Select Water, Sanitation & Hygiene (WASH) Indicators

PMA2015/UGANDA-R3
PERFORMANCE MONITORING & ACCOUNTABILITY 2020

PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning and water, sanitation and hygiene (WASH). The project is implemented by local university and research organizations in 11 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Uganda is led by the Makerere University's School of Public Health at the College of Health Sciences (MakU/CHS/MakSPH), in collaboration with the Uganda Bureau of Statistics (UBoS) and the Ministry of Health. Overall direction and support is provided by the Johns Hopkins University Water Institute and the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health through a grant from the Bill & Melinda Gates Foundation.

For more information on PMA2020 please visit http://www.pma2020.org

Number of Household Drinking Water Sources
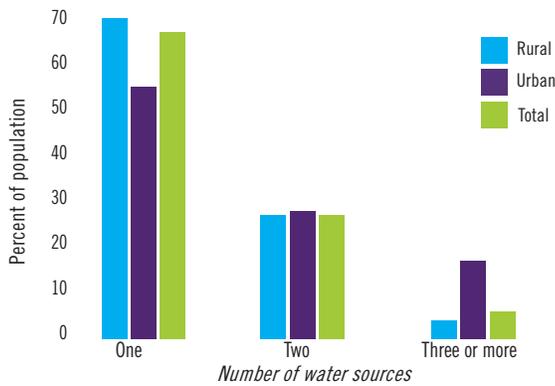
Roughly two-thirds of the population live in households that rely on one water source.

Unimproved Drinking Water Use
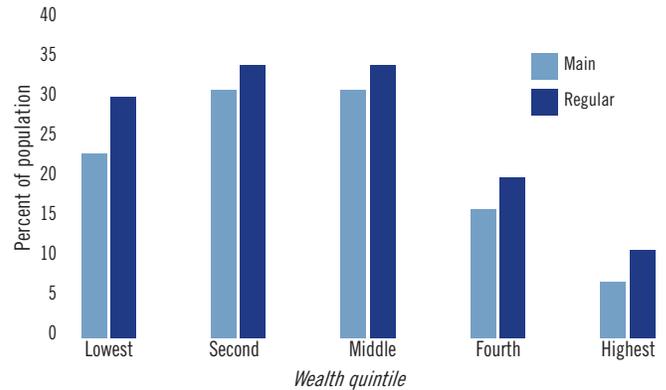
In all wealth quintiles, there are more regular users of unimproved drinking water than main users. Each household identifies the main source from which they collect water, as well as any regular sources they collect water from. The use of a regular source is defined as a few times per week for at least a season of the year.

Water Source Reliability (Improved)

Always — 68.5%
Intermittent (Predictable) — 19.2%
Intermittent (Unpredictable) — 12.0%

Percent population with improved water source as main water source
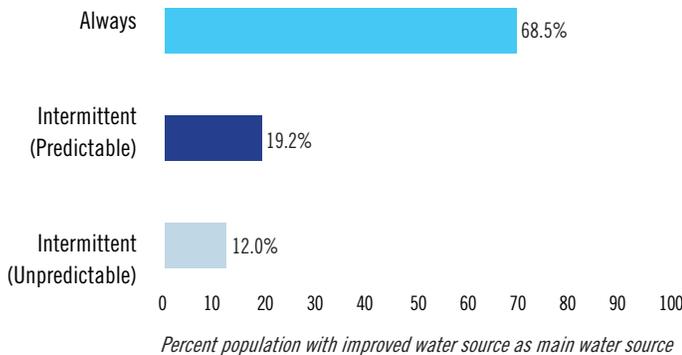
Among people who have an improved water source as the main water source, most report that their water source is always available.

Open Defecation

*Open defecation as main or regular practice*
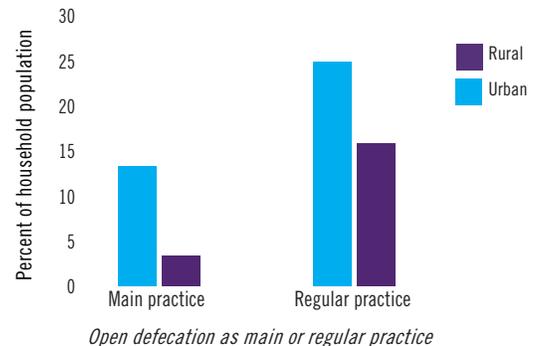
Rural residents more regularly practice open defecation than urban ones. However, in households where open defecation is not regularly practiced, more urban than rural residents rely on this practice.

