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POLICY BRIEF
ON

WATER SANITATION AND HYGIENE AND
NEGLECTED TROPICAL DISEASES
(WASH –NTDs)

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1. Executive Summary

Neglected tropical diseases (NTDs), particularly schistosomiasis and soil-transmitted helminths (STH), remain a significant public health challenge in Rwanda—especially among vulnerable populations in rural and underserved areas. Despite progress in mass deworming and water, sanitation and hygiene (WASH) infrastructure development, persistent gaps in clean water access, hygiene practices, and sanitation are undermining national elimination goals.

A 2024 WASH and Social and Behavior Change (SBC) needs assessment conducted in Bugesera and Ruhango Districts highlights the scale of the challenge: nearly 40% of households rely on untreated surface water, over 79% lack handwashing facilities with soap, and 81% of workplace latrines fall below acceptable standards. Public awareness remains limited, with 60% of surveyed households unaware of bilharzia and only 36% understanding worm transmission.

Policy and implementation barriers—including siloed approaches between health and infrastructure sectors, limited funding for integrated WASH–NTD programming, and weak community engagement—continue to hinder progress. Additionally, the sustainability of WASH infrastructure is threatened by insufficient maintenance planning and climate-related risks.

To achieve Rwanda’s 2027 target for interrupting the transmission of schistosomiasis (commonly known as bilharzia) and intestinal worms in selected areas of Bugesera and Ruhango districts, urgent action is needed to bridge these gaps through stronger policy integration, multisector coordination, and inclusive community-led approaches. This brief outlines actionable recommendations to guide stakeholders in aligning WASH and NTD priorities within national health and development

1I. Introduction of the WASH–NTDs Policy Brief

This policy brief reaffirms the Government of Rwanda’s commitment to integrating Water, Sanitation, and Hygiene (WASH) with Neglected Tropical Diseases (NTD) elimination efforts. While progress has been made through national deworming campaigns and WASH infrastructure improvements, challenges still exist in ensuring universal and equitable access, particularly in rural and underserved communities.

The brief highlights key policy and implementation gaps such as limited inter-sectoral coordination, sustainability of WASH infrastructure, and insufficient focus on social and behavior change. It presents actionable recommendations aimed at guiding Rwanda’s national response and aligning WASH–NTD strategies with broader health and development goals, including the 2027 target for interrupting the transmission of Bilharzia and intestinal worms.

Key Takeaways for Decision Makers

- Rwanda's progress on NTDs is at risk due to persistent WASH gaps, especially in rural and underserved areas.
- Integration of WASH and NTD programming remains limited due to policy silos, funding fragmentation, and weak local coordination.
- Significant disparities in access and awareness persist, with over 60% of households unaware of bilharzia and nearly 40% still using unsafe water sources.
- There is an urgent need to institutionalize joint planning between MoH and MININFRA, with dedicated budget lines for integrated WASH–NTD initiatives.
- Community engagement and behavior change communication must be scaled up to drive sustainable impact.
- The private sector, local governments, and civil society should be mobilized to strengthen infrastructure, outreach, and accountability.

III. Background of Water, Sanitation and Hygiene and Neglected Tropical Diseases (WASH–NTDs)

Neglected Tropical Diseases (NTDs) affect over one billion people globally, with the highest burden falling on the most vulnerable and marginalized populations, those with limited access to clean water, sanitation, and health services. In sub-Saharan Africa, and particularly in Rwanda, the burden of NTDs remains a significant public health challenge, exacerbated by poverty and gaps in basic infrastructure.

Globally, inadequate WASH contributes to preventable illness and mortality, responsible for an estimated 2 million deaths and 123 million DALYs annually. Children under five are especially vulnerable, accounting for 13% of all WASH-related deaths. Sub-Saharan Africa carries the heaviest burden, with over half of global WASH-related deaths occurring in the region.

In Rwanda, despite progress in expanding WASH infrastructure and scaling up mass deworming campaigns, critical gaps remain. The 2024 WASH and SBC Needs

Assessment in Bugesera and Ruhango Districts revealed alarming WASH deficiencies: 39.9% of households rely on surface water, 64.5% in Bugesera alone, and only 20% of workplaces have functional handwashing facilities. In addition, 81% of workplace latrines were found to be below acceptable standards.

The national WASH-related mortality rate stands at 19.3 per 100,000, and *S. mansoni* (schistosomiasis) affects an estimated 1.7% of the population, primarily children. Risk behaviors such as bathing children in open water sources remain widespread and continue to drive infection rates.

Millions in Rwanda remain at risk of contracting at least one NTD, especially Schistosomiasis and Soil-Transmitted Helminths (STH). These diseases cause long-term suffering, disability, and cognitive impairment, affecting children's school attendance and learning outcomes, while also diminishing adult productivity. The resulting economic toll reinforces cycles of poverty and health inequity.

