



# Leaving no one behind?

## Citizens' views and experiences on water, sanitation and hygiene

### 1. Introduction

Water is life, as the saying goes. And if so, every Ugandan is using some kind of water. But we know that water sources vary widely – from supplies that are piped directly into the home by a regulated utility to surface sources that may well be dirty, unhealthy and distant. Uganda is often described as a “well-watered country”, but this does not mean it is distributed evenly or available reliably for all.

Sanitation and hygiene are intricately connected with the water sector; in particular because water sources are prone to pollution from human waste either directly or due to unsafe disposal practices. Disposing safely of waste, therefore, has an important role to play in preventing disease, because when water sources become polluted by human waste, the health impacts can be devastating. Water-borne disease can affect livelihoods and income, and can even lead to death.

For both water and sanitation, distribution matters. Overall averages can disguise wide gaps in access between rich and poor, or between urban and rural areas. Addressing this is important firstly for fairness, but also for self-interest; water sources are ultimately a shared resource and their contamination puts us all at risk. Furthermore, the cost to public health systems and the productivity of the work force due to water-borne diseases affects us all. Conversely we all stand to gain if the whole population is able to access clean water from a source that is both affordable and convenient. In short, it benefits everyone if we leave no one behind.

This brief presents data on citizens' access to water and sanitation services, as well as their wider views and experiences on water, sanitation and hygiene. Who has access to clean and safe water, and who continues to

This brief was written and produced by Twaweza East Africa, in collaboration with Uganda Water and Sanitation NGO Network.

Naguru Go down, Suwara Road, Plot 77  
P.O Box 40163, Kampala

t: +256 312 112815 | e: info@twaweza.org |  
www.twaweza.org/sauti



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depend on other sources? Who is responsible for collecting water, and how long does this take? Do households treat their water to make it safer for drinking?

What type of latrines do households use, and do they share these facilities with others? Do they have handwashing facilities? What is their experience of water-borne disease, and is there correlation between access to better water sources or improved latrines and the reduced incidence of such disease?

Data for the brief comes from Twaweza's *Sauti za Wananchi*. *Sauti za Wananchi* is a nationally-representative, high-frequency mobile phone panel survey. Information on the overall methodology is available at [www.twaweza.org/sauti](http://www.twaweza.org/sauti). For this brief, data were collected from 1,845 respondents in the eleventh round of calls to the *Sauti za Wananchi* panel, conducted between June 24 and July 5, 2019. These data are collected and released in partnership with the Uganda Water and Sanitation Network (UWASNET).

The key findings are:

- 3 out of 4 households access water from an improved source, there are big differences between richer and poorer households, and between urban and rural areas
- There has been a steady increase in access to improved water sources in rural areas over the last two decades
- 4 out of 10 households can collect water from their main source in less than 30 minutes; the same portion require more than one hour to do so
- The responsibility for collecting water is borne largely by women and children
- Most households with a piped supply consider the current price to be too high
- 8 out of 10 households harvest rainwater
- 2 out of 3 households treat their water to make it safer to drink
- The most common type of latrine reportedly used by Ugandan households is the pit latrine with a slab
- Households with improved latrines report lower incidence of water borne disease compared to those with unimproved latrines
- The most common challenge faced by communities with regard to accessing clean drinking water is an insufficient number of water points
- 4 out of 10 citizens say their access to clean and safe water has improved over the past twelve months, 2 out of 10 say it has become worse

## 2. Eleven insights about Ugandans' experiences of water, sanitation and hygiene

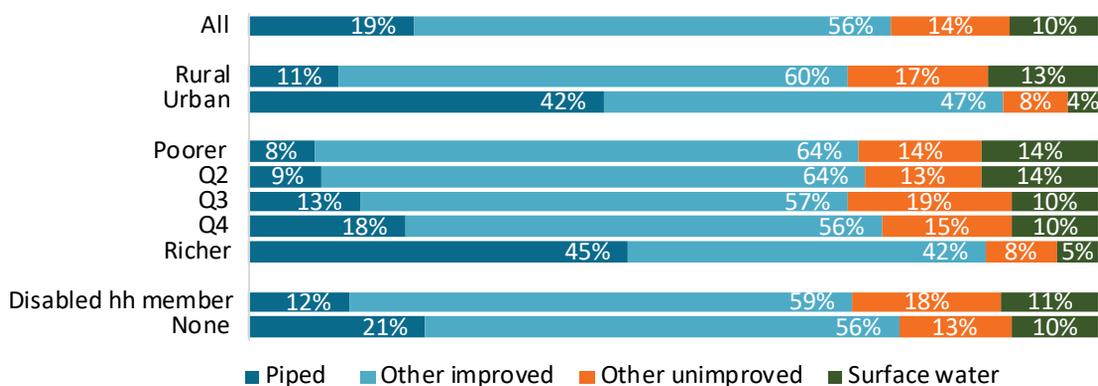
### Insight 1: 3 out of 4 households access water from an improved source, urban and wealthier households are better off

Three out of four households (75%) in Uganda access water from an improved source, including one out of five (19%) who get their water from a piped source. Other households are split between those who depend on surface water sources (10%) such as streams, rivers, lakes and dams, and those who depend on other unimproved sources (14%) such as unprotected springs and unprotected wells.

Access to piped water sources is substantially higher in urban areas (42%) than in rural areas (11%). The same also applies to wealthier households, with access to piped sources more than five times higher among richer households (45%) than among poorer households (8%).

Households with one or more disabled members are less likely to have access to piped water than other households (12%, compared to 21%).

**Figure 1: What is the main source of drinking-water for members of your household?<sup>1</sup>**



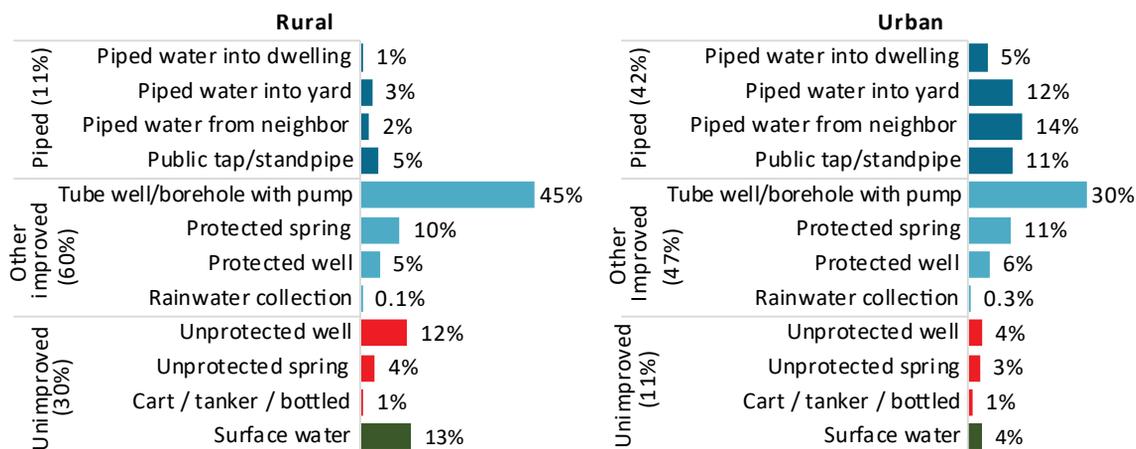
**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019

