



SANITATION WEEK

NewsLetter

ISSUE 01 - JUNE 2024

A Clean Uganda for Healthy Lives



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Sanitation and hygiene for all; a key to sustainable healthy living

The Ministry of Health through its Environmental Health Department organized an exciting national Sanitation Week 2024 from 14 to 22 March 2024.

Commitments to promote positive behavior change to end open defecation and investment to harness the potential of sanitation and hygiene markets were made.

The Sanitation Week annual campaign aims to contribute to Uganda's aspiration in Vision 2040 to reduce sanitation and hygiene related diseases, which contribute 70% of the disease burden.

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IRC

Editor's Note

Welcome to the first edition of the Sanitation Week newsletter! It is a compilation of statements of commitment by Government, development partners and stories of impact by organisations delivering health, sanitation, and hygiene programmes all over the country. The campaign was purposed to boost an **enabling environment** for scaling up through policy and legislation; **demand generation** for sanitation and hygiene products through awareness and social marketing, and **supply chain improvement** through appropriate technology and financial incentives. We share exciting highlights from the launch event in Kampala, the climax commemoration at Kakumiro and the various awareness activities all over the country throughout the sanitation week, 2024.

Enjoy!

Naomi KW

Communications & Advocacy
Manager, IRC Uganda

Courtesy photo: Nurse Molly Busingye (retired) demonstrating how to use the innovative “Millions of clean hands” station at Kiswa HCIII in Kampala. Photo by Vanessa Mugide, S4M - GIZ Uganda.

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Message from the Prime Minister



It is a great honor for me, on behalf of the Government of Uganda, to join you and the rest of the world to commemorate the National Sanitation Week here at Kakumiro, my home district.

This year's national theme **“Sanitation and hygiene for all, a key to sustainable healthy living”** re-sounds the critical role that sanitation and hygiene play, in ensuring quality health and education services, as well as improved productivity.

Government of Uganda and partners have made significant strides in improving the status of health and hygiene across the country. However, access to basic sanitation and hand washing remain very low and barely average in rural and urban areas respectively.

Here in Kakumiro district, basic sanitation is below standard at 23% and handwashing at 50%. In schools, pupil stance ratio is 1:58, hand washing at 49% while menstrual hygiene management is at 68%. In healthcare

facilities, safe water coverage is at 60.9%, only 4.3% have access to basic sanitation, 30.4% have access to basic hand hygiene while healthcare waste management is at 43.5%.

Among the interventions that the Government of Uganda has prioritized is the establishment of strong community structures and systems that help our people maintain their own social determinants of health including clean water, good sanitation, hand hygiene and good nutrition.

The Parish Development Model (PDM) is also a great opportunity to raise the sanitation profile by making improved sanitation and hygiene facilities mandatory requirements for beneficiaries.

This will steer advocacy efforts towards good sanitation as a key accelerator to socio-economic progress.

As leader of Government business, I will support strengthened coordination for improved Water, Sanitation and Hygiene (WASH) service delivery through the existing frameworks. This will enable harmonization, avoid



Rt Hon Nabbanja inspects exhibition stalls during the Sanitation event at Kakumiro.

duplication, and ensure rational use of the available resources.

The Government of Uganda has also embarked on a heightened public awareness drive intended to facilitate

mindset change and promote positive behavior change.

The Office of the Prime Minister will be leading the National Cleaning Days Initiative, a community-driven intervention for disease prevention. It seeks to empower communities to recognize their primary role in maintaining their own health through actively promoting a clean and healthy environment.

I will engage the Government to prioritize sanitation and hygiene in the national planning and budgeting under the National Development Plan (NDP) IV. I implore all Development Partners and Civil Society Organizations to continue integrating sanitation and hygiene in their programs and activities. This will supplement Government efforts to ensure

a healthy and productive population.

I also commit total support as a champion sanitation and hygiene for improved health. I urge my fellow leaders to be exemplary and parents to teach our children to become champions of sanitation and hygiene as we raise the next generation.

The Government of Uganda remains committed to ensuring increased household incomes and improved quality of lives for all. I call upon every citizen to join us in this endeavor of improving sanitation and hygiene in our homes, schools, workplaces and communities. This will ultimately contribute to building a healthier, prosperous Uganda for us and for generations to come.

For God and my Country.

Rt. Hon. Robinah Nabbanja
Prime Minister of the Republic of Uganda



The preventive health system is considerably cheaper to run and hence by far more sustainable- *The Uganda Vision 2040, Aspiration 253*

Gout unveils shs19bn project to improve sanitation and hygiene

By Tony Abbet
 Daily Monitor, March 15, 2024

The Ministry of Health has launched a \$5m (about 19.4 billion UGX) three-year project to address open defecation and poor sanitation in seven districts with poor health indicators.

While launching the project in Kampala yesterday (March 14th), Dr Jane Ruth Aceng Acero, the Health Minister, said, “The money is coming from the SHF under the UNOPS with a counterpart funding of \$1.5 million (about 5.8 billion UGX) from the Ugandan Government.”

At least 18% of the population still practice open defecation and more than 60% need improved sanitation facilities such as toilets, according to the Uganda Demographics and Health Survey released this March.

This year’s sanitation week highlighted the relevance of sanitation and hygiene in enhancing human development and social well-being of the population. The activities seek to empower communities across the country to recognise their primary role in maintaining their health and that of their communities by actively participating in interventions aimed at promoting a clean and healthy environment.

“The launch of this year’s sanitation week is special as we also officially



Dr Jane Ruth Aceng
 Minister of Health

unveil the Sanitation and Hygiene Fund project. This is a 3-year project being implemented in the seven districts of Buikwe, Buyende, Kabarole, Kamuli, Kayunga, Luuka and Kole. Selection of benefiting districts was



This National WASH Steering committee is intended to break down institutional silos, facilitate harmonised planning, implementation and increase transparency and accountability for improved water sanitation and hygiene service delivery

Dr Jane Ruth Aceng,
 Minister of Health

based on lowest coverage for sanitation services, as one of the key priorities.

