

## Regional News

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# Masindi sanitation problem exposes residents to illnesses

Masindi District health department released a report that showed only 27.4 percent of households have basic sanitation services, and just 12 percent meet the criteria for safely managed sanitation.

BY ISMAIL BATEGEKA

Readers in Masindi District have raised an alarm over poor sanitation and hygiene practices, warning that they are a major driver of preventable diseases in the area.

The district report, released last week by the Masindi District Health Department, indicates that only 74.8 percent of households meet basic Water, Sanitation, and Hygiene (WASH) standards, compared to the national average of 88 percent. It shows that many households lack proper pit-latrines and handwashing facilities.

Under WASH guidelines promoted by the World Health Organisation, basic sanitation includes access to improved pit-latrines, safe human waste management, plus proper disposal of solid and liquid waste. It also includes consistent handwashing with soap at critical times such as after using the toilet and before handling food.

However, the report highlights significant disparities across the district, with some sub-counties lagging and increasing the risk of WASH-related diseases such as diarrhoea, cholera, and typhoid.

Kimengo Sub-county was ranked the worst performer in sanitation and hygiene. Only 55 percent of households have access to pit-latrines, while just 14.7 percent have functional hand-



Garbage left uncollected by the roadside in Masindi Town. Such poor sanitation habits are driving preventable diseases in the town. PHOTO/ISMAIL BATEGEKA

### CONSTRAINED SCHOOLS

Schools in the district are also facing WASH challenges. While 67.5 percent of schools have handwashing facilities, many lack soap and a consistent water supply. The pupil-to-latrine stance ratio is at 54:1, falling short of the national standard of 40:1, increasing the risk of poor hygiene among learners.

washing facilities with soap and water. Health officials warn that this low level of WASH services exposes communities to outbreak of preventable disease. Residents of Kimengo cite a range of

challenges affecting sanitation and hygiene practices. For instance, Ms Sarah Atim, a resident of Kimengo Sub-county, said some families cannot afford to construct strong latrines, adding that many collapse during the rainy season. "Others still believe that washing hands with water alone is enough, never prioritising the use of soap," she said.

Mr John Okello, another resident, said water access and daily routines also affect hygiene behaviour. "We walk long distances to fetch water and with only a few jerrycans, the priority is cooking and drinking, never handwashing," he explained.

In contrast, Kijunjubwa Sub-county emerged as the best performer, recording 97.3 percent pit-latrine coverage and 28 percent handwashing coverage. Local leaders attribute this progress to

strong community mobilisation, regular health education, and enforcement of sanitation by-laws.

The assistant district health officer in-charge of environmental health, Mr Patrick Baguma, called for intensified WASH interventions, particularly in underserved areas. He emphasised that through improved sanitation and hygiene, most illnesses in the district are preventable.

"About 75 percent of the disease burden in this district is preventable, and 60 percent of it is directly linked to poor sanitation and hygiene. Investing in WASH at the household level is one of the most effective ways to reduce health costs and improve community well-being."

He urged communities to adopt key hygiene practices such as consistent

handwashing with soap, proper use and maintenance of pit-latrines, safe disposal of children's faeces, and keeping household surroundings clean.

Despite some progress, the report shows that only 27.4 percent of households have basic sanitation services, and just 12 percent meet the criteria for safely managed sanitation where waste is safely contained, transported, and treated.

Access to safe water, a critical component of WASH, also remains uneven. Overall coverage stands at 70 percent, but with stark disparities between rural and urban areas.

Rural areas report 94 percent access, while urban areas lag at just 20 percent, raising concerns about service delivery and infrastructure gaps.

Residents in urban centres said an unreliable water supply affects hygiene practices.

"In town, water is not always available, and sometimes it is expensive. If you have to buy water, you minimise how you use it, so handwashing regularly becomes difficult," Ms Prossy Nakato, a resident, said.

### Water scarcity.

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- Ms Prossy Nakato, resident of Masindi Town

The Masindi District Vice Chairperson, Mr Kassim Kabagonza, commended communities that have made progress but emphasised the need for sustained efforts.

"Improving sanitation is not only about infrastructure, but also about behaviour change," he said. "Parents must ensure their homes have pit-latrines and that children are taught proper hygiene practices from an early age."

Kabagonza also called for stronger enforcement of public health regulations, including integrating sanitation requirements into building approvals.

"All building plans should include proper sanitation facilities before approval is granted. This will ensure that as the district grows, we do not expand poor sanitation conditions," he said.