
World Vision
HEALTH AND NUTRITION FOR ALL (HANA)
Uganda | Progress Brief (2021-2023)
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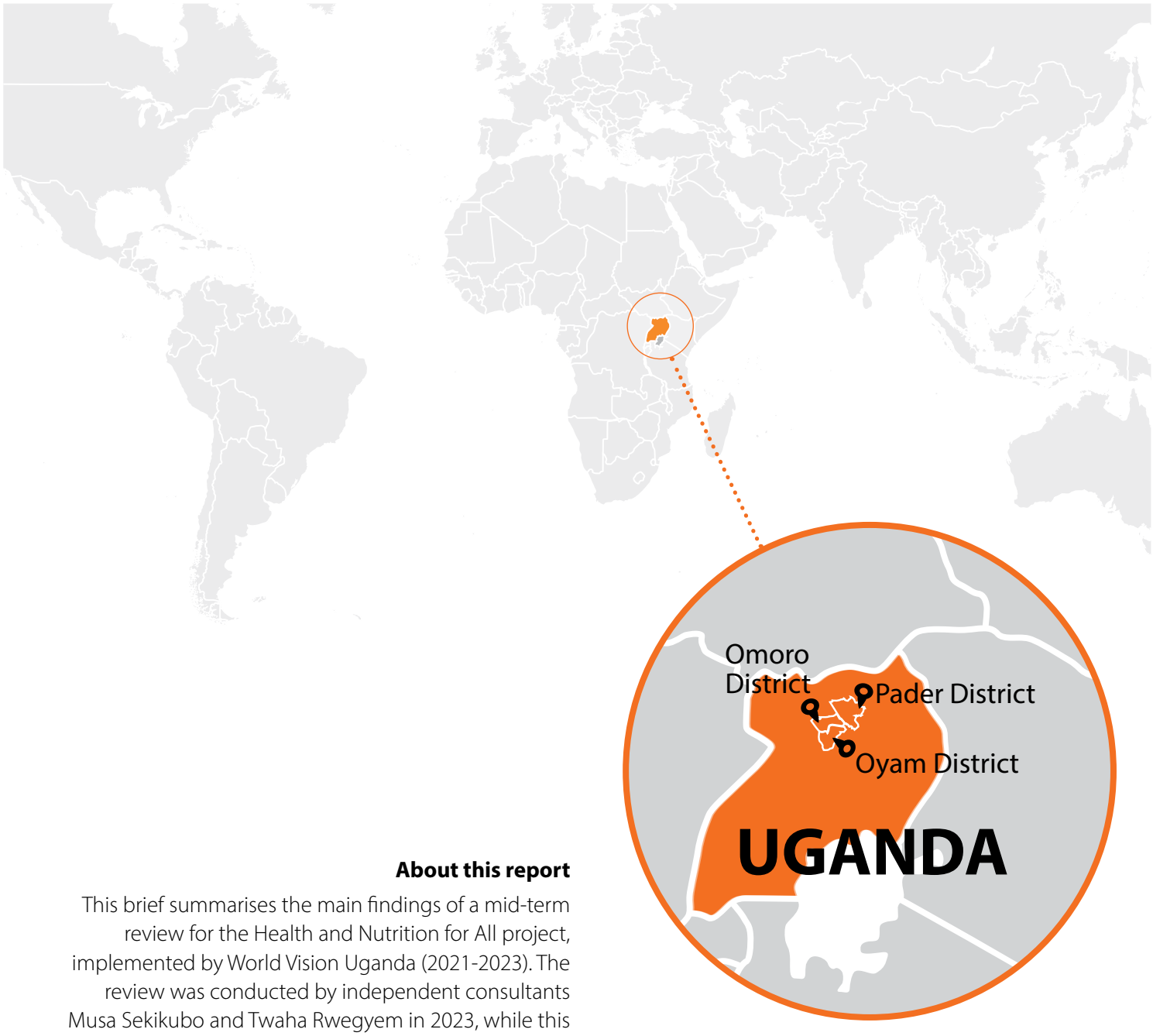

About this report

This brief summarises the main findings of a mid-term review for the Health and Nutrition for All project, implemented by World Vision Uganda (2021-2023). The review was conducted by independent consultants Musa Sekikubo and Twaha Rwegyem in 2023, while this brief was prepared by Karen Mejos from World Vision Australia (WVA). For more information, please contact Steven Dunham, WVA Country Impact Manager (steven.dunham@worldvision.com.au), Tracy McDiarmid, WVA Senior Gender Equality Advisor and Manager (tracy.mcdiarmid@worldvision.com.au), Cashelle Dunn, WVA Disability Advisor (cashelle.dunn@worldvision.com.au) or Karen Mejos, WVA Evidence Building Advisor (karen.mejos@worldvision.com.au).

