Republic of Uganda
Kabarole District Local Government

TOWN SANITATION PLAN FOR KASENDA TOWN COUNCIL

JUNE 2021

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The development and design of this plan was facilitated by Ambrose Owembabazi, an independent consultant, and reviewed by Wilbrord Turimaso and Martin Watsisi, IRC Uganda.

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ACRONYMS AND ABBREVIATIONS

BCC	Behaviour Change Communication
CBD	Central Business District
CBO	Community Based Organisation
CLTS	Community Led Total Sanitation
DHI	District Health Inspector
DHO	District Health Office
DMS	Data Management System
HH	Households
MoU	Memorandum of Understanding
NGO	Non-Governmental Organisation
NWSC	National Water and Sewerage Corporation
O&M	Operation and maintenance
PTA	Parents Teachers Association
SDG	Sustainable Development Goal
SFD	Shit Flow Diagram
SMC	School Management Committee
STF	Sanitation Task Force
VHT	Village Health Team
VSLA	Village Savings and Loans Association
WASH	Water, Sanitation and Hygiene
WSDF-SW	Water and Sanitation Development Facility – South West

FOREWORD

It is my great pleasure to present to you the Strategic Town Sanitation Plan of Kasenda Town Council. The plan has been developed after consultations with both the technical and political wings of, as well as other relevant stakeholders within the Town Council.

The Vision of the Strategic Town Sanitation Plan of Kasenda Town Council is "Achieving a healthy tourism town with universal access to sustainable sanitation and an improved community livelihood for all by 2040 through engaging all stakeholders." Our aim is to achieve universal access to sustainable sanitation by 2040, which will further promote the status of the tourism town.

Therefore, I call upon all the stakeholders, government, NGOs, private sector, the academia and community to combine efforts and actively contribute towards the implementation of this Town Sanitation Plan for the betterment of the people of and visitors to Kasenda.

Hon. Wilber Byamukama

Mayor, Kasenda Town Council

EXECUTIVE SUMMARY

Background

Kabarole District has set its vision on achieving 100% coverage of water sanitation and hygiene (WASH) services for all by 2030. This vision is outlined in the Kabarole District WASH masterplan 2018-2030, which describes elements that need to be addressed and prescribes the strategies on how to address the gaps in WASH services in line with Sustainable Development Goals (SDGs) by 2030. IRC has collaborated with Kabarole District Local Government as a core district partner since 2006, and supported efforts to research, develop and publish a district WASH master plan for Kabarole District. IRC in its programming continues to facilitate implementation of the WASH masterplan, with Kabarole district in the lead. It is upon this background that IRC supported the development of integrated and sustainable Town Sanitation Plans for four town councils in Kabarole namely, Kasenda, Mugusu, Kijura and Kiko Town Councils.

Kasenda Town Sanitation Plan Development Process

This Town Sanitation Plan was developed through consultations with local stakeholders. The scoping visit to Kasenda and kick-off workshop held on 23rd March 2021 introduced the activity and consultants to the Town council, obtained buy-in from the key stakeholders and helped to assess the Town Council's capacity to plan and implement a sustainable Town Sanitation Plan.

A Sanitation Task Force (STF) was formed, comprised of Town Council staff of different experiences and disciplines related to sanitation. During this workshop, the terms of reference (TORs) of the STF were jointly reviewed and endorsed by the members, and a Commitment Agreement was also signed between the Town Council and IRC.

Capacity building workshops were conducted to improve the knowledge and skills of the STF members to support the design and implementation of the Town Sanitation Plans. Five training modules were conducted for one week between 23rd March and 31st March 2021. The training modules included: 1. Preparation, 2. Assessment, 3. Strategic sanitation planning, 4. Implementation and monitoring, and 5. Evaluation and reporting.

A baseline survey was conducted in Kasenda Town Council from 6th to 8th April 2021 whose main objective was to establish the sanitation status in households, schools, public places and healthcare facilities. Two Stakeholder Forums were also conducted aimed at providing inputs, via consultation, to the development of the Town Sanitation Plan. The First Stakeholder Forum was held in Kasenda Town Council on 20th April 2021 to; a) disseminate results of the sanitation and hygiene survey; b) get feedback from stakeholders and make necessary adjustments in the report; and c) raise awareness of the challenges causing the poor sanitation situation and determine possible solutions.

The consultants also facilitated a planning meeting for the STF on 22nd April 2021 to systematically support the STF, to determine possible solutions to the challenges causing poor sanitation in households, schools, public places and healthcare facilities. Thereafter, the consultants utilised these proposals to draft the Town Sanitation Plan.

The second Stakeholder Workshop was held in Kasenda Town Council on 20th May 2021 in order to present the draft Town Sanitation Plan to the participants, get their comments, concerns and feedback to guide finalization of the sanitation plans. The consultants then prepared the final Town Sanitation Plans integrating all stakeholders' feedback and input.

Assessment of the sanitation situation of Kasenda Town Council

The results of the baseline survey presented the following 17 key sanitation problems.

Key problems identified for sanitation in households:

1. Most (70%) of households use unimproved toilets.
2. Around 9% of the population use improved toilets shared by other households.

3. High level of open defecation within the villages and around 7% of the households do not have access to sanitation facilities.
4. 3/4 of the toilets were dirty.
5. Only 3% of the households have a handwashing facility with soap and water in or near the toilet.
6. 34% of the children under 5 years of age practiced open defecation.

Key problems identified for sanitation in schools:

7. High pupil to stance ratio in schools: Mbuga Primary School (stance to girl ratio 1:67, stance to boy ratio 1:114), Rwankenzi Primary School (stance to girl ratio 1:50, stances for boys (365) all not functional), and Kasenda Primary School (stance to girl ratio 1:99, stance to boy ratio 1:123).
8. Limited number of handwashing facilities.
9. Unhygienic toilets.
10. Limited number of places for hygienic management of menstrual hygiene.

Key problems identified for sanitation in healthcare facilities:

11. Limited number of handwashing facilities (St. Martha and Paul Health Centre III).
12. Limited number of facilities for hygienic management of menstruation (Kasenda Health Centre III and St. Martha and Paul Health Centre III).

Key problems identified for sanitation in public places:

13. Lack of handwashing facilities (Rwankenzi Market).
14. Growing pile of banana waste dumped at the backside near the Rwankenzi Public Toilet.

Key problems identified in collection and transport of fecal sludge:

15. Only 4% of the population have toilets that are lined and whose excreta can be safely collected.
16. Limited private sector involvement in the provision of fecal sludge emptying, collection and transport services.

Key problems identified in treatment and disposal of fecal sludge:

17. Lack of fecal sludge treatment facility in or near town.

Vision, objectives, indicators and targets of the Town Sanitation Plan

The vision of Kasenda Town Sanitation Plan is:

"Achieving a healthy tourism town with universal access to sustainable sanitation and an improved community livelihood for all by 2040 through engaging all stakeholders."

The vision will be achieved through 17 objectives with targets in the short term until 2025, mid-term until 2030 and long-term until 2040.

For improving sanitation in households:

1. Decrease the percentage of households with unimproved sanitation facilities from 70% in 2021 to 0 in 2025 until 2040.
2. Reduce the percentage of households sharing toilets with other households from 9% in 2021 to 0 in 2025 until 2040.
3. Decrease the percentage of households with dirty sanitation facilities from 59% in 2021 to 20% in 2025, 10% in 2030 and 0 in 2040.
4. Increase the percentage of households with handwashing facilities with soap and water in or near their toilets from 11% in 2021 to 100% in 2025 until 2040.
5. Decrease the percentage of households practicing open defecation from 7% in 2021 to 0 in 2025 until 2040.
6. Decrease the percentage of children under the age of five years practicing open defecation from 34% in 2021 to 0 in 2025 until 2040.

For improving sanitation in schools:

7. Increase the percentage of public schools with stance to pupil ratio up to 1:40 from 0% in 2021 to 67% in 2025 and 100% in 2030 until 2040.
8. Increase the percentage of public schools with soap and water at hand washing facility in or near sanitation facilities from 67% in 2021 to 100% in 2025 until 2040.
9. Increase the percentage of public schools with clean sanitation facilities from 67% in 2021 to 100% in 2025 until 2040.
10. Increase the percentage of public schools with systems for menstrual hygiene management from 0% in 2021 to 67% in 2025 and 100% in 2030 until 2040.

For improving sanitation in healthcare facilities:

11. Increase the percentage of healthcare facilities with soap and water at handwashing facilities in or near toilets from 50% in 2021 to 100% in 2025 until 2030.
12. Increase the percentage of healthcare facilities with systems for menstrual hygiene management from 0% in 2021 to 50% in 2025 and 100% in 2030 until 2040.

For improving sanitation in public places:

13. Increase the percentage of public toilets with hand washing facilities from 0% in 2021 to 100% in 2025 until 2040.
14. Increase the number of waste businesses collecting, transporting, treating, and reusing solid waste in public places from 0 in 2021 to at least 1 until 2040.

For improving collection and transport of fecal sludge:

15. Increase the percentage of households with lined toilets from 4% in 2021 to 40% in 2025, 70% in 2030 and 100% in 2040.
16. Increase the number of businesses providing pit emptying services from 1 in 2021 to 2 in 2025, 5 in 2030 until 2040.

For improving treatment and disposal of feacal sludge:

17. Construct collective fecal sludge management facility for a cluster of towns around Kasenda from 0 in 2021 to 1 in 2025 and 2 in 2030 until 2040.

Strategic principles of the Town Sanitation Plan

During implementation, the Town Sanitation Plan will be guided by four strategic principles:

i. improve governance framework for sanitation;
ii. increase demand for sanitation and hygiene at all levels;
iii. increase the supply for sanitation and hygiene related products; and,
iv. increase investment in sanitation hardware.

The principles include measures to be implemented as follows: coordinated planning and implementation of activities with all relevant stakeholders; improving private sector involvement for sanitation marketing of low-cost drainable toilets; targeted behaviour change communication across households, schools, public places and health facilities; strict monitoring and evaluation; and, improving existing by-laws and enforcement for sanitation, among others.

Hardware investments and funding strategy

The cumulative hardware investments in households, schools, healthcare facilities, public places, and collection, transport, treatment and disposal of fecal sludge will cost UGX 5,952,990,000 in the short term until 2025, UGX 3,833,106,000 in the mid-term until 2030, and UGX 5,413,160,000 in the long-term until 2040. These funds will be raised through the following strategies:

1. Households, landlords and heads of families will invest in the construction of lined toilets, buying Sani plats and handwashing facilities.

2. Schools, the District Water and Education Offices, NGOs and donors will be lobbied to invest in the construction of additional stances of lined toilets for leaners, hand washing facilities, washrooms and incinerators.

3. Healthcare facilities, the District Health Office (DHO), NGOs and donors will be lobbied to invest in the construction of additional stances of lined toilets for patients, hand washing facilities, washrooms and incinerators.

4. Public Private Partnerships (PPPs) will be relied on for investment in sanitation. Besides PPPs, the Town Council will lobby for funds for the construction of public toilets from the Water and Sanitation Development Facility-South West (WSDF-SW) under the Ministry of Water and Environment (MWE) and donors. Investments in public places will be made in the construction of lined toilets in markets, bus parks, places of worship (churches and mosques). Handwashing facilities and washrooms shall also be provided.

5. For the collection and transport of fecal sludge, households within Central Business Districts (CBDs) will invest in lined toilets. Landlords in shared homesteads will invest in the construction of additional lined toilet stances for the tenants. Additionally, the private sector, Town Council, donors and development partners will invest in cesspool emptying trucks, gulpers, among others, for the safe collection and transport of fecal sludge.

6. For treatment and disposal/reuse of fecal sludge, this plan proposes a clustered approach where the Town Council shares a treatment facility with other Towns in a 30km radius. The Town Council will lobby for funding from the Ministry (WSDF/ SW) and development partners.

1. INTRODUCTION

1.1 BACKGROUND

1.1.1 PROGRAMME BACKGROUND

IRC has worked with Kabarole District Local Government as a partner district since 2006 to deliver safe water, sanitation and hygiene (WASH) services that last. With funding from the Conrad N. Hilton Foundation, IRC Uganda supported Kabarole District Local Government to research, develop and publish a district WASH master plan in 2018. This master plan sets out the elements that need to be addressed regarding water, sanitation and hygiene in order to attain the Sustainable Development Goal 6 (SDG6) by 2030. IRC through its WASH systems strengthening programming continues to work with the district and lower local government units to contribute to achieving the targets of the WASH master plan.

It is upon this background that IRC with funding support of the Conrad N. Hilton Foundation and the Waterloo Foundation supported the development of integrated and sustainable Town Sanitation Plans for four town councils in Kabarole namely, Kasenda, Mugusu, Kijura and Kiko Town Councils. Based on the IRC Theory of Change that focuses on aligning actors with systems approaches, the development of the Town Sanitation Plans aims at bringing together all the local actors to generate local solutions that address their unique challenges, which hinder achievement of sustainable access to safe sanitation services.

1.1.2 PROJECT OVERVIEW

Kasenda town was targeted as a basis for sanitation planning and prioritizing investments to scale up improved sanitation models in Kabarole District. The approach builds on a successful pilot by the German-Ugandan development cooperation (GIZ) in partnership with the Ministry of Water and Environment between March 2015 and September 2017 in which six selected small towns in Lango sub-region in Northern Uganda: Aduku, Apac, Ibuje, Kamdini, Loro and Oyam, were supported to develop Town Sanitation Plans.

The key outputs of the design process is the town sanitation plan, which provides a strategic framework to deliver short, medium and long-term goals to improve sanitation in Kasenda town. The plan is formally endorsed by the district local government before implementation commences. The Town Sanitation Plan seeks to coordinate and integrate various sanitation-related measures on the local level, including coordination with town planning, sanitation marketing and behaviour change communication, involvement of the local private sector, fully-fledged stakeholder participation, and law enforcement, among others.

Town sanitation planning also enables the local government to develop targets, operational actions and determine resources needed to achieve improvements along the sanitation chain for the short, medium and long term. It leverages on local solutions generated by local stakeholders (households, public schools, public areas and government healthcare facilities) to address local endemic sanitation challenges.

1.2 TOWN SANITATION PLAN DEVELOPMENT PROCESS

Development of Kasenda Town Sanitation plan followed an elaborate process starting with the scoping visit on 23rd March 2021. The main objective of the scoping visit was to introduce the activity and consultants to the Town Council and obtain buy-in from key stakeholders. The scoping visit was also an opportunity to assess the capacity of the town council to plan and implement a sustainable town sanitation plan. Thereafter, the kick-off workshop was held.

