



water for people
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COVID-19 Experiences and Challenges with Sanitation from Uganda

**WRC Webinar: A Dialogue on Need for
Mainstreaming Non-Sewered Sanitation Solutions
(NSS) – Lessons from COVID 19 Response
8 April 2020, 10.00 CST**

Presentation Outline

1. COVID-19 in Uganda
2. The state of sanitation in Uganda
3. Challenges of sanitation and the need for mainstreaming NSS solutions
4. Conclusion



COVID-19 in Uganda

Under institutional quarantine

657

travelers follow-up today

476

Cumulative # of individuals tested

3,160

Confirmed cases

52

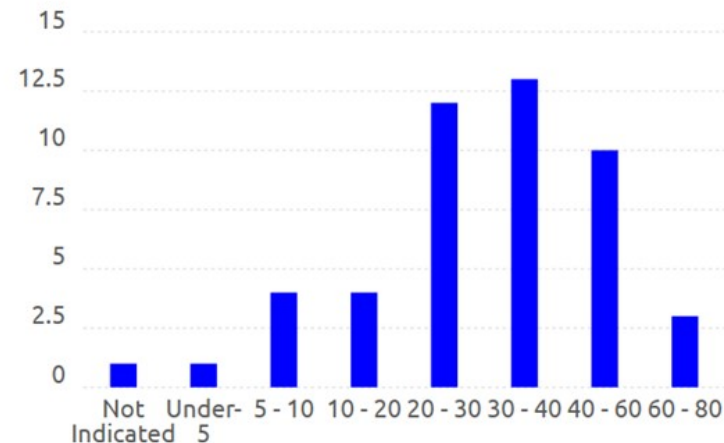
Highlights

No new COVID-19 cases were reported today. The cumulative total of COVID-19 confirmed cases in the country remains 52

A cumulative total of 855 contacts have been listed. Ninety-two percent (788/855) were followed up today

A cumulative total of 657 high-risk travellers are under institutional quarantine

