



Republic of Uganda  
Kabarole District Local Government



# TOWN SANITATION PLAN FOR KIJURA 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:**

Kijura Town Council, 2022. Town Sanitation Plan for Kijura 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
CT	Collection and Transport
DHO	District Health Office
DMS	Data Management System
FS	Faecal Sludge
FSM	Faecal Sludge Management
HF	Healthcare Facility
HH	Household
IEC	Information, Education and Communication
ILF	International Lifeline Fund
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
PP	Public Place
PTA	Parents, Teachers Association
RUWASS	Reform of the Urban Water and Sanitation Sector
SACCO	Savings and Credit Cooperative
SDB	Sludge Drying Bed
SH	School
SMC	School Management Committee
STF	Sanitation Task Force
TD	Treatment and Disposal
USAID	United States Agency for International Development
VHT	Village Health Team
VIP	Ventilated Improved Pit
WaSH	Water, Sanitation and Hygiene
WHO	World Health Organisation

# FOREWORD

Knowing the benefit of water, hygiene, and sanitation as a source of good health to the community and leading to improvement in productivity, Kijura Town Council with support from IRC has introduced several initiatives that are an eye-opener and will help in promoting hygiene and sanitation within the Town Council. A strategic Town Sanitation Plan is key in helping Kijura achieve its goal.

The objective of this Town Sanitation Plan is to ensure proper handling of human waste both within the households and institutions. 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.

I take this opportunity to acknowledge all the stakeholders who invested their time and resources to develop this plan. I appreciate the IRC International Water and Sanitation Center (Uganda) and their donor partners who gave money and time to make this possible. I thank the consultants and the technocrats from Kabarole District Local Government who committed their staff time. The Sanitation Task Force members and other local stakeholders provided input in the design of this Strategic Town Sanitation Plan.

I pledge my support towards the adoption and implementation of the Town Sanitation Plan for the benefit of the community of Kijura Town Council.

**Micheal Mwesigye**

Town Clerk, Kijura Town Council

# EXECUTIVE SUMMARY

Based on the pledge to improve the existing sanitation situation in Kijura, the Sanitation Task Force (STF) and the political body of Kijura Town Council set forth the following vision *“A clean attractive Town Council with available proper, safe, accessible, affordable and sustainable sanitation facilities operating in a healthier environment for improved a livelihood by 2040”*. The STF has also derived the required objectives and targets to fulfill the vision by 2040.

To achieve the objectives and targets, five strategic principles will guide interventions and actions. These are: (i) improve governance framework for sanitation; (ii) increase demand for sanitation and hygiene at all levels; (iii) increase the supply for sanitation and hygiene-related products; (iv) improve financing for sanitation-related investments, products, and services; and (v) invest in sanitation hardware. Based on the principles, the plan proposes actions for short, mid, and long-term goals. Some of the measures taken will include coordinated planning and implementation of activities with all relevant stakeholders; improving private sector involvement for sanitation marketing of low-cost drainable toilets; targeted behavior change communication across households, schools, public places, and health facilities; improving existing by-laws and enforcement for sanitation; and so on.

Kijura Town Sanitation Plan comprises of activities, roles, and responsibilities of the Town Council and development partners, with estimated time frame and costs to accomplish each objective. It is estimated that software-related costs for improving sanitation services along the service chain in Kijura will cost 6,350,352,000 UGX until 2030; hardware investments required for improvements in Fecal Sludge Management across the sanitation chain will cost 1,922,590,000 UGX until 2025 (short term), 3,268,906,000UGX until 2030 (midterm) and 2,912,236,000UGX until 2035 (long term). The cost will be met by households/ landlords, Town Council, donor agencies/Development Partners, and the Ministry of Water and Environment, 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 THE TOWN SANITATION PLAN

### *Purpose of the plan*

This is an integrated documentation of sanitation interventions and services in Kijura 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 Kijura.

The planning process (see chapter 1.3, methodology) and the result are derived from consultation 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 Kijura or the region, Non-Governmental Organisations [NGOs], NWSC, 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 until 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.

## 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

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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.

Chair), Senior Community Development Officer (STF Secretary), Principal Town Agents for Butinda, Kiboaha, 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 Kijura 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 Kijura town on 14th 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.

## 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.

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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).

# 2. PROFILE OF KIJURA TOWN COUNCIL

## 2.1 LOCATION AND SIZE

Kijura Town Council is located in Kabarole district in western Uganda. The Town Council is bordered by the Hakibaale Subcounty in the east, south, southwest, and northeast. Semiliki National Park borders the town in the north and northwest. The Location Map of Kijura Town is shown in Figure 2-1.

The central part of the Kijura Town council is located 30 km from Fort Portal City and about 292 Km from Kampala. The Town is located North-East of Fort Portal. The town council is divided into 4 wards i.e. Kijura, Kaisagara, Kahuuna and Kyererezi.

Kijura Town has the following establishments: the Town Council Offices; Tea Estates and Factories, a Health Centre, Market, lodges, shops, secondary schools, primary schools, fuel stations, garages, etc.

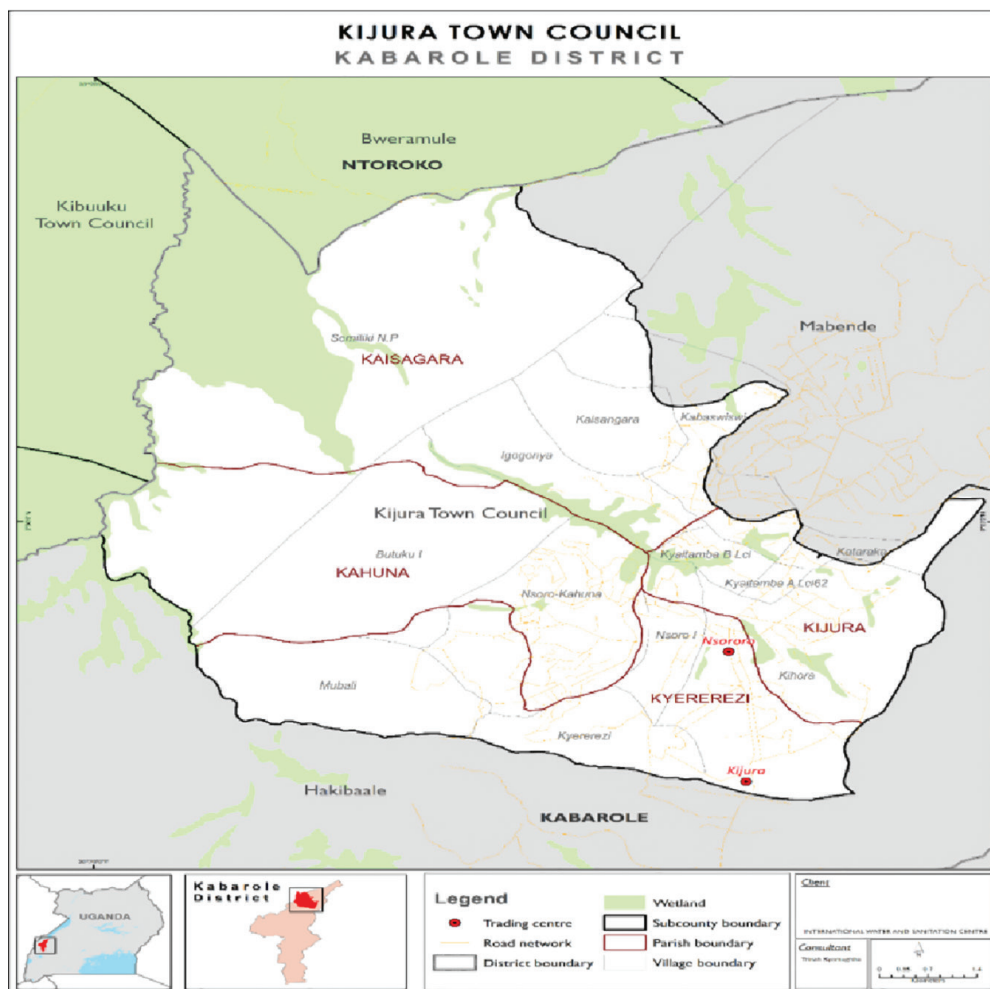


Figure 1: Map of Kijura Town Council with parish, villages, and Town Council boundaries

## 2.1 CLIMATE AND TOPOGRAPHY

Kijura Town Council enjoys 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 2-1 summarizes the climate for Kabarole district where Kijura TC is located.

## 2.2 POPULATION

The results of the 2014 Population census are shown in Table 2-1. The total population of Kijura Town Council was 18,163 for the four wards.

