

WATER, SANITATION & HYGIENE

Wash



JOURNAL

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LOW HANDWASHING MENTALITY IN MBARARA SCARES AUTHORITIES



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Uganda WASH programme

Malteser International Works With Refugees & Host
Communities To Tackle Substantial Hygiene, Sanitation Issues

Oxfam's WASH projects keep life flowing among refugees in Kyangwali

 SHINNING STARS: Meet Uganda's WASH Ambassadors

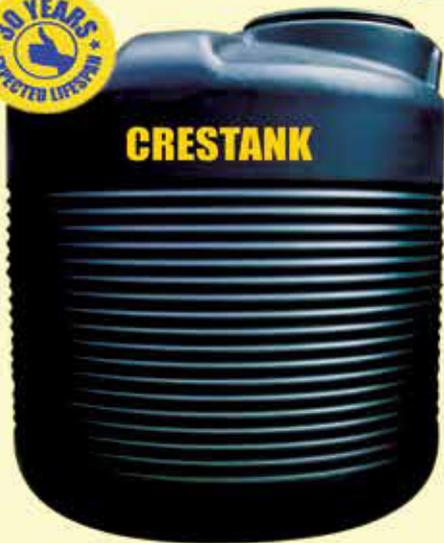
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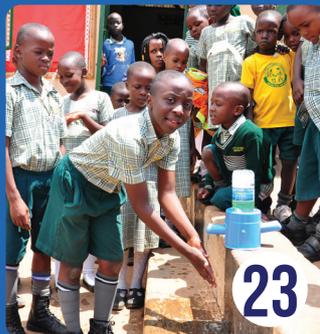


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COVER PHOTO:
Handwashing with soap

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GLOBAL HANDWASHING DAY



The National Global Handwashing Day celebrations 2022 were held at Bwizibwera grounds, Mbarara District under the theme: UNITE FOR UNIVERSAL HAND HYGIENE

Why the Global Handwashing Day?



Chief Guest Silas Aogon awarding handwashing facilities to the school children at Bwizibwera playgrounds.

The Global Handwashing Day is an annual global advocacy day dedicated to increasing awareness and understanding the importance of handwashing with soap as an easy, effective, and affordable way to prevent diseases and save lives.

This day is commemorated every 15th day of October, since 2008 and is used to foster and support a global and local culture of handwashing with soap while shining a spotlight on the state of handwashing around the world.

The advent of Covid-19 highlighted the importance of handwashing with soap and is one of the Standard Operating Procedures (SOPs) for prevention of Covid-19. Uganda is currently battling an outbreak of Ebola and the World Health Organization emphasizes the importance of proper handwashing in the prevention of the disease. Handwashing with soap is effective in disease prevention, yet very cheap, simple and doable by everyone.

The Government of Uganda has over the years registered great strides in increasing access to safe water in rural and urban areas to improve health and reduce the burden of waterborne and hygiene related diseases. Access to a sustainable and reliable water supply enables family to practise hygiene including hand washing with soap. According to the Annual report for FY 2021/22, access to safe water is reported at 67.4% in rural areas and 72.1% in urban areas.

While the Government and Development Partners have done and continue to do their part in Water, Sanitation and Hygiene (WASH) infrastructure development; hygiene promotion and community sensitization, the onus remains with every individual to take charge of their own health by embracing simple yet impactful actions like hand washing with soap to remain healthy.

Handwashing with soap is a key priority action that has not only been highlighted in the National Development Plan III but is also emphasised in the Sustainable Development Goals, specifically SDG 6.2 which among other things targets to have everyone practising hand hygiene by the year 2030.

Despite efforts by government and non-state actors, the national handwashing coverage remains low. In fact, a decline has been registered from 44.7% in 2021 to 35.8% in 2022. This has been largely attributed to the reduction of Covid-19 cases which had boosted the handwashing practice across the country. Communities have become complacent again because they perceive their threat to have reduced. This is so wrong and must not continue! We must maintain and sustain hand washing with soap practice in our homes, public places, schools, health care facilities and work places for our own sake but also for the sake of other people that surround us.

A decline has been registered from 44.7% in 2021 to 35.8% in 2022.



Kashari County MP Nathan Itungo showing people how to wash hands with soap during National Handwashing celebrations at Bwizibwera.

To achieve sustainable hand hygiene behavior, we need to bring on board all the key players/stakeholders to contribute to universal hand hygiene. This can be done through pooling resources (financial, human, physical and intellectual resources) towards promotion of hand hygiene. We must explore all the possible synergies we can achieve through integration with relevant sectors like health, agriculture, nutrition, education, tourism, social development, to mention but a few.

Different actors have different roles to play in ensuring universal hand hygiene:

1. **Researchers** should conduct relevant applied research on hand hygiene and make research findings publicly available and translate complex findings into easy-to-use guidance
2. **Government** (Central and Local) should develop and fund country roadmaps towards universal hand hygiene; set standards, provide overall guidance and prioritize hand hygiene infrastructure and policies with in schools, healthcare facilities, workplaces and public settings
3. **Donors** should Invest in inclusive hand hygiene programs that drive behavior change
4. **Private Sector** should make hand hygiene products and goods accessible and affordable; and contribute towards resilient hand hygiene systems and promote hand hygiene within work spaces.
5. **Civil Society Organizations** should continue to advocate for and Raise awareness on the importance of hand hygiene; support and augment government programs for better community outreach.
6. **Media** should report, amplify and share information on hand hygiene
7. **General Public** should promote and practice hand hygiene at all times.

In a Nutshell, everyone has some thing they can do and we should all do our part diligently.

As I conclude i wish to thank Mbarara District Local Government for hosting this year's National celebrations.

To the Ministry of Water and Environment; Ministry of Health; Ministry of Education and Sports; Development Partners, Civil Society Organizations, Members of the Parliamentary WASH Forum, private sector, the media, members of the community, and all of you participants, I thank you for devoting your efforts to the success of this event.

Special thanks go to **UNICEF, Water for People, Plan-Uganda, IRC, GIZ, World Vision, AMREF Health Africa, USAID-Uganda Sanitation for Health Activity; UWASNET and HAI Agency;** for sponsoring and managing this event.

I implore everyone here; children, women, men, political, religious and cultural leaders; technocrats, media, and private sector to unite for universal hand hygiene so that we all live in healthy communities.



“
Private Sector
should make
hand hygiene
products
and goods
accessible and
affordable

LOW HANDWASHING MENTALITY IN MBARARA SCARES AUTHORITIES



Men walk passed a handwashing Facility at Mbarara Central Market recently. PHOTO BY FELIX AINEBYOONA

Mbarara District water officer Joseph Mucunguzi urged residents to step up efforts in improving handwashing in the district to avoid spread of diseases.

Mr Mucunguzi was speaking on the sidelines of National handwashing day celebrations that were held in Bwizibwera Town Council, Mbarara District under the theme, United hand hygiene on October 28.

Global handwashing Day is celebrated every year on October 15, across the world to increase awareness and understanding about the importance of handwashing with soap as an easy, effective and affordable way to prevent diseases.

“It is all about washing hands. At times people don’t know how to wash hands and it’s the hands that can cause trouble to your health. So at times we come from somewhere you don’t wash your hands you pick something you touch on your nose, mouth incidentally,” said Mr Mucunguzi.

He added; “You don’t know that you’re going to touch on your mouth and you end up touching there and that one makes you get sick when you have not cleaned your hands with clean water and soap.”

Mr Mucunguzi said Mbarara district was doing badly in terms of hand washing despite having water, the reason why locals need to always be reminded of the 4Fs (Food, Fly, feaces, and finger) as one of the methods used in Primary Health care.

“The percentage of access to safe water in Mbarara district stands at 70%, in sanitation in general, we are at 94% but we are doing badly in handwashing

as we are at 64% despite toilet facility coverage we are standing at 98 %,” he said.

This statistic scares authorities since the percentage of people who do not wash hands after doing any activity is high.

“You know hygiene is a complicated thing it is an individual thing that is sanitation and hygiene, the sanitation in simple terms is just the general cleanliness outside and inside of the compound of the place and so when it comes to hygiene it comes to individual, that is why we are promoting hand washing,” he said.

Mr Sam Mutono, the Chairperson National sanitation working Group, said though few people are embracing washing hands with soap, there has been an improvement from 14% to 35% since 2007.

“We want to thank God thus far we have come. In 2007 the study we carried out informed us that only 14%



Mbarara Regional Referral Hospital Director Dr. Celestine Barigye shows people how to wash hands with soap during the Covid-19 outbreak in 2021.

of the people washed their hands with soap but the observation made by the sanitation working group in 2021 showed that **35%** washed hands with soap," he said.

