

BRIDGING THE GAP IN WATER, SANITATION AND HYGIENE IN NORTHERN UGANDA – OYAM DISTRICT

Oyam District made significant progress in water and sanitation coverage from 2016 to 2018. Whereas the District heavily invested in the sector, partners like Link to progress made significant contribution to increasing access to safe water from 55% in 2015 to 68.8% in 2018 and sanitation improved from 53% to 82% the same year (District Health inspector records 2018)

In April 2018, Link to progress commissioned an evaluation of its project in water and sanitation implemented in Oyam District to get an independent assessment of the results and impact of the project. Below are the details;

KEY FACTS ABOUT THE PROJECT

- The project was called bridging the gap in water, sanitation and hygiene in Northern Uganda
- Implemented in Oyam District for 2 years (June 2016- June 2018)
- Funded by Medicor Foundation, Venco, Eersel and The Good Shepherd Foundation
- Targeted 4 out of the 12 Sub Counties of Oyam District
- Intended to improve the health status and living conditions of 6,000 vulnerable rural people in Northern Uganda.
- Targeted 6,000 people accessing water from 20 project constructed boreholes
- 70% of the households in target villages in Oyam District practicing hand washing and latrine use.
- 20 villages in Oyam District attaining open defecation free (ODF) status
- Reduced diarrhea outbreak among 6,000 targeted people in Oyam District

How did Link to progress (LTP) do it?

- The project was implemented in phases. The first phase of the project comprised of community mobilisation and construction 10 boreholes in Loro & Acaba Sub Counties from June 2016 to March 2017.
- The second phase comprised of another 10 boreholes sunk in Ngai and Abok Sub Counties, commissioned in December 2017.
- Household hygiene promotion using Community Led Total Sanitation (CLTS) and other approaches were conducted in all the 20 villages that received boreholes

What exactly did LTP do?

- **Baseline survey:** A detailed baseline survey was conducted in the targeted Sub Counties
- **Site/ beneficiary selection:** Consultative meetings were conducted with District, Sub County and communities to decide on sites and beneficiaries.
- **Preparation, drilling and installation of water sources:** Beneficiary communities were mobilized to participate, contribute towards capital costs as well as form community based management system.
- Water sources were drilled and installed by TGS Water, the in-house drilling contractor, while LTP mobilized and trained communities for sustainable water supplies.

- Completed water sources were commissioned with the participation of district authorities and beneficiaries.
- **Household hygiene promotion was done** in all benefiting communities with aim of achieving open defecation (ODF) free communities, as well as household and personal hygiene outcomes.

What changed?

(a) Increased access to clean and safe water

- 7,992 people were able to benefit from the 20 boreholes constructed. 5 BHs were done in each of the 4 Sub counties. One per village in 4 selected parishes.
- Average time spent on drawing water and distance travelled in search of clean water was significantly reduced from 3 to 1 kilometer as evidenced by the testimonies from most women in the selected villages

‘I used to walk for 1.5 Km to access the only water source in this village which was an open well, because of its overcrowding I would always wake up very early to walk and fetch water ,I could go to my garden very late at around 9:00am after fetching water ,I have not been doing much in my garden because I was spending most of my time fetching water for the family, since the borehole is now in our village I am spending most of my morning time in my garden because I can fetch water at any time of the day.’

Mrs Jennifer Ojok 27 ,Bar Owelo A Village

- The main source of drinking water changed from protected springs and swamps to boreholes



One of the water sources constructed by the project

- Improved O&M of the newly constructed water sources. There are water user committees at each water source. 9 members with at least 3 women in the committee, they are trained and functional. They could articulate their roles, conduct monthly meeting and kept the sources clean.
- The water user committees have also been collecting monthly O&m funds and are operating a revolving fund (VSLA) in communities around the water sources. Community members are borrowing up to about 200,000 and using them for investment, fees and other emergency needs as illustrated below.

‘I appreciate the initiation of VSLA in my community by LTP, in 2017 i borrowed 100,000= UGX and used the money to make 20,000 bricks, i sold part of the bricks at 1,500,000= (one million five hundred thousand shillings) and I used the remaining 5,000 bricks to construct my house. The money I raised from the bricks enabled me to construct a permanent house.

Bonny Otim 36, Bar Owelo A Village.

- Reduced conflict in most of the villages we visited as most conflicts among women in the villages originated from water sources.
- Access to clean water also improved hygiene in the communities. Most people would not wash hands at critical times or bath sometimes due to shortage of water.

(b) Improved Sanitation & hygiene

- Hand washing with soap at all critical times is now being practiced in all the 20 targeted villages.
- 80% of the households had all required sanitary facilities (kitchen, drying rack, bathrooms and rubbish pits).

- Improved knowledge of primary health care in all the villages and evidence of attitude and practice change in all the villages visited.
- There was expression of pride and dignity both at community and household level
- 55% (11 out of the 20) villages were declared ODF. In all the declared villages, we found evidence of both sanitary facilities and hygienic practices and no visible faeces.
- Some Villages like Obangangeyo B made bye-laws to prohibit Open defecation in their village.
- There was evidence and confession of reduction in medical expenses and trips to the hospital in these villages.

(c) Reduced diarrhoea outbreak among 6,000 targeted people in Oyam District.

- The evaluation team visited Ngai Health centre III and from the records concluded that; there was a reduction in acute diarrhoea cases reported in 2018 compared to 2015. On average, in 2015; 66 people reported acute diarrhoea on a monthly basis but in 2018 only about 17 cases of the same were reported to the health centre.
- Reduction in infection and number of hospital visits as well as total of income spent on treatment of water borne diseases.

I have been spending Ugx 18,000 monthly to treat my children from intestinal worms from a private clinic but after the hygiene and sanitation training from the LTP team , I struggled to have all the required sanitary facilities in my home ,there are now no cases of diahorea and stomach pain in my home.

Nam Innocent 36 year old man from Bar Owelo A

LTP
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About Link to progress (LTP)

Link to Progress (LTP) in Uganda is an NGO operating in Northern Uganda.

Founded by the Good Shepherd Foundation and Stitching Africa Projecten of the Netherlands

The main aim was to support the rural poor to develop themselves through a cost-efficient provision of basic services based on demand and collaboration.

The Vision is a nation free from absolute poverty, ignorance and disease with accessible basic services.

The Mission is to contribute towards linking rural population in Uganda to sustainable progress in water supplies, health, education and other services in efficient and collaborative manner.

Area of operation: Northern Ugandan districts of Oyam, Apac, Kole, Lira, Alebtong, Otuke, Amuria and Pader. Others include districts surrounding Lake Victoria and Bundibugyo in Central and Western Uganda respectively.