



THE
NATIONAL SANITATION POLICY
FOR
UGANDA

By: The National Sanitation Task Force

FIRST DRAFT

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THE NATIONAL SANITATION POLICY - UGANDA

1. PREAMBLE:

This document describes the Government of Uganda's Policy and approach to Sanitation. The policy is to be implemented for the benefit of rural and urban communities through the local government framework. Each community has its own social, economic and cultural profile that should influence the implementation of the policy. In many communities, this will involve a significant increase in the total resources invested in sanitation related activities by the communities, private investors, local authorities and the Central Government.

12.2% of Uganda's population live in urban areas with an urban growth rate of 5.5% per annum. No single town in Uganda has a satisfactory sanitation management system. The low-income households living in slum areas are the worst hit. The situation in the rural areas (87.8%) is equally appalling, with latrine coverage in most districts being below 50% while other sanitary facilities are totally lacking. The Constitution of the Republic of Uganda 1995, Chapter 3 (Article 17 J) now requires that every citizen in the Country should create and protect a clean and healthy environment. This requirement largely encompasses sanitation promotion, which unfortunately has been marginalised both globally and in the Country.

2. DEFINITION:

For the purpose of this Policy, Sanitation means and includes the process whereby individuals, families and communities improve their quality of lives through:

- Safely disposing of human excreta by any appropriate means,
- Developing and maintaining safe water chain,
- Attaining and maintaining personal, domestic and food hygiene,
- Safely disposing of solid and liquid wastes,
- Controlling disease vectors and vermin in and around the home and working environment.

Thus the term sanitation is broad and is not synonymous to only the provision of latrines

3. BACKGROUND INFORMATION:

Sanitation related activities have not received adequate attention over the last 30 years. In the 1960s, it was better than at present because of the following reasons:

- the economy was healthier,
- the Public Health Act was applicable,
- law enforcement was strong,
- tribal leaders and chiefs were respected,
- there was a higher ratio of preventive health staff to the population,
- Home and environment improvement campaigns were undertaken annually

The political turmoil and the breakdown of law and order in the 1970s and early 1980s brought down the latrine coverage to the lowest recorded level of 30% average in 1983 (GOU/UNCC, 1994 and UNICEF 1984). The Government of Uganda is now required by constitution to ensure that every Citizen has access to basic sanitation.

4.0 SANITATION STATUS:

Sanitation in Uganda is currently characterised by the following:

- 4.1 Poor disposal of human excreta: The excreta disposal facilities both in the home and institutions are usually lacking or insufficient and/or inappropriate. Latrine coverage for the Country is currently below 50% average. In some urban areas, the coverage is as low as 10%. A new phenomenon has developed due to this pressure, code-named the "flying latrine" where people wrap faeces in polythene bags and throw them out of their premises.
- 4.2 Poor management of solid and liquid wastes: This is most noticeable in urban settings where rubbish collection schedules have remained unreliable due to varied factors. Indiscriminate disposal of refuse into open spaces and compounds around premises are common. Urban areas are not sufficiently sewered to cater for industrial and domestic wastewater.
- 4.3 Cultural beliefs and taboos impede proper sanitation in some areas.
- 4.4 Poor personal, domestic and food hygiene. Diseases transmitted through oral-faecal routes have remained rampant.
- 4.5 Poor management of the water chain from source to the point of consumption. This is largely an aspect of poor personal/domestic hygiene. Water vessels are more often than not dirty and remain unwashed for months. This aspect therefore predisposes individuals and communities to diseases associated with poor personal hygiene.
- 4.6 Poor management of disease vectors, vermin and rodents. Poor surface drainage and indiscriminate housing developments have created common sites of stagnant pools of water. This is coupled with uncontrolled overgrowth of compounds and hedges that have led to infestation of vectors and rodents.
- 4.7 Refugees and displaced persons most often have insufficient access to sanitation facilities.
- 4.8 Financing of sanitation activities both at the National and District levels has remained grossly negligible.

