

COMMUNITY WASH



COMMUNITY WASH

Access to water and sanitation is very important in mainstreaming hygiene within the households (HH) members, schools and health facilities hence critically determine the health status of people within a defined locality.

Improved water source spring and water drawn from protected spring. Un-improved water source include “deep boreholes, open water sources like unprotected wells, surface water e.g. rivers, streams, ponds and lakes, are more likely to carry diseases causing agents from unprotected sources.



Ponds water source causing village health hazards & deaths in Karamoja

71% of people in Urban and Urban Places in Uganda had access to an improved water source (Proportion), Out of the overall percentage, 85% in urban areas than 67% in rural setting. Main source of drinking water; 34% use Boreholes, 29% households water from un-protected sources, large number of people 33% households in rural compared to 16% in Urban Areas. 42% of HHs in Uganda is within 0.5 kilometers from the main source of drinking water.

73% HHs takes 1 kilometer and 2% HHs suffers with distance of more than 5 kilometers to the main source of drinking water. Cholera and other waterborne diseases continue to kill the local people who live in poor hygienic areas in Karamoja region and rural villages of Lango and Acholi sub-regions with population nearly 4,435,632 residents with poverty depression.



Un-protected spring water source and only one source in the all village

As part of our WASH response project, we assisted in establishment of 67 latrines of 40 worst households and 21 schools and repair six water points in 2 village communities, in Lira and Alebtong districts. The one in 9 worst districts of Lango and Acholi, plus three districts of West Karamoja in unspeakable conditions not touched, with almost 5 million people living in areas with a high risk of potential water born disease outbreak. Water, Sanitation and Hygiene (WASH)



435 Boreholes in need of repairs in Mid-North and Karamoja regions

targets, DMS WASH program development has made significant progress in key concerned areas such as, faecal Sludge management, sanitation marketing, the use of behavior change frameworks for hygiene promotion, providing water in rural communities where there are severe problems of water, and increasing the sustainability of rural water supply operation and maintenance systems. In addition to working with Communities and local/national governments, we are also working more closely with private enterprises to identify how they are able to deliver affordable WASH services.

435 Boreholes in need of repairs in Mid-North and Karamoja regions of UGANDA

Public Health Provision

DMS is an actor in ensuring Girls in Control – Menstrual Hygiene Management (Gic- MHM) project and is aligned with the WASH in Schools program. Here we provide WASH materials in schools such as water toilet with school girls changing rooms, washing soap, reusable sanitary pads, training etc.



DMS has adopted the behavior change approach to health promotion and disease prevention, whereby Communities are empowered to identify their barriers and challenges to uptake healthy practices and develop their own sustainable solutions. We are using a number of approaches across various communities, Including Care Groups, circles and Mother-to-Mother groups. All of these approaches work to improve the health status of families through discussion, problem solving and with full consideration of the roles of men, women, children and key opinion leaders to achieve community transformation on health system



School girl Mental Hygiene Management training



Hand Washing facilities at school



Distribution of Hand Washing detergent to 132 schools by DMS