

**Achievements to date:**

- By mapping water points for their location and functionality, and then targeting new and rehabilitation work accordingly, we have helped 15,000 people to access safe water.
- After implementing monitoring systems in the Masindi district, functionality of water sources increased from 65% to 85% over a two year period, serving an extra 42,000 people.
- WaterAid uses the media in Uganda to raise the profile of water and sanitation issues – promoting debates on urban sanitation and putting pressure on local governments to honour their obligations.



WaterAid/Caroline Irby

**Rideana** explains how life has changed since she's had her composting latrine

“Before the pits would fill so quickly and we would have to keep digging new ones. There would be a problem with termites. The children would fall down going to the toilet on the slippery slope and the pits would smell.

“Now I have this new latrine we do not need to keep digging new pits. The soil around the compound is clean. We can use the products of the latrine for compost. I hope to use the product to help grow bananas and coffee which I will be able to sell. Now I am not worried about the children being dirty after going to the toilet. I know they can take food without faeces on their hands. Now I have these facilities I feel more privacy as a lady. People ask who built the latrine and want one for themselves.”



WaterAid/Caroline Irby

**Harriet Namanda** lives with her husband **Edward** and their three children in Nsasa Village. With help from WaterAid and local partner the Busoga Trust, they have built a latrine and have access to clean water.

“The new pump has been working for four months now and it is managed by a water committee. The new water is so good, it is clean and safe. It is better for drinking and cooking and we are no longer sick.

“The Busoga Trust helped us to build our latrine. They showed us how to make the tippy tap and a bath shelter. The bath shelter is very private and it helps keep my home clean and tidy and it is much easier to keep my children clean. I'm proud of my home now. Before when water was scarce I was afraid to use too much for chores in the house but now I can keep my house clean and I know the water is safe.”

# Uganda



WaterAid/Caroline Irby

Uganda lies on the northern shore of Lake Victoria in equatorial east Africa. Landlocked by Sudan, Kenya, Tanzania, Rwanda and the Democratic Republic of Congo, one sixth of this fertile country consists of lakes, rivers and wetlands. Since the late 1980s democratic reforms have helped Uganda to recover from civil war and economic catastrophe to become relatively peaceful and stable.

However, the country is still desperately poor with 36% of the population living without access to clean drinking water and 67% without a safe place to go to the toilet. These statistics mean that disease is widespread and there is still a great need to improve the living conditions for the majority of the country's population.

**£24** could pay for a year's worth of hygiene education for one school child

**£45** could pay for a composting latrine

**£60** could pay for a locally manufactured rope pump

**£209** could protect a spring



WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities.



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## WaterAid in Uganda



WaterAid/Caroline Irby

WaterAid has worked in Uganda since 1983. A country office was opened in the capital Kampala in 1992, and since then we have also opened offices in Wakiso, Mpigi and Katakwi districts. Working through seven local partner organisations we aim to help 40,000 people every year gain access to safe water through simple, affordable and sustainable technologies. We also support communities to gain access to sanitation and improved hygiene. All these facilities are built and managed by committees enabling them to work together to make improvements to their health and living conditions.

### Water

Uganda's natural wetlands and groundwater supplies are under threat from changing weather patterns and over-abstraction. Therefore all of our projects look at managing water resources sustainably. To ensure drinking supplies are sustainable and affordable, WaterAid's partners use a range of different technologies such as boreholes,

hand-dug shallow wells or spring protection, where a water source is tapped and hygienically sealed with concrete. Rainwater harvesting, where rainwater is collected in tanks and filtered for safe domestic use, is also becoming increasingly common. These methods enable us to help more of the poorest people in Uganda to access a reliable and safe water source.

### Sanitation

Effective sanitation and hygiene awareness is essential in ensuring the health and wellbeing of communities. In rural areas sanitation improvements such as composting latrines have greatly reduced open defecation and therefore cut the spread of disease. In these latrines human waste is mixed with soil and ash to decompose into compost which can then be used as fertiliser, both aiding crop production and generating an income.

One way we successfully promote sanitation is through sanitation markets where various types of latrine are built, allowing visitors to choose which option suits them and their budgets best. Our partner organisations also explain the benefits and importance of sanitation and hygiene to visitors, ensuring the spread of these health messages.



WaterAid/Caroline Irby

Nine year old Rita learning hygiene messages at school in Namayumba

### Improved hygiene

Our work in urban areas has found that environmental sanitation is a huge problem. In huge unplanned settlements, such as the Kawempe Division of Kampala, it is vital that

drainage, street cleaning and solid waste (rubbish) management are addressed to give the communities that live there a healthier quality of life. In rural areas, work is around hygiene in the home – teaching communities the benefits of storing water properly, using dish racks to dry utensils and the importance of hand-washing before preparing food or after going to the toilet.

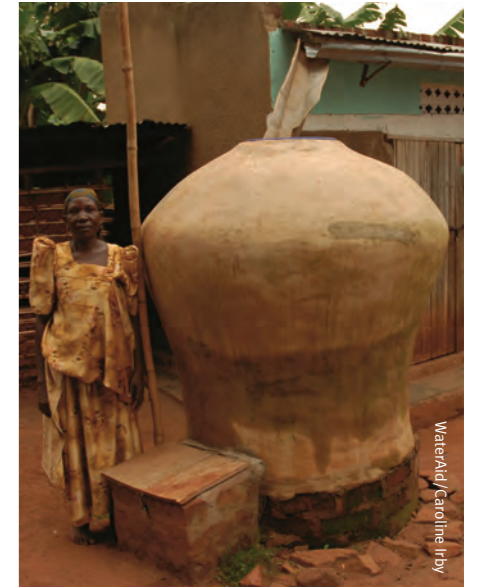
### Advocacy in Uganda

Due to the scale of the need for water and sanitation in Uganda we also influence others to prioritise and invest in these essential services. This work is called advocacy. One method is the Citizens' Action initiative in which communities are informed about their entitlements to water and sanitation services and are

helped to hold those responsible for providing services to account through a process of negotiation. As information is vital to the demand for improved services WaterAid's partners use various methods to carry out surveys assessing the current state of provision and then create detailed maps clearly showing the location and condition of water points and sanitation facilities in any given area.

We also support networks such as the Uganda Water and Sanitation Network, which enables us to share knowledge and encourage a more united and coordinated approach to water and sanitation issues. We additionally work with universities and training institutes, as by teaching students about all aspects of

our work we hope to influence the next generation of water, sanitation and hygiene workers in Uganda to ensure a better quality of life for the Ugandan people.



WaterAid/Caroline Irby

Iysha Zawde stands next to her rainwater harvesting jar, in Namayumba, Uganda

### Uganda

Area:	236,860km <sup>2</sup>
Capital:	Kampala
Other main cities:	Jinja, Masaka, Mbale, Entebbe, Mbarara, Gulu
Population	<b>30.6m</b>
Infant mortality	<b>78/1,000</b>
Life expectancy	<b>51.9 yrs</b>
Water supply coverage	<b>64%</b>
Sanitation coverage	<b>33%</b>
Below poverty line	<b>37.7%</b>
Human development index	<b>157</b>
Adult literacy	<b>73.6%</b>

Official statistics tend to understate the extent of water and sanitation problems, sometimes by a large factor. There are not sufficient resources available for accurate monitoring of either population or coverage. Varying definitions of water and sanitation coverage are used and national figures mask large regional differences in coverage.

