



USAID
FROM THE AMERICAN PEOPLE

Learning Brief

GENDER EQUALITY AND SOCIAL INCLUSION IN WATER, SANITATION AND HYGIENE IN UGANDA

UGANDA SANITATION FOR HEALTH ACTIVITY (USHA)

July 2023

OVERVIEW

This learning brief presents key learnings and recommendations from the study on the impact of integration of gender equality and social inclusion in USAID's Uganda Sanitation for Health Activity (USHA). It presents the gaps and makes key recommendations for the provision of equitable WASH services. It further provides key considerations for supporting district local governments in delivering equitable WASH services, including enforcement of regulations and policies.

WHY THIS MATTERS

The USAID 2023 Gender Equality and Women's Empowerment (GEWE) policy requires project and activity design teams to clearly indicate how the results of the gender analysis are implemented. The 2022 US Global Water Strategy (GWS) underscores the United States Government commitment to using Water Sanitation and Hygiene (WASH) as a mechanism to influence and address deep-seated and foundational gender equality and social inclusion concerns across the globe. Additionally, the Uganda National Gender Policy (2007) requires all development agencies to mainstream gender in their programmes.

It is globally recognized that "women play a central part in the provision, management, and safeguarding of water", yet gender inequalities in the water and sanitation sectors place an undue burden on women and girls and can lead to gender-based violence and other negative impacts. The USAID GWS states that globally, women and girls are largely responsible for water collection in households due to inequitable division of household labor and a lack of agency. Further, poor sanitation creates additional care work and affects their health, safety, education, and livelihoods.

A long history of socio-cultural norms, stereotypes and restricted autonomy has placed women at the lower rungs of the power ladder in Uganda. . In the present context, inequities in education, employment and earnings, access to WASH services, food and healthcare are prevalent and adversely affect the health and wellbeing of women and their offspring. For

USAID's Global Water Strategy and equitable WASH service provision

The second strategic objective of USAID Global Water Strategy 2022 – 2027 is to increase equitable access to safe, sustainable, and climate-resilient drinking water and sanitation services and adoption of key hygiene practices. There is an emphasis on the equitable provision WASH services especially for the youth and women.

USAID USHA through its gender and youth strategy deliberately initiated and implemented measures to increase access to water and sanitation among all population groups. This learning brief documents the process and outcomes of the implementation and goes ahead to provide actionable recommendations.

instance, as of 2019,¹ married men aged 15-49 years (99%) were more likely to be employed than married women (84%) in the same age bracket; male headed households (MHH) earn twice (UGX 250,000 (USD 70) per month) as much as female headed households (FHHs) at UGX 120,000 (USD 34), while 61% of males versus 46% of females actively participate in the labour force. As per USHA 2019 baseline, in 56% of households women were primarily responsible for water collection, girls and boys aged below 15 years were responsible for water collection in 10% of households, while men rarely collected water.

Against this backdrop, USHA conducted a rapid gender and youth assessment in March and April 2019 to ensure that USHA's programmatic approach and activities were systematically socially inclusive and gender-integrated. Findings from this assessment informed the design of the USHA Gender and Youth Strategy and Gender Analysis and Integration Matrix (GAIM) action plan, which was used to mainstream gender and youth into USHA's interventions. USHA recruited a gender Specialist who was very instrumental in guiding the GAIM implementation until 2021. The departure of the Gender Specialist created a gap in providing overall guidance and documentation of the G&Y strategy and specifically monitoring of the GAIM recommended actions. The function was reallocated to other project staff who already had full-time responsibilities which limited the ability to effectively implement, monitor and report on the G&Y specific component.

To understand the impact and achievements resulting from gender and youth integration in USHA programming, a gender and youth integration study was conducted in March 2023 with a focus on the project's intervention districts. This study utilized qualitative and quantitative methods that included Focus Group Discussions and Key Informant Interviews as well as a thorough review of relevant materials and literature to document the contextual understanding of gender and WASH integration delivered by USHA. In addition, detailed school observations generated qualitative and quantitative data. It is observed that there were a number of limitations in obtaining a number of quantifiable indicators since few had been developed at the on set of the project.

THE INTERVENTIONS

Water supply: In alignment with SDG 6.1 which seeks to increase access to safely managed water for all, USHA in collaboration with the Ministry of Water and Environment through Umbrellas of Water and Sanitation extended piped

Uganda Sanitation for Health Activity (USHA)

USHA was a 66-month program (29 Jan'18 – 28 Jul'23) financed by the United States Agency for International Development (USAID). USHA was implemented by Tetra Tech along with partners FSG, Sanitation Solutions Group, SNV USA, and BRAC.