The project seeks to increase demand [for sanitation and hygiene products and services] by engaging communities so that they can invest on their own.

Some of the project’s initiatives include: a result based financing mechanism where people will be given incentives for performance improvement; building up to 500 toilets for some communities in dire need; and establishing a national coordination mechanism and policy, among other activities.

In her remarks, Dr Aceng applauded the Kingdom of the Netherlands and the Government of Switzerland for the “catalytic financing for expanding the country’s investment potential in sanitation and hygiene.”

The Ministry is also championing various high-level interventions to strengthen the legal and institutional landscape for Water, Sanitation and Hygiene (WASH) service delivery including, development of the National Sanitation and



Health Minister Dr. Jane Ruth Aceng launches the SHF project at the ministry headquarters in Kampala, 14 March 2024.

Hygiene Policy, the Cost of inaction study for WASH, strengthening coordination for WASH and development

of Key Performance Indicators (KPIs) for Environmental Health cadres for enhanced reporting and monitoring at sub-national

level.

A National WASH Steering Committee comprising of the Line Ministries, Agencies, Development Partners and the Private Sector has been established and was inaugurated.

“This National WASH Steering committee is intended to break down institutional silos, facilitate harmonised planning, implementation and increase transparency and accountability for improved water sanitation and hygiene service delivery,” Dr Jane Ruth Aceng, Minister of Health.

Dr Aceng urged everyone, whether individual or institution, to commit to promoting a culture of cleanliness, responsibility, and respect for the environment. This, she said, will steer efforts towards reduction of the catastrophic expenditure on health which currently overburdens limited household incomes.

Dr Aceng’s call to action

- Ensure that all households and institutions including schools and healthcare facilities in their areas of jurisdiction to have functional sanitation and hygiene facilities and services.
- Demonstrate exemplary leadership for sanitation and hygiene improvement right from district to the village leaders (political, technical, cultural and religious leaders).
- Intensify community engagement for improved sanitation and hygiene.
- Ensure promotion of good food hygiene and safety practices in all eating houses and fight the dangerous vice of preparing and selling food in unhygienic places such as over open drainages.
- Ensure proper collection and disposal of health care wastes and solid wastes especially in urban centres.
- Promote good housing conditions through adequate lighting and ventilation.
- Advocate and participate in the development of bye-laws and ordinances for sanitation and hygiene improvement.

Embrace responsible hygiene habits to reduce disease burden – Atwine

By Naomi W. Kabarungi
IRC Uganda

Government has warned that health services will not get better nor cheaper soon, unless people adopt and maintain good sanitation and hygiene practices.

Speaking passionately at the gatherings during Sanitation Week, the Permanent Secretary



Dr. Diana Atwine, Permanent Secretary of the Ministry of Health, addressing the audience during Sanitation Week.

Ministry of Health Dr. Diana Atwine, revealed the astonishing figures of lives and money lost because of neglecting sanitation and hygiene, both critical foundations in the nation's quest for a healthy and productive population. Despite Uganda's robust policy framework, including the Second National Health Policy, the Third National Development Plan, and Vision 2040, the country faces significant challenges. Astonishingly, only 36% of



Everyday 33 children die due to diarrheal diseases! Imagine the difference it would make if everyone was using a safe sanitation facility, keeping clean homes, washing their hands, and respecting our environment.



School children present sanitation and hygiene behaviour change messages through poetry, folklore and music at Kakumiro.

communities have basic sanitation facilities, leading to widespread open defecation and rising infant mortality rates. Healthcare facilities without water supply and safe sanitation facilities are compromised affecting service quality and increasing the risk of infections among mothers and newborns, as well as health workers.

The impact of poor sanitation extends beyond health, affecting economic productivity, education, and social stability.

“Adolescent girls drop out of school as soon as their period starts because there are no conducive facilities denying them their right to education; they are married off to older men,

exposing them to severe health risks such as HIV/AIDS and fistula,” Dr Atwine said.

Uganda loses an estimated USD 1.1 billion annually due to inadequate sanitation, hygiene, and menstrual health management



Impact is expected on the health of the population due to reduction of hygiene and sanitation related diseases that are contributing over 70 per cent of the disease burden – Uganda Vision 2040, 4:169

services. This is exacerbated in emergency situations of outbreaks such as Ebola, Polio, COVID-19, Cholera, and Typhoid, which from experience have underscored the urgent need for improved WASH services as a public health measure.

Dr Atwine called for increased investment in sanitation and hygiene markets, urging investors to support the government’s efforts. She called for collective action and accountability from individuals and communities, private sector and civil society, as well as agencies of government. “We must do better as citizens,” Dr Atwine said, emphasizing that success depends on collaboration and innovation.

She urged all citizens and stakeholders to play their part in reducing the preventable disease burden and supporting national development.

“Together we can build a healthier, more equitable future for all Ugandans,” she concluded.



Sato Pans transforming health in Kamuli District

By Robert Mukasa
UNICEF UGANDA

In Nankuni village, situated in the Eastern District of Kamuli, Robert Mpadire's well-maintained compound exemplifies the success of UNICEF-driven sanitation and hygiene initiatives. The 52-year-old father of six is a testament to the power of local efforts to transform living standards.

Upon entering Mpadire's compound, one is struck by well-swept pathways and well-maintained gardens. At the centre of this compound stands a well-kempt brick-and-mortar residential house with an iron roof. Adjacent to the house, an organized kitchen and neatly arranged utensils drying rack contribute to the overall atmosphere of orderliness and hygiene.

But it's what lies behind the house that truly sets Mpadire's home apart. Two clean latrines, equipped with washable cement floors and fitted with Sato pans, are a symbol of the commitment to sanitation in this household. These latrines have doors, a luxury rarely seen in this village, providing privacy to those who use them.

What's more, a small, three-liter jerrycan is placed inside one latrine to clean the sato pan after use, and the other hangs outside with a piece of soap for users to clean up after using the facilities. There are no unpleasant odours or flies around the pit latrines.



