



EVEN AS A
POOR MAN?

No woman should give birth without clean water

Every two seconds, a woman gives birth in a healthcare facility without clean water, decent toilets or basic hygiene.

WaterAid's Born Without Water report, launched recently, lays bare the scale of the crisis, showing how millions of women and newborns are exposed to preventable infections at the very moment of birth. At the moment when care matters most, health workers are forced to do their jobs without the most essential resources. The promise of safe childbirth is quietly undermined.

This is not only a global crisis. It is a Ugandan one.

In Uganda, only 31 percent of healthcare facilities have basic water services, (WHO/Unicef Joint Monitoring Programme). This means nearly seven in 10 facilities either lack water entirely or cannot guarantee it when it is needed most. In rural areas, the situation is even more severe. Across low-income countries, healthcare facilities often operate without reliable water, sanitation and hygiene services, increasing the risk of infection for mothers and newborns and placing health workers in impossible service conditions.

These are not just statistics. They are lived realities. They are the midwife who must deliver a baby without being able to wash her hands properly. They are the mother who arrives at a health centre hoping for safety, but finds no water and soap that put her and her newborn at risk. They are the newborns exposed to infections that could have been prevented with provision of clean water and soap.

Water, sanitation and hygiene services in healthcare facilities are fundamental to safe,

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Sanitation

quality care. Without them, infection prevention and control breaks down. The risk of sepsis increases. Maternal and newborn mortality rises. Trust in the health system is eroded.

Uganda has made important commitments to improve access to healthcare and strengthen its health system. There are policies in place. There are dedicated health workers who continue to serve communities under difficult conditions.

But commitments alone are not enough.

The gap between policy and practice remains wide. Too many healthcare facilities are still lack basic water and sanitation services. Too many communities continue to rely on services that cannot guarantee safety.

Closing this gap requires sustained investment, stronger accountability and an effective coordinated approach that places water, sanitation and hygiene at the heart of healthcare delivery. Governments and partners must prioritise financing for WASH in healthcare facilities. Infrastructure must be built, rehabilitated and maintained. Water supply systems must be reliable. Facilities must have functional toilets and handwashing stations. These are essential investments in public health.

There must also be stronger integration of WASH into health planning and budgeting. Too often, water and sanitation are treated as separate from healthcare, when in reality they are inseparable. Safe care cannot exist without safe water.

The evidence is clear. What is needed now is the political will to act on it and to ensure progress reaches every facility, not just a select few.

This is why the "Time to deliver" campaign matters.

It is a call to move beyond promises and toward action. It calls on leaders to ensure that every healthcare facility has the water, sanitation and hygiene services it needs to provide safe care.

Uganda has the opportunity to lead by example, to demonstrate that safe, quality healthcare is possible when water, sanitation and hygiene are prioritised.

The time to deliver is now.

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