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UGANDA SANITATION FOR HEALTH ACTIVITY

# IMPACT OF GENDER INTEGRATION IN USHA SUPPORTED DISTRICTS

**JULY 2023**

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Documentation of the impact and achievements resulting from integration of gender and youth in USHA activities implementation

**Cover photo:** A school toilet constructed by USHA in Lapur Primary School, Kitgum District  
Photo taken by consultant on consultant on 27<sup>th</sup> March 2023

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## LIST OF ABBREVIATIONS AND ACRONYMS

AMELP	Activity Monitoring, Evaluation, and Learning Plan
CDCS	Country Development Cooperation Strategies
CE	Central East
CHP	Community Health Promoter
CLTS+	Community-Led Total Sanitation and Quality
COP	Chief of Party
CSO	Civil Society Organization
CT	Consultant Team
CW	Central West
DCOP	Deputy Chief of Party
DLG	District Local Government
DWSCC	District Water and Sanitation Coordination Committee
EHD	Environmental Health Department
FSM	Fecal Sludge Management
FSME	Fecal Sludge Management Enterprises
FY	USAID Fiscal Year
G&Y	Gender and Youth
GAIM	Gender Analysis and Integration Matrix
GBV	Gender-based Violence
GDA	Global Development Alliance
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
GoU	Government of Uganda
HCF	Health Care Facility
HH	Household
HUMC	Health Unit Management Committee
IP	Implementing Partner
IR	Inception Report
M&E	Monitoring & Evaluation
MBSA	Market-Based Sanitation Approach
MBSIA	Market-Based Sanitation Implementation Approach
MEAL	Monitoring, Evaluation, Accountability and Learning
MER	Monitoring, Evaluation and Reporting

MGLSD	Ministry of Gender Labour and Social Development
MHM	Menstrual Hygiene Management
MIS	Management Information System
MoES	Ministry of Education and Sports
MOH	Ministry of Health
MOU	Memorandum of Understanding
MWE	Ministry of Water and Environment
NC	Northern Cluster
NDP III	National Development Plan III
NGO	Nongovernmental Organization
NHOP	Nice House of Plastics
NSMG	National Sanitation Marketing Guidelines
NSWG	National Sanitation Working Group
NWSC	National Water and Sewerage Corporation
O&M	Operations and Maintenance
OD	Open Defecation
ODF	Open Defecation Free
RI	Rotary International
SACCO	Savings and Credit Cooperative Organizations
SATO	Safe Toilet
SBC	Social Behavior Change
SCM	Sanitation Committee Member
SHF	Sanitation and Hygiene Fund
SP	Sanitation Promoter
SSG	Sanitation Solutions Group
SWIP	School WASH Improvement Plan
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
USHA	USAID Uganda Sanitation for Health Activity
UWASNET	Uganda Water and Sanitation NGO Network
UWS	Umbrella for Water and Sanitation
VHT	Village Health Team
WASH	Water Supply, Sanitation and Hygiene
WfP	Water for People
WHO	World Health Organization
WiS	Wash in Schools
WSS	Water Supply Scheme

## EXECUTIVE SUMMARY

This report presents a documentation of the impact and achievements resulting from integration of Gender and Youth (G&Y) considerations in USAID/Uganda Sanitation for Health Activity (USHA) conducted between January and May 2023. This builds on findings and action planning of the gender and youth assessment that was conducted in 2019 to inform the development of a project-specific G&Y strategy. The G&Y strategy has guided the integration of gender and youth considerations in the USHA programmatic work streams during the activity implementation.

**Methods:** A thorough review of relevant materials and literature to support the study was undertaken to document the contextual understanding of gender and WASH integration delivered by USHA with a focus on the project intervention districts. Consultative meetings were held with the USHA technical and management team to shape the methodology, sampling approach of the sites to be visited and the tools used during field work. The study employed qualitative methods that included Focus Group Discussions (FGDs) and Key Informant Interviews (KII). In addition, a detailed school observation was undertaken with support from the USHA regional teams to generate data on the facilities that were constructed, and behaviors practiced at the selected project sites.

### Key Study Findings:

*Objective 1: Document the process and results of applying findings from USHA's Gender and Youth strategy and GAIM action plans during activity implementation.*

USHA in partnership with Rotary International (RI), enhanced access to safe water to 94,488 people (38% being women) and 78 institutions through installation of 55 boreholes, 50 rainwater harvesting tanks (10,000-liter), construction of 2 new water supply systems (with 240 connections) and extension of six water supply systems, with 1,400 water connections. These interventions increased access to water particularly for women and girls at home, at 114 schools and 11 Health Care Facilities.

Community management structures were established for each water source and to improve the meaningful participation of women such as the Water User Committees (WUCs) composed of five members, with two positions reserved for women, in line with the MWE gender mainstreaming strategy.

Through the Market Based Sanitation Implementation Approach (MBSIA) and Community Led Total Sanitation with Quality (CLTS+) approaches, USHA developed a Community Facilitator's Guide focused on prevention of Gender Based Violence (GBV) and promotion of joint decision making with respect to investments in sanitation at the household among other things. 447 masons (444 Males and 3 Females), 714 (286 Males, 428 females) Sanitation Committee Members (SCMs) and 404 (203 male and 201 female) Sanitation Promoters (SPs) were trained to facilitate discussions on GBV prevention and response as well as promotion of joint decision making with respect to investments in sanitation at household level.

Gender-inclusive components were included in the trigger sessions and sales pitches to encourage discourse with respect to investments in sanitation at the household level. Furthermore, USHA promoted women's involvement in the sanitation value chain as sanitation promoters and masons which enhanced their role as decision makers in the household for sanitation investments. Findings from Focus Group Discussions and Key Informant Interviews pointed to increased involvement of women in decision making in sanitation investments at the household level. Through the same approaches, USHA promoted positive hygiene behaviors within the communities.

Using the BRAC Community Health Promoters (CHPs) SATO sales model, loans were provided in addition to the seed capital, to support 500 CHPs to increase their sales and support their businesses.



CHPs, who were predominantly male, were supported to access independent sources of finance from sale of Safe Toilet (SATO) products. Furthermore, many CHPs reported having received community recognition and improved status as a result of promoting and selling products that enhanced household sanitation.

In Schools, USHA supported the construction of 72 five-stance girls' toilets. Each toilet has separate washrooms/Menstrual Hygiene Management (MHM) changing rooms, a 1000ltr water tank for hand washing and incinerators for the safe disposal of used menstrual materials. School Health clubs (SHCs) and Social Behavior Change (SBC) messaging for hygiene and sanitation among the pupils were promoted through the 'SOAPY' SBC materials, reaching approximately 78,000 pupils (over 38,500 girls) in all the 114 USHA supported schools. To support the SHC messaging, the project trained both students and teachers in making of liquid soap and reusable pads to promote hygiene behaviors including improved MHM among the girls. Furthermore, through the SHC, MHM messages targeting the boy child and male teachers were disseminated with the goal of reducing stigmatization of girls to ensure that menstruation is seen as normal.

To advocate for the enforcement and implementation of WASH related policies such as the MWE Water and Sanitation gender strategy (2018-2022) which is due for review by MWE, 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 as well as monitoring performance of 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 building, construction of gender segregated toilets and introduction of the sanitation anthem to other schools for advocacy and promotion of positive sanitation behaviors.

### Objective 2: Summary of impacts from the implementation of G&Y strategy

Hand washing among learners was almost universal with 97 of the 114 surveyed schools observing hand washing among the pupils before and after critical moments which include toilet use and having meal, while all the 114 schools assessed cleaned their toilets regularly. The learners frequently washed their hands, swept the classes and tidied up their uniforms as a result of the messages received through the USHA project.

With respect to changes in MHM among both boys and girls, USHA intervention improved the confidence and comfort levels of the girls, and more boys are supportive of the girls during menstruation. The training in making of reusable pads has greatly increased the availability of pads for girls both at school and home. Learners have gone ahead to use the skills gained for income generating activities, making extra money that may cater for their school fees. Furthermore, there have been observed changes in the attitudes of the boys and teachers towards the girls during menstruation. They are now very supportive of the girls/sisters during menstruation. Increased knowledge among teachers and pupils in MHM as a result of the training and messages disseminated by USHA was observed.

Targeting men to invest in sanitation through the MBSIA and CLTS+ at the household level led to increase in the construction and/or improvements in basic sanitation. A total of 164,657 households /toilets were improved or newly constructed, translating into 823,285 people gaining access to basic sanitation, most of these (69%) in Male Headed Households (MHHs).

The study confirmed that in MHHs, men were the main decision makers with respect to investment in basic sanitation facilities and confirmed an increase in the number of households with basic sanitation as a result of USHA interventions. Investments in improved sanitation brought many benefits also attributing a reduction in the transmission of diseases, reducing the burden that women would have taken care of children as well as the men.

Enrolment data for schools visited indicated a slight increase in enrolment between 2018 and 2022, the period when USHA implemented MHM interventions in schools. Specific to girls, there was an observed increase of 18 percent in enrolment for the same classes between 2017 and 2022 as well as increased attendance and reduction in absenteeism among the girls as a result of the WASH in School (WIS) program. Factors attributed to the increased attendance and enrollment included increased access to water, availability of sanitary materials, increased privacy for the girls especially during menstruation, reduction in teasing by boys while in menstruation, and improved comfort among girls as a result of increased MHM knowledge.

## **Recommendations for future USAID WASH programming**

### **Implementing partners: integrate gender interventions in the WASH programming**

- To fully implement G&Y mainstreaming activities it is important to have dedicated gender Point of Contact to support implementation, coordination and engagement of stakeholders, promotion of local ownership for sustainability and monitoring of the G&Y milestones. Beyond supporting the IP staff, s/he can be vital in supporting local partners and districts in implementation and monitoring of G&Y activities.
- Develop performance and context indicators from the onset to track changes in addressing key gender gaps and implementation of G&Y action plans from baseline to end-of-project as opposed to introducing it midway the implementation period.
- MBSIA and CTLS+ activities need to be more creative and intentional about raising women voices- during trigger and pre trigger sessions. Focus should be increased on the messages about available sanitation products, sales pitching, assessment of sanitation household status, as well as GBV prevention and response; and joint decision making.
- Include masculinity messages in the trigger and pre-triggers sessions to specifically target the males in the communities with respect to their roles and to promote joint decision making at household level.

# **I CHAPTER I: INTRODUCTION AND BACKGROUND**

## **1.1 UGANDA SANITATION FOR HEALTH ACTIVITY**

The Uganda Sanitation for Health Activity (USHA) is a 66-month program funded by the United States Agency for International Development (USAID) which supports the adoption and scale up of integrated water sanitation and hygiene (WASH) interventions at the community and household level. It is implemented by Tetra Tech ARD, Inc. and partners including SNV USA, FSG, BRAC and Sanitation Solutions Group (SSG), USHA collaborates closely with Rotary Uganda to support a Memorandum of Understanding (MOU) between Rotary International (RI) and USAID Uganda to expand USAID's Global Development Alliance (GDA) in Uganda. The Activity has three intermediate results:

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

USHA commissioned a study on the impact and achievements resulting from integration of gender and youth programming. This study seeks to systematically document how gender equality and social inclusion considerations shaped USHA programming approaches and contributed to the reported outputs and successes.

### **1.1.1 INTERVENTIONS AND GEOGRAPHICAL AREA**

Through a systematic approach to collaborating, learning, and adapting (CLA), USHA aimed to be embedded within and responsive to local WASH service delivery systems at the district level, while contributing to national WASH sector processes and policy discourse. The Activity had an active presence in 20 districts clustered in the Central West (CW), Central East (CE), and Northern Cluster (NC), 46 sub counties targeting 224,785 households with a total population of 1,195,366. USHA also supported 114 primary schools with approximately 78,000 learners across the 20 districts and fecal sludge management (FSM) services in the Municipal Councils of Jinja, Njeru, Masaka, and Gulu. For the detailed geographical coverage, see Appendix 6 showing Map of the intervention districts.

The following section presents a summary of key activity interventions related to G&Y integration

1. In the communities, USHA worked through local partners, districts, and community structures to achieve the following:
  - Sensitization of communities to increase female participation in sanitation activities e.g., through training of both male and female sanitation promoters, women's leadership and participation in sanitation committees
  - Empower women to lead household discussions on household investment in sanitation and collection of materials for latrine construction through the CLTS+, WiS and MBSIA approaches.
  - Training to develop community talking points about GBV sensitization and promotion of joint household decision making, which limits girls' and women access to sanitation facilities
  - Support vulnerable households (youth, people with disability, widows, female-headed households, elderly, single mothers) to construct pit latrines to achieve open defecation free environments through community support systems where necessary or contacting their better off relatives located elsewhere.
2. In schools, USHA interventions focused on:
  - Empowerment of girls and boys through WASH programs in schools (WiS) including provision of water, construction of toilets, incinerators for MHM pads, MHM changing

- rooms, establishment/strengthening the school health clubs, training in making of liquid soap and RUMPs and SBC for general WASH and MHM.
- Menstrual hygiene management (MHM) activities
    - Construction of sex-segregated toilets with washrooms for girls,
    - Construction of incinerators for sanitary products disposal
    - Training of girls, boys and teachers on making of reusable menstrual pads with locally available materials
3. At least 50% of the project’s subsidized water connections were designed to supply water to the low-income households.

Given the importance of gender and social inclusion integration in WASH interventions and outcomes, and in alignment to global and national mainstreaming of gender in development programming, in 2019 USHA conducted a Gender and Youth (G&Y) assessment which informed the development of a project-specific G&Y strategy and gender analysis integration matrix (GAIM). This strategy has guided the integration of gender and youth considerations in the USHA programmatic work streams during activity implementation.

## **I.2 PURPOSE AND OBJECTIVES OF THE STUDY**

The purpose of the study was to independently assess and document USHA’s work and experiences (i.e., inputs, outcomes and impact) in the areas of gender equality and social inclusion, as documented in the G&Y strategy and GAIM.

Specific objectives

1. Document the process and results of applying findings from USHA’s Gender and Youth Strategy and GAIM during activity implementation.
2. Investigate the G&Y impacts of USHA’s community and school-level interventions.

## **I.3 BACKGROUND TO GENDER AND YOUTH MAINSTREAMING**

USAID recently launched a revised 2023 Gender Equality and Women’s Empowerment Policy.

The recently released 2022 US Global Water Strategy contains numerous references to the US government’s commitment to using WASH as a mechanism to influence and address deep-seated and foundational gender equality and social inclusion concerns across the globe.

As directed in Section C.7 of the activity contract, USHA recognizes the importance of considering gender and youth (G&Y) in its programming, both for increased impact and sustainability of project results. In 2019, USHA carried out an overarching G&Y assessment which informed development of a project-specific G&Y Strategy and gender analysis integration matrix or GAIM<sup>1</sup>. These documents have guided the integration of gender and youth considerations through the various programmatic work streams during activity implementation.

The Government of Uganda’s National Gender Policy (2007) requires all development agencies to mainstream gender in their programs. Indeed, it is a longstanding USAID policy to support gender sensitive approaches to empower women, girls and youth across all programming, including in WASH. It

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<sup>1</sup> *The Gender and Youth Strategy did not focus on issues of social exclusion although these were explicitly addressed in some of USHA’s workstreams, most notably WASH in schools and community water supply.*

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.

A long history of socio-cultural norms, stereotypes and restricted autonomy has placed women at the lower rungs of the power ladder in the society. Global attention to gender equality has increased in the last two decades, and several countries have adopted policies, legislation and programs aimed at improving the status of women, youth and other disadvantaged categories. 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.

However, gender disparities in employment and income are quite a challenge in Uganda - as of 2019, married men aged 15-49 years (99%) are more likely to be employed than married women (84%) in the same age bracket. Similarly, the 2020 household survey showed that MHHs earn twice (UGX 250,000 per month) as much as Female Headed Households (FHHs) at UGX 120,000. In terms of labor force participation, female labor force participation is only 45% compared to 61% participation of men (UBOS, 2016a). Thirty-eight percent of women and 54% of men aged 15-49 own a house alone or jointly with someone else, and 31% of women and 48% of men own land alone or jointly with someone else. Most have no documentation (title or deed) of ownership. With regard to decision making, half (51%) of currently married women aged 15-49 participate in three specific household decisions either alone or jointly with their husbands. Women are more likely to participate in decisions about their own health care (74%) and visits to their family or relatives (72%) than in decisions about making major household purchases (64%).

Women are usually the ones responsible for water collection in 70% of rural households and 46% of urban households; girls are responsible in 32% and 16% of rural and urban households, respectively. More FHHs (80%) have access to improved water sources as opposed to MHHs (80%). There is no gender difference in regard to the distance to the nearest water source. The USHA baseline survey showed that across all districts, in 56% of household’s women collected water; girls and boys less than 15 years old collected water in 10% of households. Men rarely collected water.

Time spent collecting water reduces time available for competing activities (e.g., paid work, education, and caregiving, professional/personal development). The Ministry of Water and Environment 2017 Gender impact study in the water and sanitation sector conducted in 10 districts revealed that with less than 500 meters to the water points, household members particularly women are far more likely to engage in economic/income generating activities (IGAs)<sup>2</sup>. Households that collected water from a distance of < 200 meters and 200-500 meters were about 5 times ( $p = .013$ ) and 6 times ( $p = .004$ ) respectively more likely to engage in IGAs than those who collected water from a distance of more than one kilometer.