Base: all respondents; n=1,845

In both rural and urban areas, the most common type of water source is a tube well or borehole with a pump (45% rural, 30% urban). In rural areas, this is followed by surface sources (13%), unprotected wells (12%) and protected springs (10%). In urban areas, one out of twenty households (5%) have piped water into their home and 12% have piped water into their yard, while a further two out of twenty households access water via a neighbour's piped supply (14%) or from a public tap or standpipe (11%). One out of twenty urban households access water from a surface source (4%).

1 Percentages in charts may not add up to 100% due to rounding.

**Figure 2: What is the main source of drinking-water for members of your household?**



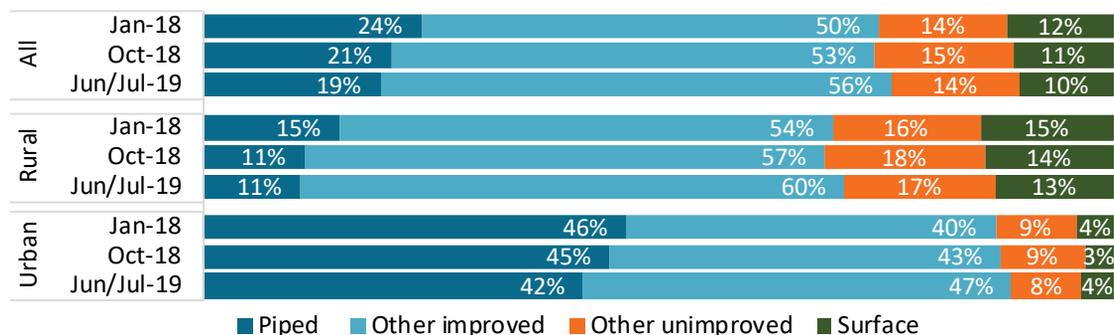
**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
Base: all respondents; n=1,845

Under the Sustainable Development Goals (SDGs), target 6.1<sup>2</sup> calls for “universal and equitable access to safe and affordable drinking water for all” by 2030, with the main indicator being “the proportion of the population using safely managed drinking water services”. This is defined as “a source located on premises, available when needed and free from contamination”. In practical terms, this means piped water into the home or yard. As such, just 17% of urban households and 4% of rural households qualify.

## Insight 2: There has been a steady increase in access to improved water sources in rural areas over the last two decades

While there is some indication that access to piped water sources has declined slightly over the past 18 months, the difference is small and inconclusive and could be the result of seasonal variations or other temporary factors. *Sauti za Wananchi* will continue to track this trend.

**Figure 3: What is the main source of drinking-water for members of your household?**



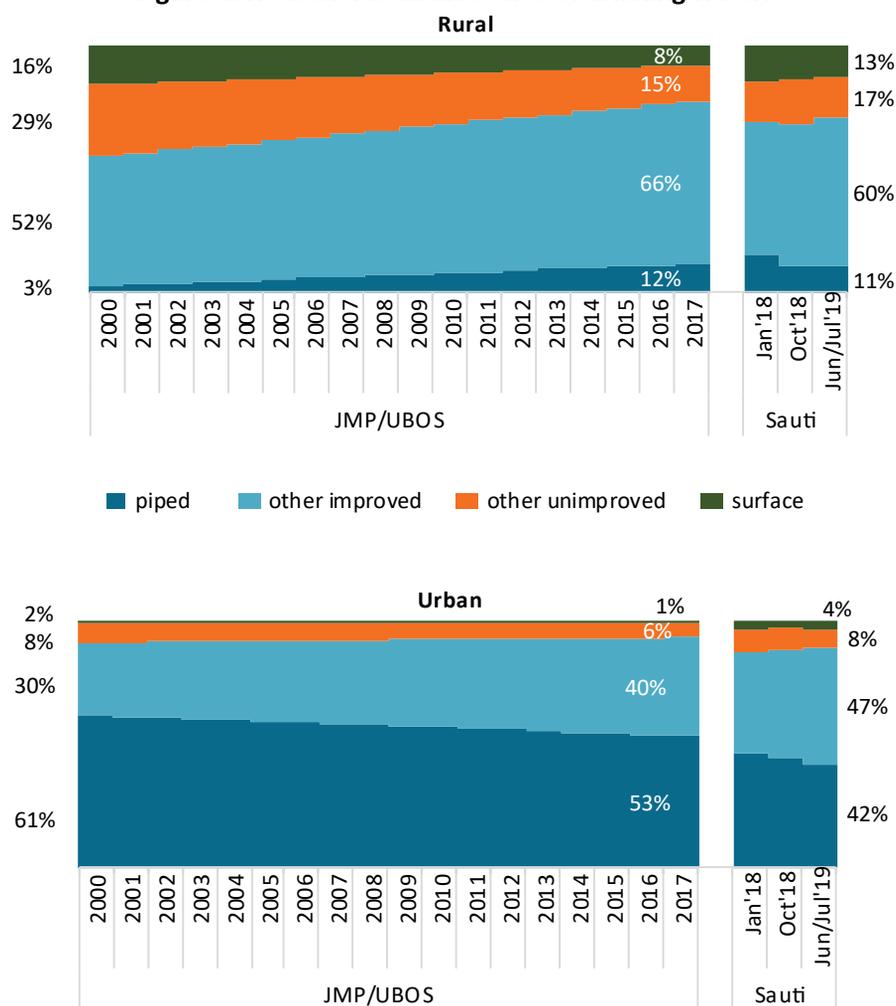
**Source of data:** *Sauti za Wananchi*, R3 (Jan 2018), R7 (Oct 2018) and R11 (Jun-Jul 2019)

2 See <https://sdg-tracker.org/water-and-sanitation#6.1>

Longer term, the trend in rural areas is that access to improved water sources has increased over the past twenty years. In urban areas, access to improved sources has increased slightly over this time while access to piped water sources has declined: from six out of ten urban households (61%) in 2000 to five out of ten (53%) in 2017.