He added; "it is not good enough and the best Sustainable Development Goal is a 100%. We hope we shall get there."

Mbarara district Chairman Mr Didas Tabaaro said they are planning to start a health training institute to help on the sensitisation of the locals on hand washing.

"We have a programme to start a health training institute at Bwizibwera to support Mbarara Regional Referral Hospital and Bwizibwera health center IV so that when students are training they can even extend to communities to train people how to wash their hands with soap," he said.

An Assistant Commissioner at the Ministry of Water and Environment, Eng Olweny Lamu, assured the public of government's commitment to ensure hand washing is emphasized.

"As a ministry we have been mainly involved in advocacy for hand washing at both national and district level and have incorporated hand washing with soap in our work plans and budget, we support districts in planning and budgeting for hygiene and sanitation including hand washing with soap especially using the transitional grant" he said.

Government has ensured that handwashing with soap is achieved by ensuring that all parts of the country have access to safe water both in rural and urban areas.

"Access to safe water is reported to be at 69% today in rural areas and 70% in urban areas. That is the status of our coverage in as far as water supplies is concerned," said Eng Lamu.

According to Eng Lamu, after Ebola was declared in Uganda, handwashing went to 45 per cent but has since reduced to 35 Percent in less than a year.

"So this downward trend in handwashing practise is undesirable and must be reversed immediately if the country is going to get back on track of achieving both the national targets and Sustainable Development Goals by 2030," he said.

"Access to safe water is reported to be at 69% today in rural areas and 70% in urban areas

The MP for Kumi Municipality, Mr Silas Aogon who was the chief guest at the National Celebrations said sanitation should be a responsibility of every individual other than the Government.

"Despite efforts by government and non-state actors, the national hand washing coverage remains low. In fact a decline has been registered from **44.7%** in 2021 to **35.8%** in 2022," he said.

He added; "This has been largely attributed to the reduction of Covid-19 cases which had boosted the handwashing practise across the country."

He called upon the Central and local government to develop and fund country roadmaps to coerce universal hand hygiene, set standards to provide overall guidance and prioritise hand hygiene infrastructure and policies within schools, health care facilities, workplaces and public settings.

GLOBAL HANDWASHING DAY



PICTORIAL



Mbarara District Chairman Didas Tabaaro(L) followed by the chief guest MP Kumi Municipality Silas Aogon march to the venue.



Students present a poem on handwashing at Bwizibwera play ground



Students

GLOBAL HANDWASHING DAY



PICTORIAL



Commissioner



Partners in Global hand washing during the international celebrations in Mbarara



Mbarara City Speaker Bonny Tashobya Karutsya(L) and Mbarara district Chairman Didas Tabaaro(R)

GLOBAL HANDWASHING DAY



PICTORIAL



Kumi Municipality MP Silas Aogon demonstrating to the public the right procedure of washing hands



MP Silas Aogon Addressing the public



UPDF blas band entertain the public during the celebrations at Bwizibwera playground.

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 NHWSC.



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+

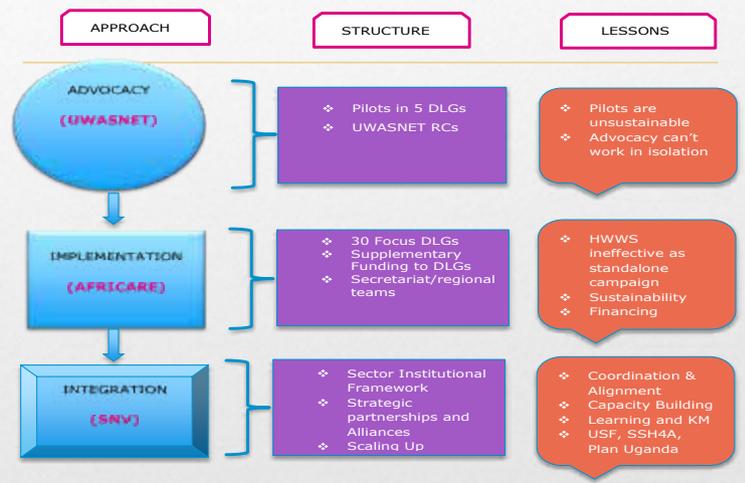
These all focussed on parents and caregivers of children under five years



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.

TRANSITION OF THE NHWC



GENERAL GUIDELINES FOR EFFECTIVE HWWS MESSAGING

Use existing research: It is very important to use research while developing any communication tools and materials because it helps to improve on targeting and likelihood of message success. Research can be used to design the key messages and communication strategy. Small surveys, large surveys and focus group discussions can all inform the communication strategy and help to ensure that messages are effective.

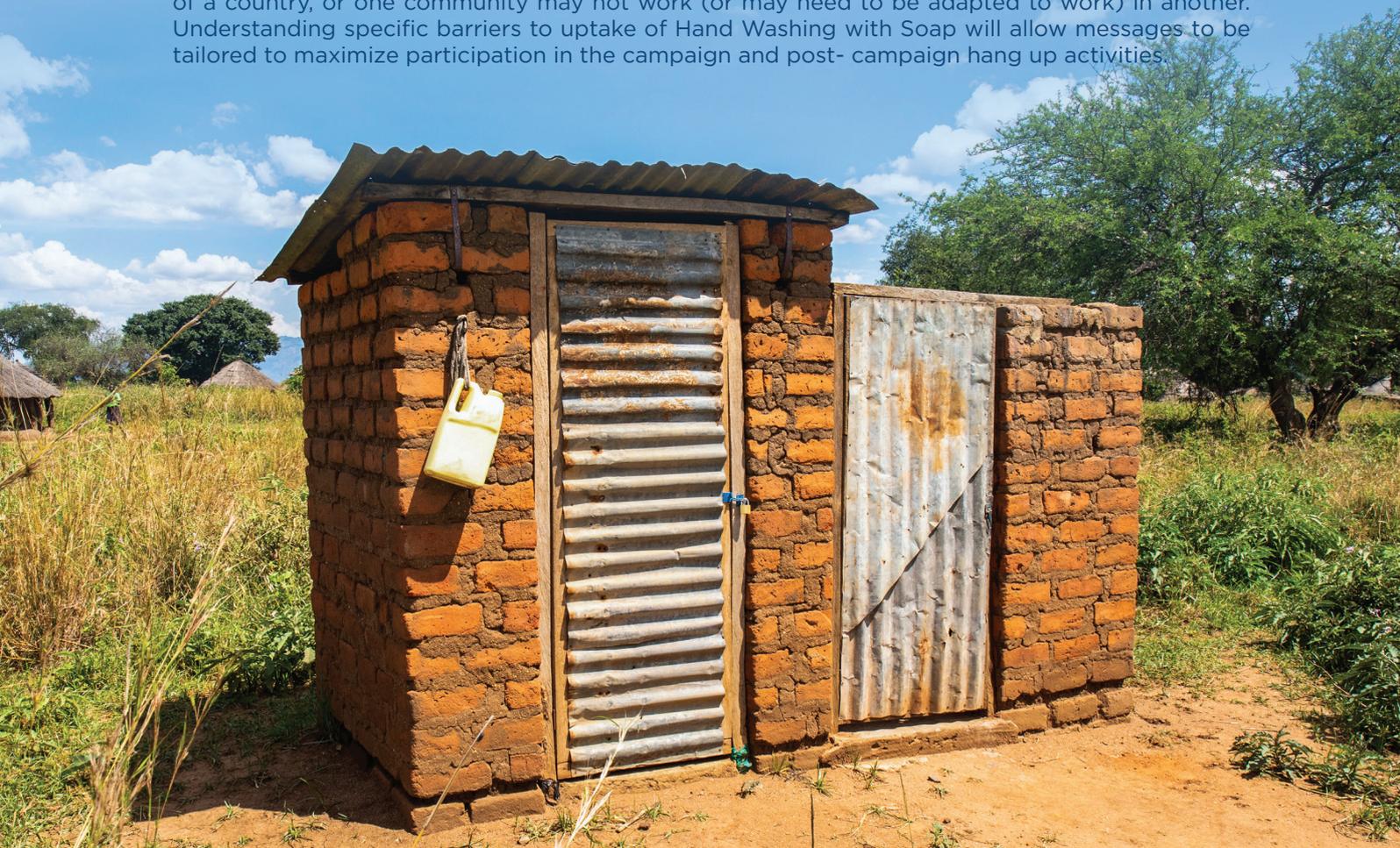
Keep messages simple: Messages should be clear, simple, and easy to understand, action-oriented, feasible and relevant, and sensitive to cultural, political, and religious beliefs and practices.

