



Republic of Uganda  
Kabarole District Local Government



# TOWN SANITATION PLAN FOR MUGUSU TOWN COUNCIL

AUGUST 2021

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

The work was commissioned by IRC Uganda with funding from the Conrad N. Hilton Foundation, in support of implementation of the Kabarole District WASH Masterplan 2018-2030.

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**Cite this publication as follows:**

Mugusu Town Council, 2022. Town Sanitation Plan for Mugusu Town Council, Kabarole District, Uganda

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# ACRONYMS AND ABBREVIATIONS

BCC	Behaviour Change Communication
CBD	Central Business District
CBO	Community Based Organisation
CDO	Community Development Officer
CLTST	Community-Led Total Sanitation
CT	Collection and Transport
DHO	District Health Office
DMS	Data Management System
FS	Faecal Sludge
FSM	Faecal Sludge Management
HC	Health Centre
HF	Healthcare Facility
HH	Household
HUMC	Health Unit Management Center
IEC	Information, Education and Communication
IRC	International Water and Sanitation Center
KDLG	Kabarole District Local Government
LC	Local Council
MoA	Memorandum of Agreement
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MoU	Memorandum of Understanding
NA	Not Applicable
NGO	Non-Governmental Organisation
NWSC	National Water and Sewerage Corporation
PHAST	Participatory Hygiene and Sanitation Technology
PP	Public Place
PTA	Parents, Teachers Association
SACCO	Savings and Credit Cooperative
SCDO	Senior Community Development Officer
SDB	Sludge Drying Bed
SH	School
SMC	School Management Committee
STF	Sanitation Task Force
TD	Treatment and Disposal
UGX	Uganda Shillings
VHT	Village Health Team
VIP	Ventilated Improved Pit
WaSH	Water, Sanitation and Hygiene
WHO	World Health Organisation

# FOREWORD

Water and Sanitation service provision remains a challenge in Mugusu Town Council.

Sanitation services in the town council are more wanting and require focused intervention to prevent poor public health of the communities in Mugusu Town Council.

It is my pleasure to present the Town Sanitation Plan for Mugusu Town Council. This Plan provides a costed strategic approach towards achieving improved sanitation services for households and institutions and the entire service chain in Mugusu Town Council.

To ensure the sustainability of this plan, a Sanitation Task Force (STF) was formed and trained to build their capacity in handling hygiene and sanitation-related issues. A Sanitation Stakeholders Forum was also formed comprising of different stakeholders relevant in the WASH sector to validate the baseline findings and support the implementation of Mugusu TSP.

My appreciation goes to IRC and donor partners for the financial support in developing the Mugusu Town sanitation plan. We also acknowledge the effort invested by the Mugusu Town Council Technical Team together with the Stakeholders Forum, who participated tirelessly to develop Mugusu TSP for the benefit of the Mugusu community and improve the sanitation situation in Mugusu town.

Mugusu Town Council is set to implement Sanitation Plan and monitor achievements for future review and planning.

For God and My Country



**David Rwamworo**

LC III Chairman – Mugusu Town Council

# EXECUTIVE SUMMARY

Kabarole has the vision to achieve full, sustainable water, sanitation, and hygiene (WASH) services by 2030. Through its WASH systems strengthening programming IRC has collaborated with Kabarole District Local Government as a core district partner since 2006, and in 2018 facilitated efforts to research, develop and publish a district WASH master plan for Kabarole District. IRC 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.

Mugusu Sanitation Task Force and the political body of Mugusu Town Council set forth the following vision to guide and focus actions and Sanitation improvement interventions proposed in the developed Mugusu TSP 'A universally clean attractive Mugusu Town Council with accessible, sustainable sanitation system by 2040 through integrated efforts of all stakeholders. To fulfill the vision, the Town Council together with other stakeholders derived specific objectives and targets with subsequent indicators set in the Plan according to short (2025), mid (2030), and long-term targets (2040).

The main objective of the plan is to *“Achieve increased access to improved sustainable sanitation facilities, good hygiene practices, and better waste management in households, schools, healthcare facilities and public places for a healthy and productive population by 2040”*

## **Key findings at baseline**

Prior to the planning process, a baseline survey was conducted in Mugusu to establish the current sanitation situation in Mugusu town and the following were the findings: 88.5% of toilets are unlined; 1.4% of households lacked any form of sanitation facility; 75% of toilets sampled were dilapidated and had no doors, had cracked walls and cracked slabs. There was also poor cleanliness of sanitary facilities; with 49% for residential toilets, 25% for institutional toilets and 49% for commercial premises toilet. The baseline also found that 13% of residential sanitation facilities were shared by 4 other households; and the average pupil to stance ratio was 99:1 which did not meet the minimum national standard of 40:1. Additionally, 58% of the total population expressed low willingness to upgrade from unlined to lined toilets; 58.5% of the toilets could not be accessed by a cesspool truck for emptying purposes; 48% of the sampled sanitation facilities had ever been filled and abandoned; and about 75% of the premises sampled did not have a hand washing facility near their toilet.

## **Mugusu Town Sanitation Plan**

Mugusu Town sanitation plan presents actions and interventions that are focused on improving sanitation in households, public schools, public places (e.g. markets, bus/taxi stop), and healthcare facilities. In addition, the plan proposes interventions to improve the collection and treatment of fecal sludge in the town. The planning horizon is set until the year 2040.

It is estimated that software related interventions will cost **632,801,800 UGX** and hardware investments required for improvements in FSM across the sanitation chain will cost **4,952,500,000 UGX** until 2025 (short term), **8,563,400,000 UGX** until 2030 (midterm) and 2,877,800 UGX until 2040 (long term). The cost will be met by households/ landlords, Mugusu Town Council, donor agencies/ development partners, and the Kabarole District Local Government, depending on the type of interventions.



# 1. INTRODUCTION

## 1.1 BACKGROUND OF THE TOWN SANITATION PLAN

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.

The key outputs of the process are Town Sanitation Plans providing a strategic framework to deliver and improve sanitation in the selected towns through short, medium, and long-term goals. Town Sanitation Plans aim at coordinating and integrating various sanitation-related measures at the town council level including physical planning, sanitation marketing and Behaviour Change Communication (BCC), local private sector involvement, law enforcement, and full stakeholder participation, among others. The plans contain Kijura Town Council priority issues; objectives and targets for improving sanitation; planned activities; and a financial estimation management plan for the activities.

## 1.2 PURPOSE AND SCOPE OF MUGUSU SANITATION PLAN

### *Purpose of the plan*

This is an integrated documentation of sanitation interventions and services in Mugusu town in a strategic manner. This is not a conventional technical sanitation master plan focusing on engineering and financial aspects; rather it sets out the strategies, objectives, targets, operational actions and resources needed to achieve the vision and objectives for improvements along the sanitation value chain<sup>1</sup> in Mugusu.

The planning process (see chapter 1.3, methodology) and the result are derived from consultations with local stakeholders; capturing realities, and proposing solutions that are locally generated by the stakeholders and not technocrats outside the town council. The target group of this plan is technical and non-technical stakeholders (residents, Community Based Organisations [CBOs] and funding agencies based in Mugusu or the region, Non-Governmental Organisations [NGOs], national and regional water utilities, Kabarole District Local Government and Town Council) who have an interest in improving sanitation at a local level.

### *Scope of the plans*

The actions and interventions presented in the plan are focused on improving sanitation in households, public schools, public places (e.g. markets, bus/taxi stops), and healthcare facilities. In addition, the plan proposes interventions to improve the collection and treatment of faecal sludge in the town. The planning horizon is set up to the year 2040.

The plan also outlines estimates on the required investments to be made either by the Town Council, Kabarole District Local Government (KDLG), and/or donor agencies for improvements along the sanitation value chain.

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<sup>1</sup>The sanitation value chain comprises of all the activities relating to capture > storage > transport > treatment > re-use of human excreta.

### 1.3 METHODOLOGY OF THE SANITATION PLAN

A Sanitation Task Force (STF) was formed, during the kick-off workshop held on 28th January 2021, by selecting Town Council Technical staff of different experiences and disciplines related to sanitation. Their role is to contribute to the development of a comprehensive sanitation plan and its implementation. The STF comprises of Town Clerk (also STF Chair), Senior Community Development Officer (STF Secretary), Principal Town Agents for Butinda, Kiboha, Kibedde, Bulungi, and Kideeru wards, Mugusu Health Centre III representative, Town Engineer, and a Water Officer.

A baseline survey<sup>2</sup> was conducted in Mugusu town in March 2021. The main objective of the survey was to establish the sanitation situation in households, schools, public places, and healthcare facilities; enabling environment; institutional capacity, and town level planning processes related to improving access to sanitation in the town.

The STF underwent training on basic sanitation concepts and strategic planning to enhance the overall capacities of the team to effectively participate in the planning process. The areas covered include:-

- Basic understanding of sanitation chain
- Basic understanding of sanitation technologies and the different sanitation options
- Data collection, analysis, and management information systems (MIS)
- Basic understanding of participatory and strategic planning
- Basics of awareness-raising activities and behavior change communication (BCC),
- Understanding of governance, bye-laws formulation, development, and enforcement,
- Basic understanding of implementation, monitoring, and evaluation

A stakeholder forum was formed with the main objective of providing inputs during consultation in the development of the town sanitation plan. The stakeholders include users, service providers, Town Council officials, political and cultural leaders, media, business representatives, and utilities that were directly or indirectly involved in sanitation activities of the town. The forum was held twice where the task force shared the baseline findings and the proposed interventions in the plan and project progress reports. In the future, this forum is expected to meet bi-annually for the STF to share implementation progress and review of performance.