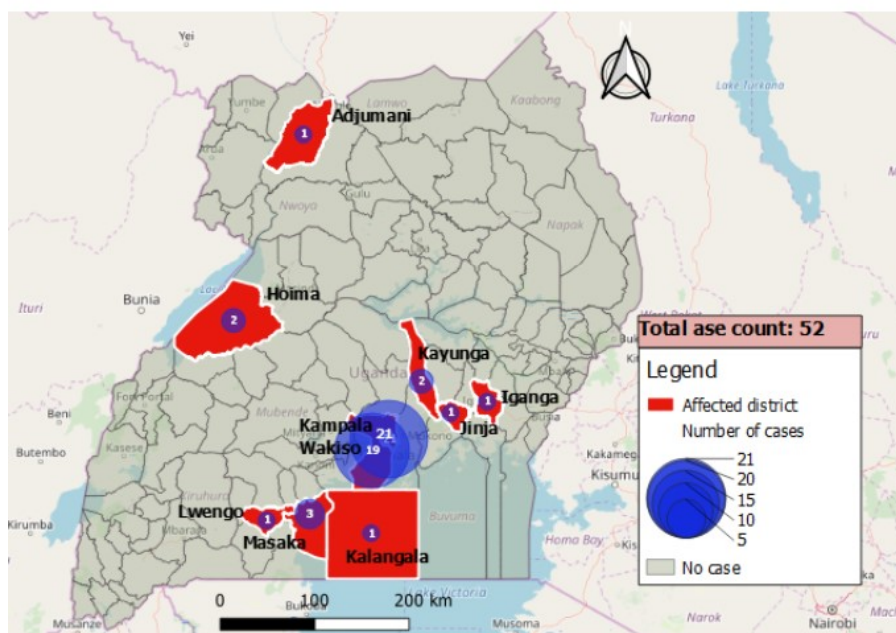
Age distribution of cases



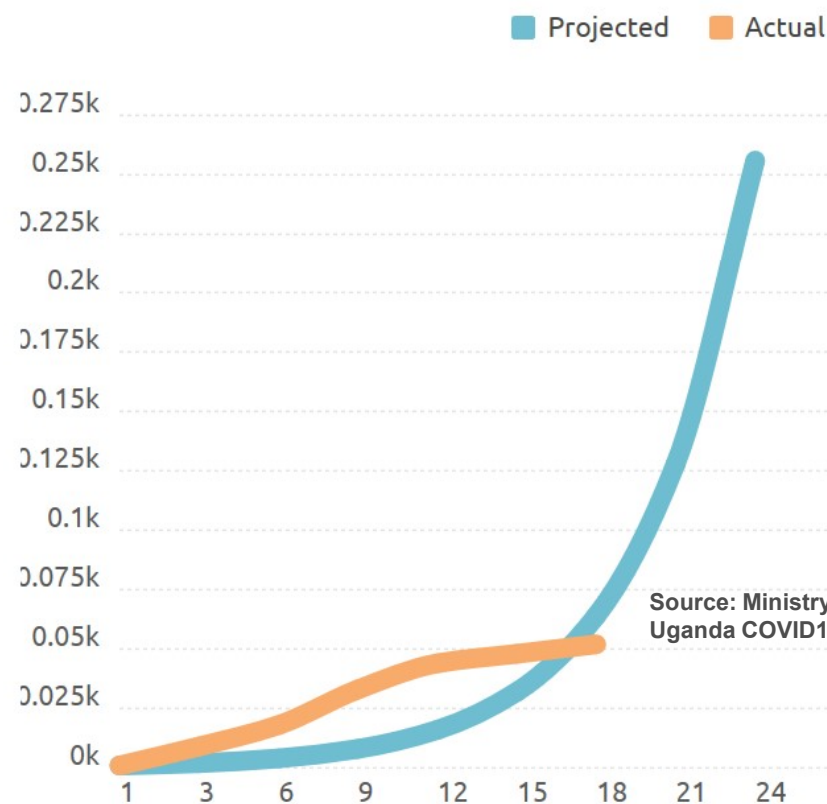
Source: Ministry of Health-Uganda COVID19 dashboard

COVID-19 in Uganda

Distribution of confirmed cases by place of residence



Cummulative Cases: Project vs Actual



Source: Ministry of Health-Uganda COVID19 dashboard



PRESIDENTIAL GUIDELINES TO MANAGE THE SPREAD OF **CORONAVIRUS**

Effective 1st April 2020



@kagutamuseveni



SUSPENDED

- Movements in and out of country 32 DAYS
- Public Transport 14 DAYS
- Private Transport 14 DAYS
- Boda Bodas 14 DAYS
- Tuk-Tuks 14 DAYS
- Coaches 14 DAYS
- Buses 14 DAYS
- Air Transport 32 DAYS



CLOSED

- Shopping Malls 14 DAYS
- Arcades 14 DAYS
- Hardware shops 14 DAYS
- Lodges 14 DAYS
- Salons 14 DAYS
- Non-Food stores 14 DAYS
- Non-Food Markets 32 DAYS
- Garages 14 DAYS



PROHIBITED

- Gatherings of more than 5 people
- Parties
- Bars
- Communal weddings
- Churches
- Political rallies and events
- Movements of any form between 7:00pm and 6:30am

ALLOWED (WITH PRECAUTION)

- Food markets - 4 metres circumferential distance, workers must stay at camp
- Supermarkets - Regulate numbers that come and leave
- Construction sites - workers must stay at camp
- Factories - workers must camp
- Pharmacies
- Vet shops
- Agric stores
- Banks
- Judiciary
- Media houses
- Private security companies
- Garbage collection services
- Fuel stations
- Water departments
- KCCA staff
- Telecommunication
- Door-to-door delivery
- Cleaning services
- Medical centres
- Agriculture



FOOD

Government will provide food for those affected

GOV'T WORKERS

- Stay Home
- Army, the Police, the Health workers, the Electricity, Water and Telephone workers allowed
- People in barracks should not get out.

