

WATER, SANITATION & HYGIENE

Wash

JOURNAL

Issue 10 | October - December, 2018

Uganda grapples with open defecation, handwashing as situation stagnates



How government is financing rural sanitation and hygiene

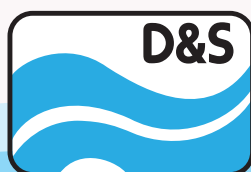
Budada: A time bomb waiting to explode as sanitation standards worsen

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Publisher's WORD

Wash those hands, kill the germs

Welcome to the 10th issue of the WASH Journal. This exciting publication comes a few days after Uganda joined the rest of the world to celebrate the Global Handwashing Day.

This edition comes with good news for internal travellers. The government will next year start constructing modern toilet facilities at major bus stops along highways in the country. So, as you travel, you will have the comfort of easing yourself at a comfortable toilet, on top of shopping or grabbing a snack.

These facilities are intended to further reduce incidences of open defecation, which currently stand at 8%. The government will also continue setting-up more modern sanitation facilities in public schools, with consideration for both males and females.

It is, however, discouraging to note that statistics indicate many of us do not wash our hands after using toilets. We can make it part of the menu to wash hands after visiting the toilet, cleaning babies' bottoms and before eating.

Together, we can also spread the message of handwashing with clean water and soap to reduce the spread of infections such as diarrhoea, cholera and typhoid.

I would like to thank our partners for the invaluable input towards the success of this publication

I would like to thank our partners; the Ministry of Water and Environment, Water for People, Wateraid, Water Mission, Plan International, Oxfam, Amref Health Africa, Living Water International, Davis Shirtliff, NSI and other individuals for the invaluable input towards the success of this publication.

I wish you all a nice reading.

Charles Opolot
WASH Journal Coordinator



Cover photo: The fort portal diocese Bishop Rev Robert Muhiirwa washing hands during the launch of handwashing campaign in Kitagwenda parish in Kamwenge district on 19th August 2018.

Publisher



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Uganda grapples with open defecation, handwashing as situation stagnates

The government will have to pull more resources and efforts if the trend of open defecation is to be reduced further. According to the water ministry sector performance report for 2017/2018, slightly fewer people are practising open defecation compared to the previous year.

Statistics indicate that 8% of Ugandans in rural areas still ease themselves in the bushes, down from 9% in 2017.

The report further says that in urban centres, “The percentage of the population practising open defecation was estimated at 12.6%.”

This is despite several running campaigns by both the government and private sector players.

The situation is attributed to a number of factors such as the influx of refugees, with Uganda currently hosting about 1.4 million non-citizens who have fled from neighbouring countries. Most refugees are hosted in West Nile and western Uganda.

“Sector financing still remains one of the major challenges to achieving national development targets under the National Development Plan-II,” the report states.

Other challenges include understaffing. “The staffing levels of environmental health departments is reported to be at 66%. This is a decline in staffing levels from 67% reported in 2016/17. This affected the implementation of sanitation and hygiene activities in the districts.”

District reports also showed that only 4% of the environmental health staff have some form of transport (motorcycle or bicycle) to facilitate their work. Most of them do not have transport and are often constrained in carrying out field work activities.

In August, the government announced that the country would experience heavy rains that were likely to result in floods and landslides. The most recent landslides in Bududa district destroyed more than five villages, including their sanitation facilities.



Completed sanitation facility at Kamdini Primary School in Oyam District

The report thus says: “Floods that destroy sanitation and hygiene facilities have immensely contributed to decline in sanitation coverage and also increased open defecation.”

However, the ministry is not sitting back. It has developed a sector strategic investment plan which clearly indicates that the sector requires at least nine times the present annual level of funding over the next 12 years, “if we are to achieve the water and environment related national targets under the Vision 2040 and the

Sustainable Development Goals (SDGs)”.

“Additional resource mobilisation, coupled with efficient use of available resources, is, therefore, one of the key sector priorities being pursued,” the report says.

Additionally, most districts implemented community-led total sanitation (CLTS) and home improvement campaigns (HIC) to enhance their sanitation and hygiene status.

Despite the community-led drive,

district reports say access to rural (basic) sanitation reduced from 80% in 2016/17 to 79%.

The coverage of handwashing facilities also slightly reduced from 37% in 2016/17 to 36.5%. This was partly due to decline in sanitation coverage, coupled with limited funding.

However, access to handwashing facilities in schools increased from 35% in 2016/17 to 40% in 2017/18.

The national standards recommend a pupil to stance ratio of 40:1 in schools. According to district reports, the national pupil to stance ratio worsened from 71:1 in 2016/17 to 73:1 in 2017/18.

Good news

Unlike the decline reported in school sanitation, access to handwashing facilities in schools has increased by 5% from 35% last FY 2016/17 to 40% during the reporting period.

Handwashing is made effective with proper use of clean water and soap after toilet use and before and after feeding, among other human activities that can lead to poor hand hygiene.

Resources

The government dedicated a total of sh1.4b to the construction of 70 public sanitation facilities during the reporting period.

Highway sanitation facilities

However, access to public sanitation for travellers along highways in Uganda is still a challenge. This not only inconveniences the travellers but continues to propagate the habit of open defecation with its associated health hazards, according to the report.

Thankfully, the government has



Toilet constructed by World Bank in Eastern Uganda.



World Bank and Government of Uganda funded latrine in Eastern Uganda.

something in store. The ministry, through the Rural Water Supply and Sanitation Department, has already commissioned a study to assess the feasibility and thereafter design highway toilet facilities.

The study will identify suitable locations for the facilities across the country, stakeholder concerns and propose management arrangements.

The water ministry intends to start pilot construction of a public highway sanitation facility at the junction of Nyakahita–Ibanda-Kamwenge Road in Kiruhura District in 2018-19.

“The proposed highway sanitation facility shall be a complex, offering a range of services, including sanitary facilities, shopping area, restaurants, recreational area with ample parking space,” the sector report says.

The facility is envisioned to address the sanitation needs of travellers and provide a decent stop over, where other services can be enjoyed.

Great achievements

Through using the Uganda Sanitation Fund (USF), the situation has improved. For instance, the average latrine coverage for the districts supported by USF was reported to be 96% compared to the



national average of 79%. This represents an overall performance level of 70% for the entire project.

Further still, under the climate resilient institutional and public sanitation project funded by the Global Environment Facility through the African Development Bank, more facilities were set up.

A total 132 sanitation facilities, each of six stances, were constructed in 60 primary schools and 12 in public places in Budaka, Pallisa, Butaleja, Soroti, Kumi and Bukedea districts. The technologies used in the construction of sanitation facilities were Enviroloos, Cesspits and Lined Ventilated Improved Pit latrines.

Relatedly, 60 school health clubs and 12 community WASH structures were formed and trained to support the operation and maintenance of these facilities.

Recommendations

District local governments should prioritise filling the staffing gaps in environmental health departments.

The ministry and development partners should pool resources to buy motorcycles for health assistants and inspectors.

Development partners should consider supporting the implementation of the highway sanitation project being piloted by the water ministry. ■

How government is financing rural sanitation and hygiene

The government undertook several projects across the country aimed at improving the sanitation. Many of the projects have indeed yielded positive results, according to the sector report.

Rural sanitation and hygiene was financed through the following grants:

(i) District Water and Sanitation Development Conditional Grant (DWSDCG)

This grant was provided to the districts and was used to set-up sanitation infrastructure and promote hygiene in communities that received new water sources. Districts are allowed to use up to 3% of the entire DWSDCG grant for construction of public sanitation facilities. A total of UGX 1.4 billion was used in the construction of 70 public sanitation facilities during the reporting period.

(ii) District Sanitation and Hygiene Conditional Grant (DSHCG)

A total of UGX 2 bn was allocated to districts to support sanitation and hygiene promotion in rural areas. 101 districts received this grant, with each district getting UGX 20 million to UGX 21 million. District disbursements during the FY 2017/18 reduced to 21 million compared to the UGX 23 million disbursed in the past four financial years. This is attributed to the creation of new districts, yet the entire budget allocation for this grant was maintained at UGX 2 billion.

(iii) Uganda Sanitation Fund (USF)

The Ministry of Health (MoH) receives funding from the Water Supply and Sanitation Collaborative Council to implement sanitation and hygiene promotion in 40 districts. This project has been in existence for the last seven years with a budget of US\$ 12,801,851. During the FY 2017/18, a total of US\$ 1,284,995.04 was disbursed to the MoH and the districts. In addition, the Government of Uganda provided counterpart funding worth UGX 250 million to the 8 new expansion districts of Mayuge, Namayingo, Sironko, Nakapiripirit, Napak, Nakasongola, Hoima and Buliisa. These districts joined the Uganda Sanitation Fund in the FY 2016/17, and government continues to fund them.

Key achievements during the FY 2017/18

Uganda Sanitation Fund (USF): The average latrine coverage for the districts supported by USF was reported to be 96% compared to the national average of 79%. During the FY 2017/18, a total number of 3,785 were triggered, with only 1,680 (44.3%) villages achieving ODF status. An additional 1,008,000 people are now living in ODF environment. Since the inception of the USF project, a cumulative total of 7,901 villages have been declared ODF against the target of 11,354 for the nine-year project period ending July 2020. This represents an overall performance level of 70% for the entire project.

District Sanitation and Hygiene Conditional Grant: Hygiene and sanitation promotion was implemented using Community Led Total Sanitation approach and the Home Improvement Campaign approach. A total of 1,670 villages were triggered using this grant during the reporting period and only 34% (571 villages) of these were declared ODF.



TULEL sanitation facility in Bukwo district.

