# PROJECT FINAL REPORT

**FUNDING PARTNERS:**

**AND**

**CIRCUIT RIDER FUND:**

**IMPLEMENTING AGENCY:**

**PARTNERS:**

**DISTRICT LOCAL GOVERNMENTS IN UGANDA**

## EXECUTIVE SUMMARY:

Union of Community Development Volunteers (UCDV) successfully implemented the project entitled ***"Conducting Post-Construction Follow-Up, Training, Operation and Maintenance Planning for WASH Interventions in Health Care Facilities (HCFs) and Schools in Uganda"***. The project was funded by Water Engineers for the Americas & Africa (WEFTA) through the Circuit Rider (CR) Fund, with a total budget of USD 20,000.

The project focused on conducting post-construction follow-up visits to previously implemented Water Sanitation and Hygiene (WASH) interventions in the Healthcare Facilities (HCFs), schools and in various communities from Kampala Diocese, Masaka Diocese, Luwero Diocese and Jinja Diocese respectively.

The purpose was to assess the functionality and utilisation of existing WASH facilities, identify operational and maintenance challenges, engage relevant stakeholders, and strengthen planning for the continued operation and maintenance of the facilities.

UCDV deployed a team of three staff members to coordinate and undertake the project activities, including field visits, physical inspections, stakeholder consultations, documentation and reporting.

The project recognised that the sustainability of WASH infrastructure depends not only on its initial construction but also on effective management, regular maintenance, adequate technical support and the active participation of facility managers and involvement of local communities.

Through the follow-up exercise, UCDV sought to establish the current status of previously supported WASH facilities, identify areas requiring further attention and promote measures to sustain the benefits of investments in Water Sanitation and Hygiene (WASH), but also to recognize and appreciate where the facilities are still effectively serving the original intended purpose.

This report presents the project background, objectives, implementation approach, activities undertaken, findings, achievements, challenges, lessons learned, financial accountability and recommendations.

## BACKGROUND AND RATIONALE:

Access to safe water, adequate sanitation and appropriate hygiene services is essential for delivering quality healthcare, supporting effective learning environments and protecting community health. Healthcare Facilities (HCFs) require reliable water supplies, functional sanitation facilities and appropriate hygiene infrastructure to support infection prevention and control, protect patients and healthcare workers, and improve the quality of healthcare services. Similarly, communities and schools need safe water, adequate sanitation and handwashing facilities to promote learners' health, dignity, attendance and participation in education.

However, the benefits of WASH infrastructure can diminish when facilities are not properly operated, maintained or repaired. Equipment can break down, sanitation facilities can deteriorate, and water systems can become unreliable because of inadequate maintenance planning, insufficient technical capacity or limited financial resources. The Post-construction follow-up is therefore essential for determining whether WASH facilities continue to function as intended and whether the institutions responsible for them have the knowledge, arrangements and resources needed to sustain their operation.

In response to this need, with the financial and technical support from Water Engineers for the Americas & Africa (WEFTA) through the Circuit Rider (CR) Fund, UCDV implemented the project of Conducting Post-Construction Follow-Up, Training, Operation and Maintenance Planning for WASH Interventions in Health Care Facilities (HCFs) and Schools in Uganda. With a focus on the selected Healthcare Facilities, schools and communities where the organization had previously supported WASH interventions in Kampala Diocese, Masaka Diocese, Luwero Diocese and Jinja Diocese respectively. The project aimed to strengthen the sustainability of existing WASH

investments through follow-up monitoring, stakeholder engagement, training and operation and maintenance planning.

## PROJECT GOAL AND OBJECTIVES:

### Overall Goal:

To improve the functionality, effective operation and long-term sustainability of WASH interventions in Healthcare Facilities (HCFs), schools and communities in Uganda through post-construction follow-up, training and operation and maintenance planning.

### Project Specific Objectives:

The project sought to:

1. Conduct post-construction follow-up visits to previously implemented WASH interventions in selected Healthcare Facilities (HCFs), schools and communities.
2. Assess the functionality, utilisation and physical condition of existing water, sanitation and hygiene facilities.
3. Identify technical, operational and management challenges affecting the continued functionality of WASH infrastructure.
4. Strengthen the capacity of relevant stakeholders in the operation and maintenance of WASH facilities, where training was undertaken.
5. Support the development or improvement of operation and maintenance plans for WASH facilities.
6. Promote local ownership, accountability and sustainable management of WASH infrastructure.
7. Document findings, lessons learned and recommendations to guide future WASH programming and follow-up support.