A Sanitation Task Force (STF) was formed during the kick-off workshop held on 23rd March 2021 in Kasenda Town Council. The STF was selected from Town Council staff and residents, with different experiences and disciplines in sanitation. The STF comprised of 11 members including the Town Clerk, the Community Development Officer – Kasenda Sub County, the Health Inspector who also became the STF Secretary/ Liaison Officer, the Town Engineer, the Assistant Water Officer, the Physical Town Planner, the Speaker Kasenda Subcounty and the area Councillor-Elect to the District, the Assistant Agricultural Officer, the Local Council III Elect of Kasenda Town Council, and two Town Agents. The STF was formed to spearhead the development of a comprehensive sanitation plan, and steer the implementation, monitoring and evaluation of actions of the plan. During the kick-off Workshop, the TORs of the STF (see Annex 3) were jointly reviewed and endorsed by the members.

At the kick-off workshop, a Commitment Agreement was also signed between the Town Council and IRC. It was a non-binding agreement between the two entities to achieve the objectives of the project. The Commitment Agreement details the roles, responsibilities, activities and the time frame for the project. Figure 1 shows the Town Clerk of Kasenda Town Council, Chairman LCIII of Kasenda Sub County, and IRC representative signing the Commitment Agreement.

Figure 1: (Top left) STF members of Kasenda Town Council after endorsing the TORs; and (Top right) Town Clerk of Kasenda Town Council, Mr. Otafiire Amon, (Bottom left) Chairman LCIII of Kasenda Sub County, Mr. Katwesigye Milton, and (Bottom right) Regional WASH Officer of IRC, Ms. Lydia Biira signing the Commitment Agreement

Prior to commencement of the processes to design the Town Sanitation Plan, capacity building workshops were conducted to improve the knowledge and skills of the Sanitation Task Force (STF) members to support the design and implementation of town sanitation plans. A series of training workshops covering five modules were conducted from 23rd to 31st March 2021. Figure 2 below illustrates one of the training workshops. The training modules included: 1. Preparation, 2. Assessment, 3. Strategic sanitation planning, 4. Implementation and monitoring and, 5. Evaluation and reporting.

Figure 2: Mr. Ambrose Kibuuka Owembabazi (IRC Consultant) delivering a presentation on sustainable sanitation during the first training workshop for the STF in Kasenda Town Council

A baseline survey was also conducted in Kasenda Town Council between 6th and 8th April 2021. Its main objective was to establish the sanitation status in households, schools, public places and healthcare facilities.

A Stakeholder Forum was formed with the main objective of providing inputs, via consultation, to the development of Town Sanitation Plans. Stakeholders include actors directly or indirectly involved in sanitation activities of the town. The stakeholders include representatives from NGO/Community Based Organisation (CBO), water operators, Mid-Western Umbrella, schools, healthcare facilities, private sector/business community, religious leaders and organisations, cultural and traditional institutions, women and youth councils/groups, media, politicians (Chairperson LC III, Secretary Health and Education, Secretary Works and Technical services), masons (latrine builders/ contractors), Boda Boda, land lords, SACCOs, bar owners and hardware dealers. The other participants in the Stakeholder Forum included the STF members. The stakeholder forum is held bi-annually. Some of the key activities for the forum include presentation of baseline survey results, sanitation plans and project progress reporting. Two Stakeholder Forums have been held during this process.

The first Stakeholder Forum was held in Kasenda Town Council on 20th April 2021, with the following aims;

i. disseminate results of the sanitation and hygiene survey to stakeholders in the town where the survey was conducted;
ii. obtain feedback from stakeholders and accordingly make necessary adjustments in the report; and
iii. raise awareness of the challenges causing the poor sanitation situation in the town council and determine possible solutions with participation of the stakeholders.

Priority problems were identified, and possible solutions discussed. Figure 3 shows pictures from the Stakeholder Forum.

Figure 3: (Left) Stakeholders in a group discussion about sanitation issues and the potential root causes and solutions, and (Right) a group member presenting the results from her group discussion at the First Stakeholder Forum in Kasenda Town Council

The consultant also facilitated a planning meeting for the STF on 22nd April 2021. The main objective of the planning meeting was to systematically support the STF, to determine possible solutions to the challenges causing poor sanitation in households, schools, public places and healthcare facilities. The participants also decided on who, how and when these actions would be implemented. Thereafter, the consultants drafted the town sanitation plan as per the information collected.

Figure 4: Mr. Martin Mukasa Mujjabi (IRC Consultant) presenting the Town Sanitation Plan at the Second Stakeholder Forum in Kasenda Town Council

1.3 PURPOSE AND SCOPE OF THE TOWN SANITATION PLAN

The plan provides an integrated approach to improve the sanitation situation in the town in a strategic manner. The plan sets out objectives, targets, action plans and investments required to attain the vision of achieving universal access to sustainable sanitation in Kasenda Town Council by 2040.

The strategic Town Sanitation Plan has been prepared based on consultations with local stakeholders. Therefore, it consists of local solutions generated based on realities, and not prescribed technical solutions from elsewhere.

The Town Sanitation Plan is meant to guide both technical and non-technical stakeholders – Kasenda Town Council; Kabarole District Local Government; Water and Sanitation Development Facility –South West (WSDF-SW); NGOs, CBOs

and funding agencies working in Kasenda Town Council; and residents and institutions within Kasenda Town Council – to strategically improve the sanitation situation in Kasenda Town Council.

Generally, the plan is meant to:

- Provide a stepping-stone and direction of where the town wants to go in terms of improvements along the sanitation value chain.
- Provide a strategic framework to deliver short, medium and long-term goals to improve sanitation in the town.
- Provide investment portfolios that are an important tool to access finances.

1.4 STRUCTURE OF THE TOWN SANITATION PLAN

The Town Sanitation Plan is organized as follows.

Chapter 2 provides a profile of Kasenda Town Council including the location, size, demography and economy.

Chapter 3 describes the sanitation situation in Kasenda Town Council including households, schools, health care facilities, public places, and collection, transport, treatment and disposal of fecal sludge.

Chapter 4 presents the vision, objectives, indicators and targets of the Town Sanitation Plan.

Chapter 5 consists of the strategic principles meant to guide implementation of the strategic Town Sanitation Plan.

Chapter 6 provides the list of hardware investments required to meet the targets set in the plan.

Annexes have also been added. Annex 1 presents the operational action plan for improving sanitation in the town. Annex 2 lists the STF members that spearheaded TSP development.

2. PROFILE OF KASENDA TOWN COUNCIL

1.2 LOCATION AND SIZE

Kasenda Town Council is in Burahya County, Kabarole District. The Town Council was curved out of Kasenda Subcounty on 1st July 2019. Kasenda Town Council borders Rwimi Subcounty to the West, and semi-surrounded by Kasenda Subcounty to the North, East and South. Figure 5 below shows the Map of Kabarole District indicating the location of Kasenda Town Council (circled in blue).

There are three wards in Kasenda Town Council: Kabata Ward, Kasenda Ward and Rwankenzi Ward. Kabata Ward has 6 cells: Kanyerire, Ndali, Kabata Central, Nyinambuga, Rusoona, and Mwitampungu. Kasenda Ward has 7 cells: Kasenda Central, Kitooro, Kiceeri, Kimya, Kihogo, Rugyembe, and Hakabale. Rwankenzi Ward has 5 cells: Rwankenzi Central, Nsongya A, Nsongya B, Irangizo, and Busingye. In total, there are 18 cells/ villages in Kasenda Town Council.

2.2 DEMOGRAPHY AND POPULATION GROWTH PROJECTIONS

In 2021, Kasenda Town Council had a population of 11,621 and 2,382 households, according to figures provided by the Town Council. Table 1 shows the current population and projections for Kasenda Town Council up to 2040 – the target year of the strategic Town Sanitation Plan. The projections have been computed based on an annual growth rate for Kabarole District of 2.3 (UBOS 2014)1.

Table 1: Current population and projections for Kasenda Town Council

	Year			
	2021	2025	2030	2040
Population	11,621	12,728	14,260	17,901
Households	2,382	2,609	2,923	3,669

2.3 ECONOMY

The main economic activities in Kasenda Town Council include trading (within Kabata, Kimya, Kitooro, and Rwankenzi Trading Centres), roadside eateries, fishing (within the crater lakes using traditional fishing methods), banana market (in Rwankenzi, Kitooro and Kimya Trading Centres), and night clubs and tourists' lodges (including Ndali Lodge and Green Cottages). Other economic activities include crop growing, carpentry and maize milling.

[1] UBOS. (2014). National Population and Housing Census 2014 – Provisional results.

Figure 5: Map of Kabarole District showing the location of Kasenda Town Council (circled in blue) (Source: Kabarole District Wash Master Plan 2018-2030)

3. ASSESSMENT OF THE SANITATION SITUATION OF KASENDA TOWN COUNCIL

This chapter presents the results of the baseline survey conducted in Kasenda Town Council from 6th to 8th April 2021.

3.1 STATUS OF SANITATION IN HOUSEHOLDS

Approximately 93% households (HH) (2,215HH) have a toilet, while 7% (167HH) have no toilet (Figure 6). Sharing of toilet facilities among households was reported in 37% (881HH) of the population, while 56% (1,334HH) had a private toilet. Around 3% of the population (71HH) reported sharing a toilet with more than 5 households. The World Health Organisation (WHO) proposes that toilets tend to be clean if they are used by a maximum of 40 persons per stance. Research carried out in Kampala revealed that toilets tend to get dirtier when they are shared by more than four families (Günther, et al., 2012)[2].

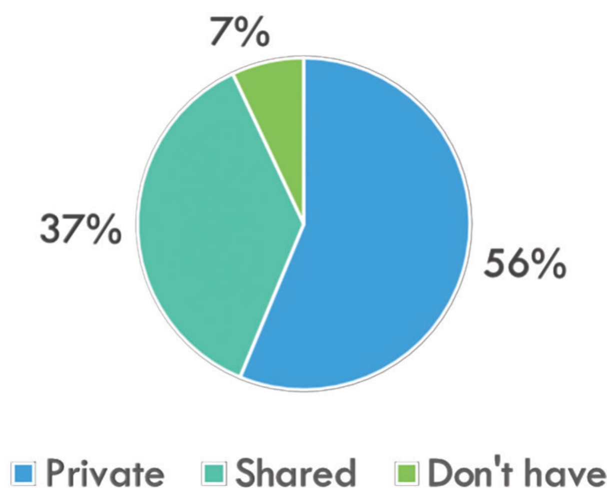

Figure 6: Toilets shared with other households

There was 100% toilet coverage in the 6 villages of Rwankezi Central, Rusoona, Hakabale, Mwitampungu, and Lugyembe, with a 28.3% difference from the worst village of Ndali. The latrine coverage per village is illustrated in Figure 7.

[2] Günther, I., Niwagaba, B. C., Lüthi, C., Horst, A., Mosler, H., and Tumwebaze, K. I. (2012). When is shared sanitation improved sanitation? The correlation between number of users and toilet hygiene. URL:http://library.eawag.ch/eawag-publications/openaccess/Eawag_07279.pdf

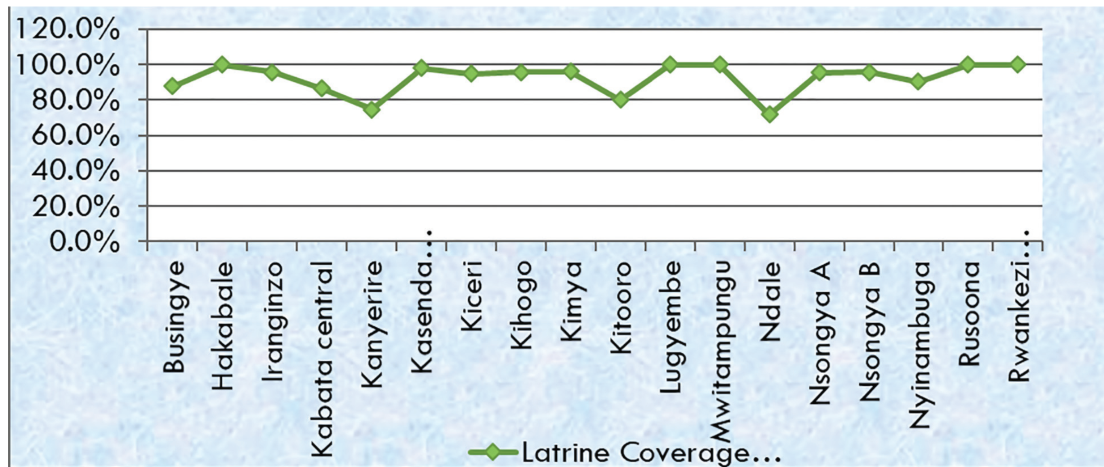

Figure 7: Latrine coverage per village

3.1.1. TYPE OF SANITATION FACILITIES

Around 23% (548HH) of the population had improved[3] sanitation facilities, while 70% (1,667) had unimproved toilets – unlined pit latrine without washable slab, as shown in Figure 8. Of the 23% using improved toilets, 0.1% (2HH) had Eco-san, 0.1% (2HH) had flush toilet – pour flush/ cistern flush, 4.2% (100HH) lined pit latrine with washable slab, and 18.3% (436HH) unlined pit latrine with washable slab. About 7% (167HH) of the population did not have sanitation facilities. Of the population without toilets, 96% shared with neighbours, 3% defecated in the open, while 1% used public facilities. Generally, only 4.4% of the population (105HH) had toilets that are lined and whose excreta can be safely collected and transported to the treatment plant. Figure 9 illustrates sample pictures of toilets from the household survey.