PMA2015/UGANDA-ROUND 3
INDICATORS FOR WATER, SANITATION & HYGIENE (WASH)

Main Sanitation Facility

Improved, not shared — 14.3%
Shared — 12.8%
Non-improved — 63.7%
Open defecation — 9.1%

*Percent population using sanitation facility as main practice*
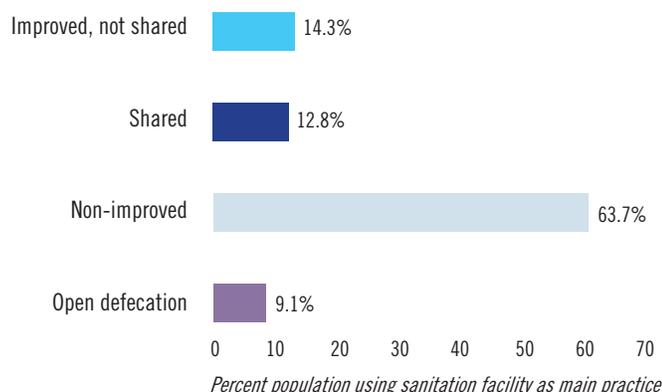
The use of non-improved facilities (shared and non-improved), and open defecation make up about 86% of main sanitation facility usage in Uganda. Note here that a "shared" facility depicts a facility that is shared by multiple households, or which is publicly shared, and is thus not considered an improved facility.

Open Defecation by Wealth Quintile
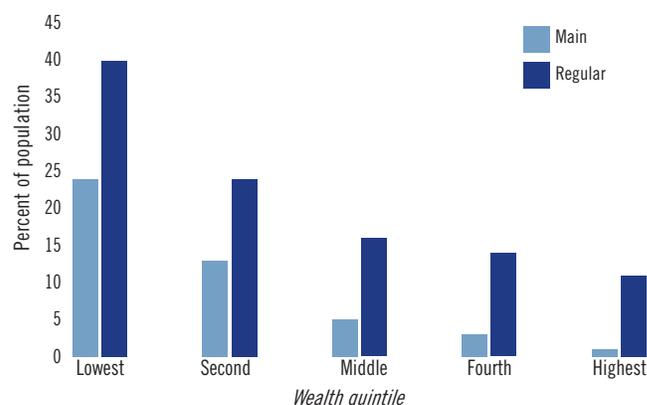
Wealth is inversely related to the practice of open defecation. In all wealth quintiles, the percentage of people who regularly practice open defecation but report some other facility as the main sanitation facility is much higher than the number of people who report open defecation as the main practice.

Dedicated Handwashing Station

No 60.0%
Yes 40.0%
Container, soap and water observed 84%
Nothing observed 16%
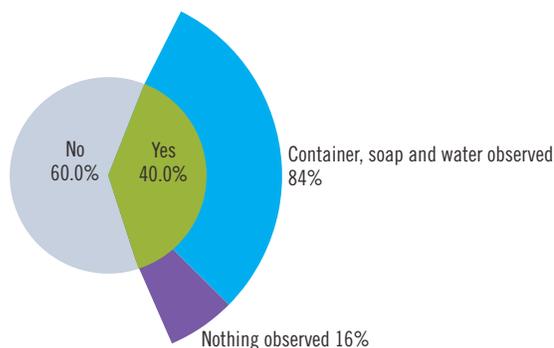
Two fifths (40%) of Ugandans can access a dedicated handwashing station or a movable container for handwashing. "Yes" represents the population with a dedicated station or handwashing container. Among households that reported having a dedicated handwashing station or container, the vast majority (84%) were observed to have both soap and water at the time of the interview.

SAMPLE DESIGN

PMA2015/Uganda-R3, the third round of PMA2020 data collection in Uganda, used a two-stage cluster design with urban-rural and region as strata. A sample of 110 enumeration areas (EAs) was drawn by the Uganda Bureau of Statistics (UBOS) from its master sampling frame. In each EA, households and health facilities were listed and mapped, with 44 households randomly selected. Households were surveyed and occupants enumerated. All eligible females aged 15 to 49 years were contacted and consented for interviews. The final sample (and completion rates) included 4,410 households (94.4%), 3,689 females (95.7%) and 364 health facilities (95.8%). Data collection was conducted between August and September 2015. The definintions of improved and unimproved water sources and sanitation facilities follows the defintions used in the 2011 Uganda Demographic and Health Survey (DHS).