

WATER, SANITATION & HYGIENE

# wash

## JOURNAL

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### HANDWASHING: A NEW GEM IN FIGHTING DISEASES

## PLAN INTERNATIONAL: SPECIAL REPORT ON WASH

- › MINISTRIES OF EDUCATION AND HEALTH PROMOTE HAND HYGIENE IN SCHOOLS, HEALTH FACILITIES
- › WHY WATER AND SANITATION IS ESSENTIAL IN HEALTH CENTRES

● PROPER WATER, SANITATION PRACTICES COULD EARN UGANDA SH250 TRILLION IN 20 YEARS — UWASNET

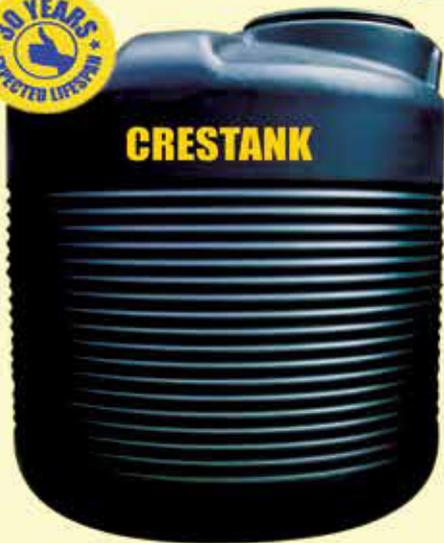
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**COVER PHOTO:**  
The State Minister for Water, Aisha Sekindi, washing her hands as a demonstration during Global Handwashing day in Arua.

**PUBLISHER**

**WARI Consult and Events  
P.O Box 24413, Kampala  
Tel: +256 772232117**

**Email: haiaagency531@gmail.com  
Twitter: @washjournal  
Facebook: The washjournalmagazine**

**In partnership with:**



**Ministry of Water and Environment  
Plot21/28 Portbell Road, Luzira  
P.O Box20026 Kampala, Uganda  
Tel: +256 414 505942  
Email: mwe@mwe.go.ug  
Website: www.mwe.go.ug**

**Director Partnership and  
Corporate Affairs:**

Charles Opolot  
WARI Consult and Events/HAI Agency  
Haiaagency531@gmail.com

**Consultant-Programme and Content:**

Jacinta Namulundu  
WARI Consult and Events

**Director of Operation/Partnership:**

Christopher Amony

**Legal:**

Alex Bagada

**Outreach & Partnerships Manager:**

Charles Okiria  
Washjournal94@gmail.com

**Assistant Manager-Finance and  
Administration:**

Sharon Nassolo

**Procurement Assistant:**

Tracy Ipiya

**Consulting Editor:**

John Tugume

**Assistant Manager Distribution and Operation:**

Isaac Aisha

**Editorial Board:**

Jacinta Namulundu  
Charles Opolot  
Cate Namyalo  
James Mumbere  
John Tugume

**Editorial Contributors:**

Clement Alumu  
Samuel Kiiza (Plan International)  
National Handwashing Initiative  
UWASNET  
WARI Consult and Events

**Design/Layout:**

Samurai Designz UG  
F: Samurai Designz UG  
IG: SamuraiDesignz\_UG  
Phone: +256 705 962 580

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# HANDWASHING: A NEW GEM IN FIGHTING DISEASES AMONG COMMUNITIES IN ARUA

By Clement Aluma

**F**or a 33-year-old mother of two, Joyce Limio, a resident of Odianyadri in Vurra Sub-county, Arua district, handwashing remains paramount in fighting diseases.

Limio believes that washing hands during and after eating food or after visiting toilets is paramount because germs hide in dirty hands.

“Actually, we used to be taught in schools to wash our hands well. But these days, people look at it as a non-issue. My family has not suffered from stomach complications relating to consumption of germs. I make sure that the children wash hands every time they want to eat or after visiting toilets or have done some work,” she said.

She added: “Handwashing should be accompanied by soap, because it is the one that kills germs. And so, some families look at it as a waste of resources, especially those which cannot afford to buy soap regularly.”

During the Global Handwashing Day celebrations at Eruba Primary School in Arua district, the locals who turned out for the event learnt better methods of handwashing. Several leaders who spoke during the day noted that the COVID-19 pandemic had pushed many families, students, teachers, civil servants and politicians to always wash their hands.

The colourful day was graced by a moving poem from Oasis Primary School in Arua City, traditional and secular songs performed by popular artists in Arua City. The State Minister for Water, Aisha Sekindi, said latrines, clean



A staff from an NGO receiving certificate from Minister Aisha Sekindi during Global Handwashing day celebrations in Arua.

water, and immunisation were important and complementary health initiatives.

“Washing hands with soap will still save more lives than any single vaccine or other medical intervention. This is a simple, safe, and cost-effective practice that people of all ages can adopt and is a major contributor to saving lives worldwide,” she said.

Sekindi, who read a message on behalf of the Prime Minister, Robinah Nabbanja, said: “We need to ensure the well-being of our nation through handwashing. This day will increase awareness of washing hands with soap in order to prevent diseases and save lives.”

“We need to support the local culture of washing hands with soap. Handwashing may seem a simple matter but far from that, rather it is a fundamental act that prevents the spread of diseases,” the minister added.

She said there was a need to prioritize funding for hygiene and sanitation to avert infectious diseases among community members.

Several schools and women groups that turned up for the event received handwashing facilities and boxes of soap as an effort to boost the campaign.

Uganda is racing to fulfil the Sustainable Development Goal No.6 of ensuring availability and sustainable management of water and sanitation for all.

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**“Washing hands with soap will still save more lives than any single vaccine or other medical intervention.”**

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A staff from West Nile Civil Society Network receives certificate from Minister Aisha Sekindi for promoting hygiene and sanitation in Communities.

The Mayor of Arua City, Sam Nyakua, said: “In our culture, people wash hands and this should be strengthened with soap and should be regular. In this way, we can fight germs that people eat if they do not wash their hands.”

### Why the day?

Global Handwashing Day offers an opportunity to advocate the importance of handwashing with soap – the most cost-effective way to prevent transmission of diseases and a way to save millions of lives every year.

### Global picture

Every day around 800 children under five die from diarrhoea caused by unsafe water, inadequate sanitation and poor hygiene. On top of this, repeated diarrhoea in early life has a long-lasting and irreversible impact on a child’s nutritional status and development potential.

Globally, 156 million children under five are stunted (low height for age) and 50 million are wasted (low weight for height) because they do not have adequate WASH facilities and behaviours.

The Head teacher of Eruba Primary School, said: “We provide handwashing cans and detergents for pupils. We have few water points, which help us to fight diseases. We also have two underground tanks installed by partners.”

He said the school still has inadequate latrines to cater for the over 1,000 learners. “The government needs to construct more latrines so that we can improve sanitation among the learners,” he said.

In Uganda, access to handwashing with soap at household level stands at 38 % in rural areas and 61.1% in urban areas. Eight out of 10 households (83%) report that they have handwashing facilities with soap near their toilet facility.

In 2006/07, about 14% of households had access to and used handwashing facilities. The level of compliance to handwashing with soap and water was much higher during the first two months of COVID-19 compared to normal times.



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## MINISTRIES OF EDUCATION AND HEALTH PROMOTE HAND HYGIENE IN SCHOOLS, HEALTH FACILITIES

By Opolot Charles

**T**he ministry of education and sports together with the ministry of health, have joined efforts to promote hand hygiene in both schools and health institutions.

During the NATIONAL DIALOGUE ON SCALING UP HAND WASHING WITH SOAP IN THE COUNTRY in October 2023, officials from both ministries spoke passionately about the importance of hand hygiene.

Musa Birungi from the ministry of education, started by highlighting the importance of hand hygiene.

“Hand hygiene is important in schools to prevent the spread of infectious illnesses. Better hand hygiene is an effective and affordable way to prevent diseases and save lives meaning better wellbeing which ultimately leads to improved grades, better learner and staff wellbeing and engagement,” Birungi said.

“Proper hand hygiene is a simple step to ensure learners are not suffering from ill

health to ensure they attain their full potential holistically on a day today basis. One of the most important ways learners and staff can stay healthy is by keeping their hands hygienically clean,” he added.

According to Birungi, however much as the school stakeholders, including learners know they should wash their hands, their adherence is still low and therefore more effort is needed to educate them so as to improve the risk/ gaps associated to it.

“It is against this background that the Government of Uganda/ MoES has put in place interventions to improve the status quo,” Birungi said.

Birungi announced that the ministry had put in place structures and frameworks to aid with handwashing. “There is a WASH hub chaired by MoES and an MHM committee chaired by MoES. There are WASH guidelines in place, operational and maintenance guidelines and MHM guidelines. In addition, there are wash training guidelines and an MHM Manual,” Burungi said.



Mr. Musa Birungi, WASH in Schools Coordinator, Ministry of Education and Sports

“All the above emphasize hand washing at different times ie after play, after visiting the toilet, after shaking hands with infected persons, after changing sanitary pads, before and after food etc. It is important to engage all stakeholders at school level and community to embrace hand washing,” he added.

Below is what the ministry of education has done in line with hand hygiene.

WASH situational analysis and mapping

Development of guidelines on WASH and MHM

Circulars to schools to adhere to and support WASH interventions

GoU fund to ensure availability of hand wash facilities in schools and sanitisers- COVID

Development of manuals, readers and wall charts on WASH, MHM, key family care practices, etc.

Dialogues with school and community stakeholders to emphasize WASH aspects

Engagement with Parliamentary forum on WASH.

Supported WASH clubs formation, strengthening and management at school level using the sector guidelines.

Engagement and mentorship of learners in over 100 districts with support from different partners.

Birungi also highlighted the ministry’s plan of action in a bid to improve handwashing.

### **Accessible Handwashing Stations**

Ensure that handwashing stations are readily available in all school premises, with sinks and soap dispensers strategically placed.

### **Handwashing Education**

Teach learners proper handwashing techniques, emphasizing thorough handwashing with soap and water for at least 20 seconds during parades and assemblies and lessons  
Regular Handwashing Breaks  
Implement scheduled handwashing breaks to reinforce the habit, especially before meals and after using the restroom.

### **Hand Sanitizers**

Provide hand sanitizers as a supplementary measure, especially in areas where handwashing facilities may not be easily accessible.

### **Monitoring and Supervision**

Assign responsible adults, such as teachers and staff, to ensure

students are washing their hands correctly and regularly.

### **Creating a Positive Handwashing Environment**

Make handwashing enjoyable for learners by incorporating creativity, life skilling ,fun, MDD, essay writing, quizzes and engaging materials like colorful posters.

### **Involving Parents and Guardians**

Encourage parents to support handwashing at home and school, sharing information and tips for reinforcing the habit.

### **Handwashing Campaigns**

Organize awareness campaigns within the school, using posters, videos, and interactive activities to promote hand hygiene.

### **Regular Maintenance**

Ensure handwashing facilities are clean and functional through regular maintenance and quick repairs as needed.

Data Collection and Analysis  
- Collect and analyze data on handwashing compliance to make informed decisions and track progress in promoting good hygiene practices.

In his conclusion, Birungi said: “These initiatives will collectively





contribute to a healthy and hygienic friendly school environment by fostering proper handwashing habits among learners and staff, thereby reducing the spread of illnesses and promoting overall well-being and performance in schools.”

From the ministry of health, Bosco Okia, the Principal Health Inspector, emphasized why hand hygiene for both health workers, caregiver, patients and the public is important.

“During care delivery or day to day chores, the hands of health workers/ public are contaminated by potentially harmful microbes (also referred to as germs), from different sources. Some of these may be capable of causing and contributing to outbreaks and some may be resistant to antibiotics,” Okia said.

“Hand hygiene stops the spread of these microbes - it protects patients and staff. Achieving hand hygiene at the right times is still a challenge everywhere,” he added.

Okia said hand hygiene stands at various levels in health institutions, with an overall performance level of 46.70%. “Effective hand hygiene improvement strategies can prevent up to 50% of avoidable infections in health care and generate economic savings,” Okia stated.

The official did not miss highlighting the five golden rules of hand hygiene in health centres.

1. Hand hygiene must be performed at the point-of-care\*
2. During care delivery, there are five moments when it is essential to perform hand hygiene
3. Hand rubbing with an alcohol-based formulation, if available, makes hand hygiene possible at the point of care, is faster, more effective and better tolerated
4. Hand washing with soap and water is necessary when hands are visibly soiled
5. The appropriate technique and time taken to clean hands is also important

Okia also illustrated the World Health Organisation multimodal improvement strategy. “The infrastructure and resources available to perform hand hygiene, including water, sinks, alcohol hand rub.”

People should be trained in why, when and how for hand hygiene. Checks should be in place to monitor whether it is being/ can be performed at the right time & in the right way & timely feedback so that corrective action can be addressed,” the official said.

Reminding people to perform hand hygiene, at the right time and in the right way as well as a culture within a care facility that values hand hygiene, especially the support of managers and supervisors were the other elements of the improvement strategy. Okia noted that the hand hygiene drive had a funding gap of sh9b.

In his final remarks, Okia said: “Without timely and effective hand hygiene, health for all (quality care) will not be realized. An enabling environment (i.e. WASH) supports hand hygiene at the right times & in the right way.”

“Adopting & adapting a multimodal strategy will improve hand hygiene access and behaviors. Hand hygiene can act as the ‘entrance door’ to wider IPC improvements and relevant WASH indicators,” he further said.

According to Okia, “Hand hygiene is a key performance indicator in reducing the burden of antimicrobial resistance, outbreaks and all avoidable health care associated infections.”



**“Hand hygiene stops the spread of these microbes - it protects patients and staff.”**



# PLAN INTERNATIONAL WASH IN SCHOOLS

## INTRODUCTION

**P**lan International strives to advance children's rights and equality for girls all over the world. As an independent development and humanitarian organization, we work alongside children, young people, our supporters, and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood and enable children to prepare for and respond to crises and adversity.

We drive changes in practice and policy at local, national, and global levels using our reach, experience, and knowledge. For over 85 years we have been building powerful partnerships for children, and we are active in over 75 countries.

Plan International Uganda (PIU) was established in 1992 and is one of the leading child rights organizations in Uganda, working collaboratively and at multiple levels with marginalized children, youth, and communities and in mutual partnership with more than 40 civil society organizations, the government, and the private sector. PIU combines long term programmes funded by child sponsorship and grant funded projects.

The WASH SDG is a five-years programme (2017-2022) with an extension until March 2024 supported with funds from the Dutch government, Netherlands through Plan international Netherlands. The subprogramme is implemented in the districts of Nebbi, Kamuli and Buyende targeting the rural communities.

The Sub programme will contribute towards achieving universal access to water and sanitation services under the Sustainable Development Goals (SDGs) agenda and pays special attention to gender WASH related issues.

This programme is built on three core strategic objectives, namely  
(1) Behavior changes, especially increasing demand for improved WASH facilities and practices,  
(2) provision of improved and quality WASH services and by  
(3) improving WASH governance and institutional frameworks.

Since Project inception, the subprogram has made significant contribution to WASH in schools with a total investment of **€.445,908 (Ugx.2000,165,727)** through provision of Inclusive WASH facilities in schools (**22 boreholes, 44 Latrine blocks: 27 girls blocks & 17 boys blocks**)

We support children's rights from birth until they reach adulthood and enable children to prepare for and respond to crises and adversity



## CONSTRUCTION OF TOILET FACILITATES TO GIRLS ENROLMENT

**A**yugi Primary School is located in Kituna parish, Akworo subcounty, Nebbi District in West Nile subregion of Uganda. In 2018 the school had an enrollment of 313 boys and 266 girls, with a stance to pupil ratio of 1:156 boys and 1:133 girls. Prior to the start of the WASH SDG programme in 2018, the school was grappling with the challenge of inadequate sanitary facilities as it had grassthatched latrines: 2 stance for boys and 2 for girls. This partly contributed to the low enrolment as most learners preferred to stay home due to poor hygiene facilities rather than going to the next school which was 5km away but with similar conditions.

