



The journey so far

Working together for
safe water in Uganda

This country brief – compiled by IRC – shares the highlights and lessons learned from collective action in Kabarole, Kamwenge and Bunyangabu districts in Uganda. The Safe Water Strategy partnership – made possible with funding from the Conrad N. Hilton Foundation – works to ensure access to safe water services for everyone, for good.

Please also see the other focus country briefs and the synthesis document: *People, systems and change: harnessing the power of collective action through the Safe Water Strategy* here: <https://www.ircwash.org/resources/working-together-safe-water-journey-so-far>

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ACKNOWLEDGEMENTS:

We thank Patrick Moriarty, Sára Bori and Vera van der Grift for close review, Marc Jaffrey for editorial guidance, Naomi Kabarungi for sharing stories and data, Dechan Dalrymple for designing graphics and Angela Huston for coordinating the data for our evidence-based storytelling. We could not have shared these lessons and highlights without the support of

our partners, including Caroline Delaire and Katherine Marshall (Aquaya Institute), Yaver Abidi and Bridget Teirney (WSUP), Thomas Mugumye (PATH), Anthony Githinji and Magdalene Goble (Water.org), and Margaret Person (CDC) with providing updates and reviewing, allowing us to speak with a joint voice. See pages 10–11 for a complete overview of our partners in Uganda.

PUBLISHED BY IRC

Copy editing by www.writing-services.co.uk

Design and layout by Punt Grafisch Ontwerp

THE STORY OF THE COVER PHOTO

Kabasinguzi Olive is a Nursing Assistant at Bwanika Primary Health Care Facility II, Kabarole district: “We normally tell the patients to first ease themselves when they come here because the patients have nothing to use. Staff are using the toilet of the nearby community. So there is a need to construct a toilet and provide a water source for the health care facility. I was told that there is a programme going on, supported by IRC, which is helping us construct a toilet. We’re very happy about that.”

MEASURING PROGRESS IS COMPLICATED

In this brief we use the definitions of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation, and Hygiene (JMP) to assess the quality of services that people are receiving and to set targets for the future. The JMP identifies a service ladder whose rungs consist of five distinct service levels: surface water; unimproved; limited; basic; and, safely managed. Like the JMP, we use a combination of household surveys, infrastructure, water quality, and administrative data to estimate the proportion of the population being served at each level. Criteria including technology type, protection from contaminants, distance from home and availability.

Each level up from ‘surface water’ represents a significant improvement in the safety and security of the supply. The same logic applies to sanitation, hygiene, and services in schools and health care facilities. A safer water supply can be achieved by using infrastructure that guards against contamination (e.g. a deep mechanised borehole or a piped scheme instead of an open well or stream); using water treatment technology (e.g. in a piped scheme or chlorination at a point source); or reducing the distance and time between the point of collection and the point of use (in turn reducing both the risk of recontamination, and the burden and risks of long trips to the water point).

We are driving progress towards universal access to safe services, and eventually ‘safely managed’ services by using a variety of context-appropriate strategies. These include bringing piped water to more households, protecting and disinfecting community water points, and promoting better household storage and treatment practices.

The JMP definitions do not always match perfectly to national norms and standards. In particular, there is considerable disagreement about what constitutes ‘safe’ water. Despite this, we believe that for consistency and ease of comparison across countries and programmes, it makes sense to use JMP wherever possible. For more information on the JMP methodology, go to <https://washdata.org/monitoring/methods>.

Our vision

Everyone deserves to have safe water. It's the most fundamental human right, and a basic need that enables fulfilling and productive lives. The vision of the Safe Water Strategy in Uganda is to make access to safe water available for everyone, for good.

During the last 20 years, there has been significant progress towards this aim. And Sustainable Development Goal 6 (SDG 6) – access to water and sanitation for all by 2030 – has provided a sense of urgency and fresh impetus.

