



Republic of Uganda
Kabarole District Local Government



TOWN SANITATION PLAN FOR KIKO TOWN COUNCIL

JUNE 2021

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

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CONTENTS

| | |
|--|-----------|
| FOREWORD BY MAYOR | 6 |
| EXECUTIVE SUMMARY | 7 |
| 1. INTRODUCTION | 11 |
| 1.1. Background | 11 |
| 1.2. Town Sanitation Plan development process | 12 |
| 1.3. Purpose and scope of the Town Sanitation Plan | 14 |
| 1.4. Structure of the Town Sanitation Plan | 14 |
| 2. PROFILE OF KIKO TOWN COUNCIL | 15 |
| 2.1. Location and size | 15 |
| 2.2. Demography and population growth projections | 15 |
| 2.3. Economy | 15 |
| 3. ASSESSMENT OF THE SANITATION SITUATION OF KIKO TOWN COUNCIL | 17 |
| 3.1. Status of sanitation in households | 17 |
| 3.2. Status of sanitation in public schools | 21 |
| 3.3. Status of sanitation in healthcare facilities | 24 |
| 3.4. Status of sanitation in public places | 25 |
| 3.5. Collection and transporting of faecal sludge | 26 |
| 3.6. Treatment and disposal of faecal sludge | 27 |
| 3.7. Shit flow diagram of Kiko Town Council | 27 |
| 4. VISION, OBJECTIVES, INDICATORS AND TARGETS OF THE TOWN SANITATION PLAN | 29 |
| Objectives for improving sanitation in households | 29 |
| Objectives for improving sanitation in public schools | 29 |
| Objectives for improving sanitation in healthcare facilities | 30 |
| Objectives for improving sanitation in public places | 30 |
| Objectives for improving collection and transport of faecal sludge | 30 |
| Objectives for improving treatment and disposal of faecal sludge | 30 |
| 5. STRATEGIC PRINCIPLES OF THE TOWN SANITATION PLAN | 31 |
| Strategic Principle 1: Improve governance framework for sanitation | 31 |
| Strategic Principle 2: Increase demand for sanitation and hygiene at all levels | 33 |
| Strategic Principle 3: Increase the supply for sanitation and hygiene related products | 36 |
| Strategic Principle 4: Increase investment in sanitation hardware | 36 |
| 6. LIST OF HARDWARE INVESTMENTS TO MEET SET TARGETS | 38 |
| 6.1. Hardware investments required for improving sanitation in households | 38 |
| 6.2. Hardware investments required for improving sanitation in public schools | 39 |
| 6.3. Hardware investments required for improving sanitation in healthcare facilities | 39 |
| 6.4. Hardware investments required for improving sanitation in public places | 40 |
| 6.5. Hardware investments required for improving collection and transport of faecal sludge | 40 |
| 6.6. Hardware investments required for improving treatment and disposal of faecal sludge | 41 |

| | |
|---|-----------|
| ANNEX 1. ACTION PLANS FOR IMPROVING SANITATION | 42 |
| ANNEX 1.A. ACTION PLANS FOR IMPROVING SANITATION IN HOUSEHOLDS | 42 |
| ANNEX 1.B. ACTION PLANS FOR IMPROVING SANITATION IN PUBLIC SCHOOLS | 45 |
| ANNEX 1.C. ACTION PLANS FOR IMPROVING SANITATION IN HEALTHCARE FACILITIES | 46 |
| ANNEX 1.D. ACTION PLANS FOR IMPROVING SANITATION IN PUBLIC PLACES | 47 |
| ANNEX 1.E. ACTION PLANS FOR IMPROVING COLLECTION AND TRANSPORT OF FAECAL SLUDGE | 47 |
| ANNEX 1.F. ACTION PLANS FOR IMPROVING TREATMENT AND DISPOSAL OF FAECAL SLUDGE | 48 |
| ANNEX 2. LIST OF STF MEMBERS THAT SPEARHEADED TSP DEVELOPMENT | 49 |

LIST OF FIGURES

| | |
|--|----|
| FIGURE 1: (LEFT) THE TOWN CLERK OF KIKO TC, MS. MBABAZI BRIDGET, (CENTRE) THE DEPUTY MAYOR OF KIKO TC, MS. MUGISHA THEOPISTA, AND (RIGHT) THE REGIONAL WASH OFFICER OF IRC, MS. LYDIA BIIRA, SIGNING THE COMMITMENT AGREEMENT AT THE KICK-OFF WORKSHOP IN KIKO | 22 |
| FIGURE 2: MR. MARTIN MUKASA MUJJABI (IRC CONSULTANT) DELIVERING A PRESENTATION ON FAECAL SLUDGE MANAGEMENT DURING THE SECOND TRAINING WORKSHOP FOR THE STF IN KIKO TOWN COUNCIL | 13 |
| FIGURE 3: (LEFT) MR. AMBROSE OWEMBABAZI KIBUUKA (IRC CONSULTANT) PRESENTING THE RESULTS OF THE BASELINE SURVEY TO THE STAKEHOLDERS IN KIKO TOWN, (RIGHT) MEMBERS IN A GROUP DISCUSSING THE SANITATION ISSUES AND THE POTENTIAL ROOT CAUSES AND SOLUTIONS. | 14 |
| FIGURE 4: MAP OF KABAROLE DISTRICT SHOWING THE LOCATION OF KIKO TOWN COUNCIL (CIRCLED IN BLUE) (SOURCE: KABAROLE DISTRICT WASH MASTER PLAN 2018-2030) | 16 |
| FIGURE 5: LATRINE COVERAGE PER VILLAGE | 17 |
| FIGURE 6: TOILETS SHARED WITH OTHER HOUSEHOLDS | 17 |
| FIGURE 7: TYPE OF SANITATION FACILITIES IN KIKO TOWN COUNCIL | 18 |
| FIGURE 8: JMP HOUSEHOLD SANITATION LADDER | 18 |
| FIGURE 9: TYPE OF HAND WASHING FACILITY | 19 |
| FIGURE 10: JMP HAND WASHING LADDER | 20 |
| FIGURE 11: LEVELS OF OPEN DEFECATION OBSERVED WITHIN THE VILLAGES OF KIKO TOWN COUNCIL | 20 |
| FIGURE 12: DEFECATION PRACTICES BY INFANTS (CHILDREN UNDER FIVE YEARS) | 21 |
| FIGURE 13: SCHOOLS JMP SANITATION LADDER | 22 |
| FIGURE 14: SCHOOLS JMP LADDER FOR HYGIENE | 23 |
| FIGURE 15: STATUS OF SANITATION IN HEALTHCARE FACILITIES | 24 |
| FIGURE 16: JMP SANITATION LADDER FOR HEALTHCARE FACILITIES | 25 |
| FIGURE 17: JMP LADDER FOR HEALTHCARE FACILITIES | 25 |
| FIGURE 18: THE PUBLIC TOILET IN KIKO | 26 |
| FIGURE 19: WHAT HOUSEHOLDS DO WHEN THE PIT IS FULL | 27 |
| FIGURE 20: SHIT FLOW DIAGRAM (SFD) OF KIKO TOWN COUNCIL | 28 |

LIST OF TABLES

| | |
|--|----|
| TABLE 1: CURRENT POPULATION AND PROJECTIONS FOR KIKO TOWN COUNCIL | 15 |
| TABLE 2: CLEANLINESS OF SANITATION FACILITIES | 19 |
| TABLE 3: STATUS OF SANITATION FACILITIES IN SCHOOLS IN KIKO TOWN COUNCIL | 23 |
| TABLE 4: NUMBER OF TIMES EMPTIED IN LAST 2 YEARS | 27 |

LIST OF ACRONYMS

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

FOREWORD BY MAYOR

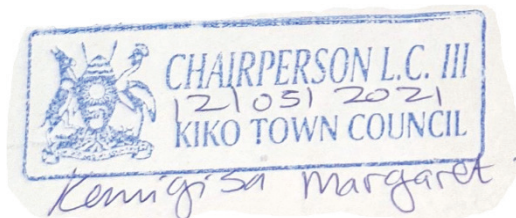
It gives me great pleasure to present the Strategic Sanitation Plan for Kiko Town Council. Kiko Town Council is currently experiencing a high rate of urban expansion influenced by emigration from different parts of the country. Unfortunately, the urbanisation process has not been adequately controlled and guided, leading to urban sprawl and poor management of sanitation and hygiene. The goal of this plan is to achieve full sustainable sanitation and hygiene services by 2040. The formulation of the Strategic Sanitation Plan was therefore timely.

IRC through its consultants facilitated a participatory planning process, which included different stakeholders in the Town Council. Through planning workshops and consultative meetings, the Town Council developed the Strategic Town Sanitation Plan with a vision: *“Achieving universal access to sustainable sanitation for a clean, healthy and productive urban environment by 2040 through active participation of all stakeholders.”*

The plan provides a path that Kiko Town Council should take to realise its ambition of becoming a well organised and clean town by the year 2040. The plan presents ambitious and yet attainable development proposals and recommendations to address the existing sanitation and hygiene challenges. With the concerted effort of everybody within and outside the Town Council, this plan will drive future development through a more sustainable and healthy urban environment.