As per the 2019 WASH in Schools mapping report commissioned by the Ugandan Ministry of Education and Sports (MoES), almost six in ten primary schools (58%) had access to water on their premises, while just two in ten met the national pupil to latrine stance standard ratio of 40:1, with some schools having as high as 648 and 844 pupils per stance for girls and boys respectively. The study further showed that 56% of schools had hand washing facilities, 45% had School Health Clubs (SHC) and 42% of schools had a Menstrual Hygiene Management (MHM) system in place. This situation demands for interventions by the stakeholders to make the school environments more learner friendly.

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<https://www.mwe.go.ug/sites/default/files/library/Gender%20Impact%20Study%20Report%202017%20for%20Water%20and%20Sanitation%20Sub%20Sector.pdf>



## 2 CHAPTER TWO: METHODS AND APPROACH

The gender study was launched in January 2023. A thorough review of all relevant materials and literature to support the study was undertaken. This led to documentation of the contextual understanding of gender and WASH integration delivered by USHA with a focus on the project intervention districts. The USAID 2023 Gender Equality and Women's Empowerment Policy, the USAID WASH and Development technical series, the USAID ADS 205 functional series on gender equality and female empowerment revision of 2021 were also reviewed.

The literature review encompassed a national-level contextual analysis to understand pathways that explain gender inequity in WASH interventions. The G&Y integration study was assessed in context of the Ugandan water, sanitation, health and gender sectors and relevant government policies and plans such as Vision 2040 and the National Development Plan (NDP III). The consultant also held a series of meetings with the USHA technical and management team who provided invariable input to the study.

For both study questions, the study employed a mixed methods design and included two primary data collection techniques: Focus Group Discussions (FGDs) and Key Informant Interviews (KII) through which qualitative and quantitative data were generated. Field work was undertaken in March and April 2023 with support from the USHA regional teams. The consultant held meetings with key informants in five districts of Kitgum, Kaliro, Buyende, Mpigi and Lwengo from three regions where USHA implemented the activity. The list of subcounties, districts, health care facilities and schools visited are included in **appendix 4**.

The selection criteria for the districts visited was based on representation of the different work streams and themes as per the G&Y strategy and GAIM action plan and included areas where piped water extension was undertaken by USHA and Umbrellas of Water and Sanitation, and locations with rainwater harvesting tanks, hand pumps and sanitation facilities in communities and schools by RI and USHA. The respondents comprised district level technical staff such as (District Inspectors of schools, and District Health Officers-Environmental Health-DHO-EH), sub-local partner staff, and USHA project staff and management, among others. At the sub-county and community level, study respondents included Health Assistants (HAs), school level stakeholders (e.g., School headteachers, sanitation teachers and senior women & men teachers; students), masons, sanitation promoters (SPs), Community Health Promoters (CHPs), and Sanitation Committee Members (SCMs). At the beneficiary level, FHHs, women in MHHs, youth, and people who benefited from the water connections such as widows and youth were interviewed.

Fifty KIIs were conducted at district, sub-county, community and the national level from a pool of the study population. The KIIs provided insights with regard to the processes, results, changes observed, coordination efforts and capacity improvement in respect to improving WASH services from a gender perspective.

A total of 17 FGDs were conducted with the categories described above. Each of the groups, comprised between 6-8 participants who were carefully selected to effectively represent the project beneficiaries. For both KIIs and FGDs, guides were developed, and the USHA team provided input. As a step towards developing the FGD and KI guides, a gender study assessment matrix comprising of the key G&Y assessment findings, the G&Y actions/interventions, status of implementation of the G&Y action plan and the key questions to find answers to the gaps was developed. This matrix helped in the identification of key questions to be asked during the field work. To conduct the interviews for both the KIIs and FGDs, five people supported the consultant and the interviews were held in English and two local languages (Luo and Luganda). English was mainly used in schools and at the district level, while the local language was used at the household and community level. KI and FGD respondents met during the study are included in **Appendix 2**.

A detailed school observation guide allowed assessment of the school learning environment. Specifically, sanitation facilities, availability of water facilities, distance to nearest water source, disposal of sanitary towels, main source of water, latrines and washrooms for learners (girls and boys) and teachers (Male and Female), presence of a talking compound were observed. To observe presence and availability of these facilities, a walk through the school was conducted along with the senior woman or senior man teacher to provide the context based on the conditions of the facilities. Talks with the head teachers, members of the PTA and SMC, the senior woman and/or man teacher, and the pupils of the school to gain an understanding of the conditions of the WASH facilities and also to solicit impact of the USHA interventions. Photos of the facilities, the WASH workplans and available enrollment data were taken as part of the school visits. Focus was laid on presence of gender sensitive WASH services at the schools. Refer to the school observations check list in **Appendix 7** for more details.

After the fieldwork, the consultant held a meeting with USHA Senior Management Team to clarify outstanding issues. The KIIs and FGDs were transcribed and analyzed to generate findings.



## 3 CHAPTER THREE: FINDINGS OF GENDER AND YOUTH INTEGRATION (GAIM)

### 3.1 GAIM PROCESS OVERVIEW

To ensure that the project was systematically socially inclusive and gender-integrated, the USHA gender team carried out a rapid, project-level gender and youth assessment in March and April 2019. The overall objective of the assessment was to inform the development of a gender and youth strategy to support achievement of the overall goal of USHA.

A gender and youth assessment involved conducting a gender and youth analysis to identify program-specific recommendations to respond to the gender analysis findings. For the assessment, Iris Group gender experts worked with USHA project staff and its Gender and Youth Specialist. The assessment sought to prioritize gender and age-based preferences, barriers, gaps, and opportunities to inform activity design and implementation, indicator development, and data collection and analysis.

The assessment was in line with the USAID 2023 Gender Equality and Women's Empowerment (GEWE) which requires design teams to include a statement that clearly indicates how the solicitation incorporates the results of the gender analysis across its many components. Moreover, funding in each fiscal year is attributed to applicable Gender key issues, including the GBV and GBV-Child, Early, or Forced Marriage.

### 3.2 FINDINGS FOR LEARNING OBJECTIVE I

*Document the process and results of applying findings from USHA's Gender and Youth strategy and GAIM action plans during activity implementation*

Following the GAIM and the G&Y baseline assessment conducted in 2019, USHA developed a gender and youth strategy that included an action plan with a list of recommended activities to promote gender equitable and youth inclusive results. The activities were listed by result area and aligned with current the USHA program activities. To show progress of implementation of the G&Y action plan, this section presents the findings by result area and agreed recommendation actions and/or activities per G&Y assessment finding. The G&Y finding is presented first, followed by the recommended actions, the process USHA employed to implement the recommended action, the results/outputs and lastly shortfalls per recommended actions for each finding.

#### 3.2.1 OUTPUT I: INCREASE HOUSEHOLD ACCESS TO SANITATION AND WATER SERVICES

##### 3.2.1.1 *Implementation status of Planned Actions for finding 1.1*

**The finding:** Limited access to water creates a disproportionate burden on adult women, female youth, and girls, the primary collectors and users. Burden includes exposure to GBV, risk of infections and injuries, limited time for schoolwork and paid work, and poor menstrual hygiene management (MHM).

#### Action recommendation

In partnership with Rotary International, ensure roadmap for increasing community water sources and improving operation and maintenance of water points, considers specific needs of women and girls (e.g., MHM needs of girls at community and school level, water access for demand-side, SATO sales by female CHPs).

**Implementation process:** To increase access to water for communities, USHA worked through the Ministry of Water and Environment (MWE) regional Umbrellas for Water and Sanitation (UWS) bodies and Rotary International in the respective regions. In CE, CW and NC, working through the UWS, USHA and RI supported the expansion and upgrading of six water supply systems (WSS) and construction of 2 new water supply systems respectively - adding a total of 175 km of piping and 1,640 new connections in total. In collaboration with MWE, a pro-poor strategy to guide allocation of subsidies for new connections and improve affordability of piped water services was designed, in order to target the low-income households (including FHHs).

#### Sample of women benefiting from the USHA supported water scheme

One of the women in Kamengo, Makumbi, Mpigi district could spend approximately UGX 900,000 (USD 243) annually on drinking water for cattle. As a result of being a beneficiary for the water scheme supported by USHA, she saves close to UGX 720,000 (USD 149) annually for the same amount of water for the cattle. The saved money is reinvested into other ventures, generating more income for the women. Similarly, another woman connected to the same water supply system uses this water to irrigate her 8-acre garden, yet before she would irrigate 2 acres, significantly increasing her productivity and income. The water connections led to a shift from women being water fetchers since they no longer walk long distances, committing more time to other productive work.

Across all the three regions, working with USHA, RI supported the drilling of boreholes, provision of fifty 10,000-liter rainwater harvesting tanks and piped water to increase water access for schools and health care facilities. To increase water available for positive sanitation and hygiene practices (including MHM) among girls and boys, an extra 1000-liter rain harvesting water tanks (with a provision for physical refilling) were built and attached to newly constructed toilets and/or existing school structures. For the boreholes, both within the schools and communities, joint water and sanitation committees composed of five members were formed and trained. The five-member committee is made up of a minimum of two women who serve as a vice chairperson and treasurer and in most of the committees, women take up three of the five positions. These are tasked with making sure that the specific needs for women and girls are taken care of through maintenance of the established facilities. Within the schools, USHA held special training sessions for teachers, PTA and SMCs on O&M of the facilities.

**Key outputs/results:** RI installed 55 boreholes and hand pumps, supplied fifty 10,000-liter rain harvesting tanks and piped water to 78 institutions. For health facilities, RI provided 12 health care facilities with piped water, some to the points of Infection, Prevention and Control (IPC). Coupled with this, USHA installed 1000ltr tanks to serve as a source of water for group hand washing in 88 schools. On the part of water supply to the communities, USHA and RI supported the connection of 1640 yard taps through the expansion and construction of eight water supply systems. Through the expansion and upgrade of the water supply systems approximately 94,488 people (50% being in the bottom two wealth quintiles) received access to piped water on their premises, which is an SDG 6.1

These services greatly improved access to water especially for the girl child at the schools, vulnerable households as well as health care facilities. At the schools beyond promoting hygiene behaviors which supports the MHM needs for girls, it has also averted the risks which were affecting the girls by bringing water nearer identified at the baseline and the G&Y analysis. Targeting new connections to have 50% of the new connections for HH in the lowest two wealth quintile resulted in a dramatic change to the

socioeconomic profile of the customers connected to the upgraded water supply. An example of a female beneficiary for the scheme is illustrated in the text box.

**Shortfalls:** Much as improvement for access to water was achieved, the schools that were in areas where surface water was not accessible received only rainwater harvesting tanks. For these schools, during the dry season, experience water shortages for a prolonged period, affecting access to water for girls who would need it especially when menstruating.

### 3.2.1.2 *Implementation status of Planned Actions for finding 1.2*

#### **Action recommendations**

Include positive masculinity messaging for male youth in masons training, including joint decision making with wives, alcohol use, male responsibilities in the household, and role model development (e.g., to support women's WASH needs, among others).

Through Sanitation Promoters, support/advocate for women's voice in accessing sanitation services at the household level, as well as joint decision-making.

**The finding:** Men are the primary decision-makers about household spending and infrastructure, yet they do not prioritize investing in sanitation facilities.

**The implementation process:** To interest men in investing in sanitation facilities, USHA employed a two-pronged approach as described below:

**MBSIA:** MBSIA intended to address some of the key barriers that often-prevented HHs from investing in basic sanitation, including unaffordable or unappealing toilet models for households, lack of awareness by households on improved latrine options, and the absence of sanitation entrepreneurs in the market, thus making latrine construction process highly disaggregated. The MBSIA approach involved: pre-triggering sessions to mobilize and trigger community leaders; and community triggering sessions where available products were explained based on assessment of the status of sanitation facilities; Sales pitching by community-based demand activators (sanitation promoters) who visited households and helped them identify products that suited their needs and; USHA trained mason who visited the interested household to finalize the Bills of Quantities and constructed toilets. The MBS model is illustrated below:

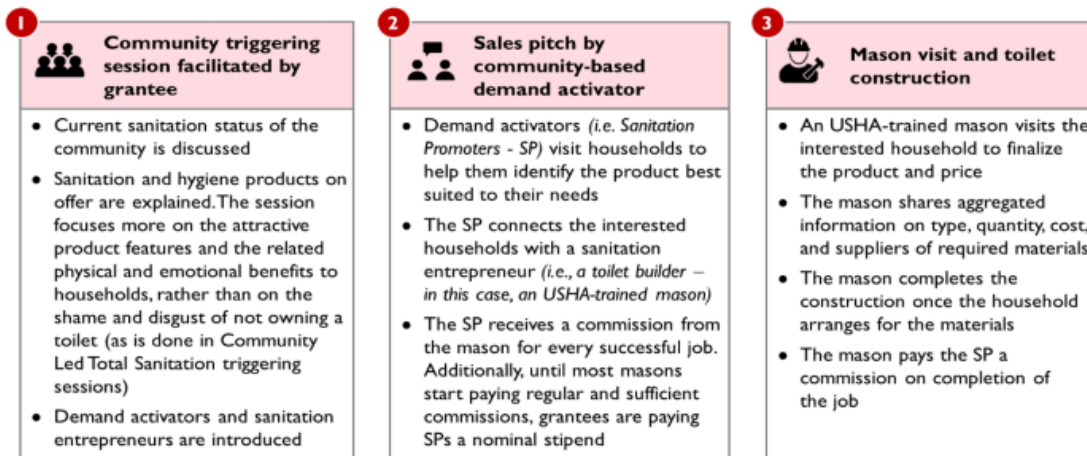


Figure 1: The MBSIA model (Source: MBSIA Learning brief)

**CLTS+:** In contrast to Sanitation Promoters (SPs) in CE and CW, USHA relied on SCMs (with support from the local partners and district staff) to guide households in NC villages to construct toilets and to ultimately achieve Open Defecation Free (ODF) status through the Community Led Total Sanitation (CLTS). USHA trained sanitation committees across the seven (7) districts in the NC and these comprised of community leaders, VHTs, masons, among others and who supported demand activation for toilets post triggering and sharing technical resources with the households which helped them with the toilet construction process. USHA developed a product catalogue for households' do-it-yourself (DIY) construction, a technical guide for community masons and a community masons' training curriculum for CLTS activities.

For both approaches, USHA, through the local partners, conducted pre-trigger and trigger meetings where the local leadership at village level and community members (including men and women) attend. As part of the MBSIA and CLTS with quality packages, USHA developed talking points and a community facilitator's guide for masons and SPs covering prevention of GBV and encouraging joint decision making with respect to investments in sanitation at the household level. Beyond developing these guidelines and talking points, for every SP and mason training, USHA included sessions to discuss the GBV and joint decision-making topics. Topics in the talking points included: mason to respect people's wives and daughters during construction; Masons not to make sexual advances to wives and daughters of other people during construction; and encouraging joint decision making at the household level while making the final sanitation investment decision making.

Furthermore, during the trigger sessions, USHA included gender-inclusive language and discussion in the trigger sessions and sales pitches to encourage discourse with respect to investments in sanitation at the household level. To ensure uptake of sanitation technologies female facilitators were included in the training of male masons and masons scheduled visits to make sure the males (who for most times are the final decision makers) were involved.

**Outputs/results:** Overall, USHA trained a total of 404 (203 male and 201 female) sanitation promoters in CE and CW and 714 members (428 female and 286 male) sanitation committee members in NC. To support the SPs and SMCs in marketing and construction of toilets, a total of 447 (3 females) masons were trained. Whereas women were the majority in attendance during the CLTS+ and MBSIA trigger sessions, final sanitation investment decisions are the responsibility of the man where, 69% of the households were headed by men. Even in FHHs, to make a final investment decision, the female consults with a male figure within the community- highlighting the role that men play in sanitation investment

decision making. Results from study titled “Sanitation Marketing in Uganda-The Impact of Gender on Participation and Outcomes” by Elizabeth Vicario (learning brief, not published) showed that engaging female leaders in the village during trigger sessions had an effect on female decision-making for sanitation investments. Female-Headed Households (FHH) were less likely to participate in MBSIA activities than Male-Headed Households (MHH), indicating that MHH were more likely to attend a trigger session, interact with a sanitation promoter, and use an USHA-trained mason than the FHH. Nonetheless, they had stronger sanitation outcomes and quality toilets than MHH-this is attributed to women being more responsive to the MBSIA activities at the social level (due to social pressure), even if not personally involved during the trigger sessions. MHH with no latrines were 28% more likely to construct an improved latrine if in attendance and 17% more likely to upgrade to improved sanitation, while the same likelihoods are improved by just 13% and 11% for FHH. (Sanitation Marketing in Uganda: The Impact of Gender on Participation and Outcomes by Elizabeth Vicario 2021). Findings from the KIs and FGDs conducted during the field visits, however, point to the increasing role women play regarding the decisions and responsibilities in sanitation investments at the household level. Because women bare the primary responsibility of ensuring that a household has proper sanitation facilities, they do play a big part in deciding on the type of sanitation facility to invest in. Interview with a mason from Kitgum indicated that women are increasingly demanding improved sanitation facilities for the household albeit the men pay for the construction. Regarding the G&Y messages disseminated during the training of masons, reports from the masons interviewed during field visits indicate that the masons mostly recall the message about respect for wives and daughters as well as not making sexual advances during construction. Overall, through these approaches, a total of 164,657 toilets were improved or newly constructed, which translated into 823,285 people gaining access to basic sanitation. By enabling households to gain access to basic sanitation and basic hand washing facilities, the model led to significant investments in the local economy. The households that gained access to basic sanitation were estimated to have made a cumulative investment of close to UGX 38.2 billion (about USD 10.34m) in labor, materials, and transport, across all toilets built and upgraded. Seventy-nine percent of this investment was towards basic facilities. (Source: MBSIA Learning brief)

**Shortfalls:** The program increased investments in sanitation at the household level, the focus during the trigger sessions was increasing the uptake of sanitation product through both the CLTS+ and MBSIA. For gender related messages, the project instead targeted the masons and SPs and included messages during the training. The messages included “respect for the daughters and wives”, “joint decision making at household level” and “encouraging men to consult with their partners”, which were disseminated through the training and mason talking points brochures during the sanitation installations were disseminated.