Mpadire's home is a living embodiment of UNICEF's ongoing campaign to promote a market-based sanitation programme, which aims to transform rudimentary pit latrines into standard or basic latrines equipped with Sato pans, cleanable floors, doors, and roofs.

Sato pans, derived from "Safe Toilet," are lightweight plastic bowls designed to prevent flies and disease vectors from accessing faeces, reducing the spread of diseases.



They work by allowing waste to flow towards an exit hole covered by a flap, which opens under the pressure of waste, directing it into the pit.

In the broader context of WASH, hygiene and sanitation converge to create a healthier world. The goal of UNICEF's campaign is to "support the district to achieve access to adequate and equitable sanitation and hygiene for all and end open defecation." The campaign to improve the quality of latrines started in Bugulumbya and Kisozi and is being scaled to all other sub-counties of Kamuli.

Kaiza Winfred, a senior environmental health officer in Kamuli District, remembers a time when open defecation was a

grave issue, with people relieving themselves along roads and in rice fields, leading to severe environmental and health problems.

Robert Mpadire, a member of the Nankuni Village Health Team (VHT), recalled a time when he, like many in the village, dug a hole and constructed a mud and wattle structure around it for a latrine. His first latrine, built in 2001, lacked a door and had no pit cover. It attracted swarms of flies and a strong smell.

That was before Mpadire was elected to the Village Health Team as a volunteer to coordinate health matters between hospitals and the community.

Training in Kasambira, a sub-county in Kamuli, marked a turning point for Mpadire and four other volunteers. They learned about promoting market-based sanitation and hygiene, including the use of Sato pans. The programme encourages households to invest in improving their sanitation facilities and collaborates with volunteer masons, trained by UNICEF, to construct standard latrines.

These masons are paid between 3,000 and 5,000 Ugandan shillings for their work. Sato pans are sold for about Sh15,000.

Mpadire acquired his first basic pit latrine after agreeing to a Sato pan installation demonstration at his home. In 2022, he purchased another Sato pan.

With the Sato pans in place, Mpadire became a hygiene evangelist within his community. While many are responding positively, some are still hesitant to add doors to their improved pit latrines, considering it an unnecessary expense.

“We always tell people that

they can just use a fibre mat as an improvised door,” Mpadire said.

In nearby Bugogolo village lives another sanitation champion, Naigaga Phida, a 54-year-old mother of eight.

Within her compound is a well-built double-stance pit latrine, free of odour and flies. Phida relies on improvised sanplats, plastic covers hooked on a stick placed over the pit latrine holes.

Phida has designated washing areas, waste disposal pits, and a meticulous sorting system for garbage. Plastics are removed for separate disposal, while the rest is burned when dried.

Phida recounted, “Four years ago, I used a fibre mat as an improvised door; the floor wasn’t cemented, and the roof was thatched with grass, which would rot and cave in over time.” Although the roof remains grass-thatched, she has managed to ensure both privacy and hygiene.

Paul Mulumba Barya, a mason, speaks with a sense of pride about his work. “I started training with UNICEF in 2022, and since then, I have installed over 20 Sato pans,” he says.

In 2016, Kamuli was quite different. “We had a low latrine coverage, as low as 71 percent,” recalls Kaiza Winfred. Fast forward to the present: latrine coverage has risen to 86 per cent, impacting 116,216 households. Basic sanitation is still at 23 percent,” Kaiza explains.

Kamuli District is home to about 486,319 people, according to the National Housing Census of 2014.

For UNICEF, the drive towards better sanitation is part of a larger vision, says Stephen Wandera, the UNICEF WASH Officer. “It’s an ambitious target, requiring communities to upgrade their latrines.



*Dr Munir Safieldin
 UNICEF Representative to Uganda*

The UNICEF Representative to Uganda Dr Munir Safieldin, who spoke on behalf of development partners at the launch of the Sanitation Week in Kampala committed continued support to Uganda’s efforts in tackling the gaps in sanitation and hygiene.

“UNICEF takes pride in its commitment to supporting systems strengthening, especially through collaboration with the Ministry of Health and other stakeholders. We have played a pivotal role in the development of critical frameworks such as the National Open Defecation Free Roadmap and the National WASH in healthcare facilities guidelines,” he said.

“These initiatives have translated into tangible improvements in service delivery, positively impacting communities across Uganda. In 2023 alone, with UNICEF support, 70 schools and healthcare facilities benefitted from climate resilient infrastructure while over 800 communities achieved open defecation free status in key regions of the country,” he said.



Inter-Sectoral Coordination: Charting the Path to Improved Sanitation and Hygiene Services



water for people

By Raphael Okoth and
Janet Olumbe
Water For People Uganda
Rachel Faith Mirembe
Ministry of Health-Uganda

have partnered on a three-year programme aimed at improving health in the country by scaling up sanitation and hygiene services in 7 districts.

Dedicated to achieving universal access to sanitation, hygiene, and menstrual health through market-based

approaches, SHF is providing a US\$ 5 million grant, co-financed by the government with a contribution of US\$ 1.5 million, to support local efforts to activate the sanitation economy and menstrual hygiene marketplace in Uganda estimated to be worth US\$ 3.39 billion once universal access is achieved. Uganda is expected to be among the fastest-growing economies by 2030.

This, in turn, promises to bring benefits in terms of health, economic growth, and environmental protection. In September 2023, SHF facilitated the Inter-Sectoral Coordination Meeting focused on improving WASH Service Delivery in Uganda. Specifically, the meeting discussed and strategized on ways to improve access to sanitation and hygiene services in a harmonized manner, some

Access to safe water, sanitation and hygiene services in Uganda remains low despite the interventions by government and other stakeholders. In 2021, more than half of the Ugandan population (57.6%) was using unsafe latrines and sanitation facilities with only about 19% having access to improved sanitation services. The Sanitation and Hygiene Fund (SHF) is dedicated to bringing clean water, safe toilets, and better menstrual health to everyone in low- and middle-income countries through market-based approaches. The Government of Uganda and SHF

Collaboration and coordination among WASH stakeholders is crucial to creating an enabling environment that unlocks the potential of a thriving sanitation economy and menstrual hygiene marketplace.