In a bid to realise the vision of the plan of transforming Kiko Town Council for the benefit of all of its residents and visitors, we must be determined in applying and implementing the Plan. With the continued usual cooperation and hard work, dedication and successful application, I have no doubt whatsoever that our Sanitation Plan will transform Kiko Town Council into an attractive, sustainable and modern Town Council in the entire country.

I thank everybody who made this plan possible and congratulate the people of Kiko Town Council since this is one of the few Strategic Sanitation Plans in Uganda.



Hon. Margaret Kemigisa

Mayor, Kiko Town council

EXECUTIVE SUMMARY

BACKGROUND

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

KIKO TOWN SANITATION PLAN DEVELOPMENT PROCESS

This Town Sanitation Plan was developed through consultations with local stakeholders. The scoping visit to Kiko on 27th January 2021 introduced the activity and facilitators to the Town Council, obtained buy-in from the key stakeholders and helped to assess the Town Council's capacity to plan and implement a sustainable Town Sanitation Plan.

During the kick-off workshop held on 10th February 2021, a Sanitation Task Force (STF) was formed, comprising of Town Council staff of different experiences and disciplines related to sanitation. During this workshop, the terms of reference (TORs) of the STF were jointly reviewed and endorsed by the members, and a Commitment Agreement was also signed between the Town Council and IRC.

Capacity building workshops were conducted to improve the knowledge and skills of the STF members to support the design and implementation of the Town Sanitation Plans. Five training modules were conducted in the period between 10th February and 31st March 2021. The training modules included: 1. Preparation, 2. Assessment, 3. Strategic sanitation planning, 4. Implementation and monitoring, and 5. Evaluation and reporting.

A baseline survey was conducted in Kiko Town Council between 25th and 27th February 2021 with the main objective was to establish the sanitation status in households, schools, public places and healthcare facilities. Two Stakeholder Forums were also conducted aimed at providing inputs, via consultation, to the development of the Town Sanitation Plan. The First Stakeholder Forum was held in Kiko Town Council on 26th March 2021 to; a) disseminate results of the sanitation and hygiene survey; b) get feedback from stakeholders and make necessary adjustments in the report; and c) raise awareness of the challenges causing the poor sanitation situation and determine possible solutions.

The consultants also facilitated a planning meeting for the STF on 30th March 2021 to systematically support the STF, to determine possible solutions to the challenges causing poor sanitation in households, schools, public places and healthcare facilities. Thereafter, the consultants utilised these proposals to draft the Town Sanitation Plan.

The second stakeholder workshop was held on 21st April 2021 in order to present the draft Town Sanitation Plan to the participants, get their comments, concerns and feedback to guide finalization of the plan. The consultants then prepared the final Town Sanitation Plans integrating all stakeholders' feedback and input.

ASSESSMENT OF THE SANITATION SITUATION OF KIKO TOWN COUNCIL

The results of the baseline survey presented the following 15 key sanitation problems.

Key problems identified for sanitation in households:

1. Most (57%) of the households use unimproved toilets
2. Around 15% of the households use improved toilets shared with other households
3. High level of open defecation within the villages and around 2% of the households do not have access to sanitation facilities
4. More than half of the toilets were dirty
5. Only 11% of the households with soap and water at handwashing facility in or near toilets
6. 29% of the children under 5 years of age practised open defecation

Key problems identified for sanitation in schools:

1. High pupil to stance ratio in schools: Kasiisi Primary School (stance to girl ratio 1:49, stance to boy ratio 1:53), Kiko Primary School (stance to girl ratio 1:61, stance to boy ratio 1:86), and Kigarama Boys Primary School (stance to girl ratio 1:131, stance to boy ratio 1:106)
2. Lack of handwashing facilities in 25% of schools (Kigarama Boys Primary School)
3. A limited number of places for hygienic management of menstrual hygiene (Kiko Primary School and Kyanyawara Primary School)
4. Lack of handwashing facilities in or near toilets (Bugembe Health Centre III)
5. A limited number of facilities for hygienic management of menstruation (Kiko Health Centre, Bugembe Health Centre III)

Key problems identified for sanitation in public places:

6. Non-functional public toilet in Kiko Town Centre

Key problems identified for collection and transport of faecal sludge:

1. Only 19% of the households have toilets that are lined and can be safely emptied
2. Limited private sector involvement in the provision of faecal sludge emptying, collection and transport services

Key problems identified for treatment and disposal of faecal sludge:

1. Lack of faecal sludge treatment facility in town

VISION, OBJECTIVES, INDICATORS AND TARGETS OF THE TOWN SANITATION PLAN

To improve on above the sanitation situation, the vision of the Kiko Town Sanitation Plan is:

“Achieving universal access to sustainable sanitation for a clean, healthy and productive urban environment by 2040 through active participation of all stakeholders.”

The vision will be achieved through 15 objectives with targets in the short term until 2025, mid-term until 2030 and long-term until 2040.

For improving sanitation in households:

1. Decrease the percentage of households with unimproved sanitation facilities from 57% in 2021 to 20% in 2025, 10% in 2030 and 0 in 2040
2. Reduce the percentage of households using improved toilets shared other households from 15% in 2021 to 0 in 2025 until 2040
3. Decrease the percentage of households with dirty sanitation facilities from 44% in 2021 to 25% in 2025, 10% in 2030 and 0 in 2040
4. Increase the percentage of households with soap and water at handwashing facilities in or near toilets from 11% in 2021 to 50% in 2025 and 100% in 2030 until 2040
5. Decrease the percentage of households practising open defecation from 2% in 2021 to 0 in 2025 until 2040
6. Decrease the percentage of children under the age of five years practising open defecation from 29% in 2021 to 0 in 2025 until 2040

For improving sanitation in schools:

1. Increase the percentage of public schools with stance to pupil ratio up to 1:40 from 25% in 2021 to 75% in 2025 and 100% in 2030 until 2040
2. Increase the percentage of public schools with soap and water at handwashing facilities in or near sanitation facilities from 75% in 2021 to 100% in 2025 until 2040
3. Increase the percentage of public schools with systems for menstrual hygiene practices from 50% in 2021 to 75% in 2025 and 100% in 2030 until 2040

For improving sanitation in healthcare facilities:

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

For improving sanitation in public places:

1. Increase the number of functional public toilets from 0 in 2021 to 1 in 2025 and 2 in 2030 until 2040

For improving collection and transport of faecal sludge:

1. Increase the percentage of households with lined toilets from 19% in 2021 to 30% in 2025, 70% in 2030 and 100% in 2040
2. Increase the number of pit emptiers providing pit emptying services from 1 in 2021 to 5 in 2025 until 2040

For improving treatment and disposal of faecal sludge:

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

STRATEGIC PRINCIPLES OF THE TOWN SANITATION PLAN

During implementation, the Town Sanitation Plan will be guided by four strategic principles. These include: improving the governance framework for sanitation; increasing demand for sanitation and hygiene at all levels; increasing the supply for sanitation and hygiene-related products; and increasing the investment in sanitation hardware. The principles include measures to be implemented including coordinated planning and implementation of activities with all relevant stakeholders; improving

private sector involvement for sanitation marketing of low-cost drainable toilets; targeted behaviour change communication across households, schools, public places and health facilities; strict monitoring and evaluation; and improving existing by-laws and enforcement for sanitation; among others.

HARDWARE INVESTMENTS AND FUNDING STRATEGY

The cumulative hardware investments in households, schools, healthcare facilities, public places, and collection, transport, treatment and disposal of faecal sludge will cost UGX 3,495,090,000 in the short term until 2025, UGX 9,562,511,000 in the mid-term until 2030, and UGX 11,522,385,000 in the long-term until 2040. These funds will be raised as follows:

1. In households, landlords and heads of families will invest in the construction of lined toilets, buying Sani plats and handwashing facilities.
2. In schools, the District Water and Education Offices, NGOs and donors will be lobbied to invest in the construction of additional stances of lined toilets for the pupils, handwashing facilities, washrooms and incinerators.
3. In healthcare facilities, the District Health Office (DHO), NGOs and donors will be lobbied to invest in the construction of additional stances of lined toilets for the patients, handwashing facilities, washrooms and incinerators.
4. In public places, Public-Private Partnerships (PPPs) will be relied on for investment in sanitation. Besides PPPs, the Town Council will lobby funds for the construction of public toilets from WSDF-SW and donors. Investments in public places will be made in the construction of lined toilets in markets, bus parks, places of worship (churches and mosques), among others; handwashing facilities, and washrooms.
5. For the collection and transport of faecal sludge, households within CBDs will invest in lined toilets. Landlords in shared homesteads invest in the construction of additionally lined toilet stances for the tenants. Additionally, the private sector, Town Council, donors and development partners will invest in the cesspool emptying trucks, gulpers, among others, for the safe collection and transport of faecal sludge.
6. For the treatment and disposal/ reuse of faecal sludge, this plan proposes a clustered approach where the Town Council shares a treatment facility with other Towns in a 30km radius. The Town Council will lobby for finance from the Ministry of Water (WSDF/ SW) and development partners.