There was no deliberate effort to include masculinity messages targeting the males in the communities with respect to their roles, use of alcohol among others, which would have otherwise increased the joint decision making as well talk about the responsibilities of men as identified at baseline.

Messages specific for SPs to encourage and/or promote women’s voice during trigger sessions and household visits were not designed and/or disseminated as well.

### 3.2.1.3 Implementation status of Planned Actions for finding 1.3

**Finding:** Adult women’s and female youth’s lack of control over resources and limited agency serve as barriers to their economic success in the sanitation value chain (SVC).

### Action recommendations

Include financial management and spousal negotiation skills in BRAC/USHA training for women participating in SATO sales force and ensure that graduates (entrepreneurs) have access to an independent account for financial agency.

Conduct an activity-wide assessment on the outcomes (related to both WASH and gender/youth) of employing a female-only workforce for the SATO pans sales.

USHA's new partnership with BRAC microfinance department: utilize loans to increase female youth participation in SATO sales force.

**Implementation process:** USHA partnered with BRAC Uganda to pilot the stocking and selling of SATO products through the BRAC network of CHPs in 13 BRAC branches spread across eight districts. A total of all-female sales force of 500 CHPs were selected and trained in SATO marketing and sales. After training, the CHPs were provided with a start-up seed capital ranging from UGX 100,000 to 200,000 (USD 27 to 54) for purchase of SATO products to kick start their sales. Consequently, the CHPs bought SATO products in cash from their local BRAC branches and sold these products to households within their communities at a profit. The CHPs then linked buyers to USHA trained masons for installation of the SATO products. Beyond engaging the BRAC CHPs, USHA also promoted women's involvement in the sanitation value chain (as sanitation promoters paid per toilet installed and masons) and as decision makers in the household for sanitation investments. Half of all trained SPs were female, who received an average stipend of UGX 50,000 (USD 13.5) plus the sales commissions from masons once a toilet sale was completed.

**Outputs/results:** Through participation in the promotion and sale of SATO products, most CHPs, who were predominately female reported increased household incomes earned as profits from SATO sales, which enabled them to increase household assets. Many invested in animal-rearing, trade (started or expanded existing businesses), purchased land, and others bought household items. Moreover, many CHPs reported community recognition and improved status as a result of promoting and selling products that enhanced household sanitation. Overall, active CHPs greatly benefited from participating in the promotion and sale of SATO products. The BRAC model of CHPs who were youth (18-49 years old) sold out 40,000 SATO pans and gained from the sales UGX 3,000 - 5,000 which empowered them economically. To support the CHPs, increase their sales, in addition to the seed capital, BRAC provided loans. CHPs used these loans to increase capital in their businesses plus purchase other assets that increased their financial independence.

**Shortfalls:** The partnership with BRAC increased incomes for the majority of the female CHPs, spousal negotiations and financial literacy and management skills were not included in the training. However, the training focused on the SATO products range, hygiene and sanitation in the communities, sanitation marketing and promotion with the goal of increasing the SATO sales.

Whereas the goal was to target mainly youth CHPs, this was not possible in the partnership as the target was female CHPs already working with BRAC irrespective of the age of the CHPs which ranged from 18-49 years.

The partnership empowered the female CHPs, increased their visibility and profile in the communities and above all increased their household income, however, this momentum came to a halt in 2022 when USHA subcontract with BRAC ended, leading to decreased income from the sale of SATO products from the CHPs. This is likely to affect the financial independence gained by the CHPs with time, unless the intervention is restarted.

#### **Nabenja Amina's Story**

For instance, one of the CHPs in Bugembe, Jinja district (Nabenja Amina) used to make average profits worth UGX 40,000 (USD 11) a month from sale of other BRAC products increased her profits 12-fold as a result of adding on SATO products to her catalogue, peaking at UGX 600,000 a month as profits. This has enabled her buy land and pay school fees for her school going children.

## 3.2.2 OUTPUT 2: EXPAND ADOPTION OF KEY HYGIENE BEHAVIORS AT HOME, SCHOOL, AND HEALTH FACILITIES

### 3.2.2.1 Implementation status of Planned Actions for finding 2.1

**Finding:** Hygiene related behaviors for adult women, female youth, and girls (at home, school, and health facilities) are associated with access to water.

#### Action recommendations

Ensure improved water sources within 500 meters of selected schools to reduce female vulnerability and increase water use for MHM; include female youth and girls in the set activities to increase meaningful participation and ensure interventions consider the female voice.

Infuse peer-to-peer (youth-to-youth) promotion of positive hygiene behaviors through school WASH clubs, emphasizing and supporting meaningful female participation.

**Implementation process:** In addition to improving access to water as described in 3.2.1 above, USHA promoted appropriate hygiene and sanitation positive behaviors at community and school level. In the community through sanitation promoters and sanitation committee members, USHA disseminated hygiene messages and construction of improved toilets through the MBSIA and CLTS+ approaches. To supplement the SPs, USHA developed the “Living Freshi” brand with tagline “*Clean homes, Healthy Communities*” which targeted improving hygiene behaviors at households and HCFs in NC.

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. **Key outputs/results:** A total of 114 primary schools across the three regions were reached with promotional messages on improved hygiene and sanitation while at school including hand washing among the pupils. 105 of the 114 schools now have access to at least a source of water within 500 meters of the school; 107 have functional school health clubs, reaching approximately 78,000 pupils; 102 of the 114 schools received training in soap making, which soap is used for hand washing and general cleanliness of the school and girls especially during menstruation; and 97 have basic hand washing facilities with 100 schools having MHM changing rooms for the girls. Through the MHM messages, there is an improved understanding among the girls in how to manage and maintain cleanliness during menstruation plus increased support from the boys once the girls are menstruating Pupils also act as advocates in the communities promoting improved hygiene behaviors at home. At the community level, through the SPs, improvements in over 40,000 household toilets (roughly 20% are female-headed) were observed, bringing dignity to thousands of HHs, including women, children and youth. RI-USAID partnership advocates for MHM policies with the GoU. Rotary members in Uganda are now focusing on the enactment of the strategy and guidelines developed by MoES. RI is working to ensure integration of MHM in schools and also get parents and communities involved. All effort aims at raising awareness so



that parents begin to understand what girls go through and what kind of support and information is they required.<sup>3</sup>

### 3.2.2.2 Implementation status of Planned Actions for finding 2.2

**Finding:** Lack of sanitation products (i.e., soap and pads) and poor sanitation infrastructure (i.e., collapsing or dirty latrines, faulty or no latrine doors, lack of latrine covers, poor changing rooms, poor washing facilities, etc.), in health facilities and schools disproportionately affects women and girls. Women and girls are the primary patrons of health facilities and are the most at-risk of missing learning days and potentially dropping out of school due to MHM stigma and early pregnancy from sexual violence.

#### Action recommendations

Promote “safe schools” throughout USHA activities and institutional strengthening: construction of female toilet blocks with MHM changing rooms and other appropriate sanitation facilities

Through the local partner organization raise awareness as to why washing facilities are critical in schools and health care facilities, to promote clean MHM changing rooms at institutional and community levels.

Through local partner organization and local-level advocacy (specifically targeting District Health Officers and facilities in-charge), promote Youth Safe Spaces at supported health facilities, specifically for female youth and girls (e.g., MHM, FP, GBV, and others).

**Implementation process:** Through the WiS package to promote ‘safe schools’ / WASH Friendly Schools and improve on the poor sanitation infrastructure, USHA supported the construction of sex-segregated 5-stance girls’ toilets in schools. Each of these toilets came along with separate washrooms/MHM changing rooms, 1000ltr water tanks for hand washing (with soap) and incinerators for the safe disposal of used menstrual materials. A limited number of boys’ toilets were also constructed. For continuous availability of menstrual products, USHA trained both female and male teachers (including the boys and girls) on how to use local materials to make Re-usable Menstrual Pads (RUMPs); the same participants were equipped with skills on how to make liquid soap for hand washing, and for cleaning toilets and classrooms. Furthermore, through the SHC, MHM messages targeting the boy child are disseminated with the goal of reducing stigmatization of girls and ensure that menstruation is seen as normal across board in schools especially among the boys. Beyond the boy child, USHA targets male teachers and these were trained to support the SHC activities with a focus on promoting positive MHM messages among the boy child but also support the girls in case they are menstruating.

USHA did not conduct any activities aimed at promoting youth safe places at the health facilities- However, through partnership with RI, water and hand washing facilities were provided for selected health facilities.

**Key Outputs/Results:** A total of 74,938 learners (38,456-female; 36,482 males) in 114 schools in 20 districts were supported through USHA interventions. In the WiS assessment conducted recently in April 2023, 98 of the 114 schools attained WASH Friendly School status having met all eight WASH-friendly criteria. The remaining schools were at an intermediate level, while 100 had adequate MHM

<sup>3</sup> <https://riusaidwash.rotary.org/uganda-advocacy-menstrual-hygiene-management/>

facilities for girls (MHM changing rooms). Furthermore, 107 had active school health clubs, 97 with water and soap at a hand washing facility while 11 had access to an improved water source.

Furthermore, the learning conditions for over 38,000 girls across 114 schools improved with the MHM interventions such as the construction of 87 gender segregated 5-stance drainable toilets, 100 group hand washing facilities and provision of 71 water sources to schools. Furthermore, 15 toilet blocks for boys were constructed and 72 girls' toilets with a MHM changing bathroom and 116 incinerators attached for proper disposal of used sanitary towels. 486 school officials including head teachers, senior women and male teachers, teachers in charge of sanitation, and patrons of SHC received training on the proper O&M of the toilets, incinerators and group hand washing facilities constructed. In seven districts supported in northern Uganda, 1,232 school students were trained on the making of reusable sanitary pads and liquid soap. Furthermore, as part of awareness on MHM, 534 boys and 185 male teachers and 84 female teachers were trained. Impacts of these outputs are discussed in a separate section below. The local partner training was delivered to 86 local partners staff (21 from CE, 38 from the NC, and 27 from the CW) and equipped local partner staff with knowledge and skills in G&Y mainstreaming, socialized the USHA G&Y Strategy and supported the local partners to develop their respective gender action plans, which aid in mainstreaming gender in the implementation of the project.

*(Sources-Annual reports, WiS assessment dashboard and MHM learning brief).*

### Shortfalls:

Most schools reported lack of materials to facilitate continuous making of reusable pads. In addition, there was slow uptake observed in making of pads in Northern Uganda schools. Furthermore, the project encouraged schools to develop WASH plans, which was not matched with clear action plans to solicit for finances to finance the workplans.

The national MHM strategy and guidelines spearheaded by MoES have not yet been launched.

*Figure 2: MHM training in St. Joseph Lwaweeba Primary School (Source PFY 2022 Annual report)*



### 3.2.2.3 Implementation status of Planned Actions for finding 2.3

**Finding:** Limited male (father, husband, male teacher) appreciation and understanding of menstruation contributes to poor MHM (as well as often risky sexual behaviors and/or GBV) among adult women, female youth, and girls.

### Action recommendations

Engaging men/boys (including the Senior Male Teacher), women/girls (including Senior Female Teacher), and parents in trainings at supported schools around MHM to reduce stigma, improve communication, and improve sanitation and health outcomes for girls and female youth.

Include topics of positive masculinity, utilizing positive male role models, in behavior change communication campaigns/messaging, applying music, dance, drama and demonstrations. Target key groups in BCC (e.g., churches, VSLAs).

**Implementation process:** USHA conducted training on MHM targeting 270 district staff, local partner staff (WASH in Schools Officers (both males & females); and USHA staff (both males & females) at the regional level. At the school level, USHA conducted MHM training first among male and female teachers who latter cascaded the training to SHC members. The training focused on provision of adequate information to increase knowledge and awareness on MHM, demystify menstruation; body changes; myths & misconceptions about menstruation; and forms of MHM stigma and to overcome it. The key message for all stakeholders during the training was that menstruation is normal, and that is a natural and essential part of the reproductive cycle of women and girls. Therefore, teasing, discrimination, stigmatization and shaming menstruating girls by boys, men and fellow girls is not good and undermines the principle of dignity. USHA also developed SBC materials to that effect, for example that "Boys should not laugh girls in their periods" please see below. Beyond the training, USHA utilized the school health clubs to engage both boys and girls to promote positive youth development through improving leadership skills, competencies, and attitudes among the youth.

The learners also cascaded the messages as advocates for parents to support the girl child during menstruation in addition to encouraging positive hygiene behaviors at home, thereby creating a cadre of young male community change agents.

**Key outputs/results:** In schools visited, boys actively engage in the school health clubs, have appreciated the role that MHM plays for the girl child and are now advocates both at school and the communities for supporting the girls during menstruation. The boys participate in making reusable pads and involved in MHM messages through production of SBC local materials at the school.

The trained male teachers are very supportive of the MHM services for the girls and are also engaged in the production of liquid soap and RUMPs used by the girls-thus promoting a positive attitude towards MHM among the males. (*Sources-Annual reports, MHM learning brief, interviews with schools*).

Impacts of these outputs are discussed in a separate section below.

### 3.2.3 OUTPUT 3: STRENGTHEN DISTRICT WATER AND SANITATION GOVERNANCE FOR SUSTAINABLE SERVICES

#### 3.2.3.1 Implementation status of Planned Actions for finding 3.1

Even where gender and youth related issues are codified in WASH-related policies, there is low dissemination, implementation, and enforcement of policies affecting women and youth.

### Action recommendations

Advocate for the enforcement/implementation of existing WASH-related by-laws and policies within districts, specifically for those affecting women and youth (e.g., MHM guidelines and facilities at schools, Ministry of Water and Environment Gender Strategy, etc.); successful advocacy will require political and cultural leaders' endorsement.

Strengthen District Water and Sanitation Coordination Committees at the District level, ensuring gender sensitive governance. Strengthening may include providing technical advice and oversight in areas that affect women and girls.

**Implementation process:** As part of the policy dissemination of selected GOU sanitation and hygiene related policies and guidelines, USHA together with the respective ministries conducted dissemination workshops at the district and regional levels. The regional workshops targeted district staff, while the district level workshops targeted subcounty and selected district staff. The workshops addressed one of the outstanding issues emanating from the ISI assessments regarding the governance domain on “service delivery” and indicator related to “knowledge of GOU [sanitation and hygiene] plans, policies, laws, and regulations.” The MWE Water and Sanitation gender strategy (2018-2022), which emphasized inclusion of gender into WASH programs as well as the MWE Sector Strategy for Mainstreaming HIV & AIDS were among the policies disseminated as part of these workshops. The presentations were received with a genuine feeling of gratitude, given that USHA targeted non-intervention sub-counties as requested by some districts (particularly in CE and CW regions) to ensure this capacity-building initiative gets to as many lower-local government staff as possible for wider impact. USHA also used the DWSCC meetings forum to disseminate these policies. MHM guidelines (draft) were disseminated to districts as part of the MHM training of teachers where district technical staff were invited in these trainings.

As per the plan, USHA supported the convening of DWSCC meetings, which often were preceded by field monitoring visits, to learn from ongoing interventions, implemented either by the districts or by civil society organizations and private sector partners. The focus of the USHA supported DWSCC meetings was general WASH programming and service delivery within the district, mapping different stakeholders implementing WASH interventions and discussion of general issues affecting WASH service delivery. These meetings were held on a quarterly basis. No systematic approach was employed to assess gender and youth mainstreaming during the meetings and field visits conducted by the DWSCC.

**Key outputs:** Dissemination workshops were conducted in 20 districts where over 240 staff were reached with these messages. Conversations at the district level indicated they are implementing some of the components within the MHM guidelines as well as following up with schools to implement some gender and youth integration activities. For instance, Buyende, Kaliro and Lwengo, have cascaded MHM training during other forums to non-USHA supported schools with a focus on training senior women teachers and sensitization of head teachers. Beyond the training, these districts are continuously lobbying other development partners to expand access to water for the water-stressed schools such that girls can have access to water during menstruation. In Buyende for instance, the district has lobbied Plan International and the Infectious Diseases Institute to expand access to water services for non-USHA supported schools. Other initiatives implemented include revival and/or creation of school health clubs building on the USHA model; changes in construction of toilets such that new toilets constructed either through government or development partner support are gender segregated and introducing the sanitation anthem to other schools.

### Short falls

USHA focused on disseminating the MHM guidelines and MWE Gender Policy to districts and subcounty staff. However, there was no systematic guidance provided to the districts to identify elements within the policies to be enforced or implemented within the respective districts across different departments, non-USHA supported schools and sub counties. Instead at an individual level, districts selected a few elements to be implemented albeit not systematically.

USHA's support to the DWSCC meetings across all the three regions was a missed opportunity to support districts monitor and support gender and youth mainstreaming within the WASH programming at the district level. For instance, during the monitoring visits, the gender focal person or any committee member would check for gender and youth activity implementation at all levels, check for women participation in the local water governance boards and identify key issues that affect women and youth access WASH services within the district. This did not happen.

### 3.2.3.2 Implementation status of Planned Actions for finding 3.2

**Finding:** Social norms regarding women's and youth's public bearing (i.e., social construction of timidity and second tier for women; limited respect for and minimal skills of youth) limit their civic participation in WASH-related governance, both in numbers and quality of participation.

