Rotary Club of Muyenga Sunday Sunset

ALEBTONG COMMUNITY HEALTH TRANSFORMATION

Phase I: Safe Water for Maternal Health · Project Concept Note · Rotary Global Grant

Facility	Alleluyah Joint Maternity Clinic	**Location**	Aloi, Alebtong District, Uganda	**Areas of focus**	WASH; Maternal & Child Health
Beneficiaries	28,243 people; 237 births a year; 217 households	**Duration**	Phase I: 2026/27 (12 months)	**Budget**	USD 50,000; 7,000 secured

1 BACKGROUND

Alleluyah Joint Maternity Clinic was founded in 2015 at Aloi Corner, Lango sub-region, as a not-for-profit facility serving low-income mothers. Its 2 doctors, 6 midwives, clinical officer, nurse, 2 laboratory assistants and radiographer provide antenatal, delivery, laboratory, in-patient, outpatient, family planning, imaging and immunisation services.

It serves 28,243 people across Alebtong, Lira, Otuke and Dokolo districts, where only three other facilities operate and the nearest comparable maternity unit is 15 km away. Each year it sees 336 antenatal mothers, 237 deliveries and 2,880 outpatient visits. In Lango sub-region only 19% of households have basic sanitation (national rural average 26.9%).

The Rotary Club of Muyenga Sunday Sunset has supported the clinic every year since 2019 through its Safe Mother Safe Baby project. This is Phase I of a three-year programme to make it a fully functional, sustainable maternal and child health facility.

2 THE NEED / PROBLEM

The clinic has buildings, equipment and trained staff, but **none of its six clinical departments has piped running water.** It relies on one manual hand-pump borehole shared with the community. A technical assessment (July 2026) found:

- **Maternal safety:** all 237 annual deliveries occur without reliable water in the labour suite.
- **Infection risk:** low hand-washing compliance at the point of care raises the risk of facility-acquired infection.
- **Poor sanitation:** the in-patient building has no water-borne toilets and the septic tank has no soak pit.
- **Lost clinical time:** staff spend working hours fetching water instead of treating patients.
- **Lost services:** theatre and dental units are effectively non-operational; laboratory capacity is severely limited.

This falls short of Ministry of Health standards, which require on-premise water in maternity, theatre, laboratory and OPD.

3 THE SOLUTION

A solar-powered water supply built on the existing borehole, which yields 2 m³/hr on pump test and is certified safe to drink by the National Water and Sewerage Corporation. Proposed project works include but not limited to:

- **Solar pumping:** motorise the borehole with a hybrid solar submersible pump (112 m head) powered by five 330 W panels.
- **Storage:** a 6 m elevated steel tower carrying 20 m³ of water, supplying the whole facility by gravity.
- **Clinical plumbing:** 300 m of pipework; scrub, clinical and hand-wash sinks in theatre, labour suite, laboratory, dental unit, OPD and consultation rooms.
- **Sanitation:** internal male and female water-borne toilets for in-patients, with soak-away drainage.
- **Community access:** two public stand posts (water collection points) outside the clinic serving 217 households.

4 OBJECTIVES AND EXPECTED RESULTS

1. Piped running water in all six clinical departments **(0 → 6 of 6)**
2. Running water available for every delivery **(0 → ~200 a year)**, sustained for 12 months.
3. Improved hand-washing compliance at the point of care.
4. Staff time spent collecting water reduced **to zero**.
5. Provide Safe running water for **217 households** via two community stand posts (water collection points).

Expected impact: safer births, fewer facility-acquired infections, restored safe and clean theatre and dental operation with clean water, reduced water-borne disease in the community, and a clinic meeting Ministry of Health water supply standards/requirements.

5 JUSTIFICATIONS FOR FUNDING

- **Water unlocks existing investment.** Buildings, equipment and staff are in place; water is the missing link and must precede any other upgrade.
- **Requested by government.** Alebtong District Health Office formally requested this support on behalf of the community who are the direct beneficiaries of this facility.
- **Evidence-based.** Community needs assessment (September 2024) and independent technical assessment conducted in (July 2026).
- **Beyond local means.** The not-for-profit clinic is incapacitated to fund capital works; the Club's annual relief since 2019 (delivery fees for 250+ mothers, 300+ mama kits) meets recurring needs, not the root cause.
- **The secured funds from local clubs:** USD 7,000 is already secured locally.
- **Value for money.** The catchment area that covers over 28,000 residents for a permanent asset like this one safe water supply for all.

6 BUDGET AND FUNDING SOURCES

Budget (USD 1 = UGX 3,600; 78% to works)	USD
Water system, toilets, drainage (BoQ, incl. 18% VAT)	36,100
Project management, supervision, launch and closure	4,500
Monitoring and evaluation, community engagement	3,500
Publicity, stewardship, operations, contingency	5,900
Total budget	**50,000**
Funding sources	**USD**
Host and Ugandan partner clubs (cash) — secured	7,000
District 9214 Designated Funds (DDF)	5,000
International partner clubs (cash) — sought	**12,400**
International partner districts (DDF) — sought	**12,000**
Rotary Foundation World Fund (80% of DDF)	13,600
Total funding	**50,000**

7 PROJECT SUSTAINABILITY

A clear owner, a funded maintenance plan and local skills keep the system running after the grant closes; solar power removes fuel and electricity bills.

1. Water committee existence
Strengthen the capacity of the existing committee: the clinic in-charge (chair), a Town Council officer, a Community Health Promoter and two community members (at least half women). A trained caretaker logs pumping and faults weekly/monthly.

2. Health Promoters
The Community Health Promoters (VHTs) engaged in the needs assessment promote hand-washing and safe water use in the 217 households, monitor and manages the water collection point and report faults periodically.

3. Pump mechanics
The district Hand Pump Mechanics offer periodic preventive servicing and call-out repairs. Two local mechanics and the caretaker are trained to ensure safety, functionality maintenance and longevity of the water supply system, the solar pump, tower and pipework.

4. Sustainability fund
The 2024 assessment recorded the community's willingness to contribute. Stand-post (community water collection points) households pay a monthly user fee **(proposed UGX 1,000)** into a dedicated, jointly signed bank account by the water committee with published accounts.

5. Local government
The District Health Office requested the project and provides supportive supervision; the District Water Office registers the borehole as a district asset and gives technical backup; Aloi Town Council sits on the committee.

PARTNERS SOUGHT An International Partners club and other international co-funders to bridge the funding gap of USD 43,000.

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