Prossy a 15-year-old pupil at Ayugi Primary School, recounts that there was high rate of drop out among girls in upper primary, mostly from p4 to p7. They had few latrines without washrooms which was quite challenging during menstruation. Coupled with this, they were sharing latrines with boys, which was discomforting and gave them no privacy, forcing the girls to drop out as the only option.

At the intervention of Plan International, during the data collection on WASH in school infrastructure this challenge was identified. Working with the district and subcounty leadership, the school was recommended for support with inclusive sanitary facilities of six stances each for both boys and girls. The girls facility was to be equipped with washrooms and an Incinerator for adolescent girls to manage menstruation with dignity

The school Health Club was trained on sanitation and hygiene promotion, including training on making of reusable pads and liquid soap which has boosted enrollments and learning among the pupils, especially girls.

With the new facility in place girls enrolment of girls has increased (226-336) with no school drop outs and very limited absenteeism probably owing to other factors

“We had two stances for boys and two for girls against the high number of learners and this affected the usage with some opting for open bushes. The challenge was worse for the adolescent girls during menstration who preferred to remain home during that period. But the construction of the magnificent toilet blocks with a well-

furnished washroom has boosted the girls’ participation in school as they now manage periods at school,” Editor Oyungrowth, Senior Man teacher

Francis, a pupil at the school who joined in 2019, says, “The many stances have now shortened the waiting time to use the latrine compare to when we had only two stances and hygiene has improved because the latrine floors are washable but the ones we had before were of mud and difficult to clean”

“As a girl, having a washroom in the school is a blessing because I can take a bath and change during my periods, which never used to happen before. We are now comfortable and confident to attend school and participate in all school activities. The incinerator attached to the washroom allows us to burn the used pads instead of littering them in the compound or throwing them inside the latrine pit,” Florence said

“**We had 2 stances for boys and 2 for girls against the high number of learners. This affected the usage, with some opting for open bushes.**”

# ENDLINE REPORT

## Buyende-Kamuli-Nebbi sub-programme, Plan International Uganda

### EXECUTIVE SUMMARY

The WASH SDG Programme was Dutch Government (DGIS) funded programme implemented by a consortium of three organisations (Plan International, WASH Alliance International and SNV) in seven countries between July 2017 and December 2022. Plan Uganda's WASH SDG sub-programme (the Kamuli, Buyende and Nebbi sub-programme) approach has been based on behaviour change—particularly influencing institutions and agencies to work with communities, schools and the local WASH market to improve WASH service provision for people in the districts of Kamuli, Buyende and Nebbi. The sub-programme targets were to improve access to sanitation and hygiene for 69,650 and 54,634 people respectively, whilst also focusing on improving the position of women, girls and other socially excluded groups in both districts.

The sub-programme activities and approaches were aligned with three pathways of change:

- i) improving behavior change interventions leading to increased demand for improved WASH facilities and practices;
- ii) improving WASH service provision leading to increased availability and affordability of WASH products and services; and
- iii) strengthening of the WASH governance and institutional framework leading to governments enabling efficient and effective delivery.

In terms of service level results for households, endline targets for sanitation were nearly met, or exceeded in all districts and overall. Targets for hygiene were massively exceeded, demonstrating clearly what can be achieved with a combination of strategic thinking coupled with strong political will and buy-in from local government.

For sanitation, the strategic introduction

of the washable slabs campaign coupled with strong awareness raising led not only to the excellent results, but also good indications of sustainability, with many households meeting the criteria for safely managed sanitation. For hygiene the sub-programme strategically capitalised on the opportunity presented by the COVID-19 pandemic and associated broad-scale focus on hand hygiene to drive home the messaging around the importance of washing hands after toilet use and before eating. In terms of summary of service level results for institutions, in general WASH services in schools improved because of direct investment by the sub-programme.

The Uganda sub-programme demonstrated how adaptive management and strategic, evidence-based approaches can be used to steer a programme back on track. The evaluation found that the success of the programme was due to the following factors:

- i) effective partnerships and good collaboration with other organisations and agencies;
- ii) working through government to build ownership of the processes and results; and
- iii) strategic strengthening of the WASH market, targeted to the areas of weakness identified by data. The areas identified by the evaluation that could be strengthened included:
  - i) the need to strengthen the sanitation marketing approach more broadly to build on and move on from the historic focus on CLTS triggering;
  - ii) need to strengthen WASH investment in schools; and
  - iii) further improvement in terms of women and SEG participation in WASH decision-making

There were key recommendations made by the evaluation, both for the short term, focused on the wind-down phase,

and for the longer term to inform future programmes:

In the short-term, the sub-programme should ensure that all key learnings and documentation pertaining to the programme outcomes are shared and understood by district stakeholders; develop an exit plan with each of the district administrations; package and market the sub-programme's achievements for advocacy; continue to advocate for budget allocation for WASH in the district investment plans; and work with the government to develop and strengthen their monitoring frameworks.

In the long-term, there is need to strengthen sanitation markets; conduct market research about reusable sanitary pads; focus on sustainability measures such as faecal sludge management; have a strong focus on WASH in Schools; and identify ways in which the government can link their WASH priorities with climate change vulnerability and resilience.



# INTRODUCTION

This report summarises endline data and findings for the Plan International Uganda Kamuli, Buyende and Nebbi sub-programme within the WASH SDG Programme in Uganda. The endline process was part of a bigger end-term review (ETR) of the entire WASH SDG Programme, implemented by three Consortium partners in seven countries and 14 sub-programmes.

The ETR is comprised of endline evaluations, as well as sustainability check processes and GESI/CVR temperature checks of all sub-programmes. This report is confined to the endline evaluation of the Plan Uganda sub-programme only, whose aim was three-fold:

- Review the WASH practices at the endline point of the intervention (use of services and hygiene practices) and compare it to the baseline and midline data (outcome indicators 1-3).
- Review the current status (likelihood) of sustainability and compare it to the baseline and midline data (outcome indicators 4-11).
- Review additional outcome indicators established by the sub-programme.

Plan has been implementing the WASH SDG sub-programme in six sub-counties: Bulopa and Namasagali (Kamuli), Bugaya and Nkondho (Buyende) and Akworo and Parombo (Nebbi). The sub-programme aimed to increase access to sanitation for 69,650 people and hygiene to 54,634 people, improve access to water in 22 schools and sanitation and hygiene in at least 9 schools. The sub-programme paid special attention to girls and women and socially excluded groups (SEGs).



Figure 12 - Kinaitakale school with an incinerator for MHH products, Buyende

## METHODOLOGY

The WASH SDG Programme Theory of Change (ToC) defined three overarching strategic objectives, with 11 related Consortium outcome indicators: Strategic **Objective 1:** Improved behaviour change; Strategic **Objective 2:** Improved WASH service provision; and Strategic **Objective 3:** Strengthened WASH governance and institutional frameworks.

The methodology used for the endline evaluation was essentially the same as that used for the MTR, comprising a mix of quantitative and qualitative processes designed to collect data to respond to the 11 Consortium outcome indicators and the additional sub-programme outcome indicators. Data collection tools

The endline evaluation used various data collection tools such as household and school surveys; Key Informant Interviews (KIIs) with senior school staff; Focus group discussions (FGDs) with community women and community leaders; market surveys with local entrepreneurs supported by the sub-programme; and KIIs and FGDs with district- and sub-county-level government stakeholders.

Households were chosen for the household survey used a two-tiered random selection process. Ten communities were randomly selected from each of the three districts and then approximately 30 households randomly selected in each community using a protocol that ensured a geographical spread across the whole village.

Schools and businesses for the market survey were selected to align with the communities to minimise travel times and simplify logistics.

Table 1 presents population and sample data for the endline.

Table 1 - Beneficiary numbers—target population and end-line assessment sample

Characteristic		Buyende	Kamuli	Nebbi	Total
Target population	People (#)	134,799	76,675	36,862	248,336
	Households (#)	23,585	12,767	6,696	43,048
	Schools (#)	35	12	30	77
Endline assessment sample	Households (#)	300	276	330	906
	Households (%)	1.30%	2.20%	4.90%	2.10%
	Margin of Error	5.70%	5.90%	5.40%	3.30%
	Schools (#)	7	7	6	20
	Businesses (#)	5	8	4	17

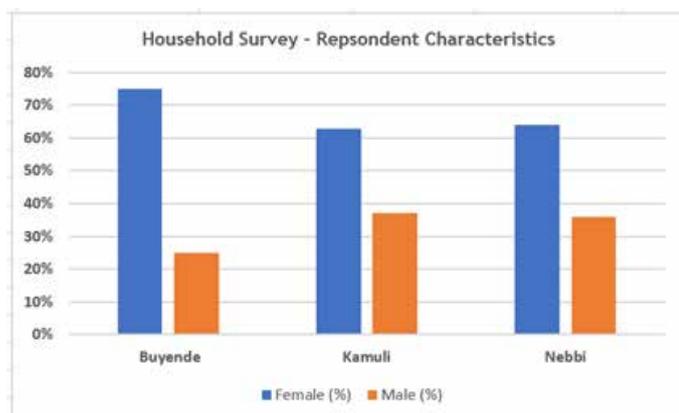
A total of 30 focus group discussions were held: 12 in Buyende, 8 in Kamuli and 10 in Nebbi. Each group included 8-10 participants selected by the community leaders with the assistance of Plan staff. In all but two FGDs, there was representation by a PWD or SEG and in most groups, both PWDs and SEGs were represented. The institutional data was collected during KIIs held with 18 government representatives from across the three districts. Data was collected by a team comprising a local consultant (LC), and two teams (one for Buyende/Kamuli and one for Nebbi) each comprising a research assistant (RA) and six enumerators. Quantitative data was

collected using a cloud-based data collection system called FieldTask. Survey data and quantitative data from FGDs was recorded on smartphones/tablets and then uploaded to the server daily, allowing real-time checking and validating of the data. The data was then downloaded into excel files and analysed using the same process as per the Mid-Term Review (MTR). The endline evaluation took place between the period December 2022 to May 2023.

## FINDINGS AT HOUSEHOLD (HH) LEVEL

The household survey mostly took place during the day, when many adult men were away working or in the fields. As a result, as illustrated in Figure 1, most of the respondents were women whose work is more centred around the home.

Figure 1: Household survey—respondent characteristics



Female-headed households comprised just 14% of the households surveyed across sub-programme, although the proportion in Nebbi was double that of the other two districts. No child-headed households were seen in any of the three target districts. The proportion of HHs with a Person Living with Disability (PLWD) was around 10% across the sub-programme. In terms of relative wealth of HHs, the endline results showed that HH wealth increased from baseline to midline but dropped again by endline. Although Nebbi remained the poorest of the three districts, overall, there appeared to be a reduction in the proportion of HHs being classified as vulnerable from midline. This was likely due to the lower proportion of HHs with a PLWD member, as well as a possible reduction in the incidence of some of the other country-level classifications of vulnerability.

## Result Area 1: Water supply

The sub-programme did not set targets for improving access to water in the target districts as it reasoned that there was a much greater need for improving access to sanitation and hygiene. It undertook to collect data on water supply access as an advocacy tool with which to lobby district administrations to allocate more resources to this result area. This data is presented in Table 1 below.

Table 1: Water supply service levels—coverage for whole sub-programme

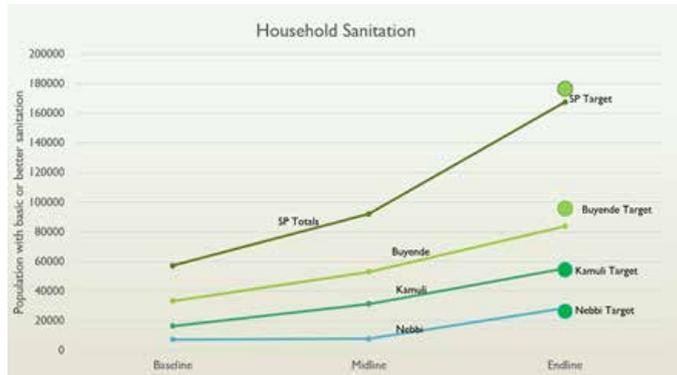
Service level	No targets set		
	Baseline (n=824)	Midline (n=752)	Endline (n=906)
Safely Managed	3.20%	0.20%	0.20%
Basic	27%	35.40%	50.00%
Limited	64.40%	50.20%	45.50%
Unimproved	1%	4.10%	0.00%
Surface water	3.20%	0.20%	4.30%

## Result Area 2: Sanitation

Following adjustments in the targets for the Uganda sub-programme, the sub-programme targeted increasing coverage across the three districts to at least 71.1% of the population having basic sanitation level or above. Due to the prevalence of shared toilets specially in Nebbi district at midline, it was recommended that approach be changed to support poorer and more vulnerable HHs. The MTR also recommended a stronger focus on moving HHs up the sanitation ladder by improving the quality of toilets. The results at baseline, midline and endline are presented in Figure 2 for the whole sub-programme.



Figure 2: Sanitation service levels at baseline, midline and endline for whole sub-programme



The sub-programme met its targets in Kamuli and Nebbi and nearly met them in Buyende and in the sub-programme as a whole. The results were particularly impressive in Nebbi, where, at mid-term, very little progress had been made, but at endline, not only were the targets for basic sanitation met, but a substantial number of households (58%) were classified as having safely managed sanitation. This is primarily because of a high number of HHs that had safely closed their pit toilets and re-built new, improved toilets to replace them. The sub-programme also developed the Washable Slab Campaign (WSC), which aimed to promote HH investment in cement screeding around existing latrine holes as a relatively easy and affordable improvement. The MTR had noted that many (particularly poor) households lacked the resources to improve their latrines from unimproved status, and so the WSC targeted these HHs to connect them with masons and support them to invest in washable slabs.



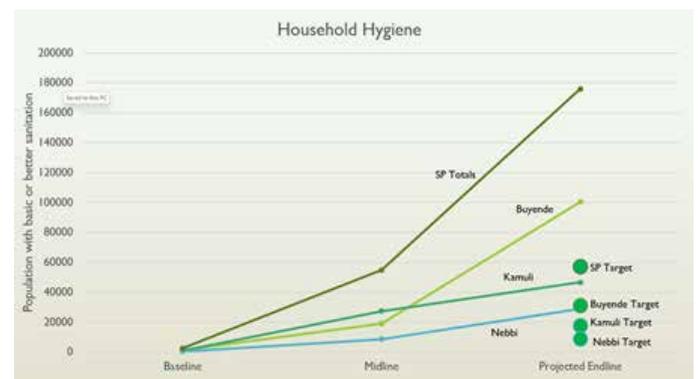
Figure 3 – HH toilet in Bunangwe, Kamuli

With regard to sharing of latrines, greater effort was put into awareness raising about latrine use and the importance of having a latrine in each house or compound. In addition to awareness raising through BCC, the sub-programme also worked with community leaders, including local pastors; tapped into other programmes (such as village savings and loans schemes-VSLAs), and had strong buy-in from the district political and technical officers (e.g. the Resident District Commissioners-RDCs). Although there was a slight increase in HHs practicing OD, from around 2– 3% across the sub-programme, this was within the margins of error of the data. Therefore, this is likely to not actually represent an increase, but is due to the stricter criteria for measuring OD applied at endline compared to midline.

