



Press Release
10 September 2019

Majority of households in Uganda access water from an improved source including 19% who have access to piped water.

But there are significant disparities, particularly in terms of access to piped water, between urban and rural areas, and poorer and wealthier households.

Tuesday 10 September 2019, Kampala: 3 out of 4 Ugandans (75%) access water from an improved source including 19% who have access to piped water. But there are significant disparities, particularly in terms of access to piped water, between urban (42% piped) and rural (11% piped) areas, and poorer (8%) and wealthier (45%) households. Households with one or more disabled members are less likely to have access to piped water than other households (12%, compared to 21%).

Despite reasonably high levels of access to improved sources generally, the Sustainable Development Goals essentially call for access to piped water for all Ugandans. Given that currently 1 in 5 Ugandans access piped water, and that there is wide variation between urban and rural areas as well as wealthier and poorer households, Uganda still has some way to go to achieve this target.

Additionally the most commonly cited problems in accessing clean and safe water are: the lack of water points (36%), the distance to water sources (27%) and dirty water (25%). A shortage of water points and distance to water points are cited as problems by almost twice as many households in rural areas than urban. These issues, together with dirty water and broken water points, are more commonly cited by those in poorer households than wealthier households. The cost of water is more often cited as a challenge in urban areas (21%) than rural (8%), and more often among residents of wealthier households (19%) than poorer ones (5%).

These findings were released by Twaweza and the Uganda Water and Sanitation NGO Network (UWASNET), in a research brief titled *Leaving no one behind? Citizens' views and experiences of water, sanitation and hygiene*. The brief is based on data from *Sauti za Wananchi*, Africa's first nationally representative high-frequency mobile phone survey. The findings are based on data collected from 1,845 respondents across Uganda between 24 June and 5 July, 2019.

Furthermore, 8 out of 10 Ugandans (78%) harvest rainwater to complement their main source of water. This can be a sustainable, cost-effective alternative supply point for those struggling to meet their daily water needs. One out of four of the households that harvest rainwater have large storage tanks. Despite this, 1 out of 10 (12%) say this water lasts for more than one week in rainy season and 1 out of 20 (6%) say it lasts for more than a week in the dry season.

Many Ugandans try to ensure they are drinking clean and safe water: two out of three Ugandan households (64%) report that they treat their water before drinking. This is most common among

wealthier households (82%), urban households (75%) and those which use piped water (84%). The majority of those who do treat their water boil it (56%).

Overall, 4 out of 10 Ugandans (40%) say their access to clean and safe water has improved over the last 12 months, the same portion as say their access has stayed the same (39%) and twice the number that say their access has gotten worse (20%).

A similar proportion of Ugandans as have access to an improved water source, have access to an improved latrine (76%). Access to improved latrines is higher in urban areas (98%) than rural (85%), and higher among wealthier households (99%) than poorer households (78%). In particular, access to flush toilets and ventilated latrines is concentrated among wealthier and urban households.

Although these findings are largely positive for the sector, there are areas for concern. One out of twenty households (6%) have a household member who suffered from dysentery in the past month, and one out of eight households (13%) have a member who suffered from typhoid in the same period. Very few households (0.5%) have ever experienced cholera. Again poorer and rural households are at a disadvantage: poorer households in particular are twice as likely to have experienced a water related disease - typhoid (15% versus 8%) and dysentery (9% versus 4%) than wealthier ones.

There are links between households using improved latrines and water sources and having lower incidences of these diseases. In households that treat their water before drinking, these cases also appear to be markedly lower while there do not appear to be substantial differences in water-borne diseases among households that share their latrine with others and those who do not.

Another important challenge comes in the time taken to collect water. On average it takes close to an hour (54 mins) for household members to get to their water source, collect water and return. However, the variations are again significant. Four out of ten households (37%) are able to collect water from their main source of drinking water in under 30 minutes. This includes one out of ten households (13%) who access water within 5 minutes (mostly from pipes). However, the same proportion (40%) require an hour or more for each trip to collect water, including one out of ten (8%) who require more than two hours. Among poorer households, 1 out of 8 (15%) spend two hours or more collecting water.

Moreover, in four out of ten households (42%), the main responsibility for collecting water falls on adult women, either the female head of household or the wife to the male head of household.

Marie Nyanzi of *Sauti za Wananchi* at Twaweza, said: *“Although there have been significant achievements in the water sector as seen in these reports from citizens, Uganda remains a long way off from achieving the Sustainable Development Goal targets on access to water. When we consider the stark variations between households, the picture becomes gloomier. Poorer, rural households are getting a raw deal: they spend more time collecting water, access improved sources less and have less hygienic latrines. These access challenges are then compounded by the higher incidence of disease among these same types of households, meaning they will bear additional costs for healthcare as well. These data tell us that we are leaving many of our citizens behind: we need targeted and transformative interventions to ensure that all Ugandans enjoy their right to clean and safe water and sanitation.”*

Yunia Musaaazi Executive Director of UWASNET said *“This report gives us the view from the ground on water and sanitation. There is still a lot of work needed to ensure universal access to water and sanitation. We should think particularly about how we incorporate women into planning and decision-*

making given that they bear a larger share of the burden when water is unavailable, distant or dirty. The current budget allocation of 3% for the sector is nowhere near enough. We need to increase resources and give proper priority to this sector if we are to meet our national commitments.”

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Notes to Editors

- This brief and the data contained can be accessed at www.twaweza.org/sauti
- Twaweza works on enabling children to learn, citizens to exercise agency and governments to be more open and responsive in Tanzania, Kenya and Uganda. We have programs, staff and offices across all three countries, and a globally respected practice of learning, monitoring and evaluation. Our flagship programs include *Uwezo*, Africa’s largest annual citizen assessment to assess children’s learning levels across hundreds of thousands of households, and *Sauti za Wananchi*, Africa’s first nationally representative mobile phone survey. We undertake effective public and policy engagement, through powerful media partnerships and global leadership of initiatives such as the Open Government Partnership. Follow us at Twaweza Uganda (Facebook), @TwawezaUganda (Twitter), Twaweza East Africa (Instagram)