In both rural and urban areas, however, Uganda is some way off from achieving the SDG target, of universal access to water sources “located on premises, available when needed and free from contamination”. To achieve these targets will require a rapid and major expansion in access to piped sources.

**Figure 4: Households’ main source of drinking water:**



**Sources of data:** *Sauti za Wananchi*, R3 (Jan 2018), R7 (Oct 2018) and R11 (Jun-Jul 2019); Uganda Bureau of Statistics (UBOS) and the UNICEF/WHO Joint Monitoring Programme (JMP)<sup>3</sup>

3 Available from <https://washdata.org/data/country/UGA/household/download>

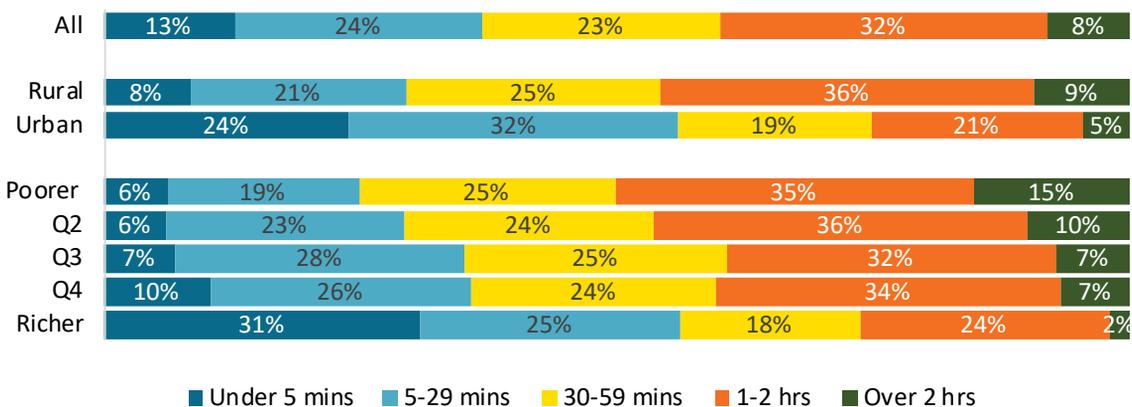
### Insight 3: 4 out of 10 households need 30 minutes to collect water, the same proportion use more than an hour

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, comprising mostly those who access water from a piped source within their home or yard.

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.

Households in urban areas are more likely than those in rural areas to have a collection time under 30 minutes (56% urban, 29% rural). Similarly, wealthier households are more likely than poorer households to have a collection time under 30 minutes (56% compared to 25%). Conversely, collection times of two hours or more are much more common among poorer households (15%) than richer households (2%).

**Figure 5: How long does it take to get to your main source of drinking water, collect water and come back?**



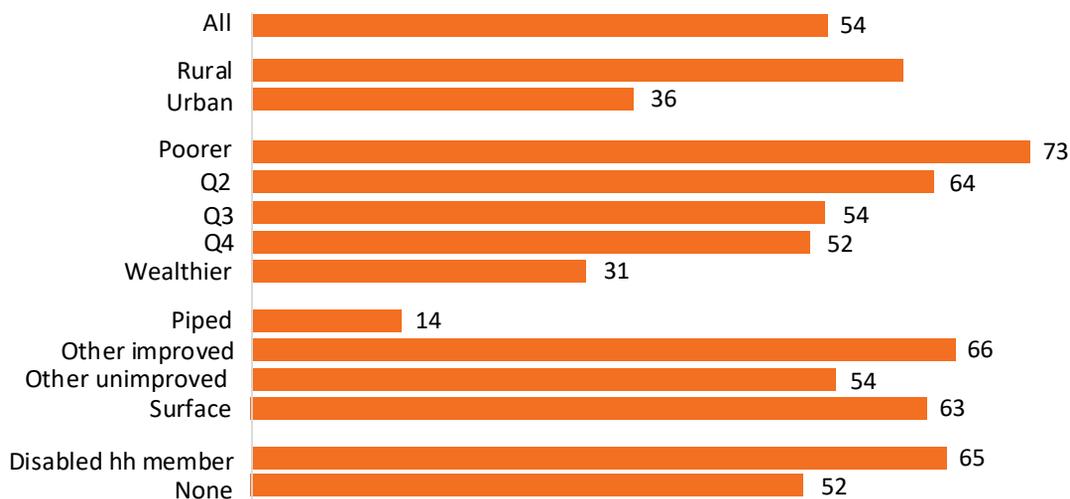
**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
 Base: all respondents; n=1,845

The average time required for collecting drinking water is 54 minutes, rising to 61 minutes in rural areas and falling to 36 in urban areas. Poorer households (73 mins) spend more than twice as much time as richer households (31 mins) each time they collect drinking water.

Unsurprisingly, piped sources (including those to a house or yard) have a lower average collection time (14 mins) than other sources. However, the average collection times for other improved sources (66 mins) is higher than for unimproved sources, suggesting that some citizens are willing to spend a little more time if this means they are able to access cleaner water.

Households with one or more disabled members take longer than other households to collect water (65 minutes, compared to 52 minutes).

**Figure 6: Average collection time for drinking water (mins):**



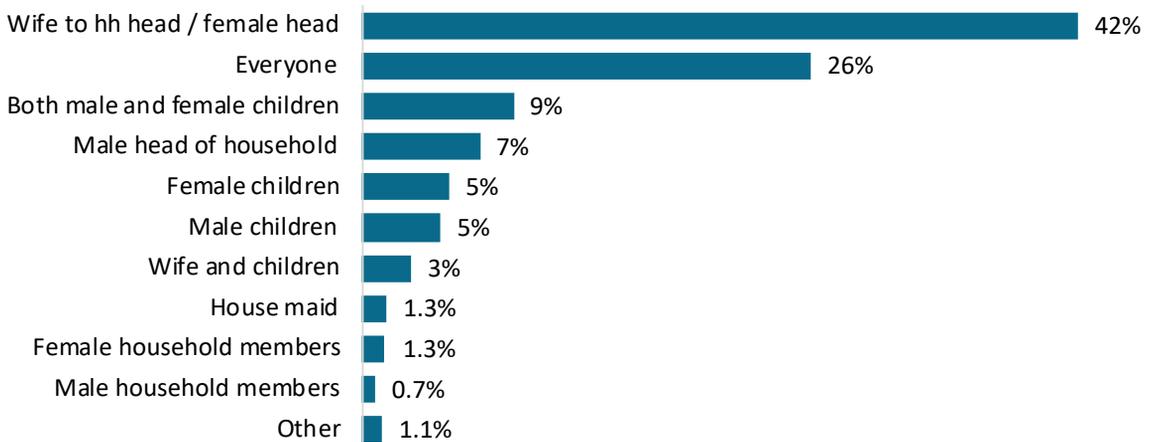
**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
 Base: all respondents; n=1,845

Average collection times have decreased a little since January 2018, from 65 minutes to 54 minutes. This may be the result of seasonal variation (not shown in charts).