1. INTRODUCTION

1.1. BACKGROUND

1.1.1. PROGRAMME BACKGROUND

IRC has worked with Kabarole District Local Government as a partner district since 2006 to deliver safe water, sanitation and hygiene (WASH) services that last. In 2018, IRC Uganda supported Kabarole District Local Government to facilitate a participatory process of consultation, research, development and publishing of a district WASH master plan. The Kabarole District WASH master plan which describes elements that need to attention and prescribes the strategies on how to address the gaps in WASH services in line with Sustainable Development Goals (SDGs) by 2030. 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 with funding support of the Conrad N. Hilton Foundation and the Waterloo Foundation supported the development of integrated and sustainable Town Sanitation Plans for four town councils in Kabarole namely, Kasenda, Mugusu, Kijura and Kiko Town Councils. Based on the IRC Theory of Change that focuses on aligning actors with systems approaches, the development of the Town Sanitation Plans aims at bringing together all the local actors to generate local solutions that address their unique challenges, which hinder achievement of sustainable access to safe sanitation services.

1.1.2. PROJECT OVERVIEW

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

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

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

1.2. TOWN SANITATION PLAN DEVELOPMENT PROCESS

Development of Kasenda Town Sanitation plan followed an elaborate process starting with the scoping visit to Kiko on 27th January 2021. The main objective of the scoping visit was to introduce the activity and consultants to the Town Council and obtain buy-in from key stakeholders. The scoping visit was also an opportunity to assess the capacity of the town council to plan and implement a sustainable town sanitation plan.

A Sanitation Task Force (STF) was formed during the kick-off workshop held on 10th February 2021. The STF was selected from Town Council staff and residents of different experiences and disciplines in sanitation. The STF comprises of 11 members (Annex 2) including Town Clerk, Community Development Officer (CDO) - STF Secretary/ Liaison Officer, Health Inspector (HI), Law Enforcement Officer (Police Officer), Town Engineer, Human Resource Officer, Town Planner, Secretary for Health, and Principal Town Agents (4). The STF was formed to spearhead the development of a comprehensive sanitation plan and steer the implementation, monitoring and evaluation of actions of the plan. During the Kick-off Workshop, the TORs of the STF, see Annex 3, were jointly reviewed and endorsed by the members.

At the kick-off workshop, a Commitment Agreement was signed between the Town Council and IRC. It provided a non-binding agreement for the cooperation between the two entities to achieve the objectives of the project. The Commitment Agreement details the roles, responsibilities, activities and the time frame for the project. Figure 1 shows the Town clerk, Deputy Mayor, and IRC representative signing the Commitment Agreement.



Figure 1: (Left) The Town Clerk of Kiko TC, Ms Mbabazi Bridget, (Centre) the Deputy Mayor of Kiko TC, Ms Mugisha Theopista, and (Right) the Regional WASH Officer of IRC, Ms Lydia Biira, signing the Commitment Agreement at the Kick-off workshop in Kiko

Prior to commencement of the processes to design the Town Sanitation Plan, capacity building workshops were conducted to improve the knowledge and skills of the Sanitation Task Force (STF) members to support the design and implementation of town sanitation plans. A series of training workshops covering five modules were conducted in the period between 10th February and 31st March 2021. The training modules included 1. Preparation, 2. Assessment, 3. Strategic sanitation planning, 4. Implementation and monitoring and, 5. Evaluation and reporting. Figure 2 below illustrates one of the training workshops.

A baseline survey was conducted in Kiko Town Council between 25th and 27th February 2021. Its main objective was to establish the sanitation status in households, schools, public places and healthcare facilities in the town.



Figure 2: Mr Martin Mukasa Mujjabi (IRC Consultant) delivering a presentation on faecal sludge management during the second training workshop for the STF in Kiko Town Council

A Stakeholder Forum was formed with the main objective of providing inputs, via consultation, to the development of Town Sanitation Plans. Stakeholders are actors directly or indirectly involved in the sanitation activities of the town. The stakeholders included representatives from NGO/Community Based Organisation (CBO), water operators, National Water and Sewerage Corporation (NWSC), Mid-Western Umbrella, schools, healthcare facilities, private sector/business community, religious leaders and organisations, cultural and traditional leaders and institutions, women and youth councils/groups, media, politicians (Chairperson LCIII, Secretary Health and Education, Secretary Works and Technical Services), masons (latrine builders/ contractors), Boda Boda riders, land lords, Savings and Credit Cooperatives (SACCOs), bar owners, and hardware dealers. The other participants were STF members of the town. Some of the key events during the Stakeholder Forum were presentation of baseline survey results, sanitation plans and project progress reporting. Two Stakeholder Forums were held in the town sanitation planning process.

The first stakeholder forum was held in Kiko Town Council on 26th March 2021 (Figure 3). The aim of the workshop was to; i. disseminate results of the sanitation and hygiene survey to stakeholders in the town where the survey was conducted; ii. give an opportunity to get feedback from stakeholders and accordingly make necessary adjustments in the report; and iii. raise awareness of the challenges causing the poor sanitation situation amongst the stakeholders and determine possible solutions with active participation of the stakeholders.

The consultants facilitated a planning meeting for the STF on 30th March 2021. The main objective of the planning meeting was to systematically support the STF, to determine possible solutions to the challenges causing poor sanitation in households, schools, public places and healthcare facilities. The participants also decided on who, how and when these actions would be implemented. Thereafter, the consultants utilised these proposals to draft the Town Sanitation Plan.



Figure 3: (Left) Mr. Ambrose Owembabazi Kibuuka (Facilitator) presenting the results of the baseline survey to the stakeholders in Kiko Town, (Right) members in a group discussing the sanitation issues and the potential root causes and solutions.

The second Stakeholder Workshop was held in Kiko on 21st April 2021 to present the draft Town Sanitation Plan to the participants. The workshop additionally provided an opportunity to get inputs, comments, concerns and feedback from stakeholders to guide the finalization of the sanitation plans. Afterwards, the consultants prepared the final Town Sanitation Plans integrating all the stakeholders' feedback and input.

1.3. PURPOSE AND SCOPE OF KIKO TOWN SANITATION PLAN

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

The strategic Town Sanitation Plan has been prepared based on consultations with local stakeholders. Therefore, it consists of local solutions generated based on realities rather than prescribed technical solutions from elsewhere.

The Town Sanitation Plan is meant to guide both technical and non-technical stakeholders including Kiko Town Council; Kabarole District Local Government; Water and Sanitation Development Facility – South West (WSDF-SW); NGOs, CBOs and funding agencies working in the town; and residents and institutions within Kiko Town Council – to strategically improve the sanitation situation in Kiko Town Council.

Generally, the plan is meant to:

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

1.4. STRUCTURE OF THE TOWN SANITATION PLAN

The Town Sanitation Plan is organised as follows:- Chapter 2 provides a profile of Kiko Town Council including the location, size, demography and economy. Chapter 3 describes the sanitation situation in Kiko Town Council including in households, schools, health care facilities, public places, and collection, transport, treatment and disposal of faecal sludge. Chapter 4 presents the vision, objectives, indicators and targets of the Town Sanitation Plan. Chapter 5 consists of the strategic principles meant to guide the implementation of the strategic Town Sanitation Plan. Chapter 6 provides the list of hardware investments required to meet the targets set in the plan. Annex 1 presents the operational action plan for improving the sanitation in the town. Annex 2 lists the STF members that spearheaded TSP development.

2. PROFILE OF KIKO TOWN COUNCIL

2.1. LOCATION AND SIZE

Kiko Town Council borders with Busoro Sub-County in the North, Ruteete Sub-County in the South, Buhesi and Karambi Sub-Counties in the West and Kibale in the East. The centre of Kiko Town Council is located approx. 9.5km away from Fort Portal City according to Google Maps. Transport in Town Council is mostly by the Fort Portal – Kamwengye Road. Figure 4 below shows the map of Kabarole District indicating the location of Kiko Town Council.

Kiko Town Council is comprised of four wards (Kiko, Nyabubale, Kasisi and Kyanyawara) and eleven villages (Kanyambeho A, Kanyambeho B, Kasisi, Kasojo, Kigarama, Kiko, Kimuhonde, Makoby A, Makoby B, Nyabinamba and Nyabubale).

2.2. DEMOGRAPHY AND POPULATION GROWTH PROJECTIONS

In 2014, Kiko had a population of 11,972 and 2,954 households according to the Kabarole District WASH Master Plan¹. Table 1 shows the current population and projections for Kiko Town Council up to 2040 – the final year considered in this strategic Town Sanitation Plan. The projections have been computed based on an annual growth rate for Kabarole District of 2.3 (UBOS 2014)².