## PROJECT IMPLEMENTATION APPROACH:

UCDV adopted a field-based approach that combined post-construction monitoring, physical inspections, stakeholder engagement and operation and maintenance

planning. A team of three UCDV staff members coordinated and implemented the project activities across the designated project areas.

**The implementation approach comprised the following components.**

1) **Post-Construction follow-up visits.**

The team visited previously supported WASH project sites to establish the status of facilities following their construction or installation. The visits provided an opportunity to assess whether facilities remained operational, or were being used for their original intended purposes and continued to serve the needs of their beneficiaries.

2) **Functionality and condition assessments.**

The team examined the condition and operational status of WASH infrastructure, including water supply facilities, sanitation facilities and hygiene infrastructure, as applicable to each site. The assessments aimed at identifying functioning facilities, operational weaknesses, maintenance needs and infrastructure requiring further technical attention.

3) **Stakeholder engagement.**

The team engaged relevant stakeholders/ partners, including healthcare facility managers, healthcare workers, school administrators, teachers, community leaders and Water User Committees (WUCs), where applicable. These engagements helped gather information about facility utilization, management responsibilities, maintenance practices and challenges affecting sustainability.

4) **Training and capacity strengthening.**

The project included a training component intended to strengthen the knowledge and practices required for effective operation and maintenance of WASH facilities.

5) **Operation and maintenance planning.**

The project placed emphasis on operation and maintenance planning as a means of protecting WASH investments beyond the construction phase. This component focused on the importance of clearly assigned responsibilities, routine inspections, preventive maintenance, timely repairs, resource mobilisation and appropriate management arrangements.

6) **Documentation and reporting.**

Information gathered through field visits, inspections, consultations and training activities was intended to inform project documentation and recommendations for follow-up action.

## ACTIVITIES IMPLEMENTED:

The principal project activities included:

a) **Project planning and coordination:** Organising the field activities and coordinating the three-member UCDV implementation team.
b) **Review of previous WASH interventions:** Identifying previously supported facilities requiring post-construction follow-up.
c) **Field monitoring visits:** Visiting selected Healthcare Facilities (HCFs), schools and community project sites in Kampala Diocese, Masaka Diocese, Luwero Diocese and Jinja Diocese.
d) **Physical inspection of WASH infrastructure:** Assessing the condition and functionality of Water Sanitation and Hygiene (WASH) facilities.
e) **Consultation with facility stakeholders:** Engaging responsible personnel and other stakeholders on facility use, management and maintenance.
f) **Training activities:** Undertaking relevant training on WASH operation and maintenance, as documented in the project records.
g) **Operation and maintenance planning:** Supporting the preparation or review of maintenance arrangements and plans, as applicable.
h) **Identification of maintenance needs:** Documenting technical problems, operational gaps and areas requiring further support for improvements.

i) **Compilation of findings:** Consolidating field observations and stakeholder/ partners' feedback.

j) **Final reporting:** Preparing the project report to document implementation, results, lessons learned and recommendations.

## PROJECT COVERAGE:

### HealthCare Facilities (HCFs) visited/ inspected for WASH interventions.

| No | Project area/ Diocesan location | Healthcare Facilities (HCFs) visited/ inspected. |
|---|---|---|
| 1 | Kampala Diocese | 1. Buyiga Health Centre III<br>2. St. Joseph Health Centre<br>3. Buloba Community Health Centre |
| | | |
| 2 | Masaka Diocese | 1. Bukulula Health Centre IV<br>2. Mukoko Health Centre III<br>3. Yoanna Maria Muzeeyi Buyoga Health Centre III<br>4. Kirumba Health Centre III<br>5. St Charles Kabuwoko Health Center III<br>6. St. Andrew Community Health Centre Biikira<br>7. St Joseph of the Good Shepherd Kyamulibwa<br>8. Butenga Health Centre IV<br>9. Naluzari Health Centre III |
| 3 | Luwero Diocese | 1. Springs Community Health Centre |
| | | |
| 4 | Jinja Diocese | 1. Namutumba Health Centre III<br>2. Namutumba Community Hospital III |
| | | **Total number of Healthcare Facilities (HCFs) visited: 15** |

