

WATER, SANITATION & HYGIENE

# wash

JOURNAL

November 2019 | ISSUE 12

## HANDWASHING: NAPAK MAKES STRIDES IN HAND WASHING.

**PLAN INTERNATIONAL:**  
TAKING CHILD PROTECTION  
TO THE NEXT LEVEL

**IMPROVING ACCESS TO WASH  
SERVICES IN HEALTH CARE  
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**SYMPOSIUM:** UGANDA TO HOLD SYMPOSIUM ON WATER, SANITATION AND HYGIENE



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**COVER PHOTO:** A refugee washes hand with soap after visiting one of the improved toilets at Bidibidi refugee camp a

### Publisher

Uganda WASH Promotion Initiative  
Jk Building Apex Building, Ntinda  
P.o.box 24413, Kampala  
Tel: +256 772 2322 117  
Email: copolot@Haiagency.com

### In partnership with:



Ministry Of Water And Environment  
Plot21/28 Portbell Road, Luzira  
P.o.box 20026 Kampala, Uganda  
Tel: +256 414 505942  
Email: mwe@mwe.go.ug  
Website: www.mwe.go.ug

**Coordinator: Uganda WASH Promotion Initiative**  
Charles opolot  
copolot123@gmail.com

**Consulting Editor:**  
Benon Herbert Oluka  
hobenon@gmail.com

**Head of Programs and Administration**  
Robert Maganda

**Director of Operation/Partnership**  
Christopher Amony

**Legal**  
Alex Bagada

**Head of finance**  
Emma Namava

**Assit. Administration**  
Moses Okiring

**Distribution:**  
Sam Okello

**Business Dev't Manager:**  
Charles Okiria  
washjournal94@gmail.com

**Editorial Contributors:**  
Namayanja Rose Nsereko, Scovia Atuhaire, Noah Omuya, Felix Okello, Erick Kyama, Samuel Kiiza, Andrew Cohen Amvesi, WaterAid.

**Design/Layout:**  
InfiDigital ltd  
Phone: +256 779 450 312

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# Uganda WASH Promotion Initiative sets the tone for WASH issues.



Founded by a group of distinguished public health, communications and social marketing professionals who are passionate about Water, Sanitation and Hygiene (WASH) issues, the Uganda WASH Promotion Initiative (UWAPI) is an indigenous not-for-profit organisation.

As a subsidiary of HAI Agency Uganda Limited, which is a communications and media management group, UWAPI is guided by a nine-member Board of Directors. This enables the organization to inform and educate Ugandans about taking an active role in improving their health and hygiene. In founding UWAPI, we sought to create an organization that is not driven by the quest for profit, but offers the much-needed sensitization services across Uganda and the East African region.

UWAPI's mission is, to become a viable, self-sustaining organization that generates its own resources from its activities in order to achieve its vision for the promotion of water, sanitation and hygiene matters in Africa.

## UWAPI VISION

The Uganda WASH Promotion Initiative seeks to:

- Create a customer-driven approach to WASH Promotion through
- innovative marketing, information-circulation and communication on social platforms.
- Strengthen private sector service delivery through promotion and marketing.
- Create impact through partnerships with private and public sector stakeholders.

## UWAPI PRODUCTS

### The WASH Journal

The WASH Journal is a sector-specific publication that seeks to use every-day stories on water, sanitation and hygiene (WASH) to educate people about key issues such as reducing the spread of water-borne diseases, solid waste disposal and management, community mobilization to promote safe hygiene, promoting WASH initiatives among young people in schools and empowering ordinary people from all walks of life – including refugees displaced from their homes by war and political instability. All these are expected to take an active role in securing their health through WASH activities.

The publication seeks to provide a holistic understanding of and pay special attention to, sector innovations while critically reviewing Local Government and other stakeholders to ensure that they uphold their respective roles and responsibilities.

The WASH Journal is a quarterly publication with the following objectives:

- To educate people of all walks of life using ordinary stories, about key WASH issues.
- To highlight partner's contributions in the WASH sector.
- To document remarkable milestones in the support of humanity to the donors to rally more support for sustaining the sector gains.
- To bridge the information gap among stakeholders, the general public and the donor community.



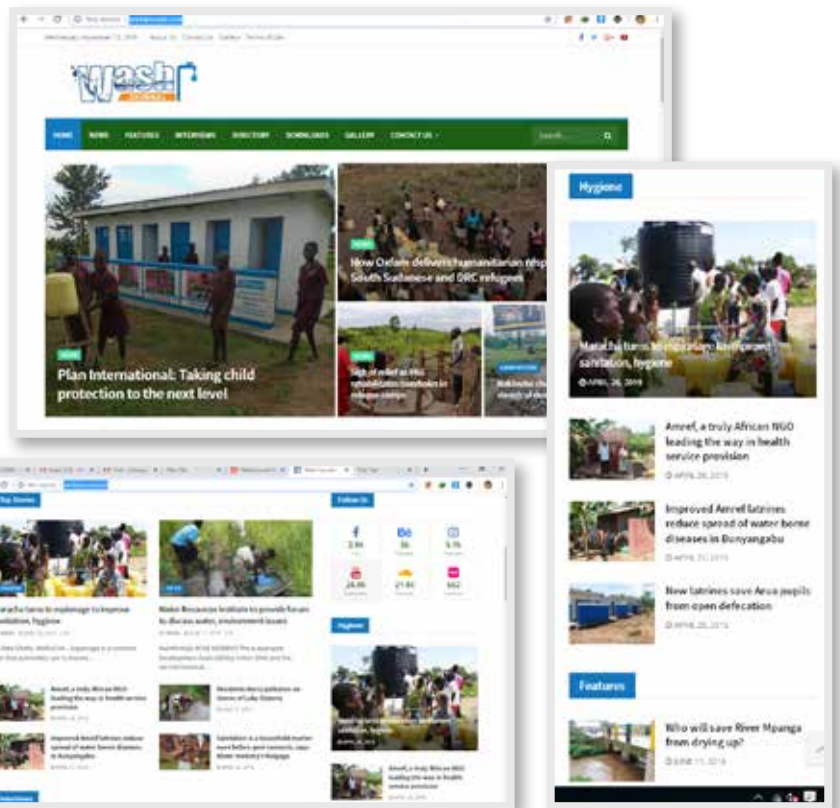
### The WASH Journal online

- The Wash Journal Online is the website edition of the Wash Journal publication.
- The website reflects the content in the print edition but also provides regular daily updates all-year round about developments in the WASH sector in Uganda and beyond.

For more information follow the link: <http://www.washjournal.com/>

### WASH social marketing and advocacy programme

- This enterprise makes use of the Total Market Approach, combined with evidence-based research, to spearhead successful social marketing for WASH programmes and services. This activity is part of a steadfast programme in the WASH Promotion Initiative to increase access to information online through marketing and advocacy campaigns.
- The Uganda WASH Promotion Initiative strives to use various platforms to drive the campaign and promote personal hygiene.



### Strategic WASH Communication/Behaviour Change Communication

- It seeks to develop an effective Behaviour Change Communication strategy for this initiative, we rely on a customer-driven WASH marketing approach.
- It is informed by innovative research, we shall be executing award-winning campaigns that will trigger appropriate behaviour change among the different targeted groups of the population.





## Napak makes strides in hand washing campaign, water coverage



As the country joined the rest of the world to celebrate Global Hand washing day (GH Day) on 15 October 2019, under the theme, "Clean Hands for All", Napak district which hosted the national hand washing celebrations, irrespective of its past hostility, has registered strides in the hand washing campaign and water coverage.



Based on the ongoing intervention in place, our pit latrine coverage has registered positive strides, with the coverage being at 30.5% as opposed to 11% as of 2011.

This success though not above the needed average, is worth celebrating. The number of pit latrines a cross the district both at the Manyatta level and mushrooming urban centres indicate that the campaign is being received with positivity.

For the hand washing campaign, Loput says adds Napak has registered 12% against 36% at the national level.

Mr Loput says other schools that have been improved with modern sanitary facilities with 24 hour running water facilities include, Lodoi, Nakachelet, Iriri and Kangole primary school.

## Sanitation takes priority at schools

Once relegated as a place with no feats, the ongoing efforts by Government and Non Government Organization are bearing fruits. This success on sanitation aspects are today heard and backed with statistics, in a district that was barely receptive to development, thanks to the disarmament process.

Before the 2001-2003 disarmament process life was anchored on pastoralism, with a virtually no permanent place to call home as a result, matters of sanitation were under looked. Today, matters of development, notwithstanding health in a broader spectrum are taking root.


The determination among the Napak authorities to increase awareness about the importance of hand washing with soap as an effective, affordable way to prevent diseases and save lives is evident among most primary schools, which have improvised with complete sanitary facilities.

At Matany Primary School, one of the selected five schools, benefiting from UNICEF and Korea International Cooperation Agency ( KOICA) projects, stands modern and fancy water and sanitary facilities valued at over USH 400M.

Health authorities here, attest that with such sanitary facilities at schools, the hand wash campaigns at community level are becoming much easier, compared to a few years ago, when government launched sanitary campaign to free its populace of water borne diseases.

Isaiah hoput.. Ag. Senior Health inspector for Napak District, says each child's lesson in improvingsanitation is felt in the communities

"These young children, later become our ambassadors on the wash campaigns, I can attest to you as a district, these primary children have been of help in strengthening our community in implementing sanitary programmes. Once home, they cause change that they have learnt from school," says the health inspector.



**Our functionality of water sources is at 74% which is also way above average,"**



As we strive for more success in the department of water, we are looking at achieving **90%** water coverage across the district

The officer says all this adds up to up the success seen in the communities where these schools are located in.

## Water department weighs in

According to Paul Aliau, assistant district water officer for Napak district local government, the hand washing campaign is where it is today because of the achievements being scored by the district water department.

“The old scenes where people would be seen drawing water from dirty ponds are slowly being phased out,” he says, adding this has been so, because access to water has grown from 47% in July 2010 to 84% as of 2019.

“This is as result of interventions from the mother Ministry of Water and

interventions from development partners such as UNICEF,” Aliau explains.

With safe water coverage at 60% above average in Napak, the water officer, adds the outbreak of water borne diseases virtually under control. The water sources in the district include boreholes, which account for 90% of the water sources. Others are valleydams, water ponds and windmill water sources, with piped water also taking shape especially in urban centres.

“Our functionality of water sources is at 74% which is also way far above average,” the official states.

## Budget for water sources

On average, each annual year, our budget for boreholes is 6-7. This financial year we have a budget of 6 boreholes, which are targeted for at the resettlement areas along the greenbelt areas.

“As we strive for more success in the department of water, we are looking at achieving 90% water coverage across the district,” adds Aliau, a vision that the area LCV district chairperson, Joseph Lomonyang support.

The district LCV chairperson says, to strengthen the gains registered, they will launch a compendium of ordinances in areas of hand washing, and maintain the 556 water sources that the locals across the district rely on.

Hon Mary Goretti K.Kitutu, State Minister for Water and Environment says to maintain the gains, the district officials in Napak need to execute a tree planting campaign, reasoning that the safety of water sources is dependent on the green cover, otherwise, the feats being registered, will be derailed.

Hand washing campaign is everyone's role, “It is our appeal as the ministry to have all these young children helped to be the ambassadors in the villages on hand washing sanitary campaign,” Mrs. Kitutu hints.

## Ministry to recruit 60,000 volunteer ambassadors on hand washing

Meanwhile, Eng, Joseph Oriono Eyatu, commissioner rural water supply and sanitation department at the Ministry of Water and Environment, under the directorate of water development, the mission is to have over 60,000 ambassadors across the country.

“We envision having at least two ambassador in every village, on hand washing campaign,” the commissioner adds. When the campaign is embraced, it saves a lot much of the money that would have been used in treatment of the water borne diseases.

Though habits take long to change, Commissioner Eyatu, says the small slight increase on hand washing campaign from a wobbling 14% as of 2007 to 36% as of 2019, is an achievement we ought to collectively improve on.

He reasons, that once the spirit of hand washing using soap is cultivated in all communities, it directly translates to good economic growth because the money allocated to treatment of water borne diseases, can be invested in other sectors.

But Mr. Eyatu says pit latrines coverage in Karamoja is still poor with Napak leading with at 12% hand washing and 30.5% pit latrine coverage. Other districts in the region have a long way to go.



MINISTRY OF WATER AND ENVIRONMENT

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# SECTOR PERFORMANCE REPORT



MINISTRY OF WATER AND ENVIRONMENT

# The 11th Water and Environment Sector Performance Report (SPR) presents the performance of the sector during the financial year (FY) 2018/19 in terms of investments, targets, achievements, output and challenges. It is based on Sector Performance Indicators. This report covers only sanitation and hygiene components.