USHA worked in 20 districts across three regions in Uganda implementing a series of water, sanitation, and hygiene (WASH) interventions to achieve the following key outputs:

1. Increased household access to sanitation and water services
2. Key hygiene behaviors at home, school, and health facilities adopted and expanded
3. Strengthened district water and sanitation governance for sustainable services

1,640 household water connections installed. 38% of these were allocated to female headed households.

¹ The Uganda National Household Survey Report 2019/2020

water to 1,640 households (38% being female headed) through the expansion of 8 water supply systems. To ensure that low income earners were strategically targeted, USHA developed a pro-poor strategy and using the [EquityTool](#), half of the 1,640 connections installed were allocated to households in the bottom two wealth quintiles. Additionally, in partnership with Rotary International, 55 boreholes with hand pumps were constructed, fifty 10,000 litre rain harvesting tanks supplied to select schools spread across the 20 districts of operation. At 11 Health Care Facilities, piped water was extended to points of care. The emphasis was to increase the proportion of households and schools having access to safe water within 500m of school premises and yards in the households to reduce or eliminate long walking distances, especially for the children and women who have the primary responsibility of water collection.

Market Based Sanitation Implementation Approach (MBSIA) and Community Led Total Sanitation with quality (CLTS+):

To increase the proportion of basic sanitation facilities constructed that meet the needs of women and girls, USHA recruited and trained 447 masons, 714 Sanitation Committee Members (SCMs) and 404 Sanitation Promoters (SPs) to implement MBSIA and CLTS+ at the community and household level, at least half of all SPs and SCMs being women. The SPs and SCMs received a monthly stipend in addition to commission earned from masons once a toilet sale was completed. Furthermore, to promote gender equality, USHA designed specific sessions focusing on prevention of Gender Based Violence (GBV) and promotion of joint decision making in sanitation facilities investments at the household level were conducted by the trained masons and SPs. Gender-inclusive language was included in the trigger sessions and sales pitches to encourage discourse with respect to investments in sanitation at the household level. To supplement the SPs, SCMs and Masons, USHA developed the “Living Freshi” brand with tagline “Clean homes, Healthy Communities” which targets improving hygiene behaviors at households and schools.

447 masons and 1,128 Sanitation Promoters trained in GBV and joint decision making.



BRAC trained CHPs as part of the SATO sales force

To further support women involvement in the sanitation value chain as well as support improved sanitation, USHA partnered with BRAC Uganda to train an all-female community level sales force of 500 CHPs for SATO toilet products from which they make a sales profit. The CHPs were connected to USHA trained masons in the project areas under each branch’s jurisdiction and provided with a start-up seed capital to purchase the initial SATO toilet stock. .

The CHPs bought SATO products in cash from their local BRAC branches and sold these products to households within their communities at a profit. However, the project fell short of disseminating comprehensive masculinity messages among men in the general community and training of female CHP

and sanitation promoters in financial management. limited effort to include these messages within the activities implemented by USHA especially at the community level was observed.



A newly constructed female-stance toilet with an MHM changing room and incinerator

WASH in Schools: To increase the availability of sanitation products and improve on the poor infrastructure that disproportionately affected girls in schools, USHA implemented a series of governance, service delivery, and SBC interventions targeting, among others, DLG staff, school management committees (SMCs), teachers, parents, and pupils across 114 primary schools. “Software” interventions were complemented by “hardware” interventions, including 114 incinerators, 111 group handwashing stations, and 87 five-stance latrine facilities with separate changing rooms and access to water for girls to ensure an MHM-friendly environment. Prior to handover of the WASH facilities to the schools and districts, USHA conducted trainings on the maintenance and sustainable use of the facilities.

USHA also supported the establishment or revitalization of School Health Clubs (SHCs), trained teachers and approximately 78,000 pupils (about 38,000 girls), district staff, grantee staff (WASH in Schools Officers (both males & females) on making reusable menstrual pads, using incinerators to support proper MHM; and making liquid soap to support hand washing with soap in schools. Furthermore, through the SHC, MHM messages targeting the boy child and male teachers were disseminated with the goal of reducing stigmatization of girls and ensure that menstruation is seen as normal. Other messages targeting the girls focused on menstruation, the menstrual cycle, menstrual hygiene management, stigma and taboos, management of pain and other symptoms, hygiene tips, as well as roles of the different stakeholders. The learners cascaded the messages as advocates to parents to support the girl child during menstruation in addition to encouraging positive hygiene behaviors at home.