## Schools/ orphanage visited/ inspected for WASH interventions.

| No | Project area/ Diocesan location | Schools visited/ inspected. |
|---|---|---|
| 1 | Kampala Diocese | 1. Kampala school for the physically Handicapped.<br>2. Bugolo Junior School.<br>3. Sanyu babies' home. |
| | | |
| 2 | Masaka Diocese | 1. St. Bruno Sserunkuma Primary School.<br>2. St. Matia Mulumba Kyankole Primary School.<br>3. St. Joseph Kiyimbwe Primary School.<br>4. St Joseph Roman Catholic Ndegeya Primary School.<br>5. St. Charles Roman Catholic Kyansi Primary School. |
| | | |
| | | **Total number of schools visited: 5** |

## Communities visited/ inspected for WASH interventions.

| No | Project area/ Diocesan location | Schools visited/ inspected. |
|---|---|---|
| 1 | Kampala Diocese | 1. Musiitwa Joseph Community Spring Well.<br>2. Kitaka and Kigwanya Spring Well.<br>3. Busega – Kibumbiro Community Spring Well.<br>4. Kosovo Community Spring Well.<br>5. Nsibambi Spring Well. |
| | | |
| 2 | Masaka Diocese | 1. Kasali Community Borehole. |

| | | |
|---|---|---|
| | | 2. Mukoko Community Borehole. |
| | | **Total number of water source communities visited: 7** |

## KEY FINDINGS:

The post-construction follow-up exercise was intended to establish the condition of existing WASH infrastructures and identify the measures required to maintain their continued functionality and sustainability.

### a) Functionality of water supply facilities:

The assessment examined whether water facilities remained operational and whether water was available for the intended purposes.

Relevant findings included:

- The number of water facilities inspected were **7**
- The number of water facilities that were fully functional were **6**
- No water facility was partially functional.
- Only one water facility (Mukoko Community Borehole) was non-functional.
- Technical faults and maintenance needs were identified.
- Facilities requiring repairs or further technical support.

### b) Sanitation facilities:

The team inspected and reviewed the condition and usability of sanitation infrastructure in the selected Healthcare Facilities (HCFs) and schools. The assessment considered the physical condition of facilities, cleanliness, accessibility, privacy and the maintenance arrangements in place, as applicable.

c) The number of Sanitation facilities assessed were **32**

d) The number of Sanitation facilities that needed renovation/ repairs were **19.**

e) Technical faults and maintenance needs were identified.
f) Facilities requiring repairs or further technical support.

### c) Hygiene facilities:

The assessment considered the condition and availability of hygiene facilities, including handwashing stations and associated provisions, where applicable. It also considered whether hygiene infrastructure was being maintained and remained available for use by patients, healthcare workers, learners and other users.

b) The number of hygiene facilities assessed were **8.**
c) The number of hygiene facilities that were fully functional were **5.**
d) 2 Hygiene facilities were partially functional and 1 was non-functional.
e) Technical faults and maintenance needs were identified.
f) Facilities requiring repairs or further technical support.

## OPERATION AND MAINTENANCE (O&M) ARRANGEMENTS:

An important focus of the project was the capacity of responsible institutions to operate and maintain WASH infrastructure. The assessment considered whether facilities had designated persons or committees responsible for management, whether routine maintenance was undertaken and whether arrangements existed for reporting faults and organising repairs. The project sought to strengthen awareness and capacity relating to the effective management and sustainability of WASH facilities.

## OVERALL SUSTAINABILITY OF WASH INTERVENTIONS.

The monitoring exercise provided an opportunity to identify factors that could influence the continued benefits of previous WASH investments. These included the availability of maintenance resources, technical support, management arrangements under the Water User Committees (WUCs), stakeholder participation to enhance project co-ownership and the implementation of operation and maintenance plans.