**Table 1: Population of Kijura Town (UBOS, 2014)**

Ward	Population			
	Males	Females	Total	Households
Kahuna	1,391	1,190	2,581	721
Kaisagara	1,261	1,169	2,430	570
Kijura	1,195	1,031	2,226	604
Kyerezi	1,827	1,668	3,495	910
Total	5,674	5,058	10,732	2,805

The population growth rate for Kijura Town Council for the period 2002-2014 was 2.3%. The projected population for the year 2021 using the above growth rate is 12,300.

## 3.0 SITUATION ANALYSIS

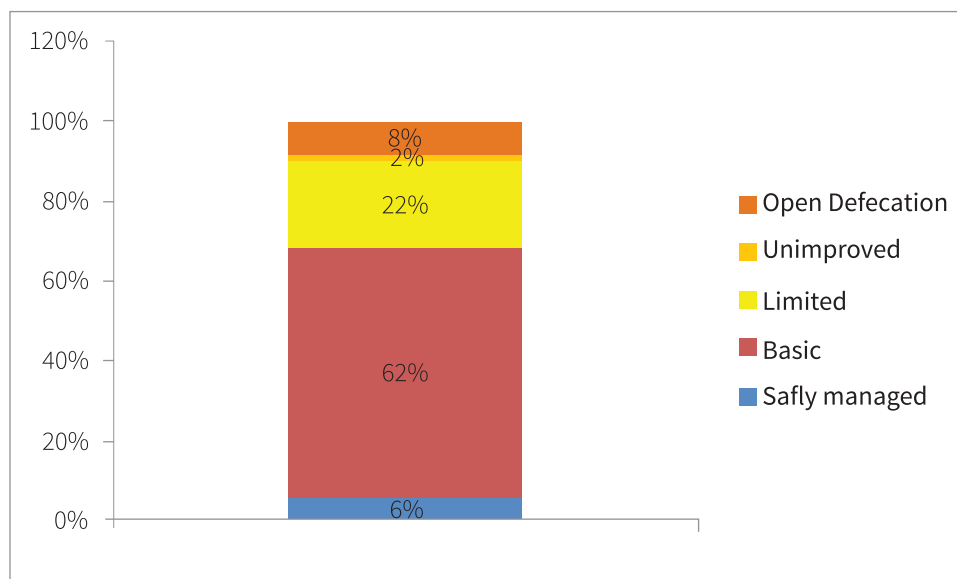
### 3.1 STATE OF SANITATION IN HOUSEHOLDS

About 7.3% of the households do not have any form of sanitation facility and could be practicing open defecation. The quality of toilets is also wanting as only 38.3% of the sampled had no significant defects and about 36.1% of the toilets did not have doors which compromises the privacy of the users. The prevalence of shared household toilets is 22% which is shoes limited access and risk of Open defecation.

Sharing of household sanitation facilities is a common practice in the project area as shown in Table 4-10. Overall, 22% of the residential sanitation facilities were shared. On average, each shared sanitation facility serves two other households in the project area. Sharing of sanitation facilities by more than one household is classified as a limited sanitation service under the SDGs for improved sanitation facilities.

**Table 2: Shared sanitation facilities for Residential Properties**

Property Ownership	Not Shared	Shared
Rented	42	24
Occupied by owner	262	64
Other	8	2
<b>Grand Total</b>	<b>312</b>	<b>90</b>
<b>% of Total</b>	<b>78%</b>	<b>22%</b>



**Figure 2: JMP Sanitation ladder for Kijura TC**

#### 3.1.1 HAND WASHING PRACTICE AFTER USING A TOILET

The practice of handwashing with soap is still on a low scale in Kijura town. About 69% of the premises sampled did not have a handwashing facility near the toilet.

## 3.2 STATE OF SANITATION IN PUBLIC SCHOOLS

**Table 3: Sanitation in public schools**

#	Name of School	Type of Toilet	Popn	Total No. Stances	PSR
1	Kijura parents' nursery and Primary school	Unlined simple pit latrine with slab	250	7	36
2	Great Angles Nursery and Primary School	Unlined VIP latrine	200	4	50
3	Kahuna primary school	Lined simple pit latrine with slab	26	4	6.5
4	St Mary's Nursery and Primary school	Unlined VIP latrine	177	3	59
5	Noble Mayombo memorial seed school	Lined simple pit latrine with slab	467	5	93.4
6	Excell nursery School	Unlined simple pit latrine without a slab	75	1	75
<b>Total/Average</b>			<b>1,195</b>	<b>24</b>	<b>49.8</b>

### 3.2.1 HAND WASHING AT SCHOOLS

At institution level, 86.7% had handwashing facilities and there is still a need to improve on the handwashing aspects in the town.

### 3.2.2 MENSTRUAL HYGIENE MANAGEMENT

Disposal of sanitary pads used for menstrual hygiene management is a critical part of the management of sanitation and proper functionality of toilets. The respondents were asked to show provisions in place for the management of Menstrual Hygiene. Only 2.5% of the premises in Kijura had provisions for MHM in form of waste buckets. It was not possible to assess the usage since the schools were closed due to COVID lockdowns at the time of the survey.

## 3.3 SOLID WASTE MANAGEMENT

Management of solid waste in Kijura Town Council is the mandate of the Council. Currently, the town council does not have garbage collection trucks. The town council had a tractor that broke down. The town has a garbage skip located near the taxi stop where a private service provider was hired by the town council to collect the waste and dispose of it at the dumping site located outside the town council. Organic waste is managed by the household onsite.

**Table 4: Solid waste management practices**

Solid waste management Practices	Freq	%
Burn	289	41.2%
Bury solid waste in a pit	117	16.7%
Have a refuse pit by the premises	107	15.3%
Leave it out in the open away from the house	167	23.8%
Others (specify)	8	1.1%
Pay for removal by local government	1	0.1%
Pay for removal by private enterprise or an individual	8	1.1%
Throw solid waste into the toilet pit	4	0.6%
<b>Total</b>	<b>701</b>	<b>100%</b>

### Cleanliness of Household Environment

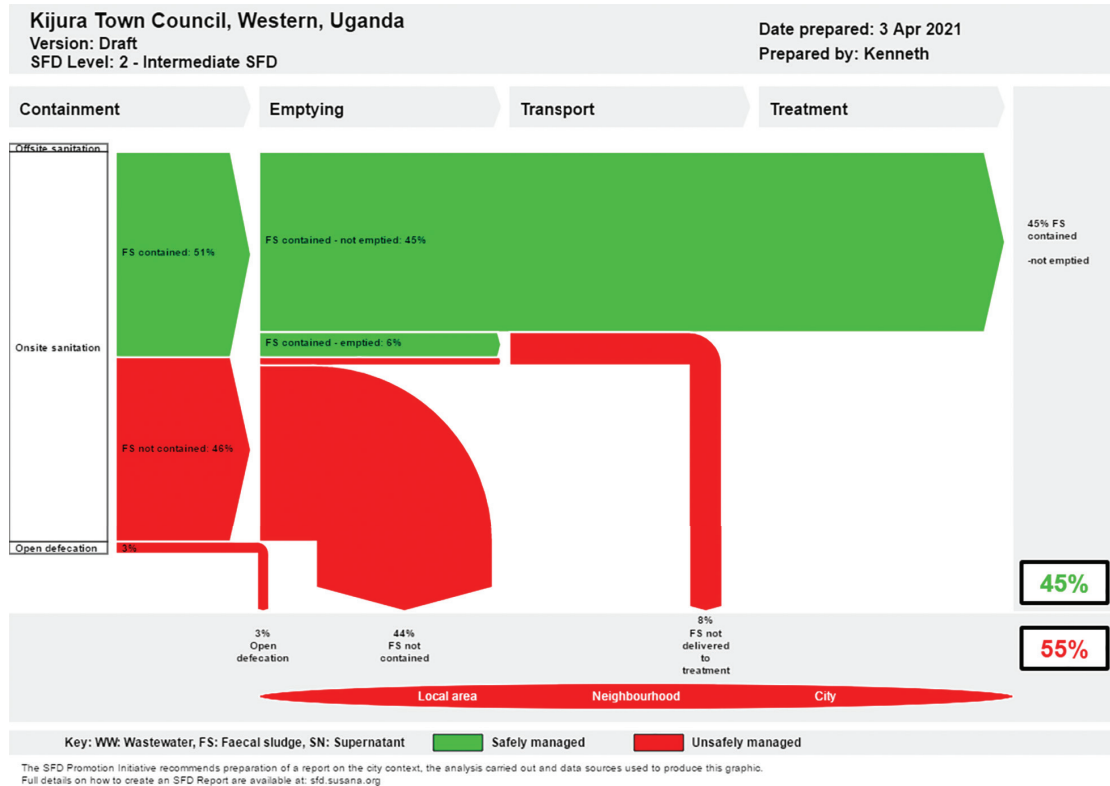
In general, most of the premises visited were reasonably clean. Only 2% of the premises were rated as very dirty and 13% as dirty.