Centrally managed projects

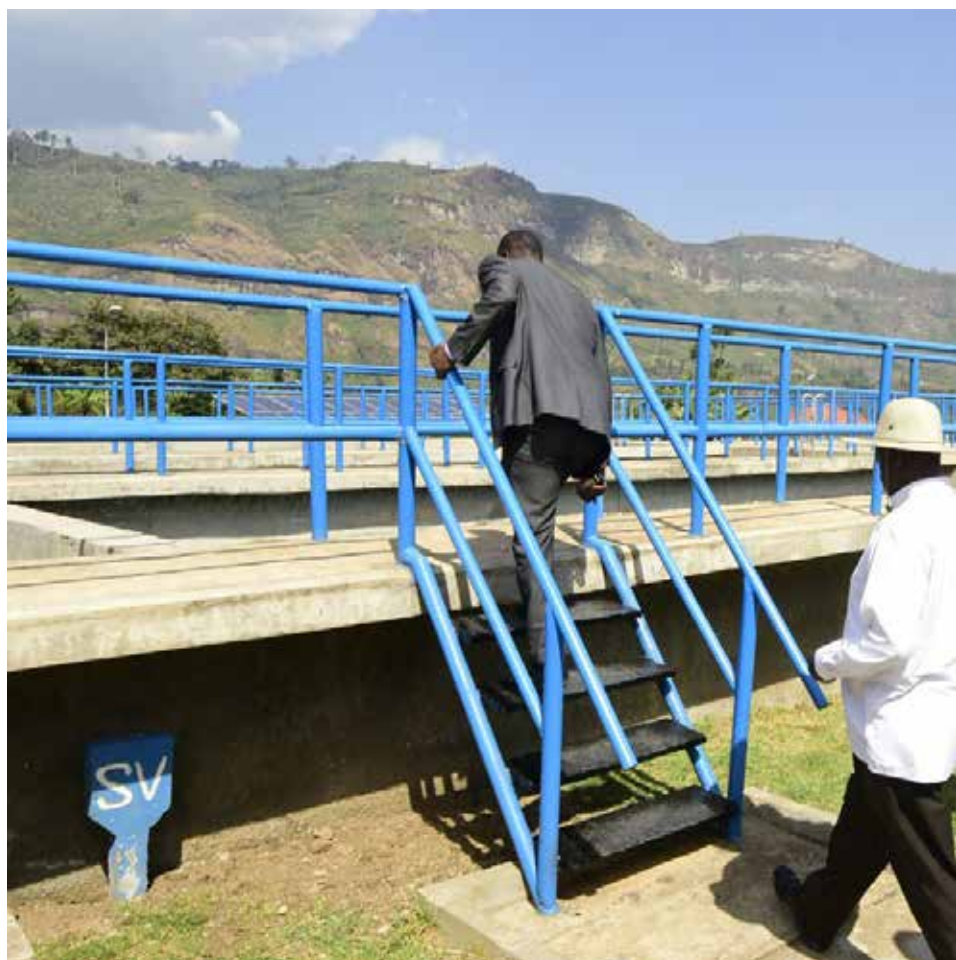
Water Supply and Sanitation Projects:

Under the centrally implemented Water Supply and Sanitation projects, a hygiene and sanitation component is included and it covers construction of public/ institutional sanitation facilities and sanitation and hygiene promotion. Hygiene and Sanitation campaigns were carried out in 477 villages, with approximately 143,100 people receiving hygiene messages. Three institutional facilities have been completed for Bukwo Gravity Flow Scheme and Bududa Gravity Flow Scheme.

Climate Resilient Institutional and Public Sanitation Project (CRIPS):

This project was funded by the Global Environment Facility through the African Development Bank with the aim of increasing resilience of communities to the effects of flooding due to climate change. A total of 132 sanitation facilities, each of 6 stances, were constructed in 60 primary schools and 12 in public places in Budaka, Pallisa, Butaleja, Soroti, Kumi and Bukedea districts. The technologies used in the construction of sanitation facilities were Enviroloos, Cesspits and Lined Ventilated Improved Pit latrines.

The table below highlights the number of facilities constructed in each of the benefitting districts.



President Yoweri Museveni inspects Lirima scheme, the scheme was designed to supply water to 5 original Sub-Courts (Butiru and Bubutu).

Highway Sanitation: Access to public sanitation for travellers along highways in Uganda is still a challenge. This not only inconveniences the travellers but

also continues to propagate the habit of open defecation with its associated health hazards. The Ministry, through the Rural Water Supply and Sanitation Department,

Facilities constructed by CRIPS Project

Facilities constructed by CRIPS Project District

	Enviroloos	VIP Latrines	Cesspits	Total
Bukedea	3	11	8	22
Kumi	3	15	4	22
Soroti	3	19	0	22
Budaka	3	19	0	22
Butalejja	2	10	10	22
Pallisa	2	20	0	22
Total	16	94	22	136



Activities in Manafwa district (Sibanga, Bugobero, Buwagogo,

commissioned a study to assess the feasibility and detailed design for highway sanitation interventions including identifying suitable locations for the facilities across the country, stakeholder concerns and propose management arrangements.

The Ministry of Water and Environment plans to pilot construction of public highway sanitation facility at the junction of Nyakahita – Ibanda- Kamwenge Road in Kiruhura District during FY2018/19.

The proposed highway sanitation facility shall be a complex offering a range of services including sanitary facilities, shopping area, restaurants and recreational area with ample parking space.

The facility is envisioned to address the sanitation needs of travellers and provide a decent stop over where other services can be enjoyed.

Status and trends of sector performance indicators

Performance indicator : Percentage of population using an improved sanitation facility not shared with other households

Improved sanitation refers to flush toilet, pour flush toilet, VIP latrine, latrine with concrete slab or sanplat, Ecosan toilet, compost toilet, etc. The key feature of an improved sanitation facility is that it must have a washable floor. This indicator was derived at using the formula below;

Percentage population using an improved facility not shared by other Households = $(\text{Number of HHs with improved sanitation facility not shared} / \text{Total number of HHs} \times 100\%)$.

However, access to any form of sanitation facility is 79%. This represents a decline of 1% from last year's coverage of 80%. A total of 289,893 toilets were built, serving an additional population of 1,233,070 people. The sector leveraged UGX 43 billion from households constructing their own facilities. The reasons advanced by some of districts to explain the decline in sanitation coverage were as summarised in table below.

Performance indicator: Percentage of population practising open defecation

Open defecation refers to disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste. This indicator was derived at using the formula below;

Percentage population practising open defecation = $\text{No. of HHs practising open}$

$\text{defecation} / \text{Total No. of HHs} \times 100\%$

District reports show that 8% of the rural population is still practising open defecation, down from 9% reported in the FY 2016/17.

Performance Indicator: Percentage of population with handwashing facilities with soap and water at home

Handwashing is the act of cleaning hands for the purpose of removing soil, dirt and microorganisms. This practice is made effective with proper use of clean water and soap after toilet use and before and after feeding, among other human activities which can lead to poor hand hygiene. The indicator was calculated as follows;

$\text{No. of HHs with functional Handwashing facilities with soap and clean water} / \text{Total number of households} \times 100\%$

During the reporting period, handwashing coverage in rural areas is reported at 36.5% indicate a slight decline by 0.5% compared to last year's coverage of 37%. This was partly due to the decline in sanitation coverage coupled with limited funding.

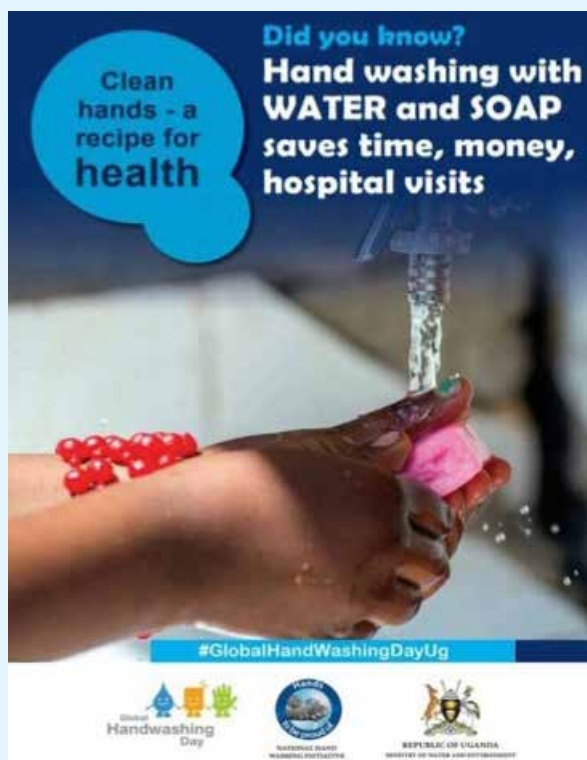
Performance Indicator: Percentage of pupils enrolled in schools with basic handwashing facilities

This indicator was derived at using the following calculation;

$\text{Percentage of pupils enrolled in schools with basic handwashing facilities} = \text{No. of schools with functional HWFs with soap and clean water} / \text{Total number of schools} \times 100\%$.

