



Vision of a Healthy Village

Program Results — Mayuge, Uganda

A study evaluating the impact of Lifewater
International's Vision of a Healthy Village
Program for Mayuge Project 2

March 2023

Contents

03 From Our Staff

04 Mayuge, Uganda

05 Key Results

08 House-by-House Data

09 Community Characteristics

10 VHV in Schools

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Carry each other's burdens, and in this way you will fulfill the law of Christ.

– Galatians 6:2

From Our Staff

Senior Director of Program Implementation, Zerihun Hailu Desta

Dear Friend—

We are committed to accomplishing our mission: providing access to safe water, and improved sanitation and hygiene, in the Mayuge District of Uganda, one village at a time. To this end, we have been implementing multi-year projects since 2017. Our objective is to reduce WASH (water, sanitation, and hygiene) related diseases and improve the health and wellbeing of children and families. We use a globally unique approach called Vision of a Healthy Village (VHV). With comprehensive messaging and systematic education, we equip rural communities with the water, sanitation, and hygiene training they need to thrive. This approach has brought significant transformation in people's WASH knowledge and practices. The VHV has also supplied sustainable, safe water to hard-to-reach areas in Uganda. We have recently completed our second VHV project in Mayuge. Its scope extended to 73 villages and 3,419 households, home to 20,668 people total.

The results from the project endline study show remarkable improvement in WASH since the start of the project. According to the endline study, 96% of households use an improved water source during the dry and rainy seasons, compared to 80% at the baseline. Diarrhea, one of the leading causes of death for children under five, declined significantly from 30% at the baseline to 8.4% at the endline. More and more households have started using improved latrines. Households with improved latrines rose to 97%, which is well above Uganda's national average and the baseline (70%). At endline, 78% of parents reported that the health of their children had improved in the last year, compared to only 35% at baseline.

We love to celebrate these improvements! I would like to extend my utmost gratitude for the WASH facilitators, program staff, and headquarters team who have participated in this incredible effort to achieve such transformation.

I will never have enough words to thank you, our donors, for your continuous support.

Thank you,



Zerihun Hailu

Sr. Director of Program Implementation

Mayuge, Uganda

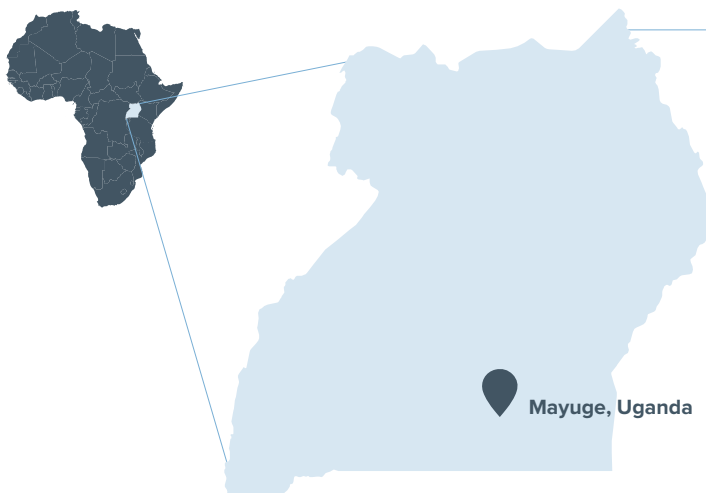
Globally, 1.7 billion people lack access to basic sanitation, 2.3 billion lack access to basic hygiene, and 771 million lack basic access to water. In Uganda specifically, over 77% of the population lacks access to basic sanitation and hygiene, and over 44% lack basic access to water.

During the baseline survey of Mayuge project 2 in 2019, staff discovered the following information:

- 30% of households with children younger than five years old had at least one child with diarrheal disease within the last week, a dangerous illness that can be fatal for young children. This indicates not only a great need for improved water sources in the area, but the need for a long-term investment in health education and also sanitation and hygiene infrastructure to reduce life-threatening illnesses.
- Only 28% of people washed their hands with soap or ash and water before eating and after using the bathroom in the previous 24 hours.

- 50% of households used a raised drying rack for their dishes.
- Just 0.5% of households used a bathroom with walls, a roof, a slab, a door, and a pit cover, all items critical in creating a healthy and dignified environment.
- At baseline, 61% said that water scarcity was the community's greatest problem.

Between January 2019 and March 2022, Lifewater served 20,668 people with safe water, sanitation, and hygiene. We are happy to report that 100% of the community has achieved VHV graduation status.



20,668
VHV graduates



“ Before Lifewater, the people of [the village] openly defecated, the sanitation and hygiene practices were very poor. Water for drinking and use was collected from the nearby swamps. I don’t remember any healthy talk until the Lifewater staff were introduced to the village.”