#### Action recommendations

Improve meaningful participation (voice) and increase physical representation (target 30%, with a future aim of at least 40%) of women on water user committees and district-level leadership committees (from 2021). Improved participation may include female monitoring of institutional services, through community scorecards or other methods.

**Implementation process:** RI-USAID project, formed and trained water user committees for the water sources/points they built. The committee composition had five members, with two key positions reserved for women; one was the vice chairperson, while the other was a treasurer. The extended piped water connections were managed by the MWE Umbrellas of Water and Sanitation. At the community level USHA supported the establishment of sanitation committees especially in the NC whose composition consisted of sanitation promoter, mason, VHT among others. 60% of the members on this committee were women. The Sanitation Committee Members-SCMs carried outdoor-to-door promotion of sanitation and hygiene.

Beyond the committees at the community level, USHA organized CLTS+ and/or MBSIA triggers sessions. Through these sessions the majority of the participants were women and they engaged in advocating for improvement of sanitation and hygiene services both at the household and community level.

**Key outputs:** From the NC grant reports, both men and women participate in MBSIA and CLTS+ activities at almost equal proportions; for instance, out of the 1,370 people that participated in the triggering sessions, 643 of them were male while 727 (53%) were female, implying both men and women meaningfully participate and embrace hygiene and sanitation. For instance, in NC, of the 2,000 SCM, it was established that 60% of the members were women. The WUCs created by RI intervention could have been more strengthened by the Rotary club Advisory Teams to increase operation and maintenance and impact of the WSS. The recruitment of the sanitation promoters whose primary responsibility was to promote improved hygiene and sanitation in their respective communities took into consideration the gender aspect and half of the SPs were female. These further supported the increased female voices with regard to improving sanitation and hygiene.

**Shortfall:** At the district level, there were no interventions implemented by USHA to increase the active participation of women at the district level nor support the respective districts to monitor the status of WASH service delivery in meeting the needs of women and girls nor participation of women for water source committees.

**Internship program:** USHA implemented a youth internship program aimed at building the capacity of young professionals in the WASH sector. The interns were placed in the project areas. To recruit the interns, adverts were sent out to universities and trade schools targeting fresh graduates in pursuit of skills and experience in WASH programming. A short list was developed, and interviews done to select the final team to be engaged. For this program, a total of 24 young people (11 males and 13 females) benefited from the program through three cohorts each lasting 12 months. They were coached and mentored in the fields of WASH quality, WASH communication, MEL of WASH programs and WASH construction quality control management. During the internship, each intern was attached to a technical mentor and supervisor that provided guidance, mentorship, and supervised the interns' day to day activities. The interns submitted quarterly reports and documented their progress towards achievement of learning objectives, lessons learned, challenges, recommendations, and efforts made towards their projects. Through the internship program, each were assigned topics that they worked on and made presentations at the end of the program before receipt of completion certificates.

As a result, some of the interns were retained to support implementation of WASH activities in the communities and institutions including in the construction of WASH facilities as construction supervisors in the 114 schools and expansion of six water supply systems in CE, NC and CW regions. One received an international scholarship, while others received fulltime jobs in other organizations, demonstrating the benefits of such a program in improving the skills of the beneficiaries plus creating employment for both male and female young people.

### **3.3 FINDING FOR OBJECTIVE 2**

*Investigate the Gender and Youth impacts of the USHA community and school-level interventions*

#### **Learning question 1: Did USHA WiS program lead to changes in behavior among boys and girls with respect to MHM and hygiene?**

**Interventions:** For interventions to improve behaviors with regard to MHM and hygiene within the WiS program, refer to sections 3.2.2 and 3.2.1 where they are well elaborated. This section will thus focus on the impacts of the interventions, which are discussed .

The WiS interventions led to changes among the boys and girls including nearby communities in relation to improved hygiene and sanitation as elaborated below. Due to interventions to improve hand washing, hand washing among the pupils was almost universal with 97 of the 114 schools observing hand washing among the pupils, while all the 114 schools cleaned their toilets regularly. This was confirmed by the in-depth interviews held with teachers and students in the respective schools visited. Pupils frequently washed their hands, swept the classes and tidied up their uniforms as a result of the messages received through the program. This was confirmed by the quotes below:

*“Also in the past, a child would come out of the toilet and go directly to pick something to eat out of their container but now it’s a culture that once one gets out of the toilets, they wash their hands with clean water and soap first before going to do other things”* **Female learner, mixed FGD**  
**Katuulo Primary, Lwengo**

*“The pupils in our school have started washing hands frequently, they now sweep the classrooms regularly, they pick up rubbish and drop it in the dust bin even if no one has told them to.”* **Female learner, Mixed pupil FGD Busulumba Primary, Kaliro**

*“Those days we would have to go to the borehole which was so far away and this discouraged hygiene in the school but now we have a lot of water sources in the school compound, and this has made life easier and improved hygiene in the school”* **Male, Mixed FGD learner, Namwiwa Primary School, Kaliro**

Beyond the practice, young people knew that after visiting a toilet, one had to wash their hands, a practice that was rare prior to USHA interventions. There were no differences in behavior reported among the FGD participants with respect to hygiene. Both boys and girls who are members of the SHC conducted health parades at schools, supervised the cleaning of the toilets among others. In most of the schools visited, there was presence of toilet paper for use, which was supported by the parents. Indeed the pupils are now advocates for change in hygiene and sanitation behaviors at their homes and communities- once they head back home, they encourage their parents and other community members to observe good hygiene and sanitation within the community and at home as confirmed in the quotes below:

#### **Nankwanga Victoria’s Story**

Nankwanga Victoria is in Primary Seven at Namwiwa Primary School in Kaliro District. During the visits, she told of story of the sister who after completing primary seven the father failed to obtain school fees for to continue her studies in secondary school. Not giving up, Victoria’s Sister utilized the skills gained at a training for soap making conducted by USHA, where she was a beneficiary. She makes and sells liquid within the nearby community. She has used the proceeds to pay her fees and is happily in Senior Two in Kaliro District. On average, she makes 40 small bottles of liquid soap a week, making profits of approximately UGX 80,000 a month.

*“I will give an example one time I was at home, so I was moving from the side of the toilet and my young son told me to wash my hands, so this information has been taken into the villages by the learners.”* **Male Teacher, Ndolwa Primary School, Buyende**

*“These pupils have now spread the gospel of using hand washing facilities in the community, when you go to some of these families you will find hand washing facilities.”* **Female Teacher, Ndolwa Primary School, Buyende**

With respect to changes in MHM among both boys and girls, the intervention has seen the confidence and comfort levels of the girls improve, more boys being supportive of the girls during menstruation and full support from the teachers. The training in making of reusable pads has greatly increased the availability of pads for girls both at school and home. Because the girls (including the boys) make own pads, they are now readily available in comparison to the period before USHA intervention. Another positive development observed are the extra skills gained by the pupils in the making of pads as well as liquid soap. Some of the girls have gone ahead to use the skills gained for income generating activities, making extra money as observed by one of the girls who says the sister who after completing P7 lacked fees for further studies but is able to pay her fees using the proceeds from making liquid soap. See Nankwanga’s story in the text box. The skills gained in the making of reusable pads have had a positive effect in terms of saving the parents of the girl’s money that they can use to purchase other household items other than the pads.

The intervention has also improved on the self-efficacy and confidence levels of the girls, contributing greatly to their soft skills that they can make use in the future as supported by the quotes below:

*“... I want to share about my cousin who was in another school where USHA went, she learnt how to make liquid soap and when she finished P.7 but didn't have school fees, she resorted to making liquid soap which she sales and now is able to pay for her own school fee from her sales.”* **Female FGD learner, Namwiwa Primary Mixed FGD, Kaliro**

*“We make our own re-usable pads so that we save the money that our parents give us for buying pads for doing other things. USHA really helped us a lot because they taught us how to make liquid soap too. They really gave us skills that can even benefit us in the future. If all doesn't go so well for one with education after primary level, one can even embark on making liquid soap for sale.”* **Female learner, Busulumba Primary school Mixed FGD for pupils, Kaliro.**

Furthermore, there have been observed changes in the attitudes of the boys and teachers towards the girls during menstruation who are now very supportive of the girls during menstruation. The boys 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. The teachers are very approachable while the boys provide extra support to the girls and are aware that menstruation is normal as described in the quotes below:

*“... the boys have been sensitized about the menstrual periods and now they know it is a normal thing, so they no longer laugh at the girls. For me I want to thank USHA for teaching us all that menstruation is normal. I want to promise USHA that we shall keep in school because of the knowledge they have given us.”* **Female learner, Aywee Primary Mixed FGD, Kitgum**

*“We now see it as normal. In fact, when we are in the community and a boy who doesn't study brings up that topic to try to mock the girls, we educate them that it's a normal process therefore there is no need to make fun of the girl. Because of the sharing of information with them, they have also come to change and no longer make a big deal of the situation”.* **Male learner, St. Domiano Makumbi Primary, Mpigi**

There was also observed increased knowledge among teachers and pupils in MHM as a result of the training and messages disseminated by USHA as illustrated in the quotes below:

*“Those days the teachers also lacked knowledge of how to help us and when they realized that a girl was in their periods, they would just send you home but now, they are knowledgeable. We even have a senior woman teacher who can talk to us about certain issues. This was not there then. They would just send you home without even a small piece of advice.”* **Female learner, Nkokonjeru Pentecostal Primary Mixed FGD, Lwengo**

*“The provision of this changing room has also brought in that confidence in the girls even if in periods they can't remain home. They just say let me go even if it attacks, I will go and change and go to class. In fact, it has kept the girl child in school. The dropout rate has decreased.”* **Male teacher, Aywee Primary school, Kitgum.**

## **Learning question 2: Did USHA's intervention at the community level lead to increased investments among men in Sanitation activities?**

**Intervention:** To interest men in investing in sanitation facilities, USHA employed the MBSIA and CLTS+ which were primarily implemented by SPs and SCMs. These were supported by trained masons



who supported construction and/or improvement of the toilets. Specifically, pre-trigger and trigger sessions were conducted in the respective villages which included pitching so as to encourage investments in toilet construction and/or improvements by households. The trigger sessions were attended mostly by women, yet men are the main decision-makers when it comes to HH investment in sanitation. To allow dual decision making, the SPs and SCMs made HH visits for purposes of pitching a sale at HH level targeting HH heads (mostly men). The pitching played a significant role in helping them take decisions to invest in toilet construction. Beyond toilet construction, the SPs and SCMs promoted hand washing within the households.

The two interventions resulted in increases in the construction and/or improvements in basic sanitation in the USHA supported areas. Like mentioned earlier, 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 MHHs. The total investment corresponds to an average household investment of USD 112 in the Eastern region, and USD 155 in the Central region. (Source: MBSIA Learning brief)

In-depth interviews during the gender study confirmed that in MHHs, men were the main decision makers when it comes to construction and/or improvements in toilet facilities and basic sanitation facilities. The in-depth interviews showed that there has been an improvement in the number of households that have improved toilets and/or basic sanitation as a result of USHA interventions. Based on the self-reports from the study participants through in-depth interviews, investments in improved sanitation brought many benefits some of which include reduction in the transmission of diseases, 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. These results are supported by some of the quotes below:

*“I think what people gained actually before people were seeing latrine as something little but FOKAPAWA came and sensitized the community, people started getting the advantages of having a latrine so before starting a home people started taking latrine as something very important at home so you find that someone before finishing the main building, they first finish the latrine”* **LC 3 Chairperson Omiya Nyima Subcounty, Kitgum.**

*“...and I think the rate of diseases that can be transmitted because of not having a latrine has reduced, diseases like cholera you don't hear of it now”.* **VHT Nkonkonjeru, Lwengo**

*“Those were men from our village. They first got very annoyed with us and whenever you would pass by them, they would look at you with a bad eye but later on they appreciated. We really talked for so long so when we saw no action, we had to come up with such tough actions to the extent of using force so that they would pay money which would hurt them but at the end of the day it yielded positive results for us and now they have toilets within their households.”* **JOY Uganda Staff, Mpigi**

### **Learning question 3: Did USHA WiS program lead to a decrease in absenteeism and increased retention among the girls?**

Through the WiS program, USHA supported the improvement of MHM for girls in school and communities which is described in the previous section 3.3.3.1.

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 (2017), total enrolment 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 eighteen percent in enrolment for the same classes between 2017 and 2022. Data on daily attendance was not collected to determine absenteeism

however, through in-depth interviews respondents were asked if absenteeism among the girls who menstruated has reduced. Results from the in-depth interviews confirmed increased attendance and reduction in absenteeism among the girls as a result of interventions of the WiS program. The pupils reported that before USHA interventions, when experiencing menstruation, they would be sent back home stay there until their periods are done. They would stay home for approximately 7-8 days whenever they experienced periods, leading to missing up to 72 school days. However, with the interventions of the WiS program, there was no longer needed to leave school since they had all the required materials and facilities to support them while they were in menstruation. 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.

These findings are supported by the following quotes from the field:

*“Before as girls, when it’s that time for periods, we would just go home and remain there until we finish the periods and that’s when we would return to school. We didn’t mind about the lessons we would miss but now since we have everything we need at school, it’s very difficult to find that a girl has missed school because she’s in her periods.”* **Female learner, Katuulo Primary school Girls FGD, Lwengo.**

*“First and foremost, they have given us the best structures. We have not had a structure that is anywhere nearer what USHA provided and they have provided what many organizations have not thought about especially the incinerators. So, that already has an impact on the girl child in terms of retention in school. Yes. It impacts greatly on their retention.”* **Female teacher, Busulumba Primary school, Kaliro.**

*“On the side of girls, it’s no longer a problem when a girl goes into her periods because all the facilities are available at school she has access to sanitary pads, she has access to a bathroom and a changing room where they can bath and go back to class, previously we used to send them home to go and clean themselves because we didn’t have facilities at school.”* **Male teacher, Aywee Primary school, Kitgum**

## **4 CHAPTER FOUR: CONCLUSION, CHALLENGES, LESSONS LEARNED AND RECOMMENDATIONS**

### **4.1 Conclusion**

Following the GAIM and the G&Y baseline assessment conducted in 2019, USHA developed a G&Y strategy along with an action plan with a list of recommended actions to promote gender equitable and youth inclusive results. Between 2019 and 2023, USHA implemented various activities with the goal of achieving the milestones set in the G&Y strategy. Overall, of the planned 16 recommended actions, USHA fully implemented 9 (56 percent). As output, for output 1, 3 of the planned 6 were fully implemented; for output 2, 5 of the planned 7, while for output 3, 1 of the planned three were implemented.

Output 1: USHA increased access to water in schools, HCFs and communities, promoted positive hygiene behaviors in support of MHM needs for girls and women; expanded the participation of women in the sanitation value chain labor force by recruiting a cadre of female CHPs as SATO sales agents and female sanitation promoters, highlighting an opportunity to improve women's economic empowerment, job creation and financial independence. Furthermore, USHA increased men's ability to invest in sanitation facilities alongside promoting joint decision among couples with respect to sanitation investments at the household level. The project raised the awareness of the GBV risks associated with WASH among SPs, masons and sanitation committee members. 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.

Output 2: To reduce female vulnerability and increase water use for MHM, USHA increased access to water within 500 meters and improved on the poor sanitation infrastructure in selected schools and promoted appropriate hygiene and sanitation positive behaviors at community and school level, reaching approximately 78,000 learners and 823,285 people in the community. To increase meaningful participation and ensure interventions consider the female voice, USHA revitalized school health clubs, which comprise of 60 percent female learners, while at the community level, approximately 50 percent of sanitation promoters were female. By targeting male teachers and learners, USHA improved the dignity of female learners and reduced the stigmatization of girls and ensured that menstruation is seen as normal. To ensure continuous availability of menstrual products, USHA trained both female and male teachers (including the boys and girls) to make Re-usable Menstrual Pads (RUMPs) and liquid soap for hand washing. However, USHA did not conduct any activities aimed at promoting youth safe places at the health facilities but through partnership with RI, provided water and hand washing facilities for selected health facilities.