### 3.4 FAECAL SLUDGE MANAGEMENT

Faecal Sludge (FS) collection and transportation services in Kijura are not yet fully developed and are mostly provided by the private sector when the need arises. The FS emptying service providers comprise pure manual and mechanical/cesspool truck emptiers.

From the collected data 17% of the sanitation facilities in use in the town that filled up were emptied and reused.

### 3.5 SHIT FLOW DIAGRAM FOR KIJURA TOWN COUNCIL



**Figure 3: Shit Flow Diagram for Kijura**

The Shit Flow Diagram (SFD) presents a graphic illustration of faecal flow in Kijura town. The diagram provides a synopsis of the type of facilities that the inhabitants use, the percentage population that undertakes collection (and non-collection) of faecal matter from toilets, the percentage volume of faecal matter that undergoes treatment or is illegally dumped and the fate of treated and untreated faecal matter.

The diagram above presents the approximate faecal flows in Kijura Town. The red arrows indicate the public health hazard caused by 44% of the population to the resident environment as leaching unlined pits pollute groundwater (≈ 8 to 10 meters from ground level). Additionally, the public health hazard caused by illegal dumping of excreta 8% of the population is detrimental to the wetlands and the communities living nearby. Only 45% of the population’s faecal sludge is safely treated and disposed of.

This in short describes the extent of the problem in Kijura and immediate interventions are required around household toilets to reduce the public health hazards.

\*Values indicated in the figure are based on percentages with regards to the population in Kijura Town Council

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

The **Vision** of kijura Town Council is:

*“A clean attractive Town Council with safe, accessible, affordable and sustainable sanitation system operating in a healthier environment for an improved livelihood by 2040*

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

The **objective** of the plan:

*“Achieve increased access to improved sustainable sanitation facilities, in the community for a healthy and productive population by 2025.*



## 5. 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 have defined short, mid, and long-term targets to accomplish the specific objectives based on the human and financial resource envelope of the Town Council.

### 5.1 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	Reduce the Proportion of households with unimproved sanitation facilities.	The number of households with improved hygiene and sanitation facilities.	77%	34% (999 HH)	0	-
HH.2	Increase the proportion of households with hand washing facilities in and around sanitation facilities.	Number of handwashing facilities in and around sanitation facilities.	33% (972 HH)	60% (1,762 HH)	100% (3,569HH)	100% (4,198HH)
HH.3	Eliminate open defecation in community.	No more faeces seen	1% (73 HH)	0	-	-
HH.4	Increase the percentage of standard sanitation facilities in Kijura Town Council.	The number of standard of sanitation facilities.	9% (250 HH)	0	-	-
HH.5	Reduce the number of households sharing a toilet stance.	The number of Toilet stances increased	379 HH	227 HH	150 HH	0
HH.6	To Improve Solid Waste Management in Kijura Town Council	Number of days to collect and dispose of garbage  Collection of garbage in small bags in				
HH.7	Improved faecal sludge management	No. Of toilets emptied	1	30%	60%	100%
		No. Pit emptier trained	0	1	3	5
		No. Of improved sanitation technologies adopted	15%	50%	65%	100%

## 5.2 SPECIFIC OBJECTIVE SH: SANITATION IMPROVEMENTS IN PUBLIC SCHOOLS

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2017)	Midterm targets (by 2020)	Long term targets (by 2025)
SH.1	Increase water extension to all public schools in the town council.	Number of schools with safe water supply				
SH.2	Increase the percentage of public schools with soap and water at handwashing facilities in and around sanitation facilities	Percentage of public schools with soap and water at handwashing facility in or near sanitation facilities	17%	100%	100%	100%
SH.3	Increase the percentage of public schools with Latrines or stance to pupil ratio up to 1:40	Percentage of stances in schools to pupil ratio up to 1:40	33%	83%	100%	100%
SH.4	Increase the percentage of public schools with hygienic sanitation facilities	Percentage of public schools with hygienic sanitation facilities	0%	50%	100%	100%
SH.5	Increase the percentage of public schools with systems for menstrual hygiene practices	Percentage of public schools with systems for menstrual hygiene practices	0%	50%	100%	100%

## 5.3 SPECIFIC OBJECTIVE HF: 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)
HF.1	Increase the percentage of healthcare facilities with access to improved sanitation facilities	Percentage increase of healthcare facilities with improved sanitation facilities.	50%	100%	100%	100%
HF.2	Increase the percentage of healthcare facilities with hygienic toilets	Percentage increase of hygienic toilets	0%	100%	100%	100%
HF.3	Increase the percentage of healthcare facilities with handwashing facilities in and around toilets	Percentage increase of handwashing facilities.	0%	50%	100%	100%

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2025)	Midterm targets (by 2030)	Long term targets (by 2040)
HF.4	Increase the percentage of healthcare facilities with systems for menstrual hygiene practices	Percentage increase of health care facilities.	0%	50%	100%	100%

#### 5.4 SPECIFIC OBJECTIVE PP: SANITATION IMPROVEMENTS IN PUBLIC PLACES

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2017)	Midterm targets (by 2020)	Long term targets (by 2025)
PP.1	Increase access to public toilets	Number of public toilets	1	3	4	4
PP.2	Increase the percentage of hygienic public toilets	Percentage of hygienic public toilets	0%	100%	100%	100%
PP.3	Increase the percentage of public toilets with handwashing facilities	Percentage of public toilets with handwashing facilities	0%	100%	100%	100%

#### 5.5 SPECIFIC OBJECTIVE CT: IMPROVING COLLECTION AND TRANSPORT OF FAECAL SLUDGE

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2017)	Midterm targets (by 2020)	Long term targets (by 2025)
CT.1	Increase the percentage of households with lined toilets	Percentage of households with lined toilets	34% (1,007 HH)	55% (1,615)	75% (2,677 HH)	100% (4,198 HH)
CT.2	Increase safe collection and transportation of excreta to the designated treatment plant	Number of pit emptiers providing pit emptying services	2	3	4	4

#### 6.5 SPECIFIC OBJECTIVE TD: 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)
TD.1	Construct sludge drying bed designed for 2025	Number of sludge drying beds	0	Phase 1		
TD.2	Construct sludge drying bed designed for 2040	Number of sludge drying beds	4			Phase 3

## 6. STRATEGIC PRINCIPLES FOR THE TOWN SANITATION PLAN

To achieve the objectives and targets, the Sanitation Task Force proposes four 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

### 6.1 PRINCIPLE 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.

- I. Ring-fencing funds for sanitation-related activities in the town council budget. 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.
- II. 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 namely JESE (Joint Effort to Save the Environment) investment to build lined toilets under the FINISH MONDIAL<sup>3</sup> will be promoted through Village Savings and Loans Associations (VSLA).

*Reinforce the existing district ordinance*

The plan proposes to reinforce the existing district ordinance to include a wider range of regulations about 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>4</sup> and the Local government Act<sup>5</sup> but the regulations will be derived specifically to the local requirements, norms, and conditions.

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

- 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.

<sup>3</sup>FINISH stands for “Financial Inclusion Improves Sanitation & Hygiene”. More about FINISH MONDIAL in Uganda <https://finishmondial.org/countries/finish-in-uganda/>

<sup>4</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>5</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.

- IV. Open defecation, including that of the children below five years of age, and open urination are penalize. A fine not exceeding 20,000 UGX is levied per stool if and when the person is caught defecating.
  - I. Every toilet facility must have a handwashing facility, and soap must be available at all times.
  - II. Construction of toilets on service lanes is deemed illegal and any such existing facilities will be demolished. Toilets to be constructed in designated areas as per the approved building plans.
  - III. The stance to user ratio is to be limited to a maximum of 40 pupils per stance for schools.
  - IV. 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.
  - V. Schools to comply with hygiene condition requirements of sanitation facilities as set by the Town Council.
  - VI. Soap and handwashing facilities in or near toilets have to be provided by the schools.
- VII. 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 Lira 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 encouraged 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. The lined toilet is designed in a modular fashion and can be upgraded from a VIP to septic tanks as and when the need arises. 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 2020.