Unlike the decline reported in school sanitation, access to handwashing facilities in schools has increased by 5% from 35% last FY 2016/17 to 40% during the reporting period. ■

HANDWASHING WITH SOAP STATISTICS



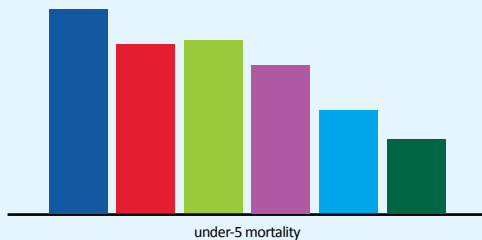
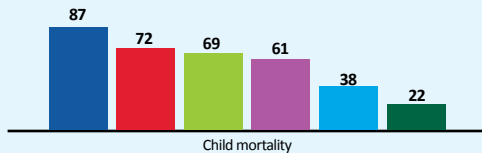
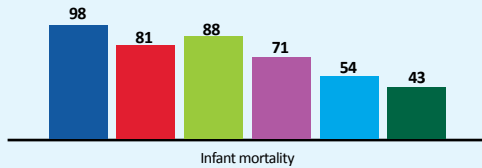
KEY FACTS

- 01 Globally, over **3 million** children die annually
- 02 UNICEF - **Uganda lost 32,500: 2,708M:** children under 5 years every year
- 03 **75% diseases in Uganda are preventable** (HSSP - MoH)
- 04 Up to **70% of cases of diarrhoea** are associated with poor food hygiene
- 05 Nutrition-sensitive interventions in the first **1000 days**
- 06 Annual economic loss due to poor sanitation **+US\$177 million=1.1%GDP**

#GlobalHandWashingDayUg



IMPACT: CHILD MORTALITY



HWWS IN THE 2030 AGENDA

- 01 SDGs affected by handwashing with soap
- 02 Benefits of HWWS across multiple sectors
- 03 Failure to integrate HWWS limits the impact of investments.
- 04 Incorporate HWWS policies, strategies and programmes that seek to achieve SDGs

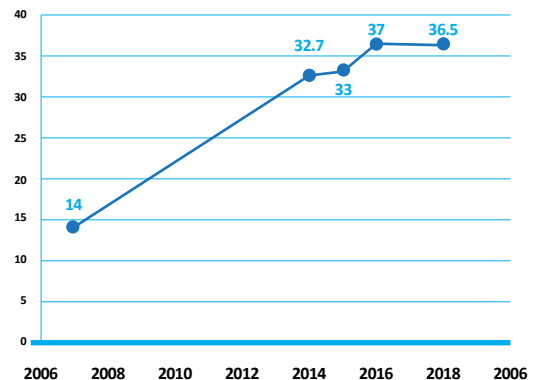


HWWS SECTOR PERFORMANCE

Regional performance

Regional performance	2017	2018
Teso (TSU3)	49.5	58
West Nile (TSU1)	39.8	46.6
Mid-Central (TSU5, 7)	39.2	30.8
Greater Ankole (TSU8)	35.7	34
Rwenzori (TSU6)	27.4	30.1
Busoga/Elgon/bukedi (TSI4, 10)	26.1	27.4
Northern (TSU2)	21.1	29
Karamoja (TSI9)	8	16.5

Percentage increase in HWWA



IMPACT OF HANDWASHING WITH SOAP

47% Percentage of diarrhoeal diseases preventable through handwashing

16% Respiratory infections preventable through handwashing

1:92 Investment of national handwashing behaviour change programme in India

40% Reduction in healthcare associated infections with correct hand hygiene

61% Healthcare workers do not practice recommended hand hygiene

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Sustainable **SusWASH**



One vision. Three goals. Water, Sanitation & Hygiene service



OVERVIEW

Universal and sustainable WASH access requires a robust and national service delivery system that works inclusively, collectively and effectively to achieve scale. Water Aid Uganda is implementing a 3-year initiative (2017 – 2020) aimed at addressing systemic blockages that obstruct the sustainability of WASH services in Uganda.

The Sustainable Water, Sanitation and Hygiene at scale (SusWASH) project is funded by H&M Foundation to a tune of US\$ 2.5 million. WAU, in partnership with KCCA and other partners, will demonstrate management systems for sanitation and promote scaling up of such models for the management of all public sanitation facilities within the Kampala Capital City Authority (KCCA) metropolitan area.

WaterAid will advocate for the right to safe water and sanitation to be embedded into national policies and influence the realisation of fully costed WASH investment

PROJECT FOCUS

- Strengthening the operations of Kampala’s cross-sector Water and Sanitation Forum for improved sector coordination and planning
- Demonstrate and promote management models for WASH in schools, healthcare facilities and public sanitation facilities
- Support integration of SDG 6 indicators into existing ministerial performance measurement frameworks to ensure effective tracking of WASH service levels
- Advocate for long-term institutional commitment to finance the full cost of WASH services and behaviours
- Enhance the National Urban WASH reform process, sector research, regulation and capacity development initiatives through learning and evidence generated from them

Roadmap to change

PHASE 1

Initiating change: 6 – 12 months

- Managing partnership, building trust.
- Situational analysis, consensus building and shared vision for a unified WASH plan

PHASE 2

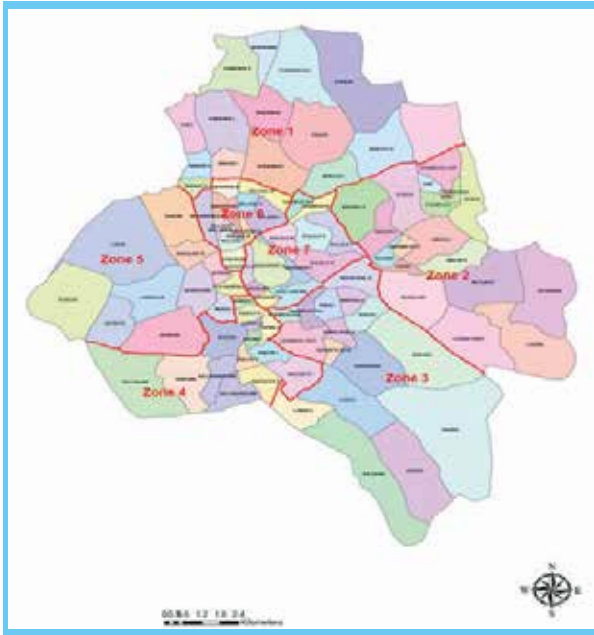
Learning and testing: 1 - 2 years

- Managing change and developing capacity of KCCA and other partners
- Action research and innovation, piloting and documentation for replication

PHASE 3

Replicating and scaling: 2 – 6 years

- Managing replication and scale-up.
- Systemic change in policies and actors’ performance, self-reliant service provision, reflection and applied learning



315,840
Project Target WASH users



OUR VISION

A world, everywhere has access to safe water, sanitation and hygiene

OUTCOMES




Outcome 1: Suitable disaggregated models and approaches for equitable, inclusive and sustainable WASH service delivery including hygiene behaviour change strategies for households, schools and healthcare facilities are used to inform local and national level planning, investment and policy

Outcome 2: Improved capacity for planning, budgeting, monitoring and coordinating WASH services at local and national levels.

Outcome 3: Improved mechanisms for users to provide feedback and hold WASH service providers and duty-bearers accountable.

Outcome 4: An improved environment at local/ national level, which enables sustainable WASH service delivery with clear roles and responsibilities, institutional arrangements, policies and regulatory frameworks policies and regulatory frameworks i.e. providers and duty-bearers to account

DEFINITION OF PROJECT TARGET GROUPS

Impact Area	No. of people targeted (estimated figures)	
 <p>Institutional Users in schools benefitting:</p>	<p>Users benefitting from improved success to water, sanitation and hygiene services:</p>	<p>12 DIRECTLY</p> <p>30 INDIRECTLY</p> <p>9,600 DIRECTLY</p> <p>24,000 INDIRECTLY</p>
 <p>Institutional users in Health Care Facilities (HCFs)</p>	<p>Patients and Health Workers benefitting from improved Health Care Facilities (HCFs)</p>	<p>08 DIRECTLY</p> <p>10 INDIRECTLY</p> <p>2,000 DIRECTLY</p> <p>1,600 INDIRECTLY</p>
 <p>Community users as direct and indirect households</p>	<p>Community users benefitting from as direct and indirect households</p>	<p>500 HOUSEHOLDS DIRECTLY</p> <p>41,400 HOUSEHOLDS INDIRECTLY</p> <p>30,000 HOUSEHOLDS DIRECTLY</p> <p>248,640 HOUSEHOLDS INDIRECTLY</p>

Direct and Indirect users to be covered for this programme have been defined based on the Water Aid Uganda WASH Access Protocol 2017



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Refugees introduce penalties to curb open defecation

Incidents of cholera outbreak and related deaths in refugee camps blamed on open defecation have been reported across the country. As Lilian Namagembe writes, the refugees have introduced a new measure to curb the vice.

As one makes a random walk around Zone 3, Block 4 in Palabek settlement camp, they encounter a swarm of flies feasting on faeces at different spots. A few metres away, children below 10 years walk barefoot in the nearby bushes, gardens and rocks that make up the beautiful scenery of the camp's shacks, the houses of the refugees.

Opened in 2017, the camp is located 60km away from Ngomoromo, a small border post in northern Uganda. It accommodates more than 30,000 refugees from South Sudan who fled the war between government forces and those allied to Riek Machar.

A few pit-latrines constructed at the establishment of the camp by relief agencies dot the area. However, many consider visiting them a luxury.

Keven Amony, one of the leaders in the camp, says it is common for the infectious disease, such as diarrhoea, to strike the camp, where refugees are now living in fear of a cholera outbreak, like the case has been in other camps with similar practices.

"It has not been easy for us to stop open defecation, mainly because most people here are ignorant and primitive. What even makes it worse is that many are hostile. This makes sensitisation hard," Amony says.

Disease outbreak

Cases of cholera outbreak and related death in refugee camps blamed on open defecation have been reported in several other refugee camps across the country. In 2016, cholera broke out in Bidi Bidi camp in Yumbe district, infecting 53 people. The Ministry of Health said it was as a result of poor sanitation.

