some of the challenges include the spread of drug resistance, low use of insecticide treated nets (ITNs) and lack of timely treatment.

There is also limited local understanding of HIV/AIDS and people talk about it in terms of bewitchment. Across the district only 23% of people have taken HIV tests. The Iteso custom of widow inheritance means that if a husband dies of AIDS his wife who is inherited by a male relative is likely to pass on the disease.

None of the health centres in Katine Sub-County offer anti-retrovirals and only one offers HIV testing and TB diagnosis.

The majority of men and women are not practicing family planning method so the birth rate is uncontrolled and high at around 7%. Large families mean that feeding habits are poor and leads to malnutrition in children.

## Key Needs

The most pressing health needs identified by the representatives of the community include:

- ❖ Access to drugs, especially anti-malarial drugs and anti-retroviral
- ❖ Understanding of disease prevention, diagnosis and treatment
- ❖ Access to family planning and reproductive health information and services
- ❖ Collection and management of information/ data to enable efficient planning.

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<sup>2</sup> UNDP 2005, Uganda Human Development Report

<sup>3</sup> Uganda Burden of Disease Study 1995

## 2. EDUCATION

### Background & Facts

There are 14 primary schools and 1 secondary school in Katine Sub-County. Of the 14 primary schools, 4 are community schools<sup>4</sup> while the remainder are government aided. In Soroti district, 87.6% of those aged 6-12 years are enrolled in school, but the district experiences a pronounced drop out rate with 1 in 3 children registered in P2 completing P7. 18.4% of the total district population that is 10+ years of age has never been to school. In Katine Sub-County specifically, drop-out rates are high, averaging 19% for boys and 22% for girls. The primary cause has been identified as familial obligation to assist with income generation.

The current school environment poses serious challenges to effective learning. The average of 91 pupils per classroom is significantly higher than both the district and national averages. Concurrently, 80.2% of schools do not have adequate classrooms to accommodate these numbers.

Head teachers of primary schools in Katine Sub-County reported that teaching quality is low and the repetition rate for pupils is as high as 23%. Teacher absenteeism is high as teachers are often de-motivated due to the lack of adequate accommodation and low pay. Schools also lack effective teaching material and the linkage of schools to Sub-County accountability is weak.

Schools also do not have the facilities to either provide food to students at midday or to permit them to properly store lunch if brought with them. The lack of food throughout the day leads to low concentration levels.

Female pupils face many obstacles to the completion of primary school and in Katine Sub-County the literacy levels for women continue to be lower than for men. A key hurdle is inadequate sanitation facilities that cater to female-specific needs; their lack leads to an increased rate of absence and lower academic achievement as a result. Early marriages and other female-specific activities such as water collection, washing, looking after younger siblings etc. also contribute to girls leaving school before completing P7.

Weak documentation and school governance practices have meant that many challenges in the education sector have been difficult to identify and/or address.

### Key Needs

School stakeholders consulted identified the following priority areas for development concerning education in Katine:

- ❖ Expansion of school facilities; sports fields; adequate teacher accommodation. The Sub-County requires additional school facilities (classrooms, latrines, teacher accommodation, lunch provision or storage, seating)
- ❖ Improved teaching skills and access to materials
- ❖ Adequate sanitation facilities, including facilities for girls such as sanitary pads
- ❖ Provision of learning aids like teaching materials, textbooks and food for the pupils.

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<sup>4</sup> Community schools are local schools that are set up as an initiative by the community to educate the children within a particular village/parish. These schools often have temporary structures such as mud & wattle.

### 3. WATER & SANITATION

#### Background & Facts

According to the UNDP, 61% of the Ugandan population had access to safe water as of June 2005. However, increased coverage has only just kept ahead of population growth. Significant differences also exist between districts, with rural access to safe water ranging from 20% to 80%.