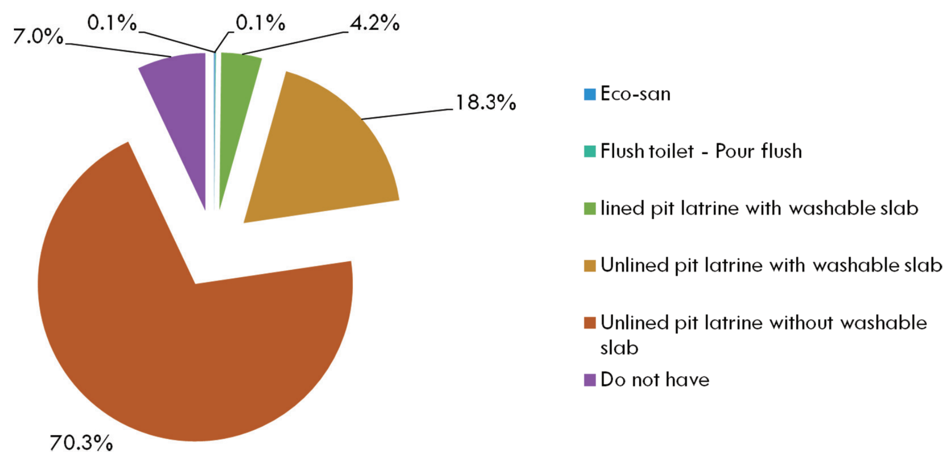

Figure 8: Type of toilets at households

[3] Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/ pour flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines), and composting toilets (https://washdata.org/monitoring/sanitation).

Figure 9: Sample pictures of toilets from the household survey: (Top left) flush toilet – cistern flush; (Top right) lined pit latrine with washable slab; and (Bottom) unlined pit latrine without washable slab.

Hence, based on the Joint Monitoring Programme (JMP) sanitation ladder (Figure 10):

- None (0%) had access to safely managed sanitation (use of improved facilities that are not shared with other households and where excreta are safely disposed of on site or removed and treated offsite).
- 13% had basic (use of improved facilities which are not shared with other households).
- 9% had limited (use of improved facilities shared between two or more households).
- 70% had unimproved toilets (use of pit latrines without a washable slab).
- 7% practised open defecation – disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste.

Hence, there is need to move households up the sanitation ladder towards access to safely managed sanitation, or at least basic.

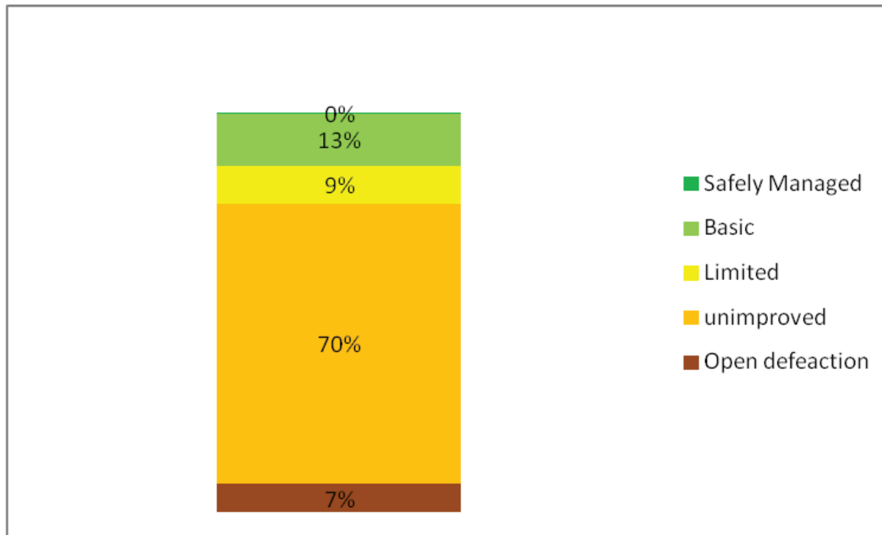

Figure 10: JMP household sanitation ladder

3.1.2 HYGIENE CONDITION OF SANITATION FACILITIES

According to observations by interviewers in the baseline survey, most (76%, 1,810HH) of the sanitation facilities were not clean (Table 2). Of the 76%, around 35% (834HH) of the toilets were not clean and 41% (977HH) were somewhat clean. Only 24% (572HH) of the population were observed to be using clean toilets. When toilets are dirty, people tend to avoid using them and descend off the sanitation ladder (Kwiringira et al., 2014)[4] . ***Consequently, the cleanliness of the toilets is as important as availability.***

Table 2: Hygiene condition of sanitation facilities at households

Sanitation cleanliness	Observed cleanliness
Clean	23.8%
Not Clean	35.2%
Somewhat Clean	41.0%

3.1.3 HANDWASHING WITH SOAP AFTER USING TOILET

Most (79%, 1,882HH) of the population did not have a hand washing facility in or near the toilet (Figure 11). Interviewers observed that the proportion that had hand washing facilities, 15% a mobile container, 2% a tippy tap, 2% a hand wash basin and 1% a hand washing tank with a tap. Of the population that had hand washing facilities, most (77%) had water only. Only 13% had both water and soap, while 10% had neither.

[4]Kwiringira, J., Atekyereza, P., Niwagaba, C., Günther, I. (2014). Gender variations in access, choice to use and cleaning of shared latrines; Experiences from Kampala slums, Uganda. BMC Public Health 14 (1), 1180.

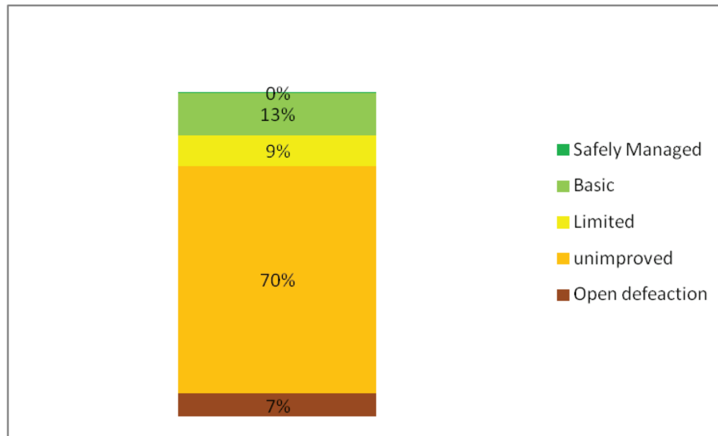

Figure 11: Type of handwashing facility

In line with the JMP monitoring (Figure 12):

3% of the respondents had basic – availability of hand washing facility with soap and water at home.

18% had limited - availability of hand washing facility lacking soap and/ or water at home.

And 79% had no facility – no hand washing facility at premises.

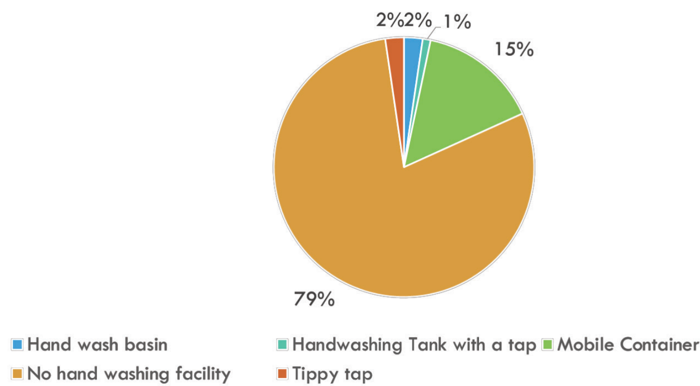

Figure 12: JMP household handwashing ladder

3.1.4 USABILITY OF TOILETS AND OPEN DEFECATION IN COMPOUND

While toilet coverage stood at 98% of population, only 81% had toilets that are functional (usable), while 12% were non-functional. Consequently, while 98% of the population had toilets, 12% of these were not convenient for use by the households.

Additionally, interviewers in the baseline survey observed signs of open defecation in the compounds of 27.9% of the population. The level of open defecation within the 18 villages (Figure 13) was alarming; for example, 98% in Rusoona and 59% in Irangizo. The levels of open defecation were low to 0% in Mwitampugu and 1.9% in Kimya. This implies that while majority had toilets, they were not using them for their intended purpose. Thus, majority of the people are bound to suffer from sanitation related diseases, including bilharzia and dysentery, as they are exposed to the excreta through flies, fields or floors that contaminate food, fingers (especially children under five years that play on the floors and fields) that contaminate food or lead to direct ingestion of faeces. There is also danger of the faecal matter ending up in the nearby water sources.

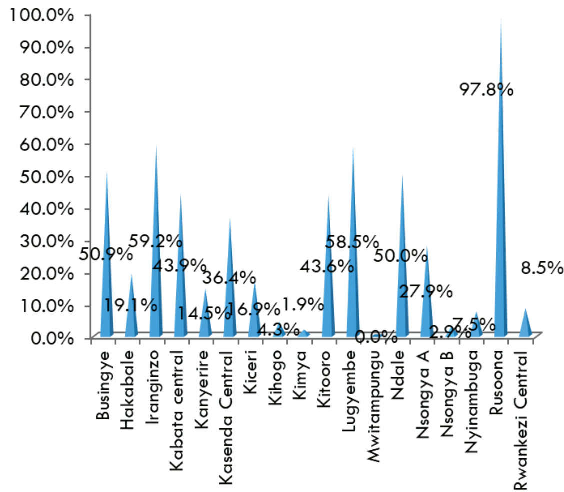

Figure 13: Open defecation per village

3.1.5 DEFECATION PRACTICES BY INFANTS (CHILDREN UNDER FIVE YEARS)

According to the results of the baseline survey, most (38%) of the children under five years shared a toilet with adults (Figure 14). About 28% of the infants practised open defecation but the faeces are collected and disposed in the toilet, 22% use small pits, 4% practise open defecation but the faeces were collected and thrown in the open outside the house, 2% practised open defecation but the faeces were collected and thrown in the rubbish pit, and only 6% used potties. Generally, 34% of children under 5 years practised open defecation. Infants' faeces are as dangerous as of adults, hence there is need to sensitise mothers and caretakers to safely manage their children's faecal matter, including the use of portable containers.

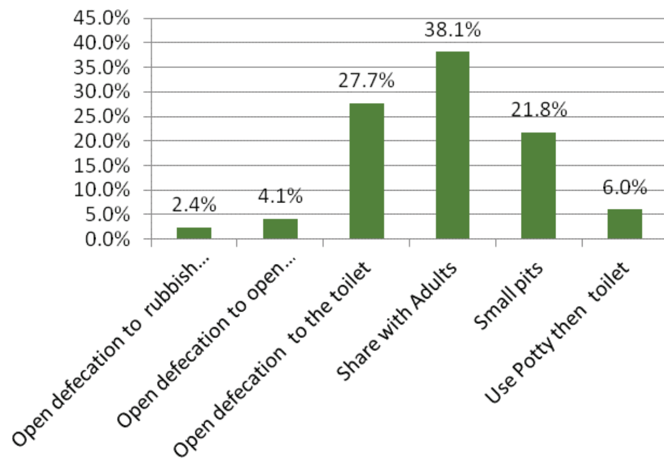

Figure 14: Defecation practices by infants (children under five years)

Key problems identified for sanitation in households

1. Most (70%) of the households use unimproved toilets
2. Around 9% of the population use improved toilets shared with other households
3. High level of open defecation within the villages and around 7% of the households do not have access to sanitation facilities
4. 3/4 of the toilets were dirty
5. Only 3% of the households have soap and water at handwashing facility in or near toilets
6. 34% of the children under 5 years of age practiced open defecation

3.2 STATUS OF SANITATION IN PUBLIC SCHOOLS

Kasenda Town Council has three public schools: Mbuga Primary School, Rwankenzi Primary School, and Kasenda Primary School. The status of sanitation in public schools in Kasenda is shown in Table 3. Two of the schools (Mbuga Primary School and Kasenda Primary School) had unlined pit latrines with washable slab, while one school (Rwankenzi Primary School) had lined pit latrine with washable slab – for the girls. The unlined pit latrine with washable slab for the boys at Rwankenzi Primary School is not functional.

Pupil to stance ratio up to 1:40: All schools did not have the pupil to stance ratio that is up to 40 (the recommended pupil to stance in schools according to guidelines by the Ministry of Education and Sports on school sanitation). Mbuga Primary School (stance to girl ratio 1:67, stance to boy ratio 1:114), Rwankenzi Primary School (stance to girl ratio 1:50, stances for boys (365) all not functional), and Kasenda Primary School (stance to girl ratio 1:99, stance to boy ratio 1:123). Consequently, there is need for schools to provide more toilet stances to the pupils.

Hygiene condition of sanitation facilities: All the schools were reported to have hygienic sanitation facilities, except Rwankenzi Primary School. This could partly be attributed to the low pupil attendance due to the on-going COVID 19 restrictions at the time of the survey. Toilets at Rwankenzi Primary School were observed to be somewhat clean.

Hygiene including hand washing with soap and water: While all the public schools had hand washing facilities, each had only one shared by both boys and girls. Kasenda Primary School and Mbuga Primary School had both soap and water at the hand washing facility, while Rwankenzi Primary School had only water.

Menstrual hygiene practice: All the public schools in Kasenda Town Council have a washroom for girls. The schools also have emergency sanitary pads. However, the schools did not have an incinerator for the disposal of sanitary pads and did not provide spare uniforms. Menstrual hygiene systems are crucial for maintaining a healthy and productive study environment for girls in schools and reducing absenteeism when girls are on their menstrual period.

Facilities for the disabled: In Kasenda Town Council, most schools have no special consideration for children with disabilities to access and utilize class rooms, sanitary facilities and any other place of convenience while at school. There were no ramps nor hanging rails in most schools. Only Rwankezi Primary school had provision for people with disabilities. However, the same toilet was being used by teachers. Therefore, children with disability find it hard to stay at school because they cannot equitably access basic facilities. Schools need to provide systems that cater for persons with disabilities, including providing ramps and rails in sanitation facilities as well as in the school compound.

Based on the JMP school sanitation ladder (Figure 15), 0% had access to advanced sanitation; 67% had basic – use improved facilities, which have a washable floor and are used by a single-sex at the school; 33% had limited use– use of improved facilities not sex separated; and while 0% had unimproved toilets - use of pit latrines without a slab.

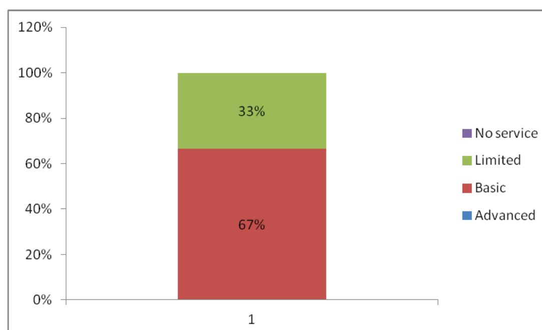

Figure 16: School Hygiene JMP ladder

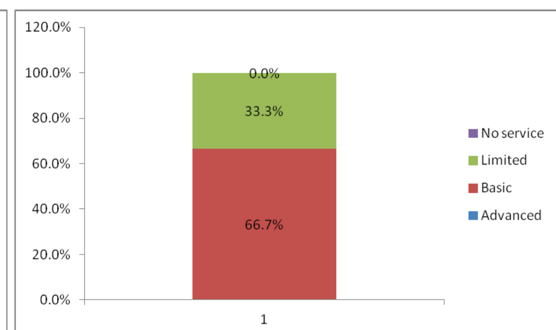

Figure 15: JMP school sanitation ladder

Based on the JMP ladder for school hygiene (Figure 16), 0% had access to advance hygiene at school; 67% had basic – having a hand washing facility with water and soap available; 33% had limited access with hand washing facility with water only, and none had no service for hand washing.