Output 3: USHA advocated for the enforcement and implementation of WASH related policies through dissemination workshops in 20 districts. 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. No systematic approach is employed to assess gender and youth mainstreaming during the meetings and field visits conducted by the DWSCC. Conversations at the district level indicated that district are implementing some of the components within the MHM guidelines and following up with schools to implement some gender and youth integration activities. To improve the meaningful participation of women on water user committees, RI formed and trained water user committees for the water sources/points composed of five members, with two key positions reserved for women; one as the vice chairperson, while the other is treasurer in line with the MWE guidelines. At the community level USHA supported the establishment of sanitation committees especially in the NC whose composition consisted of sanitation promoter, mason, VHT among others of which 60% were women. Challenges encountered are presented in section 4.2 below

## 4.2 CHALLENGES

- The departure of the Gender Specialist in 2021 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.
- Much as improvement for access to water was achieved, the schools that were in areas where ground water was not accessible received only rainwater harvesting tanks. For these schools, during a prolonged dry season, experience water shortages for a prolonged period, affecting access to water for girls who would need it especially when menstruating.
- USHA planned to include positive masculinity messages targeting the males in the communities with respect to their roles, use of alcohol, joint decision making, among others, however, limited effort to include these messages within the activities implemented by USHA especially at the community level was observed. Instead talking points for masons and SPs around respect for women, encouraging spousal decision making were included. This was a missed opportunity to reach out to the men and tackle some of the underlying causes of GBV and non-joint decision making at the household level given the pivotal role played by men at the household level.
- USHA supported districts to disseminate gender and youth related guidelines, supported regular DWSCC meetings (including monitoring visits), however, USHA provided minimal support to the district to identify elements within the policies to be enforced or implemented within the respective districts across different departments, non-USHA supported schools and subcounties. Instead at an individual level, districts selected a few elements (MHM training for teachers, advocacy for increased access to water) to be implemented albeit not systematically, observed only in CW and CE.
- USHA's support to the DWSCC meetings across all the three regions was a missed opportunity to support districts monitor and support gender and youth mainstreaming within WASH programming at the district and community level. For instance, during the monitoring visits, the gender focal person or any committee member should check for gender and youth activity implementation at all levels, check for women participation in the local water governance boards and identify key issues that affect women and youth access WASH services within the district.
- Whereas, during the annual reporting, a section on gender and youth is included in the reports, the section is not comprehensive to provide detail of the steps USHA has taken to implement the G&Y strategy during the reporting period. Efforts to include detailed progress on the G&Y action plan was only done during the FY2022 reporting period. Secondly, gender and age disaggregated data is not readily available to provide progress on how the needs of women and the youth are being met through the different work streams. Consequently, no clear guidance was provided to the Local partners report on progress of their G&Y action plans beyond the action plans developed. This makes it difficult to track changes in key gender gaps, extent to which males and females are participating and benefiting from USHA led interventions based on the G&Y action developed.
- More than 70 percent of the schools visited had provisions for only rainwater as a major source of water, affecting water access during the dry season and in turn affecting the full package of MHM for the girls. Some schools and communities especially in NC did not maintain the facilities. At the time of the visit, the facilities especially in the north were found to be non-functional or in bad state especially for the hand wash facilities.
- The existence of negative cultural practices and attitudes that override the contemporary MHM practices for example burning of pads, limited use of the incinerator especially in northern Uganda.

### 4.3 LESSONS LEARNED

- Head teachers are key drivers in achieving WASH friendliness in schools since they have authority to ensure adherence to guidelines and control the funds. If head teachers do not prioritize WASH, the ability of schools to achieve WASH friendly status is reduced.
- The assumption that increased GBV cases are linked to lack of water is not always true in most of the communities visited. Instead at the household level, once water is scarce, discussions are held and at times the men and children support the collection of water. This has been as a result of continuous education and awareness creation among the communities in support of the various roles in the household.
- Trigger sessions and interaction with SPs and masons created awareness on GBV. Masons and women were sensitive in their interactions and respective as they did not interfere with young children and women as they offered services at HHs.
- Changing the long standing and entrenched norms with regard to the WASH roles and responsibilities of men and women takes a long time and requires patience. For instance, some communities hold the belief that the role of digging pit latrines and construction of sanitation facilities is solely for men even in FHHs. Indeed, for communities in the CE and CW it is a taboo for women to build toilets or serve as pit diggers.
- Working very closely with district local administration improves results given their authority to inspect and monitor adherence to set standards. In turn this may lead to replication of services and relevant MHM information to other schools beyond the project specific supported schools.
- Increasingly, the burden of improving sanitation facilities in the household falls on the woman irrespective of who is the household head. This is more pronounced in CE and CW. Both men and women should be equally targeted to improve decision making with respect to investing in sanitation facilities at home.
- Involvement of a number of teachers (including sanitation teachers, school health club patrons, and senior male and female teachers) throughout the WASH in Schools implementation cycle increases the likelihood that the WASH friendly status of a school will be sustained.
- Schools where the parents and communities through the SMCs contributed to the construction of the facilities and/or supply of materials had a high sense of ownership for established facilities.
- Targeting the youth to serve as masons, sanitation promoters as well as SATO sales agents created opportunities for income generation and economic empowerment within the sanitation value chain.

### 4.4 USHA GOOD PRACTICES FOR FUTURE PROGRAMMING

- Implementation of the pro-poor strategy that focused among others on the water connections in the bottom two wealth quintiles facilitated equity and inclusion in access to water services.
- The implementation of the gender transformative and inclusive agenda where WASH committees established by RI, the sanitation committee members and sanitation promoters had a high representation of women and youth increased women's voices with respect to WASH services delivery at the community level. For instance, for the local five-member water user committee, women are reserved the key positions of treasurer and vice-chairperson at a minimum; sixty percent of the sanitation committee members were women and half of all the sanitation promoters were women.
- The design and construction of menstruator and disability friendly latrines, which include locks for safety and privacy, unobstructed access, waste bins and/or incinerators for disposable pads, water, soap, and space for washing or changing clothes, were essential to enabling menstrual

health and hygiene among the girls including those with disabilities. Interviews with pupils indicate that the latrine upgrades brought about many benefits including reduction in girls' absenteeism and drop-out, in addition to protecting health and dignity of the girls.

- Teaching pupils to make their own MHM materials and involving the boys led to higher success rate and support for the girl child especially at the school level.
- As an opportunity to improve women's economic empowerment, USHA in partnership with BRAC trained and selected a cadre of 500 female CHPs to lead the expansion and distribution of SATO products across 8 USHA supported districts. This did not only empower the women economically, but both socially and political to the extent that some got into local leadership positions, gaining respect within the communities they live.
- The inclusion of both boys and girls in MHM discussions especially in school settings minimized abuses, intimidation and embarrassment meted out to the girls and instead created positive support towards the girl child. This has enhanced equity and inclusion since the girl child could now spend more time in school.
- Supporting the schools to design workplans and budgets led to initiatives to encourage parents contribute to WASH in the schools. This was more pronounced in CE and CW.
- Involving the youth for labor in selling of the SATO pans, digging of trenches, as masons for the piped schemes enabled them to get an income.

#### **4.5 ADDITIONAL RECOMMENDATIONS FOR FUTURE USAID WASH PROGRAMMING**

- To fully implement G&Y mainstreaming activities it is important that a full-time Gender and Youth Specialist 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-local partners and districts in implementation and monitoring of G&Y activities.
- Guiding districts to systematically implement G&Y activities within their jurisdiction especially working with the district gender focal person to select elements in national level gender and youth policies and/or implementing partner G&Y action plans that can be replicated to other departments, schools, communities etc. beyond the selection, during activity implementation, IPs should monitor and support how the districts are implementing and identifying these elements through the sector specific monitoring visits as well as technical and/or progress review meetings.
- Whereas the pro poor strategy was intended to provide water to the low-income households, special considerations were not provided for the women headed households to benefit from the water schemes.
- The partnership with BRAC empowered the female CHPs, increased their visibility and profile in the communities and above all increased their household income, this momentum came to a halt last year (2022) when the partnership ended. This has created a huge gap among the female CHPs with respect to income, leading to decreased income from the sale of SATO products which contributed about half of CHP income from sale of BRAC related products. To avoid this, in future, there should be prior planning (say a year earlier) before end of such partnerships to ensure continuity of the benefits within the supply chain.
- 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 systematic document and monitor progress of 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 gaps and implementation of G&Y action plans from baseline to end-of-project as opposed to introducing it midway the implementation period. 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.

- Future MBSIA and CTLS+ activities need to be more creative and intentional about raising women voices- during trigger and pre trigger sessions, focus is on the messages about available sanitation products, sales pitching, assessment of sanitation household status, while SPs and masons were provided with talking points about GBV and joint decision making. 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. Furthermore, engaging female leaders as keynote speakers at trigger sessions can encourage other women take on the role of decision making at the household level.
- Developing talking points for masculinity messages for trigger and pre-triggers session, SPs and masons- There was no deliberate effort to include masculinity messages targeting the males in the communities with respect to their roles, use of alcohol among others, which would have otherwise increased the joint decision making as well talk about the responsibilities of men as identified at baseline. Using a similar approach describe above, talking points for these elements targeting men who come for the trigger sessions, SPs and masons should be developed.

## 5 APPENDICES

### 5.3 APPENDIX I: IMPLEMENTATION STATUS FOR THE GAIM

Finding from GAIM	Suggested Action from GAIM	Status (Update from Regional team)
<b>Output I: Increase household access to sanitation and water services</b>		
<p><b>G&amp;YA Finding I.1:</b> Limited access to water creates a disproportionate burden on adult women, female youth, and girls, the primary collectors and users. Burdens include exposure to GBV, risk of infections and injuries, limited time for schoolwork and paid work, and poor menstrual hygiene management (MHM).</p>	<p>In partnership with Rotary International, ensure roadmap for increasing community water sources, as well as improving operation and maintenance of water points, considers specific needs of women and girls (e.g., MHM needs of girls at community and school level, water access for demand-side SATO sales by female CHPs, locations advised by women in community).</p>	<p>To increase access to water for women and girls, USHA through the partnership with RI installed 43 boreholes and supplied 50 10000-liter rain harvesting tanks to nearly 60 schools across all three regions. Furthermore, 1000ltr tanks were installed to serve as a source of water for the group hand washing in 88 schools across the three regions. On the part of water supply to the communities, USHA and RI supported the connection of 1200 yards through the expansion of eight water supply systems in addition to the two systems supported by RI. Through the expansion and upgrade of the water supply systems approximately 34,000 people received access to new basic water service or improved service quality from an existing basic drinking water or safely managed water service.</p> <p>These services greatly improved access to water especially for girl child at the schools, vulnerable households as well as health centers and facilities. At the schools beyond promoting hygiene behaviors which supports the MHM needs for girls, it has also averted the risks which were affecting the girls by bringing water nearer to the schools identified at the baseline and the G&amp;Y analysis. Targeting new connections to have 50% of the new connections for HH in the lowest two wealth quintile resulted in a dramatic change to the socioeconomic profile of the customers connected to the upgraded water supply.</p>
<p><b>G&amp;YA Finding I.2:</b> Men are the primary decision-makers about household spending and infrastructure, yet they do not</p>	<p>Include positive masculinity messaging for male youth in masons training, including joint decision making with wives, alcohol use, male responsibilities in the household, and role model development (e.g., to support women’s WASH needs, among others).</p>	<p>USHA did not target men with specific masculinity messages during the training of masons. Instead, the masons were trained and cautioned on behaving responsibly towards their female clients as well as GBV management and referrals.</p>



Finding from GAIM	Suggested Action from GAIM	Status (Update from Regional team)
<p>prioritize investing in sanitation facilities.</p>	<p>Through Sanitation Promoters, support/advocate for women’s voice in accessing sanitation services at the household level, as well as joint decision-making.</p>	<p>Overall, USHA trained a total of 380 sanitation promoters and 714 members of the sanitation committees in CE and CW and respectively. To support the SPs and SMCs in marketing and construction of toilets, a total of 447 masons were trained. Whereas women were the primary audiences for the CLTS+ and MBSIA trigger sessions, final decisions to make improvements to the toilet was the responsibility of the man, moreover 69% of households were headed by men.</p> <p>Overall, through these approaches, a total of 80,966 toilets were improved or newly constructed, which translated into 364,347 people gaining access to basic sanitation. By enabling households to gain access to basic sanitation and basic hand washing facilities, the model led to significant investments in the local economy. Households that gained access to basic sanitation were estimated to have made a cumulative investment of close to UGX 33 billion (about USD 9m) in labor, materials, and transport, across all toilets built and upgraded. Seventy-nine percent of this investment was towards basic facilities.</p> <p>The total investment corresponds to an average household investment of USD 112 in the Eastern region, and USD 155 in the Central region. This expenditure is equivalent to 77% and 80% the value of the assets owned by households, thereby highlighting good willingness to pay for sanitation. For reference, households in the Eastern region annually spend USD 51 and USD 41 on education and health, respectively, while those in the Central region spend USD 113 and USD 63, respectively.</p>
<p><b>G&amp;YA Finding 1.3:</b> Adult women’s and female youth’s lack of control over resources and limited agency serve as barriers to their economic success in the sanitation value chain (SVC). - We ca</p>	<p>USHA’s new partnership with BRAC microfinance department: utilize loans to increase female youth participation in SATO sales force.</p>	<p>This specific activity was not undertaken. However, through collaboration with BRAC, 500 CHP (majority females) were recruited and trained as SATO product distributors in 2018 across 13 BRAC branches in 8 districts. As a result of the partnership with BRAC, sales for SATO products increased drastically from 29,750 in 2018 peaking at 77,682 in 2021 and falling to 44,603</p>

Finding from GAIM	Suggested Action from GAIM	Status (Update from Regional team)
		<p>2022. Through participation in the promotion and sale of SATO products, most CHPs, who were predominately female reported increased household incomes earned as profits from SATO sales which enabled them to increase household assets. Many invested in animal-rearing, trade (started or expanded existing businesses) and others bought household items. Moreover, many CHPs reported community recognition and improved status as a result of promoting and selling products that enhanced household sanitation. Overall, active CHPs greatly benefited from participating in the promotion and sale of SATO products. The BRAC model of CHPs who were youth sold out 40,000 Sato products and gained from the sales UGX 3000-5000 which empowered them economically.</p>
	<p>Include financial management and spousal negotiation skills in BRAC/USHA training for women participating in SATO sales force and ensure that graduates (entrepreneurs) have access to an independent account for financial agency.</p>	<p>This was not undertaken.</p>
	<p>Conduct an activity-wide assessment on the outcomes (related to both WASH and gender/youth) of employing a female-only workforce for the SATO pans sales.</p>	<p>This was documented and results included in the BRAC, and USHA learning brief focused on SATO sales.</p>

Finding from GAIM	Suggested Action from GAIM	Status (Update from Regional team)
<p><b>G&amp;YA Finding 2.1:</b> Hygiene related behaviors for adult women, female youth, and girls (at home, school, and health facilities) are associated with access to water.</p>	<p>Ensure improved water sources within 500 meters of selected schools to reduce female vulnerability and increase water use for MHM; include female youth and girls in the set activities to increase meaningful participation and ensure interventions consider the female voice.</p> <p>Infuse peer-to-peer (youth-to-youth) promotion of positive hygiene behaviors through school WASH clubs, emphasizing and supporting meaningful female participation.</p>	<p>To ensure improved water sources within 500 meters, USHA through the partnership with RI installed 43 boreholes and supplied 50 10000 ltr rain harvesting tanks to nearly 60 schools across all the regions. Furthermore, 1000ltr tanks to serve as source of water for the group hand washing in 88 schools across the three regions were installed.</p> <p>Through school health clubs, USHA disseminated promotional messages on improved hygiene at school including hand washing among the pupils across 88 schools across the three regions. 88 teachers were also trained in promotion of hygiene. These cascaded the messages to the school health club members in turn reaching close to 5000 pupils with hygiene messages. Pupils also acted as advocates in the communities promoting improved hygiene behaviors at home. At the community level, through the SPs, improvements in over 40,000 household toilets (roughly 20% are female-headed) were observed, bringing dignity to thousands of HHs, including women, children and youth.</p>
<p><b>G&amp;YA Finding 2.2:</b> Lack of sanitation products (i.e., soap and pads) and poor sanitation infrastructure (i.e., collapsing or dirty latrines, faulty or no latrine doors, lack of latrine covers, poor changing rooms, poor washing facilities, etc.), in health facilities and schools disproportionately affects women and girls. Women and girls are the primary patrons of health care facilities, and the most at-risk</p>	<p>Through the local partner organization raise awareness as to why washing facilities are critical in schools and health facilities, to promote clean MHM changing rooms at institutional and community levels.</p> <p>Through local partner organization and local-level advocacy (specifically targeting District Health Officers and facilities in-charge), promote Youth Safe Spaces at supported health facilities, specifically for female youth and girls (e.g., MHM, FP, GBV, and others).</p>	<p>A total of 101 schools in 20 districts were supported through USHA intervention to be WASH friendly. The last WiS assessment conducted recently, 54 of the 100 schools attained WASH Friendly School status having met all seven WASH-friendly criteria. The remaining schools were at an intermediate level, while 94 had adequate MHM facilities for girls. Furthermore, 94 had active school health clubs, 94 with water and soap at a hand washing facility while 99 had access to an improved water source.</p> <p>Furthermore, the learning conditions for over 30,000 girls across 100 schools had improved with the MHM interventions such as the construction of 72 gender segregated 5-stance drainable toilets, 100 group hand washing facilities and provision of 50 w</p>

Finding from GAIM	Suggested Action from GAIM	Status (Update from Regional team)
<p>of missing learning days and potentially dropping out of school due to MHM stigma and early pregnancy from sexual violence.</p>		<p>sources to schools. Furthermore, 14 toilet blocks for boys were constructed and 58 girls' toilets with a MHM changing bathroom and 100 incinerators attached for proper disposal of used sanitary towels. 486 school officials including head teachers, senior women and male teachers, teachers in charge of sanitation, and patron SHC had been trained on the proper O&amp;M of the toilets, incinerators and group hand washing facilities constructed. In seven districts supported in northern Uganda, 1,232 school caretakers were trained on the making of reusable sanitary pads and liquid soap. As part of awareness on MHM, 534 boys and 185 male teachers and 84 female teachers were trained.</p>
	<p>Design and conduct gender integration training(s) for USHA local partner organizations, local implementing partners in all USHA activities. Such training(s) will allow for gender-sensitive principles and strategies to cascade into communities.</p>	<p>To promote gender and youth mainstreaming more meaningfully in Phase II of MBSIA and CLTS+, USHA incorporated and delivered sessions on gender and youth considerations during Phase II local partner orientations. Some issues tackled included deliberate mobilization of both men and women for trigger sessions, recruitment of both men and women as sanitation promoters, encouraging women with skills and ability to participate in masonry, and working with cultural and traditional leaders to address the unequal power dynamics in the communities. To achieve this, USHA customized the materials used for the USHA staff training to suit the needs of the CLTS+ MBSIA local partners. The training was delivered to 86 local partners staff (21 from CE, 38 from the NC, and 27 from the CW). The training equipped local partner staff with knowledge and skills in gender and youth mainstreaming, socialize the USHA Gender and Youth Strategy and supported the local partners to develop their respective gender action plans to mainstream gender during project implementation.</p>
<p><b>G&amp;YA Finding 2.3:</b> Limited male (father, husband, male teacher) appreciation and understanding of menstruation contributes to poor MHM (as well as often risky sexual</p>	<p>Engaging men/boys (including the Senior Male Teacher), women/girls (including Senior Female Teacher), and parents in trainings at supported schools around MHM to reduce stigma, improve</p>	<p>USHA supported the establishment and/or revival of the school health clubs comprised of both girls and boys. The school health clubs which held meeting weekly, provided an avenue to promote positive youth development through improving leadership skills, competencies, and attitudes among the youth. Activities included</p>

Finding from GAIM	Suggested Action from GAIM	Status (Update from Regional team)
behaviors and/or GBV) among adult women, female youth, and girls.	communication, and improve sanitation and health outcomes for girls and female youth.	anti-stigma MHM messages for boys to support girls during menstruation and common myths about MHM. The learners through these activities worked as advocates for parents to support the girl child during menstruation in addition to encouraging positive hygiene behaviors at home, thereby creating a cadre of young male community change agents. To further inculcate positive masculinity behaviors among the boys towards the girls, USHA involved and trained male teachers and boys in making of RUMPs and liquid soap. Positive masculinity messages for boys were also included in the 'SOAPY' campaign material and disseminated across all the 100 schools supported by USHA. In schools visited, boys are actively engaged in the school health clubs, have appreciated the role that MHM plays for the girl child and are now advocates both at school and the communities for supporting the girls during menstruation. The boys participate in making reusable pads and involved in MHM messages through production of SBC local materials at the school. The trained male teachers are very supportive of the MHM services for the girls and are also engaged in the production of liquid soap and RUMPs used by the girls-thus promoting a positive attitude towards MHM among the males.
	Include topics of positive masculinity, utilizing positive male role models, in behavior change communication campaigns/messaging, applying music, dance, drama and demonstrations. Target key groups in BCC (e.g., churches, VSLAs).	