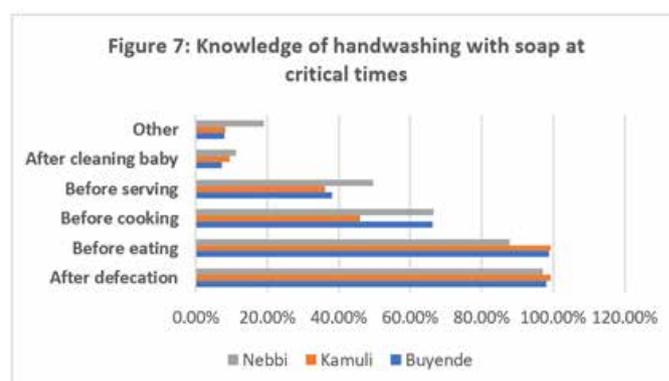
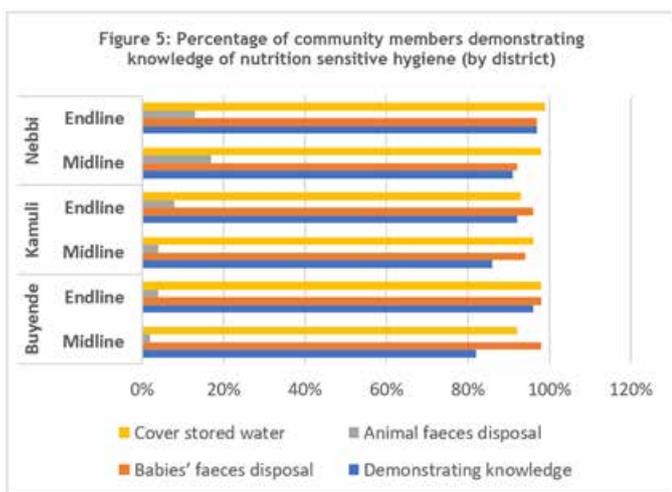
### Result Area 3: Hygiene (Handwashing with soap)

At inception only around 1% of households had basic level hygiene facilities, and so the sub-programme set itself the goal of increasing this to 23% of the population. By mid-term substantial progress had been made with the whole sub-programme sitting at 22%, which was well on track to meet the targets. There was some variation across the sub-programme, with Buyende lagging somewhat at 14%, and Kamuli well advanced at 36% (Nebbi was at 23%). The MTR concluded that the good progress was due to a combination of the sub-programme's strategies and approaches deployed to promote improved hygiene as well as the national campaign to promote handwashing as a COVID-19 preventative measure.

Figure 4: Sanitation service levels at baseline, midline and endline for whole sub-programme



The sub-programme also defined an additional indicator for household level hygiene knowledge. This was focused on nutrition-sensitive hygiene, which aimed to gauge understanding of the faecal-oral transmission routes for disease and the risks posed by an unhygienic household environment in terms of exposure to pathogens and the links to stunting and wasting in children and babies. Measuring this involved assessing proxies, including the correct disposal of children's faeces, disposal of animal's faeces and household practices for covering and storing drinking water. These were measured at mid-term, and targets set for each. The results, per district, were as presented in Figure 5 below.



## FINDINGS AT SCHOOL LEVEL

The key findings on hygiene were that since mid-term the uptake of HWF increased dramatically to 71% of the total population having basic level hygiene at endline, with again results being more impressive in Nebbi with nearly 80% of the population having basic level hygiene, compared to 1% at baseline. Of the 23% of HHs that were found to be at limited level, the missing ingredient was almost universally soap, rather than water (since only just 1% of HHs with a handwashing facility-HWF had no water). Due to theft or eating of bar soap by animals (mainly goats), the HHs resorted to increasingly using liquid soap mixed in with water in tippy taps or jerry cans instead. To this end, the sub-programme provided training in liquid soap making.

In the sub-programme target districts, there are a total of 77 government primary schools. The sub-programme aimed to work in 35 schools in Buyende, 12 in Kamuli and 30 in Nebbi, with a mix of water supply, sanitation and hygiene interventions depending on the need at specific schools. A total of 20 schools were surveyed as part of the endline evaluation: 07 in each of the districts of Buyende and Kamuli and 06 in Nebbi.



Figure 6 - Tippy tap at Biti village, Nebbi

The results of the proxies for nutrition-sensitive hygiene align with the broader apparent awareness of hygiene amongst community members. This was generally high at midline and has been maintained in all areas apart from disposal of animal faeces, which remains an area of weakness across the three districts. Interestingly whilst most households (97%) properly dispose of babies' faeces, just 9% of household members said they knew it was important to wash their hands after cleaning their babies (see Figures 7 below, which indicates an important gap that should be addressed in the future).



Figure 8 - Nalose school toilet with ramp

The sub-programme target set aimed to improve access to water services in 22 schools (representing an improvement of 27% more schools with limited level access to water or above). This was achieved primarily by drilling new boreholes and installing pumps, as well as coordination with the district administrations to motorise pumps and address operation and maintenance (O&M).

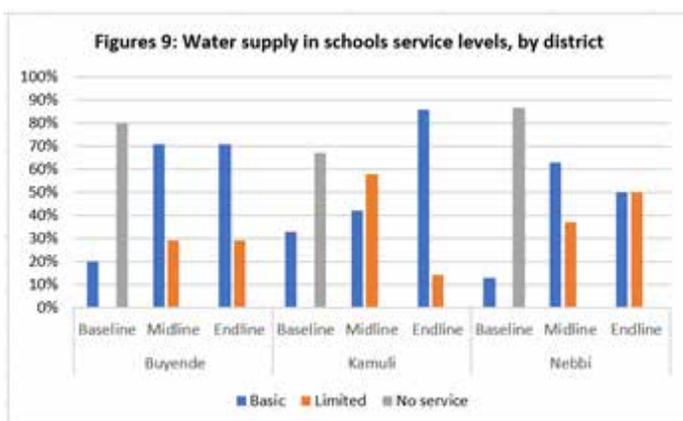
## Result Area 1: Water in schools

As noted earlier, the on water supply in schools results here are attributed to the co-investment by the sub-programme and the district governments, both in terms of drilling new boreholes and repairing or rehabilitating existing ones. In contrast to the other two districts, in Nebbi district had a slight decline in service levels from mid-term, which the sub-programme attributes to the fact that most school water projects in that district (four of the six) were done by government, which had lower budgets and so were generally of a lower standard than those done by Plan International.

Table 2: Water supply service levels for the whole sub-programme

Service level	Total		
	Baseline	Midline	Endline
Basic	21%	58%	70%
Limited	0%	42%	30%
No service	79%	0%	0%

Overall, it is commendable that no school is at the level of “no service at all” as shown in Figure 9 below; the remaining challenge for the district and school administrations is to ensure that this situation is maintained.



## Result Area 2: Sanitation in schools

The sub-programme’s target for school sanitation was to work in at least nine schools and construct two five-stance latrine blocks (one for boys and one for girls) in each school, complete with a room for PLWD and Menstrual Health and Hygiene (MHH) facilities in all girls’ toilets. Results at baseline, midline and endline are presented below. The targets for this indicator were more of output rather than outcome targets and so having constructed the facilities, the targets had essentially been met. The results of the endline sanitation service levels are as shown in the Table 3 below.

Table 3: sanitation service levels for the whole sub-programme

Service level	Total		
	Baseline	Midline	Endline
Basic	68%	67%	85%
Limited	32%	14%	5%
No service	0%	19%	10%

In addition to the service levels, the sub-programme decided to measure student to toilet ratios and made a target for the sub-programme to aim toward. The national standard ratio for school toilets in Uganda is 1:40 for both girls and boys, and at inception the sub-programme aimed to achieve these ratios in target schools. At mid-term it was clear these targets would not be met and so they were revised to 1:70 for both boys and girls. The ratios were measured at baseline, mid-term and again and endline and the results presented as in Table 4.

Table 4: sanitation service levels for the whole sub-programme

Ratios:	Target: 1:70		
	Baseline	Midline	Endline
Girls to toilets	88	90	78
Boys to toilets	103	106	86

Progress towards basic level sanitation in schools was mixed across the three districts. In Kamuli all surveyed schools had basic level sanitation, but in Nebbi there has been a slight reduction at this level, and in both Buyende and Nebbi there are still around 15–20% of schools that have no adequate sanitation facilities for students. To note is that while the sub-programme worked in a total of 82 schools, the school survey was conducted in only 20 schools (7-Kamuli, 7-Buyende, and 6-Nebbi). In total the sub-programme built or rehabilitated toilets in 35 schools. Regardless, this highlights the need for greater investment by government, as well as allocation of WASH budgets in schools across the board—something that the sub-programme notes is challenging as currently there is almost no government funding for school sanitation, and schools themselves are not allowed to raise money for this purpose. This means schools are totally reliant on NGOs and donor programmes to fund these improvements.

Despite this, it is still the case that most schools (85%) have basic level sanitation facilities. Equally important is that at endline, the sub-programme had nearly met its target of a pupil: stance ratio 70:1, but the evaluation notes that this is still well short of the national standard of pupil: stance ratio of 40:1. In many locations school enrolment numbers increased, and in fact schools with decent sanitation facilities attracted students from schools without such facilities, which placed further pressure on schools with toilets.

One blind spot in school sanitation appears though, to be the issue of faecal sludge management. Much as the programme constructed drainable toilets, pit emptying services simply do not exist, and so this stands as a looming sustainability issue, and one that will require a concerted effort from all relevant stakeholders to address in the future.



Figure 10 - Busambu Primary School girls’ toilet, Kamuli

## FINDINGS ON HYGIENE

The sub-programme aimed to ensure all 77 schools in which it was working had adequate handwashing facilities by the end of implementation, through a combination of provision (construction) of facilities, hygiene promotion and training on things such as liquid soap making. At mid-term good progress had been seen with around 67% of surveyed schools having basic level facilities (HWF with soap and water) or better (9% of the schools had advanced level, meaning separate facilities for boys and girls, with soap and water), as shown in Fig. 5-7 below.

Table 5: School hygiene service levels for the whole sub-programme

Service level	Total		
	Baseline	Midline	Endline
Advanced		9%	75%
Basic	10%	58%	25%
Limited	0%	33%	0%
No service	90%	0%	0%

As with HWF at the HH level, during the COVID-19 pandemic the national Government invested heavily in promoting handwashing at schools, particularly as the schools reopened after the lockdowns. The sub-programme sought to leverage this, and bolster school hygiene by supporting school health clubs to promote handwashing.

Table 6: School hygiene service levels for the whole sub-programme

Ratio of students to HWF	Target = significant improvement		
	Baseline	Midline	Endline
Consolidated	4864	470	475
Buyende	523	368	609
Kamuli	843	No data	395
Nebbi	No HWF	499	456

Table 7: Proportion of Girls' toilets with MHH facilities

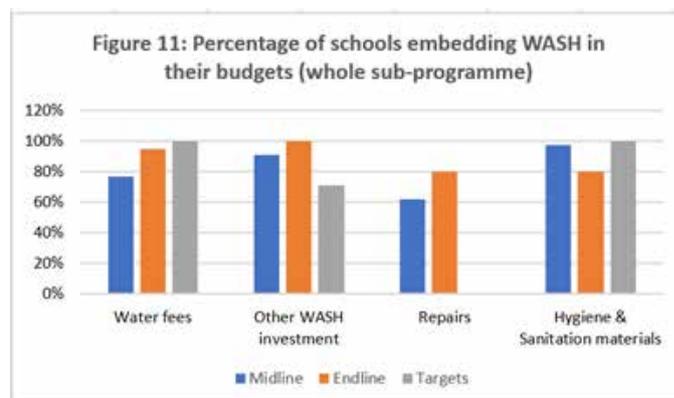
Ratio of school toilets to MHH facilities	Target = significant improvement		
	Baseline	Midline	Endline
Consolidated	8%	3%	15%
Buyende	0%	10%	12%
Kamuli	25%	No data	17%
Nebbi	0%	1.40%	17%

As part of the broader component promoting MHH within the target districts, the sub-programme also sought to ensure girls were adequately equipped to manage their menstruation at schools. To gauge this the sub-programme investigated the proportion of girls' toilets in schools with MHH provisions. For this ETR report, data about the proportion of schools with an MHH

room and/or spare pad provision at mid-term and end-term were calculated. Finally, the proportion of schools with MHH in the curriculum was also measured.

## Plan Indicator 14: Number of schools that embed WASH in their WASH in their annual workplans and budgets.

As part of its WASH in Schools component, the sub-programme also sought to measure progress of school investment in WASH as a sustainability measure. At both mid-term and endline, school administrations were asked about the level and types of investments they have made, which gives an indication of those that are taking WASH into consideration with their planning, and the results shown in Table 36.



## IMPROVED DEMAND AND BEHAVIOUR CHANGE STRATEGIES

The sub-programme has been supporting the district administrations to coordinate and oversee the CLTS approach to end open defecation and promote uptake of improved sanitation and hygiene. Activities on the ground are carried out by local implementing agencies (CSOs), and the sub-programme has endeavoured to strengthen coordination, and advocate for more resources for post-ODF support. At mid-term, the focus of the sub-programme changed the focus of this result area from mainstreaming GESI in documentation, to supporting the establishment of WASH investment plans in the districts, incorporating a stronger focus on sanitation marketing.

## Level of effective demand-creation strategies by local agencies

The sub-programme supported the district administrations to coordinate and oversee the CLTS approach to end open defecation and promote uptake of improved sanitation and hygiene. Activities on the ground were carried out by local implementing agencies (CSOs), and the sub-programme endeavored to strengthen coordination, and advocate for more resources for post-ODF support. At mid-term, the focus of the sub-programme changed the focus of this result area from mainstreaming GESI in documentation, to supporting the establishment of WASH investment plans in the districts, incorporating a stronger focus on sanitation marketing.

Table 7: Level of demand led strategies by District WASH Agencies

Level (0 – 100 scale)	Total sub-programme target = 70%		
	Baseline	Midline	Endline
<b>Consolidated</b>	<b>62%</b>	<b>66%</b>	<b>87%</b>
Buyende	52%	74%	70%
Kamuli	68%	60%	94%
Nebbi	64%	64%	96%

### Increased involvement of consumers in improving WASH conditions

According to the Plan Uganda sub-programme ToC, stimulating demand for improved sanitation and hygiene would naturally lead to an increase in purchases of WASH products and services. To measure this, HHs were asked about their investment in WASH over the previous 12 months, particularly focussing on capital expenditure (buying new products, facilities, or services), operation and maintenance of existing facilities or ongoing purchase of hygiene related products. This data is presented in Table 7 below, for the entire sub-programme. To note is that at baseline HH investment in WASH was low, and the sub-programme set itself the target to double the investment rates by endline.

Table 8: Level of demand led strategies by District WASH Agencies

Type of investment	Total sub-programme (Target = double)		
	Baseline	Midline	Endline
<b>WASH Investment</b>	<b>43%</b>	<b>91%</b>	<b>70%</b>
CAPEX	7%	24%	23%
OPEX	21%	71%	49%
Hygiene	9%	59%	97%
Water fees	No data	83%	85%
Maintain toilet	No data	75%	89%
Rebuild toilet	No data	7%	88%
Upgrade toilet	No data	32%	56%

### Increased level of participation of women and girls in decision making about WASH activities in the communities

Ensuring the involvement and participation of women and girls in WASH decision making at the community level is a key aspect of the Plan Uganda sub-programme. At inception a series of separate meetings with men and women from beneficiary communities was used to generate a score out of ten to establish a baseline level of participation, averaged across the two districts, and to set a target for the sub-programme. The baseline was modest at 4.5/10 and the target was set at 7.5/10.