In the same year, a cholera outbreak was confirmed in Pagirinya refugee settlement in Dzaipi sub-county, Adjumani district, affecting 40 people. This was blamed on failure to observe personal hygiene and embrace the use of pit-latrines.

Another outbreak occurred in February this year, where more than 1,400 cholera cases were registered and 35 people died in Kyangwali refugee settlement camp in Hoima district.

The settlement camp largely accommodates refugees from the neighbouring Democratic Republic of Congo (DRC) who also escaped war in their country. The cases registered at two treatment centres in Kasonga and Sebagoro in Kyangwali and Kabwoya sub-counties, respectively, were largely blamed on open defecation due to the refugees' reluctance to dig pit-latrines or use the available public toilets.

But the incident also acted as an eye-opener to the leaders in Palabek refugee settlement camp to start an oversight role



and guarantee sanitation in the area so as to avert similar incidents from occurring.

Going to bushes

Every morning, Amony watches her neighbours as they vanish into the nearby bushes and rocks to answer the call of nature rather than use pit-latrines that were built by non-governmental organisations.

"And it is not just children, but even



the adults do the same, especially in the evening and early morning hours,” Amony says.

The alarming state of affairs, according to Simon Peter Okot, the block leader, forced them at the beginning of this the year to create health committees to play an overnight role of sanitation in each of the zonal blocks.

Okot says every block is composed of elected leaders representing different zones.

“These leaders also act as health promoters to sensitise residents and ensure that every homestead constructs a pit-latrine and rubbish pit,” says Okot.

Every homestead, according to the block leader, must also have a rack to dry washed utensils.

Penalties

Okot says their committee in Block 4 has since passed bylaws to start fining whoever does not abide by the established rules, including confiscating

their maize grain from the United Nations High Commission for Refugees (UNHCR) until they have erected the structures.

“If you are caught defecating in the open, you are fined Shs10,000 for adults and Shs5,000 if you are found throwing children’s fecal matter in the open,” he says.

The committee also punishes defiant members who fail to pay the fine by confiscating the food they are given by UNCHR until they either pay the stipulated fines or commit to stop open defecation, Okot says.

According to the World Health Organisation (WHO) fact sheet, poor sanitation is linked to transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio.

Open defecation also perpetuates a vicious cycle of disease and poverty.

Countries where the vice is most widespread have the highest number of deaths of children aged below five.

As such, Okot says health promoters and leaders in the camp are tasked with keeping watch, identifying and imposing penalties on the violators of the laws on open defecation.

Cases of cholera outbreak and related death in refugee camps blamed on open defecation have been reported in several other refugee camps across the country.

The refugees who were settled by the Office of the Prime Minister under whose jurisdiction they fall, were allocated a 30X30 feet piece of land per household, enough to also have a pit-latrine erected.

However, Elia Solomon Futto who lives with his 25 children and three wives in the camp, attributes the poor sanitation to limited resources such as iron sheets and timber to construct pit-latrines and racks since not all refugees

can afford them.

“Many of them are starting to erect pit-latrines. The challenge some of us have



is that we do not have logs to construct pit-latrines,” says Futto.

However, Okot stresses that the refugees who are still reluctant to comply are the defiant ones since majority of the residents have endeavoured to adjust and adhere to the new rules, which has reduced cases of diarrhoea in the camp.

Other camp leaders also attribute the practice of open defecation to the refugees’ cultural norms such as not sharing pit-latrines with their in-laws.

WHO reports indicate that Uganda spends more than US\$380 million on treating diseases that are sanitation-related and diseases that can be prevented through good hygiene practices.

WHO estimates that a total of 1.1 billion people (15% of the global population) practice open defecation, 949 million open defecators live in rural areas.

Another 79% of Ugandans are also said not to have pit-latrines and toilets, according to the ministry of health statistics.

Other cases

The Office of the Prime Minister was last year forced to relocate 4,000 South Sudanese refugees from Nyumanzi Transit Centre in Dzaipi sub-county to the newly-created Agojo refugees settlement in Ciforo sub-county, Adjumani district.

These were transferred as a result of open defecation, which was a result of congestion and struggle for sanitation facilities in the former camp.

Elsewhere, open defecation also exists among the natives in some parts of the country, forcing community leaders to pass bylaws to mitigate the deadly practice.



For example, the Karimojong in north-eastern Uganda also practice open defecation because of their cultural beliefs.

Another 2016 study conducted by SNV Netherlands Development Organisation, a non-governmental organisation, in the West Nile district of Arua, indicates that majority of the people preferred using bushes for defecation to pit-latrines or toilets.

Effect

Human faeces have been found to transmit many infectious diseases including cholera, typhoid, infectious hepatitis, polio, cryptosporidiosis and ascariasis.

Open defecation, also exposes human population to dangerous bacteria, which can threaten the lives of people in the long run, according to WHO.

Interventions

According to the World Health Organisation fact sheet, poor sanitation is linked to transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio.

The Ministry of Health in May 2018 launched a major cholera vaccination campaign targeting 360,000 people, including 70,000 refugees in an effort to contain the sporadic outbreak.

According to UNHCR, they have registered 2,267 cholera cases and 45 deaths in the different refugee camps since February this year.

In 2017, Uganda was said to among the top refugee hosting nation in the world, with only Pakistan and Turkey having more refugees. The

majority of Uganda’s approximately 1.4 million refugees have fled violence in South Sudan, where civil conflict between the government and rival factions has led to the death of tens of thousands of people since 2013. ■

This article was first published in The Daily Monitor

Catholic, Anglican churches in joint sanitation campaign

The Catholic and Anglican churches in Kamwenge District have teamed up to improve hygiene and sanitation in homes with a key message of washing hands with soap after using the toilet. In its health tips, the Catholic Church uses the book of Deuteronomy 23:12-13; “Designate a place outside the camp where you can go to relieve yourself.

As part of your equipment, have something to dig with and when you relieve yourself, dig a hole and cover up your excrement”. With this verse, Rev Fr Kayondo says: “The Bible is very clear; each family must have a latrine and if God visits your family and finds that you are unclean, He cannot help”. Fr Kayondo says after undergoing training by district officials a year ago, he together with other church leaders in small Christian communities started moving house-to-house, educating people about hygiene.

We divided the parishes into four zones and these parishes are in Buhanda and Kicheche subcounties in Kitagwenda County. In every zone, we picked one village to work as a model and a small Christian community,” he says.

Fr Kayondo says each village has between 35 and 50 families, which are used to demonstrate and reach others. “Most of the government programmes have been failing but when the church gets involved, they cannot fail because we have the biggest platform and people believe in us,” he says.

Fr Kayondo says residents have been



encouraged to embrace the project because it is spiritual.

In addition, people were urged not to mix washed utensils with dirty ones. “We make follow-ups to ensure that households are embracing the campaign. However, handwashing coverage is still low.

We still need to change the people’s mind set,” he says. Religious leaders are implementing this project in five Catholic and five Anglican parishes in the district. The Catholic parishes are Kitagwenda, Mahyoro, Kichwamba, Kicheche and Holy Trinity. The Anglican ones are Ntuntu, Nyakasenyi, Kichwamba, Kibumbi and Nkoma.

Both churches coordinate their activities to ensure they do not overlap. Rev Canon Benon Rwabushari of Ntuntu Parish says the Anglican Church has mainly used the Mothers’ Union to promote the campaign. “We have plans of going to our schools to educate pupils and teachers about hygiene, both at school and in their homes,” he says, adding that the Fathers’ Union will also come on board.

“Our people fall sick because of ignorance. Diseases related to hygiene should not exist,” he observes.

Ms Ketty Bagarukayo, a resident of Katonzi Village, Kicheche sub-county, says the campaign has already produced results. “Our

children used to suffer from diarrhoea and typhoid but we did not know it was due to poor hygiene. We also used to drink unboiled water,” Bagarukayo says, adding that after the sensitisation, their children no longer fall sick regularly.

Mr Federiko Tumusiime, a resident of Katonzi village, says their children used to fall sick more often and they were made to believe they were being bewitched.

“Our children were passing out watery stool and we could not think about going to the hospital but would go to the witch doctors,” he says.

Ms Trina Kyomuhendo, a health worker at Kicheche Health Centre III, says the church’s intervention is paying off. “Cases related to poor hygiene have reduced because we have taps where patients and health workers wash their hands and we have safe water for drinking,” she says. ■

FACT FILE

According to the World Water Atlas, the district has 2,495 domestic water points, which serve a population of 373,888.

According to the 2014 census, 47.3 per cent of households in the district collect drinking water from unsafe sources .

This article was submitted in the Print category for 2018 Uganda Wash Media Awards



water for people
EVERYONE • FOREVER

How religious leaders promote handwashing in Kamwenge district

Background

While strategising on how best to accelerate progress towards universal handwashing with soap (HWWS), in one of their planning fora with district and sub-county level stakeholders, Water For People suggested mapping out all stakeholders with potential to make a contribution in sanitation.

Unanimously, religious leaders were identified as one of those key stakeholders with high significance in leading to massive change given the respect they command both at community and institutional level as founding bodies of schools and healthcare facilities.

The religious leaders such as the Head of Laity East Rwenzori Diocese and the parish priests of Kitagwenda and Kicwamba catholic parishes were brought on board. They joined the district and technical leadership (mainly health inspectorate) in a HWWS behavioural change communication Training of Trainers (TOT) that Water for People organised. They also involved personnel from the National Handwashing Initiative Secretariat as a consultant/Facilitator.

In the TOT were the chief administrative officer and the Resident District Commissioner (RDC). The TOT was the start of a long journey that has brought the religious leaders to the list of key WASH stakeholders in the district, HWWS ambassadors and members of the District water and Sanitation Coordination Committee (DWSSC).

