



East Africa Practitioners Workshop on Pro Poor Urban Sanitation and Hygiene LAICO Umubano Hotel, Kigali, Rwanda, March 29th - 31st 2011

1. Title

Improving access to sanitation in Kampala slums - the case of KIEMP

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2. Country, Province/Region, District, Town / peri urban area

Uganda, Kampala District: Makindye Division, Katwe I Parish; Central Division, Kisenyi II Parish; and Kawempe Division, Bwaise III Parish.

3. Initiator of the 'Best Practise'

Governments of Belgium and Uganda.

Implementation by Kampala City Council (KCC) in partnership with BTC, the Belgian development agency.

4. Background of the initiative

Kampala, the capital of Uganda, faces rapid population growth which has a negative impact on the capacity to plan and deliver services. Where Kampala only had 46,735 inhabitants in 1959, by 1980 that had increased to 458,503 and at the time of the last census in 2002, Kampala had as many as 1,189,142 inhabitants. Rural-urban migration has been a principal factor in population growth in Kampala. Another challenge is the day-time population which reaches about 2.8 million on weekdays, as thousands flock to the city to earn a living.

The high rate at which the city's population continues growing, averaging about 4 per cent a year, has overwhelmed Kampala City Council (KCC) and overstretched its capacity to adequately plan the development of the city and also implement its plans. Consequently, many unplanned developments have come up, often in prohibited areas such as the wetlands. Moreover, KCC has limited capacity to provide basic services and infrastructure. That has led to the growth and expansion of slums, which are characterized by inadequate services and infrastructure, poor quality housing and poor environmental conditions. As much as poverty in Uganda has a rural face, it is the urban poor in Kampala who are much more disadvantaged; having limited productive assets such as land, housing, businesses, skills and employment. Hence, their incomes are far below the general average for the urban population and they have very poor access to the normal city services such as water, sanitation, solid waste management, education and medical services. Many of the urban poor households are female headed. Currently, over 60 per cent of the population lives in slums -the most conspicuous manifestation of urban poverty in Kampala today.



Sanitation is one of the basic social services to which the urban poor in Kampala slums have very limited access. On average, the percentage of households in urban settings that had access to improved sanitation in 2008/2009 was 73%, but this figure is much lower in the informal settlements.

According to the baseline survey conducted for the project Kampala Integrated Environmental Planning and Management Project (KIEMP) in 2008, the three parishes that constitute the project area, Katwe I, Kisenyi II and Bwaise III, are characterised by high levels of unemployment (respectively 23.1%, 32.7%, and 14.5%), relatively low education levels, and low average incomes. The informal sector is an important source of income, accounting for respectively 45.2%, 37.2%, and 52.2% in the three project parishes.

As for sanitation, because of the limited coverage of the sewerage services in Kampala, on-site sanitation systems are commonly used in the city. The majority of the population in the three project parishes uses ordinary, unimproved pit latrines (respectively 72.6%, 59.0%, and 84.2%) that are made out of local materials such as unburned bricks and rusty iron sheets and that do not meet the basic criteria as enshrined in the Public Health Act. Most of the latrines are elevated due to the high water table, especially in the wetlands, thus limiting the accessibility especially for children and persons with disabilities. Since the majority of the households are tenants renting small tenements, the landlords own the toilet facilities, which are shared by a number of households. In the three project parishes, respectively 77.8%, 80.0%, and 63.2% of the households share pit latrines with other households. On average, more than 3 households (about 20 people) use the same latrine.

In general, residents of the three parishes have a good level of knowledge about the dangers of inappropriate human excreta disposal. However, there is a general apathy among residents, and various coping mechanisms have been developed. One of them is the use of polythene bags for human excreta disposal, the so-called "flying toilets"; another is the emptying of latrines into open drains especially during heavy rains. This disparity between knowledge and practice can be attributed to poverty where most of the residents are without appropriate alternatives for human excreta disposal. The cost of emptying pit latrines is rather high, and the latrines fill up easily when the constructed pit is shallow because of the high water table. User fees of public toilets are relatively high for some residents, and some public toilets have been appropriated by individual families or are no longer functioning due to poor management.

5. Description of the initiative

The Kampala Integrated Environmental Planning and Management Project (KIEMP) is a 5-year bilateral multi-sector aid project for basic social services, funded by the Government of Belgium, the Government of Uganda and Kampala City Council (KCC). KIEMP is being implemented jointly by KCC and the Belgian development agency, BTC. KIEMP commenced on 1 August 2006 and, unless an extension is granted, is due to end on 31 July 2011.