## Insight 4: The responsibility for collecting water is borne largely by women and children

For four out of ten households (42%) the main responsibility for collecting water is borne by adult women, either the female head of household or the wife of the male head of household. In one out of four households (26%), the responsibility is borne by everyone. In many households, children bear the main responsibility, either both male and female children (9%), or exclusively female (5%) or male (5%) children.

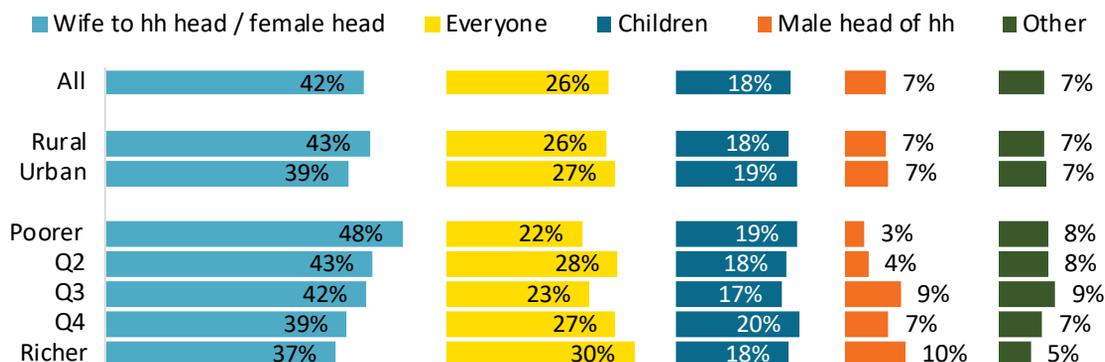
**Figure 7: Who in your household is the person responsible for collecting water?**



**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
Base: all respondents; n=1,845

Responsibility for collecting water varies between different types of household. Most notably, adult women are more likely to bear this responsibility among poorer households (48%) than richer households (37%). The responsibility is shared by everyone more often in wealthier households (30%) than poorer households (22%).

**Figure 8: Who in your household is the person responsible for collecting water?**



**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
Base: all respondents; n=1,845

### Insight 5: 60% of households with a piped supply consider the current price to be too high

A majority (60%) of households with a piped water supply to the household consider UGX 3,000 shillings per unit (1000 litres) too high a price. Such households would prefer to pay either 1,000 or 2,000 shillings per unit. The actual price to domestic consumers is around 3,500 shillings per unit<sup>4</sup>. Three out of four households (76%) consider this amount to be too high.

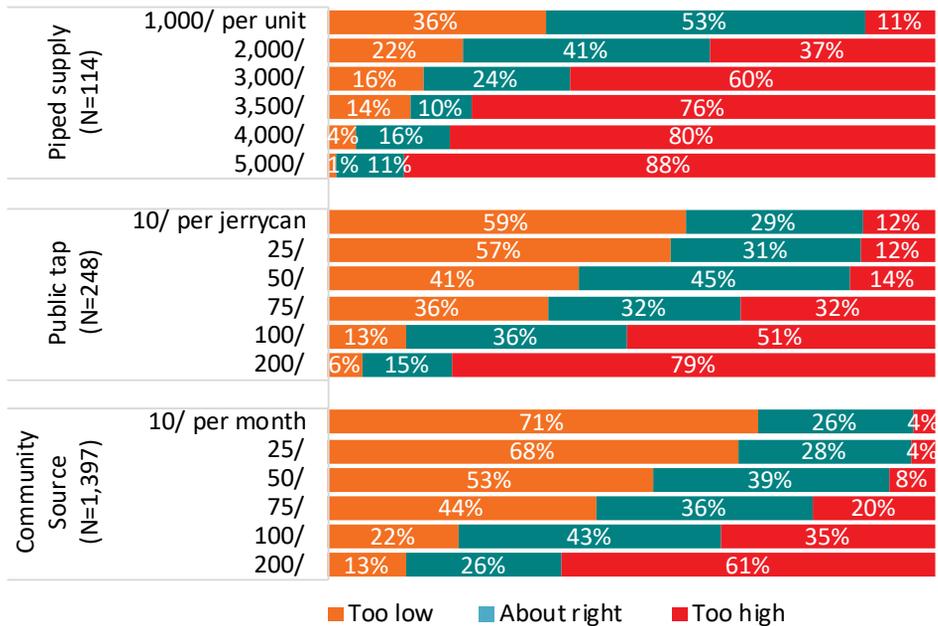
Among households that access water from a public tap, a majority (51%) consider 100 shillings per jerrycan (20 litres) too expensive. Below this level, a majority of households are happy to pay, saying that such prices are about right or too low<sup>5</sup>.

Among households that access water from a community source (such as a borehole, well or spring), a majority of households (61%) consider a monthly price of 200 hundred shillings too expensive. Below this level, a majority of households either consider the price to be about right or too low.

4 See <https://www.nwsc.co.ug/index.php/home-mobile/itemlist/category/44-tarrif>

5 The official price per jerrycan at public taps operated by the National Water and Sewerage Corporation (NWSC) is 25 shillings (see <https://www.nwsc.co.ug/index.php/home-mobile/itemlist/category/44-tarrif>), though in most cases taps are operated by others who either increase the price in order to cover their operating costs and make a profit, or are owned and operated entirely independent of NWSC, for example by a community water scheme in a rural community, where prices are set without reference to NWSC prices.