Health and Nutrition for All is supported by the Australian Government through the Australian NGO Cooperation Program (ANCP).

Front cover photo: A group of mothers in the Pader District are collecting water from a borehole that has been constructed as part of the HANA project.

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A HANA project participant is pictured near one of the functioning pit latrines that is helping to significantly reduce the need for open defecation in Northern Ugandan communities.

EXECUTIVE SUMMARY

Goal	**109,839 adults** and children protected from preventable illness and death
Timeframe	**2021-2025**
Budget	**US$3,650,000**

From 2021 to 2023, the Health and Nutrition for All (HANA) project partnered with communities across Northern Uganda's Oyam, Omoro and Pader districts to deliver life-changing healthcare and services. According to mid-term results:

Children are more nourished thanks to parents' groups, nutrition awareness activities, baby-friendly health initiatives and partnerships with local health centres. In project areas, stunting or chronic undernutrition rates decreased from 36 percent to 24 percent. Rates for wasting or acute undernutrition decreased from 21 percent to seven percent.

Family gender roles are more equitable, with 19 percent more men involved in the feeding and care of children. Joint decision-making between men and women also improved, with 49 percent of couples making key health and nutrition-related decisions together (up from 35 percent).

Access to maternal and child health services improved. Pregnant women attending four or more antenatal visits increased from 74 percent to 89 percent. The rate of fully immunised children between one and two jumped from 36 percent to 83 percent.

Communities have better access to safe drinking water, with 18 percent more people accessing water within 30 minutes thanks to borehole drilling activities and the rehabilitation of non-functioning water points. Almost 90 percent of households are accessing an improved water source, compared to 85 percent at the beginning of the project.

Disability services improved through a partnership with Community Focus International, which provides assistive devices to children and adults with disability. The mid-term review found 19 percent of people satisfied with disability services compared to 13 percent at baseline.

A health promoter (left) is equipping a group of lead mothers with the skills and knowledge they need to lead Nurturing Care Groups in their communities.

CONTEXT

In Uganda, rapid population growth puts severe strain on the national health system. Severe acute malnutrition in children under five remains a major public health issue, with rates much higher in Northern Uganda (4.8 percent). The country also lacks reliable water sources, with 83 percent of its population (38 million people) without access to reliable, safe drinking water.[1]

Rates of people with disability in Northern Uganda are also high, reaching 20 percent in Lango and 17 percent in Acholi sub-regions. Women and people with disability are at greater risk of abuse and violence than people without disability.[2] Furthermore, gender and disability gaps due to prevailing norms and discrimination have reduced access to essential services.[3]

1 Water.org. *Uganda's Water and Sanitation Crisis*, 2023.
2 Uganda Bureau of Statistics. *National Population and Housing Census,* 2014.
3 Ministry of Gender Labour and Social Development.

PROJECT OVERVIEW

Health and Nutrition for All (HANA) aims to address the major barriers to basic health and nutrition for Northern Uganda's most vulnerable children and women, especially people with disability. Funded by the Australian Government through its Australian NGO Cooperation Program (ANCP), the project covers seven sub-counties in Northern Uganda, including four sub-counties in Omoro district, two sub-counties in Oyam and one sub-county in Pader.

Aligned with World Vision Uganda's 2020-2025 strategy and the United Nation's Sustainable Development Goals for improving children's wellbeing, the overall goal of the HANA project is to end preventable illness, impairment and death among 109,839 adults, young people and children under five in Oyam, Omoro and Pader districts by 2025. This will be achieved through four planned outcomes:

OUTCOME 1:

Improved nutritional status of children under five, including those with disability, and pregnant/ breastfeeding mothers.