But we're still badly off track. Why? Because people have focused on infrastructure, rather than making water services effective and sustainable. This approach has been inefficient and ineffective. It's meant that we've duplicated efforts and haven't addressed what matters most to vulnerable communities. What we need now is a change of mindset, and a change of approach. We need to understand the root causes of systemic issues and strengthen the systems that deliver water services: not just infrastructure but also the people, partnerships, incentives, laws and policies that make it work.

The Safe Water Strategy (2017-2021)¹, a programme funded by the Conrad N. Hilton Foundation embraced this challenge by driving systems change in districts in Burkina Faso, Ethiopia, Ghana, Mali, Niger and Uganda. Safe Water Strategy partners work to bring the ambitions of SDG 6 within reach for households, health care facilities and schools.

The strategy is based on a simple but ambitious hypothesis – that it is possible to have a long-term impact on safe water services for everyone by supporting district-level change through government leadership, local coordination of partners and the development of clear and ambitious

shared goals that drive systems change, all galvanised through local 'hubs'. Hubs act as the 'backbone' of each partnership. They help local leaders to mobilise and coordinate partners. They facilitate relationships, provide expertise and monitoring, help share learning and ensure continuous communication among partners. Hubs also work at the national level, linking what's happening at the district to the centres of power and decision making within the country. This way, as these partnerships explore new solutions through collective action and build institutional capacity to sustain services, they also help expand proven approaches nationally and globally.

The activities of this unique collaboration in Uganda are concentrated in Kabarole and Bunyangabu districts. The neighbouring district of Kamwenge is also closely involved, through the work of Water For People, Water.org and the Centers for Disease Control and Prevention. The partnership is also working at a regional scale, supporting the newly formed Mid-Western Umbrella Utility for Water and Sanitation to extend their services in 16 districts, including Kabarole, Kamwenge and Bunyangabu.

District government and the Safe Water Strategy partnership developed a WASH master plan for Kabarole district in 2018. It contains the district's long-term WASH priorities, reflects national and international WASH priorities, as outlined in Uganda's National Development Plan II and the UN's Sustainable Development Goals (SDGs). Kabarole district's vision is to serve its entire population with at least basic WASH services by 2030.

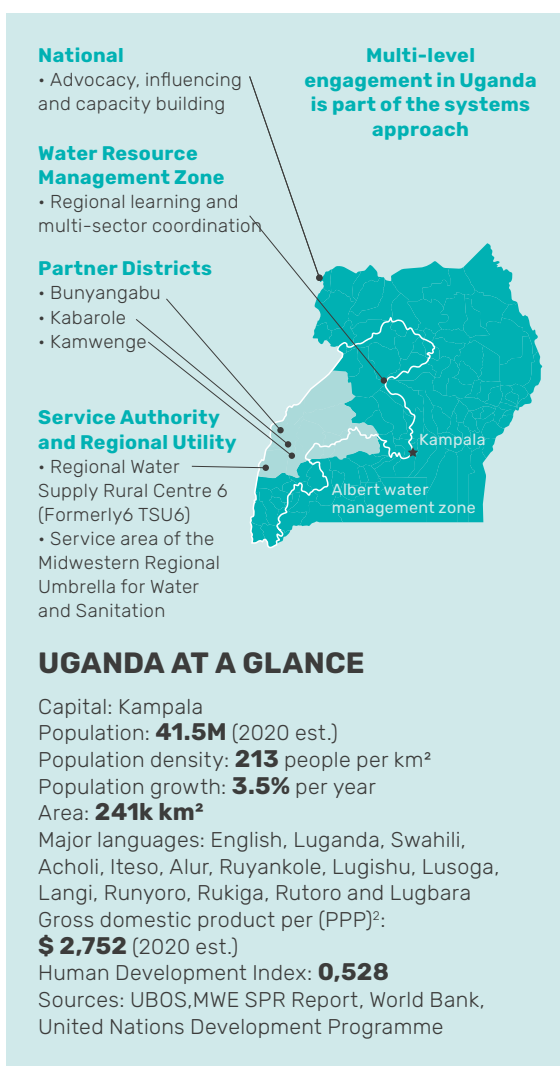
¹ The Conrad N. Hilton Foundation's 2017-2021 Safe Water Strategy. <https://www.hiltonfoundation.org/learning/2017-2021-safe-water-strategic-initiative-strategy>

The challenge and context in Uganda ...