Members of the inaugural National WASH Steering Committee chaired by the Ministry of Health comprising of government ministries and agencies, development partners and the private sector

highlighted below:

Strengthening the National Institutional Framework for WASH Service Delivery: The engagement highlighted the importance of strengthening coordination across the WASH sector including the Ministries of Health, Water and Environment, Education, Local Government, and Gender labor and Social Development.

Updating the Legal Framework: The need to revise regulations and instruments to resonate with the newly amended Public Health was emphasized in a bid to support District Local Governments (DLGs) in compliance assistance and enforcement. Existing legal frameworks, such as the 1995 Constitution and the National Environmental Health Policy, were discussed as critical foundations for WASH service delivery. The upcoming development of the sector Sanitation and Hygiene Policy is also pivotal to fostering service provision in the country.

Financing Mechanisms: Existing financing mechanisms, including the Primary Health Care Non-Wage Recurrent (PHC-NWR), the District Hygiene and Sanitation Conditional Grant (DHSCG), District Water and Sanitation Conditional Grant (DWSCG), the Hygiene and Sanitation Fund, the School Facilities Grant (SFG), grants from Development Partners and Non-Government Organizations were acknowledged as key resources for supporting WASH services.

Promoting Inter-Sectoral Coordination: The meeting underscored the intrinsic relationship between health and WASH and the need for coordinated efforts among all stakeholders. It highlighted the urgent need for strengthened inter-sectoral collaboration to address the growing WASH demands and align with Uganda's development agenda.

Guiding Principles: These were agreed upon for inter-sectoral coordination, emphasizing a unified government approach, partnerships, transparency, accountability, monitoring, inclusion, equity, and resource optimization.

Where People Don't Have Access to Basic Sanitation

Share of people without access to at least basic sanitation services in 2020*



Key Focus Areas: Advocacy, resource mobilization, implementation, and accountability were identified as key focus areas for the inter-sectoral coordination.

Milestones reached include WASH sector priority identification, priority matrix and roadmap development aligning to the National priorities and alignment to the OPM's coordination committee has been carried down under strategic interventions for harmonization.

Strategic interventions for harmonization highlighted: governance, financing, WASH in institutions (healthcare facilities, schools, prisons, markets), urban areas, emergencies, and its link with Neglected Tropical Diseases (NTDs) and vector control.

The composition of the National WASH Sector Coordination Committee was discussed, involving stakeholders from government, development partners, and civil society.

During the meeting, Dr. Diana Atwine, the Permanent Secretary, Ministry of Health, stressed the need for accountability and collective action against preventable diseases for socio-economic growth. Aline Sylvie Pawele, the SHF Country Fund Portfolio Manager, highlighted the critical WASH challenges and the urgent need for innovative financing strategies to achieve the SDGs. The intersectoral meeting has a crucial role to play in fostering partnerships for sustainable sanitation solutions and ensuring universal access to essential services.

evidence
 action

Promoting community managed water treatment systems



Scovia Teleka fetches water from the Namazingiri Village water point.

By Richard Kibuuka
 Country Director
 Evidence Action in Uganda

Like many women in her village, Scovia Teleka regularly goes down a steep hill with her empty yellow 20-liter jerrycan and returns up that hill carrying all 20 liters on her head. She is fetching water for her family. This is a common practice in rural African areas where safe water is scarce. Scovia is a resident of Namazingiri Village in Bussede Sub-County, Jinja District in Eastern Uganda.

While the Government of Uganda provides [water access](#) to 95% of the Bussede population, many of these sources are natural, like the [protected spring](#) Scovia

relies on. Protected springs use gravity to transport groundwater downhill, eliminating the need for pumps, hence the steep hill Scovia treks regularly. However, these sources are susceptible to pollution from surface-level activities like farming, grazing, and improperly located sanitation facilities.

Waterborne disease pathogens contaminate water, adding to the health challenges faced by rural communities. This hampers their ability to fully engage in education and development activities. In Uganda, diarrhea is amongst the five leading causes of under-five mortality, contributing to more than 140,000 deaths annually (Nantege et al. 2022). Highlighting the urgent need for improved access to safe water sources and

sanitation.

In close partnership with the Ministry of Water and Environment, Ministry of Health, and Uganda Water and Sanitation Network, plus 22 local governments where we work, Evidence Action's Safe Water Now programme has installed over 17,000 chlorine dispensers at key water points, providing access to safe water to over 4.7 million people in Uganda.

Scovia is one of over 35,700 Safe Water Now promoters in Uganda. Elected by their communities, promoters collaborate with Evidence Action to oversee water points installed with chlorine dispensers. They regularly monitor chlorine levels, coordinate refills or repairs as needed, and sensitize the community on the benefits and safety of chlorination. As trusted members of the community, the promoters instill a sense of local ownership over the dispensers, crucial for their successful use and maintenance.

Scovia has been a promoter for seven months. Her area is one that benefited from last year's Safe Water Now expansion, which saw an additional 12,161 dispensers installed across 11 districts in Uganda. Before the installation of the dispensers, Scovia recounts that there were frequent illnesses in her family due to waterborne diseases.

"We no longer have to visit the clinic or drug shop due to

illnesses as much as we used to. Many people in this village tell me that now they spend less money on treating diseases caused by drinking contaminated water before,” says Scovia. Water treatment is one of the most cost-effective ways to prevent childhood illnesses and death.



A chlorine dispenser installed by Evidence Action at a water point in Nakulyaku Village, Buwenge, Jinja. The chlorine dispenser is an easy to install device that sits beside the water source allowing those fetching water to release a pre-set 3 milliliters of chlorine, per 20 liters, into their freshly collected water. In 30 minutes, the water is safe to drink and, if well stored, will stay safe for up to three days.