Data used for this report is derived from databases in the Ministry of Water and Environment, District Local Governments, Sector semi-autonomous agencies, Ministry of Health, Ministry of Education, and the Uganda Bureau of Statistics (UBOS)

## Sector Finances

The total financing to the sector including on budget and off budget resources was approximately UGX 1,939.12bn, out of which UGX 1,833.67bn was on –budget having been approximated by parliament for the Ministry of Water and Environment (MWE) and all the agencies; National Forestry Authority (NFA), Uganda National Metrological Authority (UNMA) and National Water and Sewerage Corporation (NWSC). UGX105.45bn was off-budget. The donor on –budget allocation was UGX 825.52bn, representing 43% of the total funding envelop. The off-budget financing was provided by Civil Society Organizations (CSOs) both in the Water and Environment Sub-sectors.

The internally generated funds approved by Parliament as Appropriation in Aid (AIA) was UGX560.12bn; representing 28.9% of the sector budget. In terms of releases, the total amount released to the sector was UGX1,864.39bn; representing 96.1%. The Government (treasury) released UGX 417.75bn representing 96.4%, Donors UGX 417.75bn representing 96.4% Donors UGX 780.35bn (94.5%), AIA UGX 546.87bn (97.6%) and off-budget UGX 105.45bn (100%).

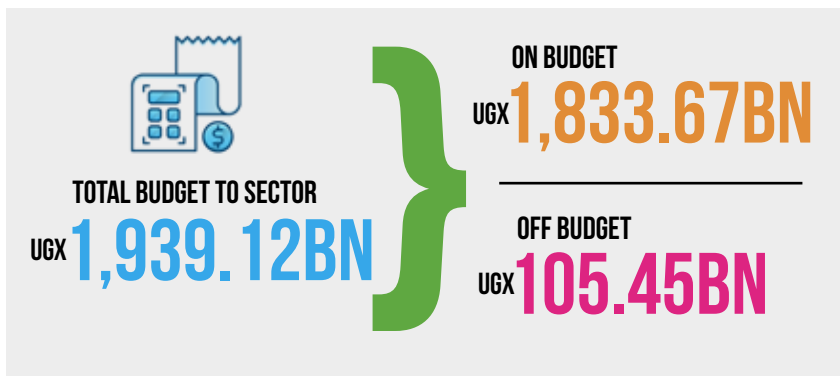
## Sanitation and Hygiene

Most districts implemented community Led Total Sanitation (CLTS) and Home Improvement Campaigns (HIC) to improve their sanitation and hygiene status.

According to district reports, access to some form of Sanitation in rural areas reduced from 79% in FY 2017/18 to 77.2% in urban areas. Access to some form of sanitation was 87.9%. Use of basic sanitation in rural areas was 16.6% and in urban areas 37.4%. Use of safely managed sanitation in rural areas was 7.1% and in urban areas, stood at 42.8%.

The national standards recommend a pupil to stance ration of 40:1 in schools. According to district reports, the national pupil; stance ratio reduced from 73:1 in FY 2017/18 to 71:1. Access to hand washing facilities in schools increased from 40% in FY 2017/18 to 42%.

District reports show that 22.9% of the rural populations were practicing open defecation while urban areas stood at 12.2%.



### CSOs Contribution to Water and Sanitation

Civil Society Organizations (CSOs) investment in FY 2018/19 dropped to UGX 69.13bn, a reduction from UGX 91.02bn in FY2017/18. UGX28.25bn was invested in water supply and UGX 9.86bn in sanitation and hygiene. UGX 18.83bn was invested in WASH emergency interventions in refugee settlements and host communities in Arua, Adjumani, Ntoroko, Yumbe, Kiryandongo, Lamwo, Kyegegwa and Moyo districts.

CSOs constructed 1,651 new water supply facilities and 2,495, were rehabilitated. A total of 60,367 household sanitation facilities and 1,788 school latrine stances were constructed.

### Critical Issues

Inadequate financing to the sector remains a major challenge and affects the fulfillment of core functions. As a result, the targets under the Strategic Sector Investment Plan (2018-2030), the second National Development Plan and Presidential Directives (e.g. one water source per village) are unlikely to be met.

Capacity gaps in the sector remain a critical issue particularly in newly created local governments, Umbrella Authorities and the ENR subsector. Subsidy for household sanitation remains critical for attaining full sanitation coverage. For the past two decades, government has maintained the policy of no subsidy for household sanitation. This



policy has had varying successes with some areas attaining high basic sanitation coverage compared to others.

In the FY2017/18, the sector commenced implementation of the sector performance measurement framework (2016). This resulted from revision of the 22 golden and platinum indicators to incorporate the Sustainable Development Goals and other emerging issues emanating from more stringent water quality requirements, human rights to water and sanitation, good governance and climate change.

The sector is now reporting on 42 sector indicators and is faced with some challenges as some of these indicators are completely new with no baseline. However, with support from UNICEF, some of the indicators (WASH indicators) have been elaborated and further guidance on how these can be computed has been provided, with further support, they will eventually be in position to report on all of these indicators.

### Addressing Equity

17 least served districts with less than 55% coverage require special attention. Most of these districts fall in the dry cattle corridor with low surface and ground water potential and require expensive technologies such as bulk piped water supply.



# SANITATION AND HYGIENE

## Introduction

The UN agenda under Sustainable Development Goal 6.2 seeks to achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

Uganda being among the states that subscribe to this agenda has come up with policies, frameworks and strategies that are geared towards attainment of this goal. The Improved Sanitation and Hygiene (ISH) financing strategy (2030) has been developed to guide the promotion of hygiene and sanitation in both urban and rural areas hinged on the three pillars of Demand creation; Supply chain management; and Enabling Environment.



Vice President, Edward Ssekandi Washes hands with soap at the Global Hand Washing Day celebrations in Luwero District.

## Rural Sanitation

Sanitation and Hygiene interventions in rural areas are achieved through the District Sanitation and Hygiene Conditional Grant (DSHCG) from Ministry of Water and Environment (MWE) and the Uganda Sanitation Fund (USF) from the Ministry of Health for promotion of sanitation and hygiene in rural communities. Development Partners like USAID UNICEF and NGOs are also supporting this effort and making significant contribution to increasing access to sanitation and hygiene in the districts where they operate.

### Programs/ Projects Initiatives

Rural Hygiene and Sanitation activities are implemented through the conditional

grants and projects managed at central and local government levels. During FY 2018/19, the sanitation sub sector leveraged the following resources and registered achievements as highlighted below

### District Water and Sanitation Conditional Development Grant- DWSCDG.

The District Water and Sanitation Conditional Development Grant are disbursed to the District Local Governments on a quarterly basis to support development of water and sanitation infrastructure. The MWE issues guidelines to Districts on an annual basis to inform the planning and utilization of this grant.

In the FY 2018/19, an estimated



**A TOTAL OF 77 PUBLIC TOILETS WERE CONSTRUCTED IN PUBLIC PLACES SUCH AS MARKETS AND TRADING CENTERS.**

UGX 1.77Billion was spent on construction of sanitation and hygiene facilities in the District Local Governments. A total of 77 public toilets were constructed in public places such as markets and trading centres. In line with the water source protection guidelines and the principle of safe water chain, districts use part of this grant to promote hygiene and sanitation, they also conduct water quality testing in communities that are meant to receive new water source.

### District Sanitation and Hygiene Conditional Grant-DSHCG

The DSHG has been in existence for the last eight years with Government disbursing UGX 2bn annually to all districts except those benefiting from the Uganda Sanitation Fund. In FY2018/19, a total of 97 districts benefited from the DSHCG. At the inception of this fund, districts were receiving between UGX 21-23 million but with creation of new Districts, this figure has continued to reduce with some districts receiving less than UGX20 million per year.

This notwithstanding, remarkable achievements have been realised since the introduction of the grant as highlighted in this report.

The grant is estimated to have covered a total of 1,860 villages in FY 2018/19. The main approaches used for hygiene and sanitation promotion were Community Led Total Sanitation-CLTS and Home Improvement Campaigns-HIC. Out of the 1,860 villages reached, 27% (502 villages) became Open Defecation Free-ODF during the reporting period.

### Uganda Sanitation Fund

The Uganda Sanitation Fund is a project under the Ministry of Health. It is an Executing Agency and has been in existence for the last 8 years.

The total project cost is USD 9,796,240 and currently 44 District Local Governments are benefiting from this fund as sub guaranties. During FY2018/19, a total of USD1, 210,572.29 was disbursed targeting 863 villages. Out these, 449 villages (52%) were declared ODF. An additional 269,400 people are now living in ODF villages while 229,590 people gained access to improved household toilets during the reporting period.



President Yoweri K. Museveni, Tours Plan International staff during the Global Handwashing Day celebration in Kamuli district

### National Hand Washing Initiative (NHWI)

The National Hand Washing Initiative (NHWI) is a Government led initiative that was conceived by the National Sanitation Working Group in 2005 with the aim of championing the National Hand Washing with soap campaign.

The NHWI is overseen by a steering committee whose membership includes the Ministry of Water and Environment, Ministry of Health, Ministry of Education and Sports, national level Civil Society Organisations and Development Partners like UNICEF. Since its inception, the secretariat of the NHWI has been housed under different organisation starting with UWASNET, followed by AFRICARE, SNV and currently Ministry of Water and Environment starting in July 2017. Activities under the NHWI have evolved using different approaches such as advocacy, direct implementation and now integration.

Using the integration approach, the secretariat has focused on alignment to Sector Institutional Framework, forming strategic partnership and scaling up the National Hand Washing campaign. The new role of the secretariat of the NHWI includes capacity Building; Learning and knowledge Management; and Alignment.

During the FY 2018/19 the following achievements have been registered under the NHWI;

- i. A three month nation-wide media campaign where 14 radio stations and 3 T.V stations participated in disseminating hand washing messages. An approximate 9 million people were reached with these messages.
- ii. 36,000 copies of a fact sheet were produced and disseminated nationwide in collaboration with Ministry of Education and Sports and District Education Officers
- iii. Ministry of Water and Environment organized and spear headed the commemoration Global Hand Washing Day in Kamwenge District which attracted over 3000 people from the Rwenzori region. As part of this commemoration, a 30 minute hygiene lesson was conducted in many government schools across the country.
- iv. The Ministry conducted 10 regional trainings for hand washing with soap Behavioral change communication for journalists to enhance reporting on hand hygiene. Approximately 200 journalists participated in the trainings.



**Centrally managed project**

Centrally managed water supply and sanitation projects have a sanitation project and Hygiene component that targets both promotion of improved sanitation and Hygiene practices. They also increased access to improved sanitation facilities through construction of Public and Institutional Sanitation facilities. During the reporting period, the following projects were implemented; Bukedea Gravity Flow system-GFS, Lirima GFS, kahama water supply system, Lukalu-kabasanda water supply system, Shuuku Masyoro GFS, Nyabuhikye GFS, Rwebisengo kanaara and the Public Highway Sanitation Project-PHWSP. Under these projects, the following achievements were registered:

**Table showing the progress in hygiene and sanitation promotion under the six-water supply and sanitation projects implemented during the reporting period.**

PROJECT	Sanitation facilities constructed	No. of villages targeted	No. of villages covered	No. of villages with improved sanitation (100%)	No. of model villages
Bukedea GFS	3	193	193	112	20
Lirima GFS	0	179	179	127	14
Shuuku WSS	1	96	36	05	5
Nyabuhikye GFS	1	34	34	0	4
Lukalu-kabasanda WSS	3	13	15	10	0
Rwebisengo kanaara	2	57	38	29	2

**Benchmarking of district performance**

In benchmarking district performance, input indicators, output indicators, and outcome indicators are considered and scored using already set weights, to generate a grand weighted aggregate/composite score for each district. Using the benchmarking, three districts were scored in the Superior Band (>75%): (Adjumani, Bulambuli, and kasese) and 36 were scored in the Critical Band (<25%). More districts in the critical band indicate that a lot more effort needs to be put in all sanitation aspects that are measured other than concentrating district efforts on just a few.