– **Government Health Worker**

Key Results

Preventing the death of children is one of the most urgent missions we face as a global society. Diarrheal diseases, caused primarily by unsafe water and poor sanitation and hygiene, are responsible for more deaths of children under five years old than malaria, AIDS, and measles combined.

Safe water, sanitation, and hygiene practices can significantly reduce diarrheal disease and save countless lives of the world's youngest in the process.

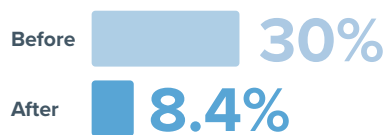
Under-5 Diarrhea

More than half a million children globally under the age of five die each year from diarrheal disease*. We focus on this in Lifewater programs because such diseases are largely preventable with simple sanitation and hygiene practices and access to safe water.

Beginning in 2019, Lifewater staff trained WASH facilitators in Mayuge, Uganda to walk alongside their neighbors and educate them about healthy habits. These habits include handwashing, using a drying rack to keep clean dishes off the ground, and constructing a toilet to keep feces separate from children and common living areas.

These practices and increased access to safe water resulted in a significant reduction in household prevalence of childhood diarrhea in the area. Before Lifewater programs, 30% of households had at least one child with diarrhea; after, less than 9% reported the same.

Prevalence of Childhood Diarrhea**



**Households with at least one child with diarrhea in seven days prior to survey. Comparison before and after VHV.

“ Diseases like diarrhea are almost no more because all children now drink safe water, there is proper disposal of children feces in the latrine.”

– Water Committee Member

*www.ncbi.nlm.nih.gov

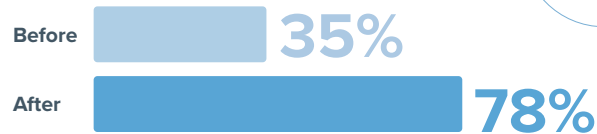
Improved Health

Between baseline and endline, safe WASH access improved in Mayuge with statistically significant increases in access to safe water, ownership of improved latrines, and handwashing behavior before eating and after going to the bathroom. Our data suggest these changes correspond to meaningful health improvements.

At endline, respondents to the household survey overwhelmingly reported their health and the health of their children had improved over the course of the previous year. When Lifewater began working in Mayuge, only 25% of respondents reported that their health had improved in the last year. At endline, 72% reported that their health had improved in the last year. According to the household survey data, health facility data, and qualitative data, this corresponded with reductions in diarrhea in children under five throughout the project area, which is the third leading cause of death for that age group globally.

Mothers with young children, school-aged children, the elderly, and people with disabilities struggle to make the journey to safe water sources. Women and girls are the most affected by long walks for water, collectively spending **200 million hours** every day gathering water. If the walk to a safe water source is too long, they often revert to unsafe but closer water sources, like ponds and rivers. The household endline survey from Mayuge shows that 96% of respondents used an improved water source* as their primary source in the dry and rainy seasons, compared to 80% at baseline.

Improvement in child health**



**Percentage of respondents reporting that child health has improved in the year prior to the baseline and endline surveys. Comparison before and after VHV.

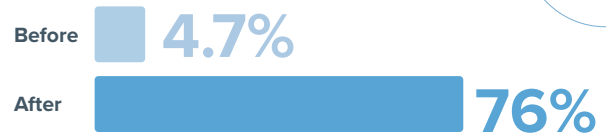
*Improved water sources include piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.

Water Management and Use

Between baseline and endline, water management and use improved in Mayuge. As community members gained education and knowledge of safe water practices, we saw improvement in the gathering and transporting of safe water which resulted in better health of community members.

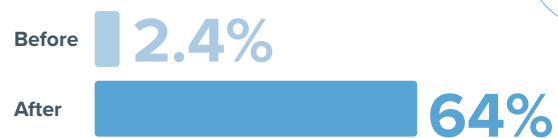
A big change related to safe water happened as a result of improved water storage. At baseline, only 4.7% of families were storing their water safely in a container that is narrow-mouthed, covered, and clean. At endline, more than 75% of households were practicing safe water storage. Additionally, at endline, 64% of households reported using a safe water fetching container, whereas only 2.4% at baseline reported the same.

Safe water storage containers*



*Households with safe water storage containers. A safe water storage container is narrow-mouthed, covered, and clean. Comparison before and after VHV.

Safe water fetching containers**



**Households with safe water fetching containers. A safe water-fetching container is narrow-mouthed, covered, and clean. Comparison before and after VHV.

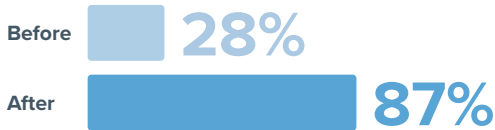
House-by-House Data

By surveying households before programs begin and monitoring their progress, we track important data about village transformation.

