



**TERMS OF REFERENCE TO  
UNDERTAKE A RAPID  
ASSESSMENT AND FACTORS  
LEADING TO EXCLUSION OF  
SANITATION, HYGIENE AND  
MENSTRUAL HYGIENE IN UGANDA**

## **Introduction**

Sanitation and Hand hygiene are critical elements in disease prevention, including preventing the spread of COVID-19, A WHO study in 2012 calculated that for every US\$ 1.00 invested in sanitation, there was a return of US\$ 5.50 in lower health costs, more productivity, and fewer premature deaths. Poor sanitation costs Uganda \$ 177 million annually (World Bank 2012). Some 827 000 people in low- and middle-income countries die as a result of inadequate water, sanitation, and hygiene each year, representing 60% of total diarrhoeal deaths. Poor sanitation is believed to be the main cause in some 432 000 of these deaths.

According to World Health Organisation (WHO 2017), 2.0 billion people still do not have basic sanitation facilities such as toilets or latrines. Of these, 673 million still defecate in the open, for example in street gutters, behind bushes or into open bodies of water.

Poor sanitation and hygiene is linked to transmission of diseases such as Corona, cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio and exacerbates stunting. Poor sanitation reduces human well-being, social and economic development due to impacts such as anxiety, risk of sexual assault, and lost educational opportunities. Inadequate sanitation is estimated to cause 432 000 diarrhoeal deaths annually and is a major factor in several neglected tropical diseases, including intestinal worms, schistosomiasis, and trachoma. Poor sanitation also contributes to malnutrition.

In terms of Menstrual Hygiene and Health , at least 500 million women and girls globally lack proper access to menstrual hygiene facilities. Studies have shown that girls in Uganda miss up to eight days of school every term and up to 30% of girls leave school because of poor access to sanitary products. At both the community and national levels there is not enough accurate information on MHM on the impacts of poor MHM.

Girls who live in informal settlements, refugee camps and poor households are mostly affected with lack of sanitation and MHH facilities and products. The situation is worse for girls with disabilities.

Menstruation is often a taboo topic and remains a distant discussion from both domestic and public debate. In addition to its effect on education, access to good MHM is a hygiene right which sets a basis for life long reproductive health of a woman.

Beyond access to affordable menstrual ware for girls, availability of private toilet facilities and societal stigma are the other factors that hinder good MHM.

UWASNET with support from WSSCC would like to undertake a rapid assessment on the extent of seclusion in terms of accessing sanitation and MHM interventions and services

## **Objectives**

- To review the current policies and legal frameworks that guide the implementation of sanitation, hygiene and MHH
- To establish the current level of service delivery for sanitation and MHH in Uganda

- To investigate the extent of exclusion among the marginalised groups (Girls, Refugees and PWDs) and factors responsible for exclusion
- To recommend possible actions both at policy and practise to meet the needs of the marginalised and excluded in accessing sanitation and MHH services

### **Specific tasks**

The consultant will be required to undertake the following tasks:

- Familiarize him/herself with the sanitation and hygiene subsector in Uganda
- Review the current policies, strategies and legal frame works that guide the implementation of sanitation and MHH
- Review different sector/ UBOS documents to assess who the unserved are and why?
- Undertake field visit to selected districts and settlements to understand the extent of exclusion
- Discuss with UWASNET the methodology, timing and logistics needed to accomplish the task
- Conduct individual interviews with selected members of the national sanitation working group and sectors responsible for implementing Sanitation and MHH services
- Conduct a validation meeting for the draft report
- Develop and submit a final report

### **Deliverables/Expected Outputs**

The major expected outputs of the consultancy include:

- Inception report
- Presentation of a draft report to UWASNET for feedback and comments during the validation meeting.
- Final report detailing the methodology, findings and recommendations in not more than 30 pages excluding annexes.
- Summarized policy brief of maximum 4 pages
- Final Power Point Presentation detailing key findings and recommendations

### **Duration and Timing**

The assignment is planned to be undertaken in 20 days

### **Logistical Support**

UWASNET will provide introduction letter to the consultant to the different stakeholders, and other sector documents.

### **Reporting**

The consultants are to report to the Executive Director UWASNET and closely work with the Advocacy and Policy Analysis Coordinator as the supervisor .

### **Eligibility/Qualification of Consultants**

UWASNET is looking for a consultant/s with the following skills and competencies:

- At least a Master's degree in Development Studies, Sociology, Organizational Management or any other related field.
- Knowledge and experience of WASH and MHM in Uganda
- Demonstrated experience in carrying out similar assignments
- Extensive work experience and proven record in sanitation and MHH interventions
- Strong analytical and excellent writing and reporting skills
- Ability to work efficiently and deliver on committed outputs under the assignment within agreed timelines and deadlines.

### **Application process**

Applicants should submit both their technical and financial proposals in soft copies addressed to the Executive Director; email [ngocoord@uwasnet.org](mailto:ngocoord@uwasnet.org) and copy [twine.muhumuza@gmail.com](mailto:twine.muhumuza@gmail.com) not later than 31<sup>st</sup> August 2020.