The most significant impact will come from ongoing efforts to raise awareness among local communities about the advantages of using chlorinated water. Evidence Action remains committed to collaborating with Government to alleviate the burden of illness, enabling people to actively engage in their own development. We call on relevant agencies to continue imploring the public on the importance of water purification for improved health.

Learn more:

www.evidenceaction.org.

Evidence Action works in Uganda, Kenya, Malawi, and India through innovative, low-cost approaches like chlorine dispensers and automatic in-line chlorination.

Contact:

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DRINKING WATER SHOULD BE SAFE FOR CONSUMPTION



- ▶ Collect drinking water from a safe, protected source.
- ▶ Always boil all drinking water or treat the water with chlorine tablets.
- ▶ Store drinking water in a covered container and raised off the floor.

STAY CLEAN, STAY HEALTHY!

6 CLEAN WATER AND SANITATION

ENSURE AVAILABILITY AND SUSTAINABLE MANAGEMENT OF WATER AND SANITATION FOR ALL

SAFE DRINKING WATER, SANITATION AND HYGIENE

STILL OUT OF REACH FOR BILLIONS

IN 2022

- 2.2 BILLION PEOPLE** LACKED SAFELY MANAGED DRINKING WATER
- 3.5 BILLION PEOPLE** LACKED SAFELY MANAGED SANITATION
- 2.2 BILLION PEOPLE** LACKED BASIC HAND WASHING FACILITIES

TO MEET 2030 TARGETS, PACE OF PROGRESS WILL HAVE TO ACCELERATE

- 6x** DRINKING WATER
- 5x** FOR SANITATION
- 3x** HYGIENE

2.4 BILLION PEOPLE LIVE IN WATER-STRESSED COUNTRIES (2020)

81% OF SPECIES DEPENDENT ON INLAND WETLANDS HAVE DECLINED SINCE 1970

INTEGRATED WATER-RESOURCES-MANAGEMENT IMPLEMENTATION NEEDS ACCELERATION

NUMBER OF COUNTRIES PER PROGRESS LEVEL

Progress Level	Number of Countries
Substantial	22
On Track	44
Insufficient	52

THE SUSTAINABLE DEVELOPMENT GOALS REPORT 2023: SPECIAL EDITION- UNSTATS.UN.ORG/SDGS/REPORT/2023/


SANITATION
 FOR MILLIONS

Safely managed sanitation for urban institutions and communities in Uganda

Sanitation for Millions is a global programme implemented by GIZ improving access to safe sanitation and hygiene with a focus on vulnerable and disadvantaged groups. In Uganda, the programme has been under implementation since 2016 in the intervention areas of Kampala City, and in the Lango subregion in the towns of Apac, Aduku and Ibuje (Apac Cluster) with over 700,0000 people served. Currently, the programme is upscaling key learnings to the Anaka cluster in Northern Uganda comprising 05 small towns of Purongo, Olwiyo, Amuru, Anaka, and Kochi Goma Town Councils with an estimated target population of over 95,000 people.

On the national level, the programme partners with Ministry of Water and Environment (MWE), the Ministry of Health (MoH), Ministry of Education and Sports (MoES) and facilitates evidence-based transfer of capacity and best practice, in strategic planning and policy formulation on urban sanitation and hygiene in Uganda. At operational level, the programme is supporting the five Anaka cluster towns in sanitation improvement at public institutions (i.e schools, health care facilities, faith-based institutions, markets) and communities in providing access to safely managed sanitation and hygiene.

Sanitation for Millions of interventions in Uganda

Sanitation for Millions implements globally proven practices and follows a

multi-level approach of close cooperation with structures on local, district, regional and national level. The programme's implementation package addresses:

WASH at Institutions

The programmes' focus is on health care facilities, schools, faith-based institutions centres and markets with the objective to transition public institutions into model centres fostering peer learning for upscale and impact within the larger community. Under this focus over 785,000 persons have been directly reached with access to safe sanitation.

- Joint development of best practice standards and construction of female-friendly and inclusive WASH facilities accompanied by soft measures that improve

target communities 'mindset change' and hygiene behaviours

- Capacity building on aspects of Operation and Maintenance (O&M), WASH planning and budgeting, Water and Sanitation for Health Facility Improvement Tool (WASHFIT), Infection Prevention and Control amongst others.
- Establishment of sustainable O&M mechanisms through Training of Trainers using learner-centred approaches
- Promotion of safe hygiene practices through targeted campaigns, knowledge transfer and innovations like the 'Toilets Making the Grade® (TMG)' school competitions. The MoES has adopted and institutionalized TMG aspects in their programming under the national Music Dance Drama annual competitions. This national upscale has a potential reach of over 10 million children

700,000+
 people served in the intervention areas of Kampala city and in the Lango subregion.

countrywide.

- Construction of innovative handwashing technologies including the WASHaLOTS and Millions of Clean Hands stations (MoCHs).
- Production of standardized information, education & communication (IEC) materials.

Faecal sludge management

The programme supports the MWE to strengthen the sanitation service chain in the small to medium towns.

- In partnership with the Northern Umbrella of Water and Sanitation (NUWS): support of local pit emptiers by transforming their approach from manual into semi-mechanised pit emptying
- Roll-out of a business model for the private sector to operate ministry-owned emptying trucks under lease agreements
- ‘Demand creation’ and increased construction of emptyable toilets at institutional and household level.

Sanitation financing mechanisms

Cooperation with local partners in “innovative financing” for investments in non-sewered sanitation infrastructure:

- In cooperation with the MWE, a piloted results-based financing model for ‘incentive payments’ on delivery of pre-agreed outputs that stipulated in their performance-based contracts.
- Investigating options for “sanitation subsidies”, and encouraging the political dialogue on local, national, and international level



State Minister for Primary Health Care Hon Margaret Muhanga plants a commemorative tree at Kakumiro.

- Sanitation financing through linkage and access to WASH loan products by Micro Finance Institutions.

Policy and Governance Support

The programme supports planning, regulatory and policy frameworks on urban sanitation and hygiene.