When the UN General Assembly adopted the Sustainable Development Goals (SDGs) in September 2015, Uganda held the UN Presidency.

The Government of Uganda is committed to the delivery of universal access to safe water for the entire population. National Development Goal III, defines approaches and targets to address gaps in the Water, Sanitation and

Environment. According to the Water and Environment Sector Performance Report 2019/20, 69% of rural residents and 79% of urban residents have access to improved water sources. Against this, under JMP definitions 49% of the entire population had access to at least basic services in 2017. The difference is largely explained by the requirement of a source being within a 30 minute round trip to count as basic.



The government of Uganda has strengthened institutions, policies and strategies to reach the SDG 6 targets. In June 2020, Uganda launched its third National Development Plan (NDPIII (2020/21 – 2024/25) under the National Vision 2040. This aims to achieve 100% access to basic water in urban areas by 2025, with an increasing portion having safely managed services, while also steadily increasing progress toward both basic and safely managed services in rural areas. It also aims to increase access to basic sanitation from 19% to 40% and handwashing facilities from 34% to 50% by 2025.

The institutional framework for water supply and sanitation is well-defined. The Ministry of Water and Environment is responsible for determining priorities, setting policies and standards for water development as well as managing and regulating water resources. The institutional framework for water supply and sanitation is well-defined.

² Purchasing power parity (PPP) is a popular metric used by macroeconomic analysts to compare economic productivity and standards of living between countries. The numbers shared are in international dollars.

³ Corporatise: convert (a state organisation) into an independent commercial company

⁴ Person, M., Vigar, M., Trinies, V., Quick, R., Watsisi, M. & Nabunnya Mulumba, J. (2019). Evaluation of water, sanitation, hygiene and environmental conditions in 40 healthcare facilities in Kabarole District, Uganda : baseline report. IRC Uganda. <https://www.ircwash.org/resources/evaluation-water-sanitation-hygiene-and-environmental-conditions-40-healthcare-facilities>

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More than 120 local governments are responsible for rural water supply and sanitation programmes at the district level. The National Water and Sewerage Corporation (NWSC), a corporatised³ public utility, provides water and sewerage services in large urban centres and increasingly, in smaller towns and rural growth centres. In addition, six regional utilities called Umbrella Authorities for Water and Sanitation ('Umbrellas')

were formed in 2016, with the mandate to serve small towns. In smaller towns (rural growth centres) that are not managed by either utility organisation, piped water supplies fall under the responsibility of the district.

Although institutional structures exist, sanitation and hygiene are a low priority and are chronically under resourced. The coordination of sanitation across sectors is also hampered by the inadequate implementation of a Memorandum of Understanding between the Ministries of Health, Education and Sports, and Water and Environment.

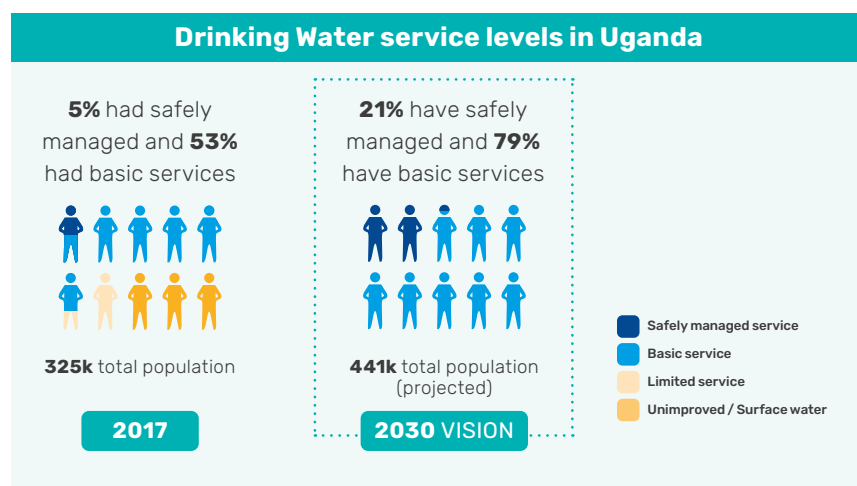
... and in Kabarole and Bunyangabu districts