Table 1: Current population and projections for Kiko Town Council

| | Year | | | | |
|-------------------|--------|--------|--------|--------|--------|
| | 2014 | 2021 | 2025 | 2030 | 2040 |
| Population | 11,972 | 14,038 | 15,374 | 17,226 | 21,624 |
| Households | 2,954 | 3,464 | 3,794 | 4,250 | 5,336 |

2.3. ECONOMY

Kiko Town Council is endowed with fertile volcanic soils that favour tea growing. The main economic activities carried out in the Town Council are food farming producing beans, ground nuts, bananas, cassava, sweet potatoes, millet and sorghum among others. Other economic activities include tourism, retail trade, firewood, brick making, mining, quarrying and fishing.

Social services including education and healthcare in Kiko TC are provided by four government-aided primary schools, two private secondary schools and three private primary schools; three private health centers namely Kiko Tea Estate Health Centre III, Kigarama Health Centre III and Kyanyawara Health Centre II.

¹ Kabarole District Council. (2018). Kabarole District Master Plan for Universal Access to WASH Services 2018 – 2030. Fort Portal, Uganda

² UBOS. (2014). National Population and Housing Census 2014 – Provisional results

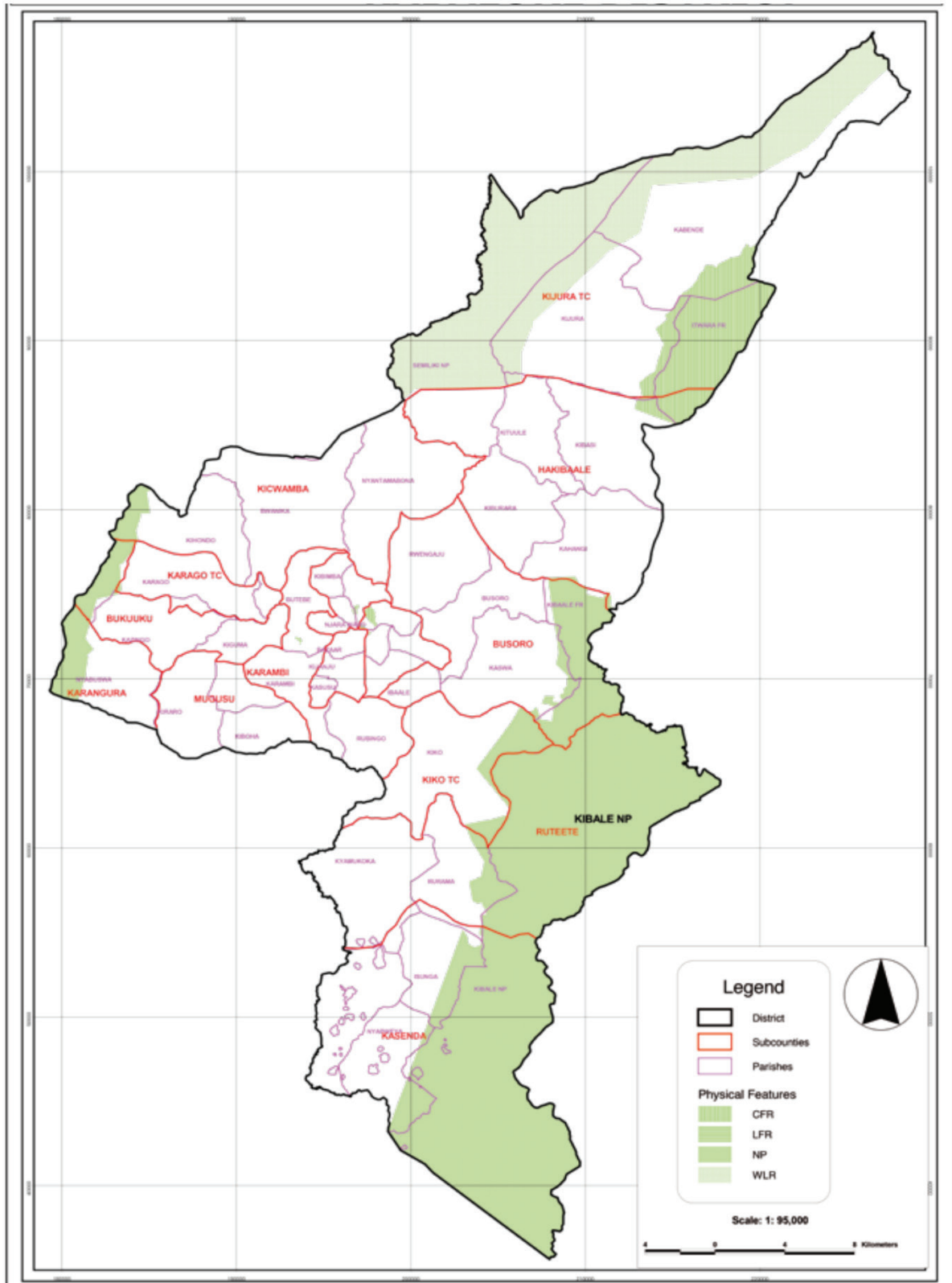


Figure 4: Map of Kabarole District showing the location of Kiko Town Council (circled in blue) (Source: Kabaarole District Wash Mater Plan 2018-2030)

3. ASSESSMENT OF THE SANITATION SITUATION OF KIKO TOWN COUNCIL

3.1. STATUS OF SANITATION IN HOUSEHOLDS

Almost all the households (HH) in Kiko Town Council have access to toilets. Around 98% (3,394HH) of the population are reported to have toilets, while only 2% (69HH) have no toilets. The reported toilet coverage per village in Kiko Town Council is shown in Figure 5 below. There was 100% toilet coverage in the 3 villages of Kigarama, Kimuhonde and Makobyo, with a 6% difference from the worst village of Nyabubale.

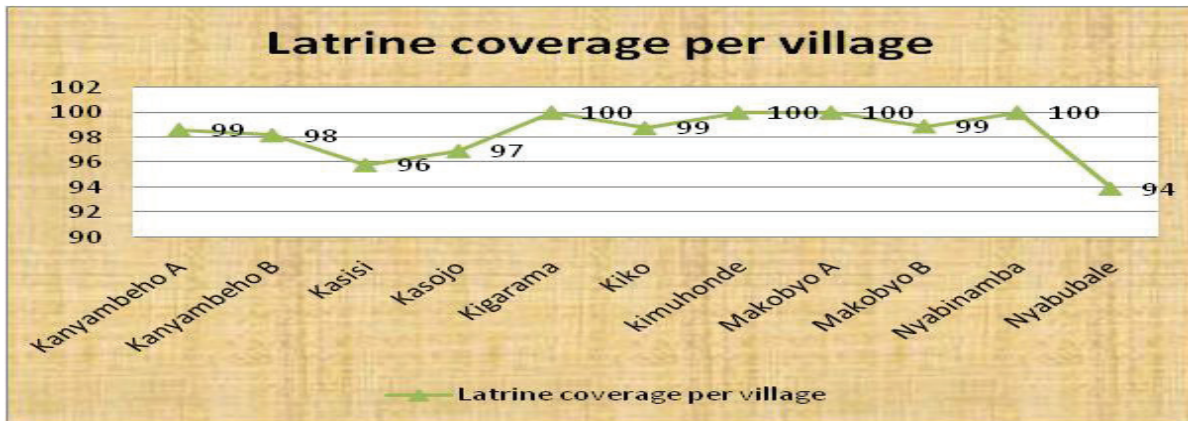


Figure 5: Latrine coverage per village

The majority (69%, 2,389HH) of the population is reported to have a private toilet i.e. not shared with other families (Figure 6). Around 29% (1,004HH) of the population are reported to be sharing a toilet with another family. Only around 1% (35HH) of the population are reported to share the toilet with more than 5 other families (around 25 people considering the average family size of five). The World Health Organisation (WHO) proposes that toilets tend to be clean if they are only used by a maximum of 40 persons per stance. Additionally, according to research carried out in Kampala, toilets tend to get dirtier when they are shared by more than four families (Günther, et al., 2012). Interestingly, interviewers observed that all the toilets that were shared with more than five families were dirty.

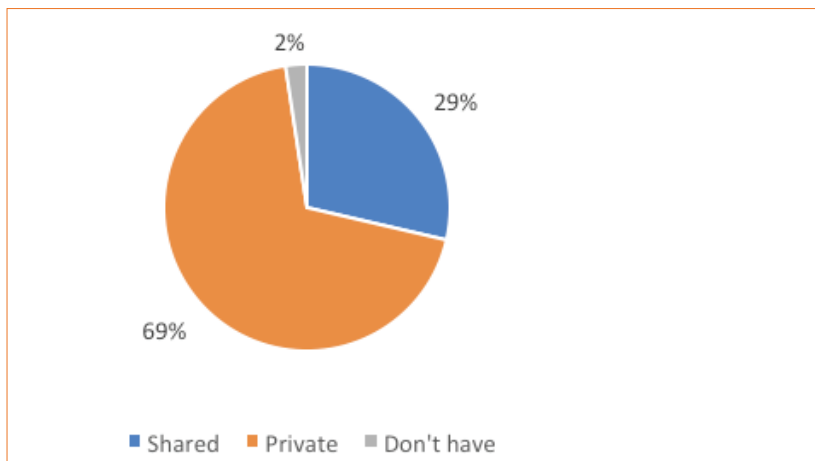


Figure 6: Toilets shared with other households

3.1.1. TYPE OF SANITATION FACILITIES

About 41% (1,420HH) of the population use improved³ sanitation facilities, while most (57%, 1,974HH) use unimproved toilets – unlined pit latrine without washable slab (Figure 7). Of the 41% with improved sanitation facilities, 22% (762HH) use unlined pit latrine with washable slab, 17% (589HH) lined pit latrine with washable slab, 1% (35HH) Flush toilet – Pour/ Cistern flush and 1% (35HH) Eco-san. Only about 2% (69HH) of the population have no toilet. Of the 69 households without toilets, 55HH reported sharing with neighbours, 7 use flying toilet (plastic bags), while 7 defecate in the open/bush. Generally, 79% (2,736HH) of the population use unlined toilets, while 19% (658HH) use lined toilets.