By the endline, the process had evolved further to adopt a standardised seven-step participation ladder across the entire WASH SDG programme. To allow for comparison with midline figures, the seven steps have been mapped to the three used earlier, and the results for the endline evaluation shown also in Table 9. The results of the seven-step process

Table 9: Level of participation of women and girls in WASH decision-making for the whole programme.

Level of participation	Target: 50% at Consulting or above		
	Baseline	Midline	Endline
Empowering	No data	0%	20%
Consulting	No data	44%	64%
Informing	No data	56%	16%

### Increased level of participation of socially excluded groups in decision-making about WASH activities in the communities

As with the participation of women and girls, the Plan Uganda sub-programme has also sought to improve the participation of socially excluded groups (SEGs), in alignment with the SDG goal of leaving no one behind.

Measuring participation of SEGs throughout implementation followed the same evolution as for women and girls, with a single score generated at baseline. The targets of 25% of SEGs at consulting level or above, and the results at mid-term and endline (again mapped to the three-step ladder) are shown in Table 9 above.

The results for PWD and SEGs as a whole are similar, although the situation seems to be slightly better for PWDs, and better in Nebbi overall. Around half of the FGD participants said that both PWDs and SEGs felt that they could either 'speak up' or 'were listened to' in community meetings.

## Pathway 2: Improved WASH Service Provision

### Overview

The three indicators under Pathway 2 were designed to measure how effectively the supply side of the WASH market is responding to the increased demand for WASH services that has resulted from the demand-creation strategies applied under Pathway 1. Additionally, in response to the strong focus on GESI outcomes within the WASH SDG Programme more broadly, two of the result areas under Pathway 2 specifically measure how well marginalised groups are both benefiting from and participating in the WASH market.

## Level of outreach and suitability of WASH products and services for the bottom of the pyramid

Ensuring that the benefits of the sub-programme's activities equally benefit SEGs includes not only WASH decision making, but also access to WASH products and services. Whilst the sub-programme ToC asserts that improving supply of WASH products and services will flow naturally from increased demand (as described above), additional effort is needed to ensure that the most vulnerable also benefit from a more vibrant WASH market. To measure this the sub-programme selected several litmus products to track over the life of the programme. At baseline these were sato pans and hygienic sanitary pads, but at mid-term very few outlets selling sato pans were found and so soap was monitored instead. At inception, the sub-programme set a target of ensuring that 45% of vulnerable households would access sanitary pads, up from 22% at baseline. The results at baseline, midline and endline are shown in Table 10.

Figure 10: Investment in litmus products by the most vulnerable households (whole sub-programme)

Type of investment	Total sub-programme (Target = 45% for san pads)		
	Baseline	Midline	Endline
Soap	No data	90%	97%
Sanitary pads	22%	40%	47%

## Improved WASH Market

During the baseline there were no female WASH entrepreneurs in Nebbi, and no data was collected from Kamuli. However, in Buyende there was a relatively high number of female WASH entrepreneurs (34.8%) as a result of another project focussed training women in the construction of rainwater harvesting tanks. The sub-programmes target for this indicator is to ensure, by the end of the programme, that at least 35% of the WASH entrepreneurs across the three districts are women.

Women WASH entrepreneurs (% of all WASH entrepreneurs)	Target = 35%		
	Baseline	Midline	Endline
Consolidated	12%	25%	88%
Buyende	35%	27%	60%
Kamuli	No data	57%	100%
Nebbi	0%	13%	100%

## Pathway 3: Strengthened WASH Governance

To measure the strength of the policy and regulatory environment, the consortium defined a scorecard/rubric with the following parameters:

- (1) documentation,
- (2) roles and responsibilities,
- (3) transparency,
- (4) gender and social inclusion,
- (5) MHH,
- (6) climate vulnerability and resilience, and
- (7) operationalisation of policies and regulations.

These seven parameters are scored from 1 (inadequate) to 5 (excellent).

Figure 11: Strength of WASH-sector policies and regulations

Strength of policies (scale 0-100)	Target = 76%		
	Baseline	Midline	Endline
Consolidated	68%	72%	85%
Buyende	No data	68%	78%
Kamuli	No data	72%	80%
Nebbi	No data	68%	88%

The evaluation assessed the relative strength of WASH policies as reasonable overall but quite varied from district to district. Progress appears to have been made in Nebbi particularly, which was reflected in the disproportional progress that was seen in that district in terms of improved WASH service levels. This indicates the much greater focus on sanitation marketing in the investment plans, and the likely achievement of the sub-programme's targets. Despite this, particularly in Buyende, but also to a lesser degree in Kamuli, actual WASH investment levels remain low, and hence the weaker results in terms of operationalising the plans.

## FINDINGS OF SUB-PROGRAMME SPECIFIC OUTCOME

In addition to indicators under Pathways 1, 2 and 3 described in the previous section, the Plan Uganda sub-programme also defined a further nine sub-programme specific indicators to measure aspects of the sub-programme not covered by the Consortium's M&E framework. These are primarily focused on schools WASH, but also include indicators measuring MHH knowledge and practice in the communities, and knowledge of nutrition-sensitive hygiene.

## Level of MHH knowledge amongst community members

There was no baseline data collected for this indicator, however at mid-term and endline data was collected at women-only FGDs by investigating the general level of knowledge of MHH amongst women and girls in their communities. Level of knowledge is comprised of three categories: knowledge about aspects of MHH, ability to practice MHH and support by the community to practice adequate MHH. A target of 85% was set at mid-term. Fig. 12 below presents the results aggregated to district level.

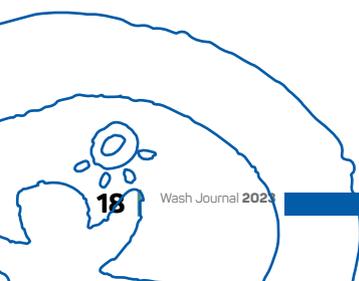
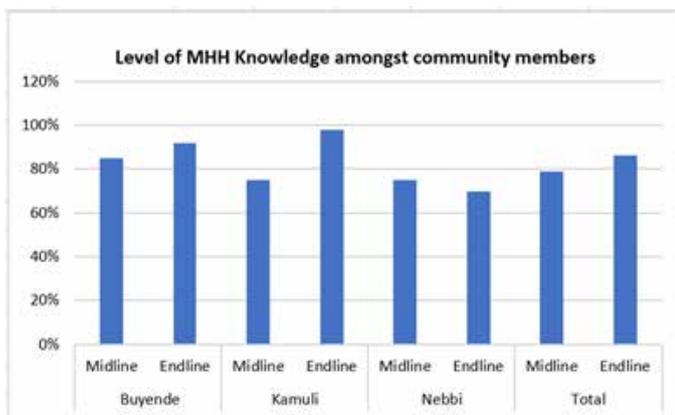


Figure 12: Level of knowledge on MHH amongst communities



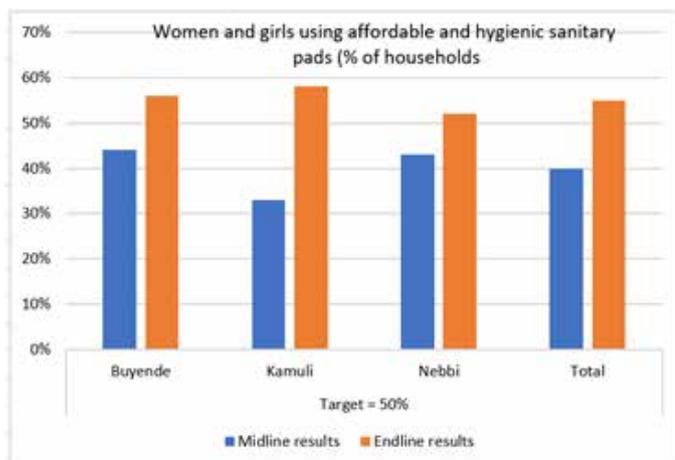
In the short-term the sub-programme should ensure that all key learnings and documentation pertaining to the programme outcomes are shared and understood by district stakeholders; should develop an exit plan with each of the district administration; package and market the sub-programme’s achievements for advocacy with others; and continue to advocate for budget allocation for WASH in the district investment plans.

In the Long-term, there is need to strengthen WASH Markets; conduct market research about sanitary pads; focus on sustainability measures such as faecal sludge management; focus on WASH in Schools; and Identify ways in which the government can link their WASH priorities with climate change vulnerability and resilience.

### Percentage of women/girls using affordable and hygienic menstrual pads

At inception no target was set for this indicator, and no baseline data was collected. During the MTR, data on this indicator was collected from the household survey, and a target of 50% was set. Results and midline and endline are shown in Table 12.

Figure 13: Level of knowledge on MHH



### OVERALL CONCLUSIONS AND RECOMMENDATIONS OF THE SUB-PROGRAMME

The Plan Uganda Buyende-Kamuli-Nebbi sub-programme has demonstrated how adaptive management and a strategic and evidenced-based approach to data use and collection can be used to steer a programme back on track. At mid-term, whilst progress was seen in some areas, projections for the key result areas of sanitation and hygiene indicated that the targets would not be met. Data collected for the midline evaluation was able to highlight the areas that were falling short and confirm what the sub-programme team already knew; that there was a need for a greater focus on sanitation marketing and moving households up the sanitation ladder beyond ODF.





A South Sudanese refugee fetching water at Imvepi settlement. Photo by Felix

# WHY HAND WASHING REMAINS LOW AMONG REFUGEE COMMUNITIES IN WEST NILE

By Clement Alumu

## ARUA.

**D**espite several strategic interventions by partners in the water and sanitation department to improve handwashing among refugee communities in West Nile, statistics show low uptake among the asylum seekers and refugees.

The average sanitation coverage among the four settlements in West Nile covered by Water Mission stands at 70% while handwashing has remained at 34%.

This, according to the partners, demands for more effort to scale it up. Lawrence Otika, the Humanitarian Response Manager at Water Mission, which works in the settlements of Madi-Okollo,

Imvepi, Rhino Camp, Bidibidi and Kiryandongo, said majority of the asylum seekers still question the practice of washing hands.

“If you look at the statistics for handwashing, it has really not been very good. One of the major barriers to effective handwashing amongst the refugee communities and one that we cannot run away from is the vulnerability that still exists. Even the funding is not adequate to buy handwashing facilities,” Otika says.

He adds that handwashing is not taken as something important among refugee communities, which makes it a challenge for them to adapt to this positive behaviour.



Refugee pupils sipping water at the settlement camp. Photo by Felix

“There has also been a funding gap which has led to a reduction of a number of partners within refugee operations to amplify the message of positive change and hygiene. So, the level of handwashing has reduced,” Otika adds.

The continuous influx in areas such as Imvepi and Rhino Camp also makes it a challenge due to reduced funding coupled with other demands.

#### **Poor soil texture for toilets**

Because of the loose texture of soils - mainly sandy, in some of the settlements - the toilets keep collapsing whenever it rains, giving them a challenge to access toilets. The most affected areas are Rhino Camp and Zone Five in Bidibidi settlement in Yumbe district.

Latrine construction material has also been another challenge to refugees as the majority of tree cover in the camp is depleted.

However, Solomon Osakan, the refugee Desk officer at the office of Prime Minister in Arua, says sometimes access to water in settlements is caused by cattle keepers who deliberately cut the water pipes in order to feed their animals.

“Our water pumps are solar-powered but sometimes the panels are stolen and when this is done, where there is no water, the cattle keepers also cut the water pipes, especially during dry season to feed their animals,” Osakan explains.

On sanitation, Osakan explains that while they had dug drainable pit latrines for the refugees, they did not plan for lagoons where to dump the fecal matter. The humanitarian partners like OXFAM provided a cesspool emptier.

He, however, expresses pessimism for refugees that in future if the funding for water programmes in the settlements is not improved especially for care and maintenance, most water points would break

down.

### **The water, sanitation situation**

According to the Water Mission, now they supply at least 17 litres of water per person per day in the settlements.

On October 15, Arua hosted the global handwashing day, an advocacy day dedicated to the importance of handwashing with soap as an effective tool to prevent diseases and save lives.

According to the Arua district water officer, Patrick Odongo, safe water usage in the district stands at 53%, while in urban areas water coverage is at 80%, latrine coverage at 72%, and handwashing at 28%.

The pupil to toilet ratio is at 1:99.

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*“Our water pumps are solar-powered but sometimes the panels are stolen and when this is done, where there is no water, the cattle keepers also cut the water pipes, especially during dry season to feed their animals,” Osakan explains.*

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A mother helping her child to wash hands before visiting a patient at Arua Regional Referral Hospital.

ensure that every homestead has all the sanitation facilities.

“We want to ensure that the home has a clean latrine with handwashing facility, a place for drying utensils and a bathing shelter. Those who don’t have these facilities are normally penalized because good hygiene behavior begins from home,” Lati said.

At Arua Regional Referral Hospital, a patient attendant, Alice Ayikoru, said there is a need to connect more water points at the hospital because of the high number of users.

“Sometimes you have to wait at the water point for long because there are many people who need water. The few water points are helping a lot. A hospital needs adequate and constant flow of water,” she said.

Besides adequate water, Ayikoru said there is a need to sink more toilets to manage the high population.

The referral hospital has about three water points where patient attendants can access water. They are stationed at strategic locations near the wards.

### Why WASH is essential in health units

The WHO/UNICEF JMP report, WASH in Health Care Facilities, is the first comprehensive global assessment of water, sanitation and hygiene in health care facilities. The report finds that 1 in 8 health care facilities has no water service and 1 in 5 has no sanitation service – impacting close to 900 million and more than 1.5 billion people, respectively globally.

The report also reveals that many health centres lack basic facilities for hand hygiene and safe segregation and disposal of health care waste. These services are crucial to preventing infections, reducing the spread of antimicrobial resistance and providing quality care, particularly for safe childbirth

## WHY WATER AND SANITATION ARE ESSENTIAL IN HEALTH CENTRES

By Clement Aluma

**W**hile health facilities in urban areas in greater Arua may have plenty of water and sanitation facilities in their premises all the time, their counterparts in rural areas say the situation is challenging.

Sr. Lawrence Limio, the in-charge of Ediofe health centre III in Arua City, said they do not have any water challenges at the facility as they have two sources.

She said due to the low population at the centre, the two water sources are adequate and more would be required if the population increases.

“We have placed handwashing stands and detergents at all the strategic places in the facility; at the entrance and at all the sanitation facilities. We rarely run out of water because we have big reservoirs which store the water for us,” she said.

Limio said it is only on a few occasions, especially during the dry season and when they have exhausted all the water, that their water pump comes in handy to save the situation.

“Handwashing with soap keeps one

healthy and can prevent so many diseases such as those which are respiratory and diarrheal infections,” she said.

Workers in health care facilities need sufficient quantities of safe water to provide health care services. Drinking and cooking, hand hygiene, showering and bathing, and a variety of general and specialized medical uses all require safe and reliable supplies of water.

Water is crucial for cleaning rooms, beds, floors, toilets, sheets and laundry. It is central to patient experiences of health care, as it enables them to remain hydrated, clean themselves, and to reduce the risk of infections. Without water, a health care facility is not complete.

In October this year, Arua district hosted the national celebrations to mark the Global Handwashing Day at Aruba Primary School under the theme, “Clean hands are within reach”.

Mr Lazaro Leti, a village health team member of Okavu village, Lazebu parish in Logiri Sub-county, Arua district, said one of their roles was to

Key moments from global handwashing day celebrations held on 13th october 2023 at Eruba Primary School Arua



# WaterAid Uganda

CELEBRATING  
**40**  
YEARS  
OF SERVICE



**Vice President Jessica Alupo launched the five-year WaterAid Strategy on November 15, 2023**

## A strategy to deliver sustainable WASH for all

**A** five-year strategy by WaterAid Uganda has been launched to prioritize Water, Sanitation and Hygiene (WASH) to improve public health. The Vice President, Maj. (Rtd) Jessica Alupo, launched the five-year (2023-2028) program on November 15, 2023 as WaterAid Uganda celebrated 40 years of service at Speke Resort Munyonyo in Kampala.