Results of the baseline survey were disseminated to stakeholders in Mugusu town on 13th April 2021 to validate them, get their input into the planning process and buy-in. The workshop raised awareness amongst the stakeholders of the challenges causing the poor sanitation situation. Priority problems were identified and possible solutions were also discussed with the active participation of the stakeholders.

Gap-filling surveys were conducted to supplement the information in the baseline survey report. This was conducted through interviews in government-aided schools, healthcare facilities, and markets. Results from these surveys formed part of the situation analysis, Chapter 3.

A planning meeting was held on 15th and 16th April 2021 between the consultants, Trinh Kyomugisha, Kenneth Musabe, and the STF. The purpose of this meeting was to determine possible solutions to the challenges causing poor sanitation in households, government-aided schools, public places, and healthcare facilities. The participants also decided on who, how, and when these actions would be implemented. Chapter 6 provides the detail of the strategic approaches and actions that were concluded from the meeting.

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<sup>2</sup> Results of the baseline survey form part of Chapter 3: Situation analysis. Further details of the survey can be accessed in the document: Kenneth Musabe., [Mugusu Baseline Survey Report](#) (2021).

## **1.4 LIMITATIONS AND ASSUMPTIONS**

*Accuracy of data:* The sanitation plan has been prepared by addressing key sanitation issues identified from the baseline survey. It is assumed that the baseline survey has identified and covered the ground realities as accurately as possible.

*Validity of actions:* All ideas and actions listed in this plan are a result of direct interactions with the Town Council staff and other relevant stakeholders and do not represent the interest of the consultants.

*Cost Assumptions:* The costs presented in this plan represent indicative planning estimates provided by Town Council Technical team agencies and suppliers based on interviews and estimates provided to the consultants. The values cannot be deemed as absolute and can be subject to change.

## 2. PROFILE OF MUGUSU TOWN COUNCIL

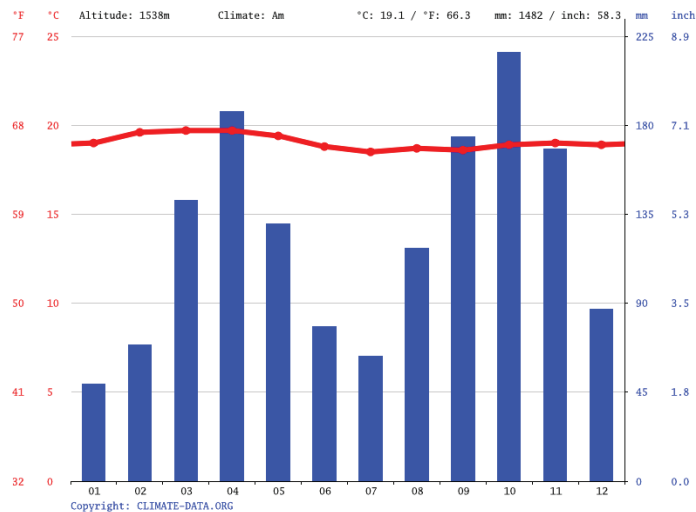
### 2.1 LOCATION

Mugusu Town Council is located in Kabarole district in Western Uganda. The Town Council is bordered by the sub-counties of Karambi in the east, Buheesi in the south, and Bukuuku in North West. The Location Map of Mugusu Town is shown in Figure 1.

The central part of Mugusu Town council is located 8.2 km from Fortportal town along the Fortportal-Kasese highway. The town council is divided into 5 wards i.e. Butinda, Kiboha, Kiseru, Kibeede, Burungu. Mugusu Townhouses the following establishments: the Town Council Offices; Mugusu Health Centre III, A weekly Market, lodges, shops, secondary schools, primary schools, fuel stations, etc.

### 2.2 CLIMATE AND TOPOGRAPHY

Mugusu Town Council has a tropical climate. Kabarole has significant rainfall most months, with a short dry season. According to Köppen and Geiger, this climate is classified as Am. The average annual temperature in Kabarole is 20.2 °C. Precipitation is about 1623 mm per year. The driest month is January. There is 37 mm of precipitation in January. The greatest amount of precipitation occurs in October, with an average of 162 mm. Figure 2 summarizes the climate for Kabarole district where Mugusu TC is located.



**Figure 1: Climate diagram for Kabarole, Uganda average temperature in red, rainfall in blue (climate-data.org, accessed 15.03.2021)**

### 2.3 POPULATION

The results of the 2014 Population census are shown in Table 1. The total population of Mugusu Town Council was 18,163 for the two wards.

## The population of Mugusu Town

Table 1: Mugusu Town population (UBOS, 2014)

Ward	Population			
	Males	Females	Total	Households
Burungu	6,247	6,165	12,412	2,756
Kiboha	2,890	2,861	5,751	1,240
<b>Total</b>	<b>9,137</b>	<b>9,026</b>	<b>18,163</b>	<b>3,996</b>

The population growth rate for Mugusu Town Council for the period 2002-2014 was 2.3%. The Projected population for the year 2021 using the above growth rate is 20,818.

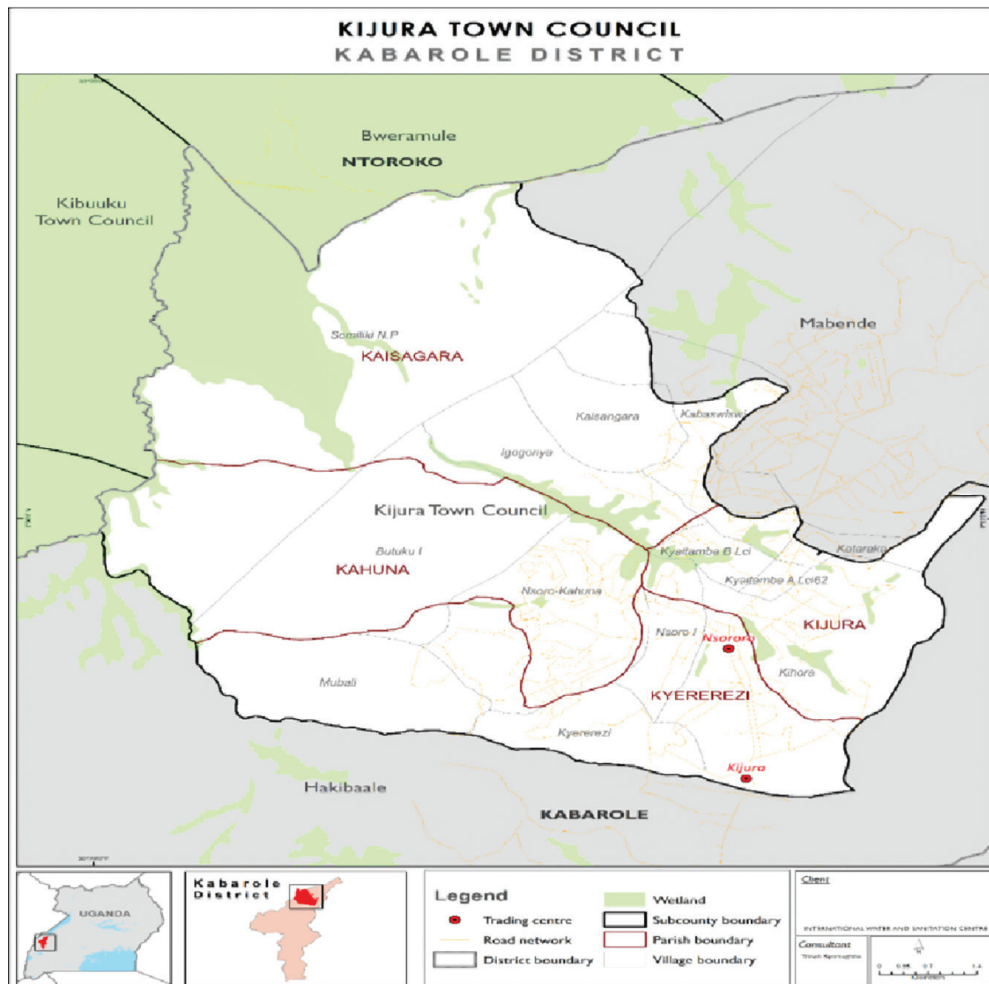


Figure 2: Location of Mugusu Town Council



## 2.4 OCCUPATION AND MONTHLY EXPENDITURE OF HOUSEHOLD HEAD

Most (27.8%) of the household heads in Mugusu Town do subsistence farming as their main occupation. Those formally employed are only 9.5% of the sampled households and the unemployed are about 10.3%. The unemployment rate is quite high.

**Table 2: Household heads Occupation**

Main Occupation of HH Head	Freq.	%
Not employed	38	10.3%
Formal employment/Public service	35	9.5%
Wholesale trader	5	1.4%
Small business trader	65	17.6%
Commercial Farmer	24	6.5%
Subsistence Farmer	103	27.8%
Casual worker	91	24.6%
Others	9	2%
<b>Grand Total</b>	<b>370</b>	<b>100%</b>

Monthly Household expenditure was used as a proxy indicator for household income since respondents are more open to disclosing their expenditure more easily than their income. The monthly expenditure information is summarized in Table 3.

**Table 3: Household Head Monthly income/expenditure**

Monthly Expenditure (UGX)	Responses	Responses (%)
<100,000	111	26%
100,000 - 300,000	154	36%
300,000 - 500,000	63	15%
500,000 - 1,000,000	63	15%
>1,000,000	35	8%
<b>Total</b>	<b>426</b>	<b>100%</b>

Most (36%) of the household heads spend between UGX 100,000 to UGX 300,000 per month. The computed average household expenditure from the respondents is UGX 390,229. This is comparable to the average monthly household expenditure of UGX 319,300 for semi-urban areas in Western Uganda (UBOS, 2018).