The general objective of KIEMP is to improve the quality of life of poor communities in the suburbs of Kampala. The specific objective is to enhance environmental planning and management in the poor suburbs of Kampala. To fulfil these objectives, the project is expected to achieve the following results:

- Result area 1: Strengthened institutional capacities of KCC in environmental planning and management;
- Result area 2: Behavioural change among target communities in the use, operation and maintenance of local infrastructure; and
- Result area 3: Improved environmental and housing conditions in the project area.

Project activities geared towards achieving these results are being implemented in three parishes: Katwe I (Makindye Division), Kisenyi II (Central Division), and Bwaise III (Kawempe Division). At the time of the identification of the project in 2004, Katwe I had an estimated population of 24,481, while Kisenyi II had 18,429, and Bwaise III 13,557. In total, Kampala has 99 parishes divided over 5 divisions.

The construction of public toilets was one of several activities aiming at improved environmental conditions under result area 3 above, as well as, among other things, the construction of access roads and drainage channels, and the installation of public water stand posts. The construction of public toilets has been complemented by on the one hand social mobilisation (under result area 3) and on the other hand a behavioural change component (under result area 2). These two software components, and the way in which they are relevant for the functioning of the public toilets, are explained in detail below.

Thirty-five (35) public toilets were constructed in 2008: 9 in Katwe I, 12 in Kisenyi II, and 14 in Bwaise III. The sites for the toilets were identified during 2007 through a participatory process at parish level, involving local community members and their respective leadership. Landlords donated land for the construction of the public toilets, without financial compensation, for a period of 20 years through an agreement for use of land for development of public utilities.

A vault toilet technology was adopted, based on experiences from previous projects implemented by KCC. Flush toilets are not very suitable for slum areas: they require connections to sewer lines or construction of septic tanks and therefore require adequate space and large volumes of water for flushing which is expensive for the communities. Vault toilets, on the other hand, have lower operation and maintenance costs and were found to be more appropriate for slums.

The ventilated vault (VV) toilet design is basically a ventilated improved pit (VIP) toilet with a watertight pit that prevents seepage. The pit is dug to a depth of 3 metres and lined with concrete block work reinforced with steel bars for structural stability so as to withstand the collapsible clay soils encountered in the predominant swampy areas of the project area and also to ensure stability during emptying of the pit. Because the vault toilet is completely lined and watertight, chances of affecting the quality of nearby water sources are eliminated completely.

Every public toilet facility has several gender-segregated stances (cubicles), including 4 toilet stances and 2 bathrooms, as well as a urinal; and a small communal tap. Some of the facilities also have a



small shop attached for the sale of non-food items. A caretaker approved by the community has been appointed to every toilet. The caretaker collects user fees which are used for the operation and maintenance of the toilet, including keeping the toilet clean, providing water, soap and toilet paper, doing minor repairs, and emptying the toilet when it is full. Management structures have also been set up, both at parish and zonal level -the so-called parish and zonal KIEMP steering committees. They are meant to monitor the work of the caretaker to ensure proper operation and maintenance of the toilet.

Two software components were important to complement the construction of the public toilets: social mobilisation and behavioural change. Social mobilisation services aim, among other things, at raising awareness about the project among the target communities, establishing and building the capacity of KIEMP steering committees, and mobilising communities for behavioural change. Therefore KIEMP entered into partnerships with 12 locally based, competent and experienced community-based organisations (CBOs) and non-governmental organisations (NGOs) through Memoranda of Understanding (MoUs), after a lengthy selection and procurement process. Each of the CBOs/NGOs came up with an activity plan and budget, and their activities needed to be in line with the following challenges which KIEMP faces: drainage maintenance, solid waste management, operation and maintenance of public toilets and water facilities, and promoting saving initiatives. Support in the form of training and close follow-up has been given to the CBOs/NGOs by the consultant for advocacy, legal advice and support to social mobilisation, in order to build their capacity to effectively carry out their roles.

The focus of the second relevant software component, behavioural change, is on changing perceptions, attitudes and practices with regard to the use, maintenance and management of local infrastructure. In so doing, communities will be enabled and encouraged to use, maintain and manage local infrastructure and facilities responsibly and effectively; and ultimately to "own" them, thus contributing to the sustainability of the project investments. The behavioural change component also aims to promote individual, domestic and community hygiene practices for improved public health. The consultant in charge of behavioural change conducted a comprehensive situational analysis which provided the basis for the development and implementation of a behavioural change communication strategy. Implementation of that strategy is still ongoing.