Objective

The major objective was to improve the scale of hygiene and sanitation coverages with a special focus on handwashing with soap.

Problem

Handwashing coverage has been low for



Kamwenge despite progressive improvement in the last three years. The coverage of HWWS in communities has been 23.5% in 2015, 26% in 2016 and 28% in 2017 according to the water minister joint sector performance reports for these years.

The Health Assistant Buhanda sub-county, Nicholas Tumwebaze, asserted that due to the people's failure to wash hands at critical times, including after visiting the latrine, before breast feeding and after cleaning baby's bottom, there has been common occurrences of diseases like diarrhoea.

Scope of work

Engagement meetings with the clergy in their respective parishes where Water for People teams moved from parish to parish for a one-

on-one engagement with the parish priests.

These parish-based meetings with the parish priests resulted in selection of zones and small Christian communities in which the campaigns by the clergy were started. This was done in four Catholic and five Anglican parishes.

The Catholic parishes reached include St. Charles Lwanga Kicwamba, Holy Trinity Kitagwenda, Nyakasura and Bisozi while the Anglican ones included Ntuuntu, Kibumbi, Nyakasenyi, Kicwamba and Nkoma. For the selected zones (each with 20-30 households), the parish priests mobilised members of the community through circulars to catechists and zone leaders and also using monthly parish bulletins.

On scheduled dates, the parish priests conducted home visits to sensitise people about the advantages of good hygiene and sanitation with much emphasis on HWWS significance in reducing diarrhoeal diseases and resulting in related saving of home income.

During the visits, the clerics moved with health inspectors and assistant to explain the requirements of an ideal home and related standards and demonstrating the installation of handwashing facilities (tippy tap) with soap.

Hygiene and sanitation competitions

Inter-village and small Christian community hygiene and sanitation competitions were declared in the Catholic parish parishes of Kitagwenda and Kicwamba. Plans are underway to have the same in other parishes where the approach is being implemented. The best performing zones will be rewarded with gifts such as bibles, alter linen, flower vessels, candle holders and crucifixes. The competition approach was introduced to enable causing improvement in a wider area in shorter period of time.

Radio talkshows

The Parish Priests of Kicwamba, Kitagwenda and Ntuuntu Archdeaconry have participated in radio talkshows to mobilise the masses to participate in the campaigns. The talkshows were done on Voice of Kamwenge supported by Water for People.

The talkshows were complemented by the HWWS jingles that were supported to run in the local language. Water for People adopted the jingles by the National Handwashing Initiative that were customised to the area.

HWWS Materials

Water for People supported to reproduce materials authored by the National Handwashing Initiative that were

distributed in the catchment area where the campaigns are going on, including churches and schools. The materials included T-shirts, calendars and posters.

Launch of HWWS campaign by the Bishop

On Sunday August 19, Bishop Robert Muhirwa Akiiki of Fort Portal Catholic Diocese, while at Holy Trinity Parish, Kitagwenda, officially launched the HWWS campaign, as a key component of the health thematic area under the Year of the Christian Family.

The Bishop challenged every household in the diocese to embrace washing hands with soap before serving and eating food, after using the latrine and after cleaning babies or changing diapers. He also emphasised the need for every household to have and use a latrine and all other requirements of an ideal home as one way of preventing diseases and reducing poverty arising from spending on treatment of related diseases.

“Prevention is better than cure,” the Bishop said.

Achievements

Church-based exemplary leadership; In the Catholic parishes of Kitagwenda, Kicwamba and Bisozi and Ntuuntu Archdeaconry the Parish Priests are promoting exemplary leadership, whereby they are ensuring every church structure leader has a handwashing facility and soap, as well as all requirements of hygiene and sanitation.

Follow up in form of household visits by the parish priests is ongoing in Kitagwenda (232), Bisozi (369), Kicwamba (187), Nyakasura (212) and Ntuuntu Archdeaconry (45). The parish priests are conducting the home-to-home visits while working with

area health assistants and inspectors.

During the visits, the status quo of the leaders is established and demonstrations, including of tippy-tap installations. This has resulted into more church-based leaders joining the campaign.

Furthermore, meetings with school management committee chairpersons, head teachers and sanitation teachers were conducted with both the Anglican and Catholic church leaders.

During the meetings, action plans on ensuring the presence of HWWS facilities in church-founded schools were shared. The parish priests and the school chaplains are currently moving from school to school, following up on the implementation of HWWS action plans as pledged in the meetings.

Fort Portal Diocese has appreciated the approach following what has been done in Kamwenge and has encouraged the parish priests of other parishes in the districts of Kabarole, Bundibugyo, Ntoroko, Kyegegwa and Kyenjojo to start the campaigns in respective parishes. To trigger action, Water



for People was invited to share about the approach and experience from Kamwenge at the diocesan parish priests meeting in Fort Portal on September 21. The meeting that was attended by the 28 parish priests and other leaders who pledged to make follow-up in the parishes. Also, in the meeting the clergy who have been implementing the handwashing campaign shared the experience with their colleagues from other parishes and districts.

Emerging of model areas from the approach has been another big achievement of the HWWS campaign. Example in point are Rwebinyonyi, Katehe and Kicwamba South, in Kicwamba, which now have 100% HWWS at household level. These will serve as learning areas where other stakeholders and religious leaders can look to borrowing lessons.

Exemplary leaders (homes) have emerged from the context of church; these are a new addition to the conventional health inspectorate teams (VHTs and health assistants /inspectors) who have been promoting HWWS

Drivers of success

Health inspectorate support and responsiveness to the approach: The Health Assistant and Health Inspector are supporting the clergy during demonstrations of handwashing facilities as well as sensitisation on the use of soap and proper handwashing.

“As a health inspectorate staff, I appreciate the efforts of the clergy in saving lives through the disease preventive approach of preaching good sanitation and hygiene, with much emphasis on handwashing with soap alongside the gospel,” Nicholas Tumwebaze, the health assistant of Buhanda sub-county, said.



He added that with most people believing in religious leaders, the approach had illustrated that it can lead to faster change in as far as response to handwashing with soap is concerned.

The church has a well-laid out structural framework within which it was easy to integrate the HWWS campaigns at different levels and amongst different groups, including women and children.

The education policy that recognises the role of founding bodies in schools has enabled response from schools to the parish priests’ call on management to ensure HWWS is a success.

The significant influence and respect commanded by the clergy amongst the community.

Admission of the religious leaders into the District Water and Sanitation Coordination Committee by the CAO, assured the clergy of formal recognition of their work in WASH.

Capacity building, mainly clergy participation

in the HWWS behavioural change communication TOT and bringing them on board in Water for People annual reflection with stakeholders, 2018.

Everyone Forever strategy which seeks to tap into every stakeholder’s potential to contribute to reaching everyone with WASH services.

Challenges and how they are addressed

Differences in geographical structures: Church structures are categorised in zones, small Christian communities and church centres

compared to government structures that range from villages, sub-counties and districts. This will require harmonisation at reporting, the names of zones will be changed to those within the structure of administrative units of government.

Lessons learnt and best practices

- Religious leaders are highly respected by communities.
- Religious leaders command authority in education institutions and can be good agents of change there as most schools in Uganda operate on the foundation of a certain religion.
- Stakeholders identification should be an ongoing process for any programme or issue. Although religious leaders were brought on board in the WASH and HWWS campaigns way later, they have added a lot of value, mainly in HWWS.

Recommendations/Next steps

- Establishment of a formal relationship between Water for People and the religious leaders or institutions.
- Supporting learning events and documentation that can lead to scaling up of the approach to other districts in the region as well as in the entire WASH sector at national level. ■



Fort Portal diocese launches handwashing campaign

Fort Portal Diocese, which covers Kamwenge, Kabarole, Kyegegwa, Kyenjojo, Ntoroko, Bunyangabu and Bundibugyo districts, has launched a handwashing campaign as one way to improve hygiene and sanitation among its flock.

Bishop Robert Muhiirwa has tasked every family house under the Fort Portal diocese with embracing the campaign of handwashing and also having a toilet facility as one way of preventing diseases in communities.

“Christians, prevention is better than cure. Therefore, I want every family in this diocese to embrace this campaign of washing hands after visiting the toilet because it will help us to prevent some diseases,” Muhiirwa said during the launch of hands washing campaign at Kitagwenda parish in Kamwenge District in August.

He said the campaign was aimed at ensuring there is proper hygiene and sanitation and handwashing equipment in every household.

“When you get diseases resulting from failure to wash hands after visiting the latrine, you spend a lot of money in hospitals on treatment, which would have been prevented,” the Bishop said.

Fort Portal diocese is in partnership with Water For People, a non-governmental organisation, implementing the campaign in every family to ensure that people improve their hygiene and sanitation.

The senior programme officer at Water For People, Ms Grace Kanwari, said in Kamwenge district, handwashing is at 28%, according joint sector performance report of water and environment of 2017. She added that most families do not wash hands after visiting the toilet.

“As Water For People, after seeing that the people who wash hands are few, we decided to come up with this campaign, in partnership with churches, to ensure that all households in the parish embrace the campaign of washing hands after visiting the toilet,” she said.

Now, all the 31 small Christian communities under the Catholic church in Kitagwenda parish are embracing the campaign.

However, Kanwari said by 2030, there will be need for every household to have embraced handwashing.

The health assistant of Buhanda sub-county, Mr Nicholas Tumwebaze, said because of the failure by the people to wash their hands, many of them are contracting diseases such as diarrhoea and spending a lot of money on hospital bills.

The chairperson of Ruhenga village, Mr Willberforce Kahangire, noted that most families don’t wash hands after visiting the toilet, saying they would promote this campaign to ensure that every family takes up the programme.

