Closing the Handwashing Gap: The Missing Link to Achieving SDG 6

A woman washes hands outside her home

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Handwashing and the Promise of SDG 6

Sustainable Development Goal 6 (SDG 6) calls for ensuring the availability and sustainable management of water and sanitation for all. At its core, the goal recognizes that water, sanitation, and hygiene are fundamental not only to public health but also to broader development outcomes, including nutrition, education, and gender equality. According to the United Nations International Children's Emergency Fund (UNICEF), millions of people continue to die each year from diseases linked to unsafe water, sanitation, and hygiene, with young children disproportionately affected. An estimated 300,000 children under five die annually from diarrhoeal diseases associated with inadequate Water, Sanitation and Hygiene (WASH) conditions.

Within this global agenda, handwashing with soap and water stands out as one of the most effective and low-cost interventions for preventing disease. It is explicitly captured under SDG indicator 6.2.1b, which measures the proportion of households with access to a handwashing facility with soap and water at home. **Yet despite its simplicity and impact, handwashing remains one of the most neglected components of sanitation programming.**

A Persistent Global and National Gap

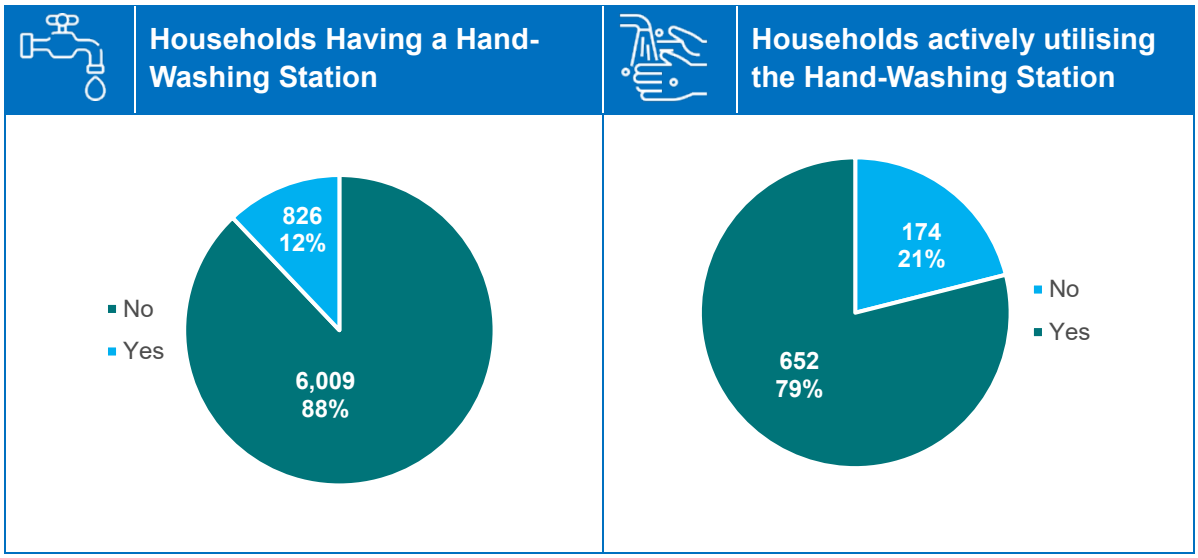
Globally, progress on hygiene has lagged behind advancements in water and sanitation infrastructure. According to the United Nations Regional Information Centre for Western Europe (2025) billions of people still lack access to basic handwashing facilities, undermining efforts to improve public health outcomes.

In Uganda, the challenge is equally pronounced. While handwashing promotion has been part of public health messaging for decades, access to basic hygiene services remains limited. Joint Monitoring Programme (JMP) – 2024 estimates indicate that only about 24.56 percent of the population has access to a basic handwashing facility with soap and water at home. More importantly, access does not necessarily translate into consistent use. Sustaining proper hygiene practices remains particularly difficult in rural and low-income settings, where competing priorities and resource constraints influence daily behaviour.