## Sustainability Strategy:

- Training and orientation of health facility staff.
- Designation of WASH focal persons.
- Routine inspection and maintenance of infrastructure.
- Community participation.
- Engagement with district technical departments.
- Promotion of responsible use of water and sanitation facilities.
- Mobilization of additional resources for major repairs and future expansion.
- HealthCare Facilities (HCFs) management will be encouraged to incorporate WASH maintenance requirements into their routine operational planning and budgets.

## KEY ACHIEVEMENTS:

The project registered the following key achievements.

1. **Post-construction follow-up:** Monitoring visits were undertaken to assess previously implemented WASH interventions within the project's geographical coverage.
2. **Infrastructure functionality assessments:** The project provided an opportunity to review the operational status and physical condition of existing WASH facilities.
3. **Maintenance needs identified:** The field visits enabled the team to document facilities or components requiring repair, maintenance or further technical attention.
4. **Stakeholder engagement:** Relevant stakeholders were engaged and provided all the information needed and where applicable, on the management and continued use of WASH infrastructure.
5. **Operation and maintenance planning:** The project addressed the importance of structured maintenance arrangements for sustaining WASH investments.

6. **Capacity strengthening:** Training activities, where completed, supported the knowledge and practices required for effective facilities Operation and Maintenance (O&M).

## CHALLENGES ENCOUNTERED:

**The following were the challenges encountered/ registered during project implementation.**

a) Technical faults affecting the functionality of existing water systems.
b) Limited resources for routine maintenance and repairs.
c) Gaps in technical knowledge among personnel responsible for managing WASH facilities.
d) Inadequate or outdated operation and maintenance plans.
e) Some Infrastructure/ facilities require repairs/ rehabilitation or additional investment in order to remain operational.
f) We received overwhelming requests for similar WASH interventions due to population growth amidst limited resources from UCDV.

## LESSONS LEARNED:

Several important lessons have emerged from the implementation of the project, reinforcing the need for sustainable WASH programming.

1) **Post-Construction follow-up is essential.** Monitoring after construction helps establish whether infrastructure continues to function and whether users are receiving the intended benefits.
2) **WASH is fundamental to quality health care.** Water and sanitation should be considered as an integral part of health facility development.
3) **Community and health facility ownership is essential.** The WASH facilities are more likely to remain functional when local stakeholders are involved from the very beginning of the project inception stage.

4) **Water storage is important.** Even where a water source exists, adequate storage capacity is necessary to ensure continuous availability especially in HealthCare Facilities (HCFs).
5) **Infrastructure must be combined with hygiene education.** Physical facilities alone are insufficient without appropriate hygiene practices and maintenance.
6) **Local government collaboration strengthens sustainability.** Working with district and sub-county authorities helps integrate WASH interventions into broader health and development planning.
7) **Preventive maintenance can reduce disruptions.** Routine inspections and timely repairs can help prevent minor faults from developing into more serious problems.

## FINANCIAL REPORT:

The project received funding amounting to **USD 20,000** from Water Engineers for the Americas & Africa (WEFTA) through the Circuit Rider (CR) Fund. The funds supported the implementation of the project activities, including project coordination, field monitoring, staff deployment, stakeholder engagement and training in accordance with the approved budget. UCDV deployed three staff members to coordinate and implement the project.

**Total Project Expenditures.**

| No | **Budget item** | **Approved budget (USD)** | **Actual expenditure (USD)** |
|---|---|---|---|
| 1 | Conducting capacity building training and formation of management committees for a smooth sustainability plan for HCFs, Schools and community water sources. | $ 4,450 | $ 4,450 |
| 2 | Transportation (Car hire and fuel/ gas) | **$** 1,000 per month x 6 months | $ 6,000 |

| | | | |
|---|---|---|---|
| 3 | Accommodation | For six months x 3 staff | $ 2,250 |
| 4 | Meals | For six months x 3 staff | $ 1,800 |
| 5 | Allowances of staff | **$** 300 per staff member x 3 staff for 6 months. | $ 5,400 |
| 6 | Writing and sharing reports | **$** 100 | $ 100 |
| | Total expenditure | **$ 20,000** | **$ 20,000** |

## RECOMMENDATIONS:

Based on the objectives of the project, UCDV recommends the following measures to strengthen the sustainability of WASH interventions.