The population of Kabarole district was 325,000 people in 2017 and is expected to grow to 441,000 people by 2030.⁴

The district's budget is insufficient to fund its vision, and what is available is mostly reserved for capital expenditure. As a result, there is a shortfall in the finance needed to ensure maintenance and upkeep.

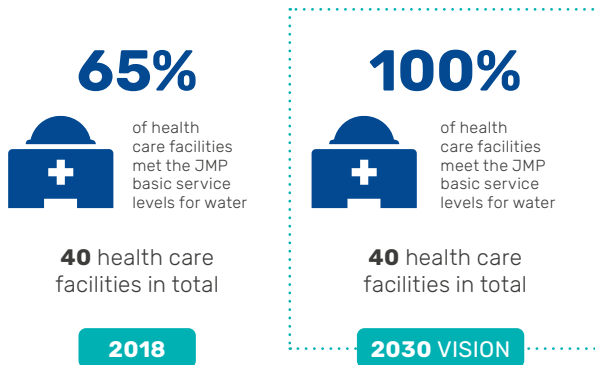
Very little statistical information is currently available on Bunyangabu – a newer district which separated from Kabarole in 2017. The Bunyangabu district leadership has identified the need to fill WASH data gaps and for support with collective visioning and planning.

Figure 1: Drinking water services in Kabarole district (baseline and vision)⁵



⁵ Source : Kabarole District WASH master plan 2018-2030. <https://www.ircwash.org/resources/kabarole-district-wash-master-plan-2018-2030>

Figure 2: Drinking water services in health care facilities in Kabarole districts (baseline and vision)^{4,5}



“Provision of WASH services takes more than just effective management of natural resources. We need the right infrastructure, robust institutions, implementable laws, effective planning, financing and monitoring and learning.”

Hon. Richard Rwabuhinga, Chairperson of Kabarole district at the WASH master plan launch

Our collective action in Uganda

Who's involved^{6?}

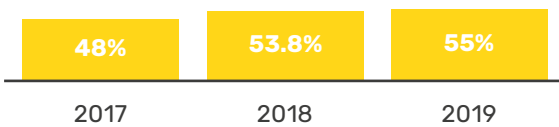
National Partners ⁷	Kabarole and Bunyangabu District local governments; National Water and Sewerage Corporation (national utility); Mid-Western Umbrella for Water and Sanitation (rural water utility); Hand Pump Mechanics Association (local private sector); Ministry of Health (health centres); Ministry of Water and Environment; Uganda Water and Sanitation Network (national and international WASH NGOs and CBOs)
International Partners ⁸	Conrad N. Hilton Foundation, Aquaya Institute, Centers for Disease Control and Prevention, IRC, PATH, Water.org, WSUP Consulting

⁶ For a detailed list of partners please see pages 10–11.

⁷ National partners take on a range of roles including delivering parts of the master plans and holding each other to account.

⁸ International partners are working on implementing the master plans. Most are grantees of the Conrad N. Hilton Foundation, however an increasing number of new partners (e.g. NGOs, funders) are joining the Safe Water Strategy partnership.