*Monitoring and enforcement*

Strict monitoring and enforcement being initiated by the Town Council and non-compliance to the by-law is dealt with penalties and fines. A Data Management System (DMS) 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 stated in III) above.
- II. Households without toilets have installed toilets and are using them.
- III. Households with unimproved sanitation facilities have installed SanPlats and are using them.
- IV. Areas designated for improvement in toilet standards, especially high population pockets such as the CBD, comply with the minimum requirements of a lined toilet.
- V. Schools are providing sanitation facilities to the standards set by the Town Council.
- VI. Schools have handwashing facilities installed in or near their toilets facilities.
- VII. Schools have hygienic sanitation facilities.
- VIII. Service lanes are free from any obstruction and are used for their designated tasks, such as the provision of basic services, water supply, drainage, refuse collection, and cesspool emptying.
- IX. Open defecation amongst adults and children under five is strictly monitored and non-compliance is penalised.
- X. 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 penalised. In rental homesteads, poor maintenance of toilets are levied on the landlords.
- XI. Regular monitoring of new latrine constructions is conducted to ensure compliance with the by-law. Penalties are charged to the defaulters as stipulated within the by-law.
- XII. Regular inspections are conducted to ensure the availability of handwashing facility and non-compliance is penalised.

## 6.2 PRINCIPLE 2: INCREASE 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 and taxi parks. Additionally, the plan proposes that the Town Council actively promotes sanitation products and services that will be provided by private enterprises.

Interventions to raise sanitation and hygiene awareness at the household level:

- I. **Shared sanitation facilities:** Appropriate demand-driven approaches create the need for adequate number of toilet stances in rental homesteads. BCC campaigns focus on tenants and landlords to promote the increase in the number of shared facilities in rental homesteads. Landlords are responsible for investing in toilet facilities, but the responsibility for maintenance and ensuring hygienic conditions lies with the tenants, who are encouraged by the landlords to have a maintenance schedule. Individual homes that do not have facilities are encouraged to build a toilet.
- II. **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.
- III. **Hygiene promotion:** BCC campaigns to sensitise 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 dry grass 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 improve functionality.
- IV. **Unimproved sanitation facilities:** Sanitation marketing campaigns create the demand for improved (SanPlats) 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.
- V. **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 lined toilets, 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 about 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 the 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.
- VI. **Handwashing facilities:** Behaviour change is driven through campaigns encouraging households to have handwashing 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 handwashing facility.

Interventions to raise sanitation and hygiene awareness in schools:

- I. Curriculum on sanitation:** To increase the knowledge of learners, a curriculum on sanitation and hygiene is developed and integrated within the school curriculum. Visual aid materials are developed for schools with messages in appropriate languages (English and/ or local language). Sensitisation is carried out to increase the awareness of learners about proper usage and maintenance of school toilets.
- II. Budget allocation to sanitation:** To ensure that sanitation issues are prioritized in school budgets, a member of the STF is appointed on the school management committee. This member lobbies for the provision of improved sanitation facilities, handwashing facilities, and systems for menstrual hygiene practices during budget allocation and Parents Teachers Association (PTA) meetings. Alternatively, schools plan, budget, and lobby for funds from the government or donor agencies to increase access to improved sanitation facilities, handwashing facilities, and systems for menstrual hygiene practices.
- III. Governance:** Schools develop sanitation plans and these include schedules for activities to be conducted on maintenance of sanitation facilities. The plans clearly define the roles and responsibilities of learners and administration, as well as associated costs. The School Management Committee (SMC) for each school lobbies for funds, monitors and enforces the implementation of the school sanitation plan.
- IV. Schools health clubs** are initiated or revived where dormant.
- V. Menstrual hygiene management:** BCC campaigns are conducted to increase awareness of appropriate menstrual hygiene practices amongst female pupils. In schools where the provision of menstrual hygiene products (sanitary pads) to use is insufficient, learners are encouraged to make their reusable pads via a training workshop. Practices such as throwing menstrual hygiene by-products in a pit latrine are discouraged and eliminated due to their negative effect on pit emptying<sup>6</sup>. Learners are encouraged to dispose of menstrual hygiene products in bins placed in washrooms and schools are obliged to provide bins for disposal. NGOs such as the International Lifeline Fund (ILF), and other agencies working in the field of menstrual hygiene improvement practices are to be included in the sensitisation activities. These agencies can provide training and/ or fund menstrual hygiene management practices, such as training girls to make their own reusable pads, funding the installation of washrooms for cleaning, and providing incinerators for disposable by-products. Additionally, The Ministry of Education and Sports (MoES) is responsible for the health and welfare of learners in public schools. To ensure menstrual hygiene management is considered in plans for schools, issues of menstrual hygiene at school are to be raised with the Ministry.

Interventions to raise sanitation and hygiene awareness in healthcare facilities:

- I. Posters with positive health and hygiene messages 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
- II. Menstrual hygiene information:** The healthcare facility staff are encouraged to provide information on menstrual hygiene to young girls and their parents. Additionally, information on how reusable pads can be produced is provided via visual aid and counseling.

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 mobilisation, target users of daily/weekly markets and taxi parks. The emphasis is focused on the benefits of using toilets for a fee. In addition to the BBC campaigns, strict enforcement is exercised by the Town Council to discourage open defecation and urination.

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<sup>6</sup> As per the new design for school toilets, incinerators shall be provided for the female section of the toilets to dispose used sanitary pads. See Annex A2.

Interventions supporting pit emptying services:

Along with the promotion of lined toilets, **regular emptying of pits** is also encouraged. 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 their emptying services. In addition to BCC campaigns, all information about pit emptying services is made accessible at the Town Council offices via visual aid materials displayed at prominent places. Pit emptiers are also encouraged to promote or market their services using radio ads and flyers.

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

The private sector will be intensively involved in providing sanitation products (e.g. low-cost pre-cast toilet) and services (e.g. pit emptying). The plan proposes that the Town Council engages in a Memorandum of Understanding (MoU) or a Memorandum of Agreement (MoA) with private operators in town (or elsewhere) and provides suitable framework conditions to operate within the town. Additionally, the Town Council will encourage more enterprises to operate within the Town Council by providing reduced taxation and rebates on products and services. The council will undertake a supervisory and regulatory role and will ensure it subjects transparency in decision making with regards to the Memorandum of Understanding (MoU) or Memorandum of Agreement (MoA) with private operators. Nevertheless, it will be impartial towards all private operators during the promotions of their products.

Under this plan, the Town Council will:

- I. Identify toilet manufacturers within the town or in the region that can build low-cost-lined toilets. An MoU is signed between the manufacturers and the Town Council negotiates prices, service conditions, registration with the Town Council, any local tax exemptions that could be availed by the manufacturer, etc. The lined toilet technology is to be affordable to the people and they must be willing to bear the costs voluntarily. The cost of such a system should not exceed UGX 3,000,000 per stance. The Town Council creates a database of toilet manufacturers and shares it freely with the public.
- II. Involve small-scale entrepreneurs to produce SanPlats (concrete slabs) for low-cost options of toilets within towns, especially for low-income groups. The cost of SanPlats should be kept as low as possible, preferably under UGX 50,000, and exempting local taxes on the sale of SanPlats.

### 6.4 PRINCIPLE 4: IMPROVE FINANCING FOR SANITATION-RELATED INVESTMENTS, PRODUCTS, AND SERVICES

Currently, 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.

- I. **Ring-fencing funds for sanitation**-related activities in the budget of the Town Council. The Town Council will ring-fence 5-7% 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.
- II. **Sanitation surcharge**: A 5% sanitation surcharge on the water tariff can be explored and applied to leverage investment in Faecal Sludge Management (FSM) services. The revenue collected from NWSC or the water board can supplement the ring-fenced local revenues to provide funds for sanitation improvements.
- III. **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.



## 6.5 PRINCIPLE 5: INVEST IN SANITATION HARDWARE

Hardware investments for the improvement of sanitation in Kijura need to be undertaken across the sanitation chain. Thus the investment needs are spread across many actors from households to donor agencies.

- I. **Hardware investment in households:** Households invest in improving their sanitation facilities. This will include construction of drainable toilets, buying SanPlats, and handwashing facilities.
- II. **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.
- III. **Hardware investment in healthcare facilities:** Healthcare facilities invest in 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 Office, the Town Council, or donor agencies.

The management of menstrual hygiene products is managed in the same way as hazardous wastes, which are incinerated either in onsite incineration units or transported to nearby ones. The incinerators are built and operated according to the guidelines issued by the Ministry of Health (MoH).