Access to safe water in Kamwenge District is at 81%, according to the World Water Atlas. ■

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Dumping of plastics threatens efforts to protect River Mpanga

By Our Reporter

The rainy season is here, pouring twice or thrice a day. Whenever it rains, River Mpanga that snakes from Karangura hills in Kabarole district through Fort Portal town, Kyenjojo and Kamwenge districts is painted white at a distance by the empty plastic bottles it carries downstream.

On another day, the river turns chocolate brown due to the siltation upstream at the hilly Karangura (the source of the river), where stone and sand are quarrying and poor methods of farming are practised.

As we mark Global Handwashing Day this month, we must all be aware that uncontrolled dumping of plastic bottles has choked River Mpanga, from upstream to downstream despite the several interventions by many players in the environment, including local governments and NGOs.

The players in protecting Mpanga river include Mountains of the Moon University, higher and lower local government authorities of Kabarole, Kyenjojo and Kamwenge as well as NGOs such as Protos.

Dumping of waste into the river has had negative effects on hygiene, especially on water quality at the water supply plant and on the flora and fauna in the middle and downstream areas.

The problem has been compounded by the theft of wire mesh erected by Fort Portal municipal council

at Mpanga Bridge, near Mpanga market, a couple of years ago by metal scrap dealers. The mesh would sieve out and block all the bottles and polythene bags from sailing downstream.

“We shall install another one and keep sensitising the locals along Mpanga river about the effects of dumping waste into the water,” says Rev. Kintu Muhanga, the Fort Portal mayor.

Dumping, coupled with poor agricultural methods upstream, has among other things caused silting of the river that has affected power generation at Mpanga power in Kamwenge district.

“Mpanga power plant that was designed to produce 18 megawatts now produces 8 megawatts due to siltation and dropping levels of water in the river Mpanga” Mr Elija Biryabarema, the Kamwenge Resident District Commissioner, said recently.

River Mpanga flows from the Rwenzori Mountains and crosses the districts of Kabarole, Kyenjojo and Kamwenge and then feeds into Lake George. The river snakes through Kibale National Park and flows through a cleft over the 50 metre Mpanga falls and continues along the boundary of Queen Elizabeth National Park before it drains into Lake George. Ramsar Site downstream.

During the rainy season, its colour turns dark brown as a result of siltation due to sand and stone mining on the river banks upstream in Karangura, which impact is posted to midstream in Fort Portal and downstream in Kamwenge, Kasese and Rubirizi districts that border Lake George.

“River Mpanga flows from Kazingo to Kamwenge and finally empties into Lake George. It is the source of water for drinking and washing among others for people around it including National Water and Sewerage Corporation (NWSC). Once the river is polluted, people who use its water for drinking will risk contracting diseases such as cholera, bilharzia and typhoid among others,” Mr Lieven Peeters, the Coordinator of PROTOS, says.

Protos is a non-governmental organisation (NGO) dedicated to better water management. It is among the implementers of the catchment management plan to save River Mpanga.

In the last seven years, the cost of water treatment at the NWSC plant in Fort Portal has tripled as they use more chemicals than before to purify the water.

The NWSC Fort Portal branch manager, Mr Denis Muramuzi, says it is now very expensive for them to filter the polluted water from River Mpanga because it requires a lot more chemicals than before.

According to Muramuzi, NWSC has about 9,000 water connections (households) in Fort Portal town alone and of late, consumers have complained of the colour of the tap water pumped into their homes.

“We are embarking on saving River Mpanga seriously, in partnership with Protos. We are planting trees around the river, right from the hills of Karangura sub-county, Kabarole district. Let us join hands to saving River Mpanga. River Mpanga is bigger than every one of us!” says the mayor.

He adds: “It’s the natural resource we have in the middle of our tourism city Fort Portal. Save River Mpanga, save Fort Portal tourism city.”

Solutions

Some urban authorities such as Kabale municipality in partnership with Century Bottling Company have launched a plastic bottle recycling machine where each kilogramme of used bottles bought at Shs250, and people are taking plastic bottles to the collection centre for cash.

“I think we should engage bottling companies who are the source of this waste to buy it back. This will motivate people to collect, sort and dispose of such waste responsibly,” reasoned Mr Martin Watsisi, the regional WASH adviser, International Water and Sanitation Centre (IRC) Uganda.

“Start a behavioural change campaign,” Kabarole natural resource officer, Mr Godfrey Ruyonga, advises other stakeholders.

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Dumping of waste into the river has had negative effects on hygiene, especially on water quality at the water supply plant and the flora and fauna in the middle and downstream areas.



Amref introduces Ecofriendly Toilets in Kawempe Division

Just as you approach Katale Zone in Kawempe Division, one structure stands out of the crowded wooden structures. It is a modern public toilet constructed by one landlord with the help of AMREF, a local non-governmental organization.

The three-stance toilet is eco-friendly and will go a long way in filling the gap that has been left by KCCA. David Kaggwa, the landlord who sponsored the toilet's construction, told reporters that he resorted to using his meagre resources after his persistent calls to the authorities met deaf ears.

“As you can observe, Kawempe Division is mainly located in a swampy area. Cases of pit-latrines sinking are common here and have resulted in

outbreaks of such diseases as cholera and typhoid because the waste pours into the many trenches and is carried to down-stream communities,” Kaggwa said. Kaggwa said he had to set aside about Shs7m for the project although it was not enough.

“That is why I had to approach Amref for top-up. They provided me with not only construction materials but an engineer who designed the eco-friendly toilet facility with a septic tank and an effluent filtration unit,”

he adds.

According to Kaggwa, who has lived in Katale Zone all his life, the area has a population of about 300 households, most of them earning less than Shs200,000 per month.

But Kaggwa has not stopped at constructing the toilet facility. He has commissioned an artist to design a big billboard, insisting that whoever uses the facility must wash their hands thereafter.



Serina pupils



Kaggwa at his new toilet

“I have already brought piped water closer to the facility and I am in the process of securing a big overhead water storage tank such that the facility does not run out of water. I know it will be hard, but with consistent education people will eventually get used to handwashing,” Kaggwa said.

“Most people don’t know how to build latrines and toilets in wetlands. Even when the toilets are built, the handwashing facility is sort of neglected. We want to ensure that there is always enough water and soap for all users to wash hands,” Kaggwa added. The facility will be used at a fee of Shs100 per visit.

He also wants the government authorities to do the same at all public toilets; to put big posters with words such as, “Wash hands with water and soap after using the latrine”.

Last year, the Minister of Health, Dr Ruth Aceng, told Parliament that only 28% of Ugandans wash their hands after visiting toilets. She said most of those who did not wash their hands were men.

Uganda joined the rest of the world to mark the Global Handwashing Day on October 15 and it is such people like Kaggwa who have taken the mantle upon



Nakaweesi in her new toilet

themselves to be ambassadors of safely managed sanitation (including provision for handwashing) that can change world. Kaggwa is not working in isolation. Less than two kilometres from his facility is another landlady, Perusi Nakaweesi, who is doing the same.

Nakaweesi owns about 10 two-bedroomed units that she rents out to tenants at about Sh100,000 per month.

“I have always had challenges with the way my tenants use the old pit-latrine that I have. I always put water for them but it has not been easy to convince them to wash their hands after using the facility,” Nakaweesi said.

She said she called a meeting of all tenants after hearing that there was a cholera outbreak in the area last year.

“Apart from insisting on general cleanliness in the compound, I approached Amref to help me to construct a modern toilet facility that is ecofriendly and will have a permanent handwashing facility. So, we agreed with the tenants that to keep diseases such as cholera away, we must wash hands with water and soap after visiting the toilet,” Nakaweesi said.



A child entering Nakaweesi’s old pit-latrine

The Global Handwashing Day was dedicated to world-wide advocacy aimed at increasing awareness and understanding of the importance of handwashing with clean water and soap as an affordable way to prevent diseases.

Government statistics show that 47% of diarrhoea cases can be prevented through proper handwashing with clean water and soap. Also, 16% of respiratory infections can be stopped through proper handwashing.

Statistics from Amref indicate that 64% of Kampala’s residents live in informal settlements, with poor access to sanitation. And Kawempe Division has the largest number of informal settlements.

“Furthermore, the majority of the population within the informal settlements is housed in rented premises. So, we found it more feasible to work with landlords to improve sanitation conditions for the tenants. The beneficiaries of this project are landlords with seven or more tenants,” Mtwalib Walude, an engineer with Amref Health Africa, said. “This year there was a cholera outbreak that mainly affected Kawempe Division, with over 72 cases registered including 51 reported from

Katanga area,” Walude added.

“Amref Health Africa contributes an average of Shs3.7m per landlord in the form of concrete blocks, cement and technical assistance (drawings, cost schedule, training of local artisans and support supervision). The rest of the costs are born by the landlord,” he added.

Just a little distance from Nakaweesi’s home is Serina Nursery and Primary School that has a population of about 350 pupils.

The director of the school, Richard Musisi Ssenjonjo, said that teachers and pupils had formed school health club through which proper handwashing lessons were delivered by sanitation workers from Amref and KCCA.

“Apart from training, we have made it a policy to provide liquid soap at the handwashing facility located near the water tank (provided by Amref) and borehole. We

Here are a few ways you can make a difference this Global Handwashing Day

- Wash your hands with soap at critical times, especially before eating, cooking, or feeding others.
- Model good handwashing behaviour and remind or help others to always wash their hands before eating.
- Make handwashing part of your family meal time.
- Establish places to wash your hands in the household, in your community, in schools, workplaces and in health facilities.
- Promote effective handwashing behaviour change in research, policy, programmes and advocacy.

tell our pupils that whether they go for short or long call, they must wash their hands with soap and the clean water,” he added.

