IRC Uganda supports Kabarole district’s efforts in the prevention and mitigation of Covid-19

The International Water and Sanitation Centre (IRC Uganda) has supported Kabarole district’s efforts in the prevention and mitigation of Covid-19 in the following ways;

i. Cash contribution of ugx14,780,000 (Fourteen million seven hundred eighty thousand Ugshs) for the District Health Team to conduct Infection Prevention and Control (IPC) in health care facilities and risk management communication for public places like markets

ii. Airing of eight radio programmes on Jubilee FM and Voice of Tooro (VOT) for risk management communication worth ugx4,800,000 (Four million eight hundred ugshs). IRC paid directly to the radio stations.

iii. Procurement of Personal Protective Equipment (PPE) including disposable gloves, aprons and N95 masks worth ugx6,710,000 (Six million, seven hundred ten thousand ugshs) directly from Joint Medical Stores Agent – Virika Pharmaceuticals Fort Portal.

iv. Renovation of eight latrines in health centers of Rubingo, Nyabuswa, Ruteete, Kasenda, Kabende, Kaswa, Kidubuli and Kicwamba. The renovations will cost ugx26,000,000 (Twenty-six million ugshs).

v. Procurement of 60 drinking water stations with membrane filters for 18 health centers worth ugx13,320,000 (Thirteen million, three hundred twenty thousand ugshs). Consignment is yet to arrive from Kenya.

IRC is committed to building WASH systems resilient enough to address even such global health challenges. This offer builds on earlier interventions to improve WASH in health care facilities in Kabarole. The low cost but high impact interventions were based on the 2018 assessment report. The latrines were not only inadequate in HCFs but existing structures fell below standards of sanitation facilities that provide safety, privacy and convenience to the user. IRC contracted AHASA (Kabarole Hand Pump Mechanics Association) to renovate the latrines provide operation and maintenance of water and sanitation services.
Uganda Red Cross Society’s Covid-19 response in Kampala and Wakiso district

The Uganda Red Cross Society (URCS) operates countrywide with over 100 staff and a network of 360,000 members and volunteers. URCS has 51 branches countrywide. Each branch covers at least 2 districts.

As a member of the national task force for public health emergencies, URCS has been working in partnership with Ministry of Health, UN agencies and other partners to prepare, prevent and respond to epidemics.

Following the presidential directive issued on March 18th, 2020 prohibiting mass gathering, URCS targeted markets with the intention of reaching many people with risk communication and conduct screening in Kampala and Wakiso. A total of 13 priority markets in Kampala were targeted namely; St. Balikudembe (Owino), Nakasero, Natete, Busega, Kasubi, Wandegeya, Kalerwe, Nakawa, Ntinda New Market, Kyaliwajala, Gaba, Kibuye and Kajansi.

In Wakiso district, 03 markets were targeted namely; Nansana Daily, Wakiso and Gayaza.

The following were implemented in response to Covid-19 namely;

i. Orientation of 6 branch managers and 70 volunteers on understanding Covid-19, how it is spread, prevented and demonstration were conducted on how to use PPEs and IPCs. They were also oriented on community case definition. Proper handwashing with soap demonstrations and social distancing were conducted.

ii. Procurement of supplies was conducted namely IPC & PPE supplies (chlorine, hand washing facilities, waste bins, gloves, aprons, face masks, face shield, gumboots); shade and furniture (tents, tables, chairs); thermometers and batteries.

iii. URCS committed 7 vehicles to support risk communication and screening in Kampala and to ensure that volunteers are delivered on time.

iv. URCS conducted risk communication and screening in the 16 markets. In all these markets, URCS teams had meetings with the market leadership, and agreed on implementation strategies including closing some entry gates to the markets to enable people to access handwashing places and be screened.

v. URCS conducted screening of market venders and their buyers with the intention of identifying people with abnormal temperatures. People with temperatures of ≥ 37.50C are isolated and monitored. If their temperature remains consistently high, with other related signs and symptoms of Covid-19, they are referred for further investigation and management.

Editorial

This is the 3rd Issue of The WATSAN Eye newsletter focusing on the contribution of CSOs to the national Covid-19 response in Uganda.

In this issue, a total of 10 UWASNET member organizations’ share their contribution to the national Covid-19 response plan.