Use local language(s): Use the language(s) that will be understood by most people in a particular area, considering radio (where beneficiaries only need to understand the language as it is spoken) and print materials, which require literacy in a language. Strive to use the minimum number of languages needed, otherwise printing and translation costs can balloon. Create a consistent "brand strategy" for the campaign: Materials should have consistent color scheme, logo, and slogans. The same typefaces should be used on printed materials, and the same voices in radio and television spots.

Use multiple channels: Research shows that disseminating messages through multiple channels is more effective and reaches more people.

Adapt key messages to local context: Key messages should be developed with involvement from the community, so that they are adapted to the local context. Where and when possible, use trusted local celebrities and spokespeople to participate in dissemination of messages for campaigns (on posters, radio, television). Respected leaders can be very effective in reaching large populations.

Communication must be context specific: What works in one country, one part of a country, or one community may not work (or may need to be adapted to work) in another. Understanding specific barriers to uptake of Hand Washing with Soap will allow messages to be tailored to maximize participation in the campaign and post-campaign hang up activities.



Pre-testing

Once communication materials and messages are developed, it is crucial to pre-test them before disseminating them widely. Pre-testing is a way to find out from members of your intended audience how to improve your draft materials. Pre-testing helps to avoid costly errors by pinpointing problems before final production and distribution. It helps ensure that materials are appropriate, understandable by your intended audience, non-offensive, and that they communicate your intended message. Even with high-quality formative research, and a talented and creative materials development team, unintended interpretations of the messages and materials can still occur. This can waste resources, alienate, or annoy people, and/ or communicate the wrong messages. In some cases, these problems can seriously affect the project's impact.

Methods for pre-testing

Pre-testing is most often done using one or more of the following methods:

- 1. Focus-group discussion:** qualitative interviewing typically conducted with groups of eight to ten people representing the intended audience.
- 2. In-depth interview:** one-on-one interviews conducted with experts and/or peers whose input is necessary due to their technical knowledge or skill.
- 3. Intercept interview:** brief interviews with representatives from the target audience using short, closed-ended questions, used to assess logos and slogans.

Pre-testing can be carried out with:

1. Representatives from the target audience (most important).
2. Gatekeepers: partners and HWWS secretariate members who must approve materials.
3. Technical experts, to check accuracy of information.

It is vital that the pre-testing be done with participants who represent your target audience. Officials and those working in the capital cannot completely put themselves in the shoes of your target population in the village. Take the time to gather a small group of people, or several groups in different geographic areas if needed, and show them the materials.

Pre-testing guidelines

1. Design the pre-test methodology:

- a. Outline characteristics and requirements of pre-test respondents. They should match your intended audience by age, gender, educational level, rural versus urban, etc.
- b. Decide which method you will use to gather data (focus group discussions, in- depth interviews, intercept interviews).
- c. Draft budget and timeline.

2. Select and train facilitators for the pre-test and ensure that they:

- a. Understand the material they are pre-testing.
- b. Can use the pre-test tool.
- c. Can speak the language of the participants.
- d. Are like the pre-test participants (gender, age, etc.).
- e. Can ask probing questions.

3. Design the pre-test tools using the following questions as a guideline.

NOTE: Ensure that pre-test questions address both the images and graphics (print and video) and text (written and audio):

- a. What message does the audience get from the material?
- b. Who do they think the materials are designed for?
- c. Is it easy to understand the materials and the message?
- d. Is there anything offensive? If so, what?
- e. Is there anything they do not understand?
- f. What do they like about the materials?
What do they dislike? (Including sounds, voices)
- g. Is there anything that should be added or removed from the material to improve understandability?

4. Prepare the materials for the pre-test:

- a. Prepare the tape-recorders or digital voice recorders or prepare note-takers with pens and paper.
- b. Make copies of the pictures/drawings for print materials.
- c. Make copies of text.
- d. Prepare storyboards for videos.
- e. Develop pre-test instruments and make copies for facilitators.
- f. Prepare dramatic readings or recordings for radio scripts, in local language where necessary.

5. Pre-test:

- a. On the day of the pretest make sure all the participants are present on time.
- b. During focus groups, facilitate the discussions using at least two people: one moderator, who asks the questions and the follow-up questions, and a recorder, who starts the tape recording and takes written notes on participants' reactions to the materials.
- c. Tape record all discussions if possible.

6. After the pre-test:

- a. Summarize the findings in a brief report.
- b. Revise materials in accordance with comments, especially if the majority or "Sizable minority" have made similar comments.
- c. Finalize materials and produce!

HAND WASHING WITH SOAP COMMUNICATION CAMPAIGN CREATIVE BRIEF

WHY ARE WE CAMPAIGNING/ADVERTISING?

Uganda's hand washing with soap rates have remained consistently low despite the efforts invested over many years in improving the practice of hand hygiene. Therefore, as a country, there is need to re-strategize our Social Behavior Change interventions to shift to the targeted rate of 50% HWWS by 2025. Additionally, poor sanitation and hygiene have been identified among the five major causes of high infant mortality rates in Uganda and that handwashing with soap can prevent approximately 4 out of every 10 cases of diarrhea .

Goal

To attain sustainable knowledge, attitudes, and practices of handwashing with soap among priority audiences.

Objectives

- Create awareness on the benefits of HWWS among priority audiences.
- Address barriers hindering the adoption of the recommended HWWS behaviors and practices.
- Empower priority audiences with knowledge on how to establish and maintain HWWS facilities.

AUDIENCES - WHO ARE WE TALKING TO?

Primary Audiences

- Learners (6-24 years) (Primary school pupils, secondary school students, tertiary level students).
- Parents and caretakers of children under 6 years including fathers, mothers, and caretakers.
- Community health workers / VHTs
- District Health Teams
- Academic institutions

Influencing / Secondary Audiences

- Landlords: Limited knowledge on the benefits of HWWS.
- Custodians of public places (religious places, markets, taxi & bus parks): Most do not take HWWS as a priority and lack correct knowledge on the benefits of HWWS.
- Policy makers - Lack resources for implementing HWWS policies and guidelines at the national and subnational level.

WHAT ARE THE AUDIENCES' BARRIERS TO CHANGE?

With insights from the strategy, design and consultative engagements, the barriers can be placed at different levels including:

Individual level

Learners 6-24 years

- Limited access to handwashing facilities and poor handwashing practices in their homes and at school.
- Limited knowledge on the benefits of hand washing with soap.
- Poor HWWS practices at home.
- Poor handwashing practices from their influencers
- Belief that there is no need to wash hands unless they are going to eat food or after defecating.

Parents and caretakers of children under 6 years

- Lack of WASH facilities (water and/or soap, latrines) at critical points (e.g., after defecation, changing diapers).
- Inability to afford hand washing necessities especially soap due to increased prices.
- Lack of HWWS information.
- Unreliable supply of water at school and places of residence.
- Poor handwashing practices by parents/caretaker.
- Belief that there is no need to wash hands unless they are going to eat/serve food.

Community health workers / VHTs:

- Lack of resources to facilitate them to carry out community work around HWWS.
- Low prioritization of HWWS in comparison to other issues
- Inadequate knowledge regarding the benefits of HWWS.

District Health Teams

- Lack of resources to facilitate them to carry out work around HWWS in their districts.
- Inadequate knowledge regarding the benefits of HWWS.
- Limited priority given to HWWS during district planning and budgeting meetings.

Academic institutions:

- Resource constraints to procure facilities and print materials on HWWS.
- HWWS is not considered a priority by some academic institutions.

Landlords

- Limited availability of HWWS facilities.
- Limited compliance from tenants.
- Limited inspection from the landlords.
- Limited knowledge about the benefits of HWWS from the tenants.

Custodians of public places

- Individual barriers - Knowledge gap, lack of respect of authority and negative attitude towards adoption of hand washing facilities from people.
- Community barriers - Corruption, lack of respect for authority and negative attitude towards authorities.
- Structural barriers - Lack of hand washing facilities, soap, and water.

Policy makers: Lack of resources for implementing HWWS policies and guidelines at the national and subnational level.

WHAT SHOULD THEY FEEL / THINK AFTER SEEING

THE COMMUNICATIONS?

After seeing the communication campaign, the audiences should feel that hand washing with soap is

- Easy and doable.
- The new norm.
- Will improve the quality of their lives.
- Will help them live a disease-free and healthier life.
- Will protect their children from falling sick (for caretakers of children under 6).

SINGLE MINDED PROPOSITION

- HWWS helps to prevent hygiene-related diseases and improves people's health.

CAMPAIGN TONE

- Factual
- Inspiring
- Compelling
- Triggering a sense of responsibility

MESSAGE THEMES

Learners

- Hand washing with soap and clean water at critical times (using the toilet, before eating and after eating)
- Encouraging peers to adopt proper hand washing practices.
- Being exemplary for their peers.