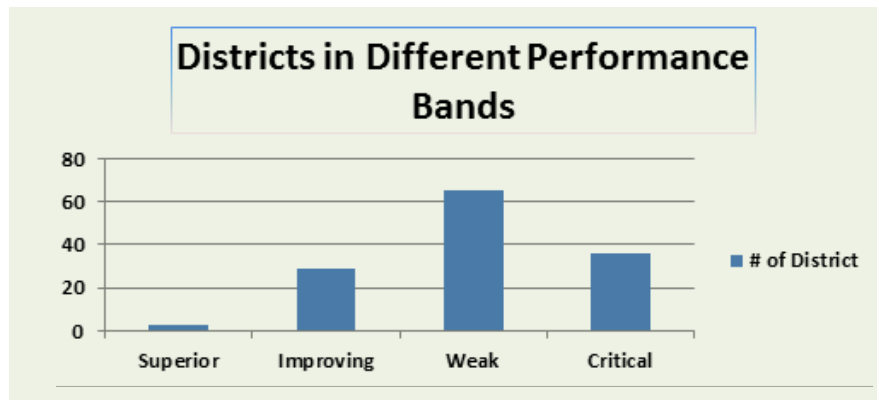


Figure showing Benchmarking of district performance during FY 2018/19

Relatedly, an analysis of the sanitation and hygiene situation across regions was done and it showed big inter-regional discrepancies. Below is a figure showing how the different regions performed in terms of sanitation and hygiene.

**COMPARISON BETWEEN SANITATION AND HANDWASHING COVERAGE BY REGION**

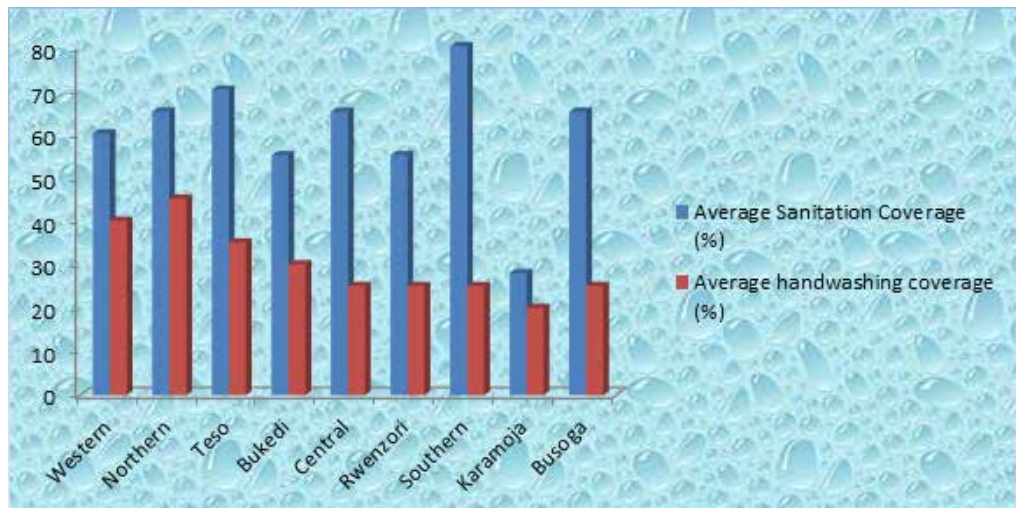


Figure showing comparison between sanitation and HandWashing coverage by region

### Urban Sanitation and Hygiene

Urban Sanitation and Hygiene interventions focus on improving access to public sanitation and sewerage services in urban centres. This is aimed at prevention of contamination of water from the source to the point of use and ultimately contributing to socio-economic development and enhancing environmental and health conditions of the people living in the urban areas.

Given that over 90% of the population in Uganda uses on site sanitation, focus has been directed to interventions that improve the Fecal Sludge Management (FSM) service chain such as construction and sustainable operation and maintenance of regional Fecal Sludge Treatment Plants (FSTPs) to reduce the haulage distances travelled by cesspool emptiers to dispose-off the sludge as well as reduce the transport costs that result in high emptying charges for the customers. The second intervention supports the transportation

of fecal sludge through purchase of cesspool emptier/vacuum truck. Other interventions have included promotion of drainable sanitation technologies such as lined pit latrines to increase demand for cesspool emptiers as well as the FSTPs. MWE has provided public sanitation facilities in various places to increase access to public sanitation in urban centres.

### Achievements during FY 2018/19

Achievements under urban sanitation during FY 2018/19 have been mainly registered from interventions under the Centrally Managed projects as well as the Water and Sanitation Development Facilities.



### Provision of Fecal Sludge Management (FSM) Services

Increase to fecal sludge management services has been achieved through construction of Fecal Sludge Treatment Plants at various places and provision of cesspool emptier trucks as highlighted in the table 40 below.

### A table showing Achievements in provision of FSM services

Planned	Achieved	Implementing Agency	Remarks
02 FSTPs in Nakasongola and Kiboga	Nakasongola-40% completion Kiboga-95% completion	WSDF-Central	O&M of both plants will be done by MWE's Umbrella of Water and Sanitation- Central
02 FSTPs in Apac and Moyo	Apac 100% completed Moyo FSTP- Feasibility and detailed designs completed	WSDF- North	Apac FSTP is being operated by Umbrella for Water and Sanitation.
01 FSTPs In Kanungu	Proposed Site Identified, Feasibility and Detailed Designs On-going	WSDF-South West	
02 FSTPs in Kamuli and Namutumba	Kamuli FSTP-95% Complete Namutumba- Feasibility and Detailed Designs on-going	WSDF-East	
01 FSTP in Pallisa	Construction is 100% completed	WMDP project at the MWE headquarters	Operation and maintenance is by NWSC
Procurement of 04 No. cess-pool trucks	04 Cesspool trucks supplied	WSDF-C	Trucks delivered to Umbrella for Water and Sanitation-Central to support O&M of FSTPs

### Access to improved Public Sanitation Facilities

Access to improved public sanitation facilities has been increased through construction of public toilets in small towns and RGCs as highlighted in the table below.

## A table showing Achievements in improving access to Public sanitation

Planned	Achieved	Agency	Remarks
14 Public toilets, one in each town of Moyo, Elegu/Bibia, Padibe, Odramacaku, Paimol, Pakele, Dzaipi, Atiak, and Lacekot and one in each former IDP camp of Apala, Cwero, Patiko, Abia and Olilim	Construction is on-going in Moyo, Elegu/Bibia, Padibe.	WSDF-North	Construction of facilities in the remaining towns was carried over into FY 2019/2020  O&M will be done by the respective Town Councils
03 No. Public facilities in Kiwoko, Butalangu and Busiika)	Construction of the 03 Public facilities is on going	WSDF-Central	O&M will be done by the respective Town Councils.
05 No. Public toilets in Lwebitakuli, Lwemi-yaga, Igorora and Karago	Construction of the 03 Public facilities is completed	WSDF-South West	O&M is being done by the respective Town Councils.
02 Public toilets in Kaliro and Irundu Towns	Construction of the 02 Public toilets is completed	WSDF-East	O&M is being done by the respective Town Councils.
11 Public Toilets in Pallisa (01), Kumi (01), Ngora (01), Rukungiri (02), Katwe (04), and Koboko (02)	Construction for all the toilets is completed	MWE Headquarter Project (WMDP)	O&M is being done by the respective Town Councils.

## Sewerage Service Coverage

National Water and Sewerage Cooperation operates centralized sewerage systems for collecting, treating and discharging effluent in 17 towns out of 253 towns with a total sewerage pipe network of 660.83Km and 22,606 connections. The coverage for sewerage service in the towns operated by NWSC at the end of the FY2018/19 stood at 21.1%. The sewerage coverage is still low and is largely in the traditional large towns. The sewerage network coverage is worse in small towns since over 90% of population living in small towns use on site sanitation.

## Other Initiatives to improve urban sanitation

### The Fecal Sludge Management (FSM) Clustering

The clustering approach for Fecal Sludge Management (FSM) that was developed during the National Fecal Sludge Management Assessment for small towns in 2013 has been guiding sector investments in planning and development of FSTPs across the country. The assessment identified and divided the country into 50 FSM clusters, of which 13 clusters were in existence at the time of the study. Over the past five years, 20 FSTPs have been constructed in 20 clusters, totaling to 32 clusters out of the planned 50 clusters for the country.

## Guidelines for planning, implementation, O&M and monitoring of FSTPs

In the past five years, government and non- government actors have been implementing FSM interventions across the country. However, this process has been largely dependent on the implementers; discretion, with government providing minimal guidance. The need to develop guidance documents on construction, operation and maintenance of FSTP has increasingly become evident. Against this background, MWE has developed National Guidelines for planning, Implementation, O&M and Monitoring of Fecal Sludge Treatment Plants.



# EVOLUTION OF THE NATIONAL HAND WASHING INITIATIVE

## History of the NHWC

- In 2003, National Sanitation Working Group (NSWG) was formed to champion Sanitation and Hygiene
- Hand washing was marginalised (Coverage at only 6%)
- In 2005, National Hand Washing Initiative was conceived overseen by the National Hand washing Steering Committee (HWSC)
- Seed funding from the Royal Danish Embassy, the HWSC's campaign efforts kicked off.
- Pilot phase of the campaign was implemented from April-October 2007 in on 5 districts-UWASNET
- The national roll-out of the campaign started in 2010 in 30 focus districts in Uganda-Africare
- In 2014, MWE signed an MOU with SNV
- Upon expiry of the MoU in 2017, the NHWI has reverted back to MWE which now hosts and continues to chair the NHWC.



## HWWS campaigns in Uganda...

There have been three major campaigns on HWWS in Uganda;

- "Maama, the power is your hands"- April-August 2007
- "Hands to be proud of"-2010-2012
- "Wash your hands and save –Time, Money and unnecessary hospital visits"- 2015+

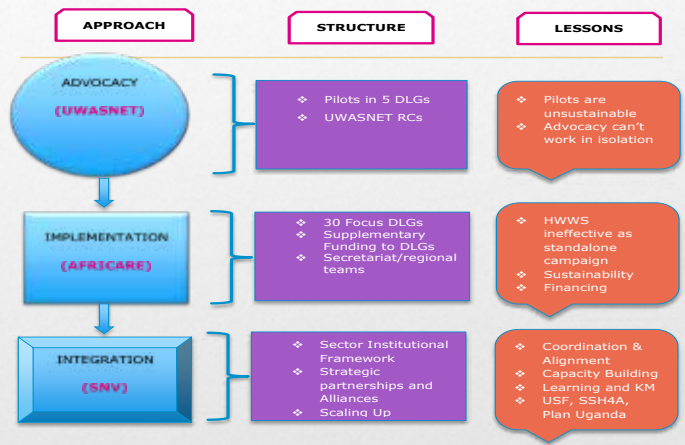
These all focussed on parents and caregivers of children under five years



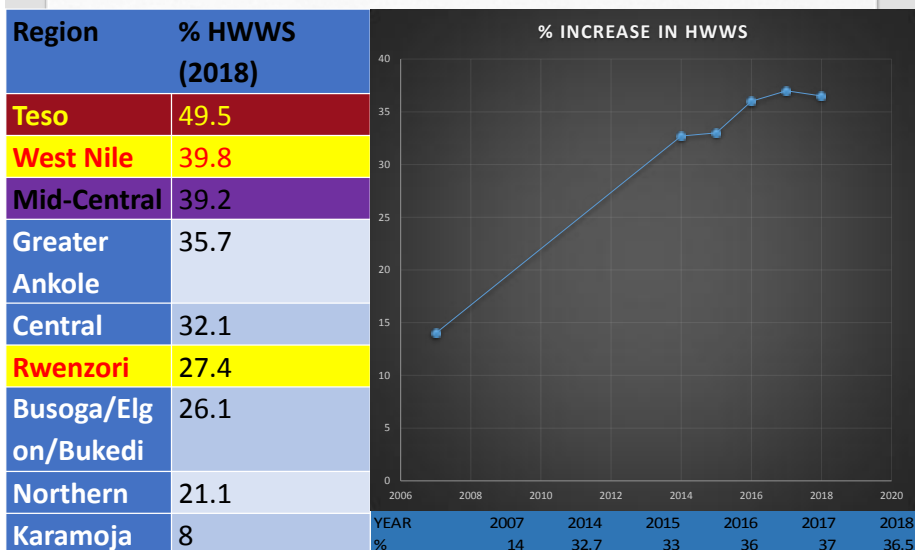
## TRANSITION OF THE NHWC

### Key objectives of NHWI

- Increase capacity of Districts, Civil Society Organizations (CSO) and Faith Based Organizations (FBOs) to implement and sustain large-scale HWWS programs in liaison with Technical Support Units (TSUs), the Uganda Water and Sanitation NGO Network (UWASNET), and the Inter Religious Council of Uganda (IRCU)
- Effectively coordinate sector partners' to ensure harmonized and efficient large scale promotion of hand washing with soap.
- Strengthen sector learning and Knowledge management on hand washing with soap
- Undertake resource mobilization efforts for the NHWI.