Since the confirmation of the first cases of Covid-19 in Uganda in early March 2020, the Government of Uganda, through the Ministry of Health has and still is spearheading the Covid-19 national response. A number of partners including Civil Society Organizations (CSOs) are contributing to the national response. We share their contribution as part of reporting, and facilitating UWASNET members’ visibility, accountability and transparency to its partners. This newsletter presents opportunities to learn from other CSOs and inform your organizations’ development programs.

If you want your work profiled in this newsletter, email a one-pager & pictures to raanyu@gmail.com by June 17th, 2020.
SNV’s IWAS Project supports districts to boost water and hygiene during Covid-19

Amidst the Covid-19 communities in rural areas lack access to safe water. The Improving Water Supply Sustainability (IWAS) project has been supporting communities to take responsibility of keeping their water sources functional by constituting a user committee and contributing monthly fees. Through forming a bigger umbrella board at sub-county level individual committees receive support and are able to move towards preventive maintenance. This approach has been adopted by most of the communities in the four target districts (Lira, Kole, Dokolo Alebtong). With the outbreak of Covid-19, ensuring the safety of the users of a rural water point became a critical issue.

John Robert Okello, the IWAS II Project Manager shares his insights on how his team is working with the district staff and the communities to keep the water sources safe, free of contamination so as to prevent the spread of Covid-19.

Q1. Can you share some of the interventions put in place to keep communities safe from Covid-19 while accessing water?

John Robert: Hands are key transmitters of disease causing organisms including Covid-19. Given that the majority of our water sources are boreholes, we have been working with the districts through the community support structures to mobilize communities to put in place temporary handwashing facilities at the water sources. That way users can wash their hands before accessing the water source. Working hand in hand with the sub-county extension workers, who are also members of the Covid-19 sub-county task force, we supported the dissemination of messages pertaining to the Standard Operating Procedures (SOPs) issued by the Ministry of Water and Environment. These SOPs educate communities about the importance of social distancing, handwashing with soap and water, fencing their water source and the need to avoid crowding at the water source. We have seen positive change in behavior and the project will continue to work with the community structures to enhance awareness.

Q2: What channels are being used to disseminate this information to the communities?

John Robert: We mostly use the local radio stations for information dissemination and providing a platform for discussion and receiving feedback from beneficiaries calling in. The project has also started translating the SOP issued by Ministry of Water and Environment into the local languages for distribution and dissemination through the water user committees.

Q3: How has Covid-19 impacted the way you work?

John Robert: The biggest change is that direct engagement with stakeholders has become harder and requires us to become creative and persisted in communication without physical presence. Fortunately, the project had already supported the establishment of structures (Water User Committees, Sub-county Water Supply and Sanitation Boards (SWSSB), Hand Pump Mechanics Associations) and working relationships with Parish WASH Coordinators in the communities. The project has engaged two local organizations, Global Forum for Development (GLOFORD) and Children’s Chance International (CCI) who will provide technical back up support and mentorship to the established structures. This hard work of establishing a diverse workforce and great network now pays off. Through these structures we are able to coordinate our support by phone with the teams on the ground. Where there is need for face to face meetings or support, I use my bicycle, especially in nearby places in Adekokwok sub-county to move and ensure that we adhere to the government standard operating procedures. We are also fortunate that a number of our SWSSB members such as the Sub-county Chiefs and Health Assistants are members of the Covid-19 task force and continue to support the project activities within their communities. Sustainable water supply is more important than ever now and we all have to play our role!

IWAS II is implemented with funding from the Austrian Development Cooperation (ADC).
Lifewater International supports Covid-19 response in Kaliro, Mayuge and Kakumiro districts

Lifewater International has planned a number of interventions in response to Covid-19 namely;

i. Development of internal guidelines to ensure safety of staff and community members;

ii. Preparation, printing and broadcast of IEC materials (such as posters, radio jingles and DJ mentions on local FM radios etc.) to support information dissemination on Covid-19 to staff and for use in community engagement

iii. Conducting online training for staff and community structures such as Community WASH Facilitators, Social Group Leaders, Local Council Leaders, Church Leaders on basics of Covid-19;

iv. Supporting community awareness using loud speakers;

v. Repair of broken water points to increase access to water;

vi. Provision of handwashing facilities and other hygiene materials such as soap and sanitizers for use at designated health care facilities and for vulnerable households;

vii. Provision of protective equipment for health care workers; essential medicines for isolation centres; relief food support to vulnerable households. In addition, staff are being facilitated to work from home and others to take annual leave.