**Figure 9: Would you consider the following prices to be too high, too low, or about right?**



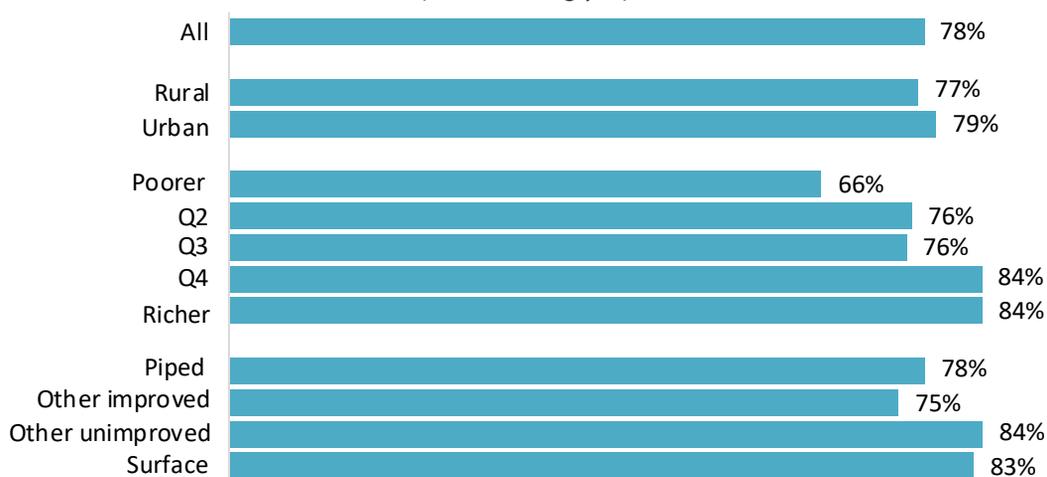
**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
 Base: all respondents

**Insight 6: 8 out of 10 households harvest rainwater**

Eight out of ten households (78%) engage in rainwater harvesting in addition to using their main source of water. This is consistent across rural (77%) and urban (79%) areas, though it is more common in wealthier households (84%) than poorer households (66%).

There is only a small difference between households that depend on different types of main water source. Those who primarily use surface (83%) and other unimproved (84%) sources are more likely to harvest rainwater than those whose primary source is a piped supply (78%) or another improved source (75%).

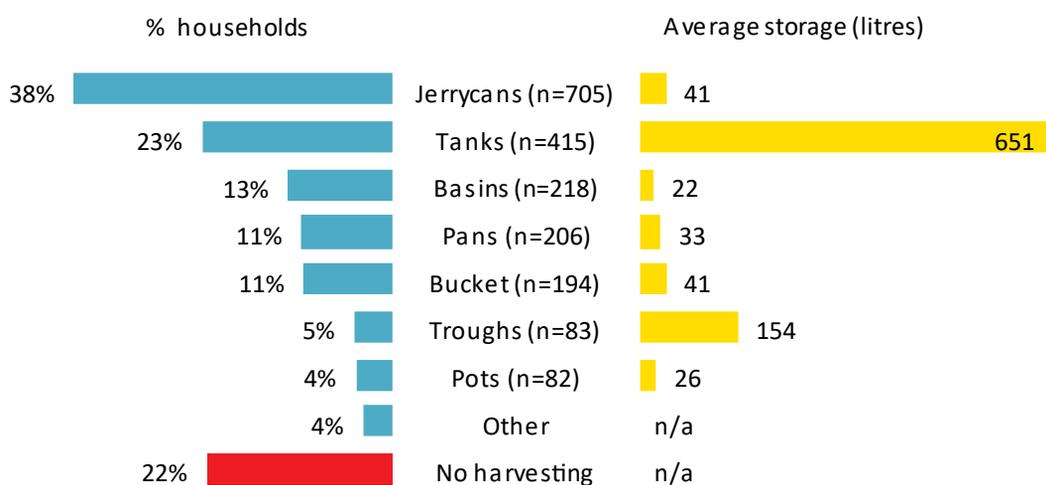
**Figure 10: Do you harvest rainwater?**  
(% answering yes)



**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
Base: all respondents; n=1,845

One out of four households have a tank for storing rainwater, with an average capacity of 651 litres. Four out of ten households (38%) collect rainwater and store it in jerrycans, with an average storage capacity available of 41 litres (approximately two jerrycans). Other households use basins (13%; 22 litres), pans (11%, 33 litres) or buckets (11%, 41 litres).

**Figure 11: Percentage of households using the following to store rainwater, and average size of storage available (litres):**



**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
Base: all respondents; n=1,845

Among households that harvest rainwater, one out of ten (12%) say it lasts for more than a week in the rainy season. Half this portion (6%) say their harvested rainwater lasts for more than a week in the dry season (not shown in charts).

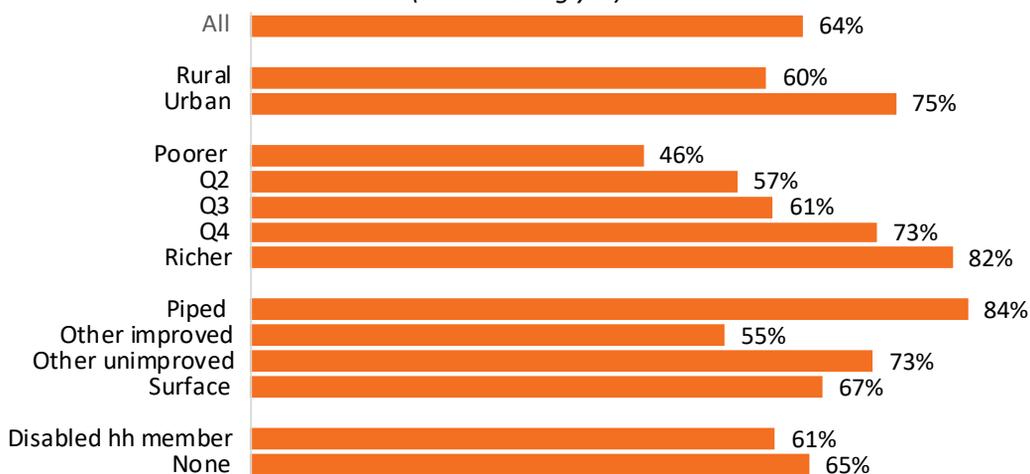
The main reason given for not harvesting rainwater is the lack of an iron sheet roof. This is cited by one out of ten households (11%), or around half of those who do not harvest rainwater. Other reasons given include that other sources are sufficient (3%), a lack of storage facilities (2%) and concern that rainwater will be dirty (2%) (not shown in charts)

### Insight 7: 2 out of 3 households treat their water to make it safer to drink

Two out of three households (64%) treat their water in some way, to make it safer to drink. This is higher in urban areas (75%) than rural areas (60%). There is also a strong link with wealth, with reported water treatment practices considerably higher among richer households (82%) than among poorer households (46%).