OUTCOME 2:

Increased access to and use of basic maternal and child health services and nutrition practices, including for those with disability.

OUTCOME 3:

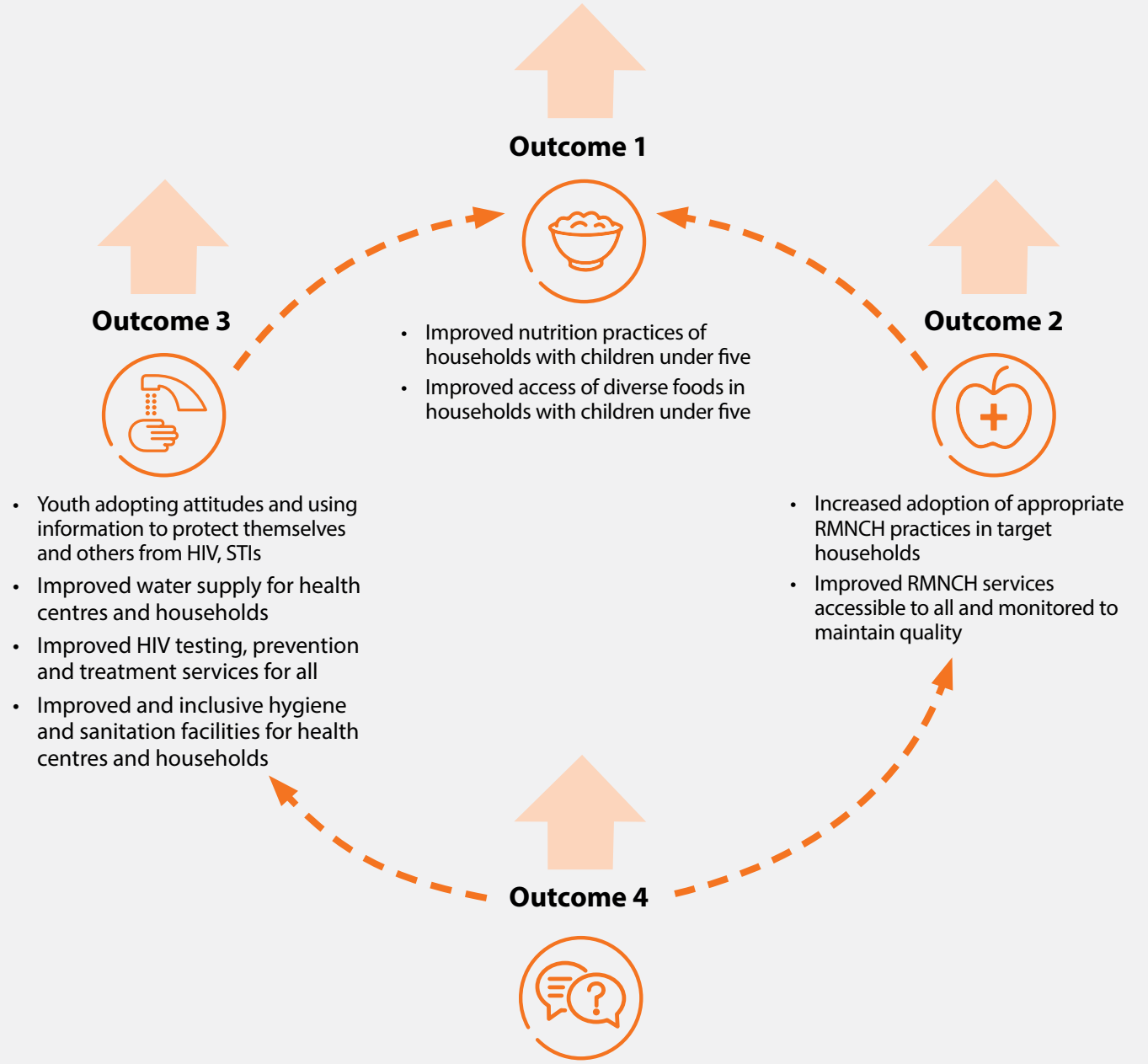
Improved access to and use of inclusive quality health and water, sanitation and hygiene (WASH) services.

