

How Refugees in Adjumani Settlement Comply to Handwashing with Soap Guidelines

by Dunstan Ddamulira Paul & Gloria Seruwagi

1. BACKGROUND

Uganda is home to about 1,434,708 refugees originating from Countries such as; South Sudan, Somalia, Congo, Ethiopia and Eritrea among others. Adjumani settlement currently hosts 214,503 refugees mainly hailing from South Sudan.

Among the essential requirements to fight COVID-19, is the access to WASH Services. WASH is the short form of “**W**ater, **S**anitation and **H**ygien^e”. It relates to improved access to clean and safe water, improved sanitation facilities and maintenance of a basic level of hygiene. The three are highly interconnected and interdependent such that the attainment of the benefits of having access to clean and safe water can only be fully realised when there is also access to improved sanitation and good hygiene practices. COVID-19 can be categorised as a water washed (Stenström A.T, 2014) disease mainly because the lack of clean water for washing hands impedes efforts to curtail the spread of the Corona Virus.

The [REFLECT¹ Study](#) which is being implemented by a consortium comprising; Makerere University, Gulu University, Agency for Cooperation in Research and Development (ACORD-U), Lutheran World Federation (LWF) and Ministry of Health, has among others collected data on WASH as part of the assessment to ascertain the knowledge, adherence, and lived experiences of refugees in 13 refugee settlements in Kisenyi, Kyaka II and Adjumani. In line with WASH, the study particularly explored adherence to hand washing by refugees and host communities.



¹ REFLECT (Sept, 2020), A study to assess knowledge, adherence and the lived experiences of refugees in COVID-19.

2. THE WASH SITUATION IN ADJUMANI REFUGEE SETTLEMENT

The SPHERE² standards which were developed and adopted before the COVID-19 pandemic, stipulate a water service level of at least 20 liters per person per day for refugees in all settlements in Uganda.

In Adjumani settlement, the Performance Snapshot on the Uganda Refugee Response Plan, reports that the safe water access in the settlement stands at 16.4 l/p/d and 75% of the households in the settlement had access to a sanitation facility³. Access to clean and safe water is mainly through solar powered motorized boreholes. The water sources are also susceptible to breakdowns and other functionality challenges which increases the risk of refugees not adhering to the COVID-19 requirement of regular handwashing. The REFLECT Study found out that 45.03% of the respondents often washed their hands with soap and only 19.88% very often did so, while 12.25% reported that they wash their hands with soap a few times. This is an indication of low levels of adherence to hand washing with soap in the settlement.

The current safe water coverage is definitely below the SPHERE standards. This is not good given the requirement by COVID-19 SOPs to wash hands with soap on a more frequent basis.



2 The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland, 2018.

3 UNHCR (2020). Performance Snapshot, Uganda Refugee

3. IMPLICATION FOR STAKEHOLDERS

In light of the study findings it is recommended that stakeholders responding to the COVID-19 pandemic endeavour to undertake the following.

- Enhance efforts to sensitize refugee communities about the importance of WASH towards the fight against the pandemic in order to increase their adherence to the requirement of regularly washing hands with soap.



- Increase the amount of safe water provided to the refugee and urban poor communities so as to increase sustainable access to water which is essential for handwashing and general observance of good hygiene. This can be made possible by putting in place more water systems and redefining the standard amount of water recommended per person per day.

There is therefore need to refine the water system consumption rate design standards for tap stands from the current 20 liters per person per day to a bigger amount in order to cater for extra water that is required for adherence to more frequent washing of hands and improving hygiene. More research should be undertaken to determine the appropriate increase in water demand during emergencies and pandemic like COVID-19 in order to ascertain the relevant consumption rate design standard to be used by water supply practitioners.

- Promote the use of more user friendly and safe hand washing facilities especially for rural areas. This could include popularizing pedal operated hand washing stations and improved tippy taps among others.

4. ABOUT THE AUTHORS

Dunstan Ddamulira Paul is a WASH expert who has developed a multi-dimensional niche in programming of Development and Humanitarian projects while combining practical work, research, and advocacy. He is currently working as Director of Programmes for ACORD Uganda. Dunstan's background is in areas of Institutional Management and Leadership, Water Resources Management, Civil and WASH Engineering. He is a Co-Investigator on the REFLECT Study.

Gloria Seruwagi is a public health specialist and researcher on COVID-19 in Uganda's refugee and informal settlements.

STUDY TEAM

1. Dr Gloria Seruwagi – PI, Makerere University
2. Stephen Lawoko – Co-I, Gulu University
3. Dr Denis Muhangi – Co-I, Makerere University
4. Dr Eric Awich Ochen – Co-I, Makerere University
5. Dr Betty Okot – Co-I, Makerere University
6. Andrew Masaba – Co-I, Lutheran World Federation (LWF)
7. Dunstan Ddamulira – Co-I, Agency for Cooperation and Research in Development (ACORD)
8. Brian Luswata – Co-I, Ministry of Health, Uganda
9. Joshua Kayiwa – Statistical Associate, Ministry of Health Uganda
10. Catherine Nakidde Lubowa – Project Coordinator

STUDY PARTNERS



FUNDED BY



FOR MORE INFORMATION CONTACT

Dunstan Ddamulira - d.ddamulira@acorduganda.org

Gloria Seruwagi - gseruwagi@musph.ac.ug

Centre for Health and Social Economic Improvement, Makerere University, P.O. Box 7062 Kampala, Uganda