Parents and caretakers of children under 6 years including fathers, mothers, and caretakers

- Wash the baby's hands before and after eating.
- Hand washing with soap and clean water at critical times (using the toilet, before preparing/serving food, before and after eating and after school)
- Hand washing and disease prevention.
- Provision of hand washing facilities with soap to family members.

Community Health Workers and District Health Teams

- Support communities to adopt HWWS practices to address the diseases.
- How poor handwashing affects people's lives.
- Prioritize HWWS during your district and community planning meetings.
- Support rollout of HWWS initiatives.

Landlords and Custodians of public places

- Provide HWWS facilities and support people under your supervision to use them.
- How poor handwashing affects people's lives.
- Support rollout of HWWS initiatives.

Policy makers

- Prioritize HWWS during planning and budgeting meetings.

MANDATORY INCLUSIONS

- All partner logos as guided by UNICEF.
- Mostly pictorial illustrations of the HWWS communication.

KEY PROMISE

- If you observe the recommended HWWS practices, you will live a healthier life free of hygiene related diseases.

OTHER CREATIVE CONSIDERATIONS

- Use Human Centred Design process to develop the campaign: work with audience representatives to co-design campaign including children.
- Translate campaign toolkit into local languages.
- Develop several formats of the campaign to meet the needs of the different audience segments.
- Consider a more pictorial angle to the communication toolkit.

CAMPAIGN REQUIREMENTS – A HWWS COMMUNICATION TOOLKIT

- Trigger materials like posters
- Job aides for health workers
- Radio materials - radio spots, DJ mentions, announcements, jingles and audience engagement guides, drama series
- Audio-visual tools
- Talking points for leaders and champions
- Collateral / promotional materials including stickers, t-shirts, wrist bands, banners, among others
- Child friendly and adolescent friendly materials



MALTESER INTERNATIONAL WORKS WITH REFUGEES & HOST COMMUNITIES TO TACKLE SUBSTANTIAL HYGIENE, SANITATION ISSUES

Rhino Camp



Members of a local group that produces the dome-shaped slabs

Refugees in Rhino Camp Refugee Settlement as well as benefitting host communities have praised Malteser International (MI), a humanitarian INGO, for introducing dome-shaped slabs for pit latrine construction after years of suffering with other short-lasting materials which lead to consistent collapses of the latrines.

A smiling Mary Dawa from Ofua I village in Rhino Camp Refugee Settlement was pleased with the support provided by MI after using the new structure for seven months: "I built this latrine myself and we are very happy and comfortable with it, because the slab is strong and long lasting and it is easy to wash," she said. Dawa predicts that her family of nine dependants will now take up to a decade without having to look for new materials for covering a new latrine. Previously, she says, her family had to look for materials from very distant bushes, which posed a security risk for her and her family, and every time they constructed a latrine it always collapsed in less than two years.

The dome shaped pit latrine slabs were introduced by MI after a careful assessment of the hygiene and sanitation situation in the settlements, according to Eng. Alfred Chandonga, the project coordinator. They pose one of the safest technologies for disposing human waste. He says that besides moving long distances to collect materials for the latrine construction, the general scarcity of trees and the effect of termites also posed great challenges to the refugees, so much so that many refugees and host community members shared a single latrine, thereby increasing the risk of disease outbreak.

"I built this latrine myself and we are very happy and comfortable with it, because the slab is strong, long lasting and it is easy to wash."



A VHT stands next to one of the latrines constructed with dome-shaped slabs

In order to mitigate those risks and to support refugees and host communities in resolving their hygiene and sanitation issues, MI established a sustainable supply of dome shaped slabs by training local youth groups in their production while at the same time providing some previously unemployed with a new livelihood opportunity.

"We were trained for five days in the production of the slabs and later started producing the slabs locally. People are very happy and thankful for the livelihood opportunity provided by MI. Furthermore, it is also a lot better for the environment as there are only few trees remaining in our area and we now don't have to cut down the remaining ones. That's why we thank Malteser for bringing this training on the production of the dome shaped pit latrine slabs to our village" says David Malice, one of the team leaders of the production group in Ofua II.

On a personal level, Malice says, the training and eventual production work of the slabs has helped to increase his family income. He uses the money he earns from making the slabs to pay his children's school fees and to buy scholastic materials as well as supporting other family needs.

Another member of the slab production team, Simon Yosa, says the work saved him from idleness while also providing an opportunity to help a community in dire need: "Before the coming of this project, I was just staying home but when I was brought to the slab production centre, things changed so much. The overall situation of latrine coverage in our community has now completely changed", Yosa asserts.

To guarantee the effective implementation of intended WASH outcomes as well as to address the community's hygiene and sanitation issues, Malteser International takes a two-pronged approach according to Mudasiri Atiku, a field assistant.

One of the approaches is through MI's engagement and facilitation of 80 village health teams (VHTs) who go from home to home in order to mobilize the communities and raise awareness on important WASH measures that can be implemented at household level.

In addition, the VHTs are charged with the responsibility to make sure that the community comply with the set hygiene and sanitation standards, and they are the first point of contact for the sick and serve as a referral mechanism to the local health centers. In addition to providing a financial facilitation to the VHTs, MI provides them with capacity building and trains them in the use of data collection tools that help them submit up-to-date reports.

The second approach, dubbed Community Led Total Sanitations (CLTS) is an approach utilised by a broad range of stakeholders to tackle sanitation issues. Since 2011 also the Ugandan government has been promoting and utilising the approach and has allocated funding through the Ministry of Water and Environment to support 50 districts in that regard. CLTS is a bottom-up approach which facilitates communities to conduct their own appraisal and analysis of open defecation, mobilizing people to identify and find solutions to their sanitation and hygiene needs. CLTS encourages people to take action to improve their situation by utilizing local knowledge, technology and innovation.

Atiku says through the two approaches, MI has effectively worked with communities to significantly reduce cases of poor hygiene and sanitation as well as cases of open defecation in the communities. The same result has also been observed by Juma Leni, a VHT from Ofua II.

Alfred Mandela, another VHT from Ofua II zone, says their home-to-home visits to advise and sensitise people, especially those that do not have hand washing facilities, plate racks, rubbish pits, etc. have yielded fruit and that the joint efforts with MI have greatly improved the hygiene and sanitation situation in the settlement.

A constant challenge, however, in the communities, is the inadequacy of hand washing due to the lack of so-called tippy-taps. The local communities complain that the 5l jerrycans necessary for the tippy-tap construction that had been provided in earlier distribution had been destroyed due to the intense sun light. To respond to that gap, MI has incorporated the distribution of 5 liter jerrycans for tippy-tap construction into a new project top-up and will supply them to the refugees in need, once donor approval has been granted.

In the coming years, MI plans to continue to support communities through its VHT and CLTS approach as well as ongoing and close monitoring to ensure continued positive outcomes and engage in continuous dialogue with and feedback sharing from the beneficiaries.



Before the coming of this project, I was just staying home but when I was brought to the slab production centre, things changed so much. The overall situation of latrine coverage in our community has now completely changed," Yosa asserts.

Malteser International's hygiene interventions

Guarantee that children can go back and stay in school



Members of the health club pose with their teachers and Malteser staff for a group photo

The past years have been some of the toughest in recent history, due to the harsh health, economic, and social impacts of the COVID-19 crisis. Humanitarian interventions in the refugee settlements in Uganda were greatly affected, as donor countries were themselves battling with disease prevention and control at home.

Additionally, government regulations strongly restricted the movements which in turn made continuous service delivery in the camp very difficult.

Despite these challenges, Malteser International, under the leadership of the Office of the United Nations High Commissioner for Refugees (UNHCR) and the Office of the Prime Minister (OPM), together with other implementing partners, took a major step to ensure that school children were able to return to classes once the lockdown was lifted. This was done after appropriate preventive measures were taken to prevent a new outbreak of the virus. Eng. Alfred Chandonga, the project coordinator at Malteser International recounts that 43 schools across the entire Rhino Camp Refugee Settlement were supported with an assortment of personal protective equipments (PPEs) and other items to fight and prevent the spread of COVID-19.

In total an astonishing 89,664 packets of reusable facemasks, 1,000 bars of soap, 100 20litre jerrycans of hand sanitizer and 17 handwashing facilities were distributed to schools across the settlement.

In addition to the PPE distribution, Malteser International in cooperation with the German Toilet Organization, spearheaded a COVID-19 hygiene promotion approach for teachers and

children, called "My Healthy Friends". "My Healthy Friends" provides a series of easy-to-understand and easy-to-use educational materials for children.