“In turn, these children spread the gospel of handwashing to the community because we tell them that the practice does not stop at school.”

Robert Otim, the co-ordinator of the National Handwashing Initiative at the water ministry, earlier told the press that every Ugandan should become a champion of handwashing.

“Become a champion and model of handwashing and remind or help others to always wash their hands with soap and water before eating, cooking, or feeding children,” Otim said.

“Spread the word and not the germs. Make handwashing a routine of your family meals,” Otim added.

What residents say about handwashing



Washing hands should not be left to children alone. Even old people should lead by example and ensure that their hands are washed after visiting the toilet, however clean the facility might be.

- Henry Ssozi, plumber

We should always keep our finger nails short such that when we wash our hands they are clean. Long nails tend to hide germs.

- Gift Nagwanka, P.6 pupil Serina



It is a good practice to wash hands after using the latrine. However, children should make sure they wash well and are not in a rush.

- Mercy Kubirima, P.5 pupil Serina

On the road towards trachoma elimination in Uganda

By Ritah N. Busonga, WMU

Trachoma is the leading cause of preventable blindness worldwide. Before the trachoma elimination interventions in Uganda, over 10 million people were estimated to be at risk of going blind due to the disease which is endemic in 40 districts in Uganda. The most affected regions in Uganda are Busoga and Karamoja with 10 and 7 districts respectively.

Trachoma is caused by a bacterium known as chlamydia trachomatis and is spread through direct personal contact, shared towels and cloths, as well as eye-seeking flies that get into contact with the eyes or nose of an infected person. Trachoma is most commonly found in poor, rural communities where people have limited access to clean water and healthcare services and practice low standards of sanitation and hygiene, especially hand and face washing.

Repeated infections of trachoma can cause scarring under the eyelids and turn the eyelids inwards, thereby making eyelashes fold and touch the inner part of the eye, causing great pain to the victim. Though trachoma can be prevented, if one contracts it and doesn't get treatment, it can lead to blindness

In Uganda, the Ministry of Health (MoH) takes lead in the struggle to eliminate trachoma with support from the Queen Elizabeth Diamond Jubilee Trust (The TRUST). MoH works in partnership with key stakeholders including: The Carter Centre, Sightsavers, Water Mission Uganda (WMU), John Hopkins University – Centre for Communication Programme (JHU-CCP), World Vision and Water Aid who have been



The Bishop of London, Lord Chartres, and TRUST CEO during their visit to Busoga

instrumental in implementing the WHO's "SAFE" strategy which targets trachoma elimination by year 2020.

Elimination programmes in endemic countries are being implemented using the WHO-recommended SAFE strategy which was adopted in 1993. "SAFE" consists of trachoma elimination interventions which include; surgery, antibiotics, facial cleanliness and environmental improvement. A combination of all these interventions targets community involvement through the primary healthcare approach.

Water Mission Uganda (WMU) is a Christian engineering NGO that seeks to transform lives through providing safe water and sanitation solutions and thus giving people an opportunity to experience God's love. This is done in both development and refugee emergency contexts. Since 2015 and with funding support from the TRUST, WMU has been working under the partnership in implementing the WHO SAFE strategy of eliminating trachoma. WMU's focus has been on the F&E component of the SAFE strategy which prioritises behavioural

change through promoting face washing and environmental improvement as a way of achieving a sustainable trachoma-free population.

With the trachoma elimination programme, WMU has reached out to 109 sub-counties, 587 parishes within 10 Busoga districts and these include; Jinja, Kamuli, Buyende, Iganga, Kaliro, Luuka, Buyende, Mayuge, Bugiri and Namayingo. This intervention has employed a set of activities including training of ambassadors of change, radio talk shows, video shows as well as music, dance and drama. A combination of all these activities has helped to increase knowledge among the target population, thereby clearing myths related to trachoma such as the disease being caused by witch craft and genes. More so, there has been an improvement in the sanitation and hygiene behaviours of people.

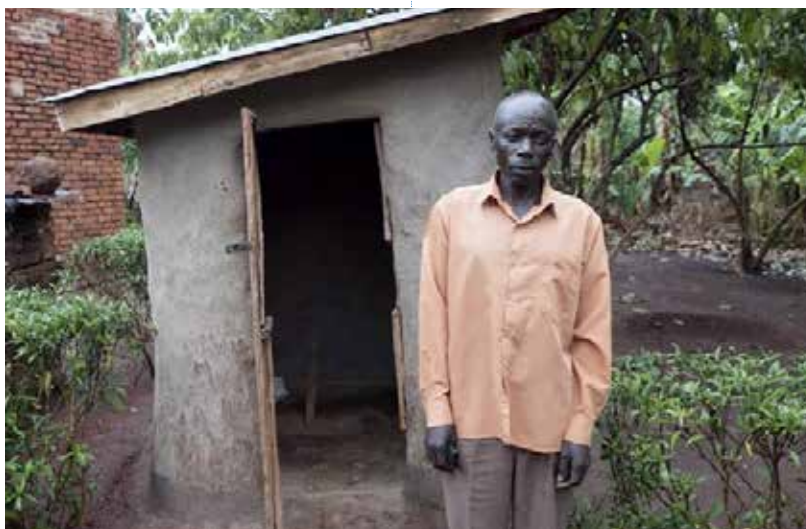
Behavioural change is a process, a slight improvement in the sanitation and hygiene practices has been observed in some communities. However, with the concerted efforts of district local governments and other WASH practitioners in the respective districts, together with VHTs whose capacity has been built to eliminate trachoma, the change will be great with time.

In March 2018, the former Bishop of London, Lord Chartres, who is also a Trustee of the TRUST, visited Uganda and WMU's operation area. In his words Lord Chartres said: "What has been achieved by the partners involved in the Trust's Trachoma Initiative in just four years is quite remarkable. I have been struck by both the dedication and determination of the individuals I have met in Kiringa village, who are proof of what can be achieved when people, particularly those most affected by trachoma, come together to fight the disease."

There are success stories from the field



The Lord Bishop and TRUST CEO during their visit to Busoga



Wilson in front of his latrine

that are worth sharing and below is one of them. A case study from Kiringa village in Nawandala sub-county in Iganga district.

Wilson Katonda, together with his family, is one of the many people in Iganga district in Busoga region who have benefited from the trachoma elimination programme funded by the Queen Elizabeth Diamond Jubilee Trust. He is a 49-year-old peasant farmer, married to Susan Mutesi with whom they have 4 children aged between 4 and 18 years.

Wilson says, "When WMU came to our village with the trachoma sensitisation

programme, I was among the people selected and trained as an ambassador of change. I got to learn about trachoma, which I, like many people within my village used to associate with witchcraft and genetic conditions but not poor hygiene and its sanitation. We learnt about the disease, cause, transmission, signs and symptoms as well as prevention. I was surprised that flies were the main vectors of the disease, yet they can be kept away from our homes through simple actions such as Face washing and Environmental improvement..... that was my turning point.



Wilson with the Lord Bishop and TRUST CEO in his home in Kiringa Village – Iganga District

It's from that time that I decided to improve my personal hygiene and home environment. I rehabilitated my then shabby semi-permanent latrine and even put up 2 permanent pour flush "healthy" latrines which WMU is promoting in our village such that we eliminate flies in our home. Together with my family, we constructed more sanitary facilities including a hand/face washing tippy tap, bath shelter, dish drying rack, garbage pit and animal house, in addition to sweeping our compound clean every day.

The trachoma programme also enabled my family and community members to know that trachoma patients can be treated. This helped me to take my elderly mother who was almost losing her sight to receive trachoma surgical services. Though she later passed on, she enjoyed her last days with good vision and at least did not die as a blind old lady.

Practicing F&E in my family has not only helped my family to be healthy but has also given us a different social status. My home is a model in Kiringa village and my family is ever number one in practising good personal hygiene and environmental sanitation. Most of the community members admire our home.

For this, I appreciate Her majesty, Queen Elizabeth, for her kind heart towards Ugandans because her support is helping us to live clean, attain dignity, have recognition and above all, keep away avoidable diseases such as trachoma. The Queen's support not only helped me to transform my family but also gave me an opportunity to host the Rt. Rev. Richard Chartres, former Bishop of London in my home which is something that I had never dreamt of.

My family and I have adopted the key

messages of Clean hands, Clean faces and Clean home stead as a way of keeping away trachoma and other WASH-related diseases."

Wilson is representing many that have embraced the trachoma elimination messages and as a result experienced change for the better."

Appreciation goes to the Queen Elizabeth Diamond Jubilee Trust Project for the funding support, the MoH, The Carter Center, Sightsavers, JHU-CCP, District and Sub-County Local Governments and all the stakeholders in areas where the trachoma elimination programme has been implemented.

The slogan remains "Clean Hands, Clean Faces, Clean Homesteads... Keep Trachoma Away"

Pictorial: Global Handwashing Day





01 State Minister for Water, Hon. Ronald Kibuule visits the Ministry of Water stall during the Global Handwashing Day in Kamwenge.

02 Hon. Kibuule visits the HEWASA stall at the Global Handwashing Day.

03 Hon. Ronald Kibuule hands over a certificate and a handwashing tank to Kamwenge SSS at the Global Handwashing Day

04 Bishop Robert Muhirwa of Fort Portal diocese washes hands with soap at the Global Handwashing Day in Kamwenge on October 15, 2018.

05 Hon. Kibuule hands over a Certificate of recognition to the manager, NWSC Kamwenge branch during the Global Handwashing Day.