During the function, Alupo accepted to become the Empowerment through WASH champion, an initiative that is the cornerstone in WaterAid's mission to create a world where everyone, everywhere enjoys the right to safe water, sanitation, and hygiene. The Vice President also pointed out that she is going to work at the highest political level in East Africa and the African Union to advance the WASH agenda.

She said she was going to link up with the president responsible for water, sanitation, and hygiene (WASH) at the AU.

"I am glad that the new WaterAid Uganda Country Programme strategy will focus on delivering climate-resilient water, sanitation, and hygiene (WASH) services and WASH in public health," she said. "This is timely, and as government, through the responsible line ministries, we commit to collaborating with WaterAid Uganda in delivering this strategy."

She said civil society organisations and the private sector should work more with the government to contribute to the achievement of the Agenda 2030 of leaving no one behind, especially women and girls, who are most affected by the lack of WASH services.

"I personally commit to leading and championing this noble cause," she said. "As a government, my office commits to ensuring WASH is prioritised under the social services pillar of the Parish Development Model."

Jane Mselle Sembuche, the Country Director of WaterAid Uganda, said they were going to prioritise WASH across the health sector to improve public health. "We will focus on integrating hygiene and behavioural change into core public health programmes and policies. We will improve the quality of care in health care facilities with inclusive and sustainable WASH services."

In addition, WaterAid is going to strengthen the resilience of WASH to climate change, "Our aim is to make WASH services and behaviours resilient to climate change. We want to ensure that communities in Uganda can cope with existing and future climate threats, maintain water security, access sanitation services, and follow good hygiene practices. This shall be done through the integration of climate-resilient WASH into climate change policies and plans. Supporting communities to adapt to ensure WASH services and behaviours are resilient to climate change"





# Ending the WASH crisis for everyone, everywhere, together

It is not debatable that Uganda continues to face challenges in the water, sanitation and hygiene (WASH) both in terms of quality and reach.

In a survey conducted by WaterAid in partnership with the Ministry of Health and School of Public Health in 2019, it was discovered that most healthcare had their water points located 500 meters away from the health facility, rendering it limited access.

This situation, according to other studies, is not different; be it in schools, office spaces, business arenas, water sources, the environment, to name but a few.

To cure this, Jane Mselle Ssembuche, the Country Director of WaterAid Uganda, is calling for an all-encompassing approach towards WASH in the provision of public services.

“When there is no water, they [women and girls] are the most affected. We want WASH to be central to public health. If you are going to talk about Neglected Tropical Diseases, where does WASH come in? If you are going to talk about malnutrition, where does WASH come in? We want to be able to integrate it and embed it so that it can receive the priority that it deserves,” she noted.

WASH is the heart of service delivery, but little effort has been invested in ameliorating it. Sadly, the biggest price for this failed infrastructure is paid by the mothers of this nation – the women and girl child.

According to the 2022 National Micro Planning Handbook for Water, Sanitation and Hygiene (WASH) in Healthcare Facilities in Uganda, 97% of the health facilities in Tororo have limited to no access to sanitation.

According to the World Health Organization, an estimated 30,000 women and 400,000 babies worldwide die every year from infections such as puerperal sepsis, often caused by lack of water sanitation and poor hand-washing practices.

At the centre of this approach is leadership. Why? It takes leadership to get sustainable solutions.

“Communities are important, they have to be active and engaged because they will help you monitor, tell when things are not okay. They will work with the strong leadership to implement the policies on WASH. Otherwise, nothing will happen,” Jane Mselle Ssembuche, the Country Director of WaterAid Uganda, noted.



***When there is no water, they [women and girls] are the most affected. We want WASH to be central to public health. If you are going to talk about Neglected Tropical Diseases, where does WASH come in? If you are going to talk about malnutrition, where does WASH come in? We want to be able to integrate it and embed it so that it can receive the priority that it deserves.***

***Jane Mselle Ssembuche, Country Director of WaterAid Uganda***





## WASH in Schools: New Toilets, New Hope

WASH dream turned reality at St. Joseph Musoto Primary School

**S**t. Joseph Musoto Primary School's WASH dream is coming to fruition with the support of the Mbale City authorities, WaterAid and Kimberly Clark, who have built the school a new block of toilet with six stances, a washroom and an incinerator, so that girls can bathe and dispose of used sanitary pads as they manage their menstruation.

According to the head teacher, Dr Washaki Stephen, the water and sanitation facilities in the school barely reached the minimum standards, with pupils having to endure long queues for their turn to use the latrines. He shared that many girls opted to "stay at home for the whole week," which affected their performance in class.

Aisha Mutonyi Mugoya, the Secretary for Social Services in Mbale City, shared her appreciation after watching their live performance, "Musoto is going to shine."



New toilets bring hope to Bukonde Secondary School

Bukonde Secondary School welcomed the construction of new toilet facilities on its premises. This came almost two years after the collapse of the girls' toilet in 2019 just towards their national exams period.

Naigabula Rebecca, a Senior Woman Teacher at Bukonde Secondary School adds that "As a school, we only had access to the public toilets, which were also in a sorry state. This is after the one I found here sinking."

Thankfully, this is when the WaterAid came in to help by building new latrines for the school in conjunction with other partners.

Sharifah, a Student Representative at Bukonde thanked WaterAid and its partners for the "wonderful work and for bringing new hope to the students, especially the female students by building us a new latrine."



# Catalyzing collective efforts for WASH everywhere



**Training local communities: Members of staff facilitating data entry training**



**Kanuna Grace, the Deputy RDC (Right) of Busia District and Elizabeth Okose, the In-charge of Buteba HC III (middle), are joined by Jane Msele Sembuche, the WaterAid Country Director (Left), in the handover of a newly constructed toilet facility at Buteba HC III.**



**WaterAid and Latter-Day Saints Launch Initiative to Tackle Water Scarcity in Mayuge's Lugwara Quarters**



**Aigi Catherine, a nursing officer at Moyo Health Centre III attending to a patient**



**Hon. Romeo Busiku, the Speaker of the People's Parliament, presides over a session in Mbale.**



Alfred Okidi(4th R)Permanent Secretary, Ministry of Water and Environment together with other government officials and development partners during the CSO forum



## PROPER WATER, SANITATION PRACTICES COULD EARN UGANDA SH250 TRILLION IN 20 YEARS – UWASNET REPORT

By Opolot Charles

**A** new report by Uganda Water and Sanitation NGO Network (UWASNET) indicates that Uganda could earn billions of shillings if good policies are introduced and implemented in the water, sanitation and hygiene (WASH) sectors as well as proper management of the environment and natural resources.

This was revealed by Yunia Musazi, the Executive Director of UWASNET, during the 13th Annual UWASNET CSOs Forum held in Kampala in October 2023.

According to Musazi, practices such as increased access to irrigation facilities of just 144,000 households per year, would generate sh46.8 billion annually or sh2.34 trillion cumulatively by 2030.

Musazi said sustainable and optimal water resources management, Efficient waste management, Health care cost savings from water borne diseases, Sustainable Management of Rivers, Enhanced supply of water for production and Increasing fisheries production by through water quality management would generate more than sh200 trillion by 2040 or before.

Additionally, Musazi said integrated soil management, tourism development, sustainable forestry management and sustainable wetlands would fork in at least sh30 trillion by 2030.

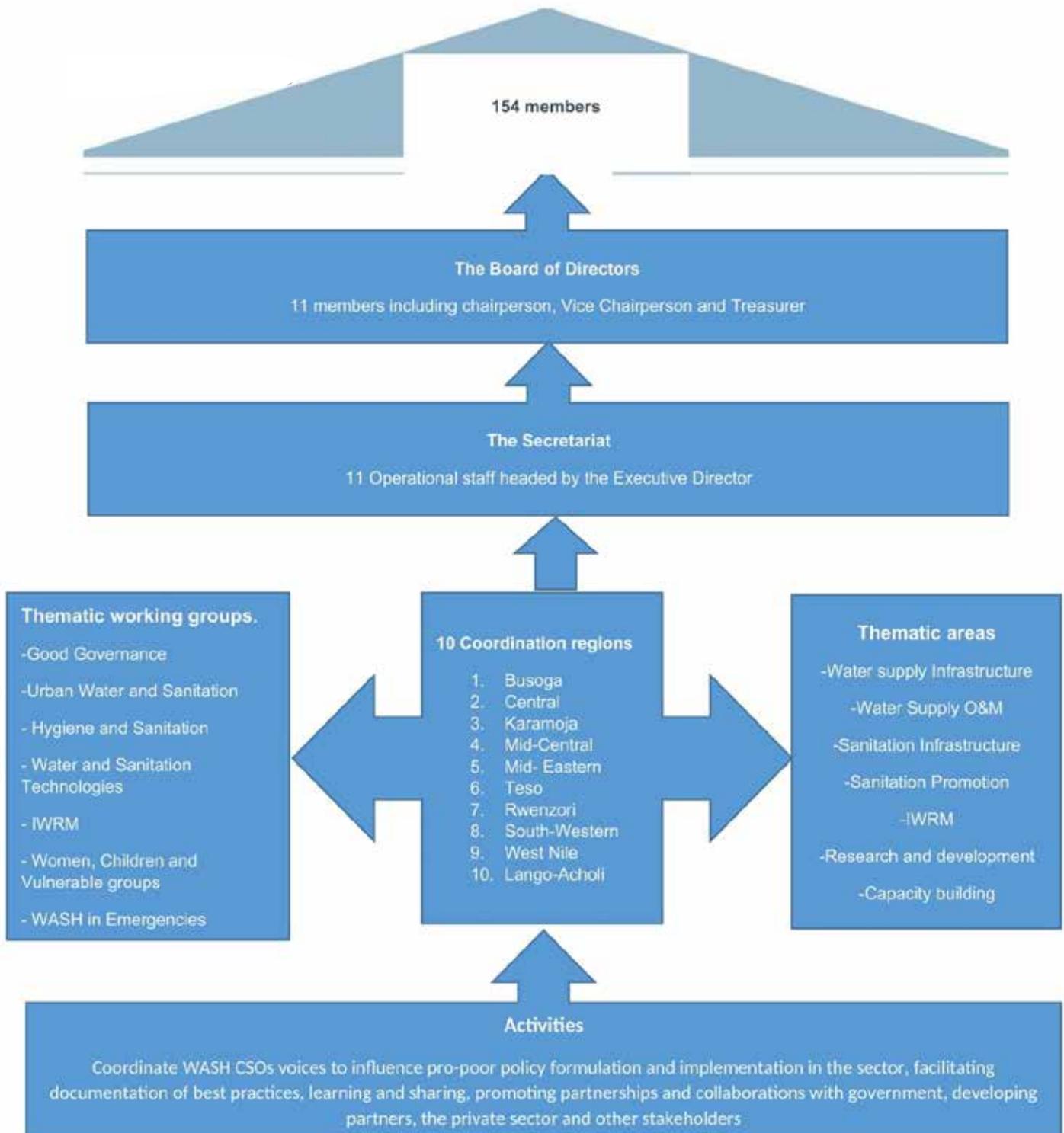
Below is the full report as presented by Musazi.



# UWASNET: WASH CSO PERFORMANCE REPORT 2022/23



## ANNUAL GENERAL ASSEMBLY



Updated for the FY2022/23 WASH CSO performance report

## Why invest in WASH and ENR as a driver for national development?

Subprogramme contribution	Economic potential
<b>Water, Sanitation and Hygiene (WASH)</b>	
Increased access to irrigation facilities 144,000 households/ year	46.8 billion/year. Cumulatively by 2030 UGX 2.34 trillion
Sustainable and optimal water resources management	UGX 29.4 trillion (2020–2030)
Efficient waste management (solid and wastewater) for at least five cities and 15 municipalities	US\$44.9 billion, equivalent to UGX 163.88 trillion over 10 year
Health care cost savings from water borne diseases	USD 1 billion over 25-year period
GDP loss due to poor sanitation	US\$ 177 million or 1.1% of GDP per year
<b>Sustainable Management of Rivers</b>	
Enhanced supply of water for production	1000 GHw per year by 2030
Increasing fisheries production by through water quality management	5% increase in livestock production by 2040
	60% increase in fisheries by 2040
<b>Environment and Natural Resources (ENR)</b>	
Integrated soil fertility management of 41,000 ha/year	23.4 billion/year Cumulatively by 2030 UGX 1.17 trillion
Tourism development	US\$1.874 billion or UGX 6.84 trillion/year
Sustainable forestry management	UGX 12.3 trillion (2020 – 2030)
Sustainable wetlands	UGX 12.3 trillion (2020 – 2030)
Renewable energy (biomass energy, solar energy, geothermal, and mini and large hydropower generation)	Ecosystem services of UGX1.04 trillion/year, equivalent to UGX10.4 trillion over 10 years Plus stand stock value UGX3.265 trillion, a fixed value.
Reducing respiratory diseases through energy efficient cooking technologies	US\$ 8 billion saved in health care spending due to use wood fuel.

Table above: Economic potential of WASH, environment and natural resources to the Ugandan economy

Source NPA - UGGS 2017/18 – 2030/31 and MWE (2016) Economic study

## WASH CSO RESPONSE RATE



- Increased by 7% from 69 in the FY 2021/22 to the current 74
- Out of 154 registered WASH CSOs only 74 reported
- Delayed reporting affecting quality and timely annual performance report publication
- “Leaving No One Behind”