Water treatment is highest among households that access drinking water from a piped source (84%), and water treatment is more common among households that use either a surface water source (67%) or other unimproved source (73%) than among those that use a non-piped improved source (55%).

**Figure 12: Do you do anything to your water to make it safer to drink?**  
(% answering yes)

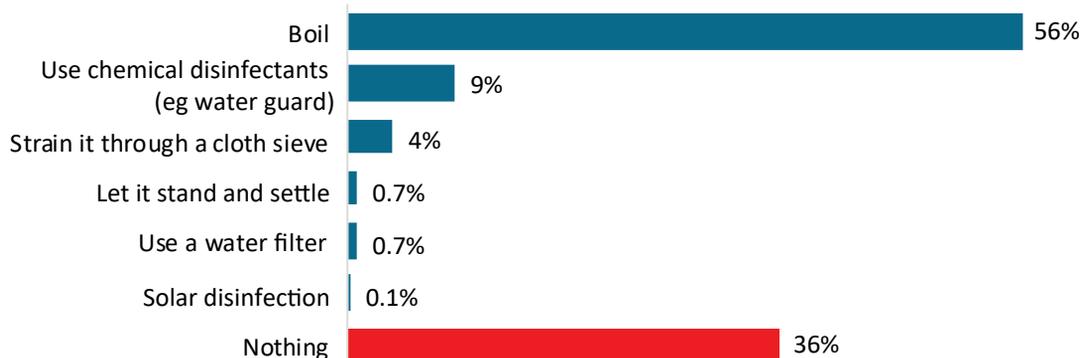


**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
Base: all respondents; n=1,845

Reported water treatment has declined over the past 18 months, from seven out of ten households (70%) in January 2018 to 64% more recently (not shown in charts).

Over half of all households (56%) boil their water before drinking, making this the most common water treatment practice. This is followed by one out of ten households (9%) that use chemical disinfectants such as WaterGuard, and a small number (4%) that strain their water through a cloth sieve.

**Figure 13: What do you do to the water to make it safer to drink?**  
(multiple responses permitted)



**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
Base: all respondents; n=1,845

The most common reason given for not treating drinking water is that citizens consider it to be safe for drinking without treatment (18%). This is followed closely by a lack of resources (16%). Users of other (non-piped) improved sources (23%) are most likely to say their water is already safe, and poorer households (28%) are more likely to point to a lack of resources as their reason for not treating their water (not shown in charts).

### Insight 8: The most common type of latrine reportedly used by Ugandan households is the pit latrine with a slab

The most common type of latrine used by Ugandan households is the pit latrine with a slab, used by three out of four households (76%), though it should be noted that this is based on citizens reports of their type of latrine rather than physical observation by researchers. Pit latrines with a washable slab (concrete, ceramic or plastic) are considered to be improved latrines by international standards, while those without slabs are considered to be unimproved<sup>6</sup>.

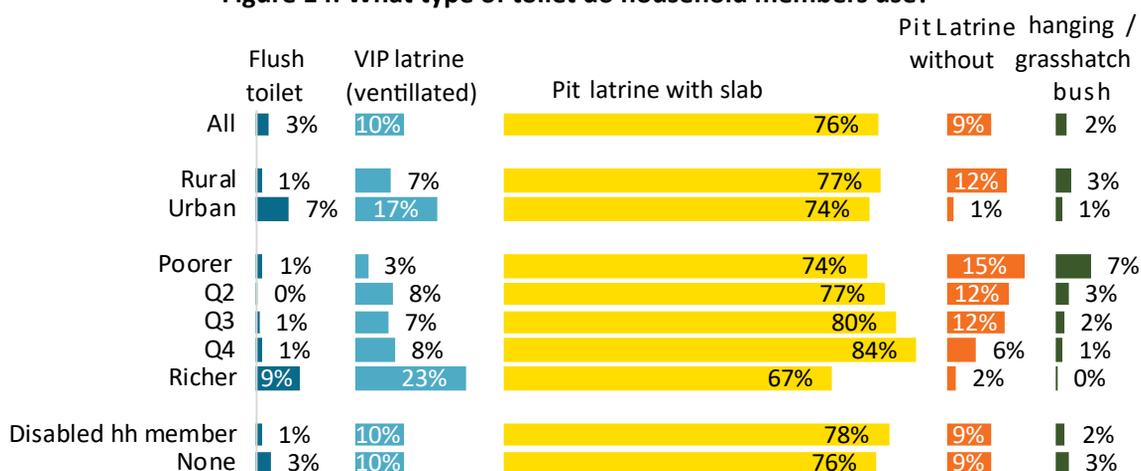
The second most common type of latrine is the ventilated pit, used by one out of ten households (10%), followed by pit latrines without slabs (9%). A small number use a flush toilet (3%), and a smaller number (2%) use either a hanging toilet (above a body of water such as lake or river), a basic grasshatch latrine or have no latrine facility and practice open defecation.

6 See <https://washdata.org/monitoring/sanitation>

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.

In terms of types of household latrines, there is no significant difference between households with or without a disabled household member.

**Figure 14: What type of toilet do household members use?**



**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
Base: all respondents; n=1,845

Shared latrines are considered by UNICEF and the World Health Organisation (WHO) to be an inferior option, which would disqualify even a flush toilet or ventilated pit from counting as improved<sup>7</sup>. Four out of ten households (38%) in Uganda share their latrine facility with members of other households. This rises to five out of ten households (51%) in urban areas. Sharing is also more common among wealthier households (45%) than poorer households (36%). Once again, there is no significant difference in latrine sharing between households with a disabled member and those without (not shown in charts).

A majority of households report having some form of handwashing facility available at or near their toilet / latrine, including three out of four households with water (76%) and slightly fewer (69%) with soap. Poorer households (58%) are less likely than others (70-72%) to have soap. (Not shown in charts).

7 See <https://washdata.org/monitoring/sanitation>

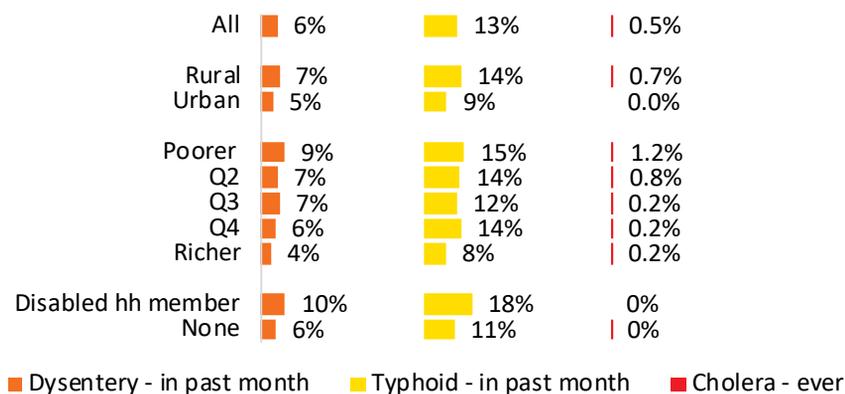
## Insight 9: Households with improved latrines report lower incidence of water borne disease compared to those with unimproved latrine

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.

