THE BIG READ

Kihanga sub-county in Masindi district faced a challenge of water shortage. However, a community has increased the water access to clean water, writes Richard Wetaya

Clean water at last for Masindi

Walking long distances to fetch water for home use is a common practice in many Ugandan villages.

Isimba Kihanga, a village in Masindi district, it is no different. Residents have to walk long distances to get water.

The poor access to safe water has put many of the village's residents at a health risk.

Residents such as Rosemary Alworuna have walk long distances to get water. Each day, the 32-year-old mother of five walks to a water pond about 5km from her home.

On average, her family uses about 20 to 40 litres of water daily, meaning she often goes to the pond, more than once.

To all appearances, the water from the pond is murky; with algae floating on its surface.

Alworuna seems unbothered as she draws the water, rationalising like many other villagers that the pond is their only reliable source of water.

However, the village has paid the price of using unsafe water.

In 2012, 10 people in the village succumbed to cholera.

Others grappled with dysentery, typhoid, diarrhoea and Guinea worm disease.

In the neighbouring village of Kigulya, 15 children and 17 women were severely affected and five child deaths were reported.

The village of Isimba Kihanga is home to about 270 people. It is open country with a rich vegetation cover; but which seems to be withering.

The district has also suffered a heat wave which has taken a destructive toll on the area's plant life and few water sources.

The water level at the pond where Alworuna draws water had also shrunk.

To get to the pond is easy, but the return journey is tasking. One has to ascend a hill on the way back. One can only imagine the strain, pregnant women go through as they ascend the hill.

Some men in the village purportedly dread going to the pond on account of the steep hill. As such they send their children and wives.

Henry Mugumwa, an elder in the village, says there was a time when five to 15 children fell sick, weekly as a result of drinking water from the pond.

"As elders, we owed it to our children and wives to take action and for some time, there was no one fetching water from the pond, but we did not have safe alternatives, so inevitably people went back," Mugumwa explained.

In the 2012 disease outbreak, two of Alworuna's children bore the brunt of typhoid. Luckily, they survived, but only after receiving urgent medical help from a district health team that had been dispatched to the area.

Kihanga did not have a health facility then.

Joyce Katusiime, a Kihanga village health trainer, says at the time the disease outbreak hit, open defecation had also become rampant.

"Kihanga had faced two problems. These were lack of access to safe water and open defecation. In the village, only 10 out of 45 households, had pit latrines. The remaining 35 invariably had to make do with the bushes.

The practice of open defecation went on unabated, putting the lives of villagers in places such as Kihanga, Kigulya, Pakanyi and many other places at risk. Open defecation exacerbated the village's problem because when it rained, excreta was often carried to the few drinking water sources in the village," Katusiime reveals.



One of the many boreholes that have been constructed in Kigulya. Photo by Richard Wetaya

94%

The proportion of mothers of children under five using improved drinking water sources in Kihanga.

Water Trust has provided water to communities, health centres and schools benefiting 77,721 people

Safe water drive

As a way of abating Kihanga's water problem, a programme dubbed "Community Led Total Sanitation" was introduced in 2013.

Under the programme run by a non-government organisation — Water Trust, access to safe water in Kihanga and other villages greatly improved.

In Kihanga and in other villages such as Kigulya, pit latrines, rain water harvest facilities, protected springs and hand dug wells were constructed.

A stone's throw from Alworuna's home, a borehole and three hand dug wells were constructed. Alworuna can now get safe drinking water without having to move long distances.

"The provision of safe water will hopefully reduce on the yearly incidences of waterborne diseases in Kihanga," Alworuna opined.

Statistics from the district health office point to a positive indication of some of the strides made.

According to the Masindi district health office statistics, the proportion of households within a kilometre or within a walking distance from a main source of drinking water is up to 85% from 73%.

Statistics also show that in the areas where the Community Led Total Sanitation programme is operational such as Kihanga, the proportion of mothers of children under five accessing improved drinking water sources has gone up to 94% 87.3%.

Martin Drabo, the Masindi district health inspector, says the interventions in the areas of water and hygiene in areas such as Kihanga, Kigulya and others has been pivotal.

"There is now a steady provision of safe water in many of the district's communities, pit latrines in schools, rain water harvest facilities, protected springs and shallow wells.

In sub-counties such as Kihanga, Pakinyi, Kigulya and Budongo, there are now more water sources than before. Previously, people in the community moved long distances looking for safe water. In 2015, three communities in the district were declared free of open defecation. That speaks to the good work, which has been done by the district and the supportive partners," Drabo notes.

According to recent monitoring findings by Water Trust, sanitation coverage in Masindi has risen to 91% from the initial 72%.

The national sanitation coverage currently stands at 79% for rural communities as per the Joint Sector Review report 2015/2016.

The benefits realised

District community (Lots quality assurance survey) indicators also show that communicable disease outbreaks in many areas around the district have reduced.

The prevalence rate of diarrhoea has reduced to17% from a figure much higher in the past.

Hand washing coverage has risen to 35% from 32%.

In Isimba Kihanga village, one of the water sources constructed serves up to 45 households.

"Isimba had no clean source of water. After the interventions, a number of safe shallow wells have been dug. Sanitation in most households and schools has also improved greatly and disease outbreaks have fallen," Milton Kutegeka, the LC3 chairman of Kigulya states.

"Boreholes have been constructed in 10 new schools, rainwater harvesting tanks in 11 schools (six new and six rehabilitated) and elevated tanks in three schools.

At the community level, Water Trust has constructed 281 shallow wells.

There are two protected springs currently under construction and three boreholes in Kigulya, Budongo, Pakanyi and Kihanga.

The programme has reached a total of 77,721 people. At household level, we have reached 20, 845," Laura Garcia, Water trust's programme area manager, says.

Scovia Namande, a community development officer, however, says the programme has been beset by a few challenges.

"In some villages, people still use water from the ponds, even with new safe water sources. Some villagers still practice poor hygiene in their homes," Namande says.

Sustainability

Garcia says a project to ensure sustainability and to develop and implement new approaches that increase the sustainability and impact of water, sanitation, and hygiene programming in villages, schools, and health facilities in Masindi has already been started.

"The plan is to partner with villages, schools and health facilities to establish and sustain access to safe water and healthy, clean environments, providing significant, measurable health benefits to more than 200,000 people, including at least 100,000 children," she says.

According to a report from the directorate of water development, in the Ministry of Water and Environment, national safe water coverage is estimated at 66% with 42% coverage in rural areas.

Scholars have rationalised that the actual water coverage levels in Ugandan rural areas are much lower given the hypothetical statistical procedures of deriving the coverage.

FACT BOX

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