What the Baseline Evidence Shows

A recent baseline assessment was conducted for Water For People's Results-Based Financing (RBF) Programme on Improved Sanitation and Hygiene — funded by The United Nations' (UN) Sanitation and Hygiene Fund (SHF) and implemented by Water For People Uganda in four districts; Buikwe, Kayunga, Kabarole, and Kamuli. The baseline provides a detailed picture of the scale of the challenge.

Out of 6,835 households surveyed, only 826 households, representing 12 percent, reported having a handwashing station, while the vast majority, 88 percent, had none. Even among households that had facilities, consistent use was not guaranteed. Among the 826 households with a facility, 79 percent showed observable signs of recent use, such as wet surfaces or soap residue. However, this observation reflects conditions at the time of the visit and does not necessarily indicate that handwashing was practiced consistently. A facility may be used occasionally, or prepared shortly before a visit, without reflecting everyday behaviour. The finding therefore provides an indication of recent use and the enabling environment, rather than a prevalence estimate of handwashing practice.



Beyond Infrastructure: The Behaviours Challenge

These findings reinforce a key lesson for sanitation programming: infrastructure alone is not enough. A household may install a handwashing station, but without consistent availability of water and soap, and without ingrained habits, the facility may remain unused or underutilized.

The RBF programme responds to this challenge by linking results-based payments to the functionality of the handwashing facility, not simply the construction of a latrine. This is explored further in the Article "*The Last Mile: Why Building Toilets Isn't Enough Without Changing Behavior*"

This gap between provision and practice is one of the main reasons why progress towards SDG 6, particularly Target 6.2, remains slow. Hygiene behaviour is shaped not only by access, but also by convenience, social norms, and deeply embedded habits.

Rethinking Solutions for Lasting Impact

Addressing the handwashing gap requires a more integrated approach that combines infrastructure with behaviour change. Low-cost and accessible technologies, such as soapy water solutions using jerry cans, can make handwashing more feasible for households. However, these must be accompanied by sustained efforts to ensure consistent availability of soap and water.

Equally important are behaviour change strategies that go beyond traditional health messaging. Approaches that leverage emotional drivers such as care, dignity, disgust, and social status have proven to be more effective in influencing long-term habits. Placing handwashing facilities at convenient and visible locations, such as near latrines or cooking areas, can also significantly increase regular use.

Handwashing at a household

The Path Forward

The baseline findings make it clear that achieving SDG 6 will require more than expanding access to infrastructure. It will demand coordinated action across stakeholders, stronger investment in hygiene promotion, and a deliberate focus on behaviour change.

As UNICEF emphasizes, progress towards safe water, sanitation, and hygiene must be inclusive, sustained, and supported by reliable data and community-level engagement. Without addressing the behavioural dimensions of hygiene, gains in infrastructure will continue to fall short of delivering meaningful health outcomes.

Ultimately, closing the handwashing gap is not just about facilities; it is about transforming everyday practices. Only then can the promise of SDG 6 be fully realized.

The United Nations Sanitation and Hygiene Fund (SHF) provided US$6.3 million in catalytic financing and technical assistance to implement the “Accelerating Access to Improved Sanitation and Hygiene Services using Market-Based Approaches in Uganda” Project from April 2023 to 30 September 2026.

The Project was implemented by Water For People Uganda, working with the Ministry of Health as the Government lead institution, providing policy direction, oversight, coordination, and stewardship throughout implementation. Other implementing partners included the Ministry of Water and Environment, Ministry of Education and Sports, IRC, Uganda Water and Sanitation NGO Network (UWASNET), Kampala Capital City Authority (KCCA), Finnish Mondial, and participating District Local Governments.

The Project reached approximately 2.4 million people across seven districts: Buikwe, Kabarole, Kamuli, Kayunga, Luuka, Buyende and Kole, and five urban areas: Fort Portal City, Kamuli Municipality, Kayunga Town Council, Kampala Capital City and Kole Town Council. It focused on scaling household sanitation and hygiene services, strengthening sustainable WASH and menstrual health and hygiene services in schools and healthcare facilities, and promoting innovation for safely managed sanitation and hygiene.

For more information

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