## HWWS SECTOR PERFORMANCE



### Key achievements over time Achievements under Africare:

- Hand washing coverage rose by 4% from 21% in 2010 to 25% in 2011.
- Media plan was rolled out successfully using 27 local area radio stations with adverts and sponsored monthly talk shows for all 30 districts.
- A total of 3,176 HWAs were trained.
- School calendars were printed and distributed to 390 primary schools in the 30 districts.

## SNV

### Achievements under SNV

- SWOT and Stakeholder Analysis done to discover and document facts and trends in the sector that influence and or are likely to affect the future of the NHWI.
- Strategic directions and results- this was hinged on three pillars i.e. Capacity Building; Learning and Knowledge Management and Coordination and Alignment
- Institutional Framework and Implementation Model- supported strategic institutions, networks, alliances, partners to cause a movement for mass behavior change in HWWS at scale. UWASNET, TSUs and IRCU were the immediate strategic partners in this respect.



### Achievements under MWE

- Together with UNICEF, NHWWS Strategy is under development
- BCC strategy developed and materials produced
- BCC materials translated in 12 local languages (visual) and in 24 local languages (Audio)
- 60,000 copies of HWWS BCC materials disseminated in schools, communities, health centres and institutions
- 300 government officials and CSOs trained in use of HWWS BCC tools
- 200 journalists trained in HWWS BCC

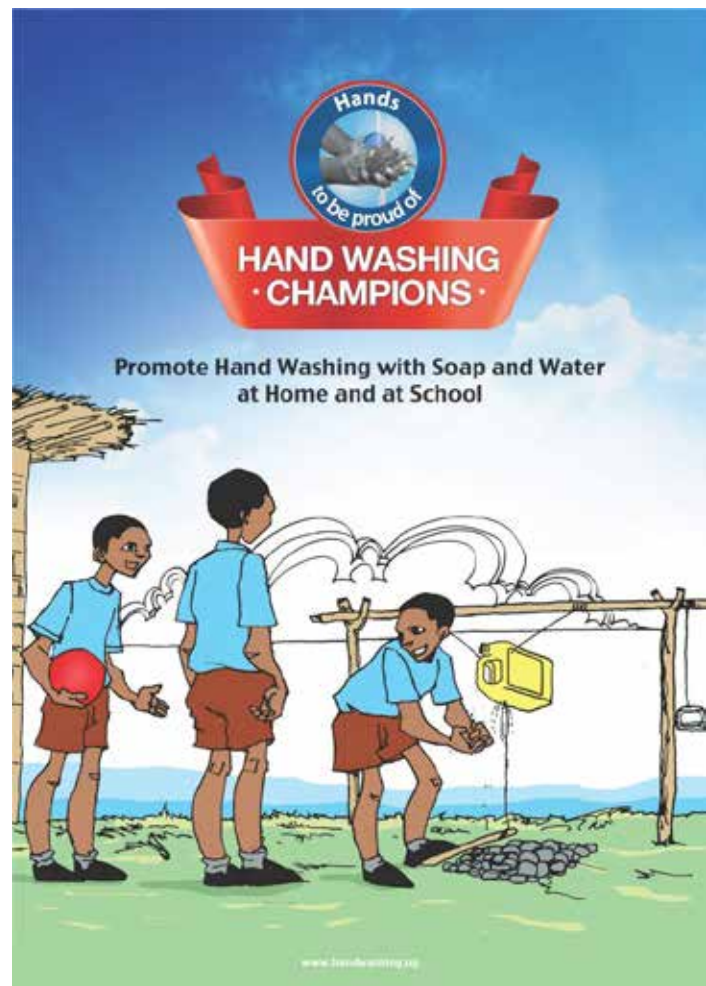
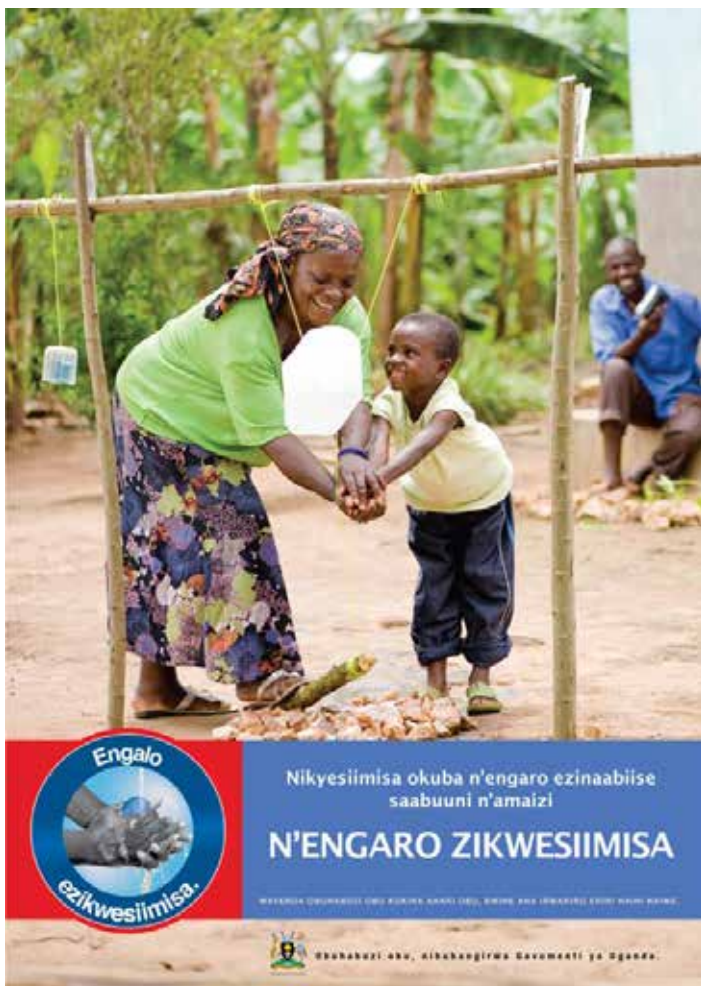


President Yoweri K. Museveni, tours our stalls during the Global Handwashing Day celebration in Kamuli district



## Opportunities & challenges

- Development of National HWWS Strategy and new national HWWS BCC strategy
- Low coverage of HWWS
- Increased access to water supply
- Private sector interest increasing
- Low sector financing for HWWS
- Low prioritisation of hygiene often hidden in sanitation programs
- Inadequate funding for the secretariat
- Trivialisation of hand washing
- Limited Technology options





## PLAN INTERNATIONAL: TAKING CHILD PROTECTION TO THE NEXT LEVEL

**Plan International is an independent development and humanitarian organisation that advances children's rights and equality for girls. We believe in the power and potential of every child.**

**B**ut this is often suppressed by poverty, violence, exclusion and discrimination with girls being the most affected. As we work with children, young people, supporters and partners, we strive for a just world, tackling the root causes of the challenges girls and vulnerable children face. We support children's rights from birth until they reach adulthood. We also help children to prepare for and respond to crises and adversity. Driving changes in policy at local, national and global levels are our hallmarks. For over 80 years, we have been building powerful partnerships for children and are now active in more than 70 countries.



In Uganda, the organisation has been in operation for over 27 years. The current programmes are guided by the five-year country strategy (FY2017 - 2021), current national & global context as well as situations affecting young people. Among the focus programmes is the Community Based WASH.

Community based WASH is a key country programme that contributes to learning through: increasing access to WASH facilities for adolescent girls to facilitate effective Menstrual Hygiene Management (MHM) and improving access to basic sanitation to facilitate children's development and ability to learn and live respectively.

The programme adopts the district wide approach while focusing on key components of demand creation for access and use of safe sanitation,

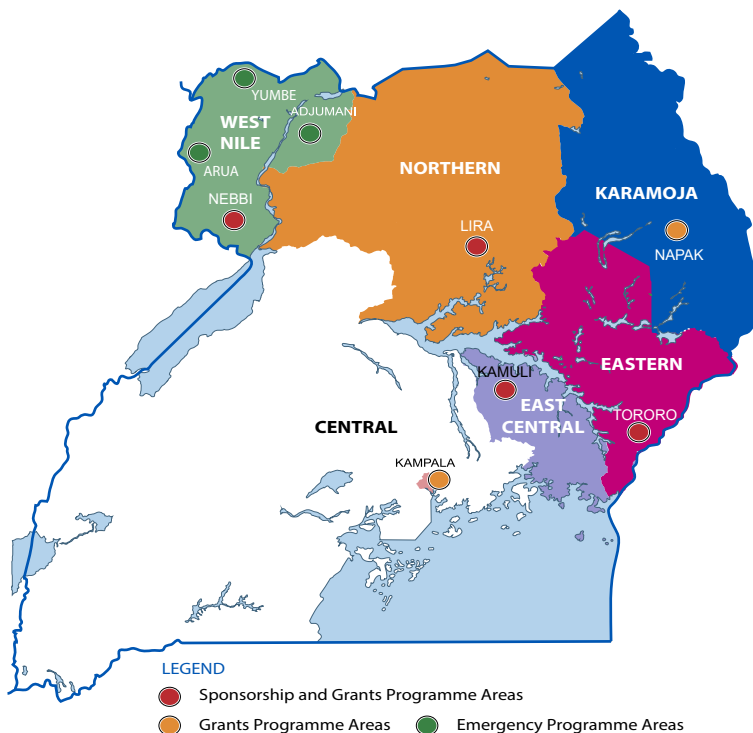
through Community-led total sanitation, influencing policies and delivery strategies, capacity building of local actors, and demonstration of innovative approaches including men and boys as MHM champions of change.

The mode of delivery is through partnership with a wide range of collaborators including relevant line ministries of: Water & Environment, Health, Education & Sports, private sector (AFRIPads Uganda Ltd.), Government Parastals (National Water & Sewage Corporation), Umbrella Networks (Uganda Water & Sanitation Network), & district local governments of Kamuli, Buyende, Tororo, Lira, Aleptong, Nebbi, Yumbe and Adjumani.

*Plan international Uganda's experience in WASH programming extends over a period of 20 years on a number of integrated water and sanitation programmes through interventions including:*

- *Community Led Total Sanitation (CLTS),*
- *Sanitation Marketing,*
- *Menstrual Hygiene Management,*
- *Integration of WASH into HIV/AIDS Home-Based Care,*
- *School-led total sanitation, and*
- *Water source protection and construction.*

## PLAN INTERNATIONAL UGANDA GEOGRAPHICAL SCOPE



WASH initiatives during 3 financial years (2017-2019) have been supported with funds from a spectrum of development partners including: Dutch Post code lottery, Foreign Affairs Ministry of Netherlands and Global Affairs Canada.

To achieve its strategy under WASH programming that contributes to national sanitation and hygiene indicators in conformity with SDG 6, Plan International Uganda (PIU) has continued supporting adolescent girls and women to manage their menstruation with dignity and privacy.

To this effect, multiple stakeholders including girls, boys, local social enterprises, district local governments, communities, Civil Society Organisations have been engaged to improve the knowledge, attitude and practices on MHM as well as increasing access to hygienic re-useable sanitary pads.



**We strive for a just world, tackling the root causes of the challenges girls and vulnerable children face.**



## Impact reached (2014-2019)

Intervention	GIRLS	WOMEN	BOYS	MEN	TOTAL
MHM Intervention	66,986	45,554	45,026	36,018	193,584

- **150** schools out of the 188 supported on MHM initiatives have incorporated making of emergency pads as part of the art and craft sessions and dedicated budgets to support WASH initiatives including in purchase of MHM materials.
- **23,150** young people (16,085 girls, 7065 boys) were empowered with appropriate MHM knowledge, and life skills on making of hygienic re-useable pads. Post training monitoring and support revealed adoption of hygienic behaviours and use of sanitary pads among girls, positive attitude change especially among boys in viewing of menstruation as normal, reducing stigmatisation of girls during their menses and erosion of myths and taboos on MHM.
- **3** distributors (2 Lira, 01 Tororo) and 321 outlets for *So Sure* sanitary were established as part of the distribution network in partnership with AFRIpads (U) Ltd and supported the marketing and sale of 50,910kits
- **10** established women groups at community level make pads as a side income venture and have ably produced and sold at least 1,600 kits in Northern Uganda.
- **34** Civil Society Organisations (CSOs) strengthened on coordination learning and sharing on sanitation issues. Plan International based on its position as the chair for the Hygiene & sanitation working group under UWASNET has continued facilitating periodic engagements of CSOs through the technical working group. As part of its approach to influence uptake of holistic Menstrual Hygiene management delivery ,CSOs including Fields of Life, Water Mission, UMURUDA, Partners for community Transformation, World Vision, Living Water International, Community integrated development Initiatives, African evangelistic Enterprises, SNV and International life fund benefited from the National MHM TOT
- In partnership with the Ministry of Education and Sports and other stakeholders, a national TOT MHM manual for teachers and other stakeholders was developed to facilitate standardisation of MHM Information



**UWASNET has continued facilitating periodic engagements of CSOs through the technical working group.**



End of Project study conducted in 2019 on MHM interventions in Tororo, Lira, Kamuli, & Alebtong revealed:

**90% OF BOYS  
AND 95% OF  
GIRLS**

define menstruation correctly compared to **54% & 68% respectively at the baseline in 2014**

**90%**

of the girls no longer regarded menstruation as a secret issue compared to **65% at baseline**

An increase in access and usage of affordable appropriate sanitary materials

**FROM 87% AT  
BASELINE TO  
96% DURING  
THE END LINE  
EVALUATION.**

**33%**

increase in usage of hygienic re-useable pads

### Sanitation and Hygiene progress (Basic service level)

- Over the last financial year, 99 villages (50 Buyende, 26 Kamuli, and 23 Nebbi) were triggered in community-led total sanitation (CLTS) & 52 Villages: FiftyTwo percent (52%) realised open defecation free (ODF) status and have improved sanitation at basic sanitation service level. The gradual realisation was a result of the change in criteria of

certification of ODF in alignment to the basic sanitation service levels coupled with the relapse owing to the heavy rains and storms that destroyed sanitation infrastructure in Buyende and Kamuli districts.