Table 3: Status of sanitation facilities in schools in Kasenda Town Council

Name of Institution	No. of girls	No. of boys	Type of toilet	Number of stances - girls	Number of stances -boys	Number of usable stances - girls	Number of usable stances - boys	Stance ratio - girls	Stance ratio - boys	Number of hand washing facilities	Incinerator	Washroom for girls
Mbuga Primary School	336	342	Unlined pit latrine with washable slab	5	3	5	3	1:67	1:114	1	No	Yes
Rwankenzi Primary School	352	365	Lined pit latrine with washable slab	7	5	7	0	1:50	All toilet stances not usable	1	No	Yes
Kasenda Primary School	394	370	Unlined pit latrine with washable slab	4	3	4	3	1:99	1:123	1	No	Yes

Key problems identified for sanitation in schools

1. High pupil to stance ratio in schools: Mbuga Primary School (stance to girl ratio 1:67, stance to boy ratio 1:114), Rwankenzi Primary School (stance to girl ratio 1:50, stances for boys (365) all not functional), and Kasenda Primary School (stance to girl ratio 1:99, stance to boy ratio 1:123)
2. Limited number of handwashing facilities
3. Unhygienic toilets
4. Limited number of places for hygienic management of menstrual hygiene

3.3. STATUS OF SANITATION IN HEALTHCARE FACILITIES

Two healthcare facilities in Kasenda Town Council were covered in the baseline survey: Kasenda Health Centre III (Government sponsored) and St. Martha & Paul Health Centre III (Privately-owned). The results from the baseline survey indicate that Kasenda Health Centre III had lined pit latrines with washable slab with 2 stances for females and 2 for males. The toilets at Kasenda Health Centre III were observed to be clean. Moreover, Kasenda Health Centre III had hand washing facilities with soap and water in or near sanitation facilities.

St. Martha & Paul Health Centre III has unlined pit latrines without washable slabs with 2 stances for females and 2 for males. The toilets at St. Martha & Paul Health Centre III were observed to be clean. However, while St. Martha & Paul Health Centre III had hand washing facilities (tippy tap) in or near toilets, there was neither soap nor water.

Both these healthcare facilities did not have a system for menstrual hygiene management meaning that women that visit face challenges of menstrual health and hygiene management. As highlighted above, systems for menstrual hygiene include washrooms with running water for women to change, an incinerator for disposal of sanitary pads, and emergency sanitary pads and spare uniforms available, particularly for facility staff. Consequently, there is need to engage the healthcare facility management committees to provide hand washing facilities as well as systems for menstrual hygiene.

Based on the JMP, the status of Sanitation and Hygiene in healthcare facilities is shown below (Figure 17).

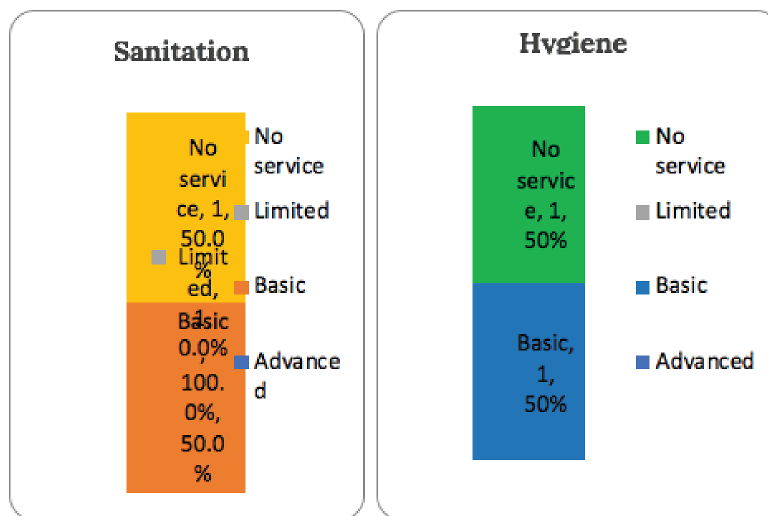

Figure 17: JMP ladder for sanitation and hygiene for healthcare facilities respectively

Regarding sanitation, 50% of the healthcare facilities have basic access – use of improved toilets that are used by a single sex, and 50% had no service – use of unimproved toilets - use of pit latrines without a slab. While 0% had access to advanced sanitation, and 0% had limited use of improved facilities, not sex separated. In relation to hygiene, 0% had advanced, 50% had basic hand washing facilities with soap, 50% had no service – hand washing facilities with neither soap nor water and 0% had advanced service.

Key problems identified for sanitation in healthcare facilities
1. Limited number of hand washing facilities (St. Martha & Paul Health Centre III) 2. Limited number of facilities for hygienic management of menstruation (Kasenda Health Centre III & St. Martha & Paul Health Centre III)

3.4 STATUS OF SANITATION IN PUBLIC PLACES

Among public places, the baseline survey covered Rwankenzi Market. On a Saturday market day, Rwankenzi market is visited by about 600 people. The market has a 4-stance unlined pit latrine with washable slab (Figure 18). The stances are gender separated, 2 for the females and 2 for the males plus a urinal. The public toilet has no hand washing facility with neither soap nor water. Interviewers observed that the toilets were dirty. In addition, the functionality of the toilet block was compromised as locks were removed from the doors. Hence, the toilet provides free access to all people and no privacy to users. Accordingly, there is need to prepare and implement an Operation and Maintenance (O&M) plan for the public toilet, including a cost recovery strategy.

It was also noted that Rwankenzi Market faces the problem of the growing pile of banana waste dumped at the backside near the public toilet. The waste is not only smelly to the neighbouring households, but also prone to scavenging by animals, children, among others, as seen in Figure 18. Consequently, there is need to foster innovative ways of collecting, transporting, treating and then disposing or reusing the waste.

Figure 18: The status of sanitation at Rwankenzi market

Key problems identified for sanitation in public places
1. Lack of hand washing facilities (Rwankenzi Market) 2. Growing pile of banana waste dumped at the backside near the Rwankenzi Public Toilet

3.5 COLLECTION AND TRANSPORTING OF FAECAL SLUDGE

According to the baseline survey, over 57% of the population (1,358HH) reported that the pits or septic tanks had not filled. Only 9% (214HH) of the population reported that their pits had filled, while 34% (809HH) did not know. Only 4% of the population (105HH) had toilets that are lined and whose excreta could be safely collected. When their pits filled, majority of the population reported to abandon and build a new one (Figure 19). About 2% (48HH) emptied and buried on site, and only 1% (24HH) emptied and took away the faecal matter. The practise of abandoning a pit and building a new one when the old pit is full is becoming problematic in urban areas where a growing population, among other factors, has increased competition for space, pollution of nearby water bodies as excreta stays in the environment and the cost of building new toilets. Therefore, households need to be sensitised and facilitated to empty toilets and take away the excreta when the pit fills.

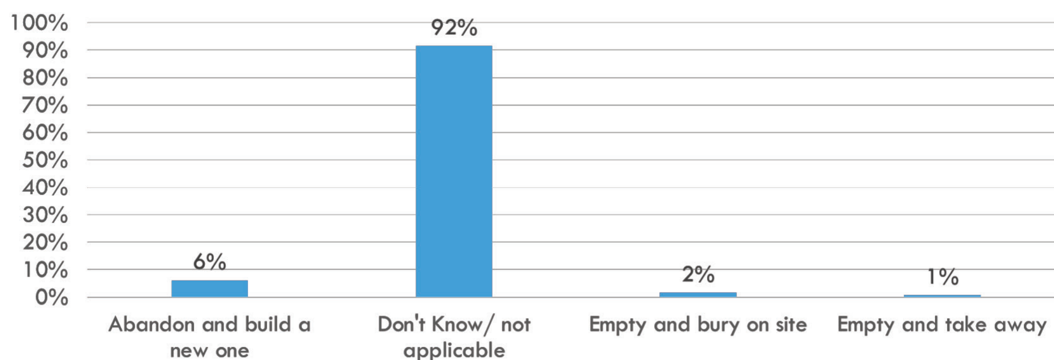

Figure 19: What households do when pit fills

Most of the households reported manually emptying their toilets. The emptying frequencies of the households reported are shown in Table 4 and ranged between twice (1%) and more than twice (1%) in the last 2 years.

Table 4: Number of times emptied in last 2 years

Number of times emptied in last 2 years	Don't know	More than twice	Never	Once	Twice
Percentage	98%	1%	0%	0%	1%

Results of the interviews with households indicated that the service providers who emptied the toilets included the town council and the manual emptiers. Consequently, there is need to formalise and improve the working conditions of the manual emptier as well as identify other service providers within the town or the surrounding urban areas that can be linked to the residents.

Key problems identified in collection and transport of faecal sludge

1. Only 4% of the population have toilets that are lined and whose excreta can be safely collected
2. Limited private sector involvement in the provision of faecal sludge emptying, collection and transport services

3.6 TREATMENT AND DISPOSAL OF FAECAL SLUDGE

There is no faecal sludge treatment plant in Kasenda Town Council. The nearby treatment plant is in Fort Portal Tourism City (approx. 35km away according to Google Maps). The treatment plant is far away from Kasenda (more than 15-25km from the town centre). Subsequently, construction of a treatment plant in or near the town was deemed a critical necessity.

Key problems identified in treatment and disposal of faecal sludge

Lack of faecal sludge treatment facility in or near town

3.7 SHIT FLOW DIAGRAM OF KASENDA TOWN COUNCIL

The Shit Flow Diagram (SFD) of Kasenda Town Council is illustrated in Figure 19 below. The SFD indicates that only 4% of faecal matter in Kasenda is safely managed[5]. Over 96% is unsafely managed, remains within the environment and is potentially contaminating water sources. The description of terms used is as follows:

[5] "Safely managed" faecal matter in SFD terms is different from "access to 'Safely Managed Sanitation'" as per the JMP monitoring. The latter is more stringent and includes matters on access to toilets, for example. Households that share a toilet with two or more households are not considered to have access to "Safely Managed Sanitation." Hence, the percentage of "access to 'Safely Managed Sanitation'" as per the JMP monitoring is lower than that of "Safely managed" faecal matter in the SFD due to the difference in criteria.

In green, “FS contained” implies faecal sludge safely stored in lined pits and septic tanks. Some of the excreta is safely stored in the lined pits and has not been emptied, hence “FS contained – not emptied.”

“FS treated” includes the faecal sludge that makes its way to the treatment plant and is safely treated. “FS treated” and “FS contained – not emptied” add up to “Safely managed” faecal sludge.

In Red, “Open defecation” indicates the faecal sludge that is disposed in the environment by the households without toilets. “FS not contained” includes faecal sludge in unlined pits that poses a threat of contaminating groundwater. Some of the excreta emptied in lined pits doesn’t reach the treatment plant and is thus “FS not delivered for treatment.” Some of the excreta delivered at the treatment plant is not treated, hence “FS not treated.”

“Open defecation,” “FS not contained,” “FS not delivered to treatment,” and “FS not treated” add up to unsafely managed faecal sludge. Note that SuSana SFD App rounds off all numbers around 0.5% hence some of these values are indicated as 1% in the graphic.

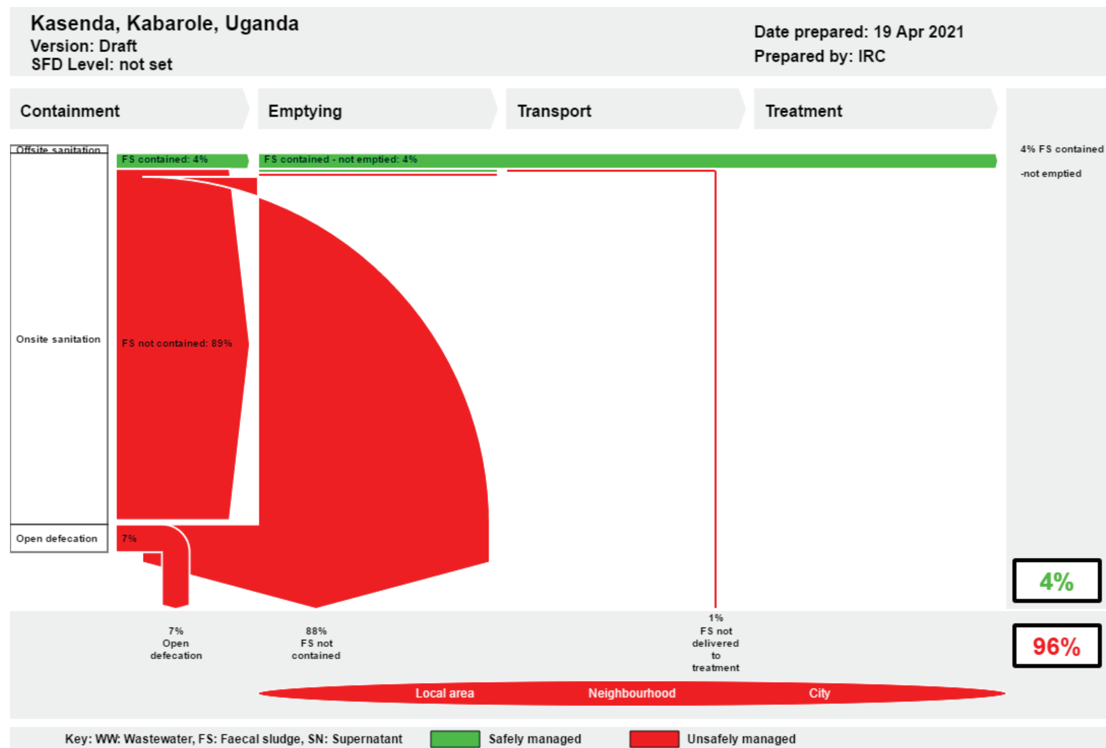

Figure 20: Shit Flow Diagram (SFD) of Kasenda Town Council

4. VISION, OBJECTIVES, INDICATORS AND TARGETS OF KASENDA TOWN SANITATION PLAN

Achieving a healthy tourism Town with universal access to sustainable sanitation and an improved community livelihood for all by 2040 through engaging all stakeholders

To achieve the above vision, Kasenda has set the following objectives, indicators and targets of the Town Sanitation Plan.

