



USAID | UGANDA
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Water for the World Country Plan

I. EXECUTIVE SUMMARY

USAID is increasing the number of people with access to improved and sustainable water, sanitation, and hygiene (WASH) services, so that the health and nutrition status in focus areas among target populations will improve.

This will be accomplished, in line with the U.S. Global Water Strategy (GWS) and the USAID Agency Plan, by:

- Stimulating demand for improved sanitation and hygiene through a comprehensive behavior change strategy
- Increasing access to financial products and private sector-led support of sanitation products-services
- Strengthening the enabling environment to promote water and sanitation for all

II. INTRODUCTION

This country plan is intended to serve as a high-level overview of how USAID has been and will support the Government of Uganda (GOU) to achieve its WASH service delivery objectives in line with the GWS, the USAID Agency Plan, and the Mission’s broader development goals. USAID/Uganda prioritizes WASH programs that more thoughtfully align with complementary programming (both within USAID and externally), rooting approaches with the host country partner governments’ development priorities.

The gaps in sanitation and water services, as well as hygiene promotion, are severe throughout Uganda, in both urban and rural contexts. However, sanitation coverage lags significantly behind water supply in both urban and rural areas. Given this need, and other donors being heavily invested in water, USAID/Uganda is giving more emphasis to improving sanitation- and hygiene-related indicators. Programming will align with the GOU-led initiatives regarding decentralization, promotion of community-led total sanitation (CLTS), and recognition of gender issues in WASH service delivery.

In response to the recent arrival of almost one million South Sudanese refugees into northern Uganda in the last year, USAID is assessing this influx's impact on the water resources in the area. The current emergency response is expensive and unsustainable, and USAID is considering appropriate options for longer term development solutions to what will most likely be a protracted refugee population.

USAID is only one actor among many engaging Uganda's significant WASH-related challenges, and the impact of USAID's investment is a direct function of how effectively the Mission programs interact with the broader context and leverage other donor investments. Key donors in the sector include the World Bank, the African Development Bank, Austria, Denmark, the European Union, Germany, France, and the United Kingdom.

III. GOVERNMENT OF UGANDA WATER OBJECTIVES

As articulated in Uganda's National Development Plan (NDP II) 2015/16 – 2019/20,¹ water and sanitation investments will focus on increasing access to safe sanitation and incorporating gender concerns, building on progress made during the Millennium Development Goal (MDG) period during which time Uganda halved the proportion of people without access to safe water but failed to make similar progress on sanitation.² By 2040 Uganda seeks to achieve universal and equitable access to safe and affordable drinking water for all, access to adequate and equitable sanitation and hygiene for all, and to end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.³ Additionally, Uganda's Public Health Act, updated in 2002, mandates that each household has a latrine, with financial sanctions for households that do not comply, however, this regulation is often not enforced.

The WHO/UNICEF Joint Monitoring Programme reported the following coverage levels for WASH in Uganda in 2015:⁴

- 79 percent of the population has access to improved water sources (MDG target met)
- 19 percent of the population has access to improved sanitation
- Seven million Ugandans still practice open defecation
- Additionally, access to and using handwashing facilities stands at 36 percent, while sanitation coverage in schools has worsened⁵

1 The NDP II is the second in a series of six five-year plans aimed at achieving the Uganda Vision 2040.

2 http://www.wssinli.org/fileadmin/userupload//JMP-Updater_J>On-20-15-English.pdf (Accessed 5.11.2017)

3 <http://ngoforum.org.un/ntcnt/uploads/downloads/2015/03/NDPII-12.n!/fi/lrrl-March-2015-1pm.pdf> (Accessed 5.11.2017)

4 <https://www.unicef.pt/progressos-saneamento-agua-potavel/files/progress-on-sanitation-drinking-water2015.pdf> (Accessed 5.11.2017).

5 The decrease in the pupil to latrine stance (cubicle) ratio went from 57:1 in 2004/05 to 67:1 in 2011/12 to 70:1 in 2016. Uganda Ministry of Water and Environment Sector Performance Review, 2016. The Government's 2014/15 target was 40:1.

The Ministry of Water and Environment (MWE) is the lead ministry for water supply for urban and rural populations. For sanitation and hygiene, three ministries—MWE, the Ministry of Health (MOH), and the Ministry of Education and Sports (MOES)—share responsibilities as follows:

- The MWE is responsible for the development of public sanitary facilities and promotion of good practices of hygiene and sanitation in urban centers, small towns, and rural growth centers.
- The MOH is responsible for hygiene and sanitation promotion for households through the Environmental Health Division. The MOH is also responsible for sanitation, hygiene, and water in health facilities.
- The MOES is responsible for hygiene education and provision of sanitation facilities in primary schools. It also promotes handwashing after latrine use in schools.

IV. THE GOVERNMENT OF UGANDA'S CURRENT AND PLANNED STRATEGIES TO WATER AND SANITATION

The GOU is working at many levels—urban water supply, rural water supply, rural sanitation, urban sanitation, hygiene, and WASH governance reforms—to achieve its NDP II goals.