- IV. **Hardware investment in public places:** Public toilets including handwashing are built in existing markets and taxi parks 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 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.
- V. **Hardware investment in FSM:** As more faecal sludge (FS) enters the “sanitation chain,” the SFD can help identify which larger investment requirements, such as; construction of a sludge drying bed, transfer station, and purchase of desludging equipment (cesspool emptying trucks, gulper, rammer, etc.), are needed and sought out from donors and funding partners.

The private sector is encouraged to invest in pit emptying services. Cesspool emptiers within the town or region are identified and the STF creates a database with all the required information, such as contact details, ownership, capacities, and cost of services. The Town Council develops framework conditions, along with cesspool emptiers, that define emptying fees, service conditions, registration with the Town council, any local tax exemptions that could be availed, etc. The Town Council signs an MOU with cesspool emptiers. The conditions set should be conducive to encourage new service providers into the market. Information about cesspool emptying services and emptying charges is disseminated freely to the public.

For the treatment of faecal sludge, the plan proposes a clustered approach<sup>7</sup>, where two or more towns share a treatment facility that is located within a radius of 30 km of the towns. The radius of 30 km is proposed as the limit within which the collection of faecal sludge is economically operated and achieves economies of scale to justify investment and operational needs for faecal sludge treatment. For investments needs, the Town Council approaches other donor agencies in conjunction with the District sanitation team.

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<sup>7</sup>Cluster approach is method that is promoted by the Water and Sanitation Program of the World Bank. The details of the approach can be accessed in the document: MWE/WSP, FS Market and Business Assessment for the Demand Aggregation Model in Uganda, Draft Report (2015).

## 7. ACTION PLANS FOR IMPROVING SANITATION IN HOUSEHOLDS

**Objective HH.1 - Reduce the percentage of households with poor sanitation facilities.**

No.	Actions for Town Council	Who	When	Requirements	Costs associated (UGX)
HH.1.1	Sensitisation	STF	Quarterly (effective 1 <sup>st</sup> July 2021)	Mobilisation (Radio Ads, football tournaments, uniform purchase, football boots, stationery, consumables, DSA.	4,824,000
HH.1.2	Implementation and enforcing by laws	STF AND POLICE	Quarterly scdo	Village meetings ,DSA, fuel	1,224,000
HH.1.3	Linking community to NGOs and CBOS to access assistance soft loans for sanitation improvements in their homes.eg AMREF,HOFOKAM,HEWASA,NRDI AND IRC,NWSC ETC	SCDO,TOWN CLERK	Quartely pp	Moblisation, fuel ,DSA ,and Airtime.	376,000
HH.1.4	Formulation and approval of sanitation by-laws	STF	ONCE	Stationery, DSA For 13 members, ream of papers 50,000	206,000
	<b>TOTAL</b>				<b>6,630,000</b>

**Objective HH.2 - Increase the proportion of households with handwashing facilities in and around sanitation facilities.**

No.	Actions for Town Council	Who	When	Requirements	Costs associated (UGX)
HH.2.1	Sensitisation	STF	Quarterly	Moblisation, announcements ,home visits ,demonstrations ,STF for 13members	1,184,000
HH.2.2	Enforcement of laws and district ordinance	STF and POLICE	Quarterly	Transport for police ,DSA ,FUEL	1,080,000
HH.2.3	STF working with VHTS	STF AND VHT pp	Quarterly	Enforcement ,demonstrations ,home visits ,FUEL ,DSA,	984.000
	<b>TOTAL</b>				<b>3,248,000</b>

Hardware costs associated with increasing the number of handwashing facilities in or near household toilets are given in Chapter 13.1.

**OBJECTIVE HH.3 ELIMINATE OPEN DEFECACTION IN THE COMMUNITY**

No.	Actions for Town Council	Who	When	Requirements	Costs associated (UGX)
HH.3.1	Sensitisation	STF	Quarterly	Mobilisation, announcements, home visits, demonstrations, STF for 13members and sign posts.	1,184,000/=
HH.3.2	Enforcement of laws and imposing fines (grazing animals in town council, and crude dumping of solid waste.	STF and police	Continuous	DSAs for 15x4 wards x4quarters (288,000) Fuel 3 cars x90000x4wards x4 quarters (1440,000)	4,320,000/=
HH.3.3	Installing Caution Sign post	Engineer and physical planner	First quarter of financial year 2021 to 2022	50 sign post @ 50,000	500,000/=
HH.3.4	Arresting stray Animals	STF and Police	Continuous	100,000/= @ quarter	400,000/=
	<b>TOTAL</b>				<b>6,404,000</b>

Hardware costs associated with eliminating open defecation in households are given in Chapter 13.1.

**Objective HH.5 - Reduce the number of households sharing a toilet stance.**

No.	Actions for Town Council	Who	When	Requirements	Costs associated (UGX)
HH.5.1	Sensitisation of the community	STF	CONTINUOUS	Mobilisation, announcements, home visits and enforcement, STF for 13members .	1,184,000/=
HH.5.2	Home visits to spot check and follow ups	STF	QUARTELY	13 DSAs @12000 x 13 x 4 wards x 4 quarters Fuel 3 cars x 90000 x 4 wards x 4 quarters	2,496,000/= 1440,000/=
HH.5.3	Appreciation /recognition awards to the best performing HH/groups in sanitation improvement	STF, PARTNERS,	END OF EVERY FINANCIAL YEAR	Certificates of recognition, prizes	2,000,000/=
HH.5.4	Enforcement of by laws	STF AND POLICE	CONTINUOUS	Stationery, fuel, announcements, DSAs	2,000,000/=
HH.5.5	Formation of self-sustaining groups for HH sanitation improvement eg 10HH per group	STF	BY 2025	Stationery, mobilisation, DSAs, Announcement, Fuel,	4,500,000/=
HH.5.6	Approve All building plans with appropriate sanitation facilities	STF	CONTINUOUS	Fuel, DSAs, stationery	3,500,000/=
HH.5.7	Engagement of landlords and landladies to construct a toilet stance per household	STF AND LOCAL LEADERS	CONTINUOUS	Sensitisation, spot checks, and fuel DSAs	4,500,000/=
	<b>TOTAL</b>				<b>21,620,000</b>

Hardware costs associated with increasing access to improved sanitation facilities in households are given in Chapter 13.1.

**Objective HH.6 - To Improve Solid Waste Management In Kijura Town Council**

No.	Actions for Town Council	Who	When	Requirements	Costs associated (UGX)
HH.6.1	Sensitisation on solid waste management practices eg use of composite manure/farm yard manure.	STF	CONTINUOUS	DSAs, fuel, Announcements, stationery, Monitoring & supervision	4,500,000
HH.6.2	To gazette a standard slaughter house/ abattoir	STF	NEXT FINANCIAL YEAR, 2021/2022	Construction materials, building plan, water installation and contractors	50,000,000
HH.6.3	Enforcement to non compliants	STF AND POLICE	CONTINUOUS	Bricks, sand cement aggregates and labour	3,000,000
HH.6.4	Construction of garbage bank	STF	BY 2022-2023		
HH.6.5	Timely collection of waste.	STF,DISTRICT AND PARTNERS	CONTINUOUS	Sensitization, routine monitoring & supervision Labour, fuel , lorry or tractor	1,000,000,000
HH.6.6	Installation of warning signages	STF	FIRST QUARTER OF 2021-2022	Fabricating signages, engraving, Transport, installation labour,cement,sand and aggregates	2,000,000
HH.6.7	Gazetting a garbage dumping site/land	STF	FIRST QUARTER OF 2021-2022	land identification and purchase	100,000,000
HH.6.8	Recycling of the solid waste	STF AND PARTNERS	BY 2030	Mobilisation and sensitisation on rubbish management at HH level, selecting trainees, training in bricket making, site identification and clearing, shed construction, purchasing 2 machines, purchasing solar driers, protective gear equipment e.g pangas, wheel barrows, etc., monitoring and supervision and market research	1,421,100,000
	<b>TOTAL</b>				<b>2,580,600,000</b>

Hardware costs associated with reducing the number of rented homesteads sharing toilets facilities are given in Chapter 13.1.