Voice from a male youth

“I see the boys have respect for the girls. If they get to know, they keep quiet. They may just go to another girl and tell her to help the colleague. They do not even laugh at a girl who is menstruating if they realize.”

Male FGD participant, Mixed out of school youth in Kitgum



Male Learner at a training for making reusable pads-St. Joseph's Lwaweeba-Primary School, Mpigi District

To advocate for the enforcement and implementation of gender sensitive WASH related policies such as the MWE Water and Sanitation gender strategy (2018-2022), USHA conducted dissemination workshops through 20 districts, at regional levels and through the District Water Sanitation Coordination Committees (DWSCCs) meetings. USHA supported the convening of DWSCC meetings, whose focus is general WASH programming and service delivery within the district and mapping stakeholders implementing WASH interventions. District efforts are underway to follow up with schools to implement some gender and youth integration activities introduced by USHA such as extension of access to water for the water stressed schools, revival and/or creation of school health clubs, construction of gender segregated latrines and introduction of the sanitation anthem to other schools.

FINDINGS

1. The G&Y integration led to changes in behavior among boys and girls with respect to Menstrual Hygiene Management (MHM) and hygiene

Findings from the study indicate that implementing a WASH in Schools program with a gender lens led to changes in behavior among the boys and girls (including nearby communities) in relation to improved hygiene, sanitation and MHM. For instance, hand washing among the pupils was almost universal with 97 of the 114 surveyed schools observing hand washing among the pupils, while all the 114 schools assessed cleaned their toilets regularly. Due to the MHM interventions, the female learners reported increased levels of confidence and comfort while at school and in the classroom. They also reported increased support from the boys during menstruation including full support from male and female teachers. The training in making of reusable pads greatly increased the availability of pads for girls both at school and home and enabled parents save the pads money to purchase other household items. Girls reported utilization of the skills gained for income generating activities, making extra money from the sale of liquid soap. The male learners who interacted with the MHM messages heavily support the girls during menstruation and have become advocates for the girls in the community outside of the school, disseminating messages about MHM among fellow boys and parents outside the school. Furthermore, the male learners reported feeling more comfortable around menstruating girls and that it was acceptable to interact with girls who are menstruating. There was a reduction in other misconceptions and stigma around menstruation.

2. Increasing the number of women participating in the sanitation value chain and gaining financial independence

USHA in partnership with BRAC trained 500 female community Health Workers as a sales force for SATO products across 13 branches in 8 districts. Results from this initiative led to increased access to independent sources of finances from sale of Safe Toilet (SATO) products. There was an observed 12 fold increase in profits among some of the CHPs who were all female resulting from the sale of SATO products alone. These additional resources were utilized by the female CHPs to purchase assets as well as support in paying for school fees. Furthermore, many CHPs reported having received community recognition and improved status as a result of promoting and selling products that enhanced household sanitation. Using the BRAC model, loans were provided in addition to the seed capital, BRAC to support the CHPs increase their sales and support their businesses. Furthermore, USHA promoted women's involvement in the sanitation value chain as sanitation promoters and masons which enhanced their role in the sanitation value chain since they could make decisions and increased financial independence.

3. Increased investments among men in Sanitation activities

The two interventions, MBSIA and CLTS+ have seen increase in the construction and/or improvements in basic sanitation in the USHA supported areas. Through the MBSIA and CLTS+, men were specifically targeted so as to realize an increment in sanitation investments at the HH level. A total of 164,657 toilets were improved or newly constructed, which translated into 823,285 people gaining access to basic sanitation, most of these (69%) in male

164,657 toilets constructed

823,285 people gained access to basic sanitation

headed households. The households that gained access to basic sanitation are estimated to have made a cumulative investment of close to UGX 38 billion (about USD 10.38m) in labor, materials, and transport, across all toilets built and upgraded. Approximately 79% of this investment was towards construction of basic facilities. In-depth interviews during the study confirmed that in male-headed households, men were the main decision makers with respect to construction and/or improvements in toilet facilities. Based on the self-reports from the study participants, investments in improved sanitation brought many benefits some of which include reduction in the transmission of diseases, hence, reducing the burden that women would have taken care of children as well as the men. However, in some instances, women were solely responsible for toilet construction even when men were the household heads.