OUTCOME 4:

Accessible and inclusive service delivery strengthened through ongoing learning, information sharing and government engagement.

HOW THE HANA PROJECT ACHIEVES CHANGE

Goal: End preventable illness, impairment and death among 109,839 adults, young people and children under five in Oyam, Omoro and Pader districts through improved and inclusive access to, and utilisation of, integrated quality health and nutrition services by 2025.



CORE PROJECT MODELS

Tailored project models and approaches include:

NURTURING CARE GROUPS

These community-led groups promote behaviour change and disease prevention practices while addressing issues around poor infant and young child feeding, home management and care for sick children.

TIMED AND TARGETED COUNSELLING

Community health volunteers are trained and supported to provide health and nutrition counselling to pregnant women and new mothers through regular home visits and outreach services. Importantly, this method engages both parents and other decision-makers in the home, embracing a family-inclusive and gender-transformative model of child health and development where the positive contribution of fathers is emphasised.

POSITIVE DEVIANCE HEARTH

This nutrition rehabilitation approach focuses on the home or 'hearth'. Parents learn to put good child nutrition practices in place by learning from their peers through hands-on demonstrations.

Lucy is holding her granddaughter, Gift, who lives with a disability. Lucy is better equipped with skills and knowledge to care for Gift's needs since participating in the HANA project.

CHANNELS OF HOPE FOR GENDER AND DISABILITY

Community leaders, especially faith leaders, are mobilised to challenge harmful attitudes and cultural norms surrounding gender and disability, and to promote respectful relationships and safer communities.

CITIZEN VOICE AND ACTION

A social accountability approach that equips citizens to understand their rights and engage in constructive dialogue with government. Water, sanitation and hygiene needs and concerns of communities are considered in local, regional and national planning and projects.

A community health worker, who has been provided with training through the HANA project, is sharing health information with a group of local women.

EVALUATION OVERVIEW

PURPOSE

The mid-term review assessed project interventions and progress made towards achieving HANA's planned objectives. The results are intended to inform the continuation, revision, scalability or cessation of certain project activities, interventions and processes.

METHODOLOGY

The mid-term review adopted a pre-post design with mixed-methods analysis to measure progress towards outcomes against baseline findings in 2021. Quantitative methods used a two-stage cluster random sampling with a total of 709 survey interviews (71.9 percent female) completed at household level. Surveys included anthropometric measurements for children aged from six months to under five years. Qualitative methods included 27 key informant interviews with a range of project facilitators, partners and staff, including health facility midwives and nurses, community health teams, local government, community-based organisations and community members. Twenty-five focus group discussions were held with women, men, young people and organisations for people with disability.

PEOPLE WITH DISABILITY IN THE SAMPLE POPULATION

Of the 709 households surveyed, 7.5 percent of household heads were people with disability. This rate was disproportionately higher in Omoro district, where 12.8 percent of household heads were people with disability. Among remaining family members, 3.9 percent of women, 3.5 percent of young people and two percent of children had at least one form of disability.

A group of lead mothers are receiving materials to use with their Nurturing Care Groups. These community-led groups promote positive behaviour change and disease prevention practices.

FINDINGS BY OUTCOME

OUTCOME 1:

Improved nutritional status of children under five, including those with disability, and pregnant/breastfeeding mothers.