Finding from GAIM	Suggested Action from GAIM	Status (Update from Regional team)
<p><b>G&amp;YA Finding 3.1:</b> Even where gender and youth related issues are codified in WASH-related policies, there is low dissemination, implementation, and enforcement of policies affecting women and youth.</p>	<p>Advocate for the enforcement/implementation of existing WASH-related by-laws and policies within districts, specifically for those affecting women and youth (e.g., MHM guidelines and facilities at schools, Ministry of Water and Environment Gender Strategy, etc.); successful advocacy will require political and cultural leaders' endorsement.</p> <p>Strengthen District Water and Sanitation Coordination Committees at the District level, ensuring gender sensitive governance. Strengthening may include providing technical advice and oversight in areas that affect women and girls.</p>	<p>Dissemination workshops were conducted in 20 districts where over 240 staff were reached with these messages. However, conversations at the district level indicated that dissemination of the gender strategy was not cascaded beyond the district and subcounty meetings conducted by USHA. USHA also used the DWSCC meetings forum to disseminate these policies. MHM guidelines (draft) were disseminated to districts as part of the MHM training of teachers where district technical staff were invited in these trainings. For MHM guidelines, dissemination was done as part of the WiS programs. Some of the districts such as Kaliro and Lwengo also cascaded these MHM training to non-USHA supported schools.</p>
<p><b>G&amp;YA Finding 3.2:</b> Social norms regarding women's and youth's public bearing (i.e., social construction of timidity and second tier for women; limited respect for and minimal skills of youth) limit their civic participation in WASH-related governance, both in numbers and quality of participation.</p>	<p>Improve meaningful participation (voice) and increase physical representation (target 30%, with a future aim of at least 40%) of women on water user committees and district-level leadership committees (from 2021). Improved participation may include female monitoring of institutional services, through community scorecards or other methods.</p>	<p>RI-USAID project formed and trained water user committees at the water sources/points whose composition had five members with two positions reserved for women; one was the vice chairperson, while the other was a treasurer. At the community level USHA supported the establishment of sanitation committees especially in the NC whose composition consisted of sanitation promoter, mason, VHT among others. 60% of the members of this committee were women. Beyond the committees at the community level, USHA organized CLTS+ and/or MBSIA triggering sessions. Through these sessions the majority of the participants were women and they engaged in advocating for improved sanitation and hygiene services both at the household and community level. Both men and women participate in CLTS activities at almost equal proportions; for instance, out of the 1,370 people that participated in the triggering sessions, 643 of them were male while 727 (53%) were female, implying both men and women meaningfully participating and embracing hygiene and sanitation. For instance, in NC of the 2000 SMC members, it was</p>

Finding from GAIM	Suggested Action from GAIM	Status (Update from Regional team)
		<p>established that 60% of the members were women. One local partner reported that the number of Sanitation Committee Members (SCMs) were over 2000, with the majority (60%) being female.</p>

## 5.4 APPENDIX 2: LIST OF PEOPLE MET

### Key Informant Interviews

SN	District	Title
01	Kaliro	DIS
02	Buyende	Health Assistant Kagulu sub county
03	Mpigi	Joy initiative Uganda
04	Kaliro	Namwiwa community discussion
05	Kaliro	HM Busulumba Primary School
06	Kaliro	District Education Officer
07	Kitgum Omiya Anyima Health center III	Health Center In-charge
08	Kitgum- Omiya Anyima East Sub County	Chairman LC III
09	Kitgum	DIS (District Inspector of School)
10	Lopur Primary Sch-Kitgum	Senior Woman Teacher
11	Omiya Nyima Subcounty-Kitgum	Mason
12	Water Umbrella-Lira	Engineer, Lira Umbrella for Water and Sanitation
13	Water Umbrella-Lira	Social Scientist, Lira Umbrella for Water and Sanitation
14	Namwiwa Primary Sch-Kaliro	Senior Man Teacher
15	Namwiwa Primary Sch-Kaliro	Senior woman Teacher
16	Busulumba Primary School-Kaliro	Senior Man Teacher
17	Busulumba Primary School-Kaliro	Senior woman Teacher
18	Ndolwa Primary Sch-Buyende	Senior Man Teacher
19	Ndolwa Primary Sch-Buyende	Senior woman Teacher
20	Ndolwa Primary Sch-Buyende	Head Teacher
21	Ndolwa Subcounty-Buyende	Member, Water User Committee
22	Buyende	Health Assistant-Buyende
23	Namwiwa Water Supply Scheme- Kaliro	Manager Namwiwa Scheme
24	Irundu Water Supply Scheme- Buyende	Manager Irundu Scheme



<b>SN</b>	<b>District</b>	<b>Title</b>
25	Nkonkonjeru Lwengo	VHT member
26	Katuulo Primary Sch	Member, PTA
27	Katuulo Primary Sch	Member, PTA
28	Lubaale Lwengo District	Sanitation Promoter
29	Kituntu Muslim Primary Sch-Mpigi	Head Teacher
30	Mpigi	JOYI Uganda Staff
31	Mpigi	JOYI Uganda Staff
32	Mpigi	JOYI Uganda Staff
33	Kitgum	Patron SHC, Lopur PS
34	Kitgum	HCF III Omiya Anyima
35	Kitgum	Mother, HCFIII Obalogungu village, Omiya Anyima SC
36	Kitgum	Senior Man Teacher Aywee PS
37	Kitgum	D/HT Aywee PS
38	Kaliro	ADHO Environmental Health (USHA Focal Person)
39	Kaliro	Head Teacher, Saaka Primary School
40	Kaliro	Pupil Saaka PS
41	Kaliro	Chairperson Namwiwa Ward/SC
42	Buyende	Ndolwa SC
43	Lwengo	DIS Lwengo
44	Lwengo	Kakoma SC
45	Lwengo	Nkokonjeru PS Kyazanga SC
46	Mpigi	St, Damiano Makumbi PS
47	Mpigi	Mason
48	Lwengo	Mason
49	Lwengo	Head Teacher
50	Lwengo	Chairperson Smc
51	Mpigi	Senior Woman teacher
52	Mpigi	Senior Man teacher
53	Buyende	DIS-Buyende

## FGDs respondents

SN	Category	School/site/ subcounty	# males	# female	Total
01	Mixed boys and girls	St Damiano Makumbi P/S.	5	5	10
02	Community women	St Damiano Makumbi P/S.	0	8	8
03	FGD Girls	Katuulo PS	0	8	8
04	Mixed boys and girls	Namwiwa P/S	2	8	10
05	Mixed community men and women	Ndolwa P/S	7	4	11
06	Community women	Nkokonjeru P/S	0	5	5
07	Community Women	Omiya Nyima Subcounty-Kitgum	0		
08	Mixed Boys and Girls-Out of School	Omiya Nyima Subcounty-Kitgum	4	4	8
09	Community men-adult	Lwawebea-Mpigi	05		05
10	FGD Pupils mixed	Ndolwa Primary School-Buyende District	03	03	06
11	FGD Pupils mixed	Mpunde Moslem Primary School- Buyende District	03	03	06
12	FGD Pupils mixed	Busulumba Primary School-	03	03	06
13	FGD Pupils mixed	Saaka Primary School-Kaliro District	00	06	06
14	FGD Pupils mixed	Saaka Primary School	06	00	06
15	FGD Pupils mixed	Nkokonjeru Primary School	00	07	07
16	FGD Pupils mixed	St Joseph Lwawebea Primary School	06	08	14
17	FGD teachers	Nkokonjeru Primary School	06	01	07

## 5.5 APPENDIX 3: SELECTED FIELD PHOTOS

*A newly constructed 5-stance toilet block at Lopur Primary School, Kitgum.*

*A sample of SBC materials designed and made by pupils at Busulumba Primary School, Kaliro*

*FGD with community members in Mpigi district*

*A sample of a school WASH workplan, Aywee Primary School, Kitgum*

*Group hand washing in Buyende Primary School using an USHA supported facility*

*FGD with the youth in Omiya Anyima Town- Kitgum*

*Improved latrine with sanitary in Kamengo, mpigi district*

*FDG with mixed pupils in Namwiwa Primary school, Kaliro District*



*Inc... yima, Kitgum District*

*Female beneficiary for community water connection in Namwiwa subcounty, Kaliro*



## 5.6 APPENDIX 4: FIELD WORK ITINERARY

Date	Activity	District	School	Subcounty
20 <sup>th</sup> March	FDG virtual meeting with the Regional Team- CE	Kampala		
20 <sup>th</sup> March 2023	FDG Virtual meeting with Regional Team- CW			
21 <sup>st</sup> March 2023	FDG virtual meeting with Regional Team-NC			
Sunday 26 <sup>th</sup> March 2023	Travel to Kitgum (2 consultants and 2 Research Associates)	Kitgum		
27 <sup>th</sup> March 2023 Morning	Courtesy visit to district and key informant interviews with District team respondents	Kitgum		
27 <sup>th</sup> March 2023 Afternoon	Visit to schools and community to conduct, school observations FGDs & KIIs	Kitgum	Lopur Primary School (PS)	Omiya Anyima
28 <sup>th</sup> March 2023 All day	Visit to schools and community to conduct, school observations FGDs & KIIs	Kitgum	Aywee and Pela PS; Omiya Nyima HC III.	Omiya Anyima
29 <sup>th</sup> March 2023 All day	Travel to Kaliro	Kaliro		
30 <sup>th</sup> March 2023 Morning	Courtesy visit to Kaliro District LG and key informant interviews with District team respondents	Kaliro		
30 <sup>th</sup> March 2023 Afternoon	Visit to schools and community to conduct, school observations FGDs & KIIs	Kaliro	Namwiwa C/U Busulumba PS and Saaka PS	Namwiwa and Kisinda
31 <sup>st</sup> March 2023 Morning	Courtesy visit to Buyende District LG and KIIs with District team respondents	Buyende		
31 <sup>st</sup> March 2023 Afternoon	Visit to schools and community to conduct school observations FGDs & KIIs	Buyende	Mpunde Muslim PS, Buyende TC PS & Ndolwa PS	Buyende TC, Ndolwa and Kagulu
1 <sup>st</sup> April	Travel back to Kampala			
2 <sup>nd</sup> April 2023	Travel to Lwengo			
3 <sup>rd</sup> April 2023 Morning	Key Informant Interviews with Lwengo District LG staff and courtesy call	Lwengo		
3 <sup>rd</sup> April 2023 Afternoon	Visit to schools and community to conduct, school observations FGDs and KIIs		Nkokonjeru Pentecostal PS, Luyembe CoU PS and Katuulo PS	Kyanzanga TC and Kyanzanga S/C
4 <sup>th</sup> April 2023 Morning	Travel to Mpigi			
4 <sup>th</sup> April 2023 Afternoon	Visit to schools & community to conduct, school observations FGDs and KIIs		St. Damiano Makumbi PS, St. Joseph's Lwaweeba PS	Butuulo and Kituntu

Date	Activity	District	School	Subcounty
			Kituntu Muslim PS	
5th April 2023 Morning	Kills with Mpigi District LG staff			
6 <sup>th</sup> & 11 <sup>th</sup> April 2023	USHA staff Kills			

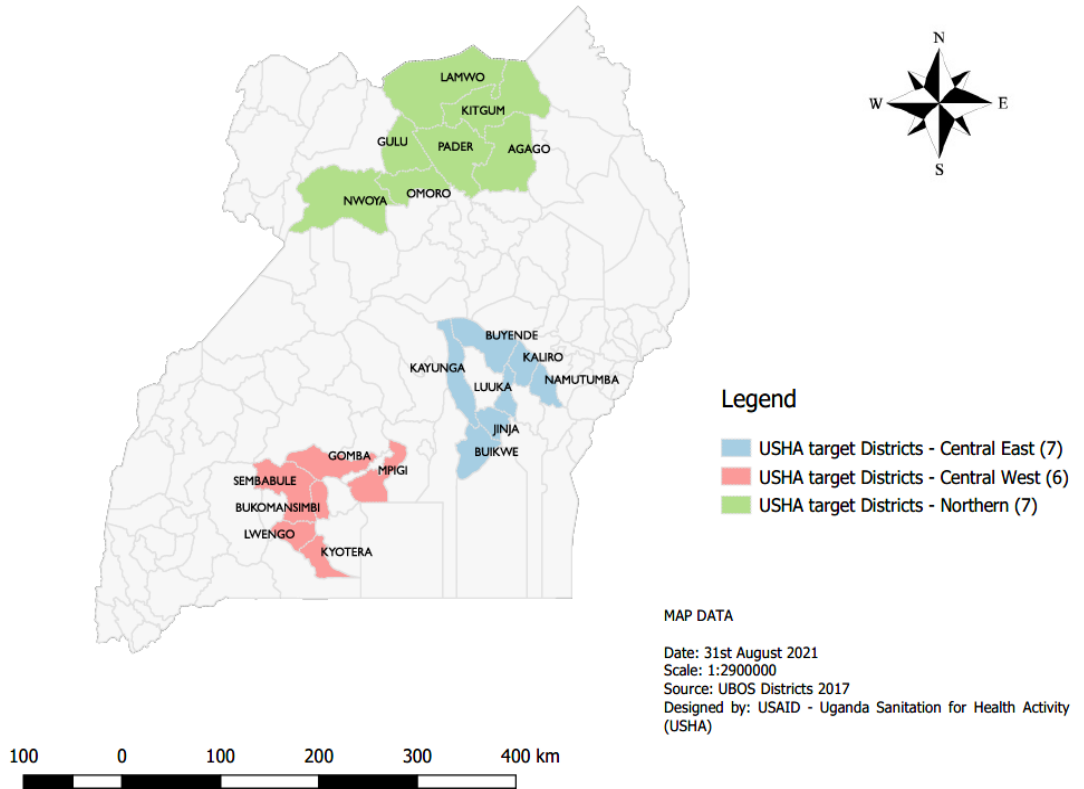
## **5.7 APPENDIX 5: LIST OF KEY DOCUMENTS REVIEWED (INTERNAL DOCUMENTS & EXTERNAL DOCUMENTS)**

1. Activity-level reports and grantee milestone deliverables
2. Advocating for MHM Public Policies: <https://riusaidwash.rotary.org/uganda-advocacy-menstrual-hygiene-management/>
3. Draft USHA FY20 Annual Report to USAID (October 29, 2020)
4. G&Y Strategy and action plan intended to achieve the G&Y Integration, Matrix (GAIM)
5. Gender and Youth Mainstreaming Final Report\_USHA-Gulu\_2021
6. Gender Equality and Female Empowerment in WASH, USAID Water and Development Technical Series, Technical brief series 4.
7. Gender Learning Event Roadmap and Key dates
8. Gender Learning Event Updates-05.28.2021
9. Gender mainstreaming Action Plan\_2021
10. Gender Mainstreaming implementation plan
11. Gender Mainstreaming Training Manual - Martin2020 Draft 2
12. Gender Mainstreaming Training Programme–Moses, 2020-Updated
13. USHA Grantee reports
14. KII GUIDES-project management and local partners
15. MWE, Water and Sanitation Gender Strategy (2018-2022)
16. Third National Development Plan (NDP III) 2020/21 – 2024/25
17. Participants Expectations for Gender and Youth Mainstreaming Training -SM
18. Preparatory Information for Participants\_Week1-USHA2020
19. The 2017 Gender Impact study in the water and sanitation sector, Ministry of Water and Environment, Uganda
20. The Uganda Gender Policy (2007)
21. USAID ADS 205 functional series on gender equality and female empowerment revision of 2021
22. USAID Gender and Youth policy
23. USAID WASH and Development technical series,
24. USAID, 2020 Gender Equality and Female Empowerment Policy
25. USAID, 2022 US Global Water Strategy
26. USAID, 2023 Gender Equality and Women's Empowerment Policy
27. USAID, Global WASH policy or strategy documents related to G&Y issues, social inclusion with a specific emphasis on sanitation.
28. USHA Draft FY21 Annual Report and EMMR to USAID\_29.10.21\_
29. USHA FY22 Annual Report and EMMR draft to USAID Nov 02, 2022 (002)
30. USHA Gender and Youth Strategy final version Dec 2019
31. USHA learning briefs
32. USHA Quarterly Report Q3 FY20\_approved version (Sept 23, 2020)
33. USHA\_MHM abstract for USAID gender learning event \_out

## 5.8 APPENDIX 6: MAP SHOWING USHA GEOGRAPHICAL AREAS



### USAID-UGANDA SANITATION FOR HEALTH ACTIVITY IMPLEMENTATION DISTRICTS



## 5.9 APPENDIX 7: LIST OF DATA COLLECTION TOOLS

### 5.10 APPENDIX 7 A: KEY INFORMANT GUIDE-NATIONAL LEVEL

#### Gender Analysis to Promote Gender and Youth Mainstreaming in WASH

##### KII – National Level

*This instrument will be administered to national level policy makers and implementers*

##### Informed Consent

Hello, my name is \_\_\_\_\_. We are here on behalf of USAID’s USHA project to conduct a study on including gender and youth in WASH services delivery. The overall **objective** of the study is to collect data that will support the documentation of USHA’s work and experiences in the areas of gender equality and youth involvement in the intervention districts.