BUSINESS

- URA shall not close businesses on account of not paying taxes in these 14 days.
- Cargo transport must continue
- No disconnection of WATER and ELECTRICITY during this time.
- No seizing properties due to non loan payment

CURFEW
7:00pm - 6:30am



SECURITY & HEALTH

- The vehicles of the Army, Police, ambulances utilities' vehicles, Prisons, UWA, etc., will continue to move on orders of the competent authorities
- Government cars to help deliver people to hospitals

COVID-19 Policy Guidelines in Uganda

1. Institutional quarantine of cases and those exposed
2. Social distancing
3. Partial economic shutdown
4. Reaching out to the vulnerable, especially the poor and elderly
5. Surveillance and monitoring – dedicated **Toll Free Number**: 080 020 3033 / 080 010 0066
6. Creating awareness on the impacts of the virus through a number of channels

<https://covid19.gou.go.ug/>

**FOCUS IS ON CASE MANAGEMENT
VERSUS PREVENTION**

State of Sanitation in Uganda

- Uganda's population is 45,046,910, with an average annual growth rate of 3.03%
- 75% of the disease burden in Uganda is sanitation and hygiene related (e.g. diarrhea, intestinal worms, cholera, dysentery, typhoid, scabies and Hepatitis E.) and is preventable
- Safely managed sanitation in rural areas is 7.1% and 42.8% in urban areas (some Districts are at 0%)
- Pupil: stance ratio 71:1 and access to handwashing facilities in schools is 42%
- For households, access to handwashing facilities is 36% in rural areas and 40% in urban areas
- Untreated FS is a risk in most districts. They do not have access to regular, safe or affordable pit emptying services or disposal/treatment sites for fecal waste
- Open defecation among rural population is 22.9% and 12.1% in urban areas.

Sanitation Challenges

- Inadequate law enforcement
- Behavior change is slow
- Inadequate human resource and capacity both in numbers and competencies
- Technological and environmental challenges
 - *Difficult terrain and peculiarities arising from rocky grounds, loose/sandy soils, high water table, termite damage, thick population density*
- Low prioritisation and marginalisation of sanitation and hygiene

Healthcare Facilities (HCF) Are at Higher Risk

- Low access to safe water -makes handwashing with soap difficult
- Long lines at latrines – schools and public toilets in informal settlements
 - *This complicates social distancing and may cause handwashing to be skipped altogether*
- Not well-resourced
 - *One testing centre at Virus Research Institute Entebbe – samples moved across the country to Entebbe.*
 - *Meagre budget in health with no emergency fund – currently pooling from other government ministries*
- Accumulation of waste (masks, gloves) at HCFs

Challenges of Sanitation and the Need for Mainstreaming NSS Solutions

Weak health care /Sanitation system. Need for capacity building (skills and knowledge) in identification, monitoring and surveillance and sustaining behaviours.

Accumulation of Waste (masks, gloves) especially at the Healthcare Facilities. HCF need waste management options that will ensure that treatment occurs mainly onsite or a service for collection is available

Low latrine coverage in many parts of the country: It will be too expensive to sewer all urban areas especially where land issues/no water are a problem. NSS are the only options in the short term that have a HWF. Having these facilities accessible

Challenges of Sanitation and the Need for Mainstreaming NSS Solutions

- **Low access to safe water:** Off grid water solutions especially for the poor and those living in slum areas will ensure the provision of water for hand washing (and unserved villages in rural areas town councils)
- **Slow changes in behavior change** especially with hand washing with soap. Incremental changes should be considered.
- **Protection of sanitation workers and the public health** along the sanitation value chain: there are unconfirmed statements around the virus being active in fecal matter. All the same FS is still a risk even without the virus and needs to be managed especially for NSS customers

Challenges of sanitation and the need for mainstreaming NSS solutions

- **Sanitation and hygiene infrastructure designs** not adapted to infection and re-infection prevention e.g. open pits compared to incinerators, tippy taps instead of sinks in treatment and patient care areas for HCF
- **Inadequacy of Sanitation and hygiene facilities**; related congestion pausing disease transmission risk; long lines on sanitation facilities in schools and handwashing facilities which can cause skipping of handwashing and or foregoing the physical distancing as for the case of COVID-19; same could apply on public toilets in informal settlements.
- **Shared toilets especially in unplanned settlements** increasing the risk of infection due to numerous touching of surfaces (keys, padlock, door) by different persons.

Conclusion

- There is need to focus more on pre and **post case management** for Ugandans.
- How can Water For People and other WASH NGOs help promote good hygiene and NSS solutions in the immediate, medium-, and long-term?



Demo!

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