The learning materials are designed to internalize hygiene rules to help contain the spread of coronavirus. "My Healthy Friends" motivates learners to take care of each other and protect each other, as the coronavirus can only be stopped by working together. Based on the principle of learning through play, "My Healthy Friends" mobilizes collective action, triggers behavior change, and improves practiced hygiene in schools in the long term. In addition to the trainings, the pupils created so-called health clubs to promote the implementation of the learned behavior and discuss upcoming issues.

One such member of the club is Margaret Sijali, the headgirl of Ofua II Primary School in Rhino camp settlement. "Before the training, I didn't know much about the Coronavirus. But through the training and the club, awareness has been created and we now know how the disease can spread and what we as pupils can do to control the disease," says Sijali.

Malteser International also trained head teachers and deputy teachers in the "My Healthy Friends" approach so that they can offer support and guidance to the children. "We had a training at Ocea Primary School to learn about this approach and we immediately embarked on its implementation. We are very happy with the support offered by Malteser International," says Ayuku Augustine Arami, the deputy head teacher of Ofua II primary school. Seven schools with a total population of 2300 learners and 21 teachers benefited from the 'My Healthy

Friends' training in Rhino Camp Refugee Settlement.

In addition to the thorough Covid-19 support to a large number of schools in the settlement, the humanitarian organization also supported schoolgirls with their menstrual hygiene management (MHM) to help them stay in schools. "There were a lot of complaints raised from the schools in which the girls lacked some of the common MHM materials leading to increased dropouts.

Malteser International had to come in to fill this gap," Eunice Anderu, a field assistant at Malteser International operating in Rhino Camp Refugee Settlement, says. Items distributed in cooperation with UNHCR included towels, buckets, pads as well as the establishment of a special room for girls where they can change clothes and pads in privacy. As a result of these interventions, 561 schoolgirls of the refugee and host communities were able to continue going or returning back to school on a daily basis which allowed them to acquire knowledge alongside their male counterparts.

Given the huge MHM needs around the settlement and the strong decrease in donor funding due to the competing priorities, including the war in Ukraine, the situation on ground is very difficult at the moment. However, there is a new glimpse of hope. The German government approved two new projects to be implemented by Malteser International, both of which include MHM support towards women and girls. Planned activities include the distribution of MHM kits, sensitizations as well as the training of women in the production of reusable sanitary pads, says Alfred Chandonga, the project coordinator at Malteser International.

Through such interventions, Malteser International has not only been able to contribute its part in preventing the spread of COVID-19 in the refugee settlement but also offers hope to young girls to stay in school by supporting them with menstrual hygiene materials.



Before the training, I didn't know much about the Coronavirus. But through the training and the club, awareness has been created and we now know how the disease can spread and what we as pupils can do to control the disease," says Sijali.



In Uganda, access to safe sanitation remains low, only 33% use improved facilities (JMP 2017).

The low access is attributed to a weak sanitation supply chain, low knowledge on sanitation and hygiene among households and limited financing options.

Financing is a key issue due to the Ugandan policy of zero subsidy towards household latrine construction.

The majority of the households in need of sanitation solutions are poor and with limited knowledge of the available financing options.

The FINISH Mondial programme has worked to strengthen linkages amongst households, financial institutions, Private sector and government to accelerate sanitation improvement to meet SDG 6.

Connecting non-sewered sanitation to climate finance. Missing links?

Raising awareness about the link between safely managed non-sewered sanitation systems (SDG 6) and climate finance aims for exploring cross-sectoral partnerships and unlocking new finance streams for sanitation.

The Finish Mondial Programme continues to advocate for recognition that safely managed non-sewered sanitation programmes (such as FINISH Mondial) have a high potential to integrate climate goals as significant objectives.



FINISH Mondial started in Uganda in July 2018

Key achievements realized from 2018 to date:

Over **100,000** people reached with sanitation and Hygiene messages, **50,904** safely managed sanitation systems constructed that led into **305,424** people living healthier lives, **500** entrepreneurs trained technically and five entrepreneurs coached on sanitation businesses.

To date, local authorities have acknowledged that FINISH Mondial Uganda has significantly boosted progress towards attaining SDG 6 (clean water & sanitation) for the communities in Kabarole, Kamwenge, Bunyangabu and Kyenjojo districts.

The following results were achieved:



Over **50,904** improved sanitation facilities constructed



305,424 school children reached

In Kabarole, Kamwenge, Bunyangabu & Kyenjojo districts, Local governments allocated

€ 20,000 

during the financial year 2019-2020 specifically for sanitation improvement.

Over **212,000** beneficiaries reached



500 sanitation entrepreneurs supported



Financial leverage for sanitation systems construction at household and institutional levels has reached over **€ 2.5 million.**



Elizabeth Ayupo, an enrolled midwife at Olwal Health Centre II opening the placenta pit constructed by Amref at Olwal Health Centre II, Amuru District.

Amref Health Africa in Uganda's WASH interventions in health care facilities

Background and rationale

Improved Water, Sanitation and Hygiene (WASH) in healthcare facilities (HCFs) is important as it ensures quality and safe care needed by humans and minimizes the risk of infection to patients and their caretakers, healthcare workers and the communities around. Infectious disease risks facing HCFs are costly economically as they pose a great financial burden to the government, health sector, health care system and individual and their families. Absence of safe water and acceptable conditions of sanitation and hygiene in the majority of HCF settings in the developing countries continue to be blamed for its contribution to perpetuating infections that increase morbidities, hospitalization and mortalities among both the adults and young children.

- Amref Health Africa in Uganda conducted an assessment.
- **24/24** of the sampled centers did not have running water in maternity wards.
- Midwives & pregnant mothers fetched water from over 500 meter distance.
- Only **16.7%** of healthcare facilities had an improved latrine that meets the needs of people with reduced mobility.
- **24/24** of the health care facilities had no hand washing facilities near the latrines.
- **33.3%** of healthcare facilities shared latrine facilities with the community (not patients).

Consequently

- Only **11.9%** of the mothers and caregivers practiced hand washing.
- Only **20.8%** of women deliver at health facilities (district HMIS).
- **43.5%** had sepsis in the first 28 days of their lives.

Objective

To increase skilled birth attendance in order to reduce the incidence of neonatal sepsis in Amuru District (intervention in 6 HCF).

- Programme focused on 3 impact level indicators at the health care facility level
- Data collected on a quarterly basis to monitor trend in indicators using kobo collect.

- Data collected linked to district data collection system (District HMIS)

Impact seen by intervention

- Reduction in the proportion of sick neonates presenting to health facilities with Sepsis from **43.5%** at baseline to **33.3%** after 4 years.
- Skilled delivery in health care facilities; increased from **20.8%** at baseline to **92%** in the 4th year of programme intervention.
- Increase in the MNCH service satisfaction levels among mothers; the quality of MNCH services at health facility improved from **64.1%** to **93%**.



Elizabeth Ayupo, an enrolled midwife at Olwal Health Centre II collecting clean water from the solar powered water facility installed by Amref in the labour suite at Olwal Health Centre II, Amuru District, Uganda.



Promotion of hand hygiene through young champions dubbed Chief Education Officers (CEO)

In the initial stages of the Covid-19 pandemic, Sub-Saharan Africa reported lowest infection rates. Numbers began to rise in March 2020 with Uganda confirming the first case on 21st March. Since then community cases have been registered in different locations while some deaths were reported in Uganda originating from community transmission.

The government of Uganda put in place strict measures to prevent and control the spread of Covid-19 which included, hand hygiene, respiratory etiquette, social distancing proper surface cleaning, wearing of face masks in public and COVID-19 vaccination.

Through the Hygiene Behavioral Change Coalition Program, Amref Health Africa in Partnership with Brands on a Mission organised a community-led activity in the Urban Slum areas of Kawempe in the sub-country of Kazo-Angola.

This activity was a pre- Global handwashing day event under the Theme, "Unite for Universal Hand Hygiene."





This activity was part of the intervention of mindset and behavior change using children as societal rapid behavioral change makers in order to sustain the level of prevention so far attained.

The Overall Hygiene promotion activities target households through use of collective vulnerable sites and public spaces that are well aligned to the Hygiene behavior change program. The districts where the project is being implemented are specific to covid-19 transmission thus the need to aim at reducing the exposure to the disease at home, in schools and in communities;

In the project we also set up and provide affordable WASH services and products for confined households or areas of high incidence with vulnerable groups, including exposed collective sites and public spaces in the urban slums.