Table 1. Project progress towards Outcome 1

Indicator	Baseline status (%)	Mid-term status (%)	% Change	Mid-term target	Endline target	On track
1) Underweight in under-five children	14.6% *	**11.6%**	-3.0%	*25.4%*	*24.4%*	Yes ↓
2) Wasting in under-five children	20.5% *	**7.3%**	-13.2%	*9.8%*	*7.2%*	Yes ↓
3) Stunting in under-five children	36.0% *	**24.4%**	-11.6%	*25.4%*	*24.4%*	Yes ↓
4) Children born in the last 24 months who were breastfed within one hour of birth	62.8%	**84.4%**	21.6%	*68.8%*	*74.8%*	Yes ↑
5) Children under six months who are exclusively breastfed	65.0%	**82.5%**	17.5%	*69.2%*	*96.0%*	Yes ↑
6) Children 6-23 months receiving minimum dietary diversity	58.0%	**37.2%**	20.8%	*69.2%*	*80.4%*	No ↓
7) Caregivers who recall the importance of providing nutritious complementary foods, that are fresh and hygienically prepared, for children 6-23 months	90.0%	**30.7%**	-59.3%	*92.0%*	*94.0%*	No ↓
8) Women who report increasing food consumption while pregnant	36.7%	**44.8%**	8.1%	*48.7%*	*60.7%*	Likely
9) Discharged/recovered cases of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) in children (usually aged 6–59 months)	0	**SAM 58.3% MAM 84.6%**	SAM 58.3% MAM 84.6%	N/A	N/A	Yes ↑
10) Positive Deviance Hearth (PDH) participant children aged 6-36 months with: 1) weight-for-age nutritional status of mild or healthy (WAZ ≥-2) at 3 months if admitted as moderate or severe underweight (WAZ<-2); or, 2) ≥900g of weight gain at three months if admitted as mild underweight (WAZ between <-1 and -2)	0	**53.5%**	53.5%	N/A	N/A	Yes ↑
11) Discharged cases (children aged 6-59 months) recovered from stabilisation centres	0	**82.0%**	82.0%	N/A	N/A	Yes ↑
12) Discharged cases (usually children aged 6–59 months) recovered from Outpatient Therapeutic Program (OTP)	0	**83.3%**	83.3%	N/A	N/A	Yes ↑

4 * Data re-analysed at mid-term review.

Mid-term results showed improvement in child nutrition for under-fives with a decrease in the prevalence of underweight, stunting and wasting. These improvements can be linked to project activities such as Positive Deviance Hearth, Timed and Targeted Counselling and Nurturing Care Groups, which all address malnutrition in children. The project's investment in strengthened case identification, community-level management and referral also played a significant role in nourishing children, including those with disability. Results also highlighted that rates of stunting are higher in boys than girls, and children with disability.

Positive changes in early infant feeding were also observed, with 21.6 percent more mothers breastfeeding their newborns from the first hour of birth and 18 percent more mothers exclusively breastfeeding infants under six months. Supporting these improvements was the launch of baby-friendly initiatives in health facilities, the training of health workers and the establishment of systems to promote breastfeeding.

Despite promoting good nutrition through Positive Deviance Hearth and Nurturing Care Groups, the proportion of children under five receiving minimum dietary diversity decreased by 21 percent, while a much larger decline of 59 percent was observed among carers who remembered the importance of providing fresh and safely prepared nutritious food for children under two. Project staff are investigating the reasons for these results in order to improve dietary diversity during the final two years of implementation.

Qualitative findings revealed that nutrition-based training played a key role in communities boosting their health, including for children with disability. Improvements in the screening of weight, height and age to determine the nutritional outcomes of the children were also noted.

"There were multiple training sessions, and registering, plus measuring of weight, height and width of children was also carried out to determine who needs a wheelchair. One of the girls with a physical disability in this area was given a wheelchair and other items like food, blankets and clothes."

—Respondent with disability, Omoro

"Identification and diagnosing of malnutrition cases has gone up and the patients are enrolled into care. The members of the community have a change in mindset toward malnutrition."

—Health worker, Pader

"Through the guidance and teachings of the lead mothers, and with the aid of seeds, mothers are now planting vegetables around their homes to aid in feeding, ensuring children have a balanced diet in the homesteads."

—Village health trainer, Omoro

"[I] have been taught on issues to do with a balanced diet and [the] advantages of having a balanced diet, which I later passed to the community through health education."

—Health worker, Omoro

"Vegetables are put on the side of beans that one cooks daily to help balance the diet and this keeps the children energetic and healthy."

—Pader district FGD Nurture Group

Michael (centre) is a nutritionist working in the HANA project's target communities. He and other health workers partner with World Vision to connect communities to local health facilities.

OUTCOME 2:

Increased access to and use of basic maternal and child health services and nutrition practices, including for those with disability.