Of particular note, the GOU has launched the Uganda Sanitation Fund (USF), to further develop and take to scale community-led total sanitation (CLTS), a community mobilization approach that raises community awareness about the consequences of open defecation and triggers community commitment to end the practice. The UN-affiliated Water Supply and Sanitation Collaborative Council (WSSCC) provides funds to the Ministry of Finance and then USF is run by the Government at the national and subnational levels, with the MOH as the Executing Agency (prime), MWE chairing the project coordinating mechanism, and District Local Governments as the main implementing partners.

Additionally, some development partners take part in a sectorwide approach called the Joint Water and Environment Sector Support Program, in place through 2017/18. The main donors and supporters include the African Development Bank, Austria, Denmark, European Union, Germany, France, and the World Bank. The budget allocation for the five-year period is approximately 500 billion shillings (\$1.4 billion), and focuses on urban water and sanitation (44 percent), just slightly more than rural water and sanitation (41 percent).

V. CHALLENGES AND OPPORTUNITIES IN THE SECTOR

Population growth

Uganda has a population of more than 37 million people and, with an annual population growth rate of 3.2 percent, is one of Africa's fastest growing countries. Although barely 17 percent of Ugandans live in cities at present, Uganda's growth rate suggests a tripling of its urban population by 2025.⁶

6 World Bank. 2013. Improving service delivery in Uganda's secondary cities. Cities alliance in action. Washington DC; World Bank. <http://documents.worldbank.org/curated/en/2013/0/1/8203683/improving-service-delivery-uganda-secondary-cities>

Financing

A key challenge faced by the Uganda WASH sector is the inadequate financing to achieve the targets set under the NDP II.⁷ The sector continues to receive only three percent of the national budget resources, yet its role in transforming Uganda into a middle-income country by 2020 is very important.

Persistent gaps in basic, rural sanitation

Low access to sanitation has been attributed to a number of issues including low priority setting among some rural communities and local governments, inappropriate toilet technologies, and weak supply and enforcement mechanisms. There have been many efforts to educate the populace and increase the demand for improved sanitation services, but with limited progress due to social norms, lack of contextual cues, and other factors such as cost and access to materials.

Comprehensive planning

Although sanitation is a high priority for most urban areas, few municipalities have done any comprehensive sanitation planning. Outside of Kampala, most districts do not have access to regular, safe, or affordable pit emptying services or disposal/treatment sites for fecal waste. Without dedicated institutions or planning and implementing platforms, urban sanitation is rapidly becoming a serious public health concern, especially regarding solid waste and fecal sludge management.

WASH in schools

Water and sanitation facilities in Uganda's schools are inadequate, seriously underfunded, and poorly maintained. Schools suffer from poor WASH-related curricula and activities, partly due to the lack of WASH (e.g., soap) services, and many have no dedicated, trained capacity to ensure the maintenance of the latrines, a critical component to sustainability.

Gender

Monitoring WASH in institutional settings such as schools and health care facilities provides a useful entry point for monitoring Menstrual Hygiene Management. In Uganda, girls were found to miss 10 percent of all school days, while still others drop out of school largely due to inadequate sanitation facilities to manage menstrual hygiene.

WASH in health care facilities

The lack of WASH remains a serious problem in health facilities as well. In a recent study done by World Vision, only ten percent of the health centers reached had basic water supply systems, eight percent of the facilities had basic sanitation facilities, 29 percent carried out routine cleaning, and 12 percent of the facilities had handwashing facilities with water and soap at the time of the visit. Lack of proper handwashing in health facilities is a major contributor to infections post-treatment, evidenced by the high number of neonatal deaths in Uganda.

7 Uganda Ministry of Water and Environment Sector Performance Review, 2016

Governance

While WASH responsibilities are split among three ministries as discussed above, lines of accountability are fairly drawn. The Ministry of Health, Environmental Health Division enjoys energetic leadership. This division is already leading the implementation of the \$10 million, five-year USF, which is targeting approximately 5.6 million people in over 9,000 villages to live in open defecation free (ODF) environments. While the initial ODF certification rate was low, recent improvements in approach have increased triggering rates, with currently 3,106,200 people estimated to now live in ODF communities as a result of the USF project. The project began in November 2011, and until late 2016, it had only spent 62 percent of its allocated funds (\$5 unit cost per person reached); discussions are ongoing to extend the project geographically (to cover an additional eight districts) and expand the project by an additional four years.

Refugee influx

Currently, Uganda hosts almost 1.3 million refugees, and these numbers continue to grow every day, with a daily arrival rate of approximately 2,000. These refugees are unlikely to return to their country of origin in the near future and assistance to them should consider this implication. The refugees have already put an additional strain on the limited water resources in the West Nile region, where more than half of them reside, and create tensions with the Ugandan host communities.