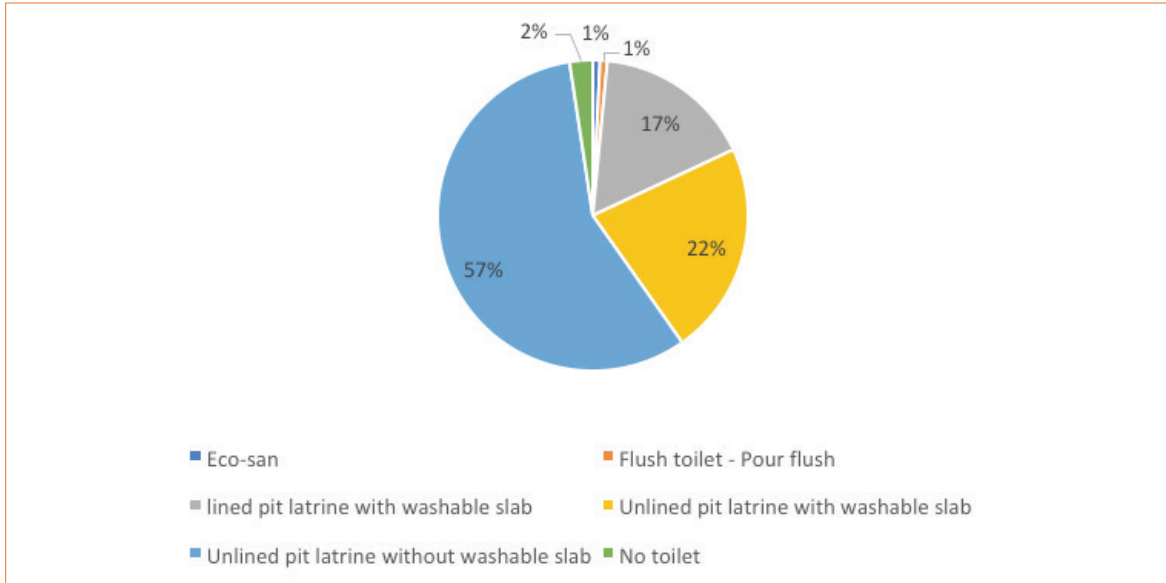


Figure 7: Type of sanitation facilities in Kiko Town Council

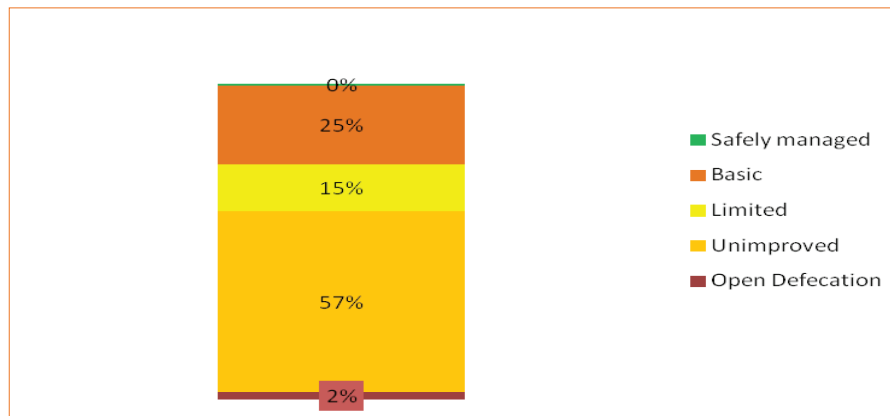


Figure 8: JMP household sanitation ladder

Based on the Joint Monitoring Programme ladder for sanitation (Figure 8), 0% had access to safely managed sanitation – use of improved facilities that are not shared with other households and where excreta are safely disposed of on site or removed and treated offsite. About 25% had basic – use of improved facilities which are not shared with other households. Around 15% had limited – use of improved facilities shared between two or more households. While 57% had unimproved toilets - use of pit latrines without a slab, and 2% practised open defecation – disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste. Hence, there is a need to move households up the sanitation ladder towards access to safely managed sanitation, to at least basic.

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

3.1.2. HYGIENE CONDITION OF THE SANITATION FACILITIES

The state of cleanliness of toilets in Kiko TC is illustrated in Table 2. Less than half (44%, 1,524HH) of the toilets were clean according to the results of the baseline survey. 39% (1,351HH) were somewhat clean, whereas 16% (554HH) were observed to be dirty. When toilets are dirty, people tend to avoid using them and descend further on the sanitation ladder (Kwiringira et al., 2014). Consequently, cleanliness of the toilets is as important as availability.

Table 2: Cleanliness of sanitation facilities

| Sanitation cleanliness | Observed cleanliness |
|------------------------|----------------------|
| Clean | 44% |
| Not clean | 16% |
| Somewhat clean | 39% |

3.1.3. HANDWASHING WITH SOAP AFTER USING THE TOILET

The majority (54%, 1,870HH) of the households did not have a handwashing facility accessible after using the toilet (Figure 9). The other 21% (727HH) of the population use a mobile container, 17% (589HH) hand wash basin, 6% (208HH) tippy tap, and 3% (104HH) use handwashing tank with a tap.

Of the population having handwashing facilities, the majority (64%) have water only. 23% have both water and soap, while 13% have neither.

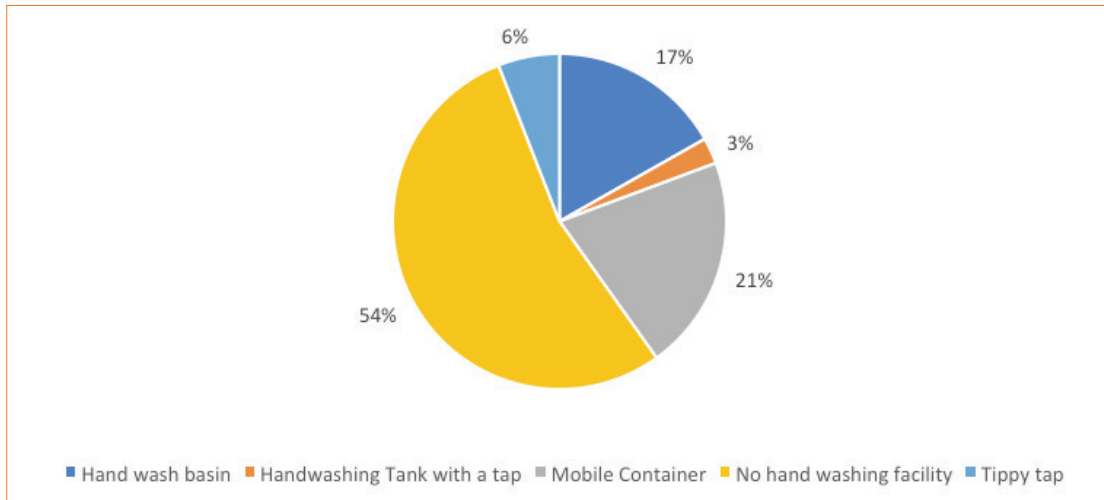


Figure 9: Type of hand washing facility

In line with the JMP monitoring (Figure 10), 11% of the population had basic – availability of handwashing facility with soap and water at home. About 35% had limited - availability of handwashing facilities lacking soap and/ or water at home. While 54% had no facility – no handwashing facility at premises.