- Support of MWE and MoH to develop the national sanitation policy for urban sanitation.
- Development of Town Sanitation Plans (TSPs) and Shit Flow Diagrams (SFDs) for Anaka cluster towns
- Support of the development of Sanitation Bye-laws and minimum standards for sanitation facilities.
- Development of toilets catalogues to compliment demand creation at household level.

For more information about the Sanitation for Millions programme checkout www.sanitationformillions.org

Ladies, it's important to maintain good hygiene during menstruation to avoid infections. Follow these tips;

- Wash your hands with clean water and soap before and after using a menstrual product
- Change your used pads regularly
- Wrap those products, safely dispose them in the dustbin that is placed near the toilet or latrine. Do NOT flush sanitary pads nor throw them in the pit latrines
- Keep your genital area clean at all times

WASH ALL UTENSILS WITH CLEAN WATER AND SOAP AND LEAVE THEM IN A CLEAN PLACE TO DRY

Keep utensils always away from domestic animals and birds like pigs, chickens, ducks, cats and dogs to prevent contamination and contracting diseases.

STAY CLEAN, STAY HEALTHY!


IRC

Harugongo's Triumph: Amplifying a Multi-Modal Approach to Sanitation Transformation across Kabarole District



Using safe water for utensils and a dish drying rack are some of the standards taught in the sanitation and hygiene home improvement campaigns. IRC photo.

By **Ayoreka Mary Concepta**,
 Regional WASH Officer
 IRC Uganda

In the ongoing quest for clean and open defecation-free environments, the adoption of a multi-modal sanitation improvement approach emerges as a beacon of hope. This comprehensive strategy integrates various methods and interventions to enhance

sanitation conditions in a given context, recognizing the multifaceted nature of sanitation challenges and the need for a combination of solutions for effective resolution.

The journey of Harugongo sub-county in Kabarole, Uganda, stands as a testament to the power of this approach. Once plagued by abysmal sanitation and hygiene conditions, Harugongo has undergone a remarkable transformation,

achieving behavior change and the eradication of open defecation in most of its villages within a mere three months. Despite facing daunting obstacles such as rocky terrain and collapsing soils hindering latrine construction, coupled with a lack of awareness among community members, significant progress has been made.

Since 2020, a collaborative effort spearheaded by IRC and Kabarole District Local



Harugongo has undergone a remarkable transformation, achieving behavior change and the eradication of open defecation in most of its villages within a mere three months.

Government, and involving WASH partners has been underway to bolster access to basic and safely managed sanitation and hygiene services. Aligned with Sustainable Development Goal 6 and local development plans, initiatives aim to elevate WASH standards and eliminate open defecation.

In the fiscal year 2022/2023, a focused intervention zeroed in on Harugongo sub-county. Through comprehensive sanitation and hygiene home improvement campaigns, every village and household became targets for the dissemination of information and skills crucial for attaining and maintaining high standards of sanitation and hygiene.

Despite challenges posed by dwindling funds under the DSHCG that currently covers only five villages, innovative solutions were implemented to bridge the gap. IRC provided technical and financial support to the district, aiming to expand sanitation and hygiene service coverage across all 28 villages in Harugongo, leaving no one behind.

Employing a multi-faceted

approach, the campaign leveraged various strategies for maximum impact including the following:

- **Community Engagement and Advocacy:** Buy-in meetings with local leaders served as platforms for advocating for improved behavior change and garnering support for the campaigns.
- **Market-Based Solutions:** Partnerships with organizations and local artisans as community activators who facilitated subsidies for constructing improved latrines and promoted innovative sanitation solutions.
- **Community-Led Total Sanitation:** Massive awareness campaigns were conducted at village and parish levels to eradicate open defecation.
- **Participatory Hygiene and Sanitation Transformation Tools (PHAST):** Community engagements facilitated adoption of sanitation and hygienic practices along the sanitation ladder through

knowledge dissemination and hands-on skill-building sessions.

- **Diamond Approach:** All sanitation stakeholders at various levels were engaged in integrated home improvement campaigns to promote better health outcomes.
- **Exemplary Leadership:** Community leaders were encouraged to lead by example in sanitation and hygiene matters.

As evidenced by door-to-door visits, the impact of these efforts was palpable. Mr. Banteeba Festus, the RDC of Kabarole District, highlighted the paradox of beautifully constructed houses lacking latrines, underscoring the necessity for comprehensive sanitation solutions.



A tippy tap for handwashing locally installed near the latrine.



Transforming Lives Through Water, Sanitation and Hygiene: The Ripple Effects at Kaladima Primary School



Teacher Florence celebrates the school's achievements in the district level WASH debate.

By Lillian Kamanzi Mugisha,
 Communications and Fundraising
 Manager, Amref Health Africa in Uganda

In the remote village of Pagoro parish, Lamogi sub-county, Amuru district lies Kaladima Primary School; where over 600 pupils are seeking education amidst challenging circumstances. Mrs Florence Oroma the dedicated head teacher is amazed at the remarkable transformation that Kaladima Primary School has experienced, since 2021, when Amref Health Africa supported them through the sanitation education project.

A combination of material support and behavior change initiatives are immediately visible in the smart infrastructure and the testimonies of the learners and teachers.

A 5-stance toilet facility was constructed to provide safe, clean, and

inclusive sanitation for the learners. This facility not only addressed the pressing issue of inadequate sanitation but also catered to the specific needs of the school community. Equipped with facilities for the disabled, a changing room for menstrual hygiene management, and a water harvesting tank, the new toilet block has significantly improved the overall hygiene standards of the school.

Handwashing points were strategically installed throughout the school premises, encouraging students to adopt regular handwashing practices—a habit they are urged to replicate at home. The emphasis on general hygiene has not only fostered a healthier learning environment but has also had a ripple effect on the broader community, with learners taking the initiative to promote similar behaviors at home and in their communities.

The emphasis on general hygiene has not only fostered a healthier learning environment but has also had a ripple effect on the broader community, with learners taking the initiative to promote similar behaviors at home and in their communities.