5.0 EFFECTS OF POOR SANITATION:

There are major links between sanitation and development. If sanitation were to improve in Uganda, the following negative sanitation related effects would be reversed:

5.1 Morbidity and mortality.

Currently the IMR of Uganda stands at 97/1000 Live births. In 1993 the Burden of Disease Study revealed an average diarrhoea disease mortality of 11.7% in children below 5 years in 13 districts (MOH – 1996)

Morbidity figures available from Health Units indicated that Sanitation related diseases accounted for 49.0% of all out patients in 1996 (Health Planning Unit, Statistics, MOH, unpublished)

The high incidence of diarrhoea has remained a leading cause of nutritional stunting (a form of malnutrition) which was at 38% in 1995 (Uganda Demographic Health Survey, 1995). This rate is still among the worst ones in Africa

5.2 Socio-Economy:

Poor Sanitation has a significant negative effect on the economy. Estimates based on findings from the 1992-3 integrated Household survey indicate that an average of 3.5% of all work-time is lost due to sanitation-related sickness or injuries (Report on National Integrated Household Survey, 1992-3).

Poor sanitation has a negative impact on the Tourism and Fishing Industries. Unsightly refuse, stagnant waste water, insect and rodent nuisance, absence or misused toilet facilities in the Country give Tourists a negative impression, thus discouraging them from returning for visits to other parts of the Country. Microbiological quality of Ugandan fishmeal and other fish products are falling below European quality standards, exports from 7 of the 9 Ugandan Fish Processors have been banned (Ministry of Agriculture, Animal Industry and Fisheries, Unpublished).

5.3 Environment:

Besides pollution of under ground water source, lack of adequate sanitation is also a major threat to the environment. Indiscriminate disposal of solid, human and liquid wastes is responsible for eutrophication of the fresh water lakes.

Discouragement of the Tourism Industry and prohibition of Uganda's fish on the European Market due to poor microbiological quality which is directly related with poor Sanitation conditions.

5.4 Education:

Lack of appropriate sanitation facilities in Primary Schools leads to a high dropout rate for adolescent girls. 2.7% of all Students time is lost due to sanitation-related sickness and injuries.

5.5 Protected Water Supplies:

Studies on water handling during collection, storage and use have shown that there is progressive contamination from source to point of consumption due to poor sanitation and inadequate/inappropriate hygiene education, leading to poor Hygiene practices.

A RUWASA study showed that only 9% of 57 Households surveyed were consuming water of acceptable quality (RUWASA Study, 1996)

The above trend has to be reversed. The Uganda Government is now required and committed to offering an enabling environment where all Ugandans should have access to satisfactory sanitation facilities. This is currently provided for by the Uganda Constitution, 1995 as well as the Ministry of Health Policy which is in line with the Alma Ata Declaration of 1978 for Primary Health Care.

6.0 PURPOSE OF SANITATION POLICY:

The purpose of the Sanitation Policy is to guide and facilitate individuals, institutions, community leaders of all kinds and all levels, families and communities to contribute to achieve optimal, sustainable sanitation standards and thereby improving their quality of life and eradication of poverty.

7.0 POLICY GOAL:

The Goal of this policy is to promote and preserve the health of the community through improved sanitation. Attaining and maintaining a good standard of sanitation will greatly contribute to reducing mortality and morbidity from sanitation related diseases as well as improving the socio-economic status of the community.

8.0 OBJECTIVES:

- 8.1 To promote safe disposal of human excreta by any appropriate means.
- 8.2 To promote proper management of solid and liquid wastes.
- 8.3 To enhance the development and maintenance of safe water chain.
- 8.4 To promote IEC for behaviour change concerning sanitation.
- 8.5 To promote the mobilisation of resources for sanitation.
- 8.6 To provide a framework for development of appropriate laws/regulations and an institutional framework for sanitation promotion.

9.0 STRATEGIES TO IMPLEMENT SANITATION POLICY:

9.1 Creating an enabling Environment:

- Raise the profile of Sanitation.
- Enhance and sustain Political and Bureaucratic will for sanitation.
- Formulate, review and streamline legal instruments for sanitation promotion.
- Guide and co-ordinate all stake holders.
- Contribute to the National Health Policy and laws related to sanitation
- Develop, strengthen and co-ordinate monitoring and evaluation as an integral part of sanitation programme.
- Develop and implement an integrated accelerated National Sanitation Programme with special emphasis to women and children
- Develop a Sanitation Action Plan to provide a wider framework for strengthening Sanitation Promotion.