- 61,954 people supported to gain access to sanitation and have improved their hygiene practices through our engagement of local leaders both at district and sub-county level and coupled with vigilant structures (sanitation committees) in Buyende, Kamuli

& Nebbi. The improvements in access to sanitation for mothers has a positive impact on child growth and survival especially for children under five years.

### Safe Clean Water

- 23,796 people gained access to safe and clean water within 1Km radius through the sinking of 33 boreholes and extension of piped water system



# EFFECTIVE MENSTRUAL HYGIENE MANAGEMENT: A DRIVER TO GIRLS' SCHOOL ATTENDANCE

Nabirye 11 years, Kinaitakale Primary School

In March 2018, I experienced the unknown “menstruation” while attending classes. It was terrifying since I didn't know what to do. I had soiled my dress and feared sharing with any friend as the message would spread to the entire class. At my school and home, speaking about menstruation was unheard of. So, I feared telling my teacher and parents

Since I was ignorant about managing my periods, I tried using old dirty rags around home which never held blood but instead continued soiling my dress.

Unfortunately, I became smelly and my colleagues disassociated themselves from me. So, I felt isolated. Since I was afraid of them, I opted to stay home indoors and miss every five days during “that time of the month.” Catching up on the lessons proved difficult and this affected my performance in class.

Despite such challenges it was difficult for me to share what I was going through with my mother as menstruation is considered a private issue not for discussion. At one moment, I boldly asked my mother for money to buy pads and her response was negative. She asked me whether they would go hungry without food that day because of my need. This created more frustration as I had no one to turn to. I continued using the rags that were unhygienic and they caused itches as I washed them irregularly. The same would happen to my sisters. Whenever they were

in their menses, they would miss school for five days every month and this become a normal practice in our family.

However, in November 2018, we were mobilised for an orientation of Menstrual Hygiene Management (MHM) with support from Plan International Uganda. The three-day training targeted boys and girls focusing on understanding menstruation, menstrual cycle, use of the menstrual diary phases, signs and symptoms of menstruation; myths and misconceptions; body changes and how to make hygienic re-useable pads.

Thanks to Plan International for the training, I was informed that menstruation is a normal occurrence. The perception of menstruation among boys has changed and we enjoy their support. Both girls and boys have been skilled in making pads and the school authority is supportive with materials.

I have trained my two sisters at home and during our free time, we make sanitary pads.

The fear is no more during my periods and I effectively attend school. My grades have gradually improved. I have volunteered to train other girls and had a chance to discuss the issue on radio.

This has made me popular in the community. I express my gratitude to Plan International for the opportunity it has given me and many other pupils at school to have skills and knowledge on effective Menstrual Hygiene Management.

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**Whenever they were in their menses, they would miss school for five days every month and this become a normal practise in their family.**

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## OUR ADDRESS

NECA HOUSE PLOT 1, BANDALI RISE  
LUTHULI AVENUE, BUGOLOBI,  
P.O BOX 12075, KAMPALA, UGANDA  
TEL. +256 41 305000  
[uganda.co@plan-international.org](mailto:uganda.co@plan-international.org)

# Menstrual hygiene management in Karamoja



Karamoja is an agro-pastoralist region, northeast of Uganda. For the past decades, the region has been characterized by chronic underdevelopment and marginalization. The region is currently going through a deep humanitarian crisis, combining severe food insecurity and environmental destruction, all linked to global climate change.

The region has the worst socio-economic indicators in Uganda and it has been under constant food aid since the famine of the early eighties. It has lagged behind in terms of health, education or infrastructure development. Life expectancy is estimated to be 42 years, whereas it is about 52 years in Uganda.

Karamoja, is a trachoma endemic region in Uganda. Since 2016, WaterAid in partnership with Welthungerhilfe (NGO) is implementing a program to eliminate blinding trachoma. The Carter Centre coordinates this program with support from the Queen Elizabeth Diamond Jubilee Trust.

Through this project WaterAid is educating local communities in the region about the value of good personal hygiene, facial cleanliness and proper disposal of human waste as the most sustainable way of preventing trachoma by keeping flies away from homes.

The project aims at making significant contribution towards elimination of trachoma in Uganda by 2020. At WaterAid we believe battling an infectious eye disease like trachoma isn't just about handing out medication or referring people for surgery. But there is need to focus on provision of safe water, scale up latrine use, and good hygiene practices, such as hand and face washing, that are critical to the elimination of this blinding disease.

## Integrating trachoma messaging into community led sanitation approaches

For sustainable elimination of trachoma in Karamoja region, we have integrated trachoma messaging in our community led sanitation approach. This way we have made it easy for local community members to see the relationship between trachoma, open defecation and poor hygiene.

As a result many people in the project area are not only constructing latrines for the first time in their homes but they are also using them as a measure to keep away trachoma from spreading flies.



Life expectancy is estimated to be 42 years, whereas it is about 52 years in Uganda.





## GOAT SKIN IS MY SANITARY PAD

“During my period I wear this goatskin skirt, I find a comfortable place to sit, I fold the tail of the skirt “Abwo” in between my thighs and wait for blood to drain in the tail of the skirt.”

**Lepera Joyce, 23**, from Ariamaoi village, Nabiratuk Sub County, Nakapiripirt District, Karamoja Region, Uganda.

### Interview:

“My name is Lepera Joyce, I am 23 years old and I live in Ariamaoi village, Nabiratuk Sub County, Nakapiripirt District, Karamoja Region, Uganda. I started menstruation when I was about 14 years old.

Since then my favourite material for managing my periods has always been a goat’s skin.

Our village is a pastoralist community; we have many cattle, goats and sheep. After slaughtering them, we keep the skins for use as bedding, clothing and for managing periods. I have this special skirt made out of goat’s skin that I wear during my period. The skirt is made in such a way that it has a thick folded bottom ending, which we locally call “Abwo” – the tail of the skirt.

When I have my period I wear this skirt, I find a comfortable place to sit, I fold the tail of the skirt “Abwo” in between my thighs and wait for blood to drain in the tail of the skirt.

I use this goat skin skirt because it’s always available; it’s our traditional sanitary pad. I don’t pay anyone to use the skin, other pads are expensive, even if my skirt gets old, I make another one since we have many goats. My grandmother taught me how to make and use the goatskin skirt during menstruation.

Even now, my four year-old daughter Angella has her own skin skirt, she has to get used to wearing the skirt.

When the blood flow stops, I clean my goatskin skirt with cow ghee. I look for a private place, probably inside a hut that’s where cleaning takes place because no one is supposed to look at my blood.

The process of cleaning the goatskin skirt involves smearing cow ghee in all the areas with blood - on the side of the goatskin without fur - this is the part that absorbs blood. I do the smearing with bare hands since the blood is mine. I keep squeezing the blood out of the skin, it’s like I am washing clothes, through this process all blood is removed from the goatskin skirt.

I am happy and comfortable wearing the



goatskin skirt during menstruation because it’s cost effective and easy to clean – I just have to use ghee only. After using ghee to clean, I don’t even need to dry it in the sunshine.

Once I bought a pack of sanitary pads from the shop but I did not like them because if one has heavy blood flow she can use more than three pads in a day yet they are expensive. Also they are small, they do not absorb all blood, yet the goatskin skirt works for the whole day.

There are no specific taboos associated with using the goatskin skirt during menstruation. But in our culture, we have some taboos around menstruation: menstruating women are not allowed to milk cows or even cross the kraal due to fear of cows dying or getting stolen.

During menstruation, I stay home all the time, because I am considered unclean. I usually take three days and after I am very free to do all my duties including milking

cows.

In case I have blood flows at night, when I am in my bed, I don’t use the skirt. This time I use a small soft skin from a calf, I fold it and put it in between my thighs as I sleep.

Another alternative is using four pairs of knickers. I fold one pair of knickers in a shape of a pad to absorb blood and then wear the other three knickers to prevent blood flow.

During my period I am always shy and I fear to move outside my home. My biggest fear is if my skirt falls off and people get to know that I am on my period.”

**I AM HAPPY AND COMFORTABLE WEARING THE GOATSKIN SKIRT DURING MENSTRUATION BECAUSE IT’S COST EFFECTIVE AND EASY TO CLEAN**





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@nsiwaterug



+256 751 002 345

# Appropriate technology center in an effort to promote safe hygiene and sanitation

By Eric Kyama



Poor sanitation and hygiene have for quite some time been a problem mostly to developing countries across the globe. In Sub-Saharan Africa, for instance, diseases such as cholera, bilharzia and trachoma among others have been prevalent in the region.

**E**fforts by African governments to overcome the challenge of poor sanitation and hygiene have been more visible in the last decade though the struggle is far from being over. The Ugandan government through Ministry of Water and Environment (MWE) set up a center dedicated i.e., the Appropriate Technology Center [ATC] to carrying out applied research, capacity building and promotion of appropriate technologies in effort to address the challenge. Besides government, there are also important sector players such as Non-Government Organizations (NGOs) such as WaterAid, SNV, World Vision, Water for People and many others that have been instrumental in trying to improve sanitation and hygiene through activities like sensitizing people about the need to promote good sanitation and hygiene.



Works of ATC stand central in regards to promoting good sanitation, hygiene and access to safe water. This is simply because the Centre has over the years been deeply involved in technology innovation and modification, hands-on training, and sensitizing of people mostly in rural areas about how they can achieve good sanitation, hygiene and safe water access.

### Founding Appropriate Technology Center

Setting up the ATC was based on realization of the role research and development can play in achieving the safe Water, Sanitation and Hygiene (WASH) for all. Mrs. Ashabrick Nantege, the ATC Coordinator, says that the MWE set up the Appropriate Technology Center to: “The center was started in 2010 to carry out applied research, development and promotion of water, sanitation and hygiene appropriate technologies needed to achieve the Uganda Vision 2040 targets i.e.,

“

The center was started to carry out applied research, development and promotion of water, sanitation and hygiene appropriate technologies.

people having safe water in their compounds and dignified sanitation that is environmentally viable” she explains

Mrs. Nantege Bamutaze further says that the center operates under five key objectives which include;

- undertaking innovative applied research and development on appropriate technologies,
- carrying out capacity building for sector actors,
- building up the profile of appropriate technology for sustainable water supply and sanitation options by popularizing the appropriate technology practices, accelerating public/private investment through innovative financing mechanisms,
- demonstration of acceptable innovative technologies and approaches for water and sanitation promotion and
- continuously identifying challenges facing the adaptation of appropriate technology in the water and sanitation sector.



## Technologies developed by ATC

Over the years, the Centre has together with partners such as Water for people and WaterAid been able to develop and improve quite a number of technologies meant to help improve sanitation and hygiene. “Among the sanitation technologies we have brought to the limelight are; the earth worms-based toilet that uses earthworms to manage faecal sludge, ecological sanitation options like the Ekolet (revolving toilet) and Fossa Alterna (based on the principle of alternating pits). Of late we are also popularizing the biodigester and enviro loo among other toilet options.

These toilet technologies are promoted based on the fact that the traditional pit latrine is no longer a “one type fit all” given the environmental changes the country is going through. In effort to promote dignified sanitation and uphold environmental health, the ATC added a couple of toilet technologies on the sanitation menu option. These technologies address sanitation needs for persons under different challenged environmental settings.