Objectives for improving sanitation in households

	Objectives	Indicators	Baseline value 2021	Targets		
				Short-term by 2025	Mid-term by 2030	Long-term by 2040
1	Decrease the percentage of households with unimproved sanitation facilities	Percentage of households with unimproved sanitation facilities	70% (1,667HH)	0	0	0
2	Reduce the percentage of households using improved toilets shared by other households	Percentage of households using improved toilets shared by other households	9% (214HH)	0		
3	Decrease the percentage of households with dirty sanitation facilities	Percentage of households with dirty sanitation facilities	59% (1,405HH)	20% (522HH)	10% (292HH)	0
4	Increase the percentage of households with soap and water at hand washing facility in or near toilets	Percentage of households with soap and water at hand washing facility in or near toilets	11% (262HH)	100% (2,609HH)	100% (2,923HH)	100% (3,669HH)
5	Decrease the percentage of households practicing open defecation	Percentage of households practising open defecation	7% (167HH)	0	-	-
6	Decrease the percentage of children under the age of five years practicing open defecation	Percentage of children under the age of five years practising open defecation	34%	0	-	-

Objectives for improving sanitation in public schools

	Objectives	Indicators	Baseline value 2021	Targets		
				Short-term by 2025	Mid-term by 2030	Long-term by 2040
1	Increase the percentage of public schools with stance to pupil ratio up to 1:40	Percentage of public schools with stance to pupil ratio up to 1:40	0%	67%	100%	100%
2	Increase the percentage of public schools with soap and water at hand washing facility in or near sanitation facilities	Percentage of public schools with soap and water at hand washing facility in or near sanitation facilities	67%	100%	100%	100%
3	Increase the percentage of public schools with clean sanitation facilities	Percentage of public schools with clean sanitation facilities	67%	100%	100%	100%
4	Increase the percentage of public schools with systems for menstrual hygiene practices	Percentage of public schools with systems for menstrual hygiene practices	0%	67%	100%	100%

Objectives for improving sanitation in healthcare facilities

	Objectives	Indicators	Baseline value 2021	Targets		
				Short-term by 2025	Mid-term by 2030	Long-term by 2040
1	Increase the percentage of healthcare facilities with soap and water at hand washing facilities in or near toilets	Percentage of healthcare facilities with hand washing facilities in or near toilets	50%	100%	100%	100%
2	Increase the percentage of healthcare facilities with systems for menstrual hygiene practices	Percentage of healthcare facilities with systems for menstrual hygiene practices	0%	50%	100%	100%

Objectives for improving sanitation in public places

	Objectives	Indicators	Baseline value 2021	Targets		
				Short-term by 2025	Mid-term by 2030	Long-term by 2040
1	Increase the percentage of public toilets with hand washing facilities	Percentage of public toilets with hand washing facilities	0%	100%	100%	100%
2	Increase the number of waste businesses collecting, transporting, treating and reusing solid waste in public places	Number of waste businesses collecting, transporting, treating and reusing solid waste in public places	0	1	1	0

Objectives for improving collection and transport of faecal sludge

	Objectives	Indicators	Baseline value 2021	Targets		
				Short-term by 2025	Mid-term by 2030	Long-term by 2040
1	Increase the percentage of households with lined toilets	Percentage of households with lined toilets	4% (95HH)	40% (1,044HH)	70% (2,046HH)	100% (3,669HH)
2	Increase the number of pit emptiers providing pit emptying services	Number of pit emptiers providing pit emptying services	1	2	5	5

Objectives for improving treatment and disposal of faecal sludge

	Objectives	Indicators	Baseline value 2021	Targets		
				Short-term by 2025	Mid-term by 2030	Long-term by 2040
1	Construct collective faecal sludge management facility for a cluster of towns around Kasenda	Number of collective faecal sludge management facility for a cluster of towns around Kasenda	0	1	1	-

5. STRATEGIC PRINCIPLES OF THE KASENDA TOWN SANITATION PLAN

This chapter contains the five strategic principles that will guide the implementation of the Town Sanitation Plan. The strategic principles include: improve governance framework for sanitation; increase demand for sanitation and hygiene at all levels; increase the supply for sanitation and hygiene-related products; increase financing for sanitation-related investments, products and services; and, increase investment in sanitation hardware.

STRATEGIC PRINCIPLE 1: IMPROVE GOVERNANCE FRAMEWORK FOR SANITATION

P.1.1 IMPROVE THE EXISTING SANITATION BY-LAWS AND THEIR ENFORCEMENT MECHANISMS

The Town Council regulates and enforces Kabarole District by-laws on sanitation, including the District Ordinance on Agriculture and Sanitation. Where the Kabarole District by-laws on sanitation do not explicitly cover or are deemed insufficient on the above aspects, the Town Council shall amend its own by-laws. The by-laws will be reviewed and disseminated to the stakeholders and communities in the Town Council prior to enforcement. The by-laws will regulate aspects related to the construction, operation and maintenance of toilets in households, schools, healthcare facilities and public places, as well as the collection, transportation and treatment of faecal sludge. Aspects to be regulated under the by-law include the following:

i. Every household must have a toilet facility.
ii. All new pit latrine constructions within the central business districts must be lined and emptiable.
iii. The stance per user ratio for shared facilities in rental homesteads should not exceed 25 persons per stance or one toilet per five families, or whichever is less.
iv. Open defecation, including of children below five years of age, and open urination will be penalised.
v. Every toilet must have a hand washing facility, with soap and water available always.
vi. Construction of toilets on service lanes is considered illegal and any such existing facilities will be demolished. Toilets shall be constructed in designated areas as per the approved building plans.
vii. The stance to user ratio in schools shall be limited to a maximum of 40 pupils per stance.
viii. The design of sanitation facilities in schools must comply with the standards set by the Town Council or the Ministry of Education and Sports.
ix. Schools must comply with hygiene condition requirements of sanitation facilities, as set by the Town Council.
x. Schools to provide soap and water at hand washing facilities in or near toilets.
xi. Indiscriminate disposal of faecal material in fields, wetlands, open spaces, forests, among others, that are within the jurisdiction of the Town Council is deemed illegal and will attract penalties, including possible confiscation of cesspool trucks. All faecal sludge collected in the town must be disposed in the designated treatment plant in Fort Portal or any of the new treatment facilities within the reach of the emptying services.

Enforcement of the by-laws will be done in combination with other national policies and guidelines including Public Health Act 1935 revised 2000, Local Government Act 1997 as amended, National Environment Act 2019, Water Act 1997, National Water and Sewerage Cooperation Act 1995, and Ministry of Education and Sports Guidelines for Three Star Approach for Planning and Implementation of WASH in Schools 2017, among others.

P.1.2 SET MINIMUM STANDARDS FOR SANITATION FACILITIES

The Town Council will set minimum standards for sanitation facilities. The Town Council may set lined toilets as the standard for densely populated areas, particularly the Central Business Districts (CBDs). The standard of lined toilets may be extended to the peripheral areas after 2030. The minimum standard for toilets will be emphasised in the sanitation by-laws.

P.1.3 DEVELOP STANDARDS FOR LINED TOILETS

The Town Council will develop standard designs for lined toilets, including lined pit latrines with washable slab, Flush toilet – Pour/Cistern Flush and Eco-san. The standard designs will specify the type, size and volume of toilets. The information will be disseminated to local latrine builders and contractors.

P.1.4 ZONING FOR DRAINABLE TOILETS

The Town Council will specify CBDs (trading centres) as responsible to enforce lined toilets until 2030. Areas outside the trading centres will be exempted from the construction of lined toilets until 2030.

P.1.5 INCREASE FINANCING FOR SANITATION RELATED INVESTMENTS, PRODUCTS AND SERVICES

The Town Council ring fences budget for sanitation related activities: 5-7% of local revenue and this excludes solid or refuse waste management as well as drainage management.

The Town Council forms Village Savings and Loan Association for households in need of improved toilet facilities. The groups to be provided with the necessary financial support including tax exemptions. After the members have saved, they are then mobilised to construct improved toilets and provided with information on who can construct affordable sanitation facilities.

To increase affordability of toilets, the Town Council identifies financial institutions, such as local banks and SACCOs that offer loans under home improvement schemes. The information on financial institutions will be provided to the households via BCC campaigns.

For the last mile households, particularly those that cannot afford to build improved toilets, even with loans available, the Town Council with support from development partners provides pro-poor subsidies to cover part of the construction cost. For example, the households will fund the superstructure, whereas the Town Council will fund the substructure. The Town Council will also explore the possibility of donor support towards this scheme.

The Town Council will also lobby donors and funding partners to support larger investments in sanitation such as treatment plants, cesspool trucks, toilets, washrooms and incinerators in schools, healthcare facilities and public places.

P.1.6 STRICT MONITORING AND ENFORCEMENT

The Town Council shall undertake strict monitoring and enforcement of sanitation by-laws. The monitoring will be done monthly by the Health Inspector in association with Village Health Teams (VHTs), and in collaboration with the Law Enforcement Officer. Information obtained from monitoring will be periodically updated in the Data Management System (DMS).

The plan proposes ***three levels of monitoring and evaluating*** the implementation of activities by elected Town Council and Sanitation Task Force members, public participation and independent evaluation.

1. *Elected Town Council and Sanitation Task Force members*

First, the STFs, with the help of VHTs shall monitor sanitation progress. The VHTs shall collect data pertaining to the performance indicators monthly. The data obtained from the monitoring exercise will be fed into the Data Management System (DMS). The STFs shall then analyse the data and report on progress to the elected municipal officials bi-annually.

2. *Public Participation*

Secondly, the STFs shall engage local stakeholders and encourage public participation via the stakeholder forum. Information obtained from the monitoring exercise shall be disseminated via the forum and corrective measures agreed with active participation of the stakeholders. The stakeholder forum is to be held at least once every year.

3. *Independent Evaluation*

Thirdly, the Town Council shall allow other organisations such as WSDF-SW, civil society organisations such as NGOs, CBOs and funding agencies to access the DMS. The organisations shall carry out independent evaluation of sanitation improvements. The results of such independent evaluation shall be disseminated widely via the stakeholder forum.

Aspects to be monitored by the STFs and VHTs include:

i. Households without toilets are constructing and using the sanitation facilities.
ii. Households with unimproved toilets have upgraded to SanPlats or other sanitation facilities with a washable slab.
iii. Landlord or owners of shared homesteads are providing adequate number of toilets stances (at most one stance for five families).
iv. Population living in areas that have been specified for specific toilet standards are complying, particularly with the construction of lined toilets in CBDs.
v. Schools and healthcare facilities are providing sanitation facilities according to standards specified by the Town Council and Ministry of Education and Sports (for schools).
vi. Households, schools, healthcare facilities and public places have hand washing facilities fixed in or near toilets.
vii. Households, schools, healthcare facilities and public places have hygienic sanitation facilities. When the facilities are reported unclean, the owner of the premises is issued with a notice followed by a penalty, in case of non-compliance. In rental homesteads, the landlords have a responsibility for keeping toilets clean.
viii. Service lanes are free from construction and are being used for their designated purpose, including the provision of basic services, water supply, drainage, refuse collection and cesspool emptying.
ix. Open defecation amongst adults and infants is eliminated and defaulters are penalised.
x. Besides the regular monitoring by the Health Inspector, the Physical Planner and Town Agents, sanitation by-laws are enforced during approval of building plans and occupation permits issued. All new toilet constructions are monitored to ensure adherence to standards. The Town Council enforces penalties on defaulters including cash fines, demolition, impounding and imprisonment, among others.

P.1.7 IMPROVE ACCOUNTABILITY

The Town Council improves accountability of funds for and from (e.g. fines generated from enforcement) sanitation activities. Besides accounting for finances, the town ensures that the time specified for sanitation activities is utilised accordingly, and the action plans are implemented.

STRATEGIC PRINCIPLE 2: INCREASE DEMAND FOR SANITATION AND HYGIENE AT ALL LEVELS

The Strategic Town Sanitation Plan proposes using a combination of Behaviour Change Communication (BCC) campaigns and sanitation marketing. Behaviour Change Communication (BCC) campaigns are to be conducted at household, school, health centre and public place level to trigger the demand for sanitation and hygiene. The Town Council shall develop a BCC strategy in collaboration with development partners. The BCC strategy shall apply approaches including Community Led Total Sanitation (CLTS) for the peri-urban areas, and Community Led Urban Environmental Sanitation (CLUES) for the urban areas.