6. Major drivers of the process and success

Day-to-day management is in the hands of the KIEMP Project Management Team (PMT). The PMT consists of a Project Manager, appointed by KCC, and a Technical Advisor, appointed by BTC, co-managing the project. Other PMT members include a Community Health Specialist and support staff such as an accountant, secretary, office attendant, and driver. Furthermore, the project works with Focal Persons in each of the three parishes of the project; these Focal Persons form a crucial link between the PMT and the communities.

We could say that the PMT as a whole (and thus also KCC and BTC) has been crucial in the process of constructing the public toilets. Design work and preparation of tender documents for the public



toilets was successfully done in-house by the Environmental Health Engineer; the Community Health Specialist together with the Focal Persons identified suitable sites and secured the land for the construction of the toilets through a participatory process at parish level. The PMT also played a crucial role in the setting up of the parish and zonal KIEMP steering committees that are overseeing the public toilets. Support from local government and political structures to the project was important for the construction of the toilets.

Crucial for the successful construction of the toilets were certainly the landlords who were willing to donate a piece of their land for a period of up to 20 years for the construction of the toilets, without any financial compensation whatsoever. Landlords were willing to do so for the betterment of the entire community. Also the caretakers in charge of the public toilets are major drivers of well-functioning toilets. In some cases, the KIEMP steering committees have been instrumental in the success through their management and oversight role, but not always.

The processes of social mobilisation and behavioural change have mostly been driven by the responsible consultants and have been instrumental in ensuring the operation and maintenance of the toilets.

In terms of social mobilisation, the 12 CBOs/NGOs with whom KIEMP partnered, have contributed greatly to the operation and maintenance of the toilets by organising workshops giving special attention to the roles and responsibilities of both the caretakers and the users, and to water, sanitation and hygiene more generally. Furthermore, some of the CBOs/NGOs organised visits to specific toilet facilities taking up the role of mediator between the landlord/caretaker and the community/users. During these community meetings, issues such as the level of the user fees or the accessibility of the toilet to the public have been discussed and resolved. It is anticipated that the CBOs will remain very important drivers of these processes after the project ends. As for behavioural change, the implementation of the behavioural change communication campaign developed by a consultant has only just started, but its success will be critical for the success of the entire project.

In general, the communities themselves are crucial to achieving improved access to sanitation, through their role as users of the facilities. It is important that they fulfil their responsibilities in the operation and maintenance, not in the least the payment of the user fees, and that they take ownership over the facilities. And after all, the social mobilisation and behavioural change components target the communities as most important drivers of the sustained success of the achievements of KIEMP.

7. Resources

KIEMP is a bilateral project, co-financed by the Government of Belgium, the Government of Uganda and Kampala City Council (KCC). The total budget for KIEMP over a period of 5 years amounts to Euros (EUR) 6,604,581. Contributions of the funding agencies are as follows: EUR 5,004,581 from the Government of Belgium for the project implementation, EUR 1,100,000 from the Government of Uganda to be used for payment of taxes and duties, and EUR 500,000 from Kampala City Council.



The Belgian contribution is a grant. The KCC contribution is in cash and in kind, to be used for payment of office space, utilities and communication costs, salaries and allowances for KCC staff as well as part of the recurrent costs of the project. As explained previously, KIEMP consists of many components, and an improved access to sanitation is only one of the project's components which all seek to improve environmental planning and management in the informal settlements in Kampala.

The contract for the construction of 35 public vault toilet units was awarded to a private contractor at a total cost of Uganda Shillings (UGX) 853,865,492 (approximately EUR 7,500 per sanitary block) following a competitive tendering process. The construction was expensive because the vault toilets were completely lined. However, there has been some discussion as to whether it was strictly necessary to waterproof the vaults.

As for social mobilisation and behavioural change, it is not possible to estimate the cost of the activities related to sanitation, as it forms part of an integrated approach by the consultants, for which a lump sum was agreed upon in the contracts. As far as the facilitation of the local CBOs/NGOs by the project is concerned, indicative costs can be given. One CBO in Kisenyi II parish for example organised a meeting with members of the KIEMP steering committees and the parish leaders regarding the toilets for a budget of UGX 262,500 (about EUR 80); a training workshop for landlords and caretakers on the operation and maintenance of the toilets for UGX 478 500 (EUR 145); sensitisation meetings for the use of public toilets in the different zones for UGX 274,500 (EUR 83) per meeting.