“taking about broader sanitation, we have also demonstrated recycling technologies such using plastic bottles to construct the toilet super structure. Apart from promoting reuse of available materials to construct descent sanitation facilities recycling of plastics reduce on the environmental threat” says Mrs. Nantege Bamutaze.

“Hygiene is another area that we have tried to explore. We train schools and communities to make their own liquid soap as a way of cutting on the cost of effective hand washing with soap. We also developed a hands free mobile hand washing facility that is more robust compared to the tippy tap which is often destroyed by termites or wearing out of the rope... in all this we are incrementally adding the efforts by other stakeholders to promote sanitation and hygiene for everyone in our country” she adds.



**“IT IS CLEARLY EVIDENT THAT TECHNOLOGIES HAVE BEEN INSTRUMENTAL IN TRYING TO IMPROVE WATER, SANITATION AND HYGIENE IN THE COUNTRY,”**

### How government is promoting the technologies.

Organized training, show casing, lectures, talk shows, and advocacy are some of the avenues used to promote sanitation and hygiene technologies. “We do some advocacy through the media or at times when there is a conference related to hygiene or hand washing, we endeavor to advocate for use of these kinds of technologies,” Mrs. Nantege says.

However, just like any other initiative, ATC has also faced challenges of slow technology uptake. Despite the fact that most of the technologies promoted by ATC are low cost, many people are not enthused to try out new things. This, she says, this is continuously tackled through sensitization, demonstration and capacity building among

others. There is hope that the local communities will appreciate change and embrace the technologies for their own good.

### Impact of the technologies

“there is growing appreciation by the early adaptors and these are the window of hope for scaling up the technologies in the wider communities. People who have been exposed to these technologies give positive feedback and some of have ahead to refer others for the service. The longterm impact is the desired universal access to dignified hygiene and sanitation but it is a process that we as ATC are positively contributing to” Mrs. Nantege reveals.

“It is clearly evident that technologies have been instrumental in trying to improve water, sanitation and hygiene in the country,” she says.



**OXFAM**

# **USING INNOVATION TO DELIVER CLEAN WATER AND SANITATION HYGIENE TO SOUTH SUDANESE AND DRC REFUGEES**





In Imvepi and Kyaka II, Oxfam is the Sector Lead and UNHCR’s implementing partner for Water and Sanitation Hygiene (WASH), overseeing the daily operation and maintenance of all water supply systems. This includes eleven Motorised Piped Water Systems across the different settlements.

“We pump water from these systems to supply communities and institutions within several zones in the settlements. We service the generators, fuel them, employ security guards to guard the systems and pump operators to run the systems. Our WASH interventions benefit the refugees and host communities,” Johnson Mubatsi, Oxfam’s Response Manager - Kyaka II says.

Oxfam also implements the Institutional WASH component including water supply, sanitation and hygiene promotion in schools, health centres and market places.

Since late December 2017, the situation in Kyaka II refugee settlement has dramatically changed with arrivals of refugees from DR Congo via border crossings in South Western Uganda who are then transferred to Kyaka II through Nyakabande Transit Centre. The South Sudan refugee influx into Uganda also continues with no hope of

immediate return for the many refugees.

Oxfam also ensures that people with special needs can access proper sanitary facilities among other services.

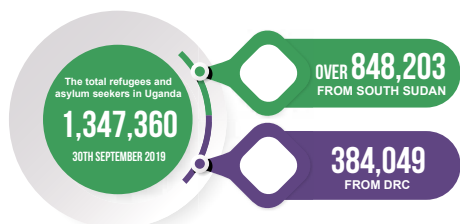
“We are excavating and constructing pit latrines for people with special needs to curb sanitation related diseases. We are also in the Kyaka II settlement zones of Kaborogota, Mukondo B and Mukondo C implementing an integrated WASH programme as well as raising refugee and host communities’ awareness on gender and protection and peaceful coexistence,” Mubatsi says. These activities are all replicated in the other response areas in which we operate across West Nile region.

### REFUGEES BANK ON WATER ATMS FOR CLEAN WATER

Water scarcity, poor water quality and inadequate sanitation negatively impact food security, livelihood choices and educational opportunities for poor families across the world, especially for women and girls who spend endless hours fetching water over long distances. This calls for improved water supply systems.

Water Automated Teller Machine (ATMs) or simply smart taps will be the new way of distributing water to refugees and host communities. This innovation is poised to improve on water supply management by reducing water wastage and improving accountability. Initially a pilot scheme, the mobile enabled water utility and financial service will later be scaled – up to other locations

Oxfam is investing about UGX117M to procure and install 15 water ATMs. Another UGX7M will be injected into building 15 water kiosks



According To UNHCR Data



# 11 LITRES



Per person per day on average

where the water ATMs will be installed.

## STATE OF WATER SUPPLY SYSTEM

Access levels in terms of available litres per person per day on average stand at 11litres for refugees and slightly less for host communities in Kyaka II settlements.

According to Simon Odong, the Public Health Engineer at Oxfam, “Water supply is largely from the 66 functional shallow wells fitted with hand pumps. This is not safe for drinking as shallow wells are prone to contamination. Mr. Odong says about 30% of Kyaka II refugee settlement is connected to a portable piped water system. An additional 10% is being installed by Oxfam, from the Integrated WASH and Protection project with funding from the European Union, Humanitarian Aid.

In September 2019, 1 million litres of water were supplied on average per day to Kyaka II, by Oxfam, serving a population of more than 100,000 refugees.

## HOW WATER ATMS WORK

Water ATMs work like a cash ATM, with a token, preloaded with credit used to dispense water.

“Each household is issued with a token (equivalent to cash ATM card). The token can be calibrated to dispense only a certain quantity of water per day. Households can top-up from a kiosk once depleted, “Mr. Odong explains.

To address inequality and ensure the vulnerable have access to adequate water supply, Oxfam with support from UNHCR will exempt certain persons with special needs from paying for the water after a thorough vulnerability assessment.

## OXFAM SCALES UP MOTORISED WATER SYSTEMS

Prior to the introduction of the motorised water systems, refugees and host communities solely relied on fetching untreated water from the nearby streams and water trucking, which was expensive in terms of cost. Over the years, Oxfam together with several partners has created new ways of easing water access.

## COST

WITH NO SUBSIDY, EACH REFUGEE WOULD BE PAYING UGX50 PER 20L, THE SAME COST AS ACCESSING WATER THROUGH A PUBLIC STAND PIPE.

“FOR REFUGEES, THERE WILL BE A SUBSIDISED RATE OF UGX 1,000 PER HOUSEHOLD PER MONTH. WHILE OXFAM WITH FUNDS FROM UNITED NATIONS HIGH COMMISSION FOR REFUGEES (UNHCR) WILL TOP UP AT A RATE OF UGX 25 PER 20L,” MR. ODONG EXPLAINS.

EACH WATER ATM HAS TWO TAPS AND EACH ATM WILL SERVE 600 FAMILIES. THIS MEANS ABOUT 2,500 PEOPLE WILL BE SERVED BY ONE WATER ATM.

Edward Mwebaze, Oxfam Uganda’s Humanitarian Manager, says: “Over the years, we have tried to look at systems that can supply communities for more than 20 years at a lower cost.”

Oxfam has set up over 11 motorised water systems across different refugee settlements in West Nile and South Western Uganda. The motorised water systems that Oxfam has constructed across various refugee settlements are designed with eco-friendly hybrid technology that is powered by solar. Generators are only used as an alternative in case of cloudy weather. At several tap-stands, instead of having soak-pits, channels are created where the run-off water diverts to irrigate kitchen gardens.

“The systems are part of Oxfam’s preparedness plan to build the resilience of these communities. Compared to water trucking, which was very expensive, the solar-powered motorised water systems are already making up to 55 per cent savings—and the savings will increase with time,” Dorah Ntunga, Oxfam’s Information, Media and Communication Coordinator, says. The new systems are helping to solve a range of problems, not the least of which has to do with water quality.

“Because the supply now comes directly from the drilled wells—and doesn’t have to be trucked from other sources such as the Nile River—the quality of the water is better. Managing the system is simpler than managing a water trucking operation, and the distribution is both durable and sustainable,” said Ms. Ntunga.

Oxfam has trained a team of residents and refugees to monitor and run the systems. Thanks to funding from ECHO – European Union Humanitarian Aid through provision of UGX21 billion to a consortium of CARE international, Save The Children and CEFORD led by Oxfam, over 200,000 South Sudanese refugees benefited from some of the solar powered water systems in 2018.

“Currently with another ECHO funding on delivering Integrated WASH and protection, we have put up four systems; two in Imvepi and two in Rhino Camp,” Carolyne Judith Omollo, a Public Health Engineering Team Leader at Oxfam says.

With funding from Belgium Development Cooperation, Oxfam further put up two more motorized water systems in Northern Uganda’s Palabek refugee settlement in Lamwo District, serving both refugees and host communities.

Frederic Komaketch, the Public Health Officer, Oxfam Lamwo, says: “In Zone III, there’s one complete system serving about 2,110 people.”

As a result of these water systems, refugees and host communities can now access water for domestic needs such as cooking and washing clothes. The water

“The systems are part of Oxfam’s preparedness plan to build the resilience of these communities. Compared to water trucking, which was very expensive, the solar-powered motorised water systems are already making up to 55 per cent savings—and the savings will increase with time.

systems have also greatly reduced the risk of diseases associated with water scarcity such as cholera.

**RE-USABLE PADS: A SAFE, CHEAP WAY TO KEEP GIRLS IN SCHOOL**

Faced with the lack of products to manage menstrual hygiene girls are often forced to stay home during their periods. In Uganda, six out of 10 girls miss school during their menstrual cycle because they cannot afford disposable sanitary pads.

Thanks to investments in menstrual hygiene, more girls are remaining in school. Since 2015, Oxfam together with its local partners Community Empowerment for Rural Development (CEFORD) and African Women and Youth Action for Development (AWAYD) have been on a mission to keep girls in school. To improve women and girls' dignity, Oxfam has trained them in making Re-usable Sanitary Pads (RUMPS).

"We embarked on this in 2015 in Rhino settlement of Arua district but spread to other settlements later including Bidibidi in Yumbe district and Palabek settlement in Lamwo district in 2017. This activity has been extended to Kyaka II settlement in South Western Uganda," Mr. Wilson Senyonyi, Oxfam's Gender and Protection Coordinator, says.

In West Nile alone, at least 20,000 refugees and host community women and girls have been trained. About 4,000 women have been trained in different zones and blocks of Palabek settlement and another 1,500 in Kyaka II settlement.

According to Mr. Edward Mwebaze, Oxfam's Humanitarian Manager, this is in response to the high levels of school dropouts by girl children for fear of stigma from their male counterparts should they soil their dresses during their menses.

These pads which last between six months to a year depending on how they are maintained by the user, ensure that the girls and women don't use unhygienic alternatives and are also durable.

"Some girls are so embarrassed to remain in public especially when they stain their dresses during their periods. Over time, they perform poorly and eventually drop out of school. We train them to make reusable pads. They just need to wash them; then they can use them again," Mr. Mwebaze explains.

The women and girls are trained through brain storming, open discussion and illustrations.

**IMPACT**

These reusable pads have had a ripple effect on refugees and the host communities. They have revamped women's dignity. Several women who have benefited from this training have also turned this into an income-generating activity.

"For school going girls, we happily report that this has retained girls in school as it was one of the causes of school drop outs. The pads have become a source of economic empowerment for the makers as they sell them," Mr. Senyonyi says.

Additionally, hygiene and reproductive cases have been handled as the women and girls are also taken through menstrual hygiene management. Women Forums, where the women come together and hold conversations on issues concerning their well beings are also key platforms where menstrual hygiene is discussed.

According to Mr. Senyonyi, the materials used in making RUMPS include



To improve the Safety and dignity of women and girls, they are trained in the making of Re-usable Sanitary Pads

mackintosh sheet, needles, sewing thread, buttons, scissors, cotton cloth, tape measure and towels, pieces of chalk or markers and pants/underwear. These are available in local markets and are cheaper than buying already made pads.

**BRIQUETTES: HUMAN WASTE TURNED INTO CLEAN ENERGY**

Last year, Oxfam started a briquette production initiative for South Sudanese refugees based in Imvepi, Rhino camp, Omugo and Bidibidi refugee settlements in West Nile.

The environmentally friendly, briquettes take eight hours to burn compared to charcoal, making them a more affordable option. According to Roda Sselwa, a youth and member of Loketa Women Group, a group which is in one of the four settlements of Imvepi, Rhino Camp, Omugo, and Bidibidi Settlements, that have received skills training from Oxfam in making briquettes.