There are 30 boreholes in Katine Sub-County, of which 8 need rehabilitation. We have not been able to confirm exact numbers of shallow wells and protected springs, due to conflicting information from community sources, but we believe that there are approximately 20, of which the majority need to be rehabilitated. These water sources serve more than 24,000 people and eighteen villages were identified as having no water sources at all. Ten out of fourteen primary schools in Katine Sub-County do not have easy access to safe water and two have been identified as experiencing an acute water shortage.

The National Service Delivery Survey of 2004 found that only 44% of rural households report boiling and/or filtering their water for drinking. In Katine, this is a significant issue as water sources are not consistently maintained and community members are often forced to use unsafe water for lack of an alternative or because the cost of safe water is prohibitively expensive.

Latrine coverage across Katine Sub-County is on average 48% with some parishes such as Ojom and Olwelai parishes having considerably lower coverage (24%). A survey conducted by the Ministry of Education and Sport in 2005 found that almost all schools in Uganda failed to meet minimum standards on sanitation and hygiene, with the worst conditions in the northern and eastern regions, the latter of which Katine is located within. Ten out of fourteen primary schools in Katine Sub-County lack adequate sanitation facilities. Ojago Primary School, for example, has 383 pupils and just one pit latrine of 2 stances. AMREF's PHASE project has targeted the schools of Katine Sub-County to raise awareness of hygienic practices with students acting as change agents, spreading the messages back to their homes. Despite increased sensitisation, however, adequate infrastructure to provide a sufficient supply of safe water and sanitation is still missing. As a result, health levels have been impacted and the Sub-County experiences a high incidence rate of diarrhoeal and other water-borne diseases.

#### Key Needs

The data and primary research clearly point to the key needs in terms of water & sanitation:

- ❖ Access to safe water
- ❖ Access to basic sanitation
- ❖ Water resource management and maintenance skills
- ❖ Training on hygiene in communities and schools

## 4. LIVELIHOODS

### Background & Facts

Most people in Katine Sub-County are cattle breeders and subsistence farmers. Livestock production has been more severely affected by upheaval than crop production. Cattle, traditionally the most important asset, have declined in both numbers and as marketable assets as access to trained vets or animal health workers has ceased. The most common diseases are foot-and-mouth, nagana<sup>5</sup>, tick-borne diseases and intestinal worms in cattle, sheep and goats; swine fever in pigs; and coccidiosis and Newcastle's disease in poultry. Other challenges highlighted were low market prices and lack of feed in the dry season.

The main crops include cassava, groundnuts, millet, sorghum and sweet potatoes. Oilseeds (groundnuts, sesame) have increased in recent years. A second tier of up-and-coming crops in terms of market importance include sesame, soya and green grams.

The major current challenges related by farmers include pest and diseases, changing weather and rainfall patterns (often combined with damaging hail storms), access to inputs, including agri-chemicals, hoes, ox-plough services and declining soil fertility.

Few farmers accessed pesticides due to their high cost and lack of knowledge as to their correct usage.

NAADS<sup>6</sup> groups are the most widespread in the economic category. NAADS began in the Sub-County in 2003 but with the LRA disruption, work really began in 2004/5 with an initial 18 groups, growing to 33 in 2005/6 and now 73 groups across the 5 parishes.

However, farmers face several constraints to involvement in NAADS groups, including:

- farmers feel that a ceiling is put on membership by group leaders
- sensitisation has not been widespread in the parish leading to the perception that only certain farmers are eligible
- membership fees are hard to find
- some reluctance to put funds into long-term benefits when some of their priorities are short-term

Market access is restricted to either local markets or sales to middlemen. No collective marketing was reported and as a result, middlemen are able to negotiate low prices with individual farmers. Storage was more common before the recent conflict but little home storage and no collective storage is practiced.

A striking feature of Katine market is the level of wholesale retailing. When visited, over 70% of the traders were from outside the district, commonly Lira and Mbale. Few were from Katine and most of the buyers from within the Sub-County were purchasing to resell in their local market or home village.