Sanitation & Hygiene

Washing hands with soap and water, using a drying rack, storing water safely, using a dignified bathroom, and keeping the home environment safe and clean are all important messages that are shared through Lifewater's Vision of a Healthy Village.

Washing with Soap or Ash*



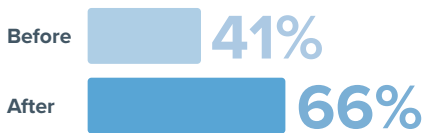
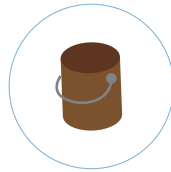
*Respondents who washed hands with water and soap or ash in the past 24 hours at the most critical times. Comparison before and after VHV.

Homes Using a Drying Rack*



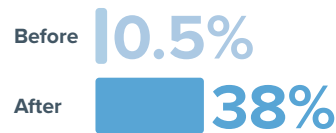
*A drying rack is a homemade device to keep clean dishes off the ground. Comparison before and after VHV.

Homes with a Clean Compound*



*Households with no observed feces or rubbish in the compound. Comparison before and after VHV.

Homes Using Latrines that are Improved with Dignity*



*"Improved with Dignity" means the latrine has a slab, walls, roof, a pit cover, and a door. Comparison before and after VHV.

From baseline to endline, 3,308 Healthy Homes were registered, and 100% of the villages in the project area were verified as Open Defecation Free (ODF)!

“Sanitation and hygiene has greatly improved and there are no feces in the open [in] the communities.”

– Community Development Officer

Community Characteristics

Safe water has a domino effect in villages. It allows children to go to school and parents to go to work, increasing both income and education.

Greater socioeconomic stability emerged as a theme from endline respondents. 46% of respondents felt that their wealth had increased in the 12 months prior to the endline survey, compared to only 12% at baseline.

With access to safe water, families in the countries we serve gain time and opportunities that were previously impossible. In our work at Lifewater we see women in particular benefit, for with water nearby they regain and repurpose the hours spent on long journeys for water. Many women report successful entrepreneurial pursuits with this new time and energy. Families also have agricultural endeavors like farms and livestock that become significantly more profitable with an adequate water supply.

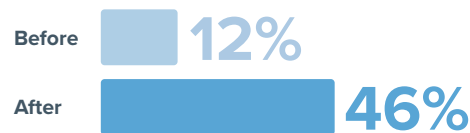
Perhaps most importantly, survey respondents reported exponential growth in their knowledge about how to practice good sanitation and hygiene. At baseline, 58% had never received this education and at endline we saw that rise to 98% of respondents saying they had received education. This is one of Lifewater's greatest successes, when this crucial knowledge filters into a community and becomes generational wisdom that continues to save lives.

Median total time spent fetching water*



*During the dry season. Comparison before and after VHV.

Self-reported Wealth Increase*



*Self-reported wealth increase in the 12 months prior to the survey. Comparison before and after VHV.

“Waiting time taken on a water point significantly reduced. This has given ample time to families to concentrate in their gardens thus the high yields during harvest.”

– Community Member

VHV in Schools

Private bathrooms and safe water mean that more children can stay in school. Better education means less poverty and more hope for the future.

Throughout endline interviews, respondents noted an overall increase in students going to schools. Children in these schools now spend more time learning, playing, and living healthy lives.

School Enrollment

Globally, lack of bathrooms and safe water at school is a significant reason why many students miss days of school and often drop out as they progress through primary school. The demands are too time intensive, since most students have to leave school to find water or use the bathroom.

In addition, for female students, the challenges of managing menstruation at school are too difficult. Without a safe, dignifying place to take care of themselves, young women miss school during their period. For many, the lack of resources for managing menstruation makes it difficult to continue pursuing an education.

In Mayuge, female students reported improvements in menstrual hygiene management (MHM) awareness and support since the start of the VHV program. Schools in the area now have changing rooms and MHM materials available for their female students, and teachers have received training on how to support menstruating students.

Female students were described as having new confidence in managing their menstruation at school as a result of improved facilities, access to MHM materials, increased knowledge of MHM-related issues, and increased teacher support.

With these changes, every student has an opportunity to complete their education and remain healthy and optimistic about their future!

“ To a certain extent, the teacher came to realize it [is] their responsibility to teach their learners. The teachers are also parents, so they have to teach their children and so they have to sensitize them.”

– Local Mayuge District Teacher



**We are Christians providing
access to safe water, and
improved sanitation and hygiene,
one village at a time.**

Learn more about Vision of a Healthy Village
at lifewater.org/our-process, and partner with
us for lasting change today.