## 8. ACTION PLANS FOR IMPROVING SANITATION IN PUBLIC SCHOOLS

### Objective SH.1 - Increase water extension to all public schools in the town council

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.1.1	Sensitisation	STF	CONTINUOUS	4,500,000/=
SH.1.2	Installing hand washing facilities to all public schools	STF AND PARTNERS	BY 2025	2,700,000/=
SH.1.3	Put up water reserve tanks	STF AND PARTNERS	BY 2030	4,700,000/=
SH.1.4	Monitoring and supervision	STF	CONTINUOUS	4,500,000/=
SH.1.5	Assign an STF member on each school management committee (SMCs) to influence issues of sanitation.	STF	CONTINUOUS	1,500,000/=
SH.1.6	Engagement with partners	STF	BY 2025	2,350,000/=
SH.1.7	Lobby for provision of funds for soap and handwashing facilities in the school annual budget by an STF member.	STF	BY 2025	500,0000/=
SH.1.8	Issue notices to schools that are not complying and levy fines or both	STF	CONTINUOUS	1,750,000/=
	<b>TOTAL</b>			<b>27,000,000</b>

Hardware costs associated with increasing the number of public schools with soap and handwashing facilities in or near toilets are given in Chapter 13.2.

### Objective SH.2 Increase sanitary facilities in all public schools

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.2.1	Sensitisation	STF	CONTINUOUS	4,500,000/=
SH.2.2	Construct improved sanitary facilities	STF, DISTRICT AND PARTNERS	BY 2025	90,000,000/=
SH.2.3	Monitoring and spot checking of sanitary facilities	STF	BY 2025	4,500,000/=
SH.2.4	Development operation and maintenance of sanitation facilities	STF, SMCs, DISTRICT AND PARTNERS	BY 2030	3000,000/=
SH.2.5	Forwarding the concerns from public schools on sanitary facilities to the district for proper actions	STF	CONTINUOUS	600,000/=
SH.2.6	Appoint an STF on SMCs that could bring public schools concern of sanitary facilities.	TOWN CLERK	CONTINUOUS	500,000/=
	<b>TOTAL</b>			<b>103,100,000</b>

Hardware costs associated with increasing the percentage of public schools with stance to pupil ratio up to 1:40 are given in Chapter 13.2.

**Objective SH.3 - Increase the percentage of public schools with soap and water at handwashing facilities in and around sanitation facilities**

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.3.1	Sensitisation	STF	<b>Continuous</b>	
SH.3.2	Monitoring and supervision	STF	Continuous	4,500,000/=
SH.3.3	Build capacity of schools to make liquid soap	STF AND PARTNERS	Continuous	10,000,000/=
SH.3.4	Reprimand the school management	STF AND DISTRICT	Continuous	500,000/=
SH.3.5	Organising school competitions and award the best performing learners and schools	STF AND SMCs	End of every financial year	6,000,000/=
SH.3.6	Design talking compounds about sanitation	SMCs	Once	3,000,000/=
SH.3.7	Forming sanitation clubs	STF AND SMCs	Continuous	3,000,000/=
SH.3.8	Develop sanitation plans in schools	STF AND SMCs	By 2025	3,000,000/=
	<b>TOTAL</b>			<b>30,000,000</b>

**Objective SH.4 - Increase the percentage of public schools with Latrines or stance to pupil ratio up to 1:40**

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.4.1	<b>Sensitisation</b>	<b>STF</b>	<b>Continuous</b>	<b>4,500,000/=</b>
SH.4.2	Construction of more latrines	STF,SMCs DISTRICT AND PARTNERS	By 2025	70,000,000/=
SH.4.3	Monitoring and supervision	STF	Continuous	4500,000/=
SH.4.4	Implementing sanitation laws	STF	Continuous	2500,000/
SH.4.5	Renovation of the non functional toilet structures in schools	STF,SMCs AND PARTNERS	By 2025	150,000,000/=
SH.4.6	Lobby for funds	STF	2025	500,000/=
	<b>TOTAL</b>			<b>232,000,000/=</b>

Hardware costs associated with increasing systems for safe management of menstrual hygiene practice in public schools are given in Chapter 13.2.

**Objective SH.5 Increase the percentage of public schools with hygienic sanitation facilities**

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.5.1	<b>Sensitisation</b>	<b>STF</b>	Continuous	4,500,000/=
SH.5.2	Monitoring and supervision	STF	Continuous	4,500,000/=
SH.5.3	Reprimand the SMCs	STF,DISTRICT	Continuous	500,000/=
SH.5.4	Incorporation of sanitation topics in the curriculum	STF,SMCs AND DISTRICT	BY 2025	500,000/=
SH.5.5	Formation of sanitation clubs	SMCs	Continuous	3,000,000/=
SH.5.6	Development of sanitation plans	STF,SMCs and DISTRICT	BY 2025	3,000,000/=
	<b>TOTAL</b>			<b>16,000,000</b>

**Objective SH.6 Increase the percentage of healthcare facilities with systems for menstrual hygiene practices**

No.	Actions for Town Council	Who	When	Costs associated (UGX)
SH.6.1	Sensitization	STF	Continuous	<b>4,500,000/=</b>
SH.6.2	Monitoring, supervision and spot checks	STF	Continuous	4,500,000/=
SH.6.3	Providing menstrual management hygiene facilities	STF	BY 2025	3,000,000/=
SH.6.4	Construction of medical pits	STF AND DISTRICT	BY 2025	6,000,000/=
	<b>TOTAL</b>			<b>18,000,000</b>

## 9. ACTION PLANS FOR IMPROVING SANITATION IN HEALTHCARE FACILITIES

### Objective HF.1 - Increase the percentage of healthcare facilities with access to improved sanitation facilities

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HF.1.1	Sensitisation	STF	CONTINUOUS	4,500,000/=
HF.1.2	Supervision and monitoring	STF	CONTINUOUS	4,500,000/=
HF.1.3	Issue notices to health care facilities that do not comply with the by-law and levy fines or penalties.	STF AND DHO	AT EVERY END OF FINANCIAL YEAR	500,000/=
HF.1.4	Construct health care facilities with access to improved sanitation facilities.	STF, PARTNERS ,DISTRICT	BY 2030	1,000,000,000/=
	<b>TOTAL</b>			<b>1,009,500,000</b>

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

### Objective HF.2 – Increase the percentage of healthcare facilities with hygienic toilets

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HF.2.1	<b>Sensitisation</b>	STF	CONTINUOUS	4,500,000/=
HF.2.2	Monitoring and supervision	STF	CONTINUOUS	4,500,000/=
HF.2.3	Reprimand the HMCs	STF ,DHO	BY END OF EVERY FINANCIAL YEAR	500,000/=
HF.2.4	Construction of facilities with hygienic toilets	DISTRICT. AND OTHER PARTNERS.	BY 2030	1,000,000,000/=
H.F2.5	Development of sanitation plans	HMCS,	BY 2030	3,000,000/=
	<b>TOTAL</b>			<b>1,012,500,000/=</b>

### Objective HF.3 - Increase the percentage of healthcare facilities with handwashing facilities in and around toilets

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HF.3.1	Provide handwashing facilities.	STF. PARTNERS	CONTINUOUS	3,060,000/=
HF.3.2	Monitor and supervise	STF	CONTINUOUS	4,500,000/=
HF.3.3	Implement sanitation laws	STF	CONTINUOUS	500,000/=
HF.3.4	Reprimand	DHO	CONTINUOUS	500,000/=
HF.3.4	Sensitise the community	STF	CONTINUOUS	4,500,000/=
	<b>TOTAL</b>			<b>13,060,000</b>

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



Objective HF.4 - Increase the percentage of healthcare facilities with systems for menstrual hygiene practices

No.	Actions for Town Council	Who	When	Costs associated (UGX)
HF.4.1	Sensitisation	STF	Continuous	4500,000/=
HF.4.2	Monitoring , supervision and spot checks	STF	Continuous	4500,000/=
HF.4.3	Providing menstrual management hygiene facilities	STF	BY 2025	3,000,000/=
HF.4.4	Construction of medical pits	STF AND DISTRICT	BY 2025	6,000,000/=
	<b>TOTAL</b>			<b>18,000,000</b>

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

# 10. ACTION PLANS FOR IMPROVING SANITATION IN PUBLIC PLACES

## Objective PP.1 - Increase access to public toilets

No.	Actions for Town Council	Who	When	Costs associated (UGX)
PP.1.1	Identifying places that need more improved public toilets	STF, Politicians	2025	500,000/=
pp.1.2	Construction of more improved toilets	STF, Other partners	2030	80,000,000
PP.1.2	Allocating money every financial year for sanitation facilities.	STF, District, other partners	CONTINUOUS	500,000/=
PP.1.3	Collaborating with other government agencies and NGOs for financial support.	STF, OTHER PARTNERS	CONTINUOUS	500,000/=
PP.1.4	Identifying new revenue sources	STF	CONTINUOUS	500,000/=
PP.1.5	Prepare detailed architectural designs, cost estimates, operation and maintenance plans for public toilets.	STF, DONOR AGENCIES, OTHER PARTNERS	2030	1,000,000,000/=
PP.1.6	Tendering for construction of public toilets	STF, DISTRICT	2030	450,000/=
PP.1.7	Engage donor agencies to fund the construction of public toilets.	STF, DISTRICT, DONOR AGENCIES	2030	500,000/=
	<b>TOTAL</b>			<b>1,082,950,000</b>

Hardware costs associated with increased access to public toilets are given in Chapter 13.4.