Table 2. Project progress towards Outcome 2

Indicator	Baseline status (%)	Mid-term status (%)	% Change	Mid-term target 26%	Endline target	On track
1) Mothers whose last delivery was attended by a skilled birth attendant	91.0%	**86.8%**	-4.2%	*93.2%*	*95.4%*	No ↓
2) Children under two who received all three components of essential newborn care	82.0%	**86.0%**	4.0%	*86.0%*	*90.0%*	Yes ↓
3) HIV-exposed infants started on ART/ prophylaxis within two months of birth	77.0%	**86.7%**	9.7%	*87.0%*	*97.0%*	Yes ↓
4) Mothers of children under five who attended four or more antenatal visits while pregnant with their youngest child	74.0%	**89.0%**	15.0%	*80.2%*	*86.4%*	Yes ↑
5) Women reporting that they received sufficient care and support from their husband during pregnancy	67.0%	**67.7%**	0.7%	*76.0%*	*85.0%*	Likely
6) Households where women or men and women jointly make key health and nutrition related decisions	35.0%	**49.0%**	14.0%	*42.6%*	*50.2%*	Yes ↑
7) Women who received iron/folate during previous pregnancy	89.0%	**87.0%**	-2.0%	*89.8%*	*90.6%*	No ↓
8) Children aged 12-23 months who are fully immunised	35.8%	**79.0%**	43.2%	*59.8%*	*83.8%*	Likely
9) Children 6-59 months who received vitamin A supplements in the past six months	57.0%	**85.0%**	28.0%	*73.0%*	*89.0%*	Yes ↑
10) Children under five with diarrhoea who received appropriate treatment	90.0%	**68.4%**	-21.6%	*93.0%*	*96.0%*	No ↓
11) Children under five with acute respiratory infections (ARI) who received appropriate treatment	80.0%	**81.0%**	1.0%	*84.0%*	*88.0%*	Likely
12) Clients counselled on healthy timing and spacing of pregnancies (HTSP) that accept contraception (disaggregated by adolescents, parity, underserved population)	42.0%	**94.0%**	52.0%	*44.0%*	*46.0%*	Yes ↑
13) Households with children under five where men are regularly involved in child feeding and care	7.0%	**26.0%**	19.0%	*11.0%*	*15.0%*	Yes ↑
14) Women who have had a safe delivery	84.0%	**81.0%**	-3.0%	*91.2%*	*98.4%*	No ↓

Mid-term project results showed a positive trend when it came to accessible maternal, child health and nutrition services. Out of 14 review indicators, nine demonstrated improvements.

Thanks to community health outreaches and Timed and Targeted Counselling, gender roles in the household improved with eight percent more men engaged in childcare and feeding. Improved access to healthcare services was observed with 15 percent more women attending four or more antenatal visits while pregnant with their youngest child. Child health activities including vitamin A supplementation, immunisation and treatment of children with diarrhoea showed significant progress and have already met the five-year project target. While project activities significantly increased access to health services, inequalities remain among women with disability. Although 82 percent of women without disability considered their delivery environment safe, this was the case for only 75 percent for women with disability. Women with disability were also less likely to be visited by community health teams for postnatal care (21 percent), compared to women without disability (31 percent).

Through Channels of Hope, men and women are making more key health and nutrition-related decisions together, with a 14 percent increase from baseline. Household joint decision-making improved across all decision-making areas, with the biggest changes surrounding the sale of household assets and opportunities to serve in leadership positions.

Qualitative findings emphasised the positive role of community health workers, and women leaders in maternal and child health. Outreach services and integrated care were highlighted as contributing factors to the positive outcomes observed.

> *"We have had an increase in the number of pregnant women visiting the hospital for check-ups and this is a good sign that expectant mothers are attending antenatal [appointments] with encouragement of the lead mothers which is good for the development of the babies, and anything can easily be detect[ed] early".*
>
> — Health worker, Omoro

Janet (right), a mother of four from Omoro District, is exclusively breastfeeding her baby after learning the importance of breastmilk through the HANA project activities.

OUTCOME 3:

Improved access to and use of inclusive quality health and water, sanitation and hygiene (WASH) services.

