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.

Select Water, Sanitation & Hygiene (WASH) Indicators

Roughly two-thirds of the population rely on only one regular water source for their drinking water needs. A regular drinking water source is used at least a few times per week for a season of the year.

Reliability of Main Household Drinking Water Source (Improved)

Among household residents whose main drinking water source is improved, the vast majority report it is always available.

Household Use of Unimproved Drinking Water

The percent of household residents regularly using at least one unimproved source for their drinking water is highest among the poor and lowest among the wealthiest. Households identify one source as the main drinking water source.

Household Access to Dedicated Handwashing Station

40% of Ugandans can access a dedicated handwashing station or a movable container for handwashing. Among households that reported having a dedicated handwashing station or container, 34% had both soap and water at the handwashing station at the time of the interview.
Main Household Sanitation Facility

<table>
<thead>
<tr>
<th></th>
<th>Improved, not shared</th>
<th>Shared</th>
<th>Non-improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open defecation</td>
<td>14</td>
<td>13</td>
<td>64</td>
</tr>
</tbody>
</table>

The use of unimproved sanitation facilities, including shared, non-improved and open defecation, make up 86% of main sanitation facility usage in Uganda.

Open Defecation by Wealth Quintile

Wealth is inversely related to the practice of open defecation. In all wealth quintiles, the percentage of households that regularly practice open defecation but report some other facility as the main sanitation facility is higher than the number of households who report open defecation as their main practice.

Open Defecation by Residence

Open defecation is more common in rural than in urban areas. A higher percent of the household population reports open defecation as a regular rather than main practice. Thus, the overall prevalence of open defecation is higher than implied by the main practice indicator.

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 definitions of improved and unimproved water sources and sanitation facilities follows the definitions used in the 2011 Uganda Demographic and Health Survey (DHS).

Photo credit: Abbey Ramadhan (2015), Courtesy of Photoshare