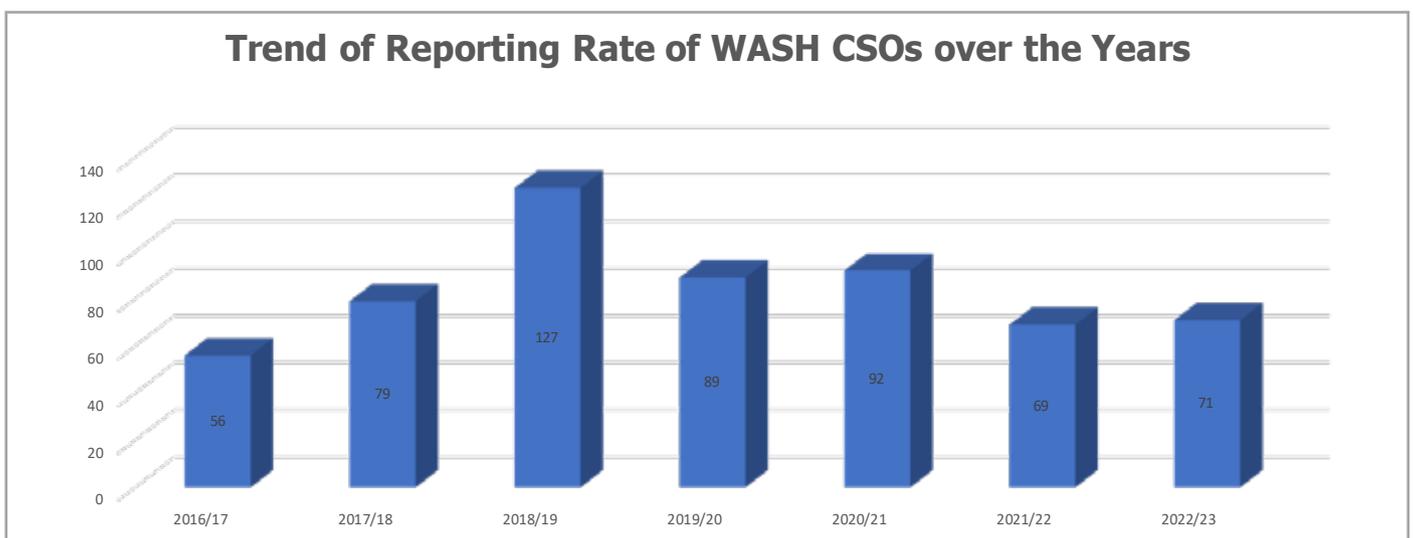


## ALIGNMENT TO NDPIII

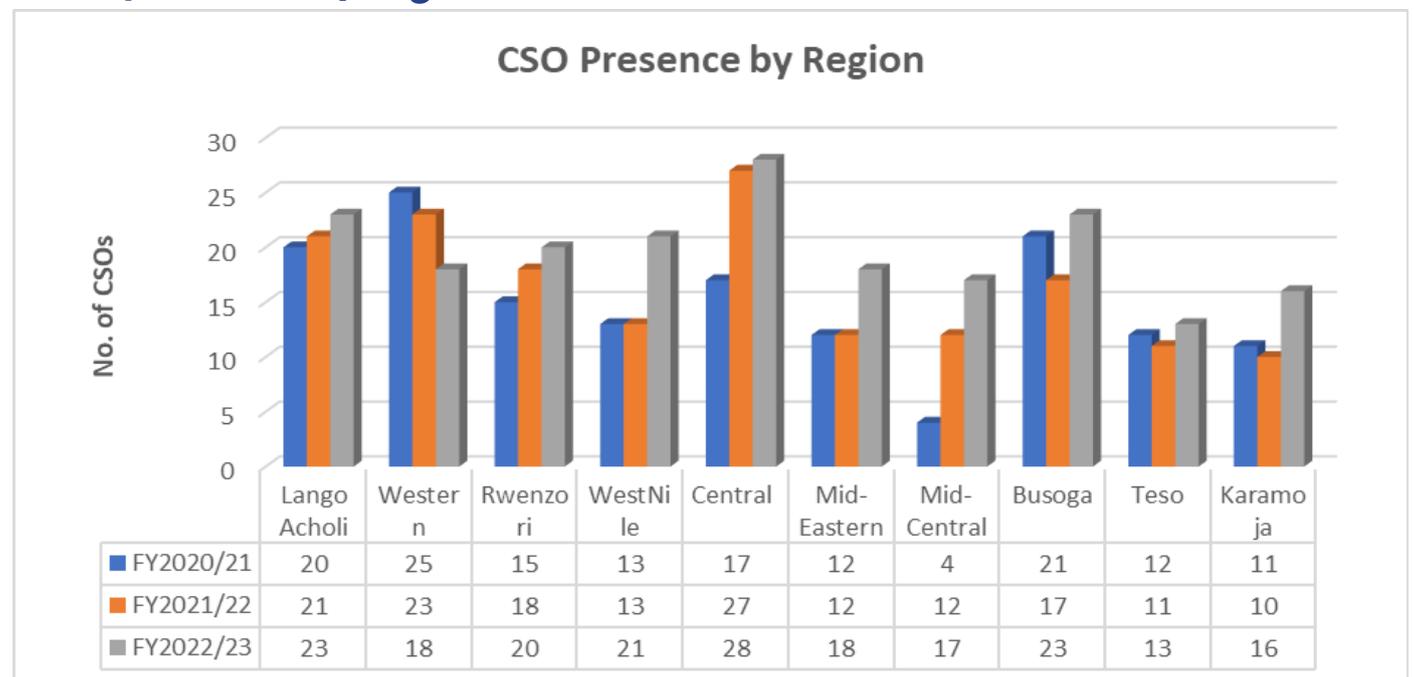
### Report organized along the 3 NDPIII WASH cross cutting programmes

- Human Capital Development (HCD)
- Natural Resources, Environment Climate Change Land And Water Management
- Agro Industrialization

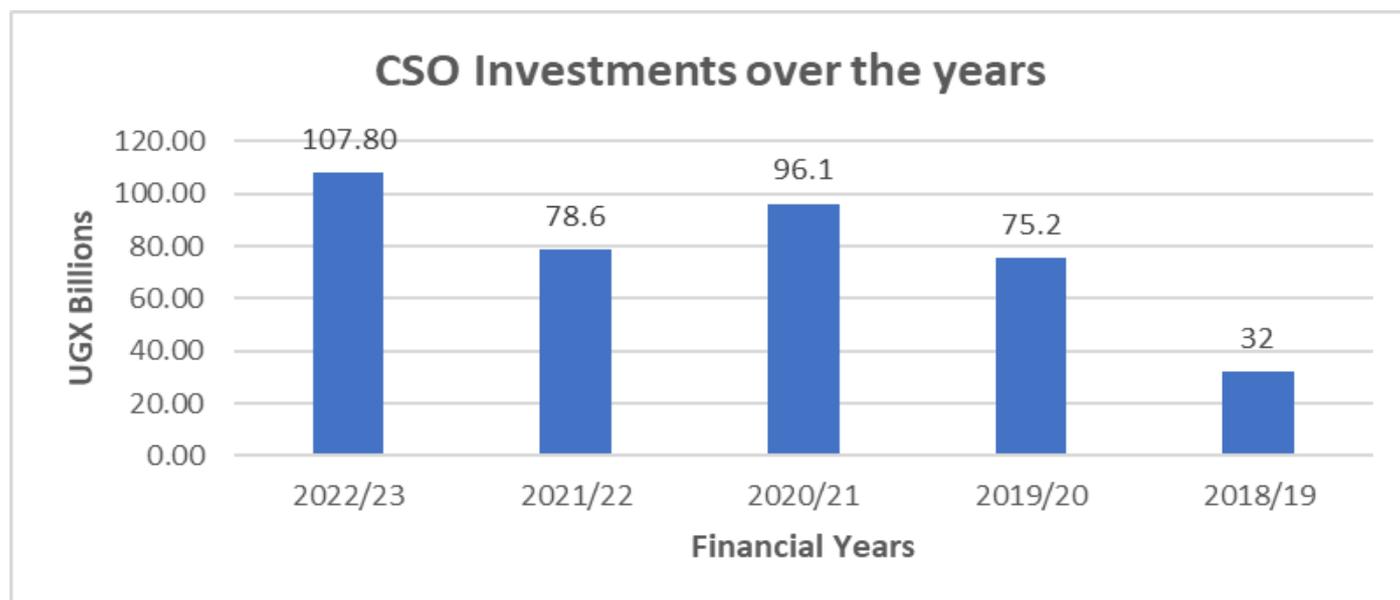
## REPORTING TRENDS



## CSOs presence by region



## CSOs investment trend per thematic



30% captured in Local Government Budgets and Plans  
Financial Institutions – Shs.20.8B

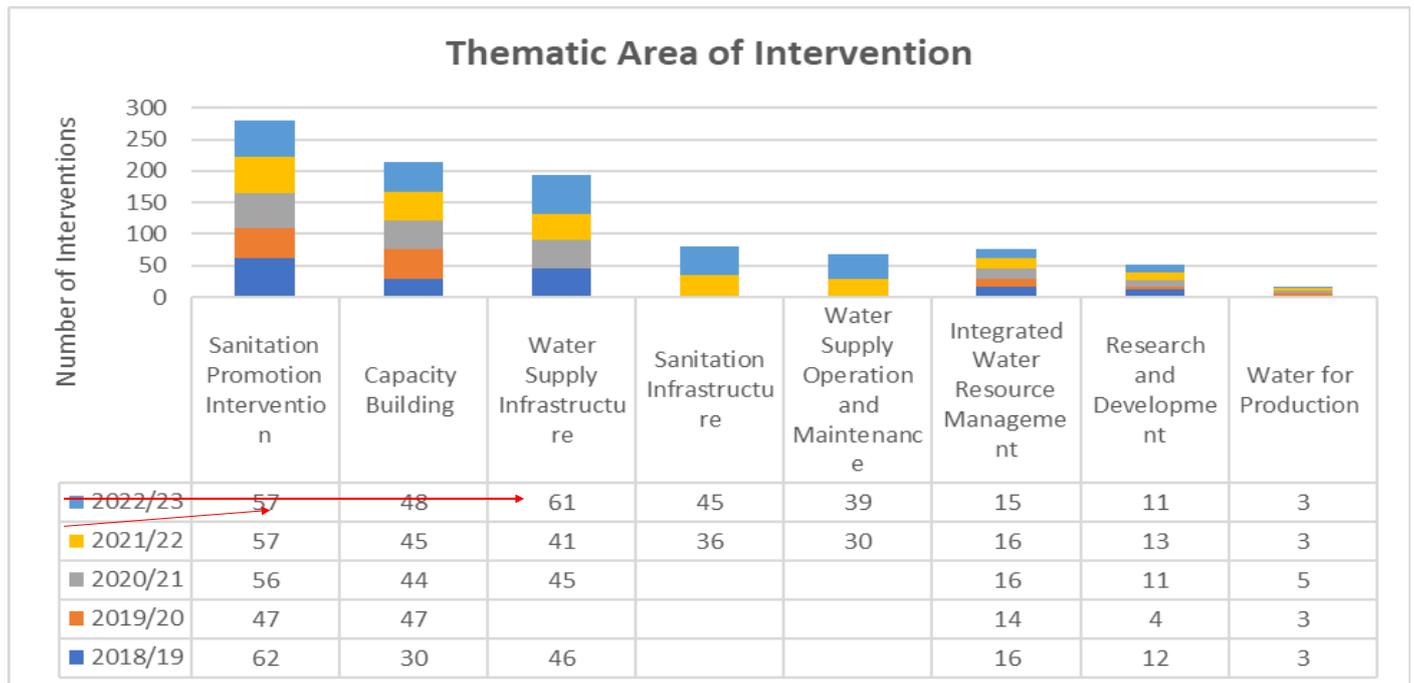
## UWASNET contribution to NDPIII targets

### Critical analysis of investment trends

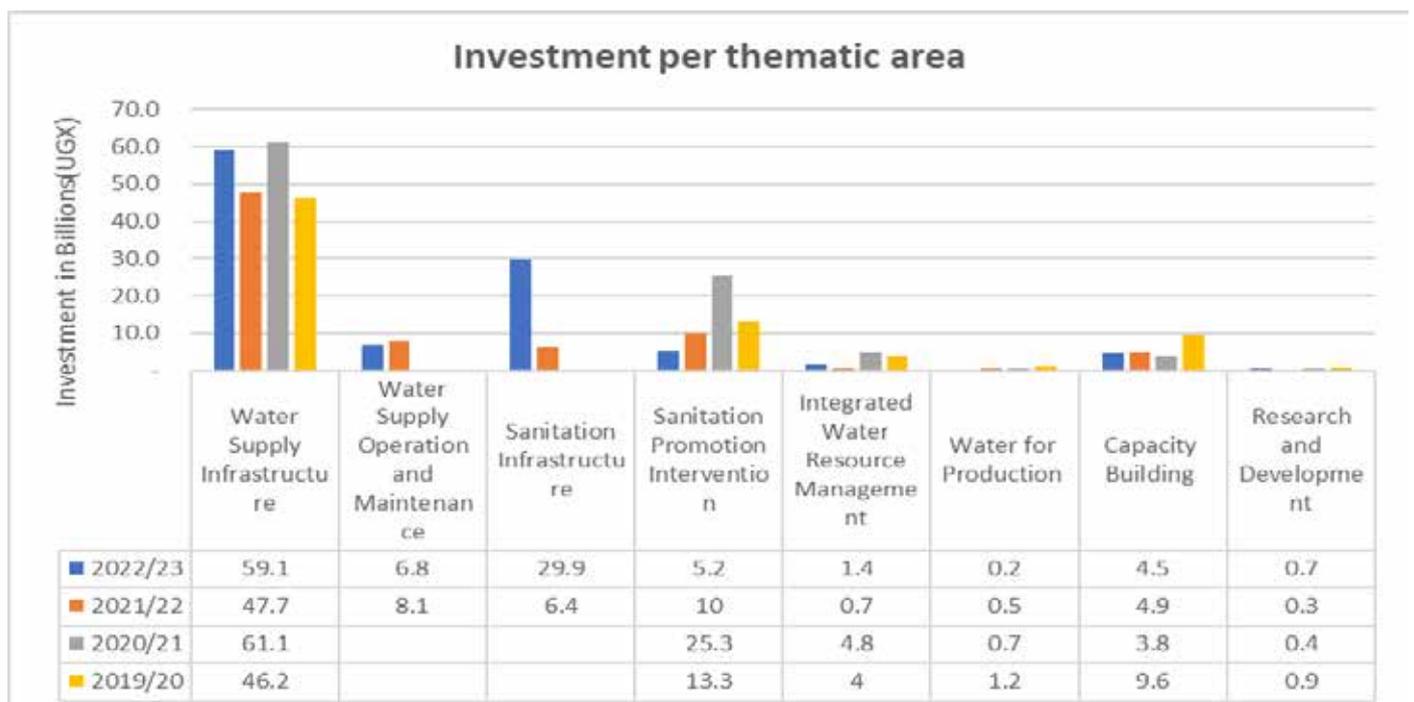
Table 1: Investment amounts PIAP vs UWASNET contribution in the FY 2022/23

	Values	FY 2021/22	FY 2022/23
Human Capital Development	HCD PIAP extracted budget	5,901	5,901
	UWASNET Investment - water	55.8	65.9
	UWASNET Investment - sanitation	16.4	35.1
	UWASNET Investment - Capacity Building	4.9	4.5
	UWASNET Investment - R&D	0.3	0.7
	Total UWASNETHCD Investment -	77.4	106.2
	Percentage contribution	1.3%	1.8%
	Natural Resources and Environment Climate Change, Land and Water Management	NRECLWMPIAP extracted budget	1,899
UWASNET Investment - NRECLWM		0.7	1.4
Percentage contribution		0.04%	0.07%
Agro industrialization	AI PIAP extracted budget	1,721	1,721
	UWASNET Investment -AI	0.5	0.2
	Percentage contribution	0.03%	0.01%

## CSOs by thematic area of intervention



## CSOs investment trend per thematic





Mr. Otika Lawrence, Humanitarian Response Manager-Water Mission Uganda making a presentation during CSO Forum

**T**he WASH in emergency technical working group has decried dwindling funds amidst efforts to improve water coverage, sanitation and hygiene situations in refugee settlements in the country.

Available information indicates that the WASH in emergency technical working group was formed under the auspices of Uganda water and sanitation NGO network (UWASNET) as an integral platform for WASH partners operating in refugee settlements across Uganda.

The current constitution of the group spans eleven (11) refugee settlements with over 30 WASH partners.

Chaired by Water Mission Uganda (WMU), deputized by Lutheran World Foundation (LWF) and Oxfam as secretary to the group the WASHinE Technical Working Group has been operating in West Nile, Northern and Western Uganda.

The main intervention areas/objectives of the WASHinE Technical Working Group were to supply of potable water to persons of concern in line with SDG 6 Target 6.1, O&M of water systems, WASH infrastructure improvement, ensuring that persons of concern live in satisfactory sanitary and hygienic conditions, construction of communal latrines and subsidizing household latrines construction.

Consequently, the working group achieved an average per capita of 16.9 l/p/d across settlements, which is still slightly below the post-emergency standard of 20 l/p/d. The water coverage is slightly above the post-emergency standard.

In terms of sanitation, the group achieved an average of 68.6% sanitation coverage, which is still below the 85% target while under hygiene the coverage is still low, standing at 37%.