The impact of these interventions extends beyond the physical infrastructure. Participation in sanitation and health debate competitions has bolstered students' confidence and academic performance. Winning accolades in these events has not only instilled a sense of pride among the students but has also reinforced the importance of hygiene and sanitation in their daily lives.

The improved infrastructure and engaging information education and communication materials around the school compound have attracted a surge in enrollment, particularly of girls—a testament to the transformative power of investing in water, sanitation, and hygiene (WASH) services in schools. With more girls accessing education and fewer missing school due to menstruation-related challenges, Kaladima Primary School is paving the way for gender equality and inclusive education in Amuru district, and the greater northern region of Uganda.

Amref Health Africa's comprehensive approach, which includes providing Information, Education, and Communication (IEC) materials and capacity-building workshops for teachers, has been instrumental in sustaining these positive changes. By empowering teachers to model desired hygiene behaviors and imparting critical life skills to students, the project has created a ripple effect that extends far beyond the confines of the school walls.

As Kaladima Primary School continues on its journey of transformation, it serves as a shining example of the profound impact that investments in water, sanitation, and hygiene can have on the lives of children and communities.

More information:
www.amref.org/uganda



By Maureen Kesande, WASH Project Coordinator, IDI/CDC
 Fred Tumusabe, National Technical Trainer, IDI

Saving lives at the frontline of healthcare work: how local production of Alcohol-Based Hand Rubs bolstered hand hygiene against epidermics in Uganda

Since 2018, the Infectious Diseases Institute (IDI) collaboratively working with the CDC Division of Foodborne, Waterborne, and Environmental Diseases' Global Water, Sanitation, and Hygiene (WASH) program and the CDC Uganda has supported the Ministry of Health to improve access and use of alcohol-based hand rub for healthcare workers by supporting local production and supply. Efforts to increase availability of alcohol-based hand rub (ABHR) and encourage healthcare workers and the community to clean their hands more often included:

- Supplying raw materials to make alcohol-based hand rub
- Establishment of ABHR production units in 6 districts.
- Training and mentoring alcohol-based hand rub producers
- Supporting distribution and plans for restocking supplies
- Monitoring use of alcohol-based hand rub at healthcare facilities and key community settings

Between 2018 and 2022, agreements with six districts in Uganda (Kabarole, Kasese, Amuru, Tororo, Moroto and Kotido) were signed to increase the districts' involvement and ownership of alcohol-based hand rub production. A few facilities such as Kasangati Health Centre IV in Kampala, double as training centers and production facilities for alcohol-based hand rub. So far, the program has provided alcohol-based hand rub and expanded access to hand hygiene resources to more than 250 healthcare facilities and over 60 community settings in Uganda.

Preparedness Efforts Fuel Swift Response
 Amidst the recent outbreaks of Cholera in 2023 and Ebola in 2022), these efforts have proven invaluable, ensuring swift and consistent access to essential hand hygiene resources.

When the Ministry of Health confirmed the outbreak of Ebola on September 20, 2022, hand hygiene in preventing the spread of infectious diseases was particularly highlighted as critical. Seven districts



Packed hand sanitiser

were affected by the Ebola outbreak, including Jinja, Kampala, Masaka, and Wakiso while 3 districts were affected by the Cholera outbreak in Eastern Uganda - putting many health workers at risk. Through this collaboration, over 200 healthcare facilities in the affected districts received timely supplies of alcohol-based hand rub.

Preparedness efforts, fostered by the Ministry of Health's leadership, facilitated a rapid response to the Ebola cases. IDI, with support from CDC and other partners mobilized resources swiftly, producing over 16,400 litres of alcohol-based hand rub within seven days. This proactive approach ensured that every healthcare facility

in the affected districts had a three-month supply of hand hygiene resources, including the Mubende Regional Referral Hospital, where Ebola treatment units were established.

Looking ahead, sustained collaboration between the Ministry of Health, CDC, and IDI remains imperative. As the demand for hand rub continues to rise, efforts are underway to scale up local production at the national level. Moreover, innovative measures, such as online training programs for hand rub production, are being piloted to enhance local capacity and preparedness for future public health emergencies.

The Ministry of Health's steadfast commitment to promoting hand hygiene practices has been pivotal in mitigating the impact of the healthcare associated infections and infectious disease outbreaks. By prioritizing collaboration and proactive initiatives, Uganda stands better equipped to address emerging health threats and safeguard the well-being of its citizens.



IRC Connecting the WASH and health systems for quality services

By Naomi W. Kabarungi
IRC Uganda

In most health centres in rural Uganda, health workers and clients make do without safe water sanitation and hygiene services. Without water supply on the premises, they resort to buying unsafe water from vendors. Sometimes, cleaners and security guards leave their assigned duties to collect water from far off sources.

New mothers and babies are particularly at risk when WASH services are not adequate in the health facility.

“I experienced firsthand how dangerous it is, when I delivered my premature twin babies and rushed home to take a bath because there was no bathroom in the health center,” says Cecilia Birungi, a Health Inspector with Kabarole District. “Many mothers and babies acquire infections from the dirty shared toilets and floors.”

“

There was no bathroom anywhere on the health centre premises and I desperately needed a bath. I was lucky that I had the choice to rush back home instead of catching infections from the general toilets and dirty floors; many mothers do not have that option – they just survive in the conditions.

Cecilia Birungi, Kabarole District Health Inspector

Healthcare facilities also face the challenge of waste management with no designated spaces and resources to segregate medical waste according to their levels, ranging from non-hazardous to highly infectious and chemical refuse.

Wilfred Nankunda, Nurse In-Charge at Rwiimi HCIII in Bunyangabu recounts how open-

pit burning was the only method at the centre for a long time.

“We would mix the bio-medical waste we are producing here with the garbage from the neighbouring market along the highway” says Nankunda.