9.2 Strengthening the Institutional Framework:

- Recruit sufficient numbers of personnel required for sanitation promotion
- Support the relevant training institutions to produce enough Sanitation Promotion Personnel

- Support communities to initiate and manage Sanitation Programmes based on existing resources
- Involve heads of households, owners of premises and landlords in Sanitation promotion
- Develop and strengthen an inter-ministerial co-ordination/communication system

9.3 Capacity Building:

- Train and retrain Sanitation Promoters in communication skills
- Accelerate the development of human resources by training and re-training sanitation promotion personnel.
- Mobilise adequate financial and technical resources from the private sectors and NGOs, Religious Organisations and Donors.
- Increase the role of women, youths and children in sanitation promotion.
- Increase awareness to create demand/negotiated-driven interventions.
- Train Health Committees in management and maintenance of communal facilities
- Ensure that sanitary facilities are provided and maintained by Local Authorities, Institutions and estates.
- Develop appropriate Sanitation Support Programmes
- Encourage a people centred approach to sanitation.
- Provide professional support for sanitation promotion.
- Support participatory Hygiene Education strategies that promote action for change.
- Develop and strengthen Hygiene Education as an integral component of sanitation programme

9.4 Research and Technological Development:

- Promote Research and develop affordable and acceptable sanitation technologies.
- Promote better management of sanitation information

10.0 POLICY PRINCIPLES:

10.1 A Basic right and a responsibility for all:

The Government of Uganda shall continue to create an enabling environment through which all Ugandan citizens can access and obtain support for sanitation services. Individuals will be encouraged to be responsible for the provision, use and maintenance of sanitation services. Communities, including women, will be involved in decision making at all levels of service.

10.2 Equity:

The use of public funds will aim at the attainment of basic levels of sanitation. Special support shall be given to public institutions e.g. schools, health units, refugee camps, low income households, and those living in locations where the costs of providing basic services are exceptionally high (i.e. areas with collapsing soils, hard rock areas, areas with high water tables etc.)

10.3 Integration and Co-ordination:

Sanitation development shall be an integral part of all social and economic developments. Co-ordination and collaboration within and across different departments of government and other stakeholders (Private Sectors, NGOs, and Religious Organisations) will be promoted and maintained.

10.4 Women's involvement:

The pivotal role of women and their organisations in the provision, improvement, use and maintenance of sanitation services shall be recognised and they shall be involved in planning, implementation, monitoring and Evaluation of Sanitation Programmes

10.5 Private Sector Involvement:

The role of the Private Sector in sanitation shall be promoted.

10.6 Cost recovery:

Sanitation facilities should be appropriate. The culture of the "user pays" shall be encouraged for the maintenance/sustainability of sanitation facilities and development of other facilities. Similarly polluters must also pay punitive charges and the cost of cleaning up their pollution on the Environment and compensate the affected accordingly.

10.7 Behaviour Change:

Behaviour change is a prerequisite to improved sanitation. Hygiene education with emphasis on participatory approaches shall target for behaviour change. Besides other benefits for health, the tools of privacy, status, convenience and gender sensitivity shall be used for the promotion of sanitation.

10.8 Adequate resource allocation for Sanitation

Appropriate Sanitation personnel shall be assigned, deployed and employed at all community/administrative levels, urban centres, large plantations and Institutions and supported with the necessary finances, logistics and materials

10.9 Institutional framework

An appropriate Institutional Framework shall be put in place for sanitation promotion

11.0 INSTITUTIONAL FRAMEWORK (ROLES AND RESPONSIBILITIES):

11.1 Individual Level:

- Individuals have primary responsibility for sanitation services,
- Owners of premises are responsible for provision of sanitary facilities to tenants within reasonable distances and with a maximum loading of 30 people to one stance,
- Land-owners/landlords to facilitate the provision of sanitary facilities within acceptable distances,
- Public conveniences to be managed with the support of a Health Committee to ensure that the latrines are kept clean and sanitary and accessible to all potential users

11.2 Local Authorities:

- Responsible for co-ordination of all sanitation activities in their area, including those of non-government organisations (NGOs) and community based organisations (CBOs)