Figure 3: Strength of partnerships from 2017-2019 in Kabarole⁹



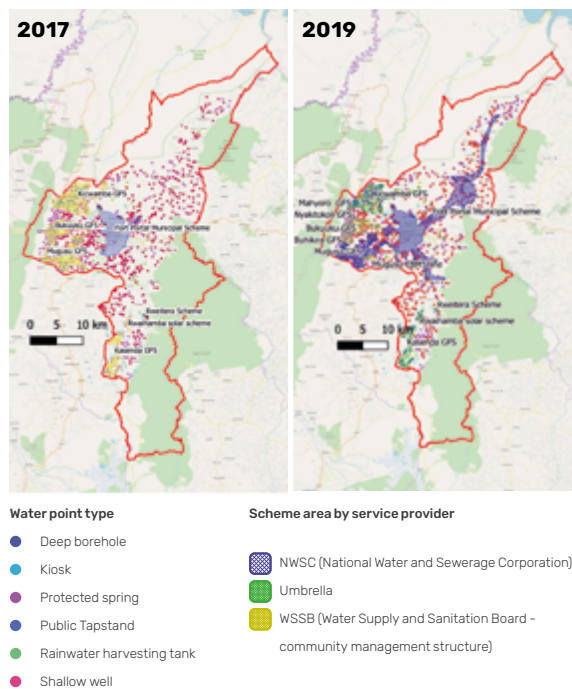
In Kabarole, the partnership is supporting the district to achieve the vision of reaching everyone with safe water services.

Partners have facilitated the development of the Kabarole WASH master plan, and are doing the same in Bunyangabu district, finalising a roadmap and baseline in 2021.

The partnership meets as a whole at least once a year to assess progress against the master plan and to set new priorities for the year to come, with groups focused on specific aspects such as communications and monitoring and learning meeting more frequently. All meetings are convened by the districts and the hub.

Safe Water Strategy partner WSUP is helping the newly formed regional public water utility, the Mid-Western Umbrella of Water and Sanitation, to strengthen its business model and provide safe services to inhabitants of small towns in Kabarole, Bunyangabu and Kamwenge, as well as 13 other districts. In Kabarole, IRC is facilitating a partnership between the district and the National Water and Sewerage Corporation (NWSC) which has been extending its services from Fort Portal city into Kabarole's surrounding rural areas.

These maps show the evolving tapestry of service delivery models that exist in Kabarole between 2017-19. They help to demonstrate the importance of coordination and collective action: to improve efficiency; avoid duplication of efforts; and ensure no one is left behind.



Our successes

District leaders have recognised that the master plan is a key document for improving WASH services, something that is also recognised by national government.

By focusing its efforts, the Safe Water Strategy partnership has been able to understand how different service models can be made to work effectively to serve everyone in the community.

Aquaya Institute has been focusing on improving water safety management. By 2020, they have completed formative research and will now focus on evaluating approaches to implement and finance water treatment at handpumps.

⁹ Strength of partnerships improving from 2017-2019 in Kabarole, measured according to the Qualitative Information Systems (QIS) (maximum score is 100%). More here: <https://www.ircwash.org/data-behind-our-work>



“By the time we had the first case of COVID-19 in the country ... all health care facilities within Kabarole district had alcohol-based hand sanitisers and also behaviours around hand hygiene had greatly improved.”

Tusabe Fred, Medical Laboratory Technologist – IDI

A recent development has seen Kabarole District Local Government, NWSC and IRC enter into a unique arrangement to extend water supply services to 1,200 people in Kabende sub-county in the north eastern region of the district. Under this arrangement, the district is paying for capital investment whilst NWSC is committing to operate and maintain the service.

We are also making good progress in raising service quality in Kabarole’s health care facilities, working with CDC and the Uganda Infectious Diseases Institute (IDI) to carry out WASH assessments and test a new system for the local production of alcohol-based hand rub. As a result, 30 health care facilities within the district now have access to hand sanitisers, and hand hygiene adherence has increased from 5% in 2018 to 25% in 2020.

The strong leadership shown by the district, coupled with work at the health care facilities has helped the district to respond quickly and efficiently to the COVID-19 crisis. Partners have mobilised funds and are bringing in new collaborators, such as PATH, which is setting up chlorine generators and has supported improving monitoring of WASH in health care facilities. It has also donated infection prevention communication materials and Personal Protective Equipment (PPE) to the Ministry of Health Uganda. IRC has worked with the local Hand Pump Mechanics Association to renovate toilets in 12 health care facilities, which now meet WHO standards.