4. The G&Y integration led to a decrease in absenteeism and increased retention among the girls

In addition to improving access to water, USHA promoted appropriate hygiene and sanitation positive behaviors at community and school level. At the schools through the school health clubs and the 'SOAPY' SBC materials, hygiene and sanitation behaviors among the pupils are promoted. For schools in particular, USHA used trained teachers to promote hand washing and regular toilet cleaning in schools. The major vehicle for disseminating the SOAPY SBC messages is the SHC with a composition of 60% girls while 40% are boys which meet – weekly-thus supporting the meaningful participation of the girls. Training was also conducted by USHA for schools to develop own sanitation and hygiene promotional materials and are present in some of the schools.

Enrolment data for schools visited indicated a slight increase in enrolment between 2018 and 2022, the period when USHA implemented MHM interventions in schools. At the baseline (2018), total enrolment

Female Learner Enrollment increased by 18%

for primary five through primary seven was 2,074, increasing slightly by 12 percent to 2,328 at the end of 2022. Specific to girls, there was an observed increase of 18% in enrolment for the same classes between 2018 and 2022. Data on daily attendance was not collected to determine absenteeism however, through in-depth interviews respondents were asked if they have observed a reduction in absenteeism among the female learners.

Results from the in-depth interviews confirmed increased attendance and reduction in absenteeism among the girls as a result of interventions of the WASH in schools activities particularly on MHM. The pupils reported that prior to the USHA interventions, when they experienced menstruation, they were sent back home and could stay home for up to seven days, missing up to 72 school days annually. Factors that led to the improvements included increased supply of sanitary materials, increased privacy and comfort levels among the female learners as a result of new facilities constructed, and reduction in teasing among the boys.

RECOMMENDATIONS

- 1. Recruitment of a Point of Contact for Gender Equality and Social Inclusion:** USHA built momentum at the start of the project by developing a G&Y strategy (including gender analysis using the GAIM framework), developing an action plan and training both the local partners and USHA staff in G&Y integration until 2021. In future to fully implement G&Y mainstreaming activities it is important that a full-time Point of Contact is recruited to support implementation and monitoring of the G&Y milestones. Beyond supporting the IP staff, s/he can

be vital in supporting IP sub-grantees and districts in implementation and monitoring of G&Y activities.

- 2. Introduce performance indicators and monitoring mechanisms from the onset of gender and social inclusion interventions into program activities:** Whereas USHA commissioned a study to document implementation of the G&Y strategy and action plan towards the end of the project, there was a missed opportunity to systematically document the implementation of the G&Y strategy from the onset of the project. Future programs should from the onset, make a deliberate effort to support and work with IPs to develop performance and context indicators to track changes in addressing key gender and social inclusion gaps from baseline to end-of-project. The monitoring should also include use appropriate qualitative and quantitative methodologies to gather and analyze relevant gender-sensitive data to continuously assess whether there are any gaps between the extent to which females and males are participating in and benefiting from projects and activities (including those of the sub-local partners) and discuss the findings in the annual reports.
- 3. Creativity in inclusion of messages that raise women's voices and promotion of male roles and participation for MBSIA and CLTS+ community level interventions:** To fully achieve the integration of gender and social inclusion messages, future MBSIA and CLTS+ activities need to be more creative and intentional about raising women voices and inclusion of masculinity messages beyond focusing on available sanitation products, sales pitching, GBV, joint decision making and assessment of sanitation household status. Building on current talking points for the SPs, masons and community meetings, efforts should be made to develop similar talking point around increasing the voices of women in decision making at the household level and increasing the role of men in sanitation activities. For masculinity messages, considerations for decision making with wives, alcohol use, male responsibilities in the household, and role model development should be made.

REFERENCES

1. Advocating for MHM Public Policies: <https://riusaidwash.rotary.org/uganda-advocacy-menstrual-hygiene-management>
2. Gender Equality and Female Empowerment in WASH, USAID Water and Development Technical Series, Technical brief series 4.
3. MWE, Water and Sanitation Gender Strategy (2018-2022)
4. The 2017 Gender Impact study in the water and sanitation sector, Ministry of Water and Environment, Uganda
5. The Uganda Gender Policy (2007)
6. USAID ADS 205 functional series on gender equality and female empowerment revision of 2021
7. USAID Gender and Youth policy
8. USAID WASH and Development technical series
9. USAID, 2020 Gender Equality and Female Empowerment Policy
10. USAID, 2022 US Global Water Strategy
11. USAID, 2023 Gender Equality and Women's Empowerment Policy

USHA Contact

Sam Mutono, Chief of Party

Email: Samuel.Mutono@Uganda-Sanitation.org

AUTHOR: Dr. Joyce Magala, Gender Consultant

REVIEWERS: Sam Mutono, Diana Keesiga, Basil Mahayni, Alex Smith, Annis Jonathan