**HOW BRIQUETTES ARE MADE**

Materials used for making the briquettes include: sorghum stalk, simsim stalk, bean stems and banana leaves, the briquettes are aimed at providing cooking energy alternatives to wood and charcoal. The women take the black fully carbonised sludge, which is ideal for briquette making and compact it into a round shape using their hands.

According to Rashid Maweje, the Public Health Promotion Team Leader at Oxfam, UGX373m was injected into training, procuring the equipment and providing the necessary support to the women.

At between UGX1,000 and UGX3,000, one can buy the briquettes from these women. So far, 70 women have been trained and supported with five sets of briquette making machines. Currently, the women produce 200 Kg of briquettes on average daily and environmentally friendly energy saving stoves. The income generated from these briquettes allows the women to save in Village Savings and Cooperative Groups and manage their home affairs as well as pay school fees for their children.

Initially, briquettes were produced using crop residue. The process has now expanded to using treated faecal matter.

Oxfam has also acquired an area at Yoro base camp in Arua to construct a modern processing plant for human waste which will provide raw materials for women to make briquettes. This plant will be constructed with a cesspool to collect faecal matter from different institutions.

Oxfam also constructs waste banks and garbage bins where garbage is collected before being taken for final disposal. This is an effort to promote good sanitation practices in humanitarian response areas.



Loketa women's Group display completed briquettes

**200 Kg of briquettes** are produced on average daily.

# SIGH OF RELIEF AS PAG REHABILITATES BOREHOLES IN REFUGEE CAMPS

By Andrew Cohen Amvesi

**Arua. Refugees and the local community of Rhino Camp settlement in Arua District are breathing a sigh of relief following the rehabilitation of their boreholes.**

At least five boreholes which were broken down have been rehabilitated by the Pentecostal Assemblies of God (PAG), an operational partner at Rhino Camp Refugee settlement with funding from PAG Church of Canada.

According to Moses Sheshmond Esalu, the Emergency Coordinator PAG Uganda, the support offered was at first aimed at drilling two boreholes. But with consultations and guidance from the Water, Sanitation and Hygiene (WASH) working group, it was resolved that no more boreholes should be drilled in Rhino Camp due to the existing shallow wells.

"So with that, PAG was requested to identify boreholes that were broken down in communities that had the greatest need. We were then able to identify five needy communities," Esalu said during an interview.

He identified the communities that benefited from the programme as being; Siripi, Ariwa, Katiku, Odobu Primary School and Rhino Camp Secondary School.

"We were able to rehabilitate the five boreholes in those communities

between March and July, 2019. The cost of rehabilitating varied from the needs assessment of each borehole," Esalu explained.

In a related incident, Esalu noted that PAG earlier on, partnered with the Romania Church through Marius Bradean, a Romania Church Missionary in Uganda, to drill two boreholes for Panduru community in Aroi sub-county and Lumara community in Vurra sub-county, Arua District.

He said the cost of drilling the borehole at Panduru was worth Shs15m while that of Lumara was to the tune of Shs25m since the first site had no water.

**THOSE WHO INSIST ON FETCHING THE WATER AS DIRTY AS IT IS, IN MOST CASES USE IT WITHOUT BOILING. CONSEQUENTLY, CASES OF BILHARZIA WERE SO COMMON IN THEIR VILLAGE.**



Alfonso Anguzu, the Panduru village chairperson

## Community members speak out

At Simbili village in Siripi Zone, Ofua 4 settlement, James Angelina, 30, a South Sudanese refugee, said the rehabilitation of their borehole has saved her from wasting time at distant water points.

"I used to take at least four hours waiting to fetch a jerrycan of water and it would take me almost the whole day to fill-up the five jerrycans of water I normally use at home. But with this borehole, I now take less than 30 minutes to have my jerrycans filled," Angelina said.

She thanked PAG for coming to their aid, saying the problem of water in the village has now been solved.

Mary Khamis, 26, another refugee in Simbili village, said before rehabilitating the borehole, she used to trek for about two kilometres to the nearest piped water source where women were found of quarrelling and at times, fighting over water.

Mary said she later resolved to start waking-up at dawn to walk through the busy path to the water point to avoid the



Marius Bradean, the Romania Church Missionary in Uganda



Angelina carries a jerrycan of water after fetching at PAG rehabilitated borehole at Simbili village in Siripi Zone



Jal Ruach, a primary six pupil of Odobu primary school

long queues at the facility.

“When I realised that my three children were reaching school late due to lack of water, I decided to start waking up at 4:00a.m every morning so that I can come back home early. Now I’m very happy that I can fetch water near my home,” she said.

Meanwhile at Ariwa borehole in Ariwa village, Odupi sub-county with Rhino Camp settlement, Stella Amviko, a resident says since borehole broke down, they were relying on water from the

stream located about half a kilometre from her home.

She added that when it rains, the stream floods; thus; forcing the residents to stay without water until the level reduces.

Amviko says those who insist on fetching the water as dirty as it is, in most cases use it without boiling. Consequently, cases of Bilharzia were so common in their village.

“Today, we are all happy that we are fetching clean and safe water because of PAG intervention. God should help them to get more money to do the same for other communities that are suffering the way we used to,” Amviko prayed.

Similarly, Alfonso Anguzu, the Panduru village chairperson in Aroi sub-county, Arua District whose community benefited from a borehole after years of depending on water from shallow wells, was thankful to God for bringing PAG to their rescue.

Anguzu narrated that they used to several water problems in the area especially during the dry season.

“When it is dry season, there is scarcity of water with many women sleeping at shallow wells and during the rainy season. Dirty water flows into the wells and this causes several health complications with many people suffering from diarrhoea, bilharzia and typhoid among other water borne disease in my village,” Anguzu explained.

He, however, observed that when PAG identified the community and drilled a borehole in place, lives of people changed as they abandoned the use of shallow wells for the clean water at the borehole.



Bernard Adiga, the Rhino Camp SS Deputy Head Teacher



Jonathan Matata, the Assistant Commandant Rhino Camp refugee settlement under OPM

According to Anguzu, an estimated population of 1,000 people from the villages of Panduru, Ojipi A and B, Odruvu, Yiba and some neighbouring villages in Maracha District now depend on the borehole.

Beatrice Candiru, a resident of Panduru village, said they have formed a water user committee to ensure proper usage and maintenance of the borehole.

She said the committee led by the village chairperson normally charges UGX 1,000 from each family per month for the maintenance of the borehole as part of its ownership.

## How the rehabilitated boreholes are keeping children in school

Bernard Adiga, the deputy head teacher of Rhino Camp secondary school said when the school borehole broke down in November 2018, it was difficult for them to keep students in class.

He noted that in the absence of a borehole at the school, students used to walk long distances to River Nile and other boreholes in the neighbouring communities to get water. But in the process, they do some other unnecessary things.

"Some sneak for discos and end up coming late. Meanwhile, those we would officially send to go and fetch water from distant boreholes end up clashing with members of the community," Adiga said.

"We would also be forced to pay the management of those water sources. In most cases, we were charged highly on grounds that we were consuming a lot of water. As a school, we need water for cooking and the students also need water

for drinking and their personal use. So, those water management committee members would demand a lot of money from us," Adiga said.

For this reason, Adiga said whenever the borehole breaks down, the school struggles to control students' discipline.

However, he noted that since PAG rehabilitated the school borehole in May this year, students have been in school attending classes with no excuse of going to look for drinking water.

"When the borehole got spoilt, we really suffered; we could go up to the River Nile to look for water. In the neighbourhood, they used to chase us from water points. Now, we can get water within and that has kept us in school," said Susan Poni, a Senior Three student of Rhino Camp S.S.

Jal Ruach, a Primary Six pupil of Odobu Primary School, said since PAG rehabilitated their borehole, they quench their thirst during meal breaks at school as opposed to those days when they used to go on looking for drinking water during class hours and at times, report back to school late.

## OPM commends PAG for the intervention

Jonathan Matata, the Rhino Camp Assistant settlement Commandant in the Office of the Prime Minister (OPM), says PAG is one of their old partners that has been in Rhino Camp in the

different sectors of WASH and peaceful coexistence.

"We have been partnering well generally since 2013 when we started receiving the new influx of refugees, PAG came in to undertake various activities especially in areas of water supply, hygiene and sanitation," Matata said.

"In terms of water supply, Rhino Camp has had many water challenges. But we needed to have minimum standards in terms of water per person per day. Previously, we were doing very badly and this has greatly improved from 10 litres per person per day to 24 litres nowadays," Matata added.

He said they have now made good strides in terms of water supply with the intervention of PAG especially in drilling and rehabilitating boreholes in Rhino Camp Settlement.

"This intervention has generally reduced on conflicts at water points and issues to do with diseases have reduced. So, the coming of PAG was a blessing for us to be able to be part of the refugee response in Rhino Camp Refugee Settlement," Matata stated.

## Donor message

Marius Bradean, the Romania Church Missionary in Uganda who partnered with PAG through the Pentecostal Church, said their main purpose of coming to the community of West Nile is to alert the Kingdom of God in the area.

"We intend to make the good news

Moses Sheshmond Esalu,  
the Emergency Coordinator  
PAG Uganda



Moses Erik Okillan, the project officer PAG  
Uganda



PAG Field office Rhino  
Camp settlement



known to every tribe, people and nation everywhere. Even for those who are refugees in Rhino Camp, Bidibidi and the rest of the camps around more especially the people who live in West Nile need to see that God is working to change their lives. We must be the agents of change everywhere in West Nile,” Bradean stressed.

He said currently, they understand that there is need to continue working for the development of the area through establishing PAG churches to save more souls.

“We do this project because drilling or rehabilitating a borehole in the middle of the community which has many needs is like a bridge. In another way, it is a source of clean water that gives health and better condition for everyone in that place,” Bradean said.

### PAG challenges and future plan

According to Moses Erik Okillan, the PAG project officer, the issue of operation and maintenance is the main challenge with water supply in the camps.

He said currently, all partners are encouraged to secure funds to focus on maintenance of existing water systems.

“In some of the areas, the water

production systems are good but where they are bad, we are hopeful that if God opens the way, we shall intervene in the extension of water systems to other nearby villages which still have some challenges,” Okillan said.

He observed that there are also some boreholes which keep on breaking down, adding that in case they get some funding, they will rehabilitate them.

### Background

Over the years, PAG has been resourceful in implementing humanitarian activities at Rhino Camp Refugee Settlement.

PAG started with support from Pentecostal Assemblies of Canada through their development arm dubbed - Emergency Relief and Development Overseas, to extend support in WASH to refugees in Odobu Primary School during the influx of refugees at the school by constructing two VIP Institutional drainable latrines in 2014.

PAG also supported 1, 307 people comprising of women and girls in out of school with soap, sanitary pads and hand washing facilities.

With additional support from Netherlands between November

2016 and January 2017 of €26,000 (UGX.105 billion) PAG supported 2,100 beneficiaries especially girls and women with sanitary kits comprising of soap, pads and wrappers.

The funds were also used to sensitise 4, 000 persons of concern on hygiene and 500 people were reached through psycho-social support in the project in Ofua 1, 2 and 3 among other things.

“

Pag started with support from pentecostal assemblies of canada through their development arm dubbed - emergency relief and development overseas, to extend support in wash to refugees in Odobu Primary School during the influx of refugees at the school by constructing two VIP institutional drainable latrines in 2014.



Rhino Camp SS students drinking water from the PAG rehabilitated borehole at the school during a lunch break

# Towards improving access to WASH services in Health Care Facilities in Uganda

## Urgent need to streamline WASH in health care facilities

Health care facilities, often looked at a source of good health care are slowly turning into sources of ill health. Are these facilities really free of risks? Imagine a mother carrying a pregnancy for nine months and seeking a safe delivery in a nearby healthcare facility only for her and the new born to contract sepsis (a health condition caused by poor Water Sanitation and Hygiene (WASH) that potentially usually leads to the malfunctioning of various organs, shock, and death) or other nosocomial infections (those acquired at healthcare facilities and are potentially caused by organisms that resistant to antibiotics). Imagine health care provider trying her best to save a life during labour only to contract Hepatitis B or HIV from a mother. Why? All because we have remained silent about the significance of improving water, sanitation and hygiene (WASH) and Infection Prevention and Control (IPC) in health care facilities.