- Responsible for ensuring that sanitary facilities are provided and maintained,
- Responsible for ensuring public conveniences are provided and maintained in a clean and sanitary condition,
- Sanitation related Committees to have the primary responsibility for supervision and enforcement,
- Sub-committee on Sanitation of the Health Committee specific to Sanitation of LC I and above

11.3 Central Government:

- Ministry of Health shall provide guidelines and standards of service in order for the Ministry of Local Government to carry out appropriate services. Agencies and projects shall assist in implementation of sanitation programmes as approved by government,
- Strengthening the mandate of the Inter-Ministerial Steering Committee to support sanitation

11.4 NGOs and CBOs:

- NGOs and CBOs will supplement households, communities and Local Authorities in the fulfilment of their sanitation related obligations

11.5 Private Sector:

- Supplement households, communities and local authorities in the demand for and provision of sanitation facilities by providing appropriate services at competitive rates. This will include provision of specialist skills and crafts, soap manufacture and distribution, solid waste collection and disposal and other services as appropriate.

12.0 SANITATION POLICY INDICATORS:

12.1 Sanitation Profile:

- Increase in demand and use of sanitation facilities by communities/individuals
- Rise in sanitation coverage (latrines, solid waste disposal, drainage and soakpits, hand-washing facilities and soap etc)
- (Positive) change of attitude by stakeholders
- Demand for proper sanitation facilities in public places

12.2 Institutional/Organisational Framework:

- Functional collaborative organs for stakeholders in place (e.g. IMSC, National Sanitation Working Group, Sanitation Fora, District Sanitation co-ordination committees)

12.3 Health Policy and Legislation:

- Ratification and effective application of the Sanitation Policy,
- Sanitation included in the National Health Policy
- Health related Plans include sanitation,
- Relevant Environmental Health legislation enacted,
- Subsidiary Legislation in place and enforced,
- Number of Sanitation Promotion personnel recruited, employed and deployed

12.4 Sanitation Programmes:

Community based and managed Sanitation Programmes in place.

12.5 Human Resource Development:

- Adequate and motivated personnel in place,
- B.Sc. Environmental Health Degree Programme in place,
- Effective professional body in place
- Career development plans in place.
- Improved/rehabilitated/established Sanitation training facilities.

12.6 Sanitation Funds:

- Increase in funding for sanitation by all stake-players.
- Increase in Logistical support

12.7 IEC for Behaviour Change:

- Percentage of programmes with hygiene education component,
- Improved sanitation practices
- Percentage of people with improved behaviour

12.8 Appropriate Sanitation Technologies:

- A wide range of affordable and acceptable technological options available,
- In-built cost recovery and subsidy mechanisms available,
- Sanitation Guidelines in place.

12.9 Sanitation Information Management and Research facilities:

- Sanitation Information Management System in place (including operational data banks),
- Appropriate research facilities in place

Annex 1

SANITATION POLICY COMPONENTS:

1.0 Hygiene Education:

The aim of Hygiene education and promotion will be to.

- Enable citizens to improve their health by adopting safe hygiene practices
- Lead to an increased demand and willingness to pay for appropriate sanitation facilities.
- Raise the profile of sanitation
- Enhance community involvement and adoption of collective responsibility for sanitation

Hygiene education shall be an integral part of sanitation programmes.

The Ministry of Health will provide a hygiene education strategy. (A Task Force chaired and co-ordinated by the ACHS Environmental Health, Department of PHC, with various sub-committees will facilitate these strategy developments).

- 1.1 Hygiene education will be conducted for the empowerment of communities to identify their own sanitation, problems and solutions.
- 1.2 Hygiene education will enhance the recognition of the different roles of men, women children (in or out of school) and the youths and will appropriately focus on each group's role for the promotion and sustenance of sanitation.
- 1.3 Guidelines and standards for hygiene education will be developed nationally based on operational research, programme monitoring activities and an understanding of the wide range of communities and cultures in Uganda. Every hygiene education intervention will be based on the particular local hygiene problems of concern to the community. (Communities will be motivated and facilitated to identify their own sanitation problems and seek solutions.)
- 1.4 Environmental Health workers will be equipped with skills required for effective hygiene education through training schemes and management support. The health workers will include volunteers.
- 1.5 Hygiene education will proceed at different levels – nationally through mass media (radio, television and newspapers) as information, story telling and competitions – locally through health committees, water user committees using participatory techniques like (voting, mapping and discussions). Traditional channels of communication such as story telling, drama songs, and role-plays will be promoted.
- 1.6 Programmes will be monitored and information shared with the community, district and national structures. Information will include identification of -
 - Good local hygiene practices which need to be supported and built on,
 - Local hygiene practice problems which need to be addressed,
 - The “baseline” against which the achievements can be measured using behavioural indicators of success,
 - The sanitation promotion activity plan itself