### Key Needs

When asked to highlight the three key livelihood priorities, farmers across the parishes were in considerable agreement:

- ❖ Access to markets and credit
- ❖ Adaptation and access to new varieties due to changing weather patterns and shifting rains
- ❖ Business skills (planning, marketing) and greater collective activity

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<sup>5</sup> Tsetse fly-transmitted sleeping sickness

<sup>6</sup> National Agricultural Advisory Services

## 5. COMMUNITY EMPOWERMENT

### Background & Facts

Uganda has established a 5-tier local government structure, with local council 5 (LC5) at district level, LC4 at county level, LC3 at Sub-County level, and LC2 and LC1 at parish and village level. Responsibility for provision of services, including health care, water and sanitation, has been decentralised to district level.

Whilst most national government policies emphasise the role of community participation in sustainable development there are no commensurate resources and programmes to ensure that communities are fully empowered to own their own development processes, and this is also true for Katine Sub-County.

Decentralisation of basic services in Uganda is stuck at the district level and is yet to make a dent in the improvement to the lives of 75% of people living below the \$1 a day poverty line in rural areas. AMREF believes that there is a missing link between formal structures and systems and community needs and priorities. This manifests itself as a lack of participation of the vulnerable in setting priorities and deciding on resource allocation.

In Katine, the disadvantaged groups such as women and the disabled do not take part in the decision-making process. Women's traditional role is agriculture, child bearing and other household chores and not politics or any type of position of power/authority. There are very few women who own land compared to their male counterparts and yet they are the major human resource employed in the production of food and wealth in their communities<sup>7</sup>.

In addition, the community lacks strong local information management systems. As a result, many of the activities in Katine - especially in the field of health, education, water resource management and economic development - do not always focus on priority needs and the longer term. A poor information base at the community level hampers effective prioritisation and planning and pro-poor resource allocations by the formal system at district and national levels, thus the community often lacks a compelling case when demanding support from the government. For example the community lacks a power supply currently but has not been successful in lobbying the government.

### Key Needs

The areas of focus to empower communities to take charge of their own development are thus:

- ❖ Efficient information systems, data collection, planning and budgeting skills
- ❖ Awareness of citizen's rights
- ❖ Ability to engage local government
- ❖ Ability to lobby government to obtain financial and other support for better health care, education and new enterprise development

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<sup>7</sup> Katine Sub-County 3-year development plan. 2007/8 – 2009/10 Local government

## APPENDIX - SOURCES

The following sources have been used as a basis for the Community Needs Assessment:

### Reports

- Data Report 2006 – Soroti District
- District health performance indicators from 1997 to 2005/06
- District HIV/AIDS Strategic Plan 2006-2010
- District Primary Schools and Katine Sub-County enrolment (July 2006)
- Katine Parish Three Year Development Plan 2007-2010
- Katine Sub County – 3 Year Development Plan 2006/2007 – 2008/2009 (Katine Sub-County Local Government)
- Katine Sub-County map (hand drawn)
- Link Community Development Report on Schools in Soroti District, September 2007
- Rural water and sanitation department report, March 2007
- Soroti District Health Unit Inventory, October 2006
- Summary indicators from 2002 Census

### Interviews

- Elected officials (e.g. LC V chairman of Soroti district and lower local government officials like the LC III, LC II, LC I<sup>8</sup> and local councillors of Katine Sub-County)
- Key persons in institutional areas of the community (e.g. Soroti district chief administrative officer CAO, Soroti District Director of Health Services/ District Health Officer, school administrators of Katine Sub-County, hospital administrators of Katine Health Centres IV and II)
- Representatives of National Agricultural Advisory Services (NAADS), Northern Uganda Social Action Fund (OLWELAI), UNICEF, Soroti Catholic Diocese Development Organization (SOCADIDO), Northern Uganda Social Action Fund (NUSAF)

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<sup>8</sup> The administration in Uganda is highly decentralised, the levels from district to village level are as follows: LC V – District, LC IV – Municipality, LC III – Sub-County, LC II – Parish, LC I: Village