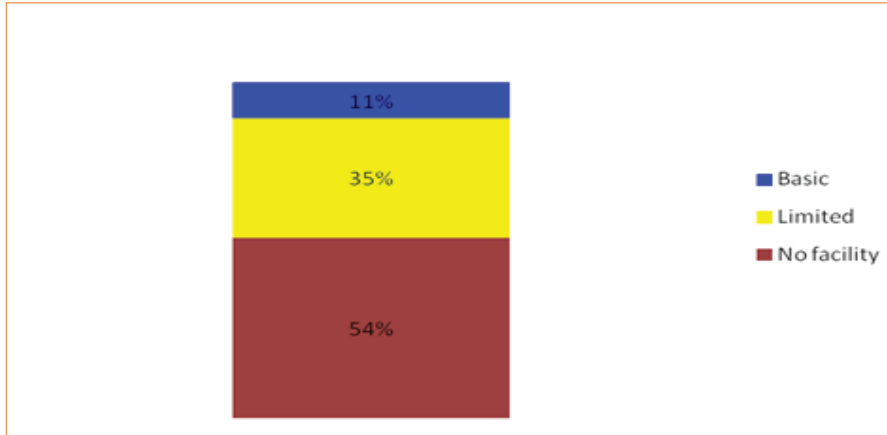


Figure 10: JMP hand washing ladder

3.1.4. USABILITY OF TOILETS AND OPEN DEFECATION IN COMPOUND

Whereas toilet coverage in Kiko stands at 98%, only 84% of the population are reported to be using functional (usable toilets), while 16% use non-functional toilets. Moreover, there were signs of open defecation in the compounds of 25% of the households.

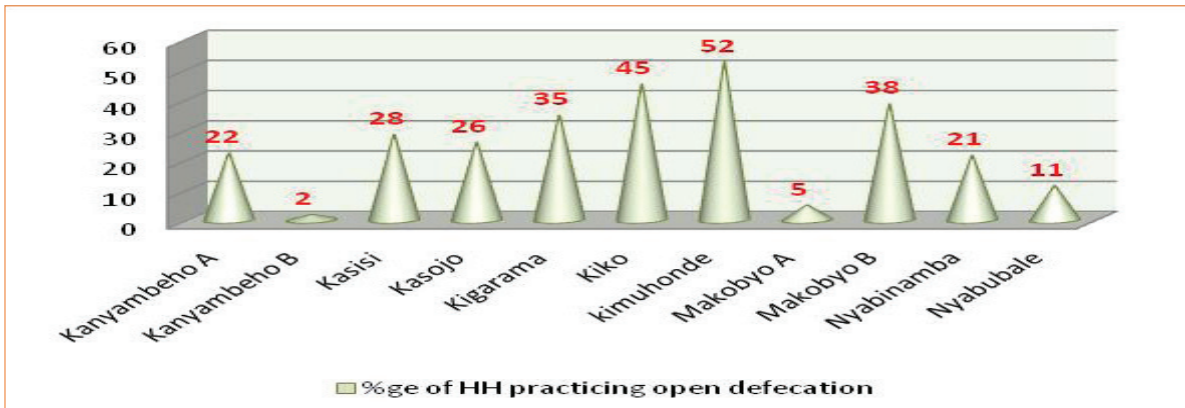


Figure 11: Levels of open defecation observed within the villages of Kiko Town Council

Figure 11 above shows levels of open defecation observed in the villages of Kiko Town Council. The level of open defecation within the 11 villages of Kiko Town Council was alarming with some such as Kiko and Kimuhonde having 45% and 52% with signs of open defecation of the around the homestead compounds. This means that the majority of people are bound to suffer from sanitation-related diseases as they are exposed to the excreta through flies, fields or floors that contaminate food, fingers (especially children under five years that play on the floors and fields) that contaminate food or lead to direct ingestion of faeces, and fluids as the faecal matter end up in the nearby water sources.

Kanyambeho B and Makobyho A households were found with fairly safe disposal of human excreta with only 2% and 5% signs of exposed faeces respectively. Majority of the villages have high levels of open defecation ranging from 11% - 35% an indicator depicting negative trends in the intended purposes for the construction of latrines and hand washing facilities.

3.1.5. DEFECATION PRACTICES BY INFANTS (CHILDREN UNDER FIVE YEARS)

Defecation practices of children under the age of five years are shown in Figure 12 below. The majority (32%) of the children under five years use small, shallow pits. Around 27% share with adults, 27% defecate in the open but collect and deposit in the toilet, 1% use open defecation but collected and throw in the open outside the house, 1% practise open defecation but collect and dispose off in the rubbish bin, a few use the cat method (dig a hole in ground and cover with soil), and only 12% use potty.

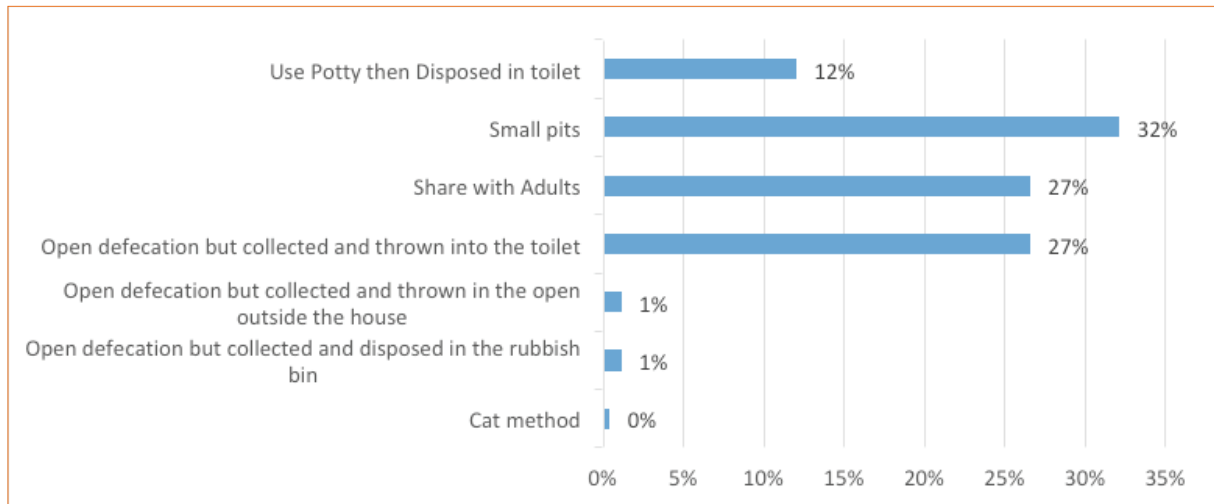


Figure 12: Defecation practices by infants (children under five years)

Key problems identified for sanitation in households

1. Most (57%) of the households use unimproved toilets
2. Around 15% of the households use improved toilets shared other households
3. High level of open defecation within the villages and around 2% of the households do not have access to sanitation facilities
4. More than half of the toilets were dirty
5. Only 11% of the households with soap and water at handwashing facility in or near toilets
6. 29% of the children under 5 years of age practiced open defecation

3.2. STATUS OF SANITATION IN PUBLIC SCHOOLS

There are four public schools in Kiko Town Council: Kiko Primary School, Kyanyawara Primary School, Kasiisi Primary School and Kigarama Boys primary school. The status of sanitation in public schools in Kiko is shown in Table 3 below. Three of the schools (Kiko Primary School, Kyanyawara Primary School, Kasiisi Primary School) had unlined pit latrine with washable slab, while one school (Kigarama Boys Primary School) had an unlined pit latrine without a washable slab. Interestingly, only 25% of the schools (one school - Kyanyawara Primary School) has the government recommended pupil to stance ratio of 1:40. Consequently, there is a need for the schools to provide adequate stances to the pupils. Around 75% of the schools had high pupil to stance ratio: Kasiisi Primary School (stance to girl ratio 1:49, stance to boy ratio 1:53), Kiko Primary School (stance to girl ratio 1:61, stance to boy ratio 1:86), and Kigarama Boys Primary School (stance to girl ratio 1:131, stance to boy ratio 1:106).

3.2.1. HYGIENE CONDITION OF THE SANITATION FACILITIES

All the schools were reported to have hygienic sanitation facilities. This could partly be attributed to the low pupil attendance due to the ongoing COVID 19 restrictions at the time of the survey.

3.2.2. OPERATION AND MAINTENANCE PLAN AND BUDGET FOR WATER, SANITATION AND HYGIENE

The baseline survey indicated that 75% of the schools have an operation and maintenance (O&M) plan and budget for water, sanitation and hygiene that is being implemented. Only 25% of the schools (one school - Kyanyawara Primary School) had no O&M plan and budget for water, sanitation and hygiene.

3.2.3. HANDWASHING FACILITIES NEAR THE TOILET

The baseline survey indicated that 75% of the schools had hand washing facilities with soap and water in or near sanitation facilities. Whereas 25% (Kigarama Boys Primary School) did not have handwashing facilities.

3.2.4. MENSTRUAL HYGIENE PRACTICE

Only half (50%) of the schools (Kasiisi Primary School and Kigarama Boys Primary School) have systems for menstrual hygiene. The other half (Kiko Primary School and Kyanyawara Primary School) do not have systems for menstrual hygiene. Systems for menstrual hygiene include, among others, a washroom for girls to change with water available, an incinerator for the disposal of sanitary pads, and emergency sanitary pads and spare uniforms available. Menstrual hygiene systems, are crucial for maintaining a healthy and productive study environment for girls in schools and reducing absenteeism during the girls' menstrual period. Consequently, schools need to provide systems for menstrual hygiene management.