These water-borne diseases are more commonly reported in rural areas than urban (7% to 5% for dysentery, 14% to 9% for typhoid), and around twice as common in poorer households as in wealthier households (9% to 4% for dysentery, 15% to 8% for typhoid).

Households with one or more disabled household member are more likely than other households to have experienced dysentery (10%, compared to 6%) and typhoid (18%, compared to 11%) in the past month.

**Figure 15: When was the last time any member of your household suffered from dysentery / typhoid / cholera?**



**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
Base: all respondents; n=1,845

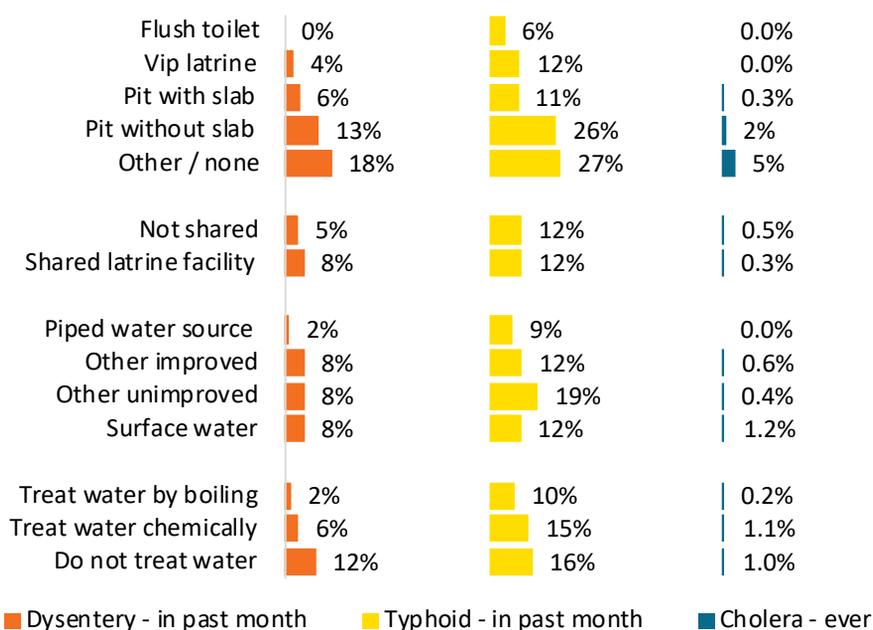
When you look at latrine facilities and reported incidence of water-borne disease, households with flush toilets and other improved latrine facilities report lower incidence of water-borne disease than households with unimproved latrine facilities. In the case of typhoid, for example, one out of four households (26-27%) with an unimproved latrine (pit without slab or other/none) reported experiencing typhoid in the past month, compared to 6% of households with a flush toilet and 11-12% of households with another type of improved latrine. A similar pattern applies to both dysentery and cholera.

There does not appear to be a substantial difference in the incidence of water-borne disease between households that share their latrine with others and those who do not.

When it come to water sources and incidence of water-borne disease; 2% of households with access to a piped water supply have experienced dysentery in the past month, compared to 8% of households that use other sources. A similar pattern applies to incidence of typhoid. Reported incidence of cholera is highest among households that depend on surface water sources.

The same also applies when it comes to water treatment: households that boil water reporting less experience of dysentery and typhoid than those who do not treat their water (2% compared to 12% for dysentery, 10% compared to 16% for typhoid).

**Figure 16: When was the last time any member of your household suffered from dysentery / typhoid / cholera?**



**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
Base: all respondents; n=1,845

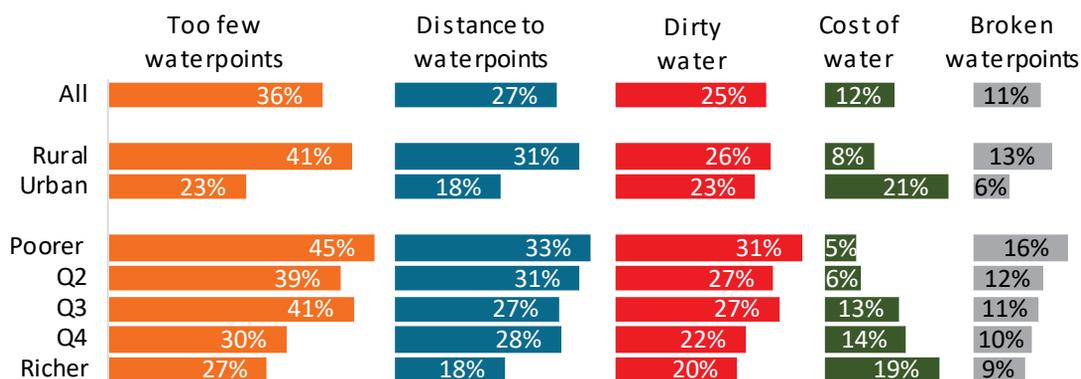
### Insight 10: The most common challenge faced by communities with regard to accessing clean drinking water is an insufficient number of water points

The most common challenge faced by communities with regard to accessing clean drinking water is an insufficient number of water points. This is cited by one out of three citizens (36%). This is followed by distance to waterpoints (27%) and dirty water (25%).

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 households (5%).

A shortage of waterpoints and distance to waterpoints are cited as problems by almost twice as many households in rural areas than urban. These issues, together with dirty water and broken waterpoints, are more commonly cited by those in poorer households than wealthier households.

