

Water & sanitation: Vulnerable groups

Uganda's access to safe water still stands at 70% (rural) and 77% (urban). However, persons with disabilities, women, girls and children are among the people marginalised from access to adequate water, sanitation and hygiene services, **Ronald Mugabe** writes

Maria Kabuuka is a mother of four and a resident of Buwolya village in Mayuge district. She says her biggest challenge is getting safe water for domestic use.

Her village well, located on the murram Iganga-Mayuge road, is the sole source of free water and Kabuuka is just one of the approximately 6,556 residents that draw water from it.

She could go to the only borehole at the other end of the village, but it has long lines. So, she prefers the well. Kabuuka also harvests rain water but does not have big containers to store it.

"Our house is just 7km from Mayuge town, but the water scarcity here makes our village appear so remote. The dry spell makes the situation worse. We have to use a rope to draw water from the well and this can be so challenging for most women like me," Kabuuka says.

SITUATION IN KABAROLE

While Kabuuka is having challenges, people like 32-year-old Naome Sababu, a resident of Karangura sub-county in Kabarole district, are facing tougher challenges.

Sababu lives over a kilometre up in the Rwenzori mountains. She is paraplegic and only drags herself by the buttocks to get to a latrine to ease herself. The latrine she uses is used by seven other family members, including children who defecate and urinate around the pit. For water, she survives on the mercy of her nine-year-old niece.

"If she is not around, I have to wait until she gets back," Sababu says.

People in this village walk 2-3km in search of clean water. The nearest options



People in hard-to-serve areas often resort to drawing water from streams because safe water is hard to find

are streams running down the mountain and these are often contaminated, especially during the rainy season.

Sababu, just like most of her village-mates, wonders why they have been ignored for this long.

MDGS 2000 NOT MET

Since the adoption of the Millennium Development Goals (MDGs) in 2000, the Government has expressed commitment to provide reliable water services to at least 77% of the rural population. By the end of the MDGs period in 2015, government had not met that target.

In 2015, the Government adopted the Sustainable Development Goals (SDGs) as the new framework for development interventions. This means commitment to provide universal access to safe water and sanitation services by 2030, as expressed in SDG6. Four years into the SDGs, access to safe water still stands at 70% (rural) and 77% (urban). The unserved population, therefore, numbers about 10 million.

MARGINALISED

A recent study done by the International Water and Sanitation Centre (IRC-Uganda) established that different groups of people in Uganda are marginalised from access to adequate water, sanitation and hygiene (WASH) services.

The groups include women and girls, communities in hard-to-serve/reach areas, children, the elderly, the poor, ethnic minorities and persons living with disabilities (PWDs). The other affected groups are people with unique livelihoods like pastoralists, forest dwellers, fishermen, refugees and transient communities.



The six-stance latrine model has helped improve girls' hygiene

What has been done

The water ministry has made a strategic shift from investing in traditional technologies, such as springs and shallow wells and focused on piped schemes in order to increase the level of service.

Sam Cheptoris, the minister of Water and Environment, says: "We have tried as much as possible to cover everybody in regard to provision of WASH services.

But our challenge is resources. In most of our water schemes we make a provision for toilets and these are designed to cater for both persons living with disabilities and the able-bodied people. Mpigi is one of the places where we have done this."

He adds that this was decided because it was noted that if people were given only water, they would still practice open defecation, hence contaminating the water and this would yield even bigger problems such as water-borne disease outbreaks.

Lydia Mirembe, the communication

Lydia Mirembe, the communication and knowledge management advisor at IRC-Uganda, says females, by virtue of their gender roles, are the main users of water and

sanitation at household level. They endure long and risky distances in search of water and spend considerable time maintaining a clean home."

"Girls lose school time during

and knowledge management advisor at IRC-Uganda, states that strategic partnerships have been essential in supporting innovations to improve systems and access to WASH services.

"Through collaborations with partners like Water for People and IRC, districts have been able to undertake water point mapping and investment planning; establishing actual status and determining levels of investment required to achieve universal access. However, the right levels of funding are still required to ensure there is progressive realisation of the right to water and sanitation," she explains.

She also says that the Appropriate Technology Centre for Water and Sanitation (ATC) in Mukono, which is the research and development arm of the water ministry, is innovating and piloting different designs for latrines and water sources to ensure inclusiveness of marginalised groups.

other hand, mothers lose time attending to WASH-related illnesses, yet they lack effective representation, financial resources and power to make appropriate WASH-related decisions," Mirembe adds.

On communities in hard-to-reach areas, the study established that these are often affected by geographical or topological factors, such as high water tables, making it difficult to have sustainable sanitation facilities and limited water source options.

These remain underserved due to limited resources to extend services to some of these areas, as the required technology choice is expensive. The natural occurrence of water in some of the areas makes it unpalatable due to cases of salinity and turbidity.