Table 3. Project progress towards Outcome 3

Indicator	Baseline status (%)	Mid-term status (%)	% Change	Mid-term target	Endline target	On track
1) Women aged 20-24 who were married or in union before age 18	31.0%	**10.0%**	-21.0%	*28.0%*	*25.0%*	Yes ↑
2) Adolescents who report an early sexual debut	12.0%	**20.0%**	8.0%	*10.0%*	*8.0%*	No ↓
3) Pregnant women who were offered HIV counselling and testing and received their results	93.0%	**86.0%**	-7.0%	*95.0%*	*97.0%*	No ↓
4) Households with year-round access to sufficient safe water	85.0% *	**89.0%**	4.0%	*85.6%*	*87.2%*	Yes ↑
5) Households using a basic drinking water facility defined as an improved drinking water source within a 30-minute roundtrip of their house, including queuing	42.0% *	**60.0%**	18.0%	*86.6%*	*88.2%*	Yes ↑
6) Households with access to inclusive and sustainable sanitation facilities	27.0%	**26.0%**	-1.0%	*37.0%*	*47.0%*	No ↓
7) Households with appropriate handwashing behaviours: handwashing with soap at four out of six critical times (after defecation, after cleaning babies' bottoms, before food preparation, before eating, before feeding children and after handling livestock)	65.0%	**27.0%**	-38.0%	*71.0%*	*77.0%*	No ↓
8) Health facilities with an improved drinking water source on premises (within 500 metres of facility) and water points accessible to all users at all times	100%	**100%**	0%	*100%*	*100%*	Yes ↑
9) Improved water sources functional at time of spot check	100%	**100%**	0%	*100%*	*100%*	Yes ↑

"We have also taught the people in the community how to keep different water sources clean, like for example guarding wells to deny animal access to the water source."

— Community health team, Omoro

5 * Data re-analysed at mid-term review

Although the project recorded a significant decline of 21 percent in child marriages, it is off-track for achieving the majority of outcome three targets.

Encouragingly, access to clean and safe water jumped from 85 percent to 89 percent, with 18 percent more people accessing water within 30 minutes. These improvements are largely due to borehole drilling activities, rehabilitation of non-functioning water points and the training and establishment of community-led water committees. Community health teams are also getting behind these initiatives. Boreholes remain the major water source in project areas at 75 percent. Piped water is the least-used source at five percent, despite its recommendation by the Ministry of Water and Environment.

As a result of the efforts demonstrated through the Community-Led Total Sanitation approach, 21 communities were declared free of open defecation.

Despite the project making progress in improving water access and hygiene, challenges persist for people with disability. Physical barriers and environmental factors limit their access to improved water sources, with only 27 percent of households that include people with disability accessing improved toilet facilities. Just 15 percent of these households have toilets that can be comfortably used by family members with visual or physical disability.

"Our water sources are kept clean, and this should be a responsibility of every community member. One should also make sure that at home the source of water is kept clean so that cases of diseases spread through water are reduced".

— Focus group discussion, Omoro

"People who are physically impaired go through a lot of difficulty when it comes to fetching water. They have to send members of the community or their caretakers to help them fetch water."

— Community health team, Omoro

"No one helps you to fetch water, you have to hustle all on your own. Besides some of these wells are constructed with stairs and the physically impaired can't easily access."

— Respondent with disability, Oyam

OUTCOME 4:

Accessible and inclusive service delivery strengthened through ongoing learning, information sharing and government engagement.

Table 4. Project progress towards Outcome 4

Indicator	Baseline status (%)	Mid-term status (%)	% Change	On track
1) Respondents who report they have received information on maternal and child health services	0	**54.0%**	54.0%	Yes ▲
2) Respondents who report they have received information about the HANA project, expected staff behaviour, World Vision programs and how to provide feedback	0	**41.0%**	41.0%	Yes ▲

Overall, the project is on track based on mid-term and project-lifetime targets. More people were satisfied with the level of services for people with disability, with satisfaction rates increasing from 13 percent to 19 percent. Households with no people with disability reported higher satisfaction levels (20 percent) compared to those with persons with disability (15 percent).

Despite this progress, disability support services remained low, with only eight percent of respondents aware of individuals or organisations that provided special assistance to people with disability. Frequently mentioned challenges for people with disability included discrimination experienced by young people in their schools and communities, as well as a lack of self-confidence and self-esteem.