The District Health Office, IDI, Baylor College of Medicine Children’s Foundation – Uganda, and IRC Uganda pooled their resources to provide PPE for health workers in Kabarole. This substantially reduced the chances of health care workers transmitting COVID-19 and other diseases.

There is growing interest and understanding in Kabarole about what makes WASH safe and sustainable in health care facilities. The district and partners have developed a joint plan to further improve WASH in health care facilities, including through joint campaigning. The district and IRC are now working to construct low-cost incinerators in all health centres.

The financing efforts of the Safe Water Strategy partnership have progressed with Water.org facilitating Kamwenge district communities’ and households’ access to WASH related loans from financial institutions. To date an estimated 12,000 people have been reached by WASH financing and 564 loans granted in Kamwenge. Financial institutions involved in this work also operate in Kabarole and Bunyangabu districts.

There is a strong will across the Safe Water Strategy partners to support Kabarole to achieve its WASH master plan goals, and new partners are joining to support the underfunded aspects of the plan. For example, FINISH Mondial has invested in building 13,000 new toilets in both Kabarole and Bunyangabu districts by the end of 2020.

At a regional level, WSUP – working with the Umbrella has introduced short-term capacity enhancement programmes to address the Umbrella’s most pressing needs, while generating quick wins in the achievement of their corporate vision. The Branch Performance Management Framework (BPMF) introduced commercial principles and business planning to the management of the Umbrella. It harnessed communication within the organisation; established an accountability framework that encompasses target setting and performance measurement; and confirmed the roles and responsibilities and application of incentives as drivers of performance.



Kabarole District Chairman, Richard Rwabuhinga (L) handing over a copy of the Kabarole district WASH master plan to the Minister of Water and Environment, Hon. Sam Cheptoris in 2019.

Our progress to 2030

We’ve already seen an improvement in urban and rural services in Kabarole through the joint efforts of government, utilities, and partners. The number of rural residents using unprotected water sources has decreased by around 11,000 between 2017 and 2019. In the same period, the number of people accessing safely managed services more than doubled from an estimated 16,300 to 40,900.

Between July 2019 and October 2020, the number of people served in the Mid-Western Umbrella’s 16 focus districts increased by 20%, to 316,000 and the monthly billing revenue has increased by 27%, which represents a 97% operating cost recovery. The Umbrella’s ambition is to reach 1 million people in the next three years.

Showing a WASH system’s progress through its building blocks

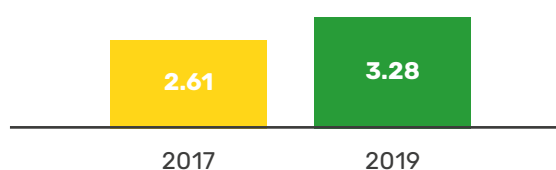
Reliable and sustainable WASH services can only be delivered by strong and resilient local WASH systems. Systems are the networks of people, institutions, hardware and resources necessary to deliver services. The partnership is using nine building blocks to break down the complexity of the WASH system.

For WASH services to be delivered, all these building blocks must be present and working to at least a minimum level¹⁰.

Building block in focus: Learning and adaptation

This building block is about the ability to adapt in the face of change – building a resilient WASH sector.

Figure 5: Strength of learning and adaptation building block from 2017-2019 in Kabarole (maximum score is 5)



¹⁰ For an overview of how building blocks have been changing over time in Kabarole visit <https://www.ircwash.org/data-behind-our-work>

IRC plays the role of hub in Kabarole, Kamwenge and Bunyangabu districts. This means that it coordinates partners around a shared vision and common agenda. In this role, it also facilitates multi-stakeholder district-level learning alliances – referred to as WASH Task Teams in the districts. As partnership members test innovations, they gain new knowledge or change attitudes about WASH service delivery, and conduct action research and work on joint advocacy activities.

Another key, but more formal learning platform, is the District Water and Sanitation Coordination Committee which also provides space for multi-stakeholder collaboration.