There have been no direct financial contributions from the communities. However, as already mentioned, some landlords donated land (and in some cases demolished structures) for the construction of the KIEMP public toilets, without any financial compensation. Also, the partnerships that KIEMP has with several local CBOs/NGOs are only facilitating their work; they are investing some of their resources (including time) into social mobilisation of the communities, something they had been doing even before KIEMP came in. Members of the KIEMP steering committees have invested their time for the betterment of the communities. And last but not least, community members pay a user fee for the use of the KIEMP public toilets.

8. Successes

As the project is still ongoing, no impact assessment or final evaluation has been conducted. A baseline survey was conducted in 2008 providing much information about knowledge, attitudes and practices of the community members in the project area at that time. An evaluation survey will be done by the consultant for behavioural change after the implementation of the behavioural change communication strategy. However, everyone involved in the project has seen changes taking place over the past few years. Consultants and CBOs/NGOs have been reporting to the PMT, the PMT itself conducted several field visits as well as specific monitoring visits for the toilets, and a midterm review took place in 2009. This information provides anecdotal evidence of a positive change regarding sanitation and hygiene in the 3 parishes where KIEMP operates.



When looking at the use patterns of the toilet facilities, one can conclude that the improved sanitation facilities were welcomed by the communities. The number of users per day varies, depending on the location of the toilet. Especially in Bwaise III, it is mostly tenants who make use of the toilets and just a few passersby. In some cases, there is even a certain degree of personal appropriation of the toilet (being used only by the landlord and his family). But then again in Katwe I and Kisenyi II, the number of users per day varies from 30 to 60, some of them being residents, others passersby, especially for the toilets in more commercial areas. Caretakers of well-functioning toilets can collect UGX 10,000 to 16,000 daily (approximately EUR 3 to EUR 4.85). Wages for caretakers other than landlords range from UGX 1,000 to 5,000 (approximately EUR 0.30 to EUR 1.51). This makes a difference to the lives of the caretakers. In general, the conclusion can be drawn that the more business-oriented toilets (as opposed to toilets used only by residents) offer a potential model for replication within the communities. These toilets are usually found in the commercially busy locations or alongside the roads through the communities. Also, changes within the communities can already be witnessed. Several households are willing to pay the user fees for an appropriate alternative for human excreta disposal and thus understand and value the importance of it. The use of "flying toilets" has become less common and is definitely being tolerated less by the communities, as a new alternative to open defecation is now available.

9. Lessons learned

KIEMP as a project is approaching the end of its 5 years of implementation. Most activities related to sanitation and hygiene have been completed. However, as far as the implementation of the behavioural change communication strategy is concerned, that has only just taken off. A lot still remains to be done and the success of the behavioural change component is crucial to the success of the entire sanitation component of the project. The focus now is very much on achieving the desired behavioural change with respect to local infrastructure and evidencing that through the evaluation survey, as well as on ensuring the sustainability of the project's achievements with regard to improved sanitation. Before handing over the infrastructure to Kampala City Council as well as handing over certain responsibilities regarding the toilets to the landlords, caretakers and KIEMP steering committees, certain things still have to be done in order to strengthen the intervention's sustainability. Firstly, the parish and zonal KIEMP steering committees, or rather the Parish Development Committees to which the facilities will be handed over, need to be strengthened in order to fulfil their responsibility of monitoring local infrastructure. The Parish Development Committees are formally mandated government structures with an officially sanctioned role in influencing planning and development, and which are much closer to local communities, being comprised of locally elected community representatives. Secondly, training should be organised for all caretakers of KIEMP public toilets. Caretakers would then visit a well-functioning toilet of a caretaker with initiative, would exchange information and experiences with other caretakers facing similar challenges (for example, what to do when users refuse to pay user fees), and would learn how to do minor repairs such as unblocking outlets. Thirdly, and definitely most crucial for the sustainability, is the success of the behavioural change communication strategy leading to a significant change in behaviour. Close follow-up of the consultant is indispensable.



KIEMP and its intervention to improve access to sanitation faced several difficulties. Finding land for the toilets, and later the construction itself because of the high water table especially in Bwaise III, were challenging. Secondly, the heavy reliance of the project on consultants led to a fractured approach, particularly at community level, since there is no agency with clear responsibility for community mobilisation. The midterm review of the project identified this problem stating that the PMT is geared to contract management rather than direct community-level interventions, and therefore could not take up that role. Also, some of the consultants were not always performing to a sufficient standard, and therefore the PMT spent quite a lot of its time closely following up the consultants. Thirdly, the functioning of the toilets has been another challenge. Some caretakers have been reluctant to do minor repairs and do not use the user fees for what they are meant for. Some landlords have appropriated the toilet for personal use. Also the payment of user fees has been an issue. On the one hand, the user fee is still high for some residents. On the other hand, there is some confusion around the concept of public toilets provided by Kampala City Council (KCC), the communities' perception being that "public" equals "free". Finally, the bureaucratic process for entering into a formal partnership working agreement with the 12 local CBOs/NGOs proved to be a serious challenge.