2.0 Human Resource Development:

Sanitation improvement programmes will depend largely on the quality and training of the people involved in implementation. Training and retraining will be conducted for sanitation workers at every level

- 2.1 Training and capacity building is required at community level Health Assistants and Health Orderlies/Sanitation Aides, CHWs. "user groups" will be trained in sanitation technologies and participatory hygiene promotion techniques
- 2.2 In-service training/refresher courses shall be organised bi-annually for all environmental health workers with a focus on sanitation Other non-health professionals such as water engineers and planners will also attend sanitation refresher courses
- 2.3 NGOs and CBOs with considerable experience in community based sanitation and health improvement programmes will continue to play an important role while those others will be encouraged, supported and co-ordinated This essentially means their potentials will be tapped whilst they are accorded the necessary support
- 2.4 The private sector involved with promotion and building of sanitation facilities will be encouraged in local business development to give and local employment opportunities. Continued involvement of the private sector is envisaged to enhance local business capacity to respond to these opportunities.
- 2.5 The Bachelor of Science (B Sc) Environmental Health degree programme at Makerere University shall be expedited while relevant post-graduate courses will be encouraged. This will focus on sanitation and participatory promotion techniques
- 2.6 Training courses shall be reviewed to focus on the development of the required skills for the promotion of sanitation and hygiene
- 2.7 Sanitation masons will improve the quality of sanitation facilities and ensure the involvement of the private sector, if adequately involved

3.0 Environmental protection:

- 3.1 Sanitation improvement programmes will be undertaken in an environmentally sustainable manner
- 3.2 The environmental impact of all sanitation systems shall be monitored on an on-going basis to agreed standards and sampling schedules, i.e. water quality monitoring, sewage effluent shall comply with the set standards
- 3.3 Any activity that would result in the deterioration of the quality of a water resource will be carefully assessed
- 3.4 Large-scale on-site sanitation projects will be carefully assessed and appropriate recommendations made Where outcomes of these assessments are calculated to be damaging to the environment, the project will not be implemented without the informed decision of all stakeholders including all potentially affected communities

- 3.5 Promotion of recycling and waste minimisation processing and reclamation will form an integral part of waste management schemes.
- 3.6 Environmental education will form an integral part of sanitation projects. As with hygiene education, environmental education will be carried out in a participatory manner to encourage behaviour change and community action
- 3.7 The principal of the "polluter pays" will be upheld and full economic user charge systems should be developed to ensure full recognition of the costs of environmental protection.
- 3.8 The provision of adequate sanitation as a prerequisite for sound environmental management shall be recognised and upheld by appropriate legislation.

4.0 Technical considerations:

The sanitation system shall provide an effective barrier against disease transmission.

The sanitation system must be acceptable and adaptable by users. The users will decide the type and level of service and agree to pay for the use and maintenance of the service.

- 4.1 User education will be an integral part of sanitation programmes and shall be undertaken in a participatory and empowering manner.
- 4.2 The special needs of children, disabled people and the elderly will be considered in the design of facilities. (The sanitation system should be affordable, acceptable and adaptable.)
- 4.3 All sanitation systems should be designed to reduce the environmental impact of unmanaged human waste disposal
- 4.4 The specific risks of systems failure will be considered at the time of technology selection.
- 4.5 For all extensive on-site sanitation programmes hydro-geological tests shall be carried out to establish any potential environmental impact.
- 4.6 The location and costs of final disposal of effluent and sludge from all sanitation systems will be considered at the time of technology selection
- 4.7 Users in specified localities shall be given choices of technology wherever possible, each with it's appropriate costs
- 4.8 Potential users shall be supplied with all relevant information on both capital and operational costs for the range of options in order to make an informed economic and socially acceptable choice.
- 4.9 Government may provide subsidies for the operation and maintenance costs of sanitation systems provided an affordable and appropriate phasing out mechanism is put in place
- 4.10 For the household and community situation the potential for upgrading as affordability increases, shall be considered when selecting the technology.