## Objective PP.2 - Increase the percentage of hygienic public toilets

No.	Actions for Town Council	Who	When	Costs associated (UGX)
PP.2.1	Sensitisation	STF	CONTINUOUS	4500,000/=
PP.2.2	Monitoring and supervision	STF	CONTINUOUS	4500,00/=
PP.2.3	Putting in place hand washing facilities	STF, OTHER PARTNERS	2025	3060000/=
PP.2.4	Installing signages and giving people penalties	STF	CONTINUOUS	2,000,000/=
PP.2.5	Providing enough consumables	STF, OTHER PARTNERS	2025	2,000,000/=
PP.2.6	Implementation of sanitation plans in various wards	STF	2025	4,500,000/=
PP.2.7	Request national water and sewerage corporation for piped water connection to public toilets.	STF, NW&SC, DISTRICT, OTHER PARTNERS	2025	300,00/=
PP.2.8	Installation of rain water reservoirs	STF, OTHER PARTNERS, DISTRICT	2030	6000,000/=
	<b>TOTAL</b>			<b>22,060,000</b>

**Objective PP.3 - Increase the percentage of public toilets with handwashing facilities**

No.	Actions for Town Council	Who	When	Costs associated (UGX)
PP.3.1	Proper planning and budgeting for provision of handwashing facilities in Kijura town council	STF, DISTRICT	CONTINUOUS	2,500,000/=
PP.3.2	Avail of handwashing facilities around every public toilet.	STF, DONOR AGENCIES	2030	680,000/=
PP.3.3	Monitor usage and maintenance	STF	CONTINUOUS	4500,000/=
PP.3.4	Engagement with other partners	STF	CONTINUOUS	500,000/=
	TOTAL			8,180,000/=

Hardware costs associated with increasing access to handwashing facilities at public toilets are given in Chapter 13.4.

# 11. ACTION PLANS FOR IMPROVING COLLECTION AND TRANSPORT OF FAECAL SLUDGE

## Objective CT.1 - Increase the percentage of households with lined toilets

No.	Actions for Town Council	Who	When	Costs associated (UGX)
CT.1.1	Regular home visits	STF	CONTINUOUS	4,500,000/=
CT.1.2	Sensitisation	STF	CONTINUOUS	4,500,000/=
CT.1.3	Forming households into groups	STF	2025	3,000,000/=
CT.1.4	Identify financial institutions that can give loans to groups under home improvement schemes	STF, OTHER PARTNERS	CONTINUOUS	500,000/=
CT.1.5	Demarcate areas with high population density and enforce the use of lined toilets.	STF	2025	10,000,000/=
CT.1.6	Implementing BCC campaign to promote upscaling of lined toilets	STF, OTHER PARTNERS	2025	4500,000/=
CT.1.7	Provide households with cost estimates of putting up lined toilets and information on who can construct for them and where to get soft loans.	STF, OTHER PARTNERS	2025	4500,000/=
CT.1.8	Monitor households within the demarcated zones to check constructed lined toilets	STF, OTHER PARTNERS	2030	4500,000/=
CT.1.9	Issue enforcement notices to households within the demarcated zones that do not comply with the by-laws by levying fines or penalties on them	STF AND POLICE	CONTINUOUS	4500,000/=
	<b>TOTAL</b>			<b>40,500,000/=</b>

Hardware costs associated with an increasing number of households with lined toilets are given in Chapter 13.5.

## 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	Proper planning and budgeting	STF, DISTRICT	CONTINUOUS	4,500,000/=
CT.2.2	Identify cesspool emptiers with in the area.	STF, DISTRICT	2025	2,000,000/=
CT.2.3	Sensitis-e and cascade information about bylaws and emptying services to the community	STF, OTHER PARTNERS	CONTINUOUS	4,500,000/=
CT.2.4	Contracting private service providers with cesspool emptiers for safe collection and transportation	STF	2030	500,000/=
CT.2.5	Holding consultative meetings with different cesspool emptiers	STF	CONTINUOUS	5,000,000/=

No.	Actions for Town Council	Who	When	Costs associated (UGX)
CT.2.6	By law, formation to Discourage the community from dumping faecal sludge within the boundaries of the town council.	STF	2025	2,000,000/=
CT.2.7	Issue notices to properties that have been constructed on service lanes.	STF	CONTINUOUS	1,000,000/=
CT.2.8	Strict monitoring and supervision	STF, OTHER PARTNERS	CONTINUOUS	4,500,000/=
	<b>TOTAL</b>			<b>24,000,000</b>

Hardware costs associated with increasing safe collection and transportation of excreta to designated treatment plants are given in Chapter 13.5.

## 12. ACTION PLANS FOR IMPROVING TREATMENT AND DISPOSAL OF FAECAL SLUDGE

### Objective TD.1 - Construct sludge drying bed/s designed for a period up to 2030.

No.	Actions for Town Council	Who	When	Costs associated (UGX)
TD.1.1	Engage adjoining town council in discussions to select a site for sludge drying bed/s	STF, DISTRICT	2025	5,000,000/=
TD.1.2	Engage with consultants to conduct a pre-feasibility study for the sludge drying bed/s (SDB)	STF, DISTRICT AND DONOR AGENCIES	2030	20,000,000/=
TD.1.3	Review the pre-feasibility and select appropriate technology for SDB	STF AND DISTRICT	2030	15,000,000/=
TD.1.4	Brainstorm on appropriate models of operation and management of the SDB	STF, DISTRICT AND DONORS' AGENCIES	2030	15,000,000
TD.1.5	Invite NEMA to conduct environmental and social impact assessment for the SDB	STF AND DISTRICT	2030	10,000,000/=
TD.1.6	Initiate the process of acquiring land for the SDB	STF AND DISTRICT	2030	5,000,000/=
TD.1.7	Draw detailed designs for the SDB	STF AND DISTRICT	2030	5,000,000/=
TD.1.8	Construct the SDB on the acquired land	STF	2040	IRC or any development partner to handle
TD.1.9	Develop an operation and maintenance manual on how to operate the plant	STF	2040	IRC or any development partner to handle
TD.1.10	Handover the facility to the operator and commence operation	STF AND DISTRICT	2040	IRC or any development partner to handle
	<b>TOTAL</b>			<b>75,000,000</b>

Hardware costs associated with improving treatment and disposal of faecal sludge are given in Chapter 13.6.

# 13. HARDWARE INVESTMENTS

This chapter provides a brief on hardware investment needs required to improve the sanitation situation in Kijura. 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 can not be deemed as absolute and can be subject to change. Reconfirmation of the cost before commencing procurement process is necessary. Besides, these costs are not static and also should be revised with time, to take into account inflation and other factors that affect and lead to their increase or reduction.

## 13.1 HARDWARE INVESTMENTS REQUIRED FOR IMPROVEMENTS IN HOUSEHOLD SANITATION

The following are brief estimates of hardware costs associated with improving sanitation in households in Kijura 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	50	1,000	50,000	843	1,000	843,000	2104	1,000	2,104,000	HOUSE HOLDS
No. of San Plat simple VIP latrines required by households with no toilets	20	1,000	20,000	80	1,000	80,000	152	1,000	152,000	H/holds and subsidies for San Plat are provided by the Town Council
Households in need of improved sanitation facilities (SanPlats with simple VIP)	15	1,000	15,000	35	1,000	35,000	51	1,000	51,000	Households
<b>Handwashing facilities</b>										
No. of households in need of handwashing facilities households	800	20	16,000	1700	20	34,000	1937	20	38,740	Households and landlords
<b>Total costs ('000 UG Shs)</b>			<b>429,500</b>			<b>375,175</b>			<b>60,384</b>	

### 13.2 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 Kijura 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 for learners in Kijura parents nursery and primary school	9 (4f / 5m)	6,000 <sup>8</sup>	54,000				10 (5f / 5m)	11,539 <sup>9</sup>	115,390	School and Town Council
Lined VIP toilet stances for learners in Great Angles Nursery and Primary School	11 (female)	6,000	66,000				10 (5f / 5m)	11,539	115,390	School and Town Council
Lined VIP toilet stances for learners in St Mary's Nursery and Primary school	18 (male)	6,000	108,000	7 female	8,024	56,168	10 female	11,539	115,390	School and Town Council
Lined VIP toilet stances for learners in Noble Mayombo Memorial Seed School				5 female	8,024	40,120	15 (5f / 10m)	11,539	173,085	School and Town Council
Lined VIP toilet stances for learners in Excel Nursery School				10 (5f/5m)	8,024	80,240	10 (5f/ 5m)	11,539	115,390	School and Town Council
<b>Demand for handwashing facilities</b>										
No. of handwashing facilities required in every school	10 (two per school)	100 <sup>10</sup>	1,000							School and Town Council
<b>Demand for menstruation hygiene management facilities</b>										
Construct washrooms and incinerators in female toilets of every school	3	10,000	30,000	3	13,373	40,119				School and Town Council
<b>Total cost ('000 UG Shs)</b>			<b>259,000</b>			<b>216,647</b>			<b>634,645</b>	

<sup>8</sup> Construction cost for a company that is registered with the district local authority averages to UGX 7 -9 million per stance, UGX 15 million per two stance toilet and about UGX 25 million for four stance. The consideration is not leaner as the cost is reduce when more stances are constructed, due to lowered labour and overhead costs. Thus a median of 6 million per stance is considered.