# 3. BASELINE SITUATION OF MUGUSU TOWN COUNCIL

## 3.1 HOUSEHOLD SANITATION AND HYGIENE SITUATION

88.5% of toilets are unlined

1.4% of households lacked any form of sanitation facility

75% of toilets sampled were dilapidated and had no doors, cracked walls, and cracked slabs

Poor cleanliness of sanitary facilities of which 49% for residential toilets; 25% for institutional toilets and 49% for commercial premises toilets

13% of residential sanitation facilities shared 4 other households

Average pupil to stance ratio 99:1 which does not meet the minimum national standard of 40:1

58% of the total population expressed low willingness to upgrade from unlined to lined toilets

FS emptying / transportation

58.5% of the toilets cannot be accessed by a cesspool truck for emptying purposes

48% of the sampled sanitation facilities have ever been filled and abandoned

### 3.1.1 HANDWASHING FACILITIES

About 75% of the premises sampled did not have a handwashing facility near the toilet

## 3.2 CROSS-CUTTING ISSUES

Manual emptying is a common practice and the human waste emptied manually never reaches the treatment plant

About 73% of those who had ever received emptying services were satisfied with the services received

11% of latrine owners were not sure what ought to be done when their sanitary facilities are filled up

Average emptying charges using a cesspool emptier is 315,000 WHILE manual emptying is 327,500. Customers indicated a willingness to pay an average of UGX 204,000 for faecal sludge emptying.

### 3.2.1 FAECAL SLUDGE TREATMENT

02 waste stabilization ponds systems with the design capacity of 100 m<sup>3</sup>/d at the bus park are overloaded and the effluent discharged to the environment does not meet the NEMA standards hence resulting in the unpleasant smell

Package mechanized sewerage treatment plant located along Kamwenge road with a design capacity of 300 m<sup>3</sup>/d serves the town catchment area by the bus park ponds and there is low utilization (less than 100 m<sup>3</sup>/d). the treatment plant is not designed to receive nor treat faecal sludge

Potential faecal sludge (FS) emptying volumes

Estimate of 17% of residential and 11% of commercial sanitation facilities in use had ever filled

Total FS accumulated inlined facilities (16%); unlined pits (84%) and the Total FS accumulated (m<sup>3</sup>/d) was 100%

### 3.2.2 SOLID WASTE MANAGEMENT

- Lack of trucks to collect fecal sludge
- No skips for solid waste management
- Mugusu Town Council collects 1.3 million shillings per quarter from the local revenue and the money collected is used to pay off the 8 porters who collect waste every Thursday and Friday of the week. Mugusu Town Council hires a waste truck to dump off the solid waste to the dumping site.
- Mugusu town council has a designated land area where solid waste is disposed of but it is located in a wetland
- 41.2% of the solid waste in the town is burnt

### 3.2.3 LAWS, REGULATIONS, AND STANDARDS

Mugusu town council has no sanitation bye-laws and also lacks specific minimum sanitation standards for sanitation facilities

43% of the community members suggested being well acquitted with receiving sanitation communication message through radio channels

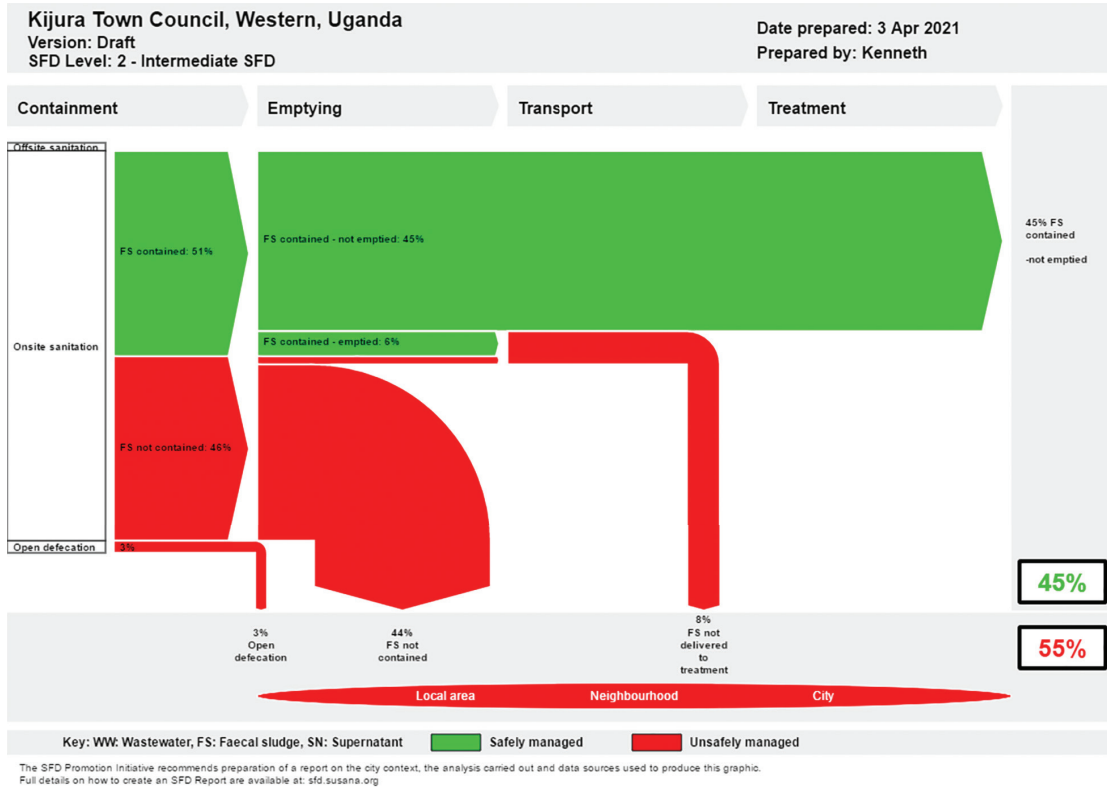
### 3.2.4 WATER SUPPLY

17.1% of the total population still uses water from unprotected areas which are highly prone to contamination

## 3.3 SANITATION SITUATION IN SCHOOLS

#	Name of School	Type of Toilet	Popn	Total No. Stances	PSR
1	St. Joseph Nursery and Primary School	Unlined simple pit latrine without slab	63	3	21
2	Kaboyo Primary school	Lined VIP latrine	868	5	174
3	Mugusu Primary school	Unlined VIP latrine	580	5	116
4	St. Paul Mpeerre nursery and primary	No Facility	180		
5	Kiboha Primary school	Unlined VIP latrine	347	4	87
6	Nyansozi Primary School	Lined VIP latrine	554	5	111
7	Good Life Nursery and Primary School	Lined VIP latrine	350	4	88
8	St. Peter Secondary School Mugusu	Unlined simple pit latrine without slab	250	6	42
<b>Total/ Average</b>			<b>3192</b>	<b>32</b>	<b>99.7</b>

### 3.4 SHIT FLOW DIAGRAM FOR MUGUSU TOWN COUNCIL



### 3.5 JMP WATER AND SANITATION SITUATION

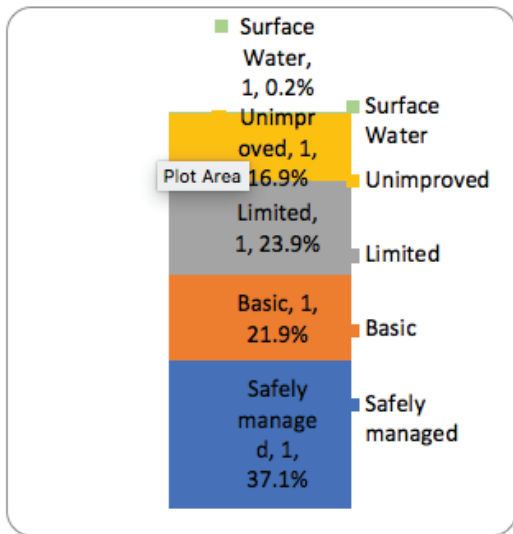


Figure 3: JMP Drinking Water Ladder

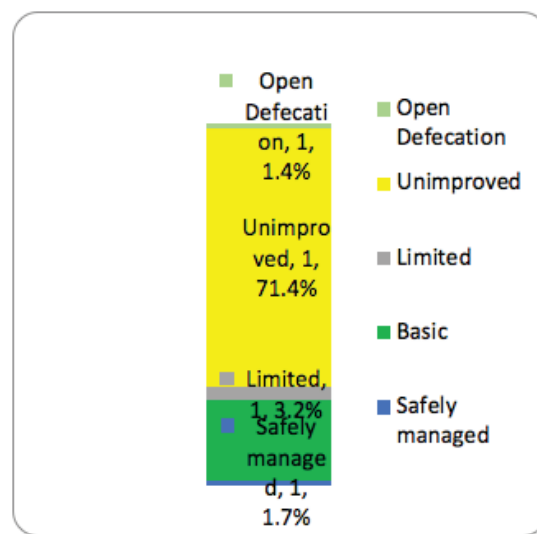


Figure 4: JMP Sanitation Ladder

In line with the JMP, 37.1% of the respondents had access to safely managed water - drinking water from an improved water source that is accessible on premises, available when needed; 21.9% had basic - drinking water from an improved source, as collection time is not more than 30 minutes for a roundtrip; 23.9% had limited - drinking water from an improved source for which collection time exceeds 30 minutes for a roundtrip; 16.9% use unimproved water sources - drinking water from an unprotected dug well or unprotected spring while 0.2% use surface water - drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal. The use of boreholes, springs, wells, and surface water is problematic in urban areas since the aquifers are prone to groundwater contamination as population density increases.