viii. Lifewater is actively looking for funding including submission to the UN Emergency Appeal in order to respond to Covid-19 pandemic in Uganda.

ix. Lifewater is actively engaging the relevant District Task Forces of Kaliro, Mayuge and Kakumiro and in the CSO/UN/Government of Uganda Partner Coordination Meetings at the National level.

x. The interventions target staff, vulnerable households and community leaders. They are implemented at household level, communities, schools, health centres and district

Challenges faced

- Insufficient resources to effectively respond to the district and community needs;
- Limited movement and community engagement due to the lockdown restrictions;
- Online engagement with staff and communities affected by poor network connectivity

What are the lessons learnt?

i. The need to adapt approaches and prioritizing strengthening community structurers in order to ensure business continuity. This is key in ensuring appropriate linkages with the community and sustainability of interventions;

ii. Stronger collaboration among the actors is key in facilitating faster linkages, sharing of information and fronting a common voice. For the local and relatively smaller organizations, long term resourcing of programmes and activities is central in ensuring continuity of interventions at least in the short and medium term of an epidemic like Covid-19. WASH is central in the prevention and management of Covid-19, it is important that CSOs work to amplify this centrality to policy makers with good analysis and presentation of facts. Perhaps, a high level dialogue could be organized by UWASNET in collaboration with Ministry of Water and Environment, Ministry of Health, Ministry of Education and Sports, National Planning Authority, Parliament, Office of the Prime Minister and the Office of the President. This requires, quick and good analysis linking WASH and Covid-19 and how adequate investment in WASH is the game changer during and post Covid-19 pandemic.
Living Water International Uganda training, sensitizing and equipping communities in Mayuge, Ibanda and Kiruhura districts with factual information on Covid-19

Living Water International Uganda (LWI Uganda) is training, sensitizing and equipping communities in all its WPA locations with synthesized facts and information on Covid-19 from World Health Organization (WHO) and Uganda’s Ministry of Health (MOH) websites.

LWI Uganda staff have empowered and trained community leaders, church leaders and other stakeholders to reach out to the community members to take the precautionary measures on the spread of the pandemic.

Communication has been mainly through direct phone calls, SMS text messages, radio talk shows, among others. Through different channels we have reached over 230,000 people with Covid-19 prevention messages.

Communities are trained on how to install handwashing facilities like tippy taps in their homes including actions of proper hand washing.

LWIU has worked with church mobilization groups in Malongo sub-county in Mayuge district to make and distribute hygiene supplies like liquid soaps in some of the WPAs.

LWI Uganda has also continued drilling boreholes to increase access to safe water in Malongo Mayuge District. In Ibanda, LWI Uganda has constructed a gravity flow system with 40 public tap stands to supply safe water to over 6,000 people. One of the taps has been strategically been constructed at Katembe Health Center II in Rukiri sub-county in Ibanda district.

These interventions have been supported by Living Water International. The gravity flow system in Ibanda district is being implemented in partnership with Ibanda District Local government.

Challenges faced

i. The lock down and suspension of public and private transport makes movement of staff difficult and expensive.

ii. The suspension of gatherings means we can engage people virtually which most people are not used to.

iii. We have had to do many small gatherings to reach a sizeable number which is time consuming and costly.

iv. The suspension of gatherings also means that sessions that require practical demonstrations cannot be conducted.

v. The pandemic also has led to budget cuts which have a significant impact on our program.

vi. The initial closure of hardware shops for over a month led to serious costly delays especially in construction of water projects.

vii. The reluctance of Resident District Commissioners to issue travel permits hampered operations.

What are the lessons learnt?

- Ugandans attach a lot of meaning to face to face interactions in that they do not fully appreciate online trainings. Comments like “we will understand better when we see you” suggests the importance of face to face interactions.

- The fear of something can cause change in behavior for example NGOs and Government have for long been sensitizing communities for handwashing with little success however, the fear of catching the dangerous disease has caused many to adopt hand washing.