- 4.11 Any sanitation improvement programme shall include resources to develop the necessary local institutional capacity to manage the ongoing programme and future operational needs.
- 4.12 Where water borne sanitation is used, low flush technology will be actively encouraged and appropriate reticulation systems developed to accommodate such systems
- 4.13 Users will be expected to pay for the costs of water provision and volumes used
- 4.14 In areas where water supplies are limited or unreliable, water dependant systems will be discouraged
- 4.15 Innovative technologies shall be subjected to independent evaluation and testing prior to adoption and implementation.
- 4.16 Emphasis will be put on encouraging the construction and use of hand washing, laundry facilities as well as safe disposal of domestic and institutional sillage

5.0 Monitoring and Evaluation:

Communities shall be responsible for monitoring their existing sanitation facilities and hygiene practices

- 5.1 To determine the success of Sanitation Programmes, an in-built mechanism of Monitoring and Evaluation shall be developed
- 5.2 The Office responsible for Environmental Health in the Ministry of Health shall keep a National Sanitation Data Bank of all community and district level sanitation information including existing facilities and hygiene practices
- 5.3 Selective monitoring shall be carried out as and when deemed necessary to supplement available records. The findings will be shared with the individual communities and other stakeholders.
- 5.4 Communities participating in Sanitation Promotion Programmes will be encouraged to report on sanitation related diseases at specified intervals
- 5.5 Quarterly progress reports shall be submitted at all levels for planning and decision making

6.0 Financial Resource Mobilisation:

- 6.1 Government will provide basic hygiene education, training and administration costs of the sanitation programme without charge to the beneficiaries of those services. Each household will provide their own choice of sanitation facilities for their own use at their own expense, to at least a basic level of service. (Annex 1 shows the suggested levels of basic service for various population densities)
- 6.2 Construction subsidies shall be available to those who are unable to afford basic sanitation services. Full subsidies will be given for pit linings in collapsing soils, for excavation of pits in hard-rock areas etc
- 6.3 Special attention shall be given to facilitate improvement of sanitation for residents on land owned by others, e.g. farm workers, refugees, and people in transit

- 6.4 In urban areas, sanitation services provided by private enterprises shall have costs of the services transferred to the users. Monopolies shall be discouraged by the introduction of loan schemes made available to enable other private investors to invest in the sanitation sector
- 6.5 Government shall provide subsidy to Primary Schools on a formula to be developed by Ministry of Education to ensure the provision of appropriate sanitation
- 6.6 Subsidies shall be given to Projects run by organised communities on support of Local authorities or Private sector bodies

Annex II

1. Linkages with other programmes:

Sanitation programmes shall have substantial linkages with other programmes.

2. Professional Body:

A strong professional body for Environmental Health Officers will be established.

3. Areas of Responsibilities within the Structure:

➤ Individual level

➤ Head of household

➤ Local authority level

➤ Village and Parish

- Parish chief

➤ Sub-county/County

- Assist. Chief Administration Officer
- Sub-county chief
- Health Inspector
- Health Assistant

➤ Urban

- Town Clerk
- Health Inspector

➤ District

- Chief Administration Officer
- District Health Inspector

➤ Central Government Level

- Director General
- Director (HS)
- Commissioner (HS) (PHC)
- Assistant Commissioner (HS) PHC/EHD

➤ **Industrial Institutions**

- Management
- Environmental Health Officer

➤ **NGOs/Religious Organisations**

- Officer-in-charge

4. Schedule of Institutional Arrangement:

As per existing legislation the current functions and services with regards to sanitation are as follows:

Central Government:

1. Making national plans for the provision of services and co-ordination plans made by local government.
2. Control and management of epidemics and disasters
3. Health Policy.