**Figure 17: What are the two main challenges your community faces in accessing clean drinking water?**



Source of data: *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019

Base: all respondents; n=1,845

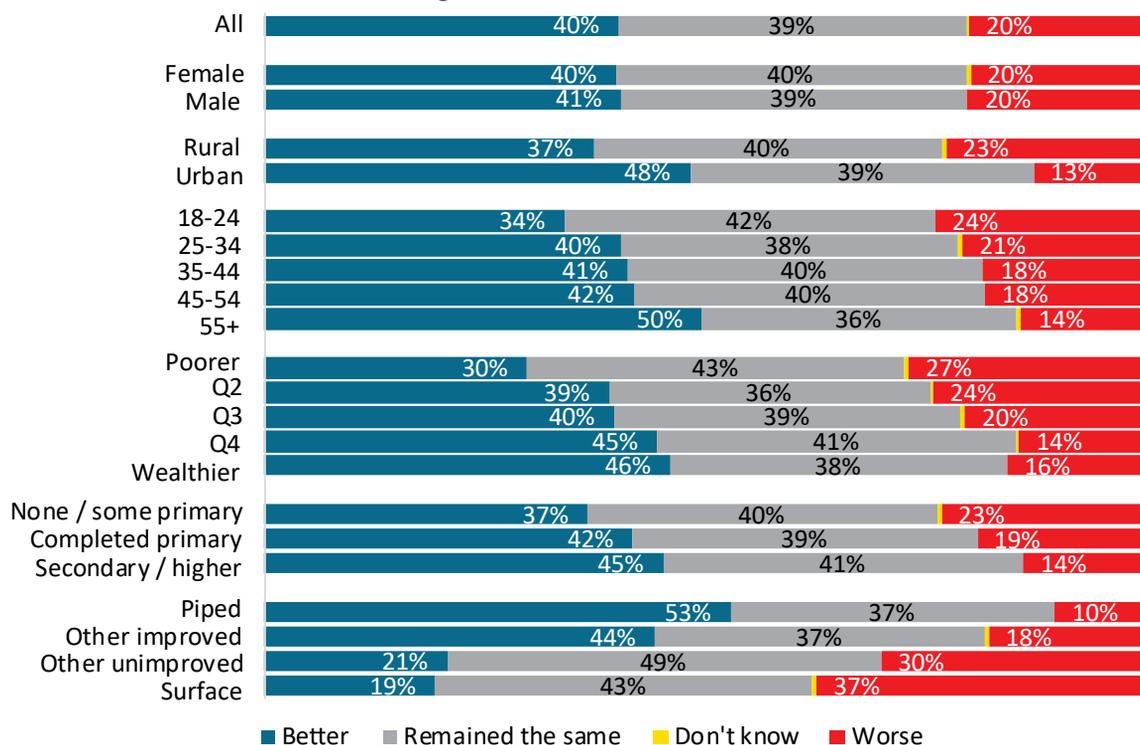
### Insight 11: 4 out of 10 citizens say their access to water has improved in the past year

Four out of ten citizens (40%) say their access to clean and safe water has improved over the past twelve months, compared to two out of ten (20%) who say it has gotten worse. The remainder (39%) say it has remained the same or declined to answer.

Men and women feel the same about this, but residents of urban areas (48%) are more likely than residents of rural areas (37%) to say their access to water has improved over the past year. Similarly, older citizens (50%) and wealthier citizens (46%) are more likely than younger citizens (34%) and poorer citizens (30%) to say access has improved.

There is a clear link with the type of source being used. Residents of households that access water from a piped supply are most likely to say their access has improved (53%), followed by those who use another type of improved source (44%). Those who depend on a surface source (19%) or other unimproved source (21%) are least likely to say their access has improved.

**Figure 18: If you reflect on the past 12 months, has your access to clean and safe water gotten better, worse, or remained the same?**



**Source of data:** *Sauti za Wananchi* mobile phone survey, Round 11, June-July 2019  
 Base: all respondents; n=1,845

### 3. Conclusions

Are we doing what we can to ensure we leave no one behind? The evidence here is clear: that access to water and sanitation is good for some – wealthier urban households in particular – but many remain in a precarious situation. Access to improved water sources in rural areas has increased considerably in the past 20 years, but these areas remain a long way behind the towns and cities.

For residents of urban households with piped water into the home and with a flush toilet, water and sanitation can almost be taken for granted. Supplies may not always be reliable, and prices may be higher than they would like, but these challenges are minor compared to those faced by residents of less advantaged households. The rich don't have to walk an hour or more to collect water, they don't have to depend on dirty water from surface and other unimproved sources, and they suffer less water-borne disease. Most of those involved in policy debates, and most of those who will read this report or read about it in the newspaper, do not share the daily struggles and risks of poorer Ugandans in rural areas.

The contrast here is striking. Access to piped water is at 42% in urban areas and 45% among wealthier households, compared to 11% in rural areas and 8% among the poor. It takes richer households less than half the time to collect water (31 minutes compared to 73 minutes). Half of richer households can collect water within 30 minutes, while half of poorer households need to spend an hour or more collecting water. 32% of richer households have a quality toilet, and 24% of urban households, compared to 4% of the poorest and 8% of rural households. Reported incidence of water-borne disease is higher in rural areas than urban, and twice as high among the poor as among the rich.

Beyond this, there are some further interesting conclusions in the data reported here. First, though access to water is generally counted at household level, it is clearly a gendered issue: the responsibility for collecting water is borne largely by women (42% of households) and children (18%).

Second, a large number of households (78%) harvest rainwater, including 23% who have a large storage tank for the purpose. And yet, this is at best a partial solution to their water challenges, given that only 12% say the harvested rainwater lasts more than a week in the rainy season and just 6% in the dry season.

Third, the links between reported water-borne disease and access to water and sanitation appear strong. Reports of household members suffering from dysentery and typhoid are lower among households that use higher standard latrines and that treat their water before drinking. There are also links with type of water source, shared/unshared latrines and the presence of handwashing facilities. It is impossible to conclude with confidence from this data which of these factors – or



others – prevents water-borne disease. But the benefits of drinking clean water and of safely disposing of waste are long-established.

Fourth, there are noteworthy differences in households that have one or more disabled household member. Access to water services is a little lower in such households and they report spending a greater amount of time on each trip to collect water. Further, the incidence of water-borne disease in such households is considerably higher than in other households. To some extent, these differences may be the result of other factors – poorer households are more likely to have one or more disabled member, for example, and water collection times and incidence of disease are both linked to poverty. However, it seems very likely that having a household member with a disability also directly contributes to additional forms of exclusion with regards to water and sanitation.

Fifth, the main water-related challenges that citizens report are a lack of waterpoints, distance to waterpoints, dirty water and (among wealthier household and in urban areas), the cost of water. This is a clear call for further investment in new infrastructure that brings clean and safe water closer to households, particularly in rural areas.

In all, these data provide important insights about Ugandan citizens' experiences of water services and highlight areas for immediate and longer-term attention. These voices provide an important and often-missing perspective on the delivery of water and sanitation services that we would do well to take into account.