3.2.5. FACILITIES FOR THE DISABLED

In addition to the above four indicators, in the drive to ensure equal opportunities in accessing and utilizing social services, gender balance is a requirement. In Kiko Town Council, all schools have no special consideration for children with disabilities to have access to the classroom, sanitary facilities and any other place of convenience while at school. There were no ramps nor hanging rails where necessary. Therefore, children with any form of disability find it hard to stay at school as they cannot access certain places deemed basic for other learners. Consequently, schools need to provide systems that cater for persons with disabilities including ramps and rails in sanitation facilities as well as school compounds.

Based on the JMP ladder for sanitation (Figure 13), 0% had access to advanced sanitation; 100% had basic – use improved facilities, which are single-sex at the school; 0% had limited – use of improved facilities, not sex separated; and while 0% had unimproved toilets - use of pit latrines without a slab.

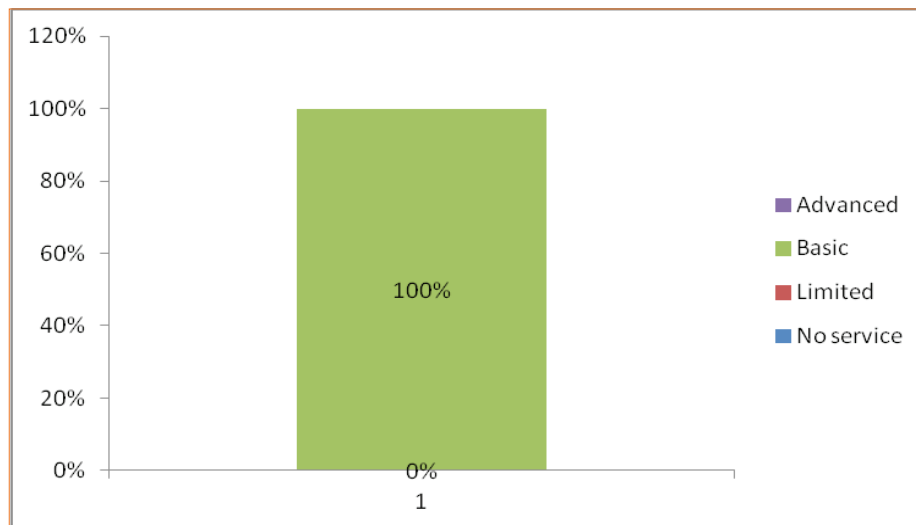


Figure 13: Schools JMP Sanitation Ladder

Based on the JMP ladder for school hygiene (Figure 14), 0% had access to advance hygiene at school; 75% had basic – having a hand washing facility with water and soap available; 25% had limited access with hand washing facility with water only and none lacked access.

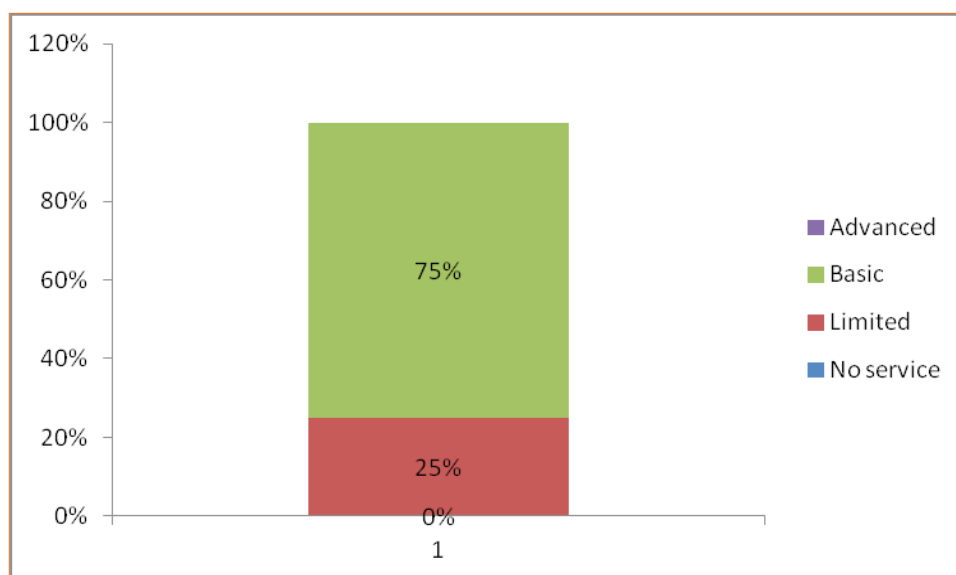


Figure 14: Schools JMP ladder for Hygiene

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

| Name of Institution | No. of girls | No. of boys | Type of toilet | Number of stances - girls | Number of stances - boys | Number of usable stances - girls | Number of usable stances - boys | Stance ratio - girls | Stance ratio - boys | Number of hand washing facilities | Incin-erator | Wash-room for girls |
|-------------------------------------|--------------|-------------|---|---------------------------|--------------------------|----------------------------------|---------------------------------|----------------------|---------------------|-----------------------------------|--------------|---------------------|
| | 371 | 350 | Unlined pit latrine with washable slab | 6 | 4 | 6 | 4 | 1:61 | 1:86 | 4 | No | No |
| Kyanyawara Primary School | 182 | 175 | Unlined pit latrine with washable slab | 5 | 5 | 5 | 5 | 1:36 | 1:35 | 2 | No | No |
| Kasiisi Primary School | 582 | 532 | Unlined pit latrine with washable slab | 12 | 10 | 12 | 10 | 1:49 | 1:53 | 8 | No | Yes |
| Kigarama Boys Primary School | 393 | 425 | Unlined pit latrine without washable slab | 6 | 5 | 3 | 4 | 1:131 | 1:106 | 1 | Yes | Yes |

Key problems identified for sanitation in schools

1. High pupil to stance ratio in schools: Kasiisi Primary School (stance to girl ratio 1:49, stance to boy ratio 1:53), Kiko Primary School (stance to girl ratio 1:61, stance to boy ratio 1:86), and Kigarama Boys Primary School (stance to girl ratio 1:131, stance to boy ratio 1:106)
2. Lack of handwashing facilities in 25% of schools (Kigarama Boys Primary School)
3. Limited number of places for hygienic management of menstrual hygiene (Kiko Primary School and Kyanyawara Primary School)care facilities

3.3. STATUS OF SANITATION IN HEALTHCARE FACILITIES

There are two health centres in Kiko Town Council: Bugembe Health Centre III and Kiko Health Centre. Figure 15 shows the status of WASH in healthcare facilities in Kiko TC. Results from the survey indicate that all (100%) health care facilities had access to improved sanitation facilities. On the other hand, only half (50%) of the health facilities (Kiko Health Centre) had hand washing facilities with soap and water in or near sanitation facilities. While Bugembe Health Centre III had a handwashing tank, there was no soap and water. Moreover, none of the visited health care facilities had a system for menstrual hygiene management meaning that women that visit face challenges. As highlighted above, systems for menstrual hygiene include, a washroom for women to change with water available, an incinerator for the disposal of used sanitary pads, and emergency sanitary pads and spare uniforms available for health facility staff. Consequently, there is a need to engage the healthcare facility management committees to provide handwashing facilities as well as systems for menstrual hygiene.

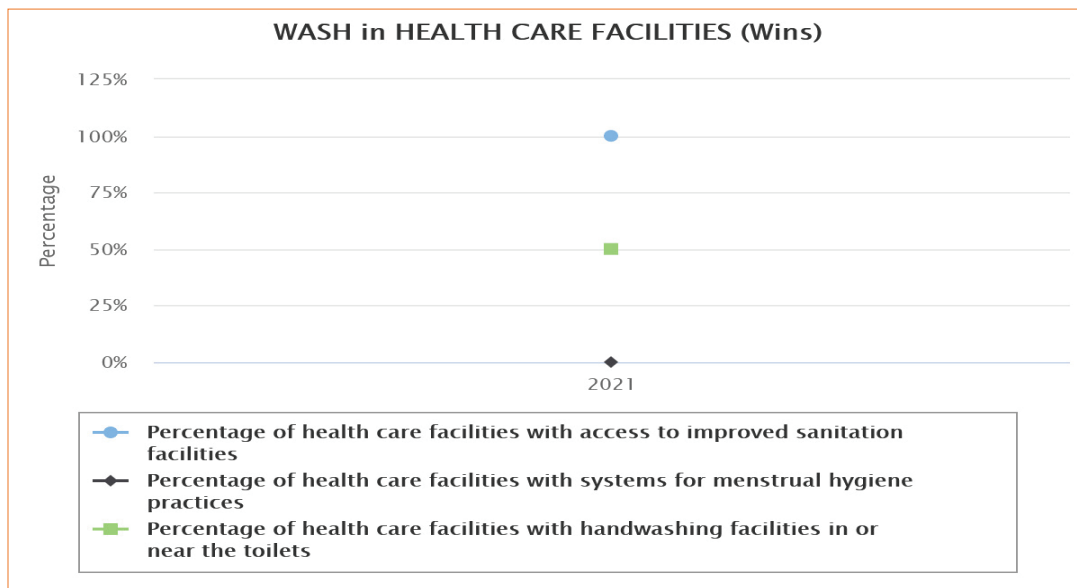


Figure 15: Status of sanitation in healthcare facilities

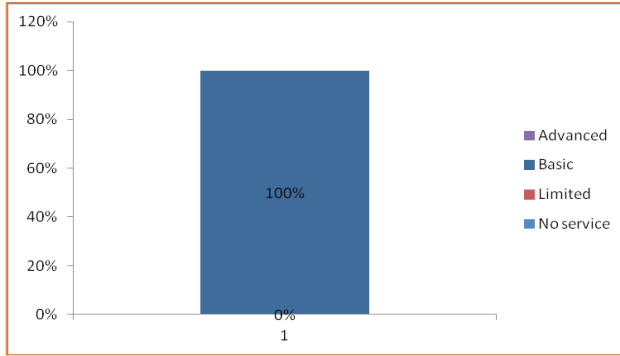


Figure 16: JMP Sanitation ladder for healthcare facilities

All healthcare facilities in Kiko Town Council have basic access to sanitation services based on the JMP (Figure 17). While 0% had access to advanced sanitation; 0% had limited – use of improved facilities, not sex separated; and 0% had unimproved toilets - use of pit latrines without a slab.

