

Uganda

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	36.35 M
Urban population (2012)^a	5.81 M
Rural population (2012)^a	30.54 M
Population growth rate (2012)^a	3.34%
Gross domestic product USD (2012)^b	19.88 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	45.5
Under 5 mortality / 1,000 live births (2012)^c	68.9
Life expectancy at birth (2012)^d	57 yrs
Diarrhoea deaths attributable to WASH (2012)^e	10 816

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	34%
Use of drinking-water from improved sources (2012)^f	75%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview

Uganda is committed to more equitable provision of water, sanitation and hygiene (WASH) services. Implementing the human right to water and sanitation, the Constitution of Uganda, 1995, states that 'The State shall endeavour to fulfill the fundamental rights of all Ugandans to social justice and economic development and shall, in particular, ensure that all Ugandans – enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits'.

An example of legislation in action that can increase equity in access to drinking-water includes Uganda's efforts to improve the functionality of water sources by: 1. monitoring the status of water sources and reporting in real time using mobile phones to reduce response time in cases of breakdown; 2. establishing a working group to coordinate and harmonize performance information from various WASH stakeholders; 3. using appropriate technologies to address disparities in certain geographical locations and improve equity e.g. solar-powered water supplies and water harvesting; and 4. actively involving users in project planning, implementation and maintenance through water user committees/water boards, also taking gender into account, and decentralization of some functions of the Ministry of Water and Environment to the regions.

Additionally, Uganda has plans in place that target disadvantaged groups. For example, the Peace, Recovery Development Programme focuses on the north of the country that has been affected by war. To increase access for poor populations, pro-poor, low-cost technologies such as protected springs, hand pump boreholes and public latrines are used. The populations are informed about the technologies through targeted campaigns and community meetings. In Kampala, a pro-poor branch was established that specifically services populations in slum areas with the construction of public stand posts whose tariffs are subsidized to ensure affordability of services.

Overall, the sector has good plans and strategies. However, funding for the sector is low and declining in nominal terms. The current budget allocation is less than half of the sector investment plan targets. The situation is worse for hygiene and sanitation (0.001% of the national budget). Hence policy and plans are being partially implemented. For example, there are inadequate resources to create demand for sanitation in the rural areas.

Regarding human resources, Uganda has strategies in place for sanitation, drinking-water and hygiene. The Ministry of Water and the Environment has taken over recruitment of the required staff for the districts and also regularly organizes trainings for NGOs and community based organizations to increase their capacity.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

The Ministry of Health has lead responsibilities for sanitation and hygiene promotion initiatives. Drinking-water is under the responsibility of the Ministry of Water and Environment.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Water and Environment		✓	
Ministry of Health	✓		✓

Number of ministries and national institutions with responsibilities in WASH: **6**

Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	82	2014
Rural sanitation	✓	72	2014
Sanitation in schools	✓		
Sanitation in health facilities	✓		
Urban drinking-water supply	✓	71	2014
Rural drinking-water supply	✓	67	2014
Drinking-water in schools	✓		
Drinking-water in health facilities	✓		
Hygiene promotion	✓	31	
Hygiene promotion in schools	✓	45	
Hygiene promotion in health facilities	✓		

There are specific plans implemented addressing the issues of reliability/continuity of urban and rural water supplies as well as some to ensure drinking-water quality meets national standards.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES	
	Low	High
Keep rural water supply functioning over long-term	<div><div></div></div>	
Improve reliability/continuity of urban water supply	<div><div></div></div>	
To rehabilitate broken public latrines	<div><div></div></div>	
Safely empty or replace latrines when full	<div><div></div></div>	
Reuse of wastewater or septage	<div><div></div></div>	
Ensure DWQ meets national standards	<div><div></div></div>	
Address resilience to climate change	<div><div></div></div>	

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE	
Latest national assessment	October 2013		October 2013		October 2013	
Use of performance indicators^a	✓		●		✓	
Data availability for decision-making^a					Health sector	
Policy and strategy making	✓		✓		✓	
Resource allocation	✓		✓		NA	
National standards	NA		✓		NA	
Response to WASH related disease outbreak	NA		NA		✓	
Surveillance^b	Urban	Rural	Urban	Rural		
Independent testing WQ against national standards	NA	NA	✓	✓		
Independent auditing management procedures with verification	NA	NA	✓	✓		
Internal monitoring of formal service providers	✓	✓	✓	✓		
Communication^a						
Performance reviews made public	✓	✓	✓	✓		
Customer satisfaction reviews made public	✗	✗	✗	✗		

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation, drinking-water and hygiene though some gaps and follow up actions have not been identified. The most important constraint identified is attracting skilled workers to rural areas.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE	
Human resource strategy developed^a	✓		✓		✓	
Strategy defines gaps and actions needed to improve^a	✓		✓		✓	
Human resource constraints for WASH^b						
Availability of financial resources for staff costs	●		●		●	
Availability of education/training organisations	✓		✓		✓	
Skilled graduates	✓		✓		✓	
Preference by skilled graduates to work in other sectors	✓		✓		✓	
Emigration of skilled workers abroad	●		●		●	
Skilled workers do not want to live and work in rural areas	✗		✗		✗	
Recruitment practices	●		●		●	
Other	✗		✗		✗	

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there are reported insufficiencies of funds to meet MDG targets, especially for sanitation.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
Assessment of financing sources and strategies ^a	Urban	Rural	Urban	Rural
	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	✓	✓	✓	✓
Estimated % of donor commitments used ^b	✓	✓	✓	✓
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	✗	✗	●	●

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
NA	
Expenditure as a % GDP	
Education ²	3.0
Health ²	8.8
WASH ³	NA

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

V. Equity

As a step towards addressing inequalities in access to WASH services, seven disadvantaged groups are identified in WASH plans.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
Recognize human right in legislation		✓		✓
Participation and reporting ^a	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	●	●	✓	●
Effective complaint mechanisms	✓	✗	✓	●

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Indigenous populations
5. Displaced persons
6. Ethnic minorities
7. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

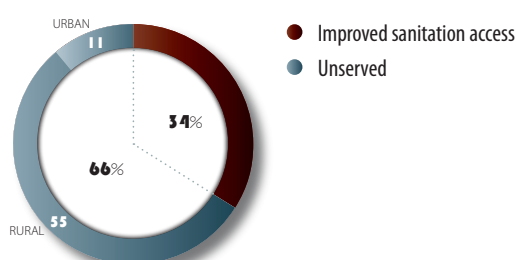
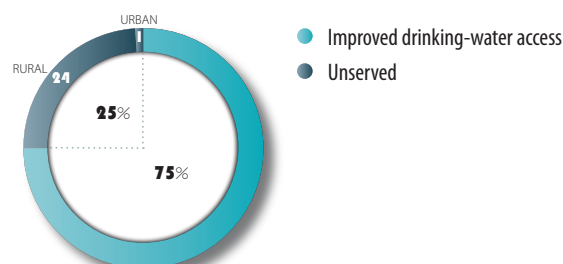


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.