06 Hon. Kibuule hands over a Certificate of recognition to Charles opolot, the Director of HAI Agency (U) Ltd



#GlobalHandWashingDayUg





Living Water International

The Living Water WASH Programme Area (WPA) model is a defined geographic region that is the focus of a three to five-year programme thoughtfully integrating and contextualising principles of water access, sanitation, hygiene, church mobilisation, gospel proclamation and sustainability—resulting in ongoing impact in that region through water infrastructure, health and spiritual transformation.



So far we have programmes in Ntungamo district (Ruhama WMPA), Kiruhura district (Nyabushozi WPA) and in Ibanda (Ibanda WPA). In January, we plan to start the Malongo WPA in Mayuge district.

The advantages of WPAs include guarding against spreading thin with less impact, avoids duplication from other stakeholders, creates operational efficiency by doing more with the same or less and it is also easy to measure change.

With each WPA, we focus on a target population of 35,000 to 100,000 individuals, where at least 50% of the population lacks access to water, sanitation and hygiene services. The Living Water WASH Programme Area model includes these five thematic areas and programme components.

Water access

Living Water began working in water provision and it continues to be a cornerstone of our work. Water access is about more than installing water systems; it is about installing the right systems, which might include protected springs, piped systems, boreholes, hand dug wells, rainwater harvesting, or household treatment. In the WASH sector, success has often been measured by tracking the number of systems installed.

However, we believe that success or failure should include measuring water access in terms of water quantity, quality, accessibility and reliability.

Sanitation

In places where there is no safe, clean place for a toilet facility, people struggle with disease, lack of privacy and indignity. Once communities have access to safe, sustainable water, they can improve their sanitation, dramatically, raising their quality of life. Sanitation promotion primarily focuses on creating demand for and use of, sanitation facilities.

This is accomplished through community engagement approaches that generate awareness and understanding of the risks associated with practices such as open defecation. Construction of latrines is often carried out with local resources by households and communities. In some cases, Living Water partners with schools to assist with construction of larger scale institutional WASH facilities that include multiple latrine stances for both boys and girls.

Hygiene promotion

Safe water and sanitation systems are important,



Clean water flowing in Rugazi.



but to have an impact, people need to use them effectively and consistently. Education helps people understand how to prevent diseases through handwashing, proper water storage and using a latrine. Head knowledge is just the beginning; helping communities identify important behaviours and make their own plan to use them is the end goal.

Changing and improving long-held behaviours takes time and requires well-developed, culturally appropriate, participatory approaches. Success can be realized over time, with universal community hygiene commitments and practices that reduce health risks and prevent environmental contamination. These must continue beyond Living Water's activities in a community if sustainable healthy changes are to transform the community.

Church mobilization & gospel proclamation

Our concern is whole people—physical and spiritual. We believe Jesus has the power to transform people, restore relationships and heal factors that lead to poverty, hunger and thirst. We believe that the church, having a stable presence in many of our target areas, shares our mission to serve the thirsty and maintains lasting relationships with our intended beneficiaries.

We work in coordination with local churches and larger church networks or denominations

wherever we find them and seek to equip and mobilize them with resources that will help them not only bring more people to know and follow Christ, but also serve as organizers and leaders in meeting the physical needs in their community.

Sustainability

For Living Water, sustainability is the state where outcomes brought about through all of the above programme areas will persist over time. We define sustainability as a state in which water supply and sanitation services, along with good hygiene practices, continue and deliver benefits indefinitely. For the benefits of the WPA model to last, we have to involve the community, local churches and other local stakeholders from the very beginning, cultivating community ownership and management of not only the water point, but all of the above programme areas.

The WASH Programme Area model has represented a significant shift for Living Water and for the communities we serve. It has enabled learning and positive results, including operational efficiency, greater collaboration with mission aligned partners and the ability to more easily and accurately measure impact over time. Once we could think about medium- and long-term change from a holistic standpoint, we developed an evaluation framework that included baseline studies, midterm review and final evaluations that help guide programme implementation

and measure impact. Focusing on a cluster of communities for several years brings benefits to those we serve and positions our teams to have a greater impact in each community. Residents access sufficient, clean water, improve their hygiene and sanitation practices and experience an active local church. Long-term relationships with community leaders, pastors and other stakeholders allows us to develop customized, locally-led plans to enhance community hygiene and sanitation behaviours and cultivates the gradual growth of long-term operation and maintenance capacity that extends the program's impact over time.

Below are key performance indicators for a WPA. In addition to collecting quantitative data used to measure progress against these targets, each WPA also collects qualitative data to measure impact. This approach is particularly helpful when trying to measure the impact of church mobilization and gospel proclamation activities.

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Water, sanitation standards worsen in disaster hit Bududa

By Our Reporter

In the wake of the deadly landslides in Bududa district on October 11 that left more than 50 people dead, the water and sanitation levels are worryingly worsening.

Several villages were affected by the outburst of Sume river that flows from Mount Elgon.

Hundreds survived only to come face-to-face with poor hygiene and sanitation.

“There is a big problem now facing some of us who survived the disaster. There is no water for drinking, no food and no sanitation facilities such as latrines,” Paul Wanyoro, a survivor painfully reveals.

Filth washed along could be seen floating along the streams and rivers of Sume, Susi and river Manafwa.

When we visited some of the villages which were affected in Bukalasa and Lusheshe sub-counties, there was a clear indication of lack of clean water and places of convenience.

Justine Khainza, the District Woman Member of Parliament for Bududa, said: “We have rushed most of the survivors to

public places such as churches, schools and health centres but the problem is inadequate sanitation.” Said.

Due to fear of contracting diarrhoea and cholera, stranded locals have been asked to only consume snacks being ferried in by good Samaritans from the neighbouring Mbale town.

“With the latrines washed away along with vital water sources, anything edible from within is contaminated,” Eunice



Nakatsi, a health practitioner at Bukalasa Health Centre said.

Most of the survivors, rescuers and other onlookers could be seen practising open defecation as a result.

Medical attention for victims

Medical attention to Bududa landslide survivors has also hit the dead end since the health facilities around have also been affected.

Nakatsi said the quality of care the health facility can provide has been limited because water supply and the sewerage system were interrupted.

While streams and rivers have always been reliable alternatives for most of the health centres in Bududa and the neighbouring Manafwa, caretakers cannot go any near to these streams owing to terrifying water levels and contamination.

According to Macky Odeke, a doctor at

Mbale Regional Referral Hospital, the situation is getting from bad to worse.

Odeke who visited Bukalasa Health Centre said limited supply of water in the area should be top priority.

“Usually those injured have to be cleaned first before any form of proper treatment is administered yet there is no water;”

Odeke stated.

He also warned of a likely outbreak of water-borne diseases.

In August, Bududa and Manafwa announced an outbreak of backwater disease which the health ministry’s primary investigation attributed to contaminated water.





UGANDA WASH MEDIA NOMINEES 2018

Theme: Rewarding excellent reporting on Water, Sanitation and Hygiene (WASH)

The Uganda WASH Media Awards (UWMA) is an initiative of the Ministry of Water and Environment together with Civil Society Organisations in the Water Sanitation and Hygiene Sector and Private Sector to reward excellent reporting on Water, Sanitation and Hygiene (WASH) services in Uganda. The Awards are a deliberate effort to promote coverage of WASH issues in the local, national and international media and have a positive influence on decision-makers, the private sector, the civil society as well as individuals.

Entries in the different categories were received and evaluated by an expert panel of judges and the evaluation report was handed to the National Organizing Committee. The winners for each category will be recognized and awarded at a gala dinner.

Below are the nominees for the Uganda WASH Media Awards -2018 in the different categories.

CATEGORY: PRINT - INVESTIGATIVE



*Felix Basiime, Enid Ninsiima and Moris Mumbere
Daily Monitor*



*Moses Muwulya
Daily Monitor*



*Alex Ashaba
Daily Monitor*

CATEGORY: PRINT - NEWS FEATURE



Francis Emorut
New Vision



Moses Muwulya
Daily Monitor



Lilian Namagambe
Daily Monitor

CATEGORY: TV – NEWS FEATURE



Susan Nanyazi
Spark TV



Kenneth Kavulu
Bbs Terefayina



Lynette Nalule
Bbs Terefayina

**CATEGORY: RADIO-
INVESTIGATIVE FEATURE**



Frank Oyugi
Qfm



Silas Javier Omagor
Step Radio

CATEGORY: RADIO-NEWS FEATURE



Amyon Immaculate
Radio Wa



Jumbe Benjamin
KFM



Javier Silas Omogor
Step Radio

CATEGORY: MULTIMEDIA



Fred Mugira and Annika McGinnis
New Vision



Vicky Wandawa
New Vision

CATEGORY: ONLINE



Owen Wagabaza
New Vision

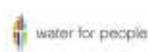


Odama Joseph
Westnile Web



Andrew Cohen
Amvesi
Westnile Web

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MOBILET

- ✓ 20 years' expected lifespan
- ✓ Modular for 2-, 3-, 4- or more stance toilets
- ✓ Mobile and re-usable from pit to pit
- ✓ Light weight and easy to install
- ✓ Standard product
- ✓ Clean and hygienic - made from plastic
- ✓ No more abandoned latrines - saves money



PERMAWELL

- ✓ Extremely strong 30 years' expected lifespan
- ✓ Quick and easy to assemble and install by an unskilled person
- ✓ Lightweight - made of 2 semi-circular parts and nestable
- ✓ Cost effective to transport and can be hand carried near site
- ✓ Well completed within days
- ✓ Suitable for most soil conditions
- ✓ Limited supervision required
- ✓ Re-usable if well dries up



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- ✓ Safe sanitation with privacy, dignity and security
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- ✓ Indoor solution
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- ✓ No connection to sewer or septic tank
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- ✓ No smell
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- ✓ Environment-friendly
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