Based on the JMP ladder for sanitation, 1.7% had access to safely managed sanitation - use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated offsite. About 22.3% had basic - use of improved facilities which are not shared with other households. Around 3.2% had limited - use of improved facilities shared between two or more households. While 71.4% had unimproved toilets - use of pit latrines without a slab, and 1.4% practiced 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 a need to move households up the sanitation ladder towards access to safely managed sanitation, or at least basic.



# 4. VISION, MISSION, AND OBJECTIVE OF THE TOWN SANITATION PLAN

## 4.1 VISION

The **Vision** of Mugusu Town Council is: **“A universally clean and attractive Town Council with accessible, sustainable sanitation system by 2040 through integrated efforts of all stakeholders”.**

To fulfill the vision, the Town Council along with other stakeholders derived specific objectives and targets with subsequent indicators set according to short (2025), mid (2030), and long-term targets (2040).

## 4.2 OVERALL OBJECTIVE OF THE PLAN:

*“Achieve increased access to improved sustainable sanitation facilities, good hygiene practices, and better waste management in households, schools, healthcare facilities and public places for a healthy and productive population by 2040”.*

## 4.3 SPECIFIC OBJECTIVES, INDICATORS, AND TARGETS

To achieve the overall objective of the plan, 20 specific objectives are derived that directly relate to the problems identified in the situational analysis and follow the same sequential order. Each specific objective is assigned an indicator to measure its achievement.

The STFs developed short, mid, and long term targets to accomplish the specific objectives based on the human and financial resource envelope of the Town Council.

### 4.3.1 SPECIFIC OBJECTIVE HH: SANITATION IMPROVEMENTS IN HOUSEHOLDS

Targets identified by STF members

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2025)	Midterm targets (by 2030)	Long term targets (by 2040)
HH.1	Increase the percentage of a lined pit latrine in Mugusu Town Council	Percentage of households with lined pit latrines	8.9%	25%	50	90
HH.2	To increase latrine coverage to 100%	percentage of latrine coverage in Mugusu	98.6%	100%	100%	100%
HH.3	To Create awareness on improved toilet technologies ( like water bone toilets, echo san, VIP, Lined pit latrines, double volt Pit Latrine)	Increased number of improved sanitation facility	10.1%	30%	60%	95%
HH.4	Decrease the percentage of unhygienic sanitation facilities in residential, Institution, and commercial premises	Increased percentage of hygienic sanitation facility	45% residential, 49 commercial premises 25 institutional.	25% 20% 15%	15% 10% 5%	5% 5% 2%

Specific objective S: Sanitation improvements in public schools

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2025)	Midterm targets (by 2030)	Long term targets (by 2040)
SH.1	Increase the percentage of public schools with soap and water at handwashing facilities in or near sanitation facilities	Percentage of public schools with soap and water at handwashing facility in or near sanitation facilities		100%	100%	100%
SH.2	Decrease the pupil stance ratio from 99:1 to 40:1	Percentage of public schools with pupil to stance ratio 40:1	99:1	65:1	40:1	40:1
SH.3	decrease the percentage of public schools with unhygienic sanitation facilities	Percentage of public schools with unhygienic sanitation facilities	25%	15	5	0%
SH.4	Increase the percentage of public schools with systems for menstrual hygiene practices	Percentage of public schools with systems for menstrual hygiene practices	0%	50%	70%	100%

Specific objective HU: Sanitation improvements in healthcare facilities

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2025)	Midterm targets (by 2030)	Long term targets (by 2040)
HU.1	Increase access to improved sanitation facilities at the healthcare center	Percentage of improved sanitation facilities	5%	50%	100%	100%
HU.2	Increase the percentage of the healthcare facilities with hygienic toilets	Percentage of a healthcare facilities with hygienic toilets	5%	100%	100%	100%
HU.3	Increase the percentage of healthcare facilities with handwashing facilities in or near toilets	Percentage of healthcare facilities with handwashing facilities in or near toilets	50%	100%	100%	100%
HU.4	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%

Specific objective PT: Sanitation improvements in public places

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2025)	Midterm targets (by 2030)	Long term targets (by 2040)
PT.1	Increase access to public toilets	Number of public toilets	0	3	3	5
PT.2	Increase the percentage of public toilets with handwashing facilities	Percentage of public toilets with handwashing facilities	0%	100%	100%	100%

Specific objective CT: Improving collection and transport of faecal sludge

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2025)	Midterm targets (by 2030)	Long term targets (by 2040)
CT.1	Increase the percentage of households with lined toilets	Percentage of households with lined toilets	8.9%	40%	80%	90%
CT.2	Increase safe collection and transportation of excreta to the designated treatment plant	Number of pit emptiers providing pit emptying services	0	2	3	5

Specific objective MT: Improving treatment and disposal of faecal sludge

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2025)	Midterm targets (by 2030)	Long term targets (by 2040)
MT.1	Engaging NWSC on FSM Treatment services	Land availability	0	1		

# 5. STRATEGIC PRINCIPLES FOR THE TOWN SANITATION PLAN

To achieve the objectives and targets, the Sanitation Task Force proposes five strategic principles that will guide interventions and actions. These five principles are:

- Principle 1: Improve sanitation governance framework
- Principle 2: Increased demand for sanitation and hygiene at all levels
- Principle 3: Improve the supply of sanitation and hygiene-related products
- Principle 4: Invest in sanitation hardware

## 5.1 IMPROVE THE SANITATION GOVERNANCE FRAMEWORK

### *Improved Sanitation financing*

There are not many options for urban sanitation-related financing in Uganda, especially for government funding or financing programs. Thus the STF will look into what is available and possible from locally existing financing sources to complement its resources.

Ring-fencing budget for sanitation-related activities in the budget of the Town Council. The Town Council will ring-fence 7% of its local revenues for sanitation-related interventions. These interventions will exclude solid or refuse waste management as well as drainage management and will entirely focus on faecal waste management of the town.

Identify financial institutions, such as local banks and SACCOs that offer loans under home improvement schemes for households that are eligible for loans. An inventory of these institutions is created and shared freely with the public via a media campaign.

Working with partners, like HEWASA, the investment to build lined toilets under the FINSH MODEL will be promoted using VSLA groups.

### *Reinforce the existing district ordinance*

The plan proposes to reinforce the existing district ordinance to include a wider range of regulations on the use and maintenance of toilets in households, schools, healthcare facilities, and public places. Additionally, the by-law will regulate the operations of emptying and disposal of faeces within the town. The amended by-law will fall under the combined framework of the National Public Health Act<sup>3</sup> and the Local government Act<sup>4</sup> but the regulations will be derived specifically to the local requirements, norms, and conditions.

### *Proposed amendments and inclusion to the by-laws in Mugusu:*

- I. Every household must have a toilet facility.
- II. All new pit latrine constructions must be lined and emptiable.
- III. The stance per user ratio for shared facilities in rental homesteads should not exceed 2 Households per stance.
- IV. Open defecation, including that of the children below five years of age, and open urination are penalizable. A fine not exceeding 20,000 UGX is levied per stool if and when the person is caught defecating.

<sup>3</sup>The Public Health Act (1964, Revised 2000) clarifies the role of national and local governments to prevent and suppress the spread of infectious diseases related to water, sanitation and hygiene. It sets the legal basis for the measures to safeguard public health and provides the regulatory framework to curtail pollution (parasitic or chemical) that is detrimental to the environment and human health. The act also endows the provision of sanitation facilities (capture and containment of night soil) at a household level to the owner of the property.

<sup>4</sup> The Local Government Act- 1997, in line with Uganda's decentralisation policy, endows the legal right to local governments to provide sanitation service delivery, protection of the water resources and provision of water supply to inhabitants. The Act also bestows rights to district and Municipal Councils to enact by- laws and formulate ordinances pertaining to sanitation and hygiene that are consistent with national statutes.

- V. Every toilet facility must have a hand washing facility, and soap must be available at all times.
- VI. The design of the sanitation facilities in schools must comply with the standards set by the Town Council or the Ministry of Education and Sports.
- VII. Schools to comply with hygiene condition requirements of sanitation facilities as set by the Town Council.
- VIII. Indiscriminate disposal of faecal material in fields, wetlands, open spaces, forests, etc. that are within the jurisdiction of the Town Council is deemed illegal and such activity will attract penalties, including possible confiscation of the cesspool trucks. All faecal sludge collected in the town must be disposed of in the designated treatment plant in Fort Portal City or any of the new treatment facilities within reach of the emptying services.

*Setting minimum standards for sanitation facilities*

The use of traditional pit toilets to be abolished and SanPlat (or concrete slab) is promoted by the Town Council. This minimum standard is to be reflected in the town sanitation by-law.

*Developing standards for lined toilets*

Develop standards for lined or emptiable sanitation facilities that define the type, size, and volume of toilets. This will reduce the recurring investment cost for the household or landlords in case they want to change the system from a dry pit latrine to a waterborne toilet in the future.

*Zoning*

The Town Council demarcates areas of high population density, especially the central business district (CBD), to enforce the use of lined toilets. Areas outside of the CBD are exempted from the use of unlined toilets until 2025.

*Monitoring and enforcement*

Strict monitoring and enforcement are initiated by the Town Council and non-compliance to the by-law is dealt with penalties and fines. A management information System (MIS) for sanitation is developed to provide a platform where data is periodically collected, stored, and evaluated. Monitoring and enforcement are carried out by the STFs and Village Health Teams (VHTs) to ensure the following:

- i. Landlords are providing an adequate number of toilet stances to the tenants as prescribed above.
- ii. Households with unimproved sanitation facilities have installed SanPlats/ washable floors and are using them.
- iii. Areas designated for improvement in toilet standards, especially high population pockets such as the CBD, comply with the minimum requirements of a lined toilet.
- iv. Schools are providing sanitation facilities to the standards set by the Town Council.
- v. Schools have handwashing facilities installed in or near their toilets facilities.
- vi. Open defecation amongst adults and children under five is strictly monitored and non-compliance is penalized.
- vii. Regular inspection of toilets in households, schools, public places, and healthcare facilities to record their condition according to the data collection logbook. Non-compliance is issued with a notice and if not rectified, the owner of the premises is penalized. In rental homesteads, poor maintenance of toilets is levied on the landlords.
- viii. Regular monitoring of new latrine constructions is conducted to ensure compliance with the by-law.



