

# **OVERVIEW OF SANITATION AND HYGIENE IN UGANDA**

**PRESENTED AT THE EASTERN & SOUTHERN  
CONFERENCE ON SANITATION AS A BUSINESS:  
UNCLOGGING THE BLOCKAGES.**

**BY**

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# OVERVIEW OF SANITATION AND HYGIENE IN UGANDA

- ❖ Sanitation is a process where people demand, develop, sustain a hygiene and health environment, promotion of skills and practices which enable communities to:
  - Dispose of human excreta (faeces & urine)
  - Dispose of solid and liquid waste, (rubbish, garbage, animal waste, dirty water) safely
  - Keep drinking water safe from source to the point of use; (safe water chain)
  - Adopt and practice high levels of personal, domestic and public & food hygiene.
  - Control of insects, vectors & rodents which spread diseases (flies, rats & mosquitoes)

# OVERVIEW OF SANITATION AND HYGIENE IN UGANDA

- Goal: To contribute to reduction of mortality, morbidity and disability through promotion of environmental health.
  - 75% of disease burden preventable and sanitation related; Ughs 30bn on treatment of sanitation & hygiene related diseases annually.
  - PEAP /NDP Concern: on IMR, MMR & Sanitation.
  - Latrine coverage 71%
  - Water coverage 64% - Rural & 71% - Urban
  - Only 29 % of the population wash their hands with soap and water after visiting a toilet.
  - In schools, the pupil: latrine stance ratio has improved from 328:1 in 1997 to 100:1 in 2000; in 2013 - 70:1
- In higher Institutions of learning the latrine coverage figures not available.  
Inadequate observation of the safe water chain.  
Improper disposal of refuse and waste water resulting into pollution of the environment.

# What has been done

- Environmental Health policy in place.
- Sanitation guidelines, standards & strategies have been developed. e.g
  - National Sanitation guidelines reviewed
    - Kampala Declaration on Sanitation (KDS+10)
    - National Sanitation Working Group in place
  - Ecological Sanitation Strategy
  - Food Safety and Hygiene Strategy
  - Improved Sanitation and Hygiene Strategy (ISH) for both rural and urban.
- Sanitation and Hygiene budget line created in the MoFPED.
- Uganda Sanitation Fund (USF)

# USF sub-grantees achievements year 1 & 2

Indicator	Target year 1 2012 – 13	Achievements	%	Target year 2; 2013 -14	Achievements 1 <sup>st</sup> & 2 <sup>nd</sup> quarter	%
Villages Triggered	1397	1647	118	957	978	102
Villages declared ODF	1977	886	45	1,855	513	28
New latrines constructed	53,580	57,861	108	54,711	32,850	60
New HWF installed	53,580	81,620	136.6	147,134	71,366	49
HHs adopting HWWS	53,580	82,395	159.3	139,777	100,153	72

# Challenges

- 75% of national disease burden related to sanitation and hygiene.
- Non operationalisation of MoU among the three key Ministries i.e MoW&E, MoH and MoE&S.
- Inadequate enactment and poor enforcement of the bye laws.
- Inadequate sanitation and hygiene facilities & their sustainability especially communal latrines.
- Urban areas without or not covered by sewerage systems.
- Natural disasters & Climate Change issues e.g Floods, earthquake, hail storm, famine & landslides.
- Inadequate human and financial resources (budgetary allocation to sanitation very low) & inadequate focus on preventive health.

# Challenges

- Poor physical planning especially in developing towns.
- Re-emerging and wide spread of WASH related diseases like cholera, dysentery, HEV. & low hand washing coverage.
- High rate of girl child drop out in many of our primary schools.
- Sanitation marketing still very low.
- Inadequate & non- clearly defined and expensive technologies.
- Laziness and negligence on the part of the community.
- Negative taboos, myths and cultural beliefs & practices in the community.
- Extreme poverty; Elderly / Child headed families
- Sanitation and Hygiene **NOT** a priority; Sanitation as an after thought.

# Opportunities

- DP's Goodwill and support.
- Formation of the National Sanitation Working Group, DWSCCs at Local Governments.
- Global concern: MDGs & WSSDeclarations.
- Support and participation of Community Based Organisations, NGOs and the Private Sector in the promotion of sanitation & hygiene; over 100 in W. & San. sector.
- Enabling environment – Political will & support
- God's command for a clean environment in Deut. Chap.23:12-14



# Policy and Legal frame work

- Supportive Constitution (1995 Constitution Cap. 3 Article 17 (j). The President's campaign manifesto and various public addresses.
- The National Development Plan
- The 1997 Local Government Act
- The Public Health Act 2000
- The National Water Act
- Environmental Health Policy.
- The Kampala Declaration on Sanitation Oct. 1997.
- The National Health Policy II & Health Sector Strategic Investment Plan III San. part of Infant and & Marternal Mortality strategy
- The 15 year SIP for water.
- The National Environment Management Authority Act 1995.
- The National Water & Sewerage Statute; Uganda Water Action Plan
- The National Gender Policy(1997); The Children Statute (1999), Uganda National Plan of Action for Children (1992)
- All these are supported by other Acts, regulations, guidelines and standards.

# Conclusion

- Sanitation has a greater impact than water on health; especially toilets, solid waste management & handwashing.
- Effectiveness of Diarrhoea morbidity Median reduction: 37%  
- latrines; 35% - handwashing; 20% - Water quantity; 15% - water quality.
- Sanitation is first & foremost about behaviour and not merely building toilets
- Stimulating demand for san. is key; building unwanted toilets helps no one
- Inter-sectoral collaboration & approach very important
- Support and active involvement of all stakeholders in sanitation & hygiene very important.
- Sharing experiences, Identifying what works and what doesn't ; Scaling up what works very crucial.

# Way forward

- Implement KDS+17 through:-
  - Exemplary leadership
  - Mobilisation of resources; adequate funding for sanitation & hygiene.
  - Advocacy for political and civic support at all levels of govt.
  - Support community mobilisation for their participation, involvement & sustainability.
  - Revive home improvement campaigns and competitions at community level.
  - Adaptation / use of new approaches / initiatives e.g CLTS, Sanmark; Sanwealth to improve sanitation and hygiene.
  - Active women involvement in sanitation & hygiene improvements
  - Support enactment of bye laws & their enforcement
  - Motivate, give incentives and reward best performers both the staff and community members.
- Implement Uganda Sanitation Fund (30 districts)

# Example of a poor un ventilated house



# **HWF - There is room for improvement; Is it sustainable?**



**Some improvement realised, but no windows, ventilators.**



# The ideal rural home; how many in our villages?



# Some of the best practices – hand washing using a tippy tap



❖ Foot operated hand washing facilities.

❖ Good behavior  
Is it sustainable?



**THANK YOU FOR LISTENING**