P.2.1 BCC CAMPAIGNS AT HOUSEHOLD LEVEL

At household level, BCC campaigns shall focus on:

i. *Improving sanitation facilities:* Sanitation marketing campaigns create demand for improved sanitation facilities (SanPlats) in low-income households. The targeted information and education campaigns shall focus on households with unimproved sanitation facilities, and those without toilets. The VHTs will play a vital role in identifying the households and persuading them to construct toilets. Additionally, the VHTs will provide the households with information on service providers that can build affordable toilets.

ii. *Lined toilets and their benefits:* The town council in collaboration with service providers conducts targeted sanitation marketing campaigns underpinning the benefits of lined toilets. The campaigns are combined with a demonstration site that is accessible to the community. The town council prepares and avails information about the various types of lined toilets, their costs and where and how one can purchase the desired toilet. Moreover, the Town Council makes information about lined toilets accessible at their offices through visual aids clearly displayed at prominent locations. The Town Council promotes lined toilets amongst shared/ rented households and provides the landlords/ caretakers with information on service providers and where they can obtain financial support from local banks and Savings and Credit Cooperatives (SACCOs) under home improvement loans.

iii. *Importance of cleanliness and hygiene conditions in toilets (shared and private):* BCC campaigns sensitise the community to regularly clean their toilets and provide information on proper use and maintenance of toilets. Low-income households are encouraged to use local materials in cleaning, particularly in making brooms. The BCC campaigns target household heads, landlords and tenants. The landlords are encouraged to regularly monitor sanitation facilities in their promises to ensure that tenants adhere to a cleaning schedule. In addition, households are encouraged to regularly empty their toilets so they can properly function.

iv. *Need for hand washing after visiting the toilet and how to build one's own low-cost hand washing facility:* BCC campaigns encourage households to provide a hand washing facility in or near toilet and sensitise the public on the importance of washing hands with soap and water after using the toilet. The campaigns also educate people about how to build one's own low-cost hand washing facility, for example the tippy tap.

v. *Discouraging open defecation amongst adults and children below 5 years of age:* Campaigns are conducted to discourage the behaviour of open defecation amongst adults and children below 5 years of age. The campaigns target households without sanitation facilities, and mothers and caretakers of children under the age of five years. The community is also sensitised about the negative effects of open defecation on the health of the entire public and is encouraged to build toilets and use them. Mothers and caretakers of infants are, additionally, encouraged to undertake proper management of faeces of infants, including use of potties and disposal of the faeces in toilets.

vi. *Landlords to provide adequate (a toilet for at most 5 families) sanitation facilities:* BCC campaigns target rental homesteads where toilets are shared by more than 5 families. The VHTs identify the homesteads and persuade them to provide more toilet stances for the tenants. Additionally, VHTs provide the landlords or caretakers with information on service providers who can build the toilets and where they can access financial support and loans. The responsibility of constructing toilets is with landlords, while the operation and maintenance of toilets is with tenants.

vii. *Information about sanitation service providers (toilet constructers/ pit emptiers*): The Town Council conducts BCC campaigns to disseminate information on sanitation service providers including toilet builders and pit emptiers. Information is disseminated through village meetings, church/mosque gatherings, radio ads/ jingles, door to

door visits and visual aids (fliers or posters) displayed at prominent locations within the community (e.g. at Town Council offices).

viii. *Existing by-laws:* BCC campaigns sensitise the community about existing by-laws. The campaigns are conducted prior to any enforcement by the Town Council.

ix. *Existing standards for toilets:* The Town Council conducts campaigns to sensitise the community about sanitation standards for households, schools and health care facilities.

P.2.2 BCC CAMPAIGNS AT SCHOOL LEVEL

At school level, BCC campaigns shall focus on:

i. *Budget allocation to sanitation:* To ensure that sanitation facilities are prioritised during school budget allocation. This plan proposes a STF member on the School Management Committee (SMC). The STF member lobbies for the provision of toilets, sanitary consumables, hand washing facilities and systems for proper management of menstrual hygiene during budget allocation and Parents Teachers Association (PTA) meetings. Additionally, the school lobbies for funds from government or donor agencies for the provision of toilets, sanitary consumables, hand washing facilities and systems for proper management of menstrual hygiene.

ii. *Hand washing after visiting the toilet and its importance*: Visual aid materials for sensitisation in schools are developed in appropriate languages including English and/or local language. Visual aid materials are displayed at prominent locations in the school, including the school compound, to encourage students to wash their hands after using the toilet. BCC campaigns are conducted to sensitise learners on the importance of washing their hands after visiting the toilet.

iii. *Anti-vandalism and protection of school property:* A BCC campaign is developed and implemented to discourage vandalism of sanitation facilities, and encourage learners and staff to protect school property.

iv. *Proper disposal of materials used in menstrual hygiene management:* BCC campaigns are conducted to raise awareness of appropriate menstrual hygiene practices amongst female students. In schools where the provision of disposable pads is insufficient, the students are trained to make and use reusable pads via a training workshop. Such a workshop is organised by the Town Council and other development partners dealing in the field of menstrual hygiene management. The practise of throwing menstrual pads in toilets is discouraged and eliminated. Instead, learners are encouraged to dispose of the pads in bins after which the pads are either taken away alongside other solid waste or burnt in an incinerator at school. Consequently, schools are obliged to provide washrooms, bins and incinerators for proper menstrual hygiene management. The schools lobby for funds for the provision of the menstrual hygiene facilities from government and donor agencies.

v. *Implementation of school sanitation plans:* Schools that do not have sanitation plans are obliged to develop them, including schedules for the maintenance of toilets. The plans clearly define the roles and responsibilities of learners and administration, as well as associated costs. Targeted BCC campaigns sensitise the SMC, PTA and students to implement school sanitation plans. The SMC is encouraged to lobby for funds and monitor and enforce the implementation of the sanitation plans. In particular, the teachers on duty are encouraged to ensure that the cleaning schedule is adhered to. The practice of using cleaning of toilets as a punishment is discouraged and eliminated. The PTA is encouraged to fund and monitor the implementation of the sanitation plans. Students are also sensitised to use toilets appropriately, participate in the cleaning, and monitoring for toilet hygiene.

vi. *Initiating or reviving School Sanitation Clubs:* School Sanitation Clubs are initiated where they are non-existent, or otherwise revived and reoriented. School Sanitation Clubs are responsible for, among others, promoting good hygiene behaviour, spearheading the monitoring and maintenance of toilets, and being role models for other students to emulate.

P.2.3 BCC CAMPAIGNS AT HEALTHCARE FACILITY LEVEL

At healthcare facility level, BCC campaigns shall focus on:

i. *Involvement of doctors/ midwives in BCC campaigns:* Healthcare facilities are encouraged to voluntarily provide information on: negative effects of open defecation especially that of children under 5 years, hand washing and its importance, hygienic condition of sanitation facilities and its benefits, proper use and maintenance of toilets, the existing by-law and sources of improved sanitation facilities. The information is passed on through visual aids displayed at the healthcare facilities and during counselling of patients.

ii. *Proper disposal of menstrual hygiene by-products:* Healthcare facility staff sensitise girls and mothers on menstrual hygiene and the proper disposal of menstrual hygiene by-products. Additionally, healthcare facility staff provide information on how to make disposable pads through workshops.

P.2.4 BCC CAMPAIGNS IN PUBLIC PLACES

At public places level, BCC campaigns shall focus on:

Encouraging public to pay for and use toilet facilities: Campaigns focus on changing the behaviour of market visitors and retailers to pay for and use toilet facilities. BCC campaigns, for example radio talk shows, visual aid materials and community mobilisation, target users of daily/weekly markets and taxi parks. The campaigns focus on the benefits of using toilets for a fee. In addition to the BBC campaigns, the Town Council conducts strict enforcement to discourage open defecation and urination. To ensure easy access by the users, public toilets are sited at appropriate locations on daily/weekly markets and taxi parks.

P.2.5. BCC CAMPAIGNS SUPPORTING PIT EMPTYING SERVICES

Regarding collection and transport of faecal sludge, BCC campaigns shall focus on:

Encouraging regular emptying of pits: In addition to the promotion of lined toilets, BCC campaigns encourage the population to regularly empty their toilets. The campaigns provide information on the cost of pit emptying and where the services can be obtained. Information about pit emptying services is also provided at the Town Council offices via visual aid materials displayed at prominent locations. The faecal sludge management enterprises are also encouraged to further disseminate their services via radio advertisements, flyers/ posters and community drives.

STRATEGIC PRINCIPLE 3: INCREASE THE SUPPLY FOR SANITATION AND HYGIENE RELATED PRODUCTS

Once the demand for sanitation and hygiene is generated through BCC campaigns, sanitation marketing is used to increase supply for toilet related products and convert the demand into actual purchase of toilets. The Town Council shall develop a sanitation marketing strategy in association with development partners. The sanitation marketing strategies shall encompass several models including the use of masons and hardware stores as points of sale, and use of sales agents (e.g. VHTs, Village Savings and Loans Associations (VSLAs)) to market sanitation products, among others. In order to set the enabling environment for the sanitation marketing strategy, the Town Council shall:

1. Sign a Memorandum of Understanding (MoU) or a Memorandum of Agreement (MoA) with the private operators in town (or elsewhere). The MoU shall include any protectionism or tax exemptions that can be availed by the Town Council to the service provider.
2. Provide suitable framework conditions for the private operators within the town, including:
   - Identifying toilet manufacturers/ latrine builders within the town or in the region that can build low cost drainable toilets.
   - Involving small scale entrepreneurs to produce SanPlats (concrete slabs) for low-cost options of toilets.
   - Identifying hardware stores in the town to supply sanitation products.
   - Identifying cesspool emptiers within the town or region and create a database.

The Town Council shall then disseminate information about service providers to the public via village meetings, radio talk shows, drama groups or influencers such as Boda Boda or religious leaders.

STRATEGIC PRINCIPLE 5: INCREASE INVESTMENT IN SANITATION HARDWARE

P.5.1 INCREASE INVESTMENT IN TOILETS IN HOUSEHOLDS, SCHOOLS, HEALTHCARE FACILITIES AND PUBLIC PLACES

In households, the heads of families prioritise investment in sanitation. The households invest in the construction of lined toilets, buying SanPlats and hand washing facilities.

In schools, the government (District and Town Council) prioritises investment in sanitation. Schools lobby for funding from the District Water and Education Offices, NGOs and donors. Investments are made in the construction of additional stances of lined toilets for the pupils, hand washing facilities, washrooms and incinerators.

In healthcare facilities, the government (District and Town Council) prioritises investment in sanitation. The healthcare facilities lobby for funding from the District Health Office (DHO), NGOs and donors. Investments are made in the construction of additional stances of lined toilets for the patients, hand washing facilities, washrooms and incinerators.

In public places, Public Private Partnerships (PPPs) increase investment in sanitation. Besides PPPs, the Town Council lobbies funds for the construction of public toilets from WSDF-SW and donors. Investments are made in the construction of lined toilets in markets, bus parks, places of worship (churches and mosques), among others; hand washing facilities, and washrooms. At Rwankenzi Market, in the short term, investments are required in repairing existing sanitation facility as well as establishing a waste recycling facility for the banana waste.

P.5.2 INCREASE INVESTMENT FAECAL SLUDGE MANAGEMENT (COLLECTION, TRANSPORT, TREATMENT AND DISPOSAL/ REUSE OF FAECAL SLUDGE

For the ***collection and transport of faecal sludge***, households within CBDs increase investment in lined toilets. Landlords in shared homesteads invest in the construction of additional lined toilet stances for the tenants. Additionally, the private sector, Town Council, donors and development partners invest in the cesspool emptying trucks, gulpers, among others, for the safe collection and transport of faecal sludge.

For the ***treatment and disposal/ reuse of faecal sludge***, this plan proposes a clustered approach where the Town Council shares a treatment facility with other Towns in a 30km radius. The distance of 30km is considered the maximum distance within which the treatment of faecal sludge will be financially viable to cater for all the costs involved in the construction, operations and maintenance of the treatment plant. The Town Council lobbies for finance from the Ministry of Water (WSDF/ SW) and development partners.

The costs of the hardware investments are included in Chapter 3 below.

6. LIST OF HARDWARE INVESTMENTS TO MEET SET TARGETS

This Chapter provides a brief list of hardware investments required to meet the targets set in the plan, and as described in Chapter 2 above under Strategic Principle 4: Increase investment in sanitation hardware. The cumulative hardware investments in households, schools, healthcare facilities, public places, and collection, transport, treatment and disposal of faecal sludge will cost UGX 5,952,990,000 in the short term until 2025, UGX 3,833,106,000 in the mid-term until 2030, and UGX UGX 5,413,160,000 in the long-term until 2040.

6.1 HARDWARE INVESTMENTS REQUIRED FOR IMPROVING SANITATION IN HOUSEHOLDS

Investment needs	Short-term until 2025			Mid-term until 2030			Long-term until 2040			Investments undertaken by
	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	
Demand for toilets										
No. of additional drainable VIP latrine stances required for rental homesteads	214	3,000[1]	642,000							Landlords
No. of SanPlat simple VIP latrine required by households with no toilets	167	1,000[2]	167,000							Households and subsidies by Town council
Households in need of improved sanitation facilities (SanPlats with simple VIP)	1,667	1,000	1,667,000							Households
Investment needs	**Short-term until 2025**			**Mid-term until 2030**			**Long-term until 2040**			**Investments undertaken by**
	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	
Demand for handwashing facilities										
No. of households in need of handwashing facilities	2,109	50[3]	105,450	314[4]	53[5]	16,642	746	55	41,030	Households and landlords
TOTAL COSTS FOR IMPROVING SANITATION IN HOUSEHOLDS			**2,581,450**			**16,642**			**41,030**	

[6] The estimated cost of single stance lined toilets in Kasenda Town Council was identified to be three million (3,000,000) UGX as of April 2021.
[7] The estimated cost of SanPlat simple VIP latrine in Kasenda Town Council was identified to be one million (1,000,000) UGX as of April 2021.
[8] The estimated cost of a Jerry Can in Kasenda Town Council was UGX 50,000 as of April 2021
[9] The population projections have been computed based on an annual growth rate for Kabarole District of 2.3 (UBOS 2014), refer to Chapter 2.2
[10] Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost*(((1+Interest)/ (1+Inflation)) time)

6.2 HARDWARE INVESTMENTS REQUIRED FOR IMPROVING SANITATION IN PUBLIC SCHOOLS

Investment needs	Short term until 2025			Mid-term until 2030			Long-term until 2040			Investments undertaken by
	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	
Demand for toilets										
Drainable VIP toilet stances for students in Rwankenzi Primary School	10 (10 male)	4,400[6]	44,000							District Water and Education Offices, NGOs or donors
Drainable VIP toilet stances for students in Kasenda Primary School	20 (10 female and 10 male)	4,400	88,000							District Water and Education Offices, NGOs or donors
Drainable VIP toilet stances for students in Mbuga Primary School				10 (5 female and 5 male)	4,688[7]	46,880				District Water and Education Offices, NGOs or donors
Demand for handwashing facilities										
No. of handwashing facilities required in every schools	3	100[8]	300							District Water and Education Offices, NGOs or donors

[11] The estimated cost of a 5 stance institutional toilet block in Kasenda Town Council was identified to be twenty two million (22,000,000) UGX as of April 2021. Hence each institutional toilet stance would cost around four point four million (4,400,000) UGX.