## **5.2 PRINCIPLE 2: INCREASED DEMAND FOR SANITATION AND HYGIENE AT ALL LEVELS**

Awareness of sanitation and hygiene-related practices will be raised at all levels. Information, Education, and Communication (IEC) materials will target households (private and lease), schools, healthcare facilities, and public places, especially markets. Additionally, the plan proposes that the Town Council actively promotes sanitation products and services that will be provided by private enterprises.

### **5.1.1 INTERVENTIONS TO RAISE SANITATION AND HYGIENE AWARENESS AT THE HOUSEHOLD LEVEL:**

- i. Open defecation: Initiate campaigns to drive behavior change in the community to eliminate open defecation, targeting the households without toilets, mothers, and caretakers of children under the age of five years. The community is sensitized about the impacts of open defecation on the health of individuals and the environment, and is encouraged to build and use toilets. Mothers and caretakers of children under the age of five years are encouraged to use better sanitary management practices such as potties and disposal of faeces in a latrine.
- ii. Hygiene promotion: BCC campaigns to sensitize the community to regularly clean their sanitation facilities and provide information on proper use and maintenance of toilets. Households who cannot afford factory-made cleaning materials are encouraged to use locally available materials, such as in making brooms. The campaign targets household owners, landlords, and tenants. Landlords should be encouraged to regularly check on the status of hygiene in their property and must insist that the tenants follow a cleaning schedule. Households are encouraged to regularly empty their toilets to have a functioning toilet.
- iii. Unimproved sanitation facilities: Sanitation marketing campaigns create the demand for improved sanitation facilities in low-income households. Targeted information and education campaigns focus on households identified with unimproved sanitation facilities. The VHTs will play a vital role in identifying and persuading the households in improving their toilets facilities. Additionally, the VHTs will also identify households without sanitation facilities and persuade them to build toilets. They will provide the households with information on where they could acquire affordable toilets to be installed on their premises.
- iv. Lined toilets: Introducing 'new' sanitation systems into current practices is challenging unless the people are convinced of the economic benefit in the long run. A targeted sanitation marketing campaign, in conjunction with sanitation product providers, is conducted underpinning the benefits of the lined toilet, paired with a demonstration site that the community can access. Information is provided on the various types of toilets, their cost, and where and how one can acquire the required toilet. In addition to BCC campaigns, all information on lined toilets are made easily accessible at the Town Council office via visual aid displayed at prominent places as well as scaled-down models displayed at the Town Council office. Lined toilets will be encouraged by Town Council especially in shared/rented homesteads, the Town Council provides landlords with information on where they could acquire affordable lined toilets to be installed in their premises along with information on loans and financial support that can be availed by local banks and Savings and Credit Cooperatives (SACCOs), under home improvement loans.
- v. Handwashing facilities: Behaviour change is driven through campaigns encouraging households to have hand washing facilities and soap in or near sanitation facilities, the benefits of having a handwashing facility in or near toilet facility, and how to build one's own low-cost hand washing facilities.

### **5.2.2 INTERVENTIONS TO RAISE SANITATION AND HYGIENE AWARENESS IN SCHOOLS**

Introducing the three Star approaches to schools for school WASH improvement

### **5.2.3 INTERVENTIONS TO RAISE SANITATION AND HYGIENE AWARENESS IN HEALTHCARE FACILITIES:**

Posters about health and hygiene are displayed in all healthcare facilities. The healthcare facility staff are encouraged to voluntarily provide information on: the negative effects of open defecation, especially with children under five, hygienic conditions of toilets and their benefits, proper use and maintenance of toilets, the existing by-law, and where and how can one avail improved sanitation facilities

### **5.2.3 INTERVENTIONS TO RAISE SANITATION AND HYGIENE AWARENESS IN PUBLIC PLACES:**

Increasing demand for public toilets: Appropriate demand-driven approaches create the demand of pay and use of toilet facilities. BCC campaigns, such as radio talk shows, visual aid materials, and community mobilization, target users of daily/weekly markets. The emphasis is focused on the benefits of using toilets for a fee. In addition to the BBC campaigns, strict enforcement is exercised by Town Council to discourage open defecation and urination.

### **5.2.4 INTERVENTIONS SUPPORTING PIT EMPTYING SERVICES:**

Households, schools, healthcare facilities, and public toilets are provided with information on how and where pit emptiers can be accessed, along with the cost for the emptying services.

### **5.3 PRINCIPLE 3: INCREASE THE SUPPLY OF SANITATION AND HYGIENE-RELATED PRODUCTS**

The private sector will be intensively involved in providing sanitation products and services (e.g. pit emptying).

Under this plan, the Town Council will:

- i. Involve small-scale entrepreneurs to produce SanPlats (concrete slabs) for low-cost options of toilets within towns, especially for low-income groups.

### **5.4 PRINCIPLE 4: INVEST IN SANITATION HARDWARE**

- i. Hardware investments for the improvement of sanitation in Mugusu need to be undertaken across the sanitation chain. Thus the investment needs are spread across many actors from households to the Ministries and donor agencies.
- ii. Hardware investment in households: Households invest in improving their sanitation facilities. This will include the construction of drainable toilets, buying SanPlats, and handwashing facilities.
- iii. Hardware investment in schools: Schools lobby funds for improving their sanitation facilities from the District Education Department, the Town Council, and other donor agencies. Investments are undertaken in providing additional drainable toilet stances, handwashing facilities, washrooms, and incinerators.
- iv. Hardware investment in healthcare facilities: Healthcare facilities invest in the provision of handwashing facilities in or near toilets, new or additional toilets stances, washrooms, and incinerators. Funds for the provision of these facilities are sought from the District Health Officer, the Town Council, or donor agencies.
- v. Hardware investment in public places: Public toilets including handwashing are to be built in existing markets that are currently lacking. Future hotspots for public places are identified and the Town Council allocates funds for the provision of these toilets in its annual budget or lobbies from Kabarole District Local Government and donor agencies. Additionally, investment is to be made in the provision of handwashing facilities at new or existing public toilets, and this cost will be met by the public toilet operators or the Town Council.
- vi. Hardware investment in FSM: As more fecal sludge (FS) enters the “sanitation chain,” the SFD can help identify which larger investment requirements, such as; construction of a transfer st
- vii. Action and purchase of desludging equipment (cesspool emptying trucks, gulper, rammer, etc.), are needed and sought out from donors and funding partners.

# 6. ACTION PLANS FOR IMPROVING SANITATION IN MUGUSU TOWN COUNCIL

## 6.1 TARGETING HOUSEHOLDS

### Objective HH.1 - Improve hygiene conditions of sanitation facilities in households

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HH.1.1	Create awareness on improved technologies for sanitation facilities.	Health inspector, Town Engineer, Principal Town Agent.	Continuous	10,500,000=
HH.1.2	Use the sanitation model homes for knowledge transfer to other members of the community.	L.C.1, V.H.T, Health inspector and Principal Town Agents	Continuous	15,080,000=
	Design a Behavioural change communication campaign strategies (radio programs, messages, fliers, posters, public address systems, etc.)	SCDO, Health inspector, Principal Town Agents	Continuous	5,000,000=
HH.1.3	Capacity building for mansions on how to construct improved technologies for sanitation facilities	Town Engineer, Health Inspector	2022	12,000,000=
HH.1.4	The linkage between individuals to WASH partners and banks.	Health inspector, Town Clerk, SCDO	Continuous	NIL
HH.1.5	Clustering of households according to the sanitation needs identified in each household within a specific community.	Principal Town Agents, Health Inspector, L.C.1, V.H.T, Opinion leaders.	Continuous	15,000,000=
HH.1.6	Formation and approval of bylaws.	Village, Council, Kabarole District.	Before 2022	6,050,000=
HH.1.7	Enforcement of ordinances and bylaws.	Law Enforcement Officer, Health Inspector, Principal Town Agents.	Continuous	4,450,000=
HH.1.8	Regular monitoring of households to ensure compliance with sanitation standards	Technical staff	Continuous	9,000,000=
HH.1.10	Identify and promote private sector involvement (sanitation marketing) for the availability of low-cost sanitation materials.	Town Engineer, Commercial Officer, Health Inspector.	Continuous	NIL
Total				77,080,000

### 6.1.1 OBJECTIVE HH.2 - INCREASE HAND WASHING FACILITIES IN HOUSEHOLDS

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HH.2.1	Develop a by-law necessitating every toilet facility to have a handwashing facility with soap and water.	Council	Before 2022	NIL
HH.2.2	Promote low-cost handwashing technologies in house holds	Health Inspector, V.H.T.	Continuous	4,500,000=
HH.2.3	Monitor and check availability of water handwashing facility with Soap and water.	Technical and political Staff	Continuous	6,040,000=
HH.2.4	Enforcement to ensure handwashing facility at every household toilet.	Enforcement Officer, Health Inspector, Principal Town Agents.	Continuous	6,040,000=
Total				16,580,000

Hardware costs associated with increasing the number of handwashing facilities in or near household toilets are given in Chapter 9.1.