- Covid-19 has re-awakened the importance of handwashing. People are not just doing it for the sake of being seen but to prevent the disease. This will in turn led to reduced incidence of communicable diseases.
Caritas Kampala supports urban refugees and children with disabilities in Kampala with maize flour, rice and soap

Caritas Kampala has supported the urban refugees and children with disabilities in Kampala with maize flour, rice, soap. This support was possible with funding from the Diocese of Rotterdam. The interventions were implemented in collaboration with the Department of Justice and Peace Archdiocese of Kampala, and the Kiwanga Integrated Skills Training Centre (KISTC). The interventions took place from April 20th—May 2nd, 2020.

The first phase will be completed when we get more support to purchase commodities, supplies and materials for the urban poor.

Challenges faced
i. Limited financial resources to meet the demands for this Covid-19 response and the ongoing lockdown that hindered us reach to other vulnerable groups in the implementing areas

Lessons learnt
i. There is need to strengthen and enhance the capacity of Caritas Kampala Emergency and Response Department in order to be prepared all the time for any emergency response.
ii. There is need to strengthen our linkages with other Emergency and Response organizations for us to pave a positive and strong lee-way forward for planning in this area.

Compassion International offers food relief to 10,405 beneficiaries in 61 districts

Compassion International offered food relief to 10,405 beneficiaries under its project in the following districts; Kampala (Nakawa, Wakiso, Kawempe divisions), Iganga, Mukono, Mityana, Kamuli, Luweero, Masaka, Kayunga, Buikwe, Jinja, Masindi, Kasese, Mitooma, Bushenyi, Kamwengye, Ibanda, Kyenjojo, Bundibugyo, Kabarole, Kazo, Mubende, Rukungiri, Kanungu, Kabale, Rubanda, Kisoro, Rukiga, Mbarara, Ntungamo, Isingiro, Rwamara, Arua, Gulu, Kitgum, Agago, Soroti, Bukedea, Amuria, Katakwi, Kapelebyong, Alebtong, Oyam, Lira, Apac, Otuke, Moroto, Nakapiripirit, Pallisa, Kibuku, Budaka, Bugiri, Busia, Mbale, Namisindwa, Bududa, Tororo, Butaleja, Bukwo, Sironko, Kapchorwa and Bulambuli.

This initiative was supported by Compassion International. The implementing partners were frontline church partners in Uganda.

Lessons learnt
i. Working with the local church made it possible to reach the neediest under their care
ii. Collaboration with the Office of the Prime Minister (OPM) has contributed to successful implementation of the planned programs

Challenges faced
⇒ High expectations from beneficiaries, overwhelming need beyond the registered beneficiaries
Danish Refugee Council (DRC) supports Covid-19 response in Arua district

The Danish Refugee Council (DRC) is supporting the national response to Covid-19 in Arua, Madi Okollo, rhino camp and Imvepi refugee settlement. The support to Covid-19 response include;

i. DRC has supported Arua district with 200 liters of fuel.

ii. DRC distributed 1,639 bars of soap for hand washing in the casual work beneficiary.

Distributed 197 hand washing facilities to the host community

iii. Distributing a piece of soap per person/month for every household for hand washing in response to Covid-19 (DRC-protection support)

iv. Repair of Leaking tap stands, encouraging IPC at the water points

These interventions are targeting communities and the District Taskforce.

The funding partners are; DRC (NURI_Project) implementing with funding from DANIDA and UHNCR.

Challenges faced;

⇒ Hand washing containers still not Enough. Social distancing is still a challenge. Need to continue sensitizations on Covid-19

⇒ Not all communities still have hand washing at the latrine points

⇒ Social distances at water points still remains challenge

Lessons learnt

⇒ Continue the hygiene promotion activities.

Partners for Community Transformation support Covid-19 response in Mityana district

Partners for Community Transformation is supporting Covid-19 response in Mityana district. The organization has supported the following;

• Community sensitization through community drives, radio talk show and community radios/mega phones.

• Support most at risk households with Handwashing facilities.

• Supported Mityana hospital with isolation centre with mattresses and disinfectants.

• Supported the taskforce with communication airtime. Supported taskforce and health workers with sanitizers.