As a key stakeholder, your input is important, and we would appreciate your uninterrupted availability for this interview. The information that you will share will be used to synthesize study findings and recommendations. We will be **recording** your responses but will not record any identifying information for the research and all data will be strictly **confidential**.

I would like to ask you questions around implementation challenges, processes, results, coordination efforts, legal and policy framework, and capacity improvement, reporting, monitoring and evaluation, human resources among others with respect to inclusion of gender and youth into WASH programming.

Participating in this study is completely **voluntary**. If you are uncomfortable with being a part of this discussion, you are free to opt out now or at any time during the discussion. You can also choose not to answer any of the questions that make you feel uncomfortable. Please stop us at any time during the interview if you have questions or concerns.

Would you like to participate in the study? Yes: ..... No: .....

##### TO BE FILLED BY THE INTERVIEWER

Date:

District:

Location of the Interview:

Name of the Institution:

Name of the Respondent:

Designation of the Respondent:

Mobile Number of the Respondent (*optional*):

Email id:



## ICEBREAKERS

1. What is your position and role within the ministry/agency/organization?  
**FOR THE INTERVIEWER, PROBE ON:**
  - a. *Role played in the formulation of Sector Development Plans and Policies. Explain.*
  - b. *Coordination with other sectors/ministries/IPs*
2. What is your role in mainstreaming gender and youth into WASH programs?

### ROLE

3. What kind of support has your ministry/agency/organization or department provided towards inclusion/integrating gender into WASH programming?

#### **FOR THE INTERVIEWER, PROBE ON:**

- a. *Inclusion of gender-specific or gender-sensitive objectives/ targets/ goals in policy formulation*
  - b. *Inclusion of gender-specific or gender sensitive objectives/targets/goals in development of strategies/ interventions for program design and implementation levels*
  - c. *Key activities in – policy formulation, resource allocation and planning (special and vulnerable groups for women, youth, PWDs, boys/girls' interests taken into consideration at the planning and budgeting)*
  - d. *What are the specific sectors of key activities?*
4. What are the current coordination and partnership mechanisms in place for including gender and youth into WASH programming at this ministry/agency/organization or department?

#### **FOR THE INTERVIEWER, PROBE ON:**

- a. *the different mechanisms present, committees present, frequency of meetings if any, roles of the committee, any action items for mainstreaming as a result of coordination meetings conducted*
  - b. *What are the key challenges in effective coordination? How can these be resolved?*
5. What are the tools and guidelines used by the ministry/agency/organization or department to sensitize about the importance of mainstreaming gender and youth into WASH programs? Why do you think they are necessary?

#### **FOR THE INTERVIEWER, PROBE ON:**

- a. *on capacity building of Local Government*
  - b. *What are the key challenges in implementation and ensuring follow-ups?*
6. What are the existing strengths, opportunities and challenges in mainstreaming gender and youth in WASH programs?

#### **FOR THE INTERVIEWER, PROBE ON:**

- a. *Policy formulation; key influencing documents and personnel*
  - b. *Priority setting – process; inclusion of gender and youth*
  - c. *Plans and programming; inclusion of gender and youth*
  - d. *Resources needed; process of determining fund allocation*
7. To what extent has your ministry/agency/organization or department coordinated with USHA in mainstreaming of gender and youth into WASH programming at national and district level?

8. To what extent did USHA support your ministry/agency/organization or department to mainstream/coordinate gender and youth into WASH programming and services delivery?

**PROBE for:**

- a. *Policy formulation and strategic plans for inclusion of gender and youth sensitive interventions and activities (MHM guidelines, WASH gender sensitive guidelines etc.)*
- b. *Supporting the establishment of gender sensitive MEAL systems*
- c. *Training staff in mainstreaming gender*
- d. *WASH in School policy guidelines*
- e. *Comment on the adequacy of the support*

9. How does the monitoring and evaluation mechanism/framework for programs incorporate reporting of gender and youth mainstreaming indicators into WASH services delivery and programming?

**FOR THE INTERVIEWER, PROBE ON:**

- a. *whether the data is disaggregated by gender and youth?*
- b. *How gender and youth disaggregated data is utilized for management decision making.*
- c. *If in-house the capacity of staff to collect and report on gender and youth disaggregated data.*
- d. *Current challenges or gaps for collecting and reporting gender and disability disaggregated data.*
- e. *Availability of appropriate gender and youth sensitive indicators*

10. How have the interventions by USHA successfully contributed to the improved access to WASH services (in terms of service reliability, quality and quantity) to women, youth and other vulnerable groups?

**FOR THE INTERVIEWER, PROBE ON:**

- a. *Reduction in incidence of waterborne diseases among the groups*
- b. *Improved hygiene behavior and practices among the groups*
- c. *Increased access to safe water and sanitation facilities among the groups*
- d. *Improved school attendance and performance among girls*
- e. *Increased income for female CHPs*
- f. *Increased access to resources and decision making for women and youth*
- g. *More supportive environment for women*

**A. LESSONS LEARNED AND BEST PRACTICES**

11. Based on your experiences, what are the lessons learned and key best practices that can be used to improve mainstreaming of gender and youth into WASH programming?

**B. CLOSING QUESTION**

12. Is there anything that we did not ask but in your view is significant, please do share?

**5.11 APPENDIX 7 B: KEY INFORMANT GUIDE-DISTRICT/GRANTEE LEVEL**  
**Gender Analysis to Promote Gender and Youth Mainstreaming in WASH**  
**KII – District Level**

*This instrument will be administered to the following stakeholder groups at the district/sub-county level as listed below*

1. Gender Focal Persons
2. District Health Officers/Educators
3. District Inspector of Schools
4. District Water Officer
5. District Education Officer
6. District Health Workers
7. Environmental Health Officers
8. USHA Focal Person

**Informed Consent**

Hello, my name is \_\_\_\_\_. We are here on behalf of USAID’s USHA project to conduct a study on including gender and youth in WASH services delivery. The overall **objective** of the study is to collect data that will support the documentation of USHA’s work and experiences in the areas of gender equality and youth involvement in the intervention districts.

As a key stakeholder, your input is important, and we would appreciate your uninterrupted availability for this interview. The information that you will share will be used to synthesize study findings and recommendations. We will be **recording** your responses but will not record any identifying information for the research and all data will be strictly **confidential**.

I would like to ask you questions around implementation challenges, processes, results, coordination efforts, legal and policy framework, and capacity improvement, reporting, monitoring and evaluation, human resources among others with respect to inclusion of gender and youth into WASH programming.

Participating in this study is completely **voluntary**. If you are uncomfortable with being a part of this discussion, you are free to opt out now or at any time during the discussion. You can also choose not to answer any of the questions that make you feel uncomfortable. Please stop us at any time during the interview if you have questions or concerns.

Would you like to participate in the study? Yes: ..... No: .....

**TO BE FILLED BY THE INTERVIEWER**

Date:

District:

Location of the Interview:

Name of the Institution:

Name of the Respondent:

Designation of the Respondent:

Mobile Number of the Respondent (*optional*):

Email id:

**ICEBREAKERS:**

1. Please tell me about your position and role within this district?
2. What is your role in relation to mainstreaming gender and youth into WASH services delivery within the district?

**FOR THE INTERVIEWER, PROBE ON:**

- a. *How long they have been at the position*

**KNOWLEDGE**

3. Please share your understanding on the importance of gender and youth sensitive programming for WASH services and programming at the community and school level
4. In your experience, why do you think it is necessary/important to include gender and youth into WASH interventions at the community and district level?
5. What support has the district or department provided towards inclusion/integrating gender into WASH programming within the district?

**FOR THE INTERVIEWER, PROBE ON:**

- e. *Inclusion of gender-specific or gender sensitive objectives/targets/goals in development of strategies/ interventions for program design and implementation levels*
- f. *Capacity building of staff and partners*
- g. *Support WASH gender sensitive policy implementation in schools' communities and health care facilities*
- h. *Advocated for inclusion of women and youth in water boards/committees*
- i. *Worked with the gender focal person*
6. What are the current coordination and partnership mechanisms in place for including gender and youth into WASH programming in the district?

**FOR THE INTERVIEWER, PROBE ON:**

- c. *the different mechanisms present, committees present, committee composition frequency of meetings if any, roles of the committee, any action items for mainstreaming as a result of coordination meetings conducted*
- d. *What are the key challenges in effective coordination? How can these be resolved?*
- e. *Technical Support from the district gender focal person*
7. What policies, workplans and implementation guidelines are present in the district to ensure mainstreaming of gender and youth into WASH programs at the school, health care facility and communities within the district?

**FOR THE INTERVIEWER, PROBE ON:**

- a. *Existence of the guidelines including MHM in schools and health facilities*
- b. *How the district has supported the implementation of these guidelines*
- c. *What are the key challenges in ensuring the implementation of the guidelines at all levels*
8. In your experience, what are the district staffs' capacity gaps that still exist related to integrate gender and youth in WASH services delivery at the community, health facility and schools? How can they be overcome?

**FOR THE INTERVIEWER, PROBE ON:**

- a. *funding, human resources, implementation guidelines/plans*
9. What different actions or activities has the district put in place or implemented to ensure WASH services and programs are gender and youth inclusive?

**FOR THE INTERVIEWER, PROBE ON:**

- a. *Included gender-specific or gender sensitive objectives/targets/goals in district WASH development plans and activities*
  - b. *Capacity building of staff and partners*
  - c. *Supported WASH gender sensitive policy implementation in schools' communities and health care facilities*
  - d. *Advocated for inclusion of women and youth in water boards/committees*
  - e. *Discuss gender and youth inclusion in district WASH coordination committees*
10. Did you engage with USHA in the implementation of WASH interventions during the past four years? If yes, probe for the level of engagement and specific roles they played.
  - 11.
  12. What support did the district receive from USHA for improving WASH services delivery for women and youth at the school and community level? Do you think the support provided is/was adequate and sufficient? What could be done differently in the provision of this support?
  13. Briefly explain how the district has increased access to safe water for women and youth at the school and community level over the past four years.  
**Probe for**
    - *Provision water to schools, communities and households (they need to provide specific number institutions/people reached)*
    - *Changes in safety for women and girls as a result of access to water*
    - *Changes in the quality-of-service delivery at the health care facilities and schools*
  14. To what extent did the district influence change in local governance structures and norms to positively affect women and youth with respect to access to WASH services including GBV over the past four years?  
**Probe for**
    - a) *Inclusion of masculinity messages that support women participation and access*
    - b) *Advocate for increased proportion of women and youth in key decision-making positions*
    - c) *Included gender and youth programming in all trainings at community and school level*
  15. How did your MER system ensure reporting/measuring the mainstreaming of gender and youth interventions at the district and community level?

**FOR THE INTERVIEWER, PROBE ON:**

- a. *Development of specific gender and youth mainstreaming indicators*
- b. *Ensuring disaggregated reporting of gender and age data*
- c. *Reviewing the WASH reporting guidelines*
- d. *How gender and youth disaggregated data is utilized for management decision making.*
- e. *Capacity of staff to collect and report on gender and age disaggregated data.*
- b. *Appropriateness of the current set of indicators in reporting results with regard to gender*

*mainstreaming*

16. What were the major challenges or gaps you faced in collecting and reporting gender and youth mainstreaming data/milestones within the project?
17. How has the district supported the integration of MHM guidelines into WASH service delivery at school, HCF and household level?
18. What are the barriers or challenges to ensure budget allocation for gender and youth inclusive WASH services delivery? What efforts are being made to overcome that?

### **LESSONS LEARNED AND BEST PRACTICES**

19. Based on your experiences with USHA, what are the lessons learned and key best practices that can be borrowed for mainstreaming gender and youth into WASH service delivery and programs?
20. Based on your experiences with USHA or other WASH partners, what recommendations can you provide to further strengthen integration of gender and youth into WASH services delivery and program at the district level?

### **CLOSING QUESTIONS**

21. Is there anything that we did not ask but in your view is significant, please do share?
- 

### **Additional Questions for Gender Focal Person**

22. What are the barriers in the district that have hindered gender and youth equity with regard to WASH?

#### **FOR THE INTERVIEWER, PROBE ON:**

- a. *legal, religious and cultural practices*
23. How has your unit supported gender and youth mainstreaming in WASH services delivery and programs?

#### **FOR THE INTERVIEWER, PROBE ON:**

- a. *What are the key activities, frequency, level (implementation, community)*
  - b. *How does it also include youth and women?*
  - c. *What are the key challenges for integrating such initiatives? How can these be resolved?*
-

**5.12 APPENDIX 7 C: KEY INFORMANT GUIDE COMMUNITY LEVEL**  
**Country Gender and Youth Mainstreaming in WASH Programs Study**  
**KII – Community Level**

*This instrument will be administered to community level respondents who include CHPs, sanitation promoters, and head teachers, head female teachers, sanitation teachers, Health Assistants*

**Informed Consent**

Hello, my name is \_\_\_\_\_. We are here on behalf of USAID’s USHA project to conduct a study on including gender and youth in WASH services delivery. The overall **objective** of the study is to collect data that will support the documentation of USHA’s work and experiences in the areas of gender equality and youth involvement in the intervention districts.

As a key stakeholder, your input is important, and we would appreciate your uninterrupted availability for this interview. The information that you will share will be used to synthesize study findings and recommendations. We will be **recording** your responses but will not record any identifying information for the research and all data will be strictly **confidential**.

I would like to ask you questions around implementation challenges, processes, results, coordination efforts, legal and policy framework, and capacity improvement, reporting, monitoring and evaluation, human resources among others with respect to inclusion of gender and youth into WASH programming.

Participating in this study is completely **voluntary**. If you are uncomfortable with being a part of this discussion, you are free to opt out now or at any time during the discussion. You can also choose not to answer any of the questions that make you feel uncomfortable. Please stop us at any time during the interview if you have questions or concerns.

Would you like to participate in the study? Yes: ..... No: .....

**TO BE FILLED BY THE INTERVIEWER**

Date:

District:

Subcounty/School:

Location of the Interview:

Name of the Institution:

Name of the Respondent:

Designation of the Respondent:

Mobile Number of the Respondent (*optional*):

1. Before we get started, tell me a little bit about the general life in this community. How long have you lived in this community?
2. What do you think are the key water, hygiene and sanitation problems among the residents in this community/school? *Probe for issues around availability of toilets, costs of services, access to safe water, MHM services among others.*
3. How have you been involved with the USHA project [insert name of Grantee]? What is your role as a sanitation promoter/teacher/member of the sanitation committee/community health

promoter/sales agent for SATO

**PROBE FOR**

- *Conducting home visits*
- *Linking households to service providers*
- *Selling SATO products*
- *Patron/matron of WASH clubs*
- *Facilitating trigger sessions*

4. What forms of support have you received towards access to improved WASH services among households/students in this community/school over the past three years by USHA [insert Grantee name]?

**PROBE for**

- *Training and capacity building*
- *Support during home visits*
- *Community advocacy meetings/trigger sessions*
- *Links to sanitation services providers etc.*
- *Start-up capital*
- *Links to credit institutions*
- *Business development services*

5. In your view, do you think the support you received enabled you to deliver quality and cost friendly sanitation services among the community members?
6. In your view, has there been an observed increase in the number of households accessing and using WASH services in the past three years in the community? How?

**Probe for**

- *Distance to nearest water source*
- *Improved toilets*
- *MHM services for girls*
- *Differences in access to WASH services for different categories (women, youth, men)*

7. To what extent has the project contributed to access and use of improved WASH services in your community including strengthening referral networks over the past three years?

**Probe for**

- *There are any changes in access over the past three years among the different categories*

8. Comment on the current cultural practices/taboo/beliefs in relation to roles and responsibilities for water collection and maintenance/construction of sanitation facilities that you know of in the community?