VI. USAID/UGANDA COUNTRY PLAN FOR WATER

Within this portfolio, USAID/Uganda will prioritize the following three themes across the Mission's WASH investments:

- **Behavior change:** The greatest health outcomes from investments in WASH are achieved when individuals correctly and consistently practice improved hygiene behaviors. As such, USAID/Uganda will drive a systematic and evidence-based social and behavior change program in households and in institutions (including schools and health care facilities). At the national level, USAID will work to build the capacity of government officials, NGOs, and the private sector to end open defecation. To reach households, USAID will collaborate closely with other donors and implementing partners to implement a coordinated at-scale sanitation and hygiene behavior change campaign promoting CLTS. In schools, USAID will provide technical assistance to teachers, school directors, parents, and student leaders, while in health facilities USAID will support health facility hygiene audits, action planning in each of the supported districts, and limited construction if needed. 2
- **Governance:** Many challenges facing the Ugandan WASH sector will only be improved through strengthened governance, particularly local governance. USAID will facilitate local ownership and engagement at all stages of planning and implementation, allocation of resources, and ongoing management responsibility for WASH service delivery through participation in the annual district planning process. USAID/Uganda will also support the establishment and strengthening of community/local, district, and regional institutions to develop the necessary capabilities to enable sustainable WASH outcomes in home, school, and health facility settings. To build upon existing health information monitoring systems, USAID/Uganda will also support strengthening quality data collection management and use. Lastly, USAID also will support select WASH policy reforms around equity and access.
- **Private sector:** Essential to enabling improved WASH behaviors is well functioning sanitation and water supply services. However, with GOU's limited resources and engagement in the

provision of these services, engagement of the private sector remains the most promising approach to realize significant improvement of services and scale. USAID/Uganda will support the development and scale up of market-based sanitation products and services. USAID/Uganda will also improve water and sanitation in targeted districts through engagement of the private sector in provision of services including areas of high refugee concentrations. In particular, USAID will mobilize private sector financing, through small loan guarantees or other creative mechanisms, into operations and maintenance and in some cases even meeting capital costs of water and sanitation services.

Expected results

Overall, activities described under the USAID Uganda Country Plan are expected to provide 750,000 Ugandans with sustainable access to basic water, and help 10,000 villages reach ODF status. The results reported reflect targets at the time of this document's production, however, targets may be updated on an annual basis.

Main Mechanisms

- Uganda Sanitation for Health (USH) (TBD, Contract): Uganda Sanitation for Health is an integrated WASH and nutrition award that will accelerate sustainable improvement in quality, access, and supply of water and sanitation services, and improve key hygiene behaviors. With the objective of reducing the incidence of diarrhea and other diseases related to poor sanitation, Uganda Sanitation for Health will contribute to improved nutrition and will seek to achieve positive health impacts through introducing a series of contemporary, integrated WASH interventions at the community and household levels. *Geography: TBD— USAID priority areas in the RHITES districts.*
- Regional Health Intervention to Enhance Services (RHITES): USAID/Uganda supports five RHITES activities across the country. These activities support comprehensive, integrated work on regional health, HIV/AIDS, nutrition, and WASH assistance. Specifically, the program assists health facilities with WASH planning and implementation, as well as working through village health teams and community groups to deliver essential WASH messaging. *Geography: Five Region of Uganda: Southwest, East, East-Central, North Acholi, and North-Lango*

Small amounts of funding will also support social marketing for WASH products, such as safe water purification tablets and oral rehydration solution/zinc, and communications campaigns around important WASH behavior change messages.

USAID/Uganda is also looking at potentially partnering with the WSSCC to co-fund the Uganda Sanitation Fund or as the Mission is currently embarking on a Public Management Financial Risk Assessment Framework Stage II, there may be an opportunity to partner with the Ministry of Health, Environmental Health Division directly on a CLTS effort.

The Uganda Country Plan is costed based on prior year resources still available for programming, the FY 2017 estimated allocation of \$5.0 million, and the FY 2018 President's Budget Request of \$1.9 million.

VII. OTHER USG FUNDED ACTIVITIES THAT FURTHER THIS VISION

- Food for Peace (FFP): The Mission also has FFP Development Food Security Activities in the Karamoja Region of Uganda with Community Development Funds. Given that the root causes of undernutrition in Karamoja include suboptimal WASH conditions, a large focus was given to WASH in the most recent round of proposals (2017–2022). FFP programming will complement the Mission’s development programming and advance GOU priorities for WASH and nutrition by combining social and behavioral change with proven market-based solutions to increase momentum and sustainability.
- U.S. Centers for Disease Control and Prevention (CDC): In coordination with the MOH, the CDC is supporting a number of studies in Uganda to enhance health service delivery. Studies USAID/Uganda 7 include an evaluation of WASH interventions implemented in up to 180 health facilities and an assessment of the leading causes of acute febrile illness (other than malaria) in children to expand surveillance capacity for vector-borne and zoonotic diseases.
- FFP, OFDA, and PRM: USAID is assessing the integrated water resource management situation in the area to complement the State Department Bureau of Population, Refugee and Migration’s support to the emergency water needs of these refugees, including water trucking. The interagency is interested in beginning to transition away from a costly humanitarian response to more sustainable development solutions.