As evidenced with Sababu, the PWDs and the elderly have difficulties walking long distances to access water sources, pumping water due to limited energy or visual impairment and have difficulty squatting on latrines.

This is compounded by the technological designs that pose physical barriers, making it difficult to reach the water source or toilet.

Samuel Kiiza, the WASH technical lead at Plan International, says PWDs are often not represented or are unlikely to participate in meetings where WASH decisions are made.

"They face multiple vulnerabilities due to lack of voice and discrimination at household and community level. This is usually a result of attitudinal and cultural norms that impede such people from participating in the planning and implementation of WASH," he says.

The children, too, in most communities bear the burden of fetching water. This affects their ability to attend school regularly. They are susceptible to WASH-related diseases due to low immunity and lack resources to provide for their own WASH needs.

The study also indicated that ethnic minorities are discriminated due to social, physical and historical differences, leading to limited representation, and ability to voice their WASH concerns.

BARRIERS TO ACCESSING WASH SERVICES

The IRC's study established a number of obstacles that impede access to WASH services for various categories of people. Planning challenges and population dynamics were raised a key obstacles.

Mirembe explains that Uganda is experiencing exponential population growth

live a dog's life



A disabled woman trying to access a pit-latrine. Such facilities are not inclusive

(3% pa) and high urbanisation (6.6% pa) that is not matching the ability of the country to plan and provide appropriate basic services, including water and sanitation.

On this matter, the Minister of Water and Environment, Sam Cheptoris, says government's resource envelope has remained inadequate to match the demands created by population growth.

"We would love to do even more but because of limited resources, we cannot reach everyone at a go," he says.

A 2013 report by Water Aid, another WASH organisation, cites the government's failure to fulfil most of the international commitments to fund the sector as a major cause of low access to safe water.

The toll on human life, the report notes, is holding back development and costing Uganda 5% of GDP each year.

More so, inappropriate and expensive technologies have made supply of water and sanitation facilities for all difficult.

"Due to climatic variations and topographical limitations, some of the traditional water supply technologies, such as boreholes and springs, are no longer viable. Some areas have high iron content, saline water and collapsing soils that need expensive technologies, requiring significant financial investment amidst stagnating sector funding, averaging at 3% per annum," the reports reads.

It adds that in managing sanitation, particularly in schools and urban centres, the recommended options are emptyable latrines yet most districts and urban centres lack disposal facilities to safely manage faecal sludge.

This attracts high cost of emptying, transportation and disposal because the existing facilities are far away.

Operation and maintenance plans and budgets are non-existent and sometimes the sludge is buried in the

What should be done

Samuel Kiiza, the WASH technical head at Plan International, says creating awareness on social and gender inclusion must be done early enough.

"Our society is patriarchal. We have often seen men completely take charge of planning and implementing WASH, leaving out women. We need society to learn that social inclusion of all the marginalised groups is good for development. By creating this awareness, all the groups being left out will have an opportunity to present their desires so they can be catered for," he says.

He adds that since cultural norms are partly to blame for the marginalisation, cultural leaders should also be engaged so they can be champions of change.

"When these leaders speak, their subjects listen. It is pertinent to engage them in WASH advocacy so that they can call upon their communities not to neglect people like PWDs and the elderly," he suggests.

Lydia Mirembe, the communication and knowledge management advisor at IRC-Uganda, suggests that communities should be philanthropic to help disadvantaged groups.

"They can mobilise themselves and look out for the elderly, PWDs, child-headed families, among others, by building for them latrines. Some people are so poor that they cannot even afford a bag of cement, yet it is not good for them to practice open defecation," she says.

"As we wait for government and NGOs to come in with appropriate designs, as communities we can support each other to access WASH facilities. It has worked in some communities," she adds.

The IRC report also highlighted the importance of the involvement of civil society organisations (CSOs) in advocacy work and WASH policy formulation.

"It was widely acknowledged that CSOs have a significant role to play in addressing marginalisation and exclusions from WASH services. CSOs are better positioned to create awareness on the right to water and sanitation, as well as facilitate documentation and learning processes," the report reads in part.

It adds that CSOs can effectively contribute to policy processes through investing in research and innovations to support evidence-based advocacy, as well as facilitating policy dialogues.

environment, pausing a even greater risk of contaminating water sources.

The minister says, "Previously, we were providing water mainly using boreholes. We, however, realised that these were not serving people adequately and we have now resorted to using solar pumps. With these, water is pumped to a reservoir constructed at a certain height, then distributed

more closely to the beneficiary communities. We now give them piped water rather than having them overcrowded at one borehole."

The other barriers highlighted in the report include, geographical/topographical, economic/financial, institutional, insecure and hard-to-reach groups or communities and socio-cultural barriers.



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