### Objective HH.3&4 - Eliminate open defecation in households

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HH.3&4.1	Sensitize the community about the dangers of open defecation practices e.g using different sanitation approaches like CLTS, PHAST e.t.c	Health Inspector, SCDO, Principal Town Agents.	Continuous	25,400,500=
HH.3&4.2	Promotion of improved sanitation technologies (use of sato pan) for households with children.	Health inspector, Principal Town Agents.	Continuous	10,000,000=
HH.3&4.3	Routine home visiting to check compliance.	L.C.1,V.H.Ts Principal Town Agents, Health Inspector	Continuous	15,050,000=
HH.3&4.4	Formation of by-laws necessitating zero tolerance to open defecation.	Councils at all levels.	Before 2022	NIL
HH.3&4.5	Exchange visits to areas that have been certified ODF	Health inspector, SC.D.O, Community	Twice a year	9,050,000=
Total				59,500,500

Hardware costs associated with eliminating open defecation in households are given in Chapter 9.1.

**Objective HH.5 - Increase access to improved sanitation facilities in households**

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HH.5.1	Routine Monitoring and supervision	Health inspector and town agents, LC1 and CDOs	Continuous	6,760,000=
HH.5.2	Promoting safely managed rainwater harvesting in the community	Community members, LCs, and council	Continuous	8,050,000=
HH.5.3	Ensuring that every household access to sanitary facilities through sensitization	Town agents, VHTs and health inspectors	Continuous	6,040,000=
HH.5.4	Conducting health education and promotion	VHTs, health inspector and LCs	Continuous	8,550,000=
HH.5.5	Develop water source/ catchments management plan	Council, health inspector and water officer	Continuous	15,060,000=
HH.5.6	Identification of a model home for demonstration	Health inspector, Town agents	Continuous	5,600,000=
HH.5.7	Formulation of bi laws	Council	Continuous	NIL
HH.5.8	Enforcement	Enforcement officer	Continuous	
Total				50,060,000

Hardware costs associated with increasing access to improved sanitation facilities in households are given in Chapter 9.1.

**Objective HH.6 - Reduce the number of rented homesteads sharing toilets facilities**

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HH.6.1	Issuing of notice to landlords to comply with physical building laws	Engineer, health inspector, and town clerk	Continuous	8,750,000=
HH.6.2	Identification of financial institutions that can support giving loans at affordable interests	CDO, commercial officer	Continuous	NIL
HH.6.3	Identify agencies that can provide for the construction of affordable lined toilets	Engineer, health inspector and town clerk, water officer	Continuous	NIL
	Routine monitoring to ensure compliance	Engineer, health inspector and town clerk, PTAs	Continuous	13,000,5000=
HH.6.5	Conducting dialogue meetings with the landlords to increase on the number of stance to the rented households on standard ratio	Engineer, PTAs, Town Clerk	Continuous	15,060,000=
HH.6.6	Encourage tenants via mass media to demand better toilet facilities	Engineer, health inspector, and town clerk, LCIII	Continuous	10,000,000=
HH.6.7	Make a list of landlords willing to invest in new toilets (target set to 40% or a minimum of 25 landlords) and have a regular follow-up for implementation	The health inspectors and assistants, PTAs	Continuous	6,040,000=
HH.6.8	Issue notices to landlords who do not comply with the by-law	STFs along with law enforcement officers	Continuous	10,500,000=
Total				180,355,000

Hardware costs associated with reducing the number of rented homesteads sharing toilets facilities are given in Chapter 9.1.



## 6.2 ACTION PLANS FOR IMPROVING SANITATION IN PUBLIC SCHOOLS

### 6.2.1 OBJECTIVE SH.1 - INCREASE THE NUMBER OF PUBLIC SCHOOLS WITH SOAP, WATER, AND HANDWASHING FACILITIES IN OR NEAR TOILETS

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.1.1	Orienting schools on the 3 star approach to school WASH improvement	STF, council	Feb 2022	3,500,000=
SH.1.2	Assign an STF member on each of the SMCs to influence issues of sanitation	Town clerk writes an intimation letter to school headteachers	August 2021	6,040,000=
SH.1.3	Identify schools for intervention, at least two schools, and initiate dialogue with school administration	STF	November 2021	4,600,000=
Total				14,140,000

Hardware costs associated with increasing the number of public schools with soap and handwashing facilities in or near toilets are given in Chapter 9.2.

### 6.2.2 OBJECTIVE SH.2 - INCREASE THE PERCENTAGE OF PUBLIC SCHOOLS WITH STANCE TO PUPIL RATIO UP TO 1:40

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.2.1	Implementing Public Health Act (school rules)	STF	November 2021	3,500,000=
SH.2.2	Prioritize schools that need intervention for immediate planning and budgeting	STF	November 2021	6,040,000=
SH.2.3	STF representative on the SMC appeals to PTA members to include, within the budget, funds for the provision of more stances during budget allocation and PTA meetings	STF representative on the SMC PTA	November 2021	NIL
SH.2.4	SMC to write proposals and lobby for funds from partners and donor agencies to increase the number of toilet stances	SMC, council	Continuous	NIL
SH.2.5	Regular monitoring of schools to ensure proper usage of stances and gap identification.	STF	Continuous	10,000,800=
SH.2.6	Issue notices and enforces all laws available concerning sanitation to the schools that are not complying.	STF	Continuous	3,500,000=
SH.2.7	Carry out dialogues with private schools to ensure reduction on the existing pupil stance ratio.	STF	Before end of calendar year 2021	8,400,000=
Total				31,440,800

Hardware costs associated with increasing the percentage of public schools with stance to pupil ratio up to 1:40 are given in Chapter 9.2.

### 6.2.3 OBJECTIVE SH.3 - INCREASE HYGIENE CONDITIONS OF SANITATION FACILITIES IN PUBLIC SCHOOLS

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.3.1	Develop a targeted BCC campaign to inform pupils/students about proper usage and maintenance of schools toilets in local languages	STFs Headteachers	End of calendar year 2021	18,005,000=
SH.3.2	Dialogue meetings with school administrations and SMCs to come up with a school sanitation plan.	STF, SMC	July 2021	8,000,000=
SH.3.3	Coordinate schools to form health/sanitation clubs and train them on key sanitation standards.	STF headteachers	June 2021	12,500,000=
SH.3.4	Carry out exchange visits and conduct debates on sanitation.	STF Head teachers	Annual	7,540,000=
SH.3.5	Implementation of school sanitation plans	SMC	Continuous	
SH.3.6	Develop a checklist for routine school monitoring to check for the hygiene condition of toilets	The health inspectors	Continuous	
	Quarterly assessment of sanitation for the annual award of the best school		Quarterly	
SH.3.7	Issue notices to the schools that do not have hygienic toilets and close those that do not comply	Health inspector Law enforcement officer	Continuous	
Total				46,045,000

### 6.2.4 OBJECTIVE SH.4 - INCREASE SYSTEMS FOR SAFE MANAGEMENT OF MENSTRUAL HYGIENE PRACTICE IN PUBLIC SCHOOLS

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.4.1	Create awareness on menstrual hygiene management.	STF Headteachers	Continuous	-
SH.4.2	Training pupils/ students and parents on how to make and use reusable pads	STF, partners, and school administration	End of the calendar year 2021	-
SH.4.3	Formation and training peer groups and training senior women /men on menstrual hygiene management.	STF School administration	End of the calendar year 2021	-
SH.4.4	Design standard of disposal facilities for menstrual hygiene products to lobby for construction in schools.	STF, Partners. Donor agencies	July 2021	-
SH.4.5	Carry out dialogue with private schools management to identify and devise means to bridge the gap in menstrual hygiene management	STF	End of the calendar year 2021	-

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.4.6	Regular monitoring of schools to ensure the cleanliness of washrooms and usage disposal facilities	The health inspector	Continuous	-
SH.4.7	Ensuring availability of safe water, soap, equipment, menstrual kit to promote menstrual hygiene.	STF	Continuous	-
Total				-NA-

Hardware costs associated with increasing systems for safe management of menstrual hygiene practice in public schools are given in Chapter 9.2.

### 6.3 ACTION PLANS FOR IMPROVING SANITATION IN HEALTHCARE FACILITIES

#### 6.3.1 OBJECTIVE HF.1 - INCREASE ACCESS TO HANDWASHING FACILITIES IN HEALTHCARE FACILITIES

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HF.1.1	Provision of handwashing facilities with water and soap at all entry care points	Town clerk Health facility in-charge		-
HF.1.2	Engage the health facility in-charge to budget and prioritize the provision of handwashing facilities using PHC funds	Town clerk Health facility in-charge	July 2021	-
	Engage the health unit management (HUMC) to develop and budget the operation and maintenance of handwashing activities.	HUMC chairperson Health facility in-charge		-
HF.1.3	Regular monitoring to check availability and functionality of handwashing facility.	Health inspector	CONTINUOUS	-
HF.1.4	Issue notices to healthcare facilities that do not comply with the by-law and levy fines or penalties	law enforcement officers	CONTINUOUS	-
Total				-NA-

Hardware costs associated with increasing access to handwashing facilities in healthcare facilities are given in Chapter 9.3.