Mr. Otim Norman, WASH Officer, Water Mission Uganda

It is important to note that the group was happy about the partnership with UWASNET, UNHCR, OPM, Ministry of Water, and Ministry of Health, sharing of best practices and receiving more funding to the sector, despite not being enough.

Some of the positive changes TWG members saw on the ground included contribution by WASH partners to the attainment of SDG 6 Targets through ensuring improved access to potable water for over one million refugees, as well as improved sanitation coverage by constructing communal latrines for new arrivals.

The group also distributed dome-shaped slabs for to subsidize household latrine construction.

However, the implementation has been slowed by reduced donor funding and continuous refugee influx.

With efficient use of resources,

adoption of integrated approach to working with other sectors like livelihood, health, education, protection, and involvement of refugees in planning and implementation of interventions, the situation can get better.

The group highlighted various plans to improve on the status quo. These included strengthening cohesion for consortium funding opportunities, supporting transition of water supply to utility, promoting sharing of best practices through bench-marking visits, joint proposal writings for more funding into the sector, and incorporating more livelihood interventions to build financial capacity of refugees, promote resilience and sustainability.

The other plans include strengthening bond with government agencies and influence key policy positions and promoting efficient use of resources in the face of dwindling donor funding.

“

In terms of sanitation, the group achieved an average of **68.6%** sanitation coverage, which is still below the **85%** target while under hygiene the coverage is still low, standing at **37%**.

In the meantime, the group intends to plan for and use the available resources efficiently, allocate adequate budget towards WASH service delivery in refugee settlements, subsidize the operation and maintenance of water resources and systems, and enhance capacities of government health facilities in refugee settlements by improving staffing, bed capacity and infrastructures.

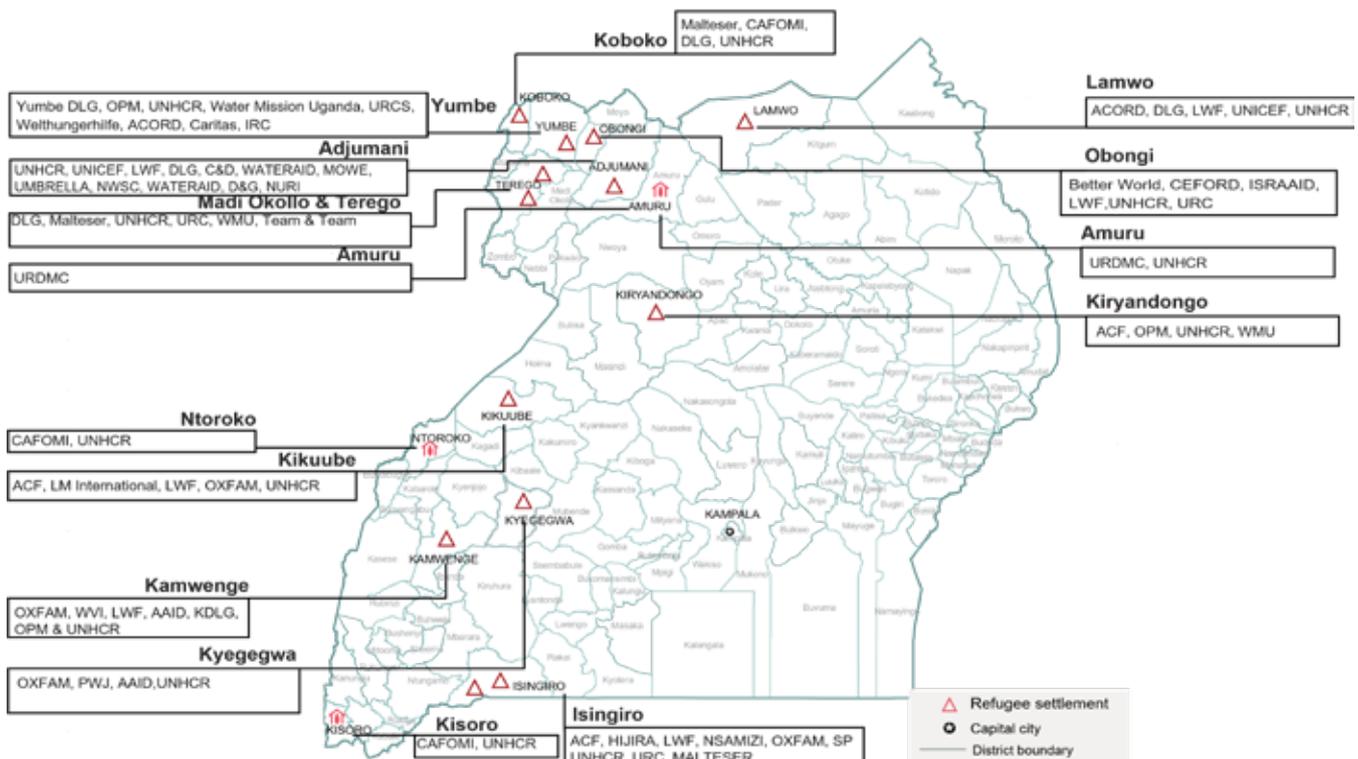
Below is the presentation.

# WASH FOR REFUGEES TECHNICAL WORKING GROUP THE 13TH ANNUAL WASH CSOS FORUM-2023

## BRIEF INTRODUCTION/INFORMATION ABOUT MEMBERS OF THE THEMATIC WORKING GROUP

The WASH For Refugees TWG comprises of over **30 partners** working in **13 refugee** settlements and serving a combined total of **1,439,002 refugees**. Chaired by Water mission Uganda (WMU), deputized by Lutheran World Foundation (LWF) and Oxfam as secretary to the group.

*(continued)*



## INTERVENTION AREAS/MAIN OBJECTIVES

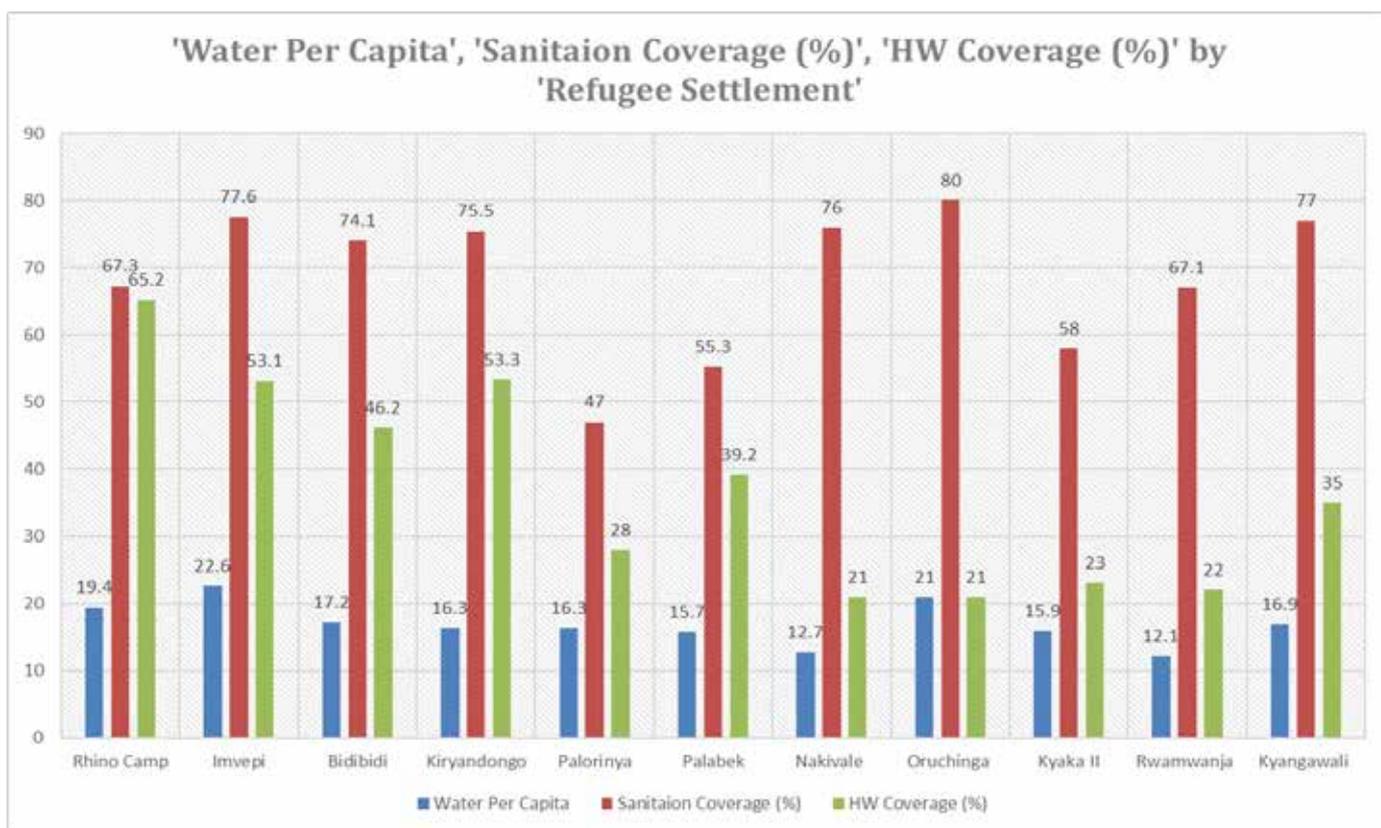
**The main intervention areas/objectives of the WASHinE Technical Working Group are:**

1. Supply of potable water to persons of concern. SDG 6 Target 6.1
  - O&M of water systems
  - WASH infrastructure improvement.
  
2. Ensuring that persons of concern live in satisfactory sanitary and hygienic conditions. Target 6.2
  - Construction of communal latrines
  - Subsidizing household latrines construction
  - Faecal sludge management
  - Sensitization
  - Waste management
  - Hygiene promotion

## PROGRESS TO-DATE

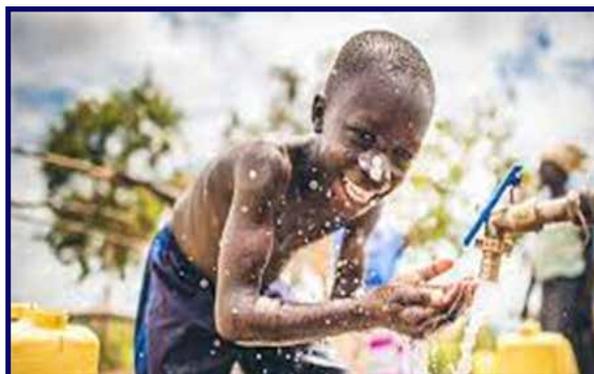
- Indicate here the progress by Thematic Group Members towards contributing to SDGs
- Water Supply
  - Achieved an average per capita of 16.9 l/p/d across settlements which is still slightly below the post-emergency standard of 20 l/p/d.
- Sanitation
  - Achieved an average of 68.6% sanitation coverage which is still below the 85% target.
- Hygiene
  - Hygiene coverage still very low at 37%
- What are TWG members happy about?
  - Partnership with UWASNET, UNHCR, OPM, Ministry of Water, and Ministry of Health.
  - Sharing of best practices
  - More funding to the sector

## KEY PERFORMANCE INDICATORS

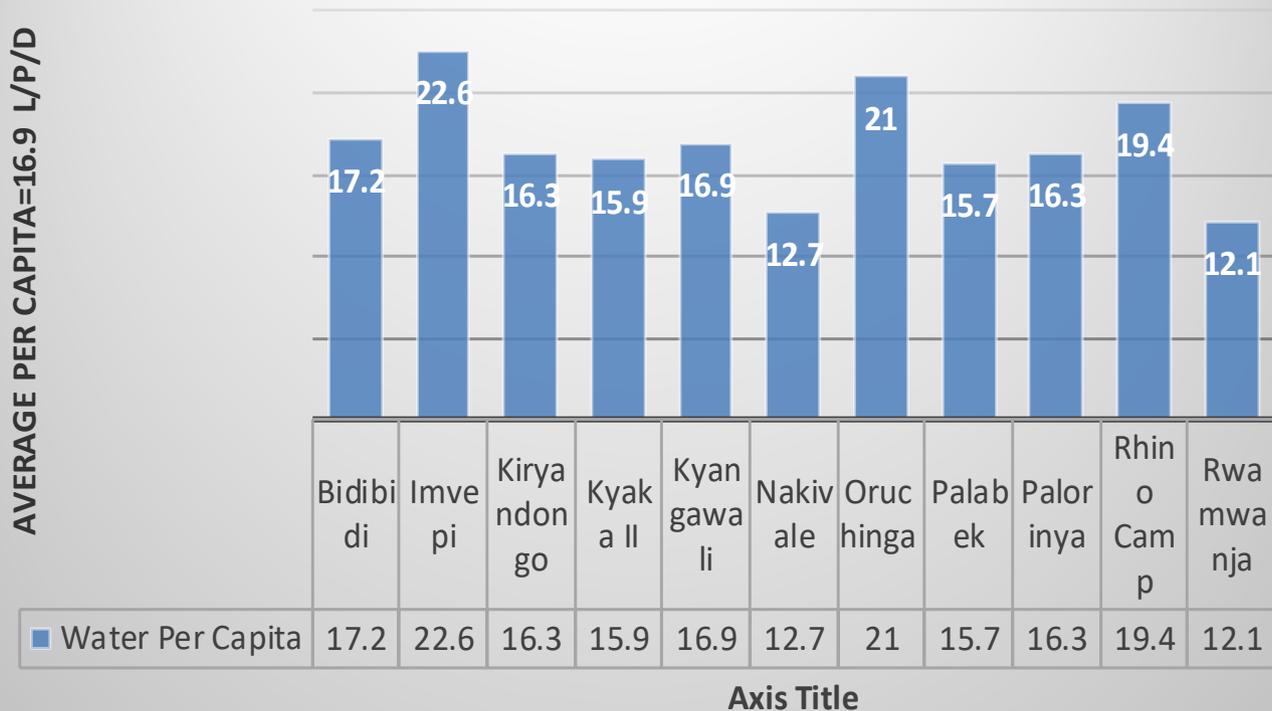


## WATER SUPPLY

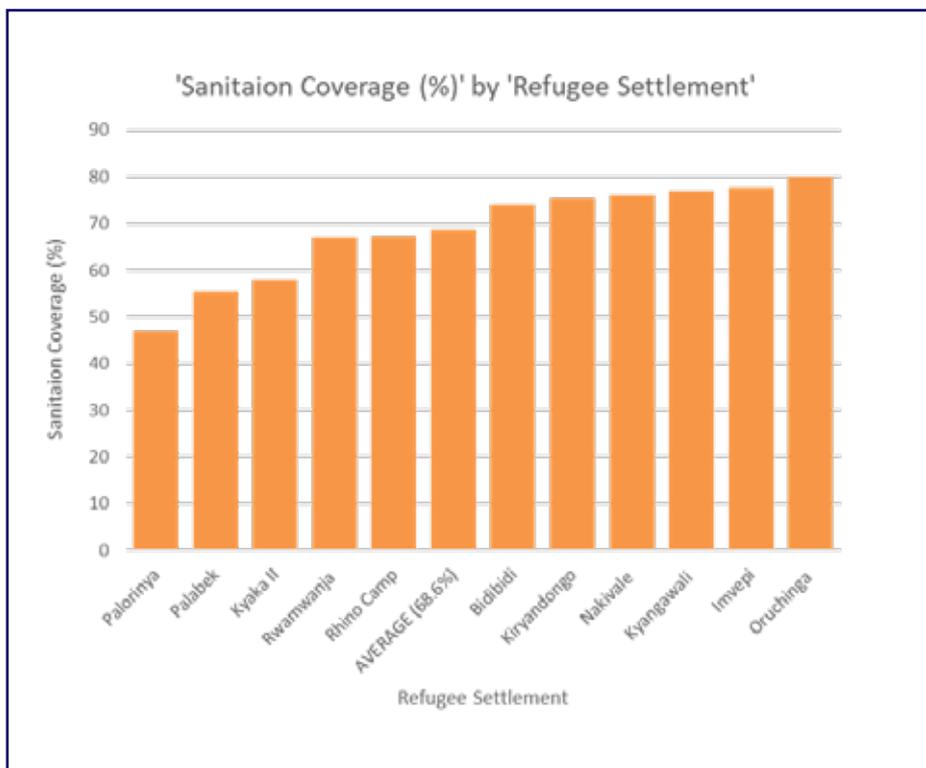
- Achieved an average per capita of **16.9 l/p/d** across settlements which is below the post-emergency standard of **20 l/p/d**