[12] Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost*(((1+Interest)/ (1+Inflation)) time)

[13] The average cost of a handwashing tank in Kasenda Town Council was estimated as UGX 100,000 as of April 2021

Investment needs	Short term until 2025			Mid-term until 2030			Long-term until 2040			Investments undertaken by
	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	
Menstruation hygiene management facilities										
Construct washroom and incinerator in female toilets of every school	2	10,000[9]	20,000	1	10,654[10]	10,654				District Water and Education Offices, NGOs or donors
TOTAL COST FOR IMPROVING SANITATION IN SCHOOLS			**152,300**			**57,534**				

[14] The estimated cost of constructing a washroom and incinerator in Kasenda Town Council was ten million (10,000,000) UGX as of April 2021

[15] Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost*(((1+Interest)/ (1+Inflation)) time)

6.3 HARDWARE INVESTMENTS REQUIRED FOR IMPROVING SANITATION IN HEALTHCARE FACILITIES

Investment needs	Short term until 2025			Mid-term until 2030			Long-term until 2040			Investments undertaken by
	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	
Demand for hand washing facilities										
Hand washing facilities required in St. Martha & Paul Health Centre III	1	100	100							District Health Office (DHO), NGOs and donors
Demand for facilities for menstruation hygiene management										
General purpose incinerator at Kasenda Health Centre III	1	10,000	10,000							District Health Office (DHO), NGOs and donors
General purpose incinerator at St. Martha & Paul Health Centre III				1	10,654[11]	10,654				
TOTAL COST FOR IMPROVING SANITATION IN HEALTHCARE FACILITIES			**10,100**			**10,654**				

[16] Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost*(((1+Interest)/ (1+Inflation)) time)

6.4 HARDWARE INVESTMENTS REQUIRED FOR IMPROVING SANITATION IN PUBLIC PLACES

Investment needs	Short term until 2025			Mid-term until 2030			Long-term until 2040			Investments undertaken by
	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	
Demand for hand washing facilities										
Repair hand washing facility at Rwankenzi Market	1	50[12]	50							Management of market
Demand for waste recycling plant										
Waste recycling plant for banana waste at Rwankenzi Market	1	16,000[13]	16,000							Private operator/ Town council/NGOs
TOTAL COST			**16,050**							

[17] The price of repairing the handwashing facility at Rwankenzi Market was UGX 50,000to cater for a tap and labour
[18] The cost of the waste recycling plant for banana waste at Rwankenzi Market was estimated at Sixteen million (16,000,000) based on the business plan developed by Kasenda Town Council

6.5 HARDWARE INVESTMENTS REQUIRED FOR IMPROVING COLLECTION AND TRANSPORT OF FAECAL SLUDGE

Investment needs	Short term until 2025			Mid-term until 2030			Long-term until 2040			Investments undertaken by
	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	
Toilets										
Drainable VIP latrine stances required to increase emptying	948	3,000[14]	2,844,000	1,003	3,196[15]	3,205,588	1,623	3,310	5,372,130	Households and landlords
Equipment										
Cesspool emptying truck	1	199,090[16]	199,090	1	382,885	382,885				Private operator/ Town council/ NGOs
TOTAL COST			**3,043,090**			**3,588,473**			**5,372,130**	

[19] The estimated cost of single stance lined toilets in Kasenda Town Council was identified to be three million (3,000,000) UGX as of April 2021
[20] Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost*(((1+Interest)/ (1+Inflation)) time)
[21] The estimated cost of importing a new 10m^3 cesspool emptying truck, based on supplier 3W Equipment, Jinja Road, Kampala

6.6 HARDWARE INVESTMENTS REQUIRED FOR IMPROVING TREATMENT AND DISPOSAL OF FAECAL SLUDGE

Investment needs	Short term (until 2025)			Mid-term (until 2030)			Long-term (until 2040)			Investments undertaken by
	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	No.	Unit cost (000 UGX)	Total cost (000 UGX)	
DEWATS Plant										
Phase 1	1	150,000[17]	150,000							Town council/ Donor agencies/ Ministry of Water and Environment/ KDLG
Phase 2				1	159,803[18]	159,803				Town council/ Donor agencies/ Ministry of Water and Environment/ KDLG
TOTAL COST			**150,000**			**159,803**				

[22] The estimated cost of constructing a simple DEWATS plant was UGX 150,000,0000 as of April 2021

[23] Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost*(((1+Interest)/ (1+Inflation)) time)

ANNEX 1. ACTION PLANS FOR IMPROVING SANITATION

ANNEX 1.A. ACTION PLANS FOR IMPROVING SANITATION IN HOUSEHOLDS

Action plan for decreasing the percentage of households with unimproved sanitation facilities

No.	Actions for Town Council	Who	When
1	Create a specific sanitation and waste management budget line	Accountant	April 2021
2	Ring-fence 10% off the local revenue to run sanitation activities	Council passes a resolution	June 2021
3	Add surcharge on license for sanitation	Council passes a resolution	June 2021
4	Obtain a copy of the District Ordinance on Agriculture and Sanitation	Town Clerk requests a copy from the District Council	May 2021
5	Disseminate the District Ordinance on Agriculture and Sanitation to the community	STF/ LC1/ VHT /Principal Town Agent (Principal Town Agent) call for village meetings	May 2021
6	Reorient and reactivate sanitation committees and provide training on sanitation	AEO Water/ Principal Town Agent/ CDO engage in village meeting workshops	May 2021
7	Identify homesteads/persons that use unimproved sanitation facilities	HI/ VHTs identify the households up to village level from the DMS	May 2021
8	Develop and implement a targeted BCC campaign to inform and educate the households/ persons to improve their sanitation facilities	STF, VHTs and Health inspectors with support from development partners develop IEC materials Place posters/ notices in community centres/ Sch/ HC Conduct Village Assemblies	May 2021
9	Form saving groups (with tax holiday) of the households without improved sanitation facilities	Town Clerk/ CDO/ HI mobilise households into saving groups	June 2021
10	Engage development partners to develop a sanitation marketing strategy	STF with support from development partners (e.g. AMREF/HEWASA) develop sanitation marketing strategy	July 2021
11	Involve partners including HEWASA to fund part of latrine construction	Town Clerk/ STF/ AMREF/ HEWASA	July 2021
12	Develop standard designs for toilets	AEO Civil compiles sanitation technology album including 3m deep lined toilets & septic tanks	July 2021
13	Identify, engage and train local builders/ artisans on the construction of improved toilets	AEO Civil/ HI conduct training on costing and sizing toilets	July 2021
14	Form partnerships with hardware stores to provide sanitation products including linking the hardware store to suppliers e.g. Nice House of Plastics for SaTo pans	STF with support from development partners (e.g. AMREF/HEWASA) develop	July 2021
15	Complete the baseline to include missing households	HI/ VHTs	August 2021
16	Mobilise households to improve their sanitation facilities and provide them with information on service providers and latrine designs	STF/ LC1 / Principal Town Agent/ CDO/ HI/ VHTs call for village meetings, engage in radio talk shows, and drama groups or use influencers e.g. Boda Boda or religious leaders	August – September 2021

No.	Actions for Town Council	Who	When
17	Mobilise households to utilise their saving groups to obtain funds for sanitation	CDO /HI /STF members	September 2021
18	Train VHTs to collect data into DMS	HI/ VHTs	September 2021
19	Conduct training on law enforcement with emphasis on soft methods of enforcement	Town Clerk/ development partners target Law Enforcement Officers/ Principal Town Agent/ CDO	October 2021
20	Monitor to check if the households are improving their sanitation facilities and prepare monthly progress report	The health inspector makes regular visits to the households with support of sanitation committees	From December 2021, every month
21	Issue notices to households that have not improved their sanitation facilities in line with the District Ordinance on Agriculture and Sanitation	Principal Town Agent/STFs along with law enforcement officers	December 2021 onwards (bi-monthly)
22	Lobby funding for water officer to undertake sanitation monitoring	AEO Water/ DHI/ Office of CAO hold an engagement meeting	January 2022
23	Train Environmental Health (EH) staff on use of DMS	DHI/ Office of CAO	January 2022
24	Prepare a budget for enforcement of sanitation	Law Enforcement Officer/ Principal Town Agent	March – April 2022
25	Mobilise local masons and latrine builders to form construction company	STFs/ local masons/ latrine builder	By end 2025

Action plan for decreasing the percentage of households using improved sanitation facilities shared between two or more families

No.	Actions for Town Council	Who	When
1	Identify local masons/ latrine builders that can provide for the construction of affordable lined toilets	STFs with support from development partners	May 2021
2	Identify financial institutions within towns that can provide home improvement loans	STFs with support from development partners	May 2021
3	Identify homesteads that need immediate actions, i.e. properties with two or more families living in a homestead	The VHTs identify HH with shared toilets and make an inventory in the DMS. VHTs share results with STFs	May 2021
4	Contact household heads and landlords / associations and organise a meeting with them to discuss the issue of stance per user ratio Provide them with cost estimates of putting up additional toilet facilities and information on who can build affordable lined toilets in the town and where loans can be availed	STFs send out invitations (two weeks in advance) for a meeting with landlords and organise a half day meeting at the Town Council	May 2021
5	Mobilise tenants via mass media to demand for better toilet facilities	STFs/ LC1/ VHTs call for village meetings, engage in radio talk shows, and drama groups, demonstrations, or use influencers e.g. Boda Boda or religious leaders	August – September 2021
6	Make a list of household heads and landlords willing to invest in new toilets and have a regular follow-up for implementation	HI/ VHTs make and inventory of household heads and landlords who are interested in building new toilets The inventory is shared with the STFs	August – September 2021
7	Monitor if the household heads and landlords are providing additional toilet stances	The health inspector makes regular visits to the households with support of sanitation committees	December 2021 onwards (bi-monthly)
8	Issue notices to landlords who do not comply and levy fines or penalties in line with the District Ordinance on Agriculture and Sanitation	Principal Town Agent/STFs along with law enforcement officers	December 2021 onwards

Action plan for decreasing the percentage of households with unhygienic sanitation facilities

No.	Actions for Town Council	Who	When
1	Develop a BCC campaign to sensitise the community for improving hygiene at a household level. The BCC campaign should be targeted towards private households, landlords and tenants	STFs, VHTs and Health inspector with support from development partners develop IEC materials	May 2021
2	Implement the BCC campaign to promote hygiene practices	STFs/ LC1/VHTs call for village meetings, engage in radio talk shows, and drama groups or use influencers e.g. Boda Boda or religious leaders	May 2021
3	Monitor changes in the conditions of hygiene at household level	The health inspector makes regular visits to the households with support of sanitation committees	December 2021 onwards (bi-monthly)
4	Record results of the monitoring exercise in the Data Management System	HI and VHTs to enter data in the DMS	December 2021 onwards (bi-monthly)

Action plan for increasing the percentage of households with handwashing facilities in or near sanitation facilities

No.	Actions for Town Council	Who	When
1	Develop a BCC campaign to sensitise the community on the importance of having a hand washing facility in or near the toilet facility, how to wash ones hands and how to set up low cost hand washing facilities. The BCC campaign should be targeted towards private households, tenants and landlords	STFs, VHTs and Health inspector with support from development partners develop IEC materials	May 2021
2	Set up hand washing notices in trading centres, SCH and HC	STF/ HI/ partners set up posters/ notices	May 2021
3	Implement the BCC campaign to promote the necessity of having a hand washing facility in or near the toilet facility and carry out demonstration of tippy tap in community	STFs/ LC1/VHTs call for village meetings, engage in radio talk shows, and drama groups, demonstrations, or use influencers e.g. Boda Boda or religious leaders	May 2021
4	Host Global Hand Washing Day 2021	Town Clerk/ HI/ Water Officer hold engagement meetings in September 2021 Town Clerk/ HI/ Water Officer/ VHTs conduct promotional activity	October 2021
5	Monitor and check availability of hand washing facilities in or near toilet facilities	The health inspector makes regular visits to the households with support of sanitation committees	December 2021 onwards (bi-monthly)
6	Record results of the monitoring exercise in the Data Management System	HI and VHTs to enter data in the DMS	December 2021 onwards (bi-monthly)
7	Issue notices to households without hand washing facilities in or near sanitation facilities and levy fines or penalties in line with the District Ordinance on Agriculture and Sanitation	Principal Town Agent/STFs along with law enforcement officers	December 2021 onwards

Action plan for eliminating open defecation in households

No.	Actions for Town Council	Who	When
1	Develop and implement a targeted BCC campaign for elimination of open defecation (focus on cultural practices including those against throwing faecal matter of babies in toilets)	STFs, VHTs and Health inspector with support from development partners develop IEC materials	May 2021
2	Identify homesteads/persons without toilets and households in which children under the age of five years practise open defecation from information in the DMS	HI/ VHTs identify the households up to village level from the DMS	May 2021
3	Mobilise households/ persons to build toilets and provide them with information on service providers, and encourage mothers and caretakers to use appropriate collection, such as potties, and/ or disposal methods of faeces of the children under the age of five years	STFs/ LC1 / VHTs call for village meetings, engage in radio talk shows, and drama groups, demonstrations, or use influencers e.g. Boda Boda or religious leaders Utilise midwives to sensitise mothers	August – September 2021
4	Monitor if the households are constructing toilet facilities, and also open defecation of infants	The health inspector makes regular visits to the households with support of sanitation committees	December 2021 onwards (bi-monthly)
5	Record results of the monitoring exercise in the Data Management System	HI and VHTs to enter data in the DMS	December 2021 onwards (bi-monthly)
6	Issue notices to households without hand washing facilities in or near sanitation facilities and levy fines or penalties in line with the District Ordinance on Agriculture and Sanitation	Principal Town Agent/STFs along with law enforcement officers	December 2021 onwards

ANNEX 1.B. ACTION PLANS FOR IMPROVING SANITATION IN PUBLIC SCHOOLS

Action plan for increasing the percentage of public schools with stance to pupil ratio up to 1:40

No.	Actions for Town Council	Who	When
1	Identify schools for intervention, i.e. Mbuga Primary School, Rwankenzi Primary School And Kasenda Primary School, and initiate dialogue with school administration with regards to provision of additional toilet stances	HI/ Inspector of Schools/ Head Teachers	May 2021
2	Engage PTA members to include, within the budget, funds for the provision of more stances during budget allocation and PTA meetings	HI/ Inspector of Schools/ Head Teachers/ PTA	May 2021
3	Implement the Ministry of Education (MOE) guidelines on sanitation for schools – ensuring that all new toilet constructions are lined	AEO – Civil/ HI/ Inspector of Schools/ Head Teachers discuss the standards during engagement meeting	May 2021
4	Town Council passes a resolution for appointing an STF member on SMC	Council	June 2021
5	Schools lobby for funds from government or donor agencies (such as IRC) to increase the number of toilet stances	Town Council/ Head teachers/ District Water Office	June 2021
6	Monitor schools to check for provision more toilet stances for the students	HI	December 2021 onwards (bi-monthly)
7	Issue notices to the schools that are not complying and levy fines or penalties	HI and law enforcement officers	December 2021 onwards (bi-monthly)
8	Reorient and reactivate school sanitation clubs on the operation and maintenance of school toilets	CCT/ Head Teachers/ HI hold meetings with school sanitation club heads and members	January 2022