#### 6.3.2 OBJECTIVE HF.2 – IMPROVE HYGIENE CONDITIONS OF TOILETS IN HEALTHCARE FACILITIES

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HF.2.1	Health facility management should designate one health staff to spare head supervision of hygiene at the health facility and give feedback.	Health facility in-charge Potters Health Inspector	Before the end of 2021	-NA-
HF.2.2	Ensure the health facility in-charge avail cleaning materials for sanitary facilities and cleaners to display a cleaning roster.	Health facility in-charge	Before the end of 2021	

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HF.2.3	Health facility management at Mugusu HCIII to develop an O&M plan for the sanitation (roles and responsibilities, monitoring and evaluation plan, and sources of funding)	Health facility in-charge  Health Inspector	Before the end of 2021	-NA-
Total				-NA-

### 6.3.3 OBJECTIVE HF.3 - INCREASE ACCESS TO IMPROVED SANITATION FACILITIES IN HEALTHCARE FACILITIES

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HF.3.1	Plan budget and lobby for the construction of a water-borne toilet at Mugusu health ercenter III	Health ercenter Mgt and TC	Before the end of 2021	-NA-
HF.3.2	Plan budget and lobby for the construction of an incinerator at Mugusu HC III	Health ercenter Mgt and TC	Before end of 2021	-NA-
HF.3.3	Lobby for funds from the District Health Office (DHO) office for the completion or approaches an NGO/ donor for funds	Health ercenter Mgt and TC	Before the end of 2021	-NA-
HF.3.4	Health facility management should liaise with WASH partners in the district to construct for them sanitation facilities that are wash rooms and kitchen at Mugusu HC III.	Health center Mgt and TC	Before the end of 2021	-NA-
HF.3.5	Extension of water in the laboratory, OPD, ART clinic, and injection room.	Health center Mgt and TC	Before the end of 2021	
Total				-NA-

Hardware costs associated with increasing access to improved sanitation facilities in healthcare facilities are given in Chapter 13.3.

### 6.3.4 OBJECTIVE HF.4 - INCREASE SYSTEMS FOR MENSTRUAL HYGIENE PRACTICES IN HEALTHCARE FACILITIES

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HF.4.1	STF to engage the health facility in charge of the provision of places for safe management of menstruation.	STF	End of F/Y 2021	-NA-
HF.4.2	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	Town clerk District Health Officer Health facility in-charge	F/Y 2021-2022	-NA-
HF.4.3	Monitor functionality of the menstrual management facilities at Mugusu HC III.	STF	Continuous	-NA-
Total				-NA-

Hardware costs associated with increasing systems for menstrual hygiene practices in healthcare facilities are given in Chapter 13.3.

## 6.4 ACTION PLANS FOR IMPROVING SANITATION IN PUBLIC PLACES

### 6.4.1 OBJECTIVE PP.1 - INCREASE ACCESS TO PUBLIC TOILETS

No.	Actions for Town Council	Who	When	Costs associated (UGX)
PP.1.1	Identify land near the main road, Kiraro road, and the central business area for construction of public toilet	STF		120,000,000
PP.1.2	Approach partners or donor agencies for funding the construction of public toilets	STF		NIL
PP.1.3	Prepare detailed architectural designs, cost estimates, operation and maintenance plans for the public toilets	STF, Engineer		
Total				120,000,000

Hardware costs associated with increased access to public toilets are given in Chapter 9.4.

### 6.4.2 OBJECTIVE PP.2 - IMPROVE HYGIENE CONDITIONS OF PUBLIC TOILETS

No.	Actions for Town Council	Who	When	Costs associated (UGX)
PP.2.1	Make a formal request to NWSC for a piped water connection at the main market public toilet	STF The town clerk writes a letter of request to the Manager NWSC		-
PP.2.2	Tendering out the management of public toilets	Town clerk		-
PP.2.3	Develop a memorandum of understanding between the town council and the tenderer on the management of public toilets	Town clerk		-
PP.2.4	Extension of water to the identified areas for the construction of public toilets.	Town clerk		-
Total				-NA-

### 6.4.3 OBJECTIVE PP.3 - INCREASE ACCESS TO HANDWASHING FACILITIES AT PUBLIC TOILETS

No.	Actions for Town Council	Who	When	Costs associated (UGX)
PP.3.1	Plan and budget for the provision of handwashing facilities at main market public toilets	STF		1,500,000
PP.3.2	Monitoring availability and functionality of hand washing facilities	STF	Continuous	2,500,000
PP.3.3	Develop an O \$ M plan for the handwashing facilities	STF	Continuous	
				4,000,000

Hardware costs associated with increasing access to handwashing facilities at public toilets are given in Chapter 9.4.

# 7. ACTION PLANS FOR IMPROVING COLLECTION AND TRANSPORTION OF FAECAL SLUDGE

## OBJECTIVE CT.1 - INCREASE THE NUMBER OF HOUSEHOLDS WITH LINED TOILETS

No.	Actions for Town Council	Who	When	Costs associated (UGX)
CT.1.1	Develop by-laws that support zoning, clearly stipulating the types of sanitation technology to be introduced in each zone and defining that any new toilets to be constructed in the specified zone should be the lined type	STF	End of 2021	-
CT.1.2	Sensitize the community with the benefits of lined toilets, their cost, who can construct them, and possible sources of finance/ loans	STFs, VHTs, and Health inspectors LC 1 and WASH partners	End of 2021	-
CT.1.3	Develop standard designs for low-cost pre-cast lined toilets	-STF and WASH partners		-
CT.1.4	Identification and training of local masons on the construction of new technologies of pit latrines	Engineer and LC1		-
CT.1.5	Identify financial institutions ready to give loans under home improvement schemes and create an inventory of these institutions	SCDO		-
CT.1.6	Demarcate areas of high population density, rocky and waterlogged to promote the use of new sanitation technologies.	STF		-
CT.1.7	Identify and lobby funds for the construction of the demonstration toilet in vulnerable homes.	STFs and WASH partners		-
CT.1.8	Create a database system for households that have improved pit latrines for planning easy scaling up	STFs, PTA,s LC1 and VHT,s		-
CT.1.9	Conduct radio talk shows targeting sanitation improvement	WASH partners, Health Inspector SCDO and Mayer		-
CT.1.10	Monitor households within the targeted zones to check for construction lined latrines	The health inspectors and assistants		-
CT.1.11	Monitoring construction buildings to ensure implementation of approved construction plans (each approved plan must have accessible improved latrine)	Health Inspector, Engineer and Town clerk		-
CT.1.12	Develop and approve by-laws on sanitation	Councils at all levels		-
CT.1.13	Issue notices to households within the targeted zones that do not comply with by-law and levy fines or penalties	STFs along with law enforcement officers.		-NA-
Total				-NA-

Hardware costs associated with an increasing number of households with lined toilets are given in Chapter 9.5.

**7.1.1 OBJECTIVE CT.2 - INCREASE SAFE COLLECTION AND TRANSPORTATION OF EXCRETA TO THE DESIGNATED TREATMENT PLANT**

No.	Actions for Town Council	Who	When	Costs associated (UGX)
CT.2.1	Develop by-law banning the construction of toilets in service lanes and indiscriminate dumping of faecal sludge within the bounds of the Town Council	STF		NIL
CT.2.2	Identifying and promoting cesspool emptiers within Mugusu town council.	STF		NIL
CT.2.3	Sensitize/ disseminate the information about the by-laws & emptying services to the community	STF through radio talk shows		20,600,000
CT.2.4	Identify and conduct dialogue meetings with landlords whose properties have been constructed toilets on service lanes	STF		7,400,500=
CT.2.8	Conduct strict monitoring and enforcement to ensure no indiscriminate dumping of faecal sludge (FS) and construction in service lanes	STF		5,600,000=
Total				33,600,500

Hardware costs associated with increasing safe collection and transportation of excreta to designated treatment plants are given in Chapter 9.5.

## 8. HARDWARE INVESTMENTS

The chapter provides brief hardware investment needs required to improve the sanitation situation in Mugusu TC. As mentioned earlier, the costs presented in this chapter represent indicative estimates provided by agencies and suppliers based on interviews and estimates provided to the consultants. The values presented in the following tables cannot be deemed as absolute and can be subject to change. Reconfirmation of the cost before commencing the procurement process is necessary. Besides, these costs are not static and also should be revised with time, to take into account the inflation and other factors that affect and lead to their increase or reduction.



### 8.1 HARDWARE INVESTMENTS REQUIRED FOR IMPROVEMENTS IN HOUSEHOLD SANITATION

The following are brief estimates of hardware costs associated with improving sanitation in households in Mugusu Town Council:

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)
<b>Toilets</b>										
No. of additional lined VIP latrine stances required for homesteads	250	700	175000	500	850	425000	633	950	601,350	Household heads
No. of improved super structures	250	1000	250,000	500	150,000	750000	633	2000	1266000	Household heads
<b>Handwashing facilities</b>										
No. of households in need of handwashing facilities households	200	5	1000	450	8	3600	650	10	6500	Households
<b>Total costs ('000 UG Shs</b>		1,705	426,000		150,858	7,928,600		2,960	1,873,850	

## 8.2 HARDWARE INVESTMENTS REQUIRED FOR SANITATION IMPROVEMENTS IN PUBLIC SCHOOLS

The following are brief estimates of hardware costs associated with improving sanitation in public schools in Mugusu Town Council:

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)
<b>Demand for toilets</b>										
Lined VIP toilet stances with menstrual hygiene management Facility for pupils in Kaboyo Primary School	6 (female)	31,000	31,000	6 (male)	28,000	28,000	10	32,000	64,000	School and Town Council
Lined VIP toilet stances with menstrual hygiene for students in Kiboha Primary Schools	5 (Female)	28,000	28,000	5 (male)	25,000	25,000	5	32,000	32,000	School and Town Council
Lined VIP toilet stances with menstrual hygiene for students in Mugusu Primary School	5 (female)	28,000	28,000	5 (Male)	25,000	25,000	5	32,000	32,000	School and Town Council
Lined VIP toilet stances with menstrual hygiene for students in St. Joseph Nursary and Primary School	5 (female)	28,000	28,000	5 (Male)	25,000	25,000	5	32,000	32,000	School Proprietor
Lined VIP toilet stances with menstrual hygiene for students in Nyansozi Primary School	5 (female)	28,000	28,000	5 (male)	25,000	25,000	10	32,000	32,000	School and Town Council
Lined VIP toilet stances with menstrual hygiene for students in Good Life Nursary and Primary School	5 (female)	28,000	28,000	5 (male)	25,000	25,000	5	32,000	32,000	School proprietor
Lined VIP toilet stance with menstrual hygiene for students in St.Paul Mperre Nursary and Primary School	5 (F) 5 (M)	28,000	28,000	5 (male)	25,000	25,000	5	32,000	32,000	School proprietor
Lined VIP toilet stances with menstrual hygiene for students in St.Peters Mugusu Secondary School.	5 (Female)	28,000	28,000	5 (male)	25,000	25,000	5	32,000	32,000	School proprietor
<b>Demand for handwashing facilities</b>										
No. of handwashing facilities required in 8 schools (wash lot)	8	1,500	12,000	4	1,700	6,800	4	1,900	7,600	School proprietors and Town Council
<b>Total cost ('000 UG Shs)</b>		<b>228,500</b>	<b>239,000</b>	<b>45</b>	<b>204,700</b>	<b>209,800</b>	<b>49</b>	<b>257,900</b>	<b>295,600</b>	

### 8.3 HARDWARE INVESTMENTS REQUIRED FOR SANITATION IMPROVEMENTS IN HEALTHCARE FACILITIES

The following are brief estimates of hardware costs associated with improving sanitation in healthcare facilities in Mugusu Town Council:

Investment needs	Short term (until 2020)			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)	
<b>Demand for toilets</b>										
construction of water bone toilet stances and washrooms for the Maternity at Mugusu HC III	5	50,000	50,000	-			5	52,000	52,000	Health Centre and Town Council
Water bone toilet stances for the outpatient ward at Mugusu Health Centre III	5	50,000	50,000	-			5	52,000	52,000	Health Centre and Town Council
<b>Demand for handwashing facilities</b>										
Handwashing facilities required at Mugusu healthcare facility	2	1,500	3,000	-			2	1,500	3,000	Health Centre III
<b>Demand for menstruation hygiene management facilities</b>										
Construction of general-purpose incinerators at Mugusu Health Centre III	1	40,000	40,000	-			-			Health center and Town Council
Construction of Ash pit at Mugusu Health Centre III	1	5,000	5,000	-			-			Health Centre and Town Council
<b>Total cost ('000 UG Shs)</b>	<b>14</b>	<b>146,500</b>	<b>508,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12</b>	<b>105,500</b>	<b>107,000</b>	

#### 8.4 HARDWARE INVESTMENTS REQUIRED FOR SANITATION IMPROVEMENTS IN PUBLIC PLACES

The following are brief estimates of hardware costs associated with improving sanitation in public places in Mugusu Town Council:

Investment needs	Short term (until 2020)			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)	
<b>Demand for toilets</b>										
Securing Land and Construction of water bone stances, including handwashing, along with Fort Portal - Kasese Highway	6	70,000	70,000	-	-	-	-	-	-	Town Council
Construction of water bone stances including handwashing, for Mugusu market	6	50,000	50,000	-	-	-	-	-	-	Town Council
<b>Demand for handwashing facilities</b>										
Provide handwashing facility(wash a lot) at Mugusu market	3	1,500	4,500	-	-	-	-	-	-	Town Council
<b>Total cost ('000 UG Shs)</b>	<b>15</b>	<b>121,500</b>	<b>124,500</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	

#### 8.5 HARDWARE INVESTMENTS ARE REQUIRED FOR IMPROVING THE COLLECTION AND TRANSPORT OF FAECAL SLUDGE

The following are brief estimates of equipment costs associated with improving the collection of faecal sludge in Mugusu Town Council:

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)	
<b>Toilets</b>										
No. of lined VIP latrine stances required to increase emptying	250	700	175,000	500	850	425,000	633	950,	601,350	Households and landlords
Cesspool emptying truck	1	300,000	300,000	-	-	-	<b>1</b>	-	-	Private operator/ Town Council./NGOs
<b>Total cost ('000 UG Shs)</b>	<b>253</b>	<b>1380700</b>	<b>1,555,000</b>	<b>500</b>	<b>850</b>	<b>425,000</b>		<b>950,</b>	<b>601,350</b>	

## 8.6 HARDWARE INVESTMENTS REQUIRED FOR CONSTRUCTION OF FAECAL SLUDGE TREATMENT FACILITY

The following are brief estimates of the costs of sludge drying beds:

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)	
<b>Cost of sludge drying beds</b>										
Phase 1 Securing land	1	80,000	800,000				-	-	-	Town Council / Donor agencies
Phase 2 Design and Construction of the treatment plant.		1,000,000	1,000,000				-	-	-	Town Council / Donor agencies
Phase 3 Buying the emptying equipment like cesspool truck, gulper, etc,		300,000	300,000				-	-	-	Town Council / Donor agencies/ NWSC
<b>Total cost (‘000 UG Shs)</b>		<b>1,380,000</b>	<b>2,100,000</b>	-	-	-	-	-	-	

## 9.7. SUMMARY OF COSTS FOR MUGUSU TOWN SANITATION PLAN

SN	ACTION/INTERVENTION	COST (UGX)
1.	Software related Investments	632,801,800
2.	Hardware Investments	
	Short term ( 2025)	4,952,500,000
	Mid-term (2030)	8,563,400,000
	Mid-term (2030)	2,877,800,000

## 9. MONITORING AND EVALUATION

Often monitoring is the weakest link in sanitation improvements and even with well-conceived regulations and guidelines, if enforcement is poor, it tier monitoring mechanism in place.

**Elected Town Council and Sanitation Task Force members:** The elected Town Council by it being the representative of the public provides the first level of oversight. To provide for focused attention on sanitation improvements. The STFs, with the help of VHTs, monitor the progress. VHTs collect data on the performance indicators. The data is then fed into the MIS for sanitation. The STFs then analyze the data and report on the progress to the elected Town Council officials bi-annually. In addition, the STFs should also oversee the enforcement of various by-laws and regulations.

**Public Participation:** The STFs engage local stakeholders and encourage public participation via the stakeholder forum. Progress is evaluated and further actions for improvements are discussed and decided.

**Independent Evaluation:** In addition to the above, the Town Council allow other organizations such as WSDF-SW, civil society organization such as NGOs, CBOs, and funding agencies to access the DMS and carry out an independent evaluation of sanitation improvements across the various sanitation components periodically. Such independent evaluation should be focused on outcomes achieved from actions and also on capturing wider perceptions of users of the progress. The results of such independent evaluation should be disseminated widely via the stakeholder forum.

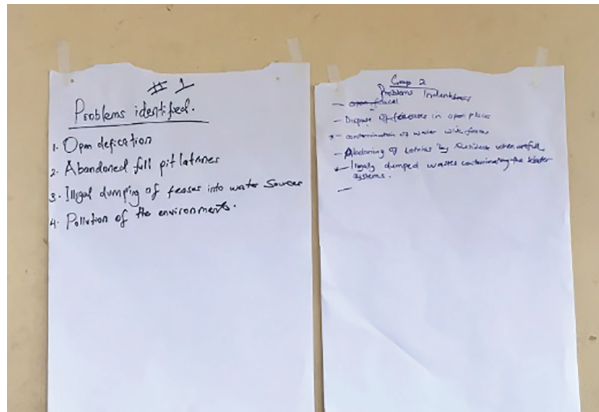
# APPENDIX: PICTURES OF THE TSP PROCESS IN MUGUSU TOWN COUNCIL



Capacity building workshop for Mugusu Sanitation Task Force (STF), training was conducted by the Consultant



Capacity building in problem identification; Mugusu STF members in a group work session to identify sanitation challenges and gaps



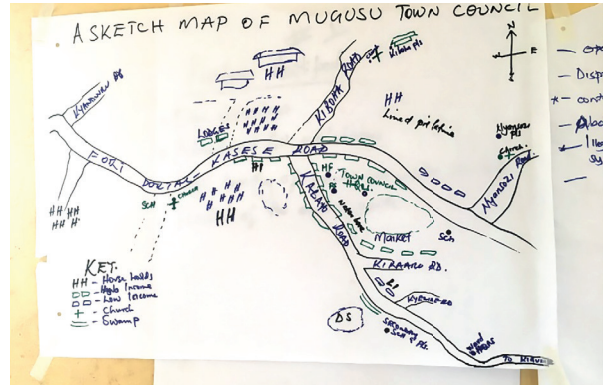
Identified sanitation challenges by Mugusu STF



Mugusu Town Sanitation Task Force during the group work to develop the set vision, mission, and objectives



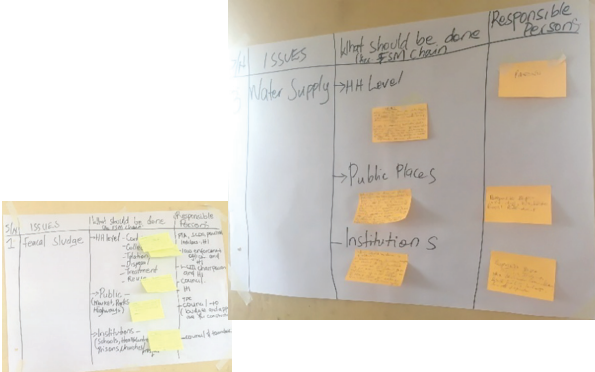




STF's map presentation of the proposed location of sanitation technologies and interventions within the town council



Capacity building and training session of the STF



Identification of sanitation solutions by the Mugusu STF to incorporate in the TSP; to solve issues identified from the baseline survey findings



Workshop on preparation of Mugusu Town Sanitation Plan by the STF





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