In order to face these challenges, the following should be done differently when starting afresh:

Composition and mandate of Project Management Team: The PMT should be more extensive, ensuring in-house expertise for most of the project components, and especially for community mobilisation. In that way, the PMT could be the agency for direct community-level interventions.

Community involvement: The community should be involved from the very beginning of the project, preferably even before it takes off. Behavioural change should be achieved even before the construction of the toilets starts. The project should also have made more use of existing structures, and at the same time strengthening them, instead of creating new ones.

Local context: Some of the problems encountered were very context-specific. Especially the context of Bwaise III was more complex to work in than the context of the other two parishes. The informal settlement of Bwaise is on gazetted wetlands and the inhabitants can be evicted at any time. Because of the vulnerability of the inhabitants of Bwaise III, there was a certain degree of suspicion. Some suspicion was also present in the three project areas based on a previous negative experience with a slum upgrading and low cost housing project in Namuwongo, Kampala, where, after upgrading, middle income earners bought off the bona fide holders, thus replacing approximately 40% of the original beneficiaries who ironically developed and settled in a nearby slum area.

Mobilisation and behavioural change: The social mobilisation and behavioural change components have been challenging especially in areas where there are a lot of newcomers (rural-urban migration or immigration from abroad such as the the Karamojong and Somali minorities in Kisenyi II) or where the population changes very quickly. This means that people who have previously been sensitised tend to move out of the area, and potentially not-sensitised people move into the area, posing new challenges in regard to sanitation and hygiene. In addition, the population travelling to the city on a daily basis, such as the owners of small metal workshops in Katwe I, is a group that is less easy to target as compared to the residents of a certain area.



Site location for public toilets: The KIEMP public toilets seem to function better in areas that are less residential but more commercial or industrial as in the cases of Katwe I and Kisenyi II, since there are more workers and passers-by who use the toilet and pay the user fees. Several caretakers in Bwaise III have complained that there are too few people actually using their toilet facilities and that, in addition, some of the residents do not want to pay for it, posing serious challenges to the operation and maintenance of that facility.

Appropriate technology and design: When constructing toilets, it is crucial to use appropriate technologies. However, that may require a lot of resources, as was the case for the KIEMP toilets with lined vaults. According to the midterm review of the project, it was not strictly necessary to waterproof the vaults since the areas where the toilets are located are already heavily polluted by numerous, unlined pit latrines, but at the same time, the lining of the vaults was also important for the stability, especially during emptying. Thus, appropriate technologies will have to be decided upon for every specific intervention. The costs of the construction of toilets could possibly be reduced by contracting community members (labour contracts) instead of working with private contractors as was the case for KIEMP.

Empowering existing institutions: It is furthermore important to involve the existing institutions as much as possible. Not only the local government (which in the case of KIEMP is an implementing agency), but also structures at parish and zonal levels should be encouraged to take up certain roles and be strengthened in doing so. This is particularly relevant when these are government structures and hence ensure legitimacy and sustainability. For example, when working with a local committee responsible for the monitoring of local infrastructure (such as Parish Development Committees), it is important to enable them to take up their role fully such as by a close follow-up, since strong management committees will ensure the sustainability of the intervention. Another example are the Village Health Teams, voluntary teams of community members, aiming to improve the health status of the village, which have unfortunately not been involved in the KIEMP activities at all.

Scaling up and building on this experience: This intervention could be scaled up to other informal settlements of Kampala or some of the bigger towns in Uganda, and probably as well to cities in other East-African countries. KIEMP was initially intended as a pilot project, but unfortunately no similar projects will be implemented as part of the bilateral cooperation between Uganda and Belgium, or at least not in the near future.

In conclusion, arguably the most important precondition is that the community is involved right from the beginning of the intervention. Furthermore, infrastructure works need to be accompanied by sensitisation and behavioural change, preferably done by local organisations such as CBOs or other partners which have a very good knowledge of the context. Ideally, this would be done even before the construction works start: the software components of the intervention of a project followed by the hardware components, and not the other way round.



10. More information

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11. Further reading

The project's website: www.kiemp ug

The websites of the implementing agencies: www.btcctb.org and www.citycouncilofkampala.go.ug/city_council_of_kampala.asp