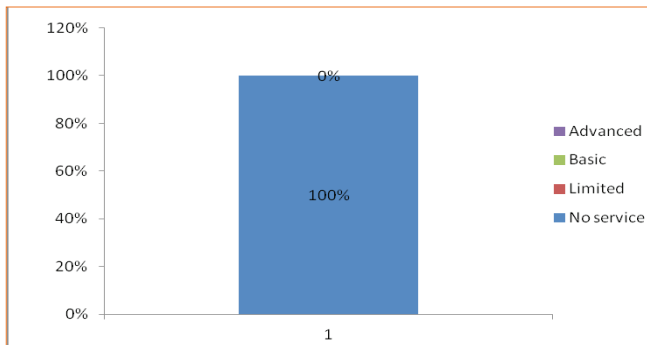


Figure 17: JMP ladder for healthcare facilities

Using JMP standards, all healthcare facilities had no service as one lacked handwashing facilities at the time of assessment (Figure 18), and the other had a handwashing facility with water only.

3.4. STATUS OF SANITATION IN PUBLIC PLACES

Kiko Town Council has a public toilet in the town centre (Figure 18). The toilet is a Flush toilet - Cistern flush with 4 stances– 2 stances each for the male and female. However, there is a low willingness of public to pay and use the public toilet, as, among others, the non-residents can share a toilet with the residents. Consequently, the public toilet has been rendered non-functional.

Key problems identified for sanitation in healthcare facilities

1. Lack of handwashing facilities in or near toilets (Bugembe Health Centre III)
2. Limited number of facilities for hygienic management of menstruation (Kiko Health Centre, Bugembe Health Centre III)



Figure 18: The public toilet in Kiko

Key problems identified for sanitation in healthcare facilities

1. Non-functional public toilet in Kiko cell

3.5. COLLECTION AND TRANSPORTING OF FAECAL SLUDGE

The results of the baseline survey show that the majority (69%) of pits or septic tanks in Kiko Town Council have not been filled. Whereas 4% are reported to have filled and 27% don't know. Only a small percentage of the household respondents (19%, 658HH) have toilets that are lined and can be safely emptied. The majority (2%) of the households reported abandoning and building a new toilet when pit fills, while around 1% empty and bury on site, 97% don't know, their pits have not been filled or cannot be emptied, and only less than 1% empty and take away (Figure 19). The practice of abandoning a filled-up pit and building a new one is problematic in urban areas where due to, among others, the growing population has increased competition for limited space, pollution of nearby water bodies as excreta stays in the environment and the cost of building a new toilet. Consequently, households need to be sensitised and facilitated to empty toilets and take away the excreta when the pit fills.

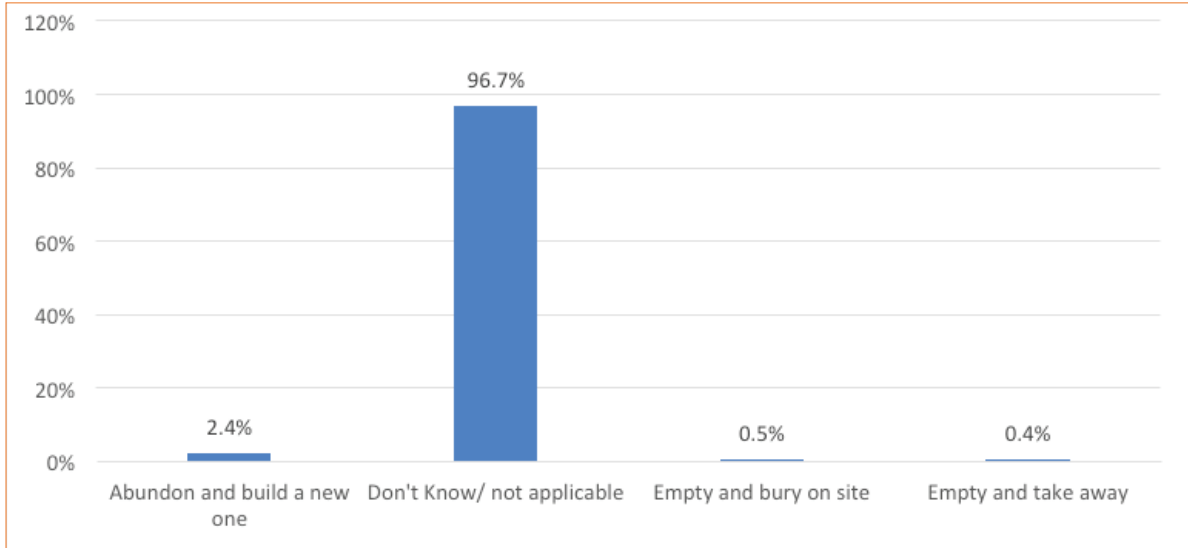


Figure 19: What households do when the pit is full

Of the household population that reported emptying their toilets, 75% had used cesspool emptiers while 25% didn't know. The emptying frequencies of those that responded in this regard are shown in Table 4. Most (45%) reported to have emptied their toilet once in the last two years. Around 18% emptied more than twice, 9% twice, while 18% have never emptied, and 9% didn't know.

Table 4: Number of times emptied in last 2 years

| Number of times emptied in last 2 years | Don't Know | More than twice | Never | Once | Twice |
|---|------------|-----------------|-------|------|-------|
| Percentage | 9% | 18% | 18% | 45% | 9% |

There was no specific service provider for emptying toilets identified from interviews with households. Results of the interviews with households indicate that the service providers who emptied the toilets included the "Company" (for the households under the tea estate establishment), the Ministry of Health, and a certain individual named John. Consequently, there is need to build a data base of service provider within the town or in the surrounding Fort Portal area that handle toilet emptying and are available to supply Kiko Town Council residents.

Key problems identified on collection and transport of faecal sludge

1. Only 19% of the households have toilets that are lined and can be safely emptied
2. Limited private sector involvement in the provision of faecal sludge emptying, collection and transport services

3.6. TREATMENT AND DISPOSAL OF FAECAL SLUDGE

There is no faecal sludge treatment plant in Kiko Town Council. The nearby treatment plant is in Fort Portal town (approx. 9.5km away according to Google Maps). As the treatment plant is within proximity of Kiko (less than 15-25km from the town centre), the construction of a treatment plant in the town is not deemed necessary at least in the short term. However, the construction of a transfer station within the town or collective faecal sludge management for a cluster of towns around Kiko would make the collection and transport of faecal sludge more economical for households and institutions.

Key problems identified on treatment and disposal of faecal sludge

Lack of faecal sludge treatment facility in town

3.7. SHIT FLOW DIAGRAM OF KIKO TOWN COUNCIL

The Shit Flow Diagram (SFD) of Kiko Town Council is illustrated in Figure 20 below. The SFD indicates that only 19% of faecal matter in Kiko is safely managed⁴. Over 81% is unsafely managed, remains within the environment and is potentially contaminating water sources. The description of the terms used is as follows:

In green, “FS contained” implies faecal sludge safely stored in lined pits and septic tanks. Some of the excreta is safely stored in the lined pits and has not been emptied, hence “FS contained – not emptied.” “FS treated” includes the faecal sludge that makes its way to the treatment plant is safely treated. “FS treated” and “FS contained – not emptied” add up to “Safely managed” faecal sludge.

Whereas in red, “Open defecation” indicates the faecal sludge that is disposed of in the environment by the households without toilets. “FS not contained” includes faecal sludge in unlined pits that poses a threat of contaminating groundwater. Some of the excreta emptied in lined pits does not reach the treatment plant and is thus “FS not delivered to treatment.” While, some of the excreta delivered at the treatment plant is not treated, hence “FS not treated.” “Open defecation,” “FS not contained,” “FS not delivered to treatment,” and “FS not treated” add up to unsafely managed faecal sludge. Note that the SuSana SFD app rounds off all numbers around 0.5% hence some of these values are indicated as 1% in the graphic.