The absence of community customs to safeguard people with disability, combined with inadequate facilities to cater to their needs and instances of misappropriation, where individuals without disability benefit from disability assistance, are hindering the ability of both adults and children with disability to have accessible and equitable opportunities, experiences and outcomes.

A project participant is washing her hands with clean water using a Tippy Tap that has been installed as part of her village's Community-Led Total Sanitation efforts.

SUSTAINABILITY

HANA works closely with project communities to create the groundwork for maintaining positive change. Sustainability is created through:

LOCAL OWNERSHIP

The project was informed by human-centred design principles, with priorities primarily shaped by local concerns. Various community-led groups, including Citizen Voice and Action, water committees and Channels of Hope for Gender and Disability, plus implementing partners such as health workers and local government staff, are already playing a significant role in service delivery.

PARTNERSHIPS

The project's trajectory is optimistic, with activities carried out through cooperative efforts of working groups and various stakeholders, which include local governments, media and the private sector. Local groups and organisations, such as Community Focus International and members of Channels of Hope, are acquiring skills to collaborate effectively towards project objectives.

TRANSFORMED RELATIONSHIPS

The project aims to shift inter-group dynamics among various segments of society, including men, women, young people, children and marginalised individuals, towards a culture of mutual care and concern.

LOCAL AND NATIONAL ADVOCACY

Citizen Voice and Action has significantly increased citizens' participation in local and national advocacy, with household participation increasing from eight percent to 14 percent. Many participants expressed confidence in reporting grievances regarding service quality.

GENDER EQUALITY, DISABILITY AND SOCIAL INCLUSION

While the project was designed to facilitate and promote gender equality, disability and social inclusion (GEDSI), several areas could be improved. Greater emphasis is needed on intersectional vulnerability factors. Data disaggregation, particularly by vulnerability, can be improved. Outside male participation, clear recommendations are needed when targeting other groups responsible for perpetuating negative cultural norms.

GEDSI activities included:

SOCIAL MAPPING

HANA worked with district and community groups when mapping and targeting different social groups. For example, a collaboration with ZOA, an international relief and recovery organisation, helped the project reach out to people with disability.

ACTIVITY INTEGRATION

Project activities such as Channels of Hope and Citizen Voice and Action are directly addressing issues such as the access and control of resources and gender-based violence.

DATA COLLECTION, ANALYSIS AND REPORTING

Analysis and reporting was completed through a GEDSI lens, highlighting gender and social inclusion issues in all technical areas of the project.

CONCLUSION AND RECOMMENDATIONS

While mid-term results indicate the project is on track to achieve the majority of indicator targets, gaps need addressing to maintain behaviour change in communities and facilitate the needs of vulnerable groups. Suggestions for improvement include:

OUTCOME 1

- Integrating behavioural strategies to educate communities on proper infant and child feeding practices, complementary foods, sanitation, hygiene and health-seeking behaviours.
- Empowering community groups to detect and care for those at risk of malnutrition.
- Promoting the consumption of vegetables and fruit through food-growing activities.
- Establishing a clear system of early detection and referral of children with malnutrition to enable efficient service provision.

OUTCOME 2

- Supporting health facilities to improve the management of medical equipment, including ordering and follow-up from national suppliers.
- Collaborating closely with community health teams to identify and work with priority households, which include households with vulnerable individuals such as people with disability.

OUTCOME 3

- Developing a sustainable policy for community water management to ensure proper maintenance of existing water sources.
- Encouraging sustainable alternatives to water boiling, such as water guards that don't require the use of firewood. This will increase the reported water treatment coverage to 10 percent.
- Seeking advice from people with disability to understand their barriers to accessing sanitation.
- Integrating disability-inclusive training and messaging into project activities.

OUTCOME 4

- Developing a disability support sensitisation strategy to increase use of available services. This could include training community health workers.
- Collaborating with public and private district health institutions to increase the accessibility of healthcare and other services for people with disability.
- Supporting village health teams with incentives and training to improve their capacity and motivation to serve communities.
- Accelerating Citizen Voice and Action interventions to increase demand from community leaders to improve the accessibility and quality of public health services.

WASH committee members from a village in Uganda's Northern Region are awaiting open defecation free certification from the district authorities. This follows their efforts to improve and maintain inclusive community access to hygiene and sanitation facilities.

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