Luckily, Rwiimi Health Centre III has recently benefitted from IRC’s intervention of modelling standard WASH in healthcare services. The model centers are equipped with piped water to supply critical points of care within the facility; drinking water stations; inclusive cleanable, drainable, private and gender-segregated sanitation facilities for patients and staff; bathrooms for menstrual hygiene management; colour coded bins for waste segregation, and where possible a licensed medical waste incinerator that serves more than one health centers in the district.

As the service model expands its reach, it has become evident that disempowered governance structures are the weak link in healthcare service delivery. When advocacy, budget planning,



The new patient's sanitation facility at Rwiimi HCIII, Bunyangabu was commissioned in 2023. IRC photo.



BEFORE: This unlined pit latrine has been the only available sanitation facility for all patients at Kaswa Health Center III in Kabarole.



On our own we had tried but could not get the attention nor the budget for such WASH interventions. It is thanks to the recommendation and lobbying of political and technical leaders at the district level that our center was considered for this project.

Wilfred Natukunda, Rwimi HC III In-charge



Rwimi In-charge Wilfred Natukunda receives the keys after the commissioning of new sanitation and waste management facilities, March 2023.

supervision of operations and maintenance, and accountability are not proactively prioritized, healthcare services continue to deteriorate despite the new infrastructure.

From policy to practice

According to the Ministry of Health Guidelines, every health facility must appoint community members to the Health Unit Management Committee (HUMCs) to provide oversight, promote accountability and community ownership.

IRC supports Bunyangabu and Kabarole districts to undertake capacity building for HUMCs, with their technical officers in the health, water and community development departments leading the training sessions.

“We never received any form of orientation when we were appointed. I am learning about some of improved WASH technologies recommended for health facilities for the first time in

this training workshop,” shared a member of the HUMC of Rwiimi HCIII.

The committees are now actively planning and budgeting for operations and maintenance of water and sanitation infrastructure; supervising infection prevention and control efforts; engaging as champions of risk communication in the health facility setting; and lobbying for more investment in WASH in healthcare services. They are now equipped to support onsite supervision of services and to promote WASH best practices that meet national standards.

“People are flocking in learn from us how we did it! It is easier now that we can tell them what we have learnt and at the same time show them around our model center, for example how we safely organise our medical waste in these colour-coded skips,” says Peter Rukindo, HUMC Chairman Kaswa HCIII in Kabarole.

Good governance for sustainable services

Safe water supply installations, sanitation facilities and medical waste infrastructure, are expensive both at construction and operational levels. This means that for services to last, solutions must be planned and budgeted starting from the service centre and the community.

With training, HUMC members now have the confidence to lobby partners for WASH in healthcare service investment. They have evidence at the model healthcare facilities for government intervention, because they can show the reduction in numbers of preventable disease complaints at the model facilities that now have safe water, sanitation and hygiene services.

The practical modelling and experiential learning for the teams that manage these health facilities has roused the interest in systems strengthening.

“The increase in bacterial infections and resistance to antibiotics is because people are ingesting different concentrations of sulphur and ammonia from the ground water which is contaminated by improper dumping of medical waste and human faeces. Such holistic WASH in healthcare interventions are a step towards less emissions and less localised impact on the climate; the impact of a cleaner environment and safer public health will be enjoyed beyond us to the next generation,” – Dr Brian Guma, Team Leader at the Albert Water Management Zone, Ministry of Water and Environment.



Services are safest for both health workers and patients when there is running water in the treatment rooms.



Healthcare facilities must have access to a licenced medical waste management facility such as this incinerator at Ruteete HCIII in Kabarole.



Acknowledgements and call to action

Dr Herbert Nabaasa,
 Commissioner Health
 Services - Environmental
 Health Department, and host
 of Sanitation and Hygiene
 programmes in the Ministry of
 Health



I imagine life without access to water, or a toilet; a situation where you cannot wash your hands, nor clean your teeth.

Imagine a home with no safe water source, no toilet facilities, nowhere to wash and dry cooking utensils, or deposit domestic waste.

Imagine a healthcare facility without water, sanitation facilities, waste management protocol, hand hygiene protocol, janitorial services, and WASH/IPC focal persons etc.

Imagine a school without access to water, sanitary facilities, menstrual health and hygiene amenities, cleaning protocol etc

Imagine lack of all the above during a disease outbreak.

We know firsthand how critical WASH services are for disease prevention and health promotion. We cannot over emphasise why commemoration of sanitation and hygiene week is important and why commemoration of launch is important.

As a Ministry, we are working towards improving the current landscape of public health, by undertaking very high-level and strategic interventions to realize

this dream, including but not limited to:

- Establishment of the National Coordination mechanism
- Targeted mindset and behavioral change interventions
- Supporting a compliance assistance and enforcement regime for preventive and promotive interventions.
- Establishing a digitalized system for real-time data capturing.
- Establishing and functionalizing community-driven interventions for service delivery.
- Resource mobilization through innovative approaches.
- Climate change and health interventions

I appreciate the Ministry of Health leadership for providing the highest support to raise the profile of Environmental Health and WASH as a core component of disease prevention and health promotion.

I thank our sister Ministries especially Education and Sports, Water and Environment, as well as Local Governments, Departments and Agencies for the collaborative spirit in mainstreaming health and hygiene programmes.

I thank the non-state partners including development agencies such as UNICEF, SHF and the WASH civil society under UWASNET, for generously supporting WASH interventions and promoting behavior change all over the country.

I thank and invite the private sector to increase investment in Sanitation and Hygiene Space because the opportunities are immense.

I thank all our partners who are not only fully engaged and participate in the National Sanitation week-long activities annually, but also support us with money and skills to put this national campaign together. I thank Kakumiro District Local Government for organising and hosting the Sanitation Week climax event this year.

I implore all of us to commit to taking personal responsibility to practice good sanitation and hygiene, at home, at school, at the workplace and in our communities, for a clean country means better health and improved quality of life.

For God and my country.



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH



**Wash all
foods, fruits,
and vegetables
with clean
water before
eating to
remove germs
to avoid disease**

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For more information contact:
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