<sup>9</sup> Future costs have been computed considering an average inflation rate of 6.94% (1998-2016) and an interest rate of 15% (Bank of Uganda, 2016) over the years.

<sup>10</sup> Considering that each handwashing unit costs UGX 100,000



### 13.3 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 Kijura 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>										
Complete the construction of lined VIP toilet stances for Nsorro HC III	1	20,000	20,000	2	20,000	40,000	3	20,000	60,000	Health Centre and Town Council
Lined VIP toilet stances for the outpatient ward at Nsorro Hospital	1	20,000	20,000	2	20,000	40,000	3 (2f/2m)	20,000	60,000	Hospital and Town Council
<b>Demand for handwashing facilities</b>										
Handwashing facilities required in two healthcare facilities	2	100	600	4	100	400	6	100	600	Health Centre
<b>Total cost ('000 UG Shs)</b>			<b>40,600</b>			<b>80,400</b>			<b>120,400</b>	

### 13.4 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 Kijura 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>										
Construction of lined VIP toilets 4 stances, including 2 handwashing, for Kaitamba B market				1	30,000	30,000				Town Council
Construction of lined VIP toilets stances including handwashing, for kahuna daily market				1	30,000	30,000				Town Council
<b>Demand for handwashing facilities</b>										
Provide handwashing facility at kaitamba B main market 4	2	170	340	1	170	170	4	170	680	Town Council
<b>Total cost ('000 UG Shs)</b>			<b>340</b>			<b>60,170</b>			<b>680</b>	

### 13.5 HARDWARE INVESTMENTS 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 the 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	300	150	450,000	500	150	750,000	848	150	127,200	Households and landlords
<b>Cost of equipment</b>										
Cesspool emptying truck population that accessible by truck	500	300	150,000	1200	300	360,000	1957	300	587,100	Private operator/Town Council /NGOs
<b>Total cost ('000 UG Shs)</b>			<b>600,000</b>			<b>1,110,000</b>			<b>714,300</b>	

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

Following is a brief estimate 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	1	1,192,550	1,192,550							Town Council / Donor agencies / MWE
Phase 2				1	1,069,844 <sup>11</sup>	1,069,844				Town Council / Donor agencies / MWE
Phase 3							1	1,738,497 <sup>12</sup>	1,738,497	Town Council / Donor agencies / MWE
<b>Total cost ('000 UG Shs)</b>			<b>1,192,550</b>			<b>1,069,844</b>			<b>1,738,497</b>	

<sup>11</sup> Estimates include Capex and Opex cost.

<sup>12</sup> Estimates include Capex and Opex cost.

# 14. MONITORING AND EVALUATION

Monitoring is often the weakest link in sanitation improvements activities. Even with well-conceived regulations and guidelines, poor enforcement will lead to poor progress. This plan, therefore, recommends putting in place a three-tier monitoring mechanism.

A. First level - Elected Town Council and Sanitation Task Force members: The elected councillors in the Town Council by virtue of being representatives of the public provide the first level of oversight. It provides focused attention on sanitation improvements. The STFs, with the help of VHTs, monitor the progress. VHTs collect data about the performance indicators. The data is then fed into the DMS. The STFs then analyse the data and report on progress to the elected councillors bi-annually. In addition, the STFs should also oversee the enforcement of various by-laws and regulations.

B. Second level - Public Participation: The STFs engage local stakeholders and encourage public participation via the stakeholder forum (see section 1.3 for details). The stakeholder forum is held once every year and the STFs along with the elected councillors in the Town Council present the findings to a wider stakeholder base. Progress is evaluated and further actions for improvements are discussed and decided.

C. Third level – Independent Evaluation: In addition to the above, the Town Council allow other organisations, civil society organisation including NGOs and 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.

## SUMMARY OF COSTS FOR KIJURA TOWN SANITATION PLAN

SN	Action plan	Cost (UGX)
1	Reduce the percentage of households with poor sanitation facilities	6,630,000
2	Increase the proportion of households with handwashing facilities in and around sanitation facilities.	3,248,000
3	Eliminate open defecation in the community	6,404,000
4	Reduce the number of households sharing a toilet stance	21,620,000
5	To Improve Solid Waste Management In Kijura Town Council	2,580,600,000
6	Increase water extension to all public schools in the town council	27,000,000
7	Increase sanitary facilities in all public schools	103,100,000
8	Increase the percentage of public schools with soap and water at handwashing facilities in and around sanitation facilities	30,000,000
9	Increase the percentage of public schools with Latrines or stance to pupil ratio up to 1:40	232,000,000
10	Increase the percentage of public schools with hygienic sanitation facilities	16,000,000
11	Increase the percentage of healthcare facilities with systems for menstrual hygiene practices	18,000,000
12	Increase the percentage of healthcare facilities with access to improved sanitation facilities	1,009,500,000
13	Increase the percentage of healthcare facilities with hygienic toilets	1,012,500,000
14	Increase the percentage of healthcare facilities with handwashing facilities in and around toilets	13,060,000
15	Increase the percentage of healthcare facilities with systems for menstrual hygiene practices	18,000,000
16	Increase access to public toilets	1,082,950,000
17	Increase the percentage of hygienic public toilets	22,060,000
18	Increase the percentage of public toilets with handwashing facilities	8,180,000
19	Increase the percentage of households with lined toilets	40,500,000
20	Increase safe collection and transportation of excreta to designated treatment plant	24,000,000
21	Construct sludge drying bed designed for 2025	75,000,000
	<b>TOTAL</b>	<b>6,350,352,000</b>

SN	HARDWARE INVESTMENT	UGX - Short-term(2025)	UGX - Mid-term(2030)	UGX - Long-term(2040)
1	improvements in household sanitation	429,500,000	375,175,000	60,384,000
2	sanitation improvements in public schools	259,000,000	216,647,000	634,645,000
3	sanitation improvements in healthcare facilities	40,600,000	80,400,000	120,400,000
4	sanitation improvements in public places	340,000	60,170,000	680,000
5	improving collection and transport of faecal sludge	600,000	1,110,000,000	714,300,000
6	construction of faecal sludge treatment facility	1,192,550,000	1,069,844,000	1,738,497,000
	<b>TOTAL</b>	<b>1,922,590,000</b>	<b>3,268,906,000</b>	<b>2,912,236,000</b>

# APPENDIX: PICTURES OF THE TSP PROCESS IN KIJURA



CAO addressing Kijura Town Council at the entry meeting.



Consultant making presentation during one of the capacity building sessions with the Sanitation Task Force Members of Kijura Town Council.



Community leader providing his input in regards to poor sanitation in Kijura town council during validation of baseline findings



The manager NWSC of Kijura Town Council gave responses in regards to the baseline findings on the scarcity of water in Kijura



A member of the Stakeholder Forum made his input on the household sanitation situation in the stakeholder forum meeting



Newly sworn-in Mayor of Kijura town Council making his closing remarks at the validation workshop of the baseline findings.



Group discussions during training of STF on implementation of proper sanitation in Kijura town Council



STF member in Kijura presenting a map of the proposed appropriate technologies and sanitation interventions to be implemented in Kijura Town Council





The sanitation Task force of Kijura preparing draft town sanitation plans at Night Rose Hotel, Fort Portal



Participants in attendance during the validation workshop of the Kijura TSP



The Mayor made his closing remarks while appreciating the consultant and IRC for the initiative in their town.





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