Children Embrace Handwashing through participation of the Global handwashing day competitions Dubbed, The Hand Hygiene Chief

Education Officer (CEO) whose main objectives are;

- To promote hygiene especially hand hygiene using children champions in Kawempe division.
- To promote environmental sanitation among households and in places with high population such as schools.
- To promote uptake of Covid-19 vaccination among the people of Kazo Angola, Kawempe division.
- To vaccinate eligible children and adults against Covid-19.
- To give out hygiene and environmental sanitation tools and items in the communities.
- To conduct fair competitions among the invited children in order to determine winners who in turn emerged as CEOs. For their schools.

250 children participated and among those five children from every school were awarded the title of Hand Hygiene Chief Executive Officers. This was because they were able to train fellow children both at home and in school about the critical steps of handwashing with soap and clean running water.

They also demonstrated how to properly wash your hands using the seven approved steps as indicated. <https://www.healthline.com/health/7-steps-of-handwashing>. Unilever Uganda also gifted the school children with Unilever hampers which contained Pepsodent tooth paste, Vaseline and a tablet of Life Bouy soap.





OXFAM

OXFAM'S WASH PROJECTS KEEP LIFE FLOWING AMONG REFUGEES IN KYANGWALI.

KYANGWALI REFUGEES SETTLEMENT



A refugee fetching water from one of the taps provided by Oxfam in the Kyangwali refugees settlement.



We were fetching water far away from here. We are very glad that these water projects have been extended here

The extension of water and improvement of latrine facilities' coverage has helped keep life flowing among thousands of refugees in Kyangwali refugee settlement in Kikuube district of Western Uganda.

With an average daily refugee influx of between 30 and 50 at the settlement, there has always been a high pressure exerted on the available water and sanitary facilities in the settlement, which is inhabited by over 125,981 refugees.

Oxfam is providing water, sanitation, hygiene, environment, and energy services to refugees and host communities. One of the beneficiaries of the WASH project by Oxfam is Harriet Ntachunanse from Malembo Block 5 in the Kyangwali Refugee settlement, where access to clean water has been difficult.

Ntachunanse says the extension of water to the settlement by Oxfam has brought relief to their lives. She says that the long trek for water has been brought to an end.

"We were fetching water far away from here. We are very glad that these water projects have been extended here. We were getting tired, and we would go with our children and almost spend a night at one water source very far away from here," Ntachunanse says.



An Oxfam official and a settlement leader inspecting a piped water supply system in the settlement.

High refugee influx:

Serge Gai, the Refugee representative Chairperson for Kyangwali settlement, says the settlement has over 125,981 refugees who are exerting pressure on the available water sources.

“The water is not enough for the population. Yes, Oxfam is working, but we have a high population. If it is to add on the sponsorship for water, they should do it so that we can cater for the large population. Some places are water-stressed, and this needs more effort to work on it.” Serge says.

Oxfam collaborates with other actors in the response. For example, the district has offered support in drilling handpumps, and UNHCR is also directly supporting the response.

Mbusi Marine RC3, in charge of health and WASH, says “We work with Oxfam hand-in-hand and where possible, we go with them to the field. There are some places like Maratatu where sanitation was not good, but we instituted a committee, and things are now okay.

We request that Oxfam should be given more support more especially in areas of handling solid waste in the settlement.” Marines says.

Judith Akite, a public health promotion assistant in charge of Zone E and D says open defecation was a common cause of sanitation risks like diarrhea disease among children below five years.

“Before, there was a lot of open defecation, and this comes with a lot of health risks especially diarrhea among children of five years and below. With continuous sensitization from VHTs, Oxfam and other leaders, open defecation is minimal and there is positive practices” Akite says.

She says latrine coverage has reached about 77percent in the whole settlement.

Enid Brenda Naikoba the Oxfam public health promotion officer in charge of

Health Dividends gained:

The provision of safe water has helped cramp down on water-borne diseases like watery diarrhea, which was always prevalent among refugees.

Jacob, a village health team volunteer in Malembo Block 5 in Kyangwali settlement, says there is a great improvement in water access and latrine coverage in the refugee communities.

“Before Oxfam intervened, people were struggling with waterborne disease because of open defecation and using contaminated water. However, with Oxfam, people are able to access clean and safe water and also have standard latrines. Some are still hesitant to adopt sanitation and hygiene standards,

but we are sensitizing them.”

Local leaders in the refugee settlements say that the improvement in water access and latrine has improved lives in the settlement.

Bahati Bugyingo, the Chairman for Malembo block 16 in the settlement, says there has been a great visible improvement in water, sanitation, and hygiene aspects of life among the refugee communities.

“The situation was appalling because we had no water and latrines. We appreciate Oxfam’s interventions which have changed our lives. They have done a great job in giving people practical skills in the construction of standard latrines, which has improved sanitation in the settlement” Bugyingo says.



Refugees fetching water from a tap under a water system provided by Oxfam in Kyangwali Refugees settlement.

“Some are still hesitant to adopt sanitation and hygiene standards, but we are sensitizing them”



The demand for water remains high because of a high influx of refugees in the settlement.



Oxfam also supports the repair of water hand pumps within the settlements and nearby host communities and household latrine construction.

sanitation and hygiene in Kyangwali Refugees settlement, says Oxfam is working as an implementing partner for United Nations High Commission for Refugees-UNHCR in Kyangwali and the office of the prime minister for delivering water sanitation hygiene-WASH services within the settlement.

She says that Oxfam is running 16 water systems, with 15 in the settlement and one at the Sabagoro Transit Center where they treat and supply water to the different communities

"We also do water tracking and currently, we have one village where we are tracking water in Malembo.

At the moment, we stand at 14.7 litres per person per day as water per capita that we are supplying which is still below the required UNHCR standard of 20L/p/d.

We have new developments coming up at Kinakyaitaka system, and by next year we shall increase to 18 liters per person per day" Naikoba says.

Naikoba says Oxfam also supports the repair of water hand pumps within the settlements and nearby host communities and household latrine construction.

"For sanitation and hygiene, we support household latrine construction within the settlement. For this year, we aim to support a total of 1912 households with latrine construction materials, and we are promoting the use of doom-shaped slabs because they can be reused, besides reducing the cutting down of trees for logs that were initially being used for latrine construction" Naikoba says.

Hygiene promotion

Naikoba says that Oxfam has been at the helm of hygiene promotion in the settlement by working with Village Health Team-VHTs in supporting WASH activities in the communities.

“The VHTs move house to house sensitizing people on different messages like handwashing, latrine use and maintenance, food hygiene, environment cleaning and all safe practices to promote a health living at a household and community level,” Naikoba says.

She adds, “We also provide WASH facilities to communities like T-P taps at household level and institutions to promote handwashing, we have also provided water storage containers to 2000 households, and we also offer support to the new arrivals”.

“However, we still face some challenges in some communities that are not compliant because, to some people, WASH is not a priority for them. We continue sensitizing them and encouraging them to feel a sense of ownership of these projects” Naikoba says.

She says in 2022 only, over Shs 683 million has been invested in water supply while Shs 304 million has been invested in providing support in latrine facilities.



Oxfam has improved latrine coverage in the settlement by providing latrine construction materials.

The need for more water:

Odokonyero Alfred, the Oxfam Public Health Engineering based in Kyangwali Refugees Settlement, says the 16 water systems are able to produce an average of 1.8 million litres of water serving over 125,000 refugees. This, according to Odokonyero, is not yet enough.

“The water coverage is not yet enough. We are still at 14.7 litres per person per day which is lower than the expected minimum of 15 litres per person per day as recommended by UNHCR and 20 litres per person per day as per Sphere standards.

“

The water coverage is not yet enough. We are still at 14.7 litres per person per day.

Concrete slabs which are being supplied to beneficiaries for standard latrine construction.