Action plan for increasing the percentage of public schools with soap and water at handwashing facility in or near sanitation facilities

No.	Actions for Town Council	Who	When
1	Identify schools without sufficient hand washing facilities, and initiate dialogue with school administration with regards to provision of hand washing facilities	HI/ Town Clerk hold engagement meeting with the Head Teacher	May 2021
2	Develop a targeted BCC campaign on hand washing in schools	STFs/ Health inspector with support from development partners develop IEC materials	May 2021
3	Sensitise the pupils and staff on how to wash ones hands as well as against vandalism of sanitation and hand washing facilities	STF/ SMC/ Head teachers/ PTA involve school prefects, drama groups as influencers or pass message through school assemblies. Also place posters and reminders/ talking compounds	May 2021
4	Engage PTA members to include, within the budget, funds for the provision of hand washing facilities	HI/ Inspector of Schools/ Head Teachers/ PTA	July – August 2021
5	Monitor schools to check for provision of hand washing facilities	HI	December 2021 onwards (bi-monthly)

No.	Actions for Town Council	Who	When
6	Issue notices to the schools that are not complying and levy fines or penalties	HI and law enforcement officers	December 2021 onwards (bi-monthly)
7	Engage school management committees to provide fencing around schools	STFs/ Head teachers/SMC/ PTA/ BOG for secondary schools engage in consultative meeting	January 2022
8	Conduct training of the STF members on school WASH using three star programme	KDLG – DEO/ MWE/ partners – IRC, AMREF/ UNICEF/JESE/IAAD organise for training of STF members by MOE	May 2022
9	Sensitise schools on three star programme, including School Group Hand washing	KDLG – DEO/ MWE/ partners – IRC, AMREF/ UNICEF/JESE/IAAD organise for training of SMC/PTA by MOE	May 2022

Action plan for increasing the percentage of public schools with hygienic toilets

No.	Actions for Town Council	Who	When
1	Develop a targeted BCC campaign to inform students about proper usage and maintenance of schools toilets	STFs/ Head teachers/ SMC/ PTA with support from development partners develop IEC materials	May 2021
2	Schools develop sanitation plans	STF representative on the SMC/ SMC/ PTA with support from development partners develop sanitation plans	May 2021
3	Look for incentives to strengthen school sanitation clubs, where dormant, and involve them in improving the hygiene condition of sanitation facilities	STFs/ Head teachers/ SMC/ PTA with support from development partners	May 2021
4	Implementation of school sanitation plans	SMC	July 2021 onwards
5	Encourage students to properly use their toilets and take part in their maintenance	STFs/ SMC in collaboration with development partners engage in hygiene sessions with students	July 2021
6	Monitor schools to check on the hygiene condition of toilets	HI	December 2021 onwards (bi-monthly)
7	Issue notices to the schools that do not have hygienic toilets and close those that do not comply	HI and law enforcement officers	December 2021 onwards (bi-monthly)

Action plan for increasing the percentage of public schools with systems for menstrual hygiene practices

No.	Actions for Town Council	Who	When
1	Identify schools for intervention, at least one school, and initiate dialogue with school administration for the provision of washrooms and incinerators	STF/ HI	May 2021
2	Develop targeted BCC campaign on menstrual hygiene	STF/ Health inspector with support from development partners develop IEC materials	July 2021
3	Sensitise students on menstrual hygiene management	Senor Male and Female Teachers/ STF/ development partners	September 2021
4	Engage the district on MHM in schools	DEO/ DIS/ DHI/ Town Clerk	January 2022
5	School plans and lobbies for funds for the provision of disposal facilities and washrooms if none	AEO-Civil/ HI/ DIS Head teachers/ PTA	May 2022
6	Construction of washrooms and incinerators	AEO-Civil/ HI/ DIS Head teachers/ PTA	July 2022
7	Monitor schools to check for provision of washrooms and disposal facilities	HI	December 2022 onwards (bi-monthly)

ANNEX 1.C. ACTION PLANS FOR IMPROVING SANITATION IN HEALTHCARE FACILITIES

Action plan for increasing the percentage of healthcare facilities with hand washing facilities in or near toilets

No.	Actions for Town Council	Who	When
1	Engage in dialogue with District Health Inspector (DHI) and Health Facility In-charge (St. Martha & Paul Health Centre III) and lobby for the provision of hand washing facilities	Town clerk/ District Health Inspector/ Health facility In-charge hold a closed meeting	May 2021
2	Engage in dialogue with District Health Inspector and Health Facility In-charges and discuss improvement of security at healthcare facilities	Town clerk/ District Health Inspector/ Health facility In-charges hold a closed meeting	May 2021
3	Review the health facility plan and include within the Primary Health Care (PHC) budget funds for the provision fence/ gate at health centre	Town clerk/ District Health Inspector/ Health facility In-charge	May 2021
4	Sensitise the neighbours on protecting the HC property	STFs/ HI/ LC1/ VHTs hold village meeting	May 2021
5	Design fixed/ robust hand washing facility (for healthcare facilities/ schools and disseminate information to health centres	HI/ Town Clerk/ AEO-Civil	September 2021
6	Monitor to check for provision of hand washing facilities	HI	December 2021 onwards (bi-monthly)
7	Issue notices to healthcare facilities that do not comply and levy fines or penalties	HI and law enforcement officers	December 2021 onwards
8	Impound stray animals around the health centre	HI and law enforcement officers	December 2021 onwards

Action plan for increasing the percentage of healthcare facilities with systems for menstrual hygiene practices

No.	Actions for Town Council	Who	When
1	Develop targeted BCC campaign on menstrual hygiene	STF/ Health inspector with support from development partners develop IEC materials	May 2022
2	Engage in dialogue with District Health Officer and Health Facility In-charges about the provision of places for safe management of menstruation, including the provision of sanitary bins in toilets	Town clerk/ District Health Inspector/ Health Facility In-charges organise a meeting	June 2022
3	Review the Health facility Plan and include within the Primary Health Care budget funds for the provision of places for safe management of menstruation hygiene including the provision of sanitary bins in toilets	Town clerk/ District Health Inspector/ Health Facility In-charge	June 2022
4	Sensitise patients/ staff on menstrual hygiene management as well as proper medical waste management	HI/ STFs/ development partners Place information in toilets	June 2022
5	Monitor health facilities to check for provision of places for safe management of menstruation	The health inspectors and assistants	December 2022 onwards (bi-monthly)

ANNEX 1.D. ACTION PLANS FOR IMPROVING SANITATION IN PUBLIC PLACES

Action plan for increasing the percentage of public places with handwashing facilities in or near toilets

No.	Actions for Town Council	Who	When
1	Engage in dialogue with management of Rwankenzi market and lobby for the repair of the hand washing facilities	Principal Town Agent/ Management of Rwankenzi market hold a closed meeting	May 2021
2	Management of Rwankenzi market engage technician to fix the hand washing facility	Principal Town Agent/ Management of Rwankenzi market/ technician	May 2021
3	Monitor to check for provision of hand washing facilities	HI	December 2021 onwards (bi-monthly)
4	Issue notices to markets that do not comply and levy fines or penalties	HI and law enforcement officers	December 2021 onwards

Action plan for increasing the percentage of public places with safe collection, transportation, treatment and reuse of solid waste

No.	Actions for Town Council	Who	When
1	Develop a Waste Business Plan to produce paper bags, mats and briquettes, among others, from the banana waste	HI/ Town Clerk in association with development partners	May 2021
2	Developing solid waste collection plan for the market including collection fee	Principal Town Agent/ Management of Rwankenzi market	May 2021
3	Implement the solid waste collection fee under the trading license	Principal Town Agent/ Management of Rwankenzi market	July 2021
4	Engaging private sector in the collection, treatment and reuse of solid waste produced in markets	HI/ Town Clerk in association with development partners	July 2021

ANNEX 1.E. ACTION PLANS FOR IMPROVING COLLECTION AND TRANSPORT OF FAECAL SLUDGE

Action plan for increasing the percentage of households with lined toilets

No.	Actions for Town Council	Who	When
1	Develop a BCC campaign to sensitise the community with the benefits of lined toilets, their cost, who can construct them and possible sources of finance/ loans	STF, VHTs and HI with support from development partners develop IEC materials	May 2021
2	Develop standard designs for toilets	AEO-Civil compiles sanitation technology album	July 2021
3	Identify masons interested in constructing lined toilets and obtain their contact details and pricing	AEO-Civil / HI with support from development partners	July 2021
4	Identify financial institutions ready to give loans under home improvement schemes and create an inventory of these institutions	STF/ CDO/ Town Clerk with support from development partners	August 2021
5	Demarcate areas of high population density to enforce the use of lined toilets, and ensure that any new toilets to be constructed in the specified zone should be the lined type	STF	August 2021
6	Training local builders/ artisans on sanitation technologies	District Water Officer/ AEO-Civil/ HI conduct training workshop	September to December 2021
7	Implement the BCC campaign to promote up scaling of lined pit toilets. Provide households with cost estimates of putting up lined toilets and information on who can build affordable lined toilets in the town and where loans can be availed	STFs/LC1/VHTs call for village meetings, engage in radio talk shows, and drama groups, demonstrations, or use influencers e.g. Boda Boda or religious leaders	December 2021
8	Engaging local builders/ artisans in the construction of lined pit latrines and link them to households using VHTs as sales agents	District Water Officer/ AEO-Civil/ HI	January 2022
9	Monitor households within the targeted zones to check for construction lined latrines	HI	December 2021 onwards (bi-monthly)
10	Issue notices to households within the targeted zones that do not comply and levy fines or penalties	HI and law enforcement officers	December 2021 onwards

Action plan for improving safe collection and transportation of excreta to designated treatment plant

No.	Actions for Town Council	Who	When
1	Sensitise the community about building standards	Physical Planner/ STFs organise village meetings	May 2021
2	Promote land use planning including implementation of service lanes during house construction	Physical Planner/ AEO-Civil during approval of building plans Physical Planner/ Engineer/ HI during monitoring and enforcement of completion permits	June 2021 on wards
3	Identifying cesspool emptiers within the region and obtain their contact information and pricing	HI with support from development partners	January 2023
4	Make draft framework conditions for the operations of cesspool emptiers within the town council including, among others, protectionism – giving licenses to specific operators, and guidelines on proper faecal sludge management	STF with support from development partners	January 2023

No.	Actions for Town Council	Who	When
5	Conduct consultative meeting with cesspool emptiers and sensitise them about framework conditions and the District Ordinance on Agriculture and Sanitation	Cesspool emptiers/ STF with support from development partners	January 2023
6	Sensitise/ disseminate the information about the District Ordinance on Agriculture and Sanitation & emptying services to the community	STFs/ Town Clerk/HI through radio talk shows in collaboration with development partners or through churches and village meetings	January 2023
7	Conduct strict monitoring and enforcement to ensure no indiscriminate dumping of faecal sludge (FS), protectionism for operators, and construction in service lanes in line with the District Ordinance on Agriculture and Sanitation	STF	December 2023
8	Mobilising for group pit emptying	Health Inspectors/ Principal Town Agent	December 2023
9	Develop a physical plan for Kasenda	KDLG/ Town Clerk partner with hotel owners and development NGOs, MUK	By end of 2025

ANNEX 1.F. ACTION PLANS FOR IMPROVING TREATMENT AND DISPOSAL OF FAECAL SLUDGE

Action plan for constructing a collective faecal sludge management facility for a cluster of towns around Kasenda

No.	Actions for Town Council	Who	When
1	Engage adjoining towns in discussion for site selection of collective faecal sludge management facility	STF/ Town Clerk/ National Water and Sewerage Corporation (NWSC)/ Ministry of Water (WSDF/ SW)/ KDLG	2025
2	Engage consultants to conduct pre-feasibility study for the faecal sludge management facility	STF/ Town Clerk/ NWSC/ Ministry of Water (WSDF/ SW)/ KDLG	2025
3	Review the pre-feasibility and select appropriate technology for faecal sludge management facility	STF/ Town Clerk/ NWSC/ Ministry of Water (WSDF/ SW) / KDLG	2025
4	Discuss appropriate models for the operations and management of the faecal sludge management facility	STF/ Town Clerk/ NWSC/ Ministry of Water (WSDF/ SW) / KDLG	2025
5	Initiate the process for environmental and social impact assessment of the faecal sludge management facility with NEMA	STF/ Town Clerk/ NWSC/ Ministry of Water (WSDF/ SW) / KDLG	2025
6	Once the EIA is accepted, initiate the process of acquiring land for the faecal sludge management facility	STF/ Town Clerk/ NWSC/ Ministry of Water (WSDF/ SW) / KDLG	2025
7	Develop detailed design for the faecal sludge management facility	STF/ Town Clerk/ NWSC/ Ministry of Water (WSDF/ SW) / KDLG	2025
8	Construct SDB in the acquired land	STF/ Town Clerk/ NWSC/ Ministry of Water (WSDF/ SW) / KDLG	2025
9	Develop operations and maintains manual of the operators of the facility	STF/ Town Clerk/ NWSC/ Ministry of Water (WSDF/ SW) / KDLG	2025
10	Handover of facility to the operator and commences operations	STF/ Town Clerk/ NWSC/ Ministry of Water (WSDF/ SW) / KDLG	By 2025

ANNEX 2: LIST OF STF MEMBERS THAT SPEARHEADED THE DEVELOPMENT OF THE TOWN SANITATION PLAN

No.	Name	Title	Role in STF	Contact
1	Otafiire Ariho Amon	Town Clerk	STF Chairman	0702934900
2	Muyonga Richard	Health Inspector	Secretary/ Liason Officer	0778825094
3	Mpuuga Swithen	Assistant Agricultural Officer	Member	0706405761
4	Kemigisa Ritah	Community Development Officer (CDO)	Member	0776300821
5	Tusiime Monica	Assistant Engineering Officer (AEO) (Water)	Member	0775265647
6	Muhimbise Annet	Ward Agent	Member	0784731478
7	Arineitwe Johnson	Assistant Engineering Officer (AEO) (Civil)	Member	0786866845
8	Isingoma Peter	Parish Chief	Member	0702786639
9	Ruyonga Kenneth	Physical Planner	Member	0783847916
10	Byamukama Damano	Representative of Mayor Kasenda Town Council	Member	0755613055
11	Byamukama Wilber	Enforcement Officer	Member	0781269151

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