### What is the problem and who does it affect?

Due to our silence, health care facilities in Uganda grapple with access to safe water, sanitation and hygiene facilities. Despite its critical role in being a backbone of IPC, WASH has not been given the attention it deserves. The deteriorating water, sanitation and hygiene status is associated with an increase in hospital acquired infections such as maternal and neonatal sepsis coupled with transmission of hospital acquired infections among health care

providers and patients which has become prevalent. These infections contribute to the high maternal mortality of 325 per 100,000 live births as well as high neonatal mortality rate of 27 deaths per 1,000 live births respectively (UBOS and ICF, 2017). About 31% of all neonatal deaths in Uganda are attributed to sepsis, which is often acquired in health care facility settings. It also increases the risk of transmission of blood borne pathogens such as Ebola and hepatitis B.



## Cause of the problem

WASH in health care facilities remains a challenge, partly because it is not well implemented. There is a lack of guidance on who should do what. Till now, the role of the Ministry of Water and Environment and that of the Ministry of Health on WASH in health care facilities remains unclear.

Whereas the Public Health Act Cap.281, Water Act Cap 252, Local Governments Act (1997), the Water Statute (1995), National health policy, the Environmental Health Policy (2005) and the National Water Policy provide a basis for management of WASH, these do not explicitly provide for WASH in health care facilities. Current attention on WASH has mainly focused on household interventions, largely ignoring its significance in health care facilities. Till now, emergence and re-emergence of infectious diseases such as Ebola and hepatitis B, and infections such as maternal and neonatal sepsis have not stimulated the development of a National Policy on WASH in health care facilities. Yet, having such a policy is critical in streamlining WASH interventions as well as financing for health care facilities.

Besides lack of a relevant policy on WASH in health care facilities, resource allocation remains challenging. The existing Primary Health Care Fund, which is disbursed to public health care facilities quarterly, is not specific on how much money can be spent on water, sanitation and hygiene facilities. In addition, public health care facilities offer free health care services implying that these are not in position to generate funds that can facilitate sustainable provision of water, sanitation and hygiene facilities. Private facilities aim at maximizing profits and are also not legally bound to provide safe water, sanitation and hygiene to users.



**It was also discovered that frequent communication between the in charge and maintenance staff about WASH issues was important in ensuring a safe water supply,**

## Is there evidence about the problem?

Despite the significance of WASH on maternal and child health, and safety of health care providers, there was still limited data on the WASH status in health care facilities. As a result, WaterAid Uganda, in partnership with Emory University Centre for Global Safe Water, Sanitation and Hygiene in USA, Makerere University School of Public Health, the Ministry of Health, the Ministry of Water and Environment as well as Kampala Capital City Authority commissioned a cross-sectional study among 63 health care facilities covering Mukono, Kampala and Wakiso districts resident to over 14% of Uganda population.

The study aimed at ascertaining the status of WASH in health care facilities for informing relevant national policy design and programming WASH in health care facilities.

## What do the findings indicate?

The study revealed that 48.1% of the health care facilities did not have access to a reliable and quality water supply; 85.2% did not have safe and private toilet facilities; 51.9% were visibly unclean, 57.4% did not have adequate hand hygiene facilities while 53.7% did not have efficient health care waste management systems. Access to a reliable and quality water supply was mainly affected by the level of health care facility, with hospitals and health centre IVs having a more reliable and safe water supply compared to health centre IIIs. Government owned health facilities were more likely to have limited access to safe water compared to private health care facilities.



A mother and her new born baby at Kisenyi Health Centre IV

Health care facilities where appraisal to staff on performance was done regularly were more likely to have a safe water supply compared to health care facilities that did not conduct regular staff appraisals. It was also discovered that frequent communication between the in charge and maintenance staff about WASH issues was important in ensuring a safe water supply, just as it was with undertaking regular audits in wards to establish availability of hygiene supplies and having a clearly visible and legible up-to-date diagram of the facility management structure. From this study we also learnt that health care facilities with clear job descriptions for all staff including cleaners were more likely to have hand hygiene facilities. Having a dedicated infection control focal person or committee and training all staff was vital for improved health care waste management in the study health facilities.

It is not surprising that the WASH situation in health care facilities is the way it is. An assessment of WASH management systems in these health care facilities found out that only 6.2% had ever conducted water quality tests; 30% had a budget for the maintenance of the healthcare



## Health care facilities where appraisal to staff on performance was done regularly were more likely to have a safe water supply

waste incinerator; 43.1% had cleaning protocols; 41.5% had written policies and protocols available within the facility relating to cleaning the delivery room; 69.2% had annual planned budget for the healthcare facility that includes funding for WASH infrastructure; only 61.5% had a dedicated infection control focal person or committee; 62.0% had written guidelines pertaining to WASH for the healthcare facility; and 56.9% needed new sinks, taps or pipes but could not buy them; 36.9% had staff responsible for cleaning the delivery room receiving training in the last 24 months.

These management systems gaps are indicative of the less attention geared towards improvement of WASH in health care facilities



A midwife beaming with smiles after a successful delivery at Kisenyi Health Centre IV



### Call to action.

The study is indicative of the need for the Ministry Of Health, the Ministry of Water and Environment, Policy makers and other stakeholders to revise existing laws and policies so as to provide for effective WASH services in health care facilities, and an increment in financing WASH interventions, particularly in health care facilities. The Ministry of Health and other stakeholders need to develop WASH in Health Care Facilities National Guidelines and targets for health care facilities, and institute a National WASH in health care facilities task force to provide guidance on their adoption.

Taking such a policy direction would reduce the number of mothers and neonates dying from hospital acquired infections such as sepsis, and as well safe guard the health and safety of primary health care providers and other patients. On the other hand, failure to solve this puzzle will increase the prevalence of hospital acquired infections, and affect patient health seeking behaviour.

#### Contact information:

# WASH Committee of Parliament visit Kiruddu Hospital.

The Wash committee of Parliament, on Wednesday visited Kiruddu Hospital to assess its hygiene and promised to appropriate more funds to enhance its expansion to suit the hospital status.

The Members of Parliaments led by the chairperson of the committee Hon. Amongin Jacquillin, also cleaned the hospital toilets as part of the activities to celebrate Parliamentary symposium on Water, Sanitation and Hygiene and the world toilets day.

Currently the hospital which was built as a health center IV was upgraded to a hospital status without considering the space on which it is sitting on.

This has imposed a very big challenge to the administration given the fact that it is acting as a referral hospital handling a huge population which was not anticipated during its design.

The Director Dr Charles Kabugo says the 200 bed capacity hospital is over whelmed with the number of patients being handled amidst other challenges.

The chairperson of the committee on WASH Hon. Amongin Jacquillin also woman MP for Ngora District promised to lobby Parliament for increased funding to the hospital to enhance better service delivery.



The Director of Kiruddu Hospital Dr Charles Kabugo taking MPs on the WASH committee of parliament through the hospital in the middle in the chairperson of the committee and on the extreme end is the Kiruddu Hos



The chairperson of the WASH committee in parliament Jackline Amongin speaking to fellow mps and the administration of Kiruddu hospital after cleaning ahead of the world toilets day



The chairperson of the WASH committee in parliament Jackline Amongin cleaning a toilet ahead of the world toilets day



MPs on the WASH committee scensitint the care takers of petients in Kiruddu Hospital ahead of the celebrations to mark the world toilets day.



# UGANDA TO HOLD SYMPOSIUM ON WATER, SANITATION AND HYGIENE



THE CHIEF GUEST :SPEAKER OF PARLIAMENT, RT. HON. REBECCA A. KADAGA.

The annual Parliamentary Symposium on Water, Sanitation and Hygiene will take place on 15th November, 2019 at the Parliament. Under the theme: 'The role of parliament in Positioning Water, Sanitation and Hygiene as a key driver for National Development,' the symposium seeks to address the role of Parliament in promoting access to safe water, improved sanitation and hygiene for communities.

## Background

The Uganda Parliamentary Forum on Water, Sanitation and Hygiene [WASH] is a network of over 200 Ugandan Parliamentarians, Civil Society Organisations, and members of the private sector who recognize and appreciate the desire and need for immediate action in responding to WASH pressing and threatening issues.

The forum has been actively engaging in the WASH sector since its inception in 2012 and its core mandate is to advocate for better sectoral policy formulation and management on all WASH issues in the country.

As part of its efforts to reinforce cooperation between parliamentarians,

policy makers, the local community, civil society, development institutions, and Non-Governmental Organisations as well as the private sector, the Uganda Parliamentary Forum on Water Sanitation and Hygiene [UPF-WASH] is organizing the parliamentary symposium on WASH. The UPF-WASH Symposium-the first of its kind, is an annual high profile forum that will attract over 500 sector stakeholders including parliamentarians, sector experts, government officials, multi-lateral agencies, development partners, academia, Media and private sector among others.

The UPF-WASH Symposium will be formerly launched by Hon. Speaker of Parliament, Rebecca Kadaga and will be graced by high level Government policy makers.



## Purpose of the UPF-WASH Symposium:

1. Strengthen linkages between the parliament, different sectors, local Government, the local community, and civil society on WASH related issues and challenges in the country.
2. Provide opportunity for dialogue to promote a more comprehensive approach to dealing with all WASH related issues including advocating for a comprehensive mechanism to mitigate the negative effects of WASH related complaints and WASH policy regulation in order to reduce the morbidity and mortality attributed to poor WASH hence fostering growth and development.
3. Specific Objectives of 2019 UPF-WASH Symposium
4. Review progress of the UPF-WASH Forum in full filling its core mandate of advocating for better sectoral policy formulation
5. Review key priority targets for UPF-WASH intervention in the coming 2-3 years and draw an action plan for UPF-WASH strategic engagement in the sector.
6. Provide a sector-wide platform for partners to network and show case their programs and pave way for scalable innovations.



Hon. Amongin Jacquillin,  
Chairperson UPF-WASH

## PROGRAM FOR THE UPF-WASH SYMPOSIUM 15TH NOVEMBER 2019

TIME-FRAME	ACTIVITY	LEAD
7-8 <sup>th</sup> Nov	Pre-Symposium Retreat-Entebbe	Responsible
14 <sup>th</sup> Nov: From 5pm	Venue set-up <ul style="list-style-type: none"> <li>· Exhibition site</li> <li>· Symposium site</li> <li>· Decoration</li> <li>· Siting arrangement</li> </ul>	UPF Events Subcommittee HAI Agency
15 <sup>th</sup> Nov: 8:00-8:30am	Arrival and Registration	
8:30-9:00am	Walk around the exhibition stall	HAI Agency
9:00-9:15am	Registration	HAI Agency
9:15-9:30am	Remarks by the Chairperson UPF-WASH	Session Chair
9:30-10:15am	<ul style="list-style-type: none"> <li>· Remarks By The Ministry Of Water And Environment</li> <li>· remarks by the ministry of health</li> <li>· remarks by UWASHNET on behalf of CSO'S</li> </ul>	Session Chair
<b>10:15 - 10:45</b>	<b>Health Break</b>	<b>UPF - WASH / HAI Agency</b>
10:45-11:15am	Keynote Address	Dr. Fred Muhumiza
11:15-11:25	Video Interlude	HAI Agency/MC
11:25-12:25	Panel Discussion and Plenary <ul style="list-style-type: none"> <li>· Unpacking the keynote address</li> <li>· Strategic direction for WASH Policy Advocacy</li> <li>· Action Plan with priority areas</li> </ul>	Panelists: <ul style="list-style-type: none"> <li>· MWE-PS/Commissioner RWSSD</li> <li>· PS/Commissioner-MoH</li> <li>· Chair Budget Parliamentary Committee</li> <li>· PS/Commissioner MoFEPD</li> <li>· WASH Donor Group Representative-UNICEF</li> </ul>
12:25-12:45pm	Children's presentation	HAI Agency
<b>12:45-2:00pm</b>	<b>Lunch Break</b>	<b>HAI Agency</b>
2:00-2:30pm	Arrival of the Chief Guest and Tour of Exhibition	UPF-WASH
2:30-2:40pm	Symposium photo	HAI Agency
2:40-3:10pm	Key Highlights	Moderator
3:10- 3:30pm	Resolutions	Chair of Forum
3:30- 4:00pm	Speech by Guest of Honour	Chair of Forum
<b>4:00-4:20pm</b>	<b>Awarding of certificates</b>	<b>Master of Ceremonies</b>
4:20-4:30pm	Closing Remarks	Chair/WASH Forum
4:30-5:00pm	Health Break	HAI Agency
5:00-6:00pm	Cocktail	HAI Agency
<b>6:00-9:30pm</b>	<b>Dinner Program</b>	<b>HAI Agency</b>



# UGANDA PARLIAMENTARY SYMPOSIUM ON WATER SANITATION & HYGIENE

THEME:

“THE ROLE OF PARLIAMENT IN POSITIONING WATER, SANITATION AND  
HYGIENE AS A KEY DRIVER FOR NATIONAL DEVELOPMENT”

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