



## Women Sanitation Champions in Northern Uganda: Taking Sanitation Matters into Our Own Hands.

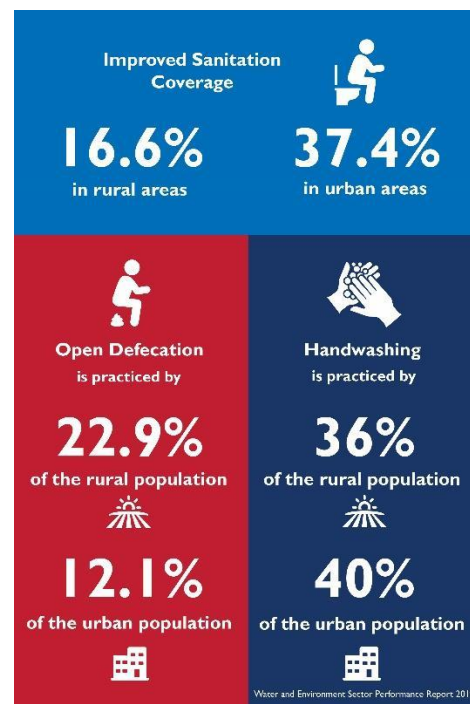
Although the overall toilet coverage in Uganda is at 77.2 percent, open defecation (OD) is still high at 22.9 percent in rural areas and 12.1 percent in urban areas; handwashing with soap is at 36 percent in the rural areas and 40 percent in urban areas according to the Water and Environment Sector Performance Report 2019.

The OD rate is highest in the north at (18 percent), and as high as 51 percent in some rural districts. Specific to the seven USHA intervention districts in Northern Uganda, households practicing OD is at 23 percent, with Agago and Omoro at 50 percent and 24 percent, respectively.<sup>1</sup>

The U.S. Agency for International Development (USAID) is funding [Uganda Sanitation for Health Activity \(USHA\)](#) to accelerate sustainable improvement in quality, access, and supply of water and sanitation services, and improve hygiene behaviors in priority sub-counties in 20 focus districts in north, central, and eastern Uganda with the goal of declaring 2,500 villages open defecation free (ODF) by January 2023.

A big part of this support is expanding the adoption of positive WASH behaviors through social behavior change initiatives by anchoring improved sanitation to positive attributes - prestige, convenience, durability and comfort.

In Northern Uganda where OD rates remain much higher than the national average, USHA implements Community Led Total Sanitation (CLTS) approach to support communities to attain ODF status using the CLTS Enterprise Model – a combination of the traditional CLTS and Market Based Sanitation (MBS). Toilet products with



<sup>1</sup> USHA, 2018. Rural Households and Institutional Survey (RHIS) and Quantitative Household Baseline Survey Reports for CE and CW; Draft Final Report

washable interfaces were developed with a “Do-It-Yourself” model of delivery in the north. USHA also developed maps of the baselined villages indicating all households in the village, with households without toilets color-coded black. These are used to ‘trigger’ the communities to abandon the practice of OD using community mobilization techniques. A local sanitation committee that consists of volunteers – community leaders, Village Health Teams, and masons – is trained and supported to rally community members to implement action plans made during the triggering sessions with priority focus on households practicing OD.

For the typical rural household in Uganda, the women’s responsibility to oversee household-related WASH needs such as fetching water and cleaning the toilet floor are clear and non-negotiable, although the ability of women in these settings to source income for sanitation needs in the household are limited, as husbands are normally the primary financial providers.



*Jacinta Angwec in front of her new toilet facility.*

Due to the effects of the two-decade war in the north, several women were left widows, divorced or abandoned due to the abduction and killing of their husbands; as well as polygamy – culturally considered prestigious, which has left a great number of women to fend for their families because of lack of adequate support from their husbands. These women are disproportionately affected by lack of access to adequate

sanitation services and minimal decision making powers, yet their full participation is strongly correlated with increased effectiveness when empowered and engaged on issues that affect their lives.

Jacinta Angwec, a 30-year-old housewife and mother from Tikginokeli Village in Agelec Parish, Arum Sub County in Agago district, has had a touching journey to improved sanitation. With the eldest child only 16-years-old, she is also the first wife to her husband, of three wives. Since she became aware of the benefits of sanitation services after attending a CLTS triggering session in her village, carried out by Soroti Rural Development Agency (SORUDA), an USHA sub-grantee in Agago district, she was determined to construct a toilet in her home and sold a goat to cover the costs of materials and construction.

Jacinta recalls paying the pit digger UGX 30,000 (approx. \$8.15) and a trained mason UGX 20,000 (approx. \$5.44) for the construction of the latrine. She bought used iron sheets from a neighbor at UGX 3,000 (approx. \$0.82) for the door, a jerry-can to construct a tippy tap at UGX 2,000 (approx. \$0.54) all totaling to UGX 55,000 (approx. \$14.95).



Tikginokeli village has a total of 38 households.

Twenty households were practicing open defecation at baseline. However, with the recently conducted ODF verification exercise by the district in May 2021, the village passed for being open defecation free. This achievement is attributed to the committed Sanitation Committee, comprised of three women and one man, that was formed during a CLTS triggering session in the village, who are self-driven and motivated to carry out their roles including door to door visits to motivate, educate, and sensitize the community on sanitation.

Lucy Akun, the team leader of the committee expressed her impression stating, “the impact of the project in my village is evident; we no longer defecate in the bush. We shall support and encourage the neighboring villages to do the same.”



Rose Lalam, a 50-year-old widow of Abuga West village, Ongako sub county, Omoro district, another USHA intervention district through Agency for Corporation and Research in Development (ACORD), says her old facility collapsed due to heavy rains and flooding.

Much as the neighbors had toilets, some did not allow her household to access in times of need. Rose narrated that she was not respected by the locals, sneaking to the neighbors’ latrines in their absence during the

day and going to the bush at night. People in her household constantly suffered from poor sanitation related diseases such as diarrhea, which increased her consciousness.

Her decision to improve her sanitary status brought in a great health benefit. She did not have to meet any cost in the construction of the facility mainly by using locally available materials and family members, in line with the USHA “*Do It Yourself*” approach.

Abuga West, recorded a total of 14 households practicing open defecation out of 44 households in the village at baseline. Every household in the village now has access to a toilet facility and has self-claimed to be open defecation free.

Since August 2020, 6,348 households have built new latrines and 443 upgraded existing sanitation facilities with 77 villages declared open defecation free in the seven districts of USHA intervention in Northern Uganda.