District Councils:

1. Medical and health Services including -
 - a) The control of communicable diseases.
 - b) Control of the spread of disease in the District
 - c) Primary Health Care.
 - d) Vector Control
 - e) Environmental Sanitation.
 - f) Health Education
2. All decentralised services and activities which include but are not limited to:-
 - a) Entomological services and vermin control.
 - b) Human resources management and development.
 - c) Recurrent and development budget.
 - d) District statistical services
 - e) District Project Identification
 - f) District Planning.

Urban Councils:

1. Establish, acquire, erect, maintain, promote, assist, or control with the participation of the citizens:-
 - a) Cemeteries, crematoria, and mortuaries and ancillary service, and provide for the burial of bodies of destitute persons and of unclaimed bodies

- b) Omnibus stations and related office accommodations, cafes, restaurants, refreshment rooms and other buildings.
- c) Slaughter houses, cold storage facilities, and premises for the inspection or processing of milk, meat or hides and skins.
- d) Markets and piers, jetties and landing places.
- e) Public baths and swimming pools.
- f) Public lavatories and urinals.
- g) Sanitary services for the removal and disposal of night soil, rubbish, carcasses of dead animals and all kinds of refuse and effluent.

2) Promote schemes of housing, health education and road safety.

Lower Local Government Councils:

Responsible for:

- a) Hygiene services and health units other than health centres.
- b) Adult education.
- c) The control of vermin in consultation with the Ministry responsible for Tourism and Wildlife and any other relevant Ministry.
- d) Community based health care.
- e) The enforcement of standards of building and standards of maintenance of buildings include dwelling houses, latrines, kitchen, and stables for animals.
- g) Proper methods for the disposal of refuse and the making, improving, operation and maintenance of wells, dams, and other water supplies.
- h) The control of trading centres, markets, and landing sites and the carrying on the local industries and the encouragement of local trade.
- i) Maintenance of community infrastructure.

City or Municipal Councils:

- Staff establishment structure and setting of remuneration levels
- Setting of service delivery standards
- Recruitment and payment of salaries of established staff.
- Mortuaries and cemeteries.
- Procurement and Management of refuse tipping sites.
- Construction and maintenance of major drains
- Approval of building plans.
- Staff training.

Divisions:

- Food and drug inspection
- Control of development – enforcement of building codes

Water User Group:

- A water user group shall operate through a water and Sanitation Committee which shall be.-
 - a) The executive organisation for the Group, and
 - b) In addition to water supply, responsible for sanitation and hygiene in the area.

Annex III

BASIC SANITATION POLICY GUIDELINES:

1. Safe Water chain:

- Minimum quantity of water consumed is 20 litres/person per day,
- Drinking water quality containing less than 50 faecal coliforms per 100 mls of sample,
- Design of water collecting container should allow proper cleaning.

2. Personal Hygiene:

- Facilities for hand washing should be available near all latrines and at all food preparation and consumption areas,
- Bathing facilities to be available at all homes and residential institutions

3. Food Hygiene:

- Regular/Routine medical examination of food handlers,
- Provision/use of protective wear (who for/by whom?),
- Proper storage of prepared/displayed foods e.g. muchomo, meat and fish,
- Food handling utensils maintained in a clean condition,
- "Left over food" should be protected from the environment.

4. Solid and Liquid Wastes:

- Appropriate collection and disposal as per solid waste management and drainage regulations.

5. Insects Rodents and Vermin:

- Control of breeding places,
- Protection against man vector contact.

6. Behaviour change process:

- ?

7. Excreta Disposal:

7.1 Rural areas:

- Traditional pit latrines,
- Slab/sanplat latrines ITPL,
- VIP latrines

7.2 Difficult areas (e.g. fishing villages)

- Compost pit latrine,

- Aqua privy with disposal lagoons/cesspools,
- Provision of communal latrines and bathing facilities

7.2.1 Urban/Peri Urban areas:

- Zooming for development,
- Traditional pit latrine, Improved Pit Latrine, Aqua Privy,
- Septic tank,
- Connection to sewer.

7.2.2 Where there is piped water supply.

- Septic tank,
- Aqua privy.

7.2.3 Institutions:

- Appropriate location,
- Approved technology (Protected trenches, Pit latrines, VIP latrines, Septic tanks),
- One stance for 30 pupils in schools, with separate facilities for boys and girls.

7.2.4 Siting of facilities.

- Adequate distances (20 meters) from house and latrines.

12