# Water Per Capita



## SANITATION COVERAGE

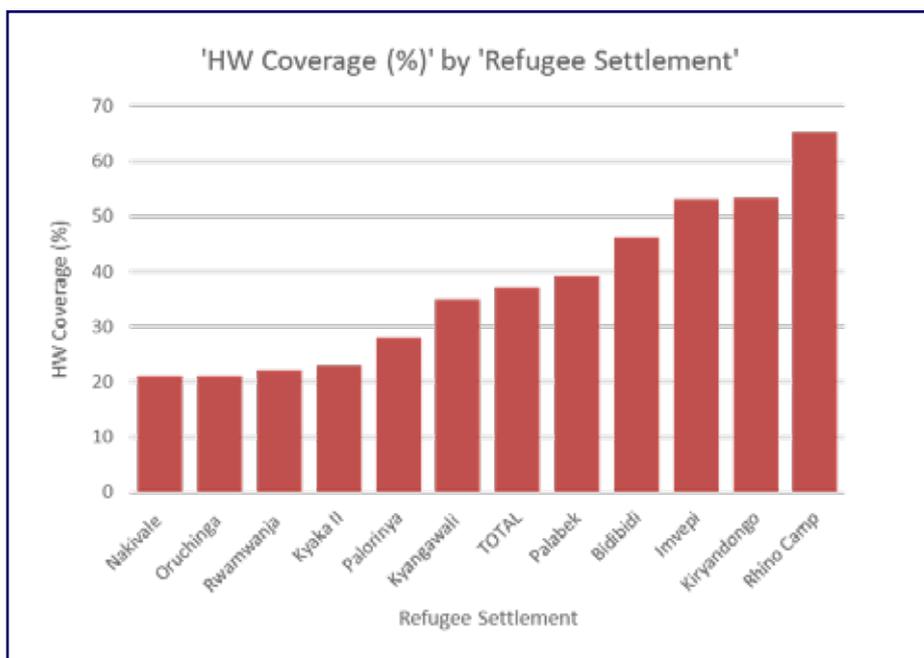


• Achieved an average of **68.6%** sanitation coverage which is still below the **85%** target.



## HAND WASHING COVERAGE

- HW Coverage still at **37%**.



## SUCCESSES AND BEST PRACTICES

- What are you most proud of?
- Working together to address common challenges through thematic discussions, coordination meetings and sharing best practices.
- Expansive and cross-cutting partnership.
- What is working well?
- Integrated Health and WASH promotion (The VHT approach)
- Community Based structures (In some settlements)
- Community cost sharing ( In some settlements )
- Best practices for sharing (e.g., innovations, models, products?).
- Blended CLTS (Provision of subsidies like digging kits)
- The use of Gulper Technology for desludging in Rhino Camp, Imvepi, and Kiryandongo (all) settlements

## CHALLENGES AND ATTEMPTS TO ADDRESS THEM

- What are you struggling with regard to implementation, as members of the TWG?
- Reduced donor funding
- Continuous refugee influx amidst reduced funding
- Challenging soil types
- Poor attitude towards handwashing
- High maintenance cost of the WASH infrastructure like the water systems
- Inability to pay for utilities especially for the EVIs
- Where can you do better?
- Efficient use of resources
- Adopting integrated approach to working with other sectors like livelihood, health, education, protection etc.
- Involvement of refugees in planning and implementation of interventions
- Community cost sharing

## FUTURE PLANS FOR CLOSING GAPS

- What are your future plans to improve on the status quo?
- Strengthen cohesion for consortium funding opportunities
- Support transition of water supply to utility approach
- Promote sharing of best practices through benchmarking visits
- Incorporate more livelihood interventions to build financial capacity of refugees, promote resilience and sustainability
- Strengthen bond with government agencies and influence key policy positions
- Promote efficient use of resources in the face of dwindling donor funding

- Promotion of community participation to enhance sustainability
- What do you plan to do differently?
- Plan and use resources efficiently

## COMMITMENTS BY THE TECHNICAL WORKING GROUP

- To improve water supply, sanitation and hygiene services to refugees towards attained of SDG 6 Targets 6.1 & 6.2.
- Continue supporting the Government of Uganda through the line ministries in disseminating, implementing and promoting key sectoral policies and approaches.
- Working in a coordinated manner with other sectors stakeholders to address the water supply, and sanitation and hygiene challenges.
- Support transition of water supply to utility.
- Support the ministry policies like obtaining water permits
- Dissemination of information in our areas of implementation regarding the SDG 6
- Promotion of the coordination with partners and the local authorities.
- Promote efficient O & M methods including working with communities

## RECOMMENDATIONS AND ASKS TO GOVERNMENT

- Allocate adequate budget towards WASH service delivery in refugee settlements for example supporting utility firms like Umbrella of Water and Sanitation.
- Subsidize the operation and maintenance of water resources and systems in refugee settlements (waiving taxes on water supply equipment like pumps for refugee operation).
- Enhance capacities of government health facilities in refugee settlements by improving staffing, bed capacity and infrastructures.

# Highlights from the CSO Forum







# KAMULI, KAMPALA MAKE STRIDES IN WATER, SANITATION COVERAGE WITH NEW PLANS FOR IMPROVEMENT

By Opolot Charles

**B**oth Kamuli and Kampala districts are making good strides to ensure water reaches everyone. This came to the limelight during a presentation at the National Dialogue on Scaling up Handwashing with Soap, which was organised by the Ministry of Water and Environment with support from UNICEF, Wateraid, IRC, Water for People, SNV, Evidence Action, and CIDI in Kampala in October 2023.

However, compared to Kamuli, Kampala still lags behind in latrine coverage. The two districts also share the same problem when it comes to handwashing with soap and water.

Below we bring you the situation summary from the two districts and the plans underway to ensure the people get accustomed to washing hands with soap and water while the authorities undertake their responsibility of ensuring there is clean water for all the people at all times.



## KAMPALA

Kampala with population of 1,782,044 growing at 4.8% has a water access rate of 78% given that National Water and Sewerage Corporation serves only 1,395,649 at an access rate of 78%, according to the Ministry of Water and Environment.

The current water treatment capacity of 153.000m<sup>3</sup> per day is outstripped by a minimum demand of 176.000m<sup>3</sup>, with plans by National Water to erect more than 1,000 prepaid stand pipes under the K-LVWATSAN Project and network expansion.

In terms of sanitation, about 50% of the latrines in informal settlements are abandoned while 30% are emptied into the environment.

This situation is made worse with a low sanitation budget of 3%, unregulated private sector, poor infrastructure, a low collection efficiency of 44% and a 3.26% population increase rate. To sum it up, only 61% of the faecal matter is well managed and treated in Kampala.

In terms of handwashing in Kampala, as of 2022, access to handwashing with soap stood at 53.4%, with the household level standing at the low rate of 16.5%.

However, it should be noted that hand hygiene was greatly highlighted during the recent Covid-19 and Ebola pandemics in Kampala.

As the district celebrated the Global Handwashing Day, several milestones had been achieved in Kampala, including the following.

The district witnessed the installation of more handwashing stations in schools and healthcare facilities (50+ WASHaLOTS in schools) in partnership with PSI.

At least 50 schools to part in the Weyonje & PSI and WAU, HBCC campaign.

There was successful participation in the HBCC Competition for 50 schools where the best two per division (20 in total) were selected and awarded prizes.

The Weyonje campaign spread out into communities where there a lot of sensitisations and handwashing campaigns. Lastly, there was provision of inspection and enforcement of handwashing at Division level.

Under handwashing, we can proudly say that the following positives were registered.

Provision of handwashing stations in government-aided schools and healthcare facilities (Government and PNFPs) and markets was a good move.

The Weyonje campaign in both schools and communities was a great success as well as the provision and enforcement of handwashing stations in different parts of the City.

Despite the above positives, there is lack of funds to conduct focused sensitizations among the different community groups; school, households, commercial

places. There also need for a sustainable provision of soap and water for handwashing.

In addition, for a better performance, there are plans to form parish committees to ensure O&M of the handwashing facilities.

Collaborations and partnerships with development partners and private sector to fund some programmes will be a good move.

Other future plans include public private partnerships to increase provision of hand washing and sanitation facilities in the schools and health centers and institutionalizing WINS (WASH in Schools) monitoring.

There are plans to institute the "Toilets Making Grades" (TMG) contest whose aim is to empower school actors to improve the practice of daily washing of hands with soap, keeping toilets and other WASH infrastructure clean and

functional at primary schools of Kampala. It empowers the schools to realise that they can take charge of their own WASH situation within their resources to do this as long as there is a will.

Increasing investment in hand washing infrastructure and implementing the WASHFIT for health care facilities across the city are the other plans to ensure the situation in Kampala has improved.

There is a big plan of moving from the traditional "single user" handwashing points in schools to supervised "Group" hand washing – observed to inculcate handwashing habit among learners. In addition, another prospect of moving from temporary (emergency mode) to more permanent handwashing infrastructure is under review as well as organizing more competitions to promote Hygiene Behaviour Change in schools.

## KAMULI

Kamuli district is located in south-eastern Uganda, about 140km from Kampala. It is bordered by the River Nile and Kayunga District in the west, Jinja district in the South, Luuka district in the east, and Buyende District in the North.

The district has a population of 583,700 people, according to the 2014 Census. It has three HSDs of Bugabula North, Bugabula South and Buzaaya and a municipality with 2 divisions: Northern and southern Kamuli has 14 sub-counties, six town councils, 91 parishes and 774 villages. It has an estimated 135,464 households as per FY2022/23.

On October 14, the Global HandWashing Day was celebrated in the district, with President Yoweri Museveni as the Chief Guest.

As of 2023, Kamuli has registered progressive improvements in the handwashing coverage, although the practice still remains low. For instance between 2016-2023, handwashing improved from 39%-48%.

"The above achievements despite the stagnancy in coverage, have been due to the combined efforts from both the government (MoWE) and other IPs such as UNICEF, Plan International, AWS, Evidence Action, IOWA state University," a district report says.



In all, there is need to celebrate with Kamuli because there has been a remarkable decline in the number of diarrheal cases within the district and this is attributed to partially the improvement in Sanitation and Hand Hygiene.

“The number of cases recorded for example in 2020/2021 were 24,459 relative to those recorded in FY2022/23 of 17,160,” the district report says.

This is attributed to teamwork among the Extension staff, and continuous advocacy for Hand Hygiene as well as political support due to the various advocacy meetings held right from district to village level with support from partners especially UNICEF and Plan International. Additionally, the VHTs have persistently mobilized their respective communities to install tippy taps.

“Despite the lack of readily available means of transport to some of the extension staff, the members had always exhibited team spirit. They gang up and visit one village in a sub county and support the area team in promoting Sanitation and Hygiene. This helped the district to achieve more positive results,” the district report adds.

Where there was no soap in some HH the teams would encourage the use of ash while radio talk show programmes were held with the use of the RDC’s airtime.

The other good news is that some IPs like Plan International, IOWA, have trained VHTs to open up IGAs among which is the making of Liquid soap.

In trying to implement handwashing with soap and water, the district encountered these problems; Households lack soap to put nearest to their HWFs (poverty); Lack of exemplary leadership in some parts of the district; Vandalism of Tippy taps by the plastic scrap dealers; Safe water coverage stands at 76.5% means some areas lack water and negligence of some community members.

The other problems included, insufficient knowledge on the benefits of Handwashing with Soap; limited follow up of Households due to limited resources (EH staff not at parish level, transport means, limited funding-donor dependent, etc), and religious beliefs against handwashing.

However, the district is not giving up, it has come up with plans to improve handwashing. Their plans will include:

- Continuous community engagement (Dialogues and sensitizations)
- Will always ensure involvement of all stakeholders during planning to promote ownership of the program
- Target schools/children as change agents
- Lobby and advocate for promotion of Handwashing with soap
- Re-vitalize the Sanitation and Hygiene Sub working group for the district (Formulated with support from Plan international)

This will be in addition to focusing more on community empowerment; HH must know how to prioritize needs in a home in order of their importance; targeted supportive supervision and joint political monitoring; close follow up of communities on the formulated bye-laws on Sanitation and Hygiene promotion and deployment of an improved intersectoral collaboration method.

Formulation of an ordinance on Sanitation and Hygiene, and continuous sensitization for communities to prioritize Hand Hygiene will also be prioritized.

**“The number of cases recorded for example in 2020/2021 were 24,459 relative to those recorded in FY2022/23 of 17,160,” the district report says.**

# Uganda aims to stop open defecation by 2025

By Opolot Charles

A highly thought out strategy by the ministry of health has put 2025 as the deadline to end open defecation in the country. According to Dr Herbert Nabaasa, a senior official from the ministry of health, Open Defecation Free (ODF) roadmap is being implemented in a bid to stop other related catastrophes.



Dr Nabaasa giving his remarks during the CSO forum

“Open defecation has devastating consequences on public health. It is the leading cause of child morbidity, mortality, malnutrition and stunting.

It is also a barrier to education and economic development,” Nabaasa said in a presentation during the UWASNET CSO Forum in October 2023.

The official added that the roadmap was informed by prevailing conditions such as the high population growth (3.0% per annum), high rates of urbanization (5.7%) with concomitant challenges of access to latrines, clean water and appropriate dwelling units (UBOS, 2017).

Rapid growth of informal settlements, shortage of latrines and indiscriminate disposal of human excreta, and increasing emergencies (floods, mudslides, landslides) were some of the factors which informed the formulation of the ODF roadmap.

The Mission of ODF is “To inculcate a mindset that cherishes Environmental Health through

appropriate disposal of human excreta throughout the country.”



“ It is also a barrier to education and economic development,” Nabaasa said

**The objectives include;**

1. Increase general awareness and trigger mindset change toward ODF
2. Improve access to affordable sanitation technologies;
3. Ensure adequate financing of sanitation programs;
4. Institute and strengthen appropriate Institutional arrangements for effective implementation of sanitation programs;
5. Enhance compliance to sanitation and hygiene standards in all communities.



Nabaasa said so far they are counting milestones such as increased general awareness and mindset change towards ODF.

There has also been improved access to affordable sanitation technologies as well as adequate financing for sanitation.

However, to achieve ODF by 2025, Nabaasa said there is need to strengthen awareness creation at all levels, strengthen coordination for sanitation service delivery, fast track finalization and dissemination of the investment case and financing strategy, and finalize and disseminate the study findings for the cost of inaction.

He also spoke of the need to disseminate the Public Health Act, review and the regulations (strengthen compliance), strengthen capacity of human resource in implementation approaches and support nation-wide roll out of the WASH-MIS.

He further noted the importance of fast tracking development and dissemination of inspection tools, support for dissemination and use of ODF protocols as well as conducting nationwide assessment to profile current ODF status.

High population growth **(3.0% per annum)**, high rates of urbanization **(5.7%)** with concomitant challenges of access to latrines, clean water and appropriate dwelling units **(UBOS, 2017)**.

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