**PROBE ON:**

- a. *Prevalence of these practices*
- b. *How these practices may affect use and access to WASH services for women, men, girls. Boys and PwDs differently*
- c. *Any changes attitude in the past three years?*

9. In your view, has there been an observed increase in the number of households buying and using SATO products in the past three years? How?

**Probe for**



- *Recommendations/suggestions to increase sales at the community level*
- *Barriers to purchasing the products*
- *Who they normally purchase from (are they more women, men, youth)*

10. Are you a member of any of the community committees responsible for delivery, supervision of WASH services in the community? If yes probe for the following:

**Probe for**

- *Composition of the committee [proportion of women and men, youth]*
- *Frequency of meeting*
- *Comment on the active participation of women and youth in the meetings*
- *Role of the committee*

11. Comment on the availability of male role models supporting increased women, girls and youth to access WASH services within the community.

**Probe for**

- *Specific roles they play in access to sanitation services*
- *Participation during trigger sessions*
- *Differences in norms as a result*
- *Part of the SATO sales, CHP, SP teams*

12. To what extent have you improved women's voice in accessing sanitation services at the household level as well as joint decision-making?

13. Within this community, who usually makes decisions in the household on the following:

- Purchase of food items –
- Education of the children (schools to go, fees payments etc)
- Overall household expenditure –
- Healthcare and/or medication costs for the family (children, mothers etc)
- Sanitation services
- Toilet construction and maintenance

**PROBE ON:**

- Specifically, for the role of women, and youth play in these; their extent of involvement.*
- Whether they are observed changes in decision making in the past three years.*
- Opinion/perception about the current status in decision making at the household level for each of the items listed above.*
- Increase in expenditure on water and sanitation in recent years*

14. What are the major challenges that you have faced as SP/CHP/SATO sales agent in regard to demand creation for improved WASH services over the past three years? How best can these challenges be overcome in future projects?

15. What recommendations would you suggest increasing on the demand and use of improved WASH services in your community and in general?

16. What are the key barriers for adoption of improved sanitation services in your community? Probe for the different category (women, men, youth)



## 5.13 APPENDIX 7 D: KEY INFORMANT GUIDE PROJECT MANAGEMENT AND GRANTEE STAFF

### Key informant interview guide for Program management and coordination staff

#### Key Informant Interview Guide – Project Management staff

##### C. ICEBREAKERS

13. What is your position and role within the USHA project?
14. What is your role in mainstreaming gender and youth into WASH programs?

##### D. ROLE

15. What kind of support has your department provided towards inclusion/integrating gender and youth into the project intervention?

##### **FOR THE INTERVIEWER, PROBE ON:**

- j. *Inclusion of gender-specific or gender-sensitive objectives/ targets/ goals in project documents and/or guidelines, reporting tools etc*
- k. *Inclusion of gender-specific or gender sensitive objectives/targets/indicators in development of strategies/ interventions at the design and implementation levels*
- l. *Resource allocation for gender mainstreaming*
- m. *Advocacy for gender and youth mainstreaming at the national, district and community level?*
- n. *Strategic direction for inclusion of gender and youth interventions*
- o. *Review/revision of reporting tools to report on gender and youth integration*

##### **Coordination mechanisms & management structure:**

4. What structures were put in place to ensure mainstreaming of gender and youth into the USHA project interventions at national, district and community levels?

##### **Probe for**

- c. *Coordination mechanisms at the different levels? Frequency of meetings*
- d. *Recruitment of extra staff*
- e. *Capacity building of staff and local partners*
- f. *Successes and challenges*
- g. *Review of project implementation guidelines including reporting formats?*

5. What specific coordination mechanisms were put in place to ensure mainstreaming of gender and youth into the USHA project interventions at national, district and community levels?
6. What specific capacity building initiatives were undertaken to ensure mainstreaming of gender and youth into the USHA project interventions at national, district and community levels?

##### **Probe for**

- a) *Training of staff*
- b) *Development of specific guidelines*
- c) *Training of partners and sub-local partners*
- d) *Mentoring and coaching*

7. What support did USHA provide to respective districts to implement gender sensitive policies for

WASH programming and services delivery at the district, community, school and healthcare facility level?

**Probe for**

- a) *Training of staff*
- b) *Development of specific guidelines*
- c) *Review of their action plans*
- d) *Orientating the DWSCC*

8. In your view, to what extent did USHA address the WASH needs of women and youth in the project intervention areas? Are there any successes and/or failures? If there are any failures, what needs to be adjusted in future projects to mainstream gender and youth into project activities.
9. To what extent did USAID committee resources (funds, guidelines, capacity building, mentoring) to ensure the project successfully integrates gender into WASH services delivery and programming at all levels?
10. In your view, do you think the project achieved the major objective of mainstreaming gender and youth into WASH service delivery and programming? Please elaborate?

**Probe for**

- a) *achievements and failures at national, district, school and community level*
- b) *Factors that enabled the success and/or failures*

10. What alternative strategies/modalities would be more effective in successfully mainstreaming gender and youth interventions into WASH programming and services delivery for future programs?
11. What were the delivery structures for mainstreaming gender and youth into USHA interventions across all the work streams? – How big was the program team at national and regional level? How many staff support the mainstreaming efforts? Which positions were in place? Were there any gaps in staffing?
12. How did the USHA MEAL system ensure reporting/measuring the mainstreaming of gender and youth interventions?

**FOR THE INTERVIEWER, PROBE ON:**

- f. *Development of specific gender and youth mainstreaming indicators*
- g. *Ensuring disaggregated reporting of gender and age data*
- h. *Reviewing the MEAL reporting guidelines*
- i. *How gender and youth disaggregated data is utilized for management decision making.*
- j. *Improving the capacity of staff to collect and report on gender and age disaggregated data.*
- k. *Appropriateness of the current set of indicators in reporting results with regard to gender mainstreaming*

13. What were the major challenges or gaps you faced in collecting and reporting gender and youth mainstreaming data within the project?
14. What strategies have you put in place to ensure continuity of established structures and interventions at the national, district and community/school level for mainstreaming of gender and youth into WASH programming and services delivery?
15. Are there any particular concerns that would jeopardize the overall sustainability of the established structures and mechanisms for mainstreaming gender and youth? If yes, which are

these?

### **LESSONS LEARNED AND BEST PRACTICES**

16. Based on your experiences, what are the lessons learned and key best practices that can be used to improve mainstreaming of gender and youth into WASH programming?

### **CLOSING QUESTION**

17. Is there anything that we did not ask but in your view is significant, please do share?

### **General Questions**

18. What are the major challenges and constraints faced during the design, implementation, monitoring and reporting for purposes of mainstreaming gender and youth into project interventions? In your opinion, what measures should be taken to address these constraints for future WASH projects?

## Key Informant Guide for USHA Grantee Staff

*This instrument will be administered to the respondents who were staff of USHA local partners*

### ICEBREAKERS

1. What do you know about the USHA project?
2. What was your position and role within the organization/project during the collaboration with USHA?

#### FOR THE INTERVIEWER, PROBE ON:

- a. *Role played in the relation to mainstreaming gender and youth into WASH services and programming*

### KNOWLEDGE

5. Please share your understanding on the importance of gender and youth sensitive programming for WASH services and programming at the community and school level
6. In your experience, why do you think it necessary/important to include gender and youth into WASH interventions at the community and district level?

### ROLE OF ORGANIZATION

5. What role did your organization play in the Uganda Sanitation for Health Activity (USHA) project?

#### **Probe for**

- a) *Integrating gender and youth into WASH programming at the district and community level*
- b) *Support implementation of USHA activities at the district, school and community level*

6. What support did you receive from USHA towards mainstreaming gender into WASH services delivery and programming at district, organizational, school and community level?

#### FOR THE INTERVIEWER, PROBE ON:

- *Capacity building of staff*
  - *Provision of guidelines and manuals*
  - *Mentoring and coaching*
  - *Joint implementation of activities*
  - *Funds*
  - *Development of action plans and milestones for mainstreaming gender and youth*
7. What specific mechanisms and/or methods were put in place to ensure mainstreaming of gender and youth into WASH services delivery and programming at the district, school and community levels?

#### **PROBE ON:**

- a. *Who did you target (Specific interest groups (youth, women, vulnerable groups))*
  - b. *Barriers or challenges in ensuring the inclusion of women and youth into WASH programs*
8. What support did your organization provide to respective districts to implement gender sensitive policies for WASH programming and services delivery at the district, community, school and healthcare facility level?

#### **Probe for**

- a) *Training of staff*
- b) *Development of specific guidelines*
- c) *Review of their action plans*
- d) *Orientating the DWSCC on the national gender policies*

9. Please comment on the capacity of your staff with respect to gender and youth sensitive programming for WASH at the district and community level? Is the capacity adequate? Did you receive and specific support for improving the capacity?

10. To what extent did your organization influence change in gender norms and beliefs in relation to sanitation and hygiene access and practices at the community, school and health care facility level?

**Probe for**

- *Training of males (gutters, masons, pit diggers, boys, male teachers etc) in male masculinity*
- *Included masculinity messages during services delivery and trigger sessions for males*
- *Increased the active participation of women and youth in community level water bodies*
- *Trained boys in school to reduce girl stigma with respect to MHM*
- *Improved attitudes towards water collection and use*

11. To what extent did your organization improve women's and youth voice in accessing sanitation services at the household, community and school level as well as joint decision-making?

**Probe for**

- *Training of males (gutters, masons, pit diggers, boys, male teachers etc) in male masculinity*
- *Included masculinity messages during services delivery and trigger sessions for males*
- *Increased the active participation of women and youth in community level water bodies*

12. To what extent did your organization influence change in local governance structures and norms to positively affect women and youth with respect to access to WASH services including GBV?

**Probe for**

- d) *Inclusion of masculinity messages that support women participation and access*
- e) *Advocate for increased proportion of women and youth in key decision-making positions*
- f) *Included gender and youth programming in all trainings at community and school level*

12. In your view, do you think the USHA project achieved the major objective of mainstreaming gender and youth into WASH service delivery and programming? Please elaborate?

**Probe for**

- a) *achievements and failures at national, district, school and community level*
- b) *Factors that enabled the success and/or failures*

13. What alternative strategies/modalities would be more effective in successfully mainstreaming gender and youth interventions into WASH programming and services delivery for future programs?

14. How did your MER system ensure reporting/measuring the mainstreaming of gender and youth interventions at the district and community level?

**FOR THE INTERVIEWER, PROBE ON:**

- a. *Development of specific gender and youth mainstreaming indicators*
- b. *Ensuring disaggregated reporting of gender and age data*
- c. *Reviewing the MEAL reporting guidelines*

- d. *How gender and youth disaggregated data is utilized for management decision making.*
  - e. *Improving the capacity of staff to collect and report on gender and age disaggregated data.*
  - h. *Appropriateness of the current set of indicators in reporting results with regard to gender mainstreaming*
15. What were the major challenges or gaps you faced in collecting and reporting gender and youth mainstreaming data/milestones within the project?
16. What strategies have you put in place to ensure continuity of established structures and interventions at the national, district and community/school level for mainstreaming of gender and youth into WASH programming and services delivery?
17. Are there any particular concerns that would jeopardize the overall sustainability of the established structures and mechanisms for mainstreaming gender and youth? If yes, which are these?

### **LESSONS LEARNED AND BEST PRACTICES**

18. Based on your experiences, what are the lessons learned and key best practices that can be used to improve mainstreaming of gender and youth into WASH programming?

### **CLOSING QUESTION**

19. Is there anything that we did not ask but in your view is significant, please do share?

### **General Questions**

20. What are the major challenges and constraints faced during the design, implementation, monitoring and reporting for purposes of mainstreaming gender and youth into project interventions? In your opinion, what measures should be taken to address these constraints for future WASH projects?



## 5.14 APPENDIX 7 E: FOCUS GROUP DISCUSSION GUIDE COMMUNITY LEVEL

### Country Gender and Youth Mainstreaming in WASH Programs Study

#### FGD – Community level respondents’ men/women/youth

##### Informed Consent

Hello, my name is \_\_\_\_\_. I invite you to take part in a study being conducted on behalf of the Uganda Sanitation Health Activity and [Insert Name of Grantee] on inclusion of gender and youth in WASH services delivery. The **purpose** of this focus group is to understand your water, sanitation and hygiene patterns and practices. The findings of this discussion will be used in a report as community perspectives on sanitation, water and hygiene practices and interventions.

You have been invited to the focus group because we believe that you have the knowledge, experiences and perspectives that we need to learn more about. During the **discussion**, you will be asked questions to understand your perspective and practices in relation on water, sanitation and hygiene in the context of women and youth in your household and community. We will be **recording** your responses but will not record any identifying information for the study and all data will be strictly **confidential**.

We also request all participants to keep the focus group discussion confidential. However, we can't control what others say, so we also remind everyone not to share anything they don't want others to know.

Participating in this study is completely **voluntary**. If you are uncomfortable with being a part of this discussion, you are free to opt out now or at any time during the discussion. You can also choose not to answer any of the questions you are uncomfortable with. Please stop us at any time during the interview if you have questions or concerns.

Would you like to participate in the study?

**Note/Instructions for the Moderator:** The Moderator is to adapt questions based on the types of the participants, total number of participants and anticipated level of understanding about the programme or the topic under discussion. The Moderator will ensure:

- Equal opportunity is given to each participant for sharing her opinion.
- Views of each participant are listened to and given due respect while maintaining the dignity of each member participating in the discussion regardless of differences of opinion
- Group discussion is held in a secure and safe place in a pleasant/comfortable environment.

<b>Date</b>		<b>District</b>	
<b>Sub-region</b>		<b>Parish</b>	
<b>Subcounty</b>		<b>Village</b>	

<b>FGD Moderator Name:</b>
<b>FGD Note Taker Name:</b>

<b>S.No.</b>	<b>Participant's Name</b>	<b>Gender</b>	<b>Age</b>


1. Before we get started, tell me a little bit about your general life in this community. How long have you lived in this community?
2. What do you think are the key water, sanitation and hygiene problems among the residents in this community? *Probe for issues around availability of toilets, costs of construction, general waste management, availability of water and services provision.*
3. Comment on the quality of water, sanitation and hygiene services within this community Are there readily available, any concerns with quality of the services, availability of sanitation promoters, community health workers, good toilets etc.?

**PROBE ON:**

a. *Accessibility of WASH services among women and youth including MHM services for girls. Could you explain?*

4. Describe who (men, women, boys, girls, youth) does what in your household, regarding WASH.

**PROBE ON:**

- Who is responsible for toilet/facilities cleaning and maintenance?
- Who is responsible for paying for or fetching/collecting water?
- Who is responsible for constructing toilets?
- Any observed changes in roles and responsibilities over the past three years?
- Any observed changes in norms with regard to collection of water over past three years?

5. Are there any cultural practices/taboos/beliefs in relation to roles and responsibilities for water collection and maintenance/construction of sanitation facilities that you know of in your area?

**PROBE ON:**

- a. *Prevalence of these practices*
- b. *For how these practices may affect use and access to these services for women, men, girls. Boys and PwDs differently*
- c. *Any changes attitude in the past three years?*

6. According to you, how can men be more involved in water collection and maintenance/construction of sanitation facilities?

**Probe for** *availability of male roles models in communities promoting gender sensitive WASH activities*

7. In your opinion, have the water, sanitation and hygiene needs of households improved in this community over the past four years?

**Probe for**

- Increased availability of improved toilets
- Improved quality of water
- Reduced distance to safe water sources

- Reduced open defecation
- Increased availability of MHM services
- Reduction in GBV cases as a result of increased access to water

8. In your view, do you think the number of households using improved water and sanitation services has increased in the past four years in this community? How?

9. In your view, has there been an observed increase in the number of household buying and using SATO products in the past three years? How?

**Probe for**

- Recommendations/suggestions to increase sales at the community level
  - Barriers to purchasing the products
  - Who they normally purchase from (are they more women, men, youth)
10. In your community, where do people obtain information on WASH services?  
Probe for different sources including USHA local partners and trigger sessions
11. In the past four years, has any of you or any person participated in community meetings promoting improved sanitation and hygiene practices?

**Probe for**

- Participation in USHA [grantee name] trigger sessions
- Specific messages received; any masculinity messages received
- Support to women and youth messages

12. In the past four years, have people had increased chances of getting credit services for improved sanitation services?

**Probe for** *increased access to sanitation credit for women and youth*

13. What income generating activities are women and youth of this community involved in?

**PROBE ON:**

- if they are allowed*
- any changes in the roles of men, youth and women in income generating activities in recent years and reasons?*
- how these multiple responsibilities (if, present) affect other household activities (hygiene and cleanliness work, looking after the children and the elderly etc.)?*

14. Within this community, who usually makes decisions in the household on the following:

- Purchase of food items –
- Education of the children (schools to go, fees payments etc.)
- Overall household expenditure –
- Healthcare and/or medication costs for the family (children, mothers etc.)
- Sanitation services
- Toilet construction and maintenance

**PROBE ON:**

- Specifically, for the role of women, and youth play in these; their extent of involvement.*
- Whether they are observed changes in decision making in the past three years.*
- their opinion/perception about the current status in decision making at the household level for each of the items listed above.*
- Increase in expenditure on water and sanitation in recent years*

15. As beneficiaries of the project, what are the major challenges and constraints you face in having

access to improved WASH services in this community?

**Probe for**

- a. *Access to services by women, girls, boys, men and other vulnerable groups especially the poor*
- b. *Access to MHM services for the girls*
- c. *How can they be overcome?*

**CLOSING QUESTIONS**

16. Is there anything that we did not ask but in your view is significant, please do share?
17. In your view, what should be done to make WASH services delivery more gender and youth sensitive and inclusive in your community?