Neighbouring district, Kamwenge, was so inspired by the example of Kabarole, that it established its own multi-stakeholder learning platform – the District Investment Planning Committee – in 2018. It is currently working on its own district WASH master plan.

Bunyangabu district leadership also approached IRC to help establish a learning platform of its own; the first meeting was held in 2019. Bunyangabu is currently working on developing a roadmap towards achieving safe water and sanitation for all in the district.

What's next?

Government leadership, and the support of committed partners, coordinated by a hub, is key. It creates and coordinates links between local, regional, national and global levels, and actors. This is crucial for achieving systemic change at scale as well as mobilising funds. All of this can be catalysed by effective monitoring, documentation and communication.

Well-aligned partners with mutually reinforcing activities accelerate the achievement of a district's vision and help bring in new partners, and funding.

Although significant progress has been made, particularly in Kabarole district, there is still much to be done. The Safe Water Strategy partnership is increasing its efforts to improve services in health care facilities and will continue to build relationships with government and utilities to make sure that partner district populations gain access to safe water.

The overlap between the partners' focus areas has the potential for joint action in identifying and reaching the unserved, and applying lessons learned in Kabarole district at regional levels and vice versa. The partnership will continue to bring this learning to scale at national and global levels by sharing the successes and learnings of taking a collective action approach.

Who we are and what we do?

Under the political and technical leadership of Kabarole, Kamwenge and Bunyangabu local governments, national and international actors are helping the districts to achieve their vision.

They include government agencies at national, regional and district level, and national agencies responsible for water, education, health, finance/ taxation and environment. All of them play a key role in providing local leadership, and inspiring and driving change.

The following entities work in and with the districts:

- Ministry of Health (public health centres)
- Ministry of Water and Environment
- Uganda Water and Sanitation Network (national and international WASH NGOs and CBOs)
- Financial Institutions

National and rural public utilities provide WASH services and improve quality. The National Water and Sewerage Corporation (national public utility), the Mid-Western Umbrella for Water and Sanitation (rural water utility), and the local Hand Pump Mechanics Associations (local private sector) work on providing water and sanitation services.

Local private sector providers help improve and provide services. Civil society actors such as grassroots NGOs and community leaders, help to identify those who lack safe water and sanitation and hold the responsible people and agencies to account. They also play a key role in sharing learning and accelerating change.

These local stakeholders are also supported by a growing partnership of external actors, including the following:

Aquaya Institute is a US-based global leader in research and evidence-based action around water safety management. It works in Kabarole district to understand how to make water services more financially sustainable and safer at the point of collection.

The US Centers for Disease Control and Prevention (CDC) is the national public health agency of the US and a global public health leader. In Kabarole and Kamwenge districts, CDC focuses on conducting assessments in health care facilities.

The Conrad N. Hilton Foundation is a leading US-based philanthropy organisation that

provides financial and technical support to address a wide range of social problems, including safe water services in sub-Saharan Africa.

IRC is a Dutch-based champion of 'systems thinking' within WASH. In Uganda, IRC acts as the hub organisation for the partnership, and provides advisory support to district local governments to build their capacity to bring about systems change.

PATH is a global nonprofit which improves public health. It is piloting an already commercialised on-site chlorine generator (Aqua Stream) for Infection Prevention and Control (IPC) in two health facilities in Kabarole district.

The Stanford Program on Water, Health & Development (WHD) serves as the Conrad N. Hilton Foundation's Strategy Measurement, Evaluation, and Learning partner, with a focus on the Foundation's strategy-level measurement and evaluation to inform strategy execution.

WSUP Advisory are Water and Sanitation for the Urban Poor's UK-based consultancy. They are a global thought leader and advocate who work side by side with service providers to deliver improved water and sanitation services in urban areas. It supports the rural Mid-Western Umbrella utility in Uganda to professionalise its services to secondary towns.

Water.org is a global nonprofit working to bring safe, accessible and cost-effective water and sanitation to the world. In Uganda, it is advancing a microfinance model – WaterCredit.



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