HAND HYGIENE IN HEALTHCARE FACILITIES OF KABAROLE DISTRICT, UGANDA

Supporting water sanitation and hygiene services for life

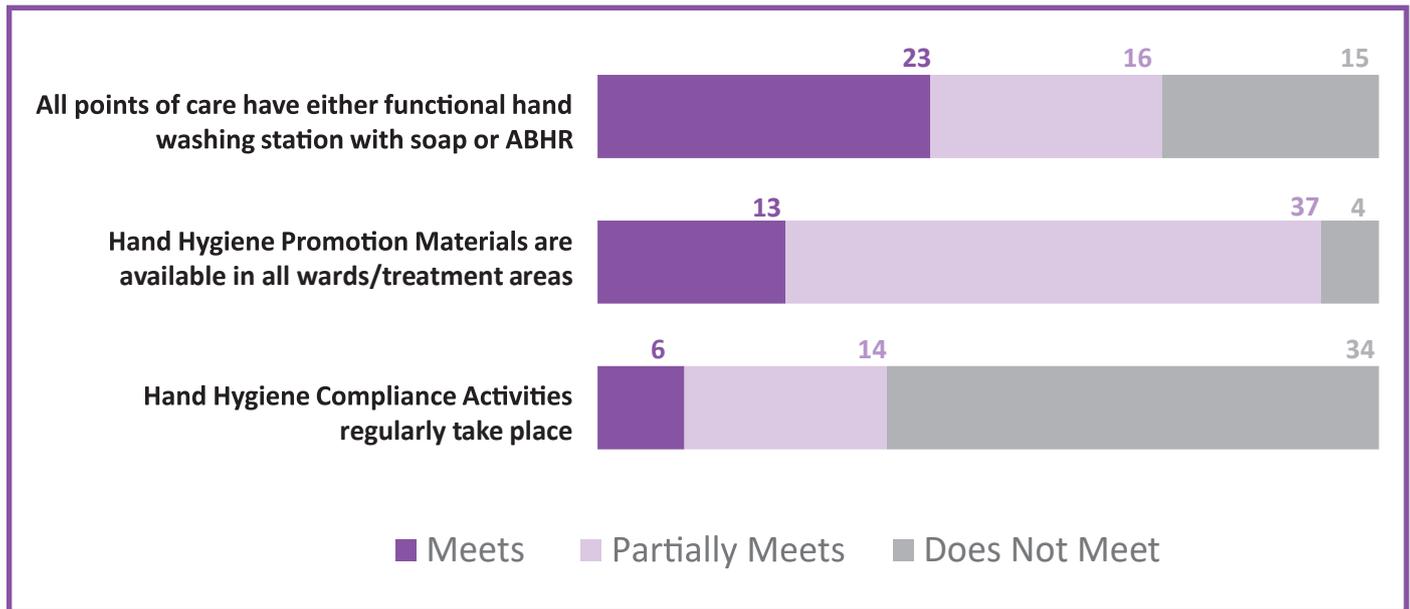


Introduction

- Excellent hand hygiene is a non negotiable for healthcare facilities.
- Studies revealed that some healthcare providers practice appropriate hand hygiene techniques less than half of the times they should
- Low proportion of functional hand hygiene facilities indicates potential for elevated risk of transmission of HAIs at points of care across HCFs.
- Handwashing in HCFs is a strict protocol involving use of water, soap and friction must be performed by HCWs, patients, and caregivers

Hand hygiene status in 54 HCFs Kabarole

Number of facilities scoring at each level for HAND HYGIENE Domain



47%

Hand Hygiene
WASH FIT scores, Jan/2022

43%

of health centers had
functional hand hygiene
stations at all points of care

24%

of health centers had
hand hygiene promotional
materials in all patient care areas

1/9

health centers
regularly carried out
hand hygiene compliance activities

Functional Hand Hygiene Stations include:

- Handwashing station with soap and water
- Alcohol Based Hand Rub

IRC Uganda's role in Hand Hygiene improvement

Collaboration with Kabarole DLG

- Since 2018, IRC has been collaborating with Kabarole DLG to improve WASH & IPC in HCFs and is committed to using an integrated approach of WASH systems strengthening partnering with key WASH players to bridge WASH/ IPC gaps in HCFs in Kabarole district.

Interventions:

IRC has supported all the 54 HCFs in Kabarole district to improve hand hygiene through various interventions:



With the experimental use of the Glo Germ kit to examine hand hygiene, It was an eye opener for health care providers who always assumed their hands were safe! We need concerted efforts to meet the hand hygiene standards as per our new National WASH in HCFs guidelines..."
Mpeirwe H., District IPC FP & mentor.

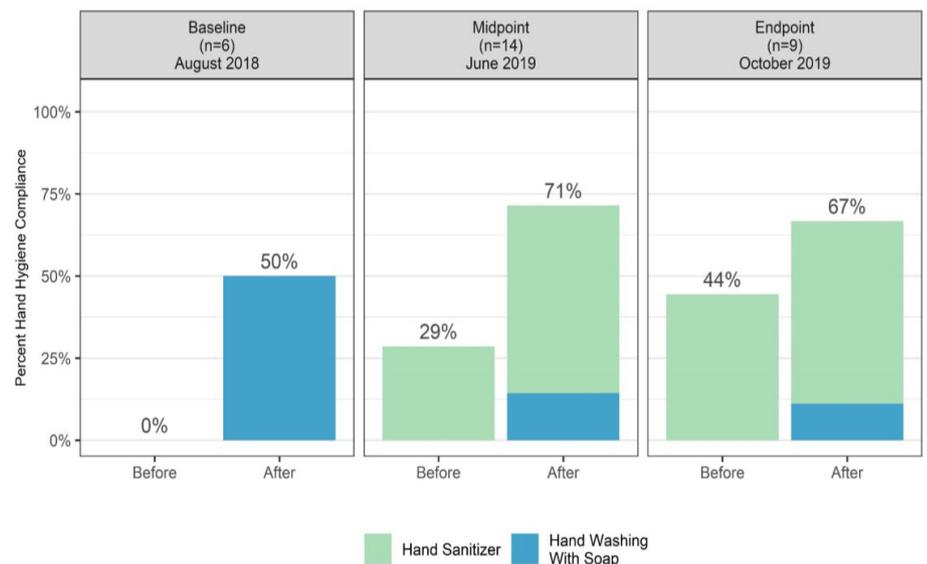


Capacity building of structures for sustained behavioural change

- IPC training TOT of six district health team members in wash fit
- Training IPC committees to observe & monitor HH and providing glo germ kits to examine hand hygiene
- Roll out of WASH FIT with formation of WASH FIT teams in 5 model health care facilities
- Training of the HCF cleaners who mainly provide water in handwashing facilities
- Training HUMCS to install, lobby and advocate for improved HWFS

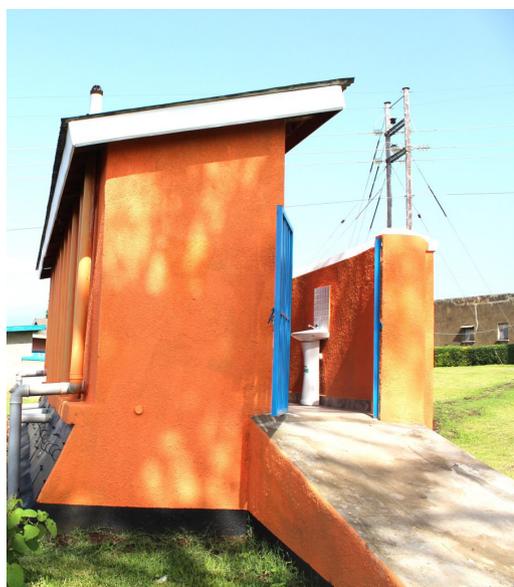
Local production and distributing ABHS in HCFs

- Collaboration between IDI, CDC, IRC and Kabarole DHO to improve on Hand Hygiene among the Health Care workers
- 54 HCFs in Kabarole have access to Alcohol Based Hand Sanitizer since 2019 and Hand Hygiene among healthcare workers greatly improved
- Supported in the distribution in the initial stages and working with the DHO to have an effective distribution process.



Infrastructure to strengthen handwashing in HCFs

- Latrines renovated, constructed and fitted with handwashing facilities to improve hygiene
- Installation of Water(storage facility) and sinks at point of patient care in 5 Model HCF
- Provided 54 foot pedal Hand Washing facilities that were used at entry in HCFC



A renovated water closet toilet fitted with a handwashing facility at Mugusu HCIII



Foot operated Hand washing Facilities distributed in all HCFsMugusu HCIII



Handwashing facility strategically located next to a toilet

Creative Ways To Improve Hand Hygiene Compliance at HCFs

Sustaining a high level of compliance is easier said than done. Strategies for improvement include:

- Installing Signages.
- Healthy quarterly interdepartmental competitions
- Mention it in every single meeting with facility teams/ department leads.
- Creating Electronic Message Boards (EMBs)



Sinks constructed at all Patient care areas in the 5 model HCFs.

SHINNING STARS:

Meet Uganda's WASH Ambassadors

As WASH Journal we shall be profiling the top, Passionate ambassadors of Water, Sanitation and hygiene in our every issue

Brenda Achiro, Country Director-Water for People



Brenda Achiro is the current Country Director for Water for People and before taking over as the Country Director, Achiro worked as Senior WASH Sustainability Manager in the same organization.

Water For People exists to promote the development of high-quality drinking water and sanitation services, accessible to all, and sustained by strong communities, businesses, and governments.