Addressing NTDs requires not only improved WASH infrastructure but also sustainable, community-led behavior change and integrated programming between mainly the health and infrastructure sectors.

IV. Problem Statement: Challenges in Addressing WASH and Neglected Tropical Diseases (NTDs) in Rwanda

Regardless of Rwanda's significant strides in controlling Neglected Tropical Diseases (NTDs), key challenges continue to undermine progress particularly in underserved rural areas where poor Water, Sanitation, and Hygiene (WASH) practices drive disease transmission. NTDs such as schistosomiasis and soil-transmitted helminths (STH) remain prevalent among vulnerable populations, especially children, and yet often receive less visibility and funding compared to other health priorities like HIV, malaria, and tuberculosis

Rwanda's success in eliminating sleeping sickness and reducing intestinal worm prevalence from 65.5% in 2008 to 30.2% in 2020 among school-aged children is commendable. These gains are attributed to bi-annual deworming campaigns, strengthened health systems, and multisectoral collaboration. However, the 2024 WASH/SBC Needs Assessment underscores persistent environmental and behavioral risk factors. Many communities still rely on unsafe water sources, lack access to proper handwashing facilities, and practice unsafe sanitation conditions that continue to facilitate NTD transmission.

Health system gaps, including limited NTD-specific training for medical personnel and underinvestment in NTD research and diagnostics, further constrain the national response. Moreover, urban-rural inequities in WASH services and hygiene education hinder sustainable progress.

To achieve Rwanda's 2027 elimination targets, a more integrated, community-centered approach is neededone that combines WASH infrastructure improvements with targeted NTD interventions, behavior change communication, and inclusive planning involving government, NGOs, and local communities.

V. Challenges Affecting the Implementation of WASH–NTDs Programs in Rwanda

In spite of progress in expanding WASH services and reducing NTDs, implementation challenges remain particularly in rural and underserved communities. Weak policy integration, limited coordination among sectors, and inconsistent community engagement hinder effective delivery of integrated WASH–NTD programs.

Persistent barriers include poor access to clean water and sanitation, inadequate investment in hygiene behavior change, and low sustainability of infrastructure. Vulnerable groups often remain excluded from targeted interventions, and weak monitoring systems limit accountability and impact tracking.

Overcoming these challenges will require stronger multi-sector collaboration, sustainable financing, and community-led approaches that link WASH infrastructure with effective behavior change and disease prevention.

V.1. Policy Integration and Coordination

Although Rwanda has established policies for both WASH and NTDs, they operate in silos, limiting the effectiveness of integrated interventions. The absence of a unified policy framework that explicitly connects WASH to NTD prevention results in fragmented planning and inefficient resource use. The 2024 WASH/SBC Needs Assessment reinforces the need for alignment, as many WASH-related NTD risks such as poor water access and unsafe sanitation are not addressed jointly across sectors.

V.2. Limited Coordination Gaps Among Line Ministries

NTDs fall under the Ministry of Health (MoH), while WASH is led by the Ministry of Infrastructure (MININFRA), often with minimal collaboration between them. This limited coordination hinders the implementation of joint strategies, resulting in fragmented resources, duplicated efforts, and missed opportunities to link WASH improvements with NTD control. The 2024 WASH/SBC assessment highlighted a lack of integrated planning across sectors, particularly at the district and community levels.

V.3. Issues Related to Access to Clean Water and Sanitation

Despite national progress in improving access to clean water,, rural and remote areas continue to face major barriers to clean water access. The 2024 WASH/SBC Needs Assessment found that 39.9% of households rely on untreated surface water, with a stark contrast between Bugesera (64.5%) and Ruhango (16.4%). Inadequate water

infrastructure in these areas contributes to contamination risks and sustained transmission of waterborne NTDs like Schistosomiasis and Soil-Transmitted Helminths.

V.4. Limited Knowledge on Sanitation and Hygiene Among Communities

Despite progress in latrine coverage with aim to reduce open defecation,, 95.5% of households according to the 2024 assessment sanitation and hygiene practices remain weak. Over 79.9% of households lack handwashing stations with soap and water, and 71.5% report fly infestations, indicating poor hygiene conditions. Open defecation still occurs in some areas, notably in 2.8% of Bugesera households and parts of rural Ruhango. These gaps in sanitation behavior and hygiene knowledge continue to drive the transmission of schistosomiasis and intestinal worms, especially in rural and peri-urban communities.