1) **Institutionalise post-construction monitoring:** Establish regular follow-up visits to assess the functionality and condition of WASH facilities after construction or rehabilitation.
2) **Strengthen operation and maintenance plans:** Ensure that HealthCare Facilities (HCFs), schools and communities have clear, practical plans specifying maintenance responsibilities, inspection schedules and procedures for reporting and addressing faults.
3) **Build local technical capacity:** Provide appropriate training to responsible personnel on routine maintenance, basic troubleshooting and the sustainable management of WASH infrastructure.
4) **Promote preventive maintenance:** Encourage regular inspections and timely repairs to reduce the risk of prolonged service interruptions.
5) **Mobilise maintenance resources:** Encourage facility managers, responsible authorities and other stakeholders to make provision for routine maintenance and repairs.
6) **Strengthen stakeholder ownership:** Promote active participation by healthcare workers, school administrators, community representatives and other relevant stakeholders in managing WASH facilities.

7) **Prioritise facilities requiring further support:** Use the monitoring findings to identify facilities requiring technical assistance, repairs or rehabilitation.
8) **Maintain reliable monitoring records:** Document each facility's location, condition, functionality status, maintenance requirements and subsequent follow-up actions.
9) **Continue collaboration with partners:** Maintain cooperation with WEFTA, the Circuit Rider (CR) and other relevant stakeholders to improve the sustainability of WASH interventions.

## CONCLUSION:

The Conducting Post-Construction Follow-Up, Training, Operation and Maintenance Planning for WASH Interventions in Health Care Facilities (HCFs) and Schools in Uganda project, was an important initiative aimed at strengthening the sustainability of WASH investments. Funded by Water Engineers for the Americas & Africa (WEFTA) through the Circuit Rider (CR) Fund, the project enabled UCDV to undertake follow-up monitoring of the previously implemented WASH interventions in Kampala Diocese, Masaka Diocese, Luwero Diocese and Jinja Diocese.

Through the work of its three-member project team, UCDV focused on assessing the functionality of WASH facilities, identifying operational and maintenance needs, engaging relevant stakeholders and promoting appropriate operation and maintenance planning. This initiative highlights the importance of going beyond the construction of WASH infrastructure to ensure that facilities actually remain functional, accessible and adequately maintained over time.

UCDV greatly appreciates WEFTA and the Circuit Rider (CR) for supporting this initiative both financially and technically. This support has contributed to efforts of improving the sustainability of WASH interventions in Healthcare Facilities (HCFs), schools and communities in Uganda.

UCDV also acknowledges the cooperation of healthcare facilities, schools, local communities/ stakeholders and other partners who contributed to the post-construction follow-up project.

Special appreciation goes to the three UCDV staff members who participated in coordinating and implementing the project activities, including field monitoring, stakeholder engagement, documentation and reporting.

UCDV values this partnership and looks forward to continued collaboration with WEFTA and the Circuit Rider Community of Practice in promoting sustainable WASH services in Uganda.

Thank you for your support and for making a difference in the world through WASH interventions!

**REPORT COMPILED BY:**

The Water Sanitation and Hygiene (WASH) Department of UCDV.

**October 2026.**

# PHOTO GALLERY DURING PROJECT IMPLEMENTATION:








**The Executive Director of Union of Community Development Volunteers (UCDV) at Kirumba health Centre during the inspection/ visit.**



**Mukoko Community Borehole which need rehabilitation.**



**Reception of Naluzari Health Centre.**



**Non-functioning handwashing facility at Naluzari Health Centre.**



**Toilet facility at Naluzari Health Centre which sunk in.**



**The state of a classroom block at St. Bruno Sserunkuma – Ndegeya Roman Catholic Primary School.**




**A toilet facility at at St. Bruno Sserunkuma – Ndegeya Roman Catholic Primary School.**



**Non-functioning handwashing facility at St. Bruno Sserunkuma Ssaza Primary School.**



**Non-functioning water tank facility at St. Bruno Sserunkuma Ssaza Primary School.**




**The state of a school toilet at St. Joseph Primary School Kiyimbwe which is full.**



**The state of a school toilet at St. Joseph Primary School Kiyimbwe which is full.**



**The toilet facility at Buyoga Health Centre.**




**Eddie Mutebi together with team, meeting the in charge of Buyoga Sr. Harriet.**