"We're working to reach Everyone Forever. Water For People promotes safe and reliable water and sanitation services for every family, clinic, and school. This means every single person – even the hardest to reach, the most vulnerable, the marginalized – has access to safe water and sanitation services. It's not enough to just reach Everyone. We want to make sure water and sanitation services are sustainable." says Achiro

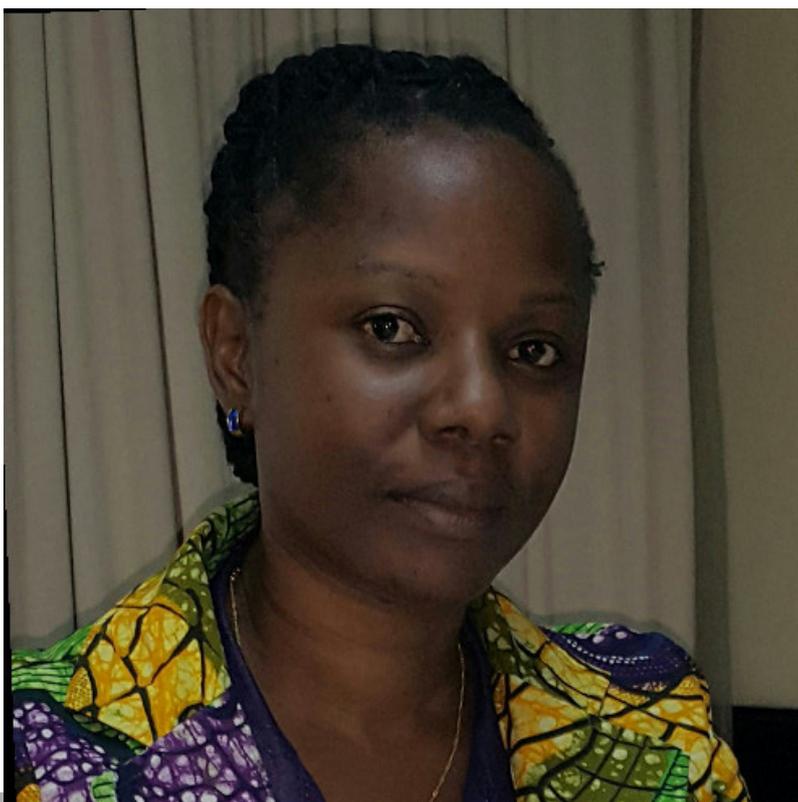
Forever means working from the ground up and top down – empowering communities and governments so that Water For People won't have to be around forever, but water and sanitation services will be.

Jane Sembuche, Country Director, Water Aid

WATER AID PROJECT FOCUS

Jane Sembuche is the brain behind the projects below.

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



Yunia Yiga Mussazi, Executive Director, UWASNET



UWASNET is the national coordinating organization for Civil Society Organizations including social enterprises, development programs, the private sector, and NGOs in the Water and Environment sector.

We are crucial in helping the government realize its targets of alleviating poverty and achieving the Sustainable Development Goal 6 'Ensure availability and sustainable management of water and sanitation for all.

All the above is possible because Yunia Yiga Mussazi is in charge of the driving seat at UWASNET

Jane Nabunya Mulumba, Country Director, IRC

IRC PROJECT FOCUS

At IRC WASH has a shining start in Jane Nabunya Mulumba.

Water and sanitation are a gateway to justice and opportunity for people.

This truth powers the mission. IRC is an international non-profit that prides itself in tackling root causes and delivering holistic solutions.

Piecemeal charity does not work. IRC ambitions stretch further and their interventions run deeper. Nothing less than sustainable safe services that will do.

With over half a century of experience, IRC know believe that safe water and sanitation services can only be achieved through resilient systems—the networks of people, institutions, hardware, investment and resources that deliver clean water to communities



River Rwizi still chokes on sewage, illegal farming in bufferzone

MBARARA

The rate at which people and businesses in Mbarara City have continued to dump plastic waste and discharge sewage directly into River Rwizi is posing a high risk to human life and to the environment.

River Rwizi being the only source of water for Mbarara City and other neighbouring districts, from time to time its water level has drastically reduced due to human activities without sparing the quality and color of water, thereby posing a big threat to the health of people.

Various associations such as Abahumuza Development Group, government agencies like Ministry of water and environment and the National Environment Management Authority (NEMA) have come up with measures to protect the buffer zone of this river from encroachment but the efforts seem to be hitting a dead end as the vice of dumping garbage and discharging of sewage direct into the river have persisted.

This has caused a section of people in Mbarara to think that efforts to restore and save R. Rwizi have been politicized, hence keeping a blind eye to the so-called “big fish” that own businesses which discharge sewage direct to the river.

Bonny Tashobya, Mbarara City speaker in an interview with this reporter, revealed that as council they had directed Mayor Robert Kakyebazi and his executive to come up with a plan on how they can carry out interventions in saving the river but up to now nothing has been done.

Late August, a team from Mbarara led by Moses Ariho the Deputy Resident City Commissioner for Mbarara City South division, made a spot check on the river to assess the level at which people have encroached on the river and was shocked by the rate at which the river is dying away and water being contaminated by some businesses like bars which discharge sewage direct into the river.

On Katete Bridge, in Mbarara City South, there is a bar identified as Bridge Nest Bar and Restaurant that was found discharging sewage from the toilets and urinals directly into the river and it is located within the buffer zone - about 10 metres from the river.

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Water level has drastically reduced due to human activities without sparing the quality and color of water, thereby posing a big threat to the health of people.



Residents from Buremba who participated in the clean up exercise (1)



Daphine Kansime, a human rights defender sorting plastic bottles from garbage which was scooped out from the River

Ariho tasked the City council authorities with taking action against the owner of the bar but up to now nothing has been done as far as either closing the bar or apprehending the owner of the bar is concerned.

Hebert Tumwebaze, Senior environment officer Mbarara City Council, when asked on the matter why someone who is discharging sewage direct to the river has not been apprehended said that the owner of the bar at first was stopped from putting up the structure but decided to take Mbarara City council to court. "I cannot talk about that matter because it is in court," said Tumwebaze

The team proceeded to another section where they found one Zed Nuwagaba former chairman LC3 for Nyamitanga Division, was constructing fish ponds adjacent to the river in the buffer zone and some of the soil from the ponds was being dumped into the river causing silting.

It was shocking that Nuwagaba was trying to divert the course of the river to his fish ponds which according to Tumwebaze is illegal since he was found with no permit from NEMA. Asked whether he had acquired a permit from NEMA to extract water from the river, Nuwagaba said, "I have not yet gotten the permit but I was in the process."

Tumwebaze said he was shocked to find such ponds within the 100 metres of the river which should

be a protected buffer zone without permission from council and water development center under the Ministry of water and environment.

"Such excavations obstruct the water way because by law using such water pumps and pipes to get water from the river is against the law. Carrying out any activity in the 100 meters of the river, it is only the Executive Director NEMA that gives permission," stated Tumwebaze, adding that whatever is being done is illegal and should stop immediately

Ariho ordered Nuwagaba to cover all the five fish ponds and stop any further development in the buffer zone without any permit.

Nuwagaba, a lawyer, admitted before the team for all the mistakes done on the river saying that he is ready to cooperate and ensure he gets all the documentation that allows him carry on his activities.

The team proceeded to Kyahi in Buremba One, Mbarara City North another section of the river where cattle keepers water their cows direct from the river whose water levels at that point have drastically reduced.

Ariho gave an ultimatum of two weeks to all the people who have planted eucalyptus trees along the river banks to cut them down before the enforcement team comes on ground to destroy the trees.

Aaron Kanyikirize, chairman of Abahumuza Development Group

that did a salutary role in removing tonnes of plastic bottles that were floating on the river in 2020 said they have tried to create awareness to the general public on how to protect the river but the population is still adamant.

"we need to appreciate that this is the only water source we have in Mbarara City and the more the city grows the more the demand for water, we are worried that in few years, Mbarara shall have no water to match the population if we don't come up fight for the restoration of this river," said Kanyikirize.

What other residents say

Seth Murari (Chairman Abahumuza Development Group)

We started the campaign to save R. Rwizi in 2020 when we discovered tonnes of plastics that were floating on R. Rwizi at the Kyahi section in Buremba but what I have realized is saving R. Rwizi requires collective efforts, the input of Mbarara City Council can be paramount if they tend to interest themselves but they are not.

Ramadhan Kimbugwe (business man)

I have lived in Mbarara since childhood but the situation today is worse. Finding someone discharging sewage directly in the river and is not arrested, leaves a lot to be desired. We need to save this river being the only source of water for Mbarara City



Some tones of the plastic bottles and garbage which are floating on R. Rwizi at Kyahi section in Buremba Kakoba in Mbarara City North division (2)



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