• Distribution of food stuff individuals/beneficiaries that have been mostly affected with the outbreak of Covid-19 pandemic.

• Supported the task force especially DHO, RDC and the police with fuel to ease their movement especially collection of cases for testing.

The interventions target Mityana hospital, the district taskforce members, health workers, community members and Covid-19 most at risk households. The interventions were funded by Blood Water Mission. Implementing partners were Partners for Community Transformation (PaCT) and Mityana District Health Office.

Challenges faced

• Inadequate food stuffs is hitting people especially child headed home, elderly and those that were working for a daily income/hand to mouth.

• A challenge of access to medication from Mityana for expectant mothers and PLWHIV is hard because of no transport means.

• Some communities had poor access to clean and safe water hence putting them at a risk of waterborne diseases.

• Inadequate access to information regarding the Covid-19 pandemic especially households with no access to radios and TVs in rural communities.

• Increasing outbreak of gender base violence in some households.

• There was also a challenge of rural communities not observing directives from the Ministry of Health, and Presidential directives.

Lessons learnt

• There are communities with no access to safe and clean water hence need for quick interventions.

The interventions are aimed at;

- Limiting the spread of infection in the areas of operation – communities and workplaces
- Ensuring continuation support to have access to sustainable sanitation at home and in their learning or working environment
- Easing concern, for example by providing information to partners (field staff) and community beneficiaries
- Ensuring that the right measures are taken at the right time. Ensure functionality of the water points for access to clean and safe water
- Sensitization through media (posters, Facebook, radio talk shows, etc.) on prevention of the Covid-19.

The interventions target key partners, the local authorities and community (beneficiaries) and are being supported by Protos in partnership with Belgian Development Co-operation and responsAbility Renewable Energy Holding (rAREH) TA Facility Trust.

The implementing partners are Joint Effort to Save the Environment (JESE), the Natural Resources Defense Initiatives and Caritas Fort Portal Diocese.

The interventions are planned till the Government lessens the guidelines, but some of the hygiene and sanitation activities will be integrated in the program activities,

Challenges faced

- All “software” activities (meetings, trainings, workshops, seminars) that bring together big number of people with more than 5 people were cancelled
- At the water points caretakers need protective masks and gloves etc. as well as other handwashing facilities and equipment’s like soap, sanitizers to be supplied and installed at the selected water points.
- The fact that the caretakers at the different will be at the water points the whole day from 7:00am to 6:00pm to ensure the people observe the standard operating procedures will need some daily or weekly allowances for their survival.
- The non-functional water points which are down due to simple mechanical problems i.e. fixing new spare parts it is a bit challenging in situations where shops of spare parts are closed and transportation is difficult to ensure functionality of these water points to avoid overcrowding of the population at the W.Ps.
- Staff working in extraordinary conditions, juggling work, family and other responsibilities from home.

Lessons learnt

⇒ We believe the safety and well-being for our partners and beneficiaries are the top priorities for Protos. At the same time, creating a safe work environment is a shared responsibility. Therefore, Protos does all it can to stay in touch with partners and beneficiaries through our partners across the various areas of operation.

⇒ We do hope this situation is temporary and we will be able to see a positive trend soon. Of course Protos will not be able to highly influence this global problem, but we can set an example and take our responsibilities towards our own team, our partners and the beneficiaries we work for. We all have a role to play in preventing infections by following the guidelines from MOH and presidential directives.
Oxfam supports Covid-19 response in refugee settlements and host communities in Kyegegwa and Kamwenge districts

Oxfam work focuses on risk communication, community engagement and IPC. Specific activities includes;

- Awareness creation on Covid-19 at water points and community level through radio talk shows, media: bodaboda talk talk and IEC materials,
- Home visits through VHTs,
- Crowd management at water points through water points attendants,
- Water supply in Kyaka settlement, construction of communal latrine and support household latrine construction, distribution of essential WaSH NFI s such as buckets, soap, tippy taps, aquatabs and communal hand washing facilities, water quality monitoring.