V.5. Challenges Related to Community Behavior Change and Awareness

Public awareness of the link between WASH and NTDs remains low. The 2024 WASH/SBC assessment found that 60.5% of households had never heard of bilharzia, and only 36.6% understood how intestinal worms are transmitted. Despite existing policies, hygiene education is under-emphasized, leading to poor uptake of key behaviors like handwashing and safe water use.

Community engagement remains limited. Only 18% of communities reported receiving hygiene-promotion sessions in the past year, and 82.6% of hygiene reminders came solely from overstretched community health workers.

- ***Key Asks:*** Behavior change strategies must be strengthened through broader, sustained community mobilization and educational campaigns to improve long-term impact.

V.6. Insufficient Sustainability for WASH Infrastructure

WASH infrastructure in Rwanda often lacks the support systems needed for long-term sustainability. Without consistent funding, maintenance planning, and community capacity-building, facilities such as water supply networks and latrines risk falling into disrepair undermining gains in NTD control.

Climate change adds further strain. Shifting rainfall patterns and recurring droughts affect both the availability and quality of water, increasing vulnerability to waterborne diseases and threatening the reliability of existing WASH systems.

V.7. Limited Funding and Resource Allocation for WASH

WASH and NTDs programs in Rwanda often operate with separate budgets and lack coordinated financing. This limits the scale and impact of integrated interventions. Although funding exists for each sector, there is insufficient investment that explicitly targets their intersection aimed to improve both sectors simultaneously.

Rwanda remains heavily reliant on external donors to fund both WASH and NTDs efforts, raising concerns about long-term sustainability.

- **Key Ask:** *A stronger national funding mechanism is needed to reduce donor dependence and ensure financial stability for integrated WASH–NTD programming.*

V.8. Limited Monitoring and Evaluation Framework

While Rwanda has made progress in tracking WASH and NTD indicators, monitoring systems remain fragmented. The lack of an integrated framework limits the ability to assess joint program impact and guide cross-sector decisions in real time.

Additionally, there is limited local research on how specific WASH practices such as hygiene behavior and water quality affect NTD transmission. Strengthening data integration and investing in context-specific research are essential to inform targeted, evidence-based interventions.

V.9. Limited Targeted Interventions for Vulnerable Populations

Significant disparities in WASH access persist between urban and rural areas in Rwanda. Vulnerable populations—particularly those in informal settlements or remote communities face limited access to clean water and sanitation, increasing their risk of NTDs.

Additional barriers affect persons with disabilities, women in marginalized settings, and other underserved groups.

- **Key Ask:** *WASH–NTD policies must be more inclusive, ensuring services are accessible and equitable across all segments of the population, regardless of gender, location, or physical ability.*

V.10. Insufficient Management of Waterborne NTDs and Agricultural Practices

Agricultural practices, particularly unregulated irrigation using contaminated surface water, continue to pose a risk for waterborne NTDs such as schistosomiasis. The 2024 WASH/SBC assessment found that surface water is still a main water source for many households and communities especially in Bugesera heightening exposure.

Additionally, the reported use of human excreta as fertilizer by 15.1% of households raises further health risks.

- **Key Asks:** *To reduce NTD transmission, WASH–NTD strategies must involve the agricultural sector, promote safe irrigation practices, and regulate the reuse of wastewater and excreta in farming.*

VI. Actionable Recommendations for WASH – NTDs in Rwanda

Based on the assessment results of Water, Sanitation, and Hygiene (WASH) in households and workplaces, the following recommendations are proposed to address existing gaps and improve WASH and Behavioral and Social Change (BSC) in Bugesera and Ruhango Districts:

- The Government of Rwanda should prioritize underserved areas with low coverage of basic water, sanitation, and hygiene services by directing targeted interventions and allocating appropriate resources.
- The Government of Rwanda, Development Partners and Private Sector should increase investment in water supply infrastructure, especially in communities with inadequate access.
- The Government of Rwanda, Development Partners, Private Sector and CSOs should enhance sanitation and hygiene conditions across households, health facilities, and workplaces to ensure safer environments.
- Implement hygiene promotion campaigns aimed at raising awareness and encouraging good hygiene practices within communities.
- Strengthen partnerships and collaboration among Government bodies, Development Partners, Private Sector actors, Academia and NGOs to expand WASH facilities and awareness programs, focusing on hard-to-reach areas.
- Engage communities actively through participatory approaches and health education programs that promote behavior change and sustain improved WASH practices at the grassroots level.
- Advocate for policy reforms and dedicated budget allocations that prioritize WASH initiatives within national health agendas, ensuring sustained support and scalability.
- Expand screening capacities for Soil-Transmitted Helminths (STH) and Schistosomiasis (SCH), while increasing community awareness on the importance of regular testing.
- Provide Mass Drug Administration (MDA) to all communities in high endemic areas for STH and SCH, ensuring households are well sensitized about the interventions.