The interventions are in refugee settlements and host communities in Kyegegwa district at Kyaka II and in Kamwenge at Rwamwanja and Kikuube-Kyangwali settlements

Challenges faced
- The lock down affected most of the WaSH activities such distribution of Cash for WaSH non-food items, latrine construction materials,
- Lack of community adherence to Ministry of Health guidelines such social distancing in markets and trading centers,
- Some service provider cannot deliver WaSH items due to lock down

Lessons learnt
- Through collaborations with WaSH, Health partners and district health department a lot has been achieved in fighting Covid-19. All Covid-19 activities are well coordinated.
- Use translated IEC materials for the community structure’s use such as water point attendants,
- VHTs has enhanced behavioral change among the communities. behavior change is triggered by perceived benefits such as hand washing
- There is need to strengthen effective community engagement through empowering community structures with relevant information and tools.
- There is also need for none monetary incentive such as T-shirts, protective gears and visibility materials.

NAPE supports Covid-19 response in Hoima, Kiboga & Kikuube districts

National Association of Professional Environmentalists (NAPE) is supporting Covid-19 response in Hoima, Kiboga and Kikuube districts through the following;

- Sensitizing communities on radios about the virus, producing publications about health safety for Covid-19
- Providing communities with PPE’s, Having media campaigns and interviews on Covid-19 and its impact,
- Providing demonstrations for communities on washing hands.

The interventions target community members including women groups, youth and farmers, community based organizations, District security team that are enforcing the directives. The interventions are supported by AJWS, FGHR, Rosa Luxenburg.

Challenges faced
- Access from one area to another as a result of halting movement of vehicles and the curfew,
- Violations of human rights during enforcement of these Covid-19 directives,
- Working from home comes with very many challenges,
- Fundraising efforts have been affected by Covid,
- Limitation on conducting physical meetings to deliberate on issues of health.
Kigezi Diocese Water & Sanitation Programme supports Kabale, Rubanda and Rukiga districts taskforces on Covid-19

Kigezi Diocese Water & Sanitation Programme is working with the District taskforces on Covid-19 in Kabale, Rubanda and Rukiga to promote and ensure that communities have a regular supply of safe water for handwashing and practicing good hygiene.

The interventions are targeting communities where water supplies were constructed previously. The activity is co-funded by TearFund Switzerland, Tearfund UK and Tear Netherlands.

The intervention started in March 2020 after pronouncement of measures to prevent the spread of Covid-19 by the Government of Uganda.

Challenges faced
- Mobility due to the restrictions in movement and low community participation as a result of low incomes, lack of food and restrictions of social distancing.

Lessons learnt
- The aspect of disaster preparedness needs to be emphasized more.
- Behavior change, even in the midst of a crisis is still a challenge.
- Coordinated approaches are very crucial. Control of a virus calls for more efforts compared with other diseases. Myths and misconceptions can plunge society into greater risks.
- The pandemic has had bad effects on every aspect of life. As long as the cure and vaccine for the virus have not been found, everybody should be very cautious about the infection. All players in the fight against the pandemic should not relax.

Global Aim supports Covid-19 response in Adjumani, Moyo and Obongi districts

Global Aim is supporting Covid-19 response in Adjumani, Moyo and Obongi districts through the following interventions:
- Support to the District Task forces mainly on prevention through facilitating radio talk shows, radio spot messages,
- Awareness through IEC materials like posters,
- Promoting hygiene through provision of hand washing facilities,
- Provision of washing soap,
- Provision of fuel to support district surveillance team and community awareness.

The project beneficiaries in Palorinya refugee settlement, host communities, communities in Moyo district, Obongi, Yumbe, Amuru and Adjumani district targeting Pachara, Itirikwa sub-counties and the other surrounding communities in Adjumani.

The project is supported by GIZ-CUSP, Stromme Foundation East Africa, Ayuda en Accion–Uganda with implementing partners namely; the district local governments of the three districts of Moyo, Adjumani, and Obongi.

Challenges faced
- The lockdown hampered movements and purchase of items because shops were closed.
- The funds allocated was small to cater for the whole settlement as such some parts of the settlement still remain uncovered with the hand washing facilities.
- Staff movement for coordination and monitoring were hindered.

Lessons learnt
- Collaboration with the district task forces made it easy to accomplish tasks.
- Handling pandemic crises without politicizing issues keeps unity in the fight against the crises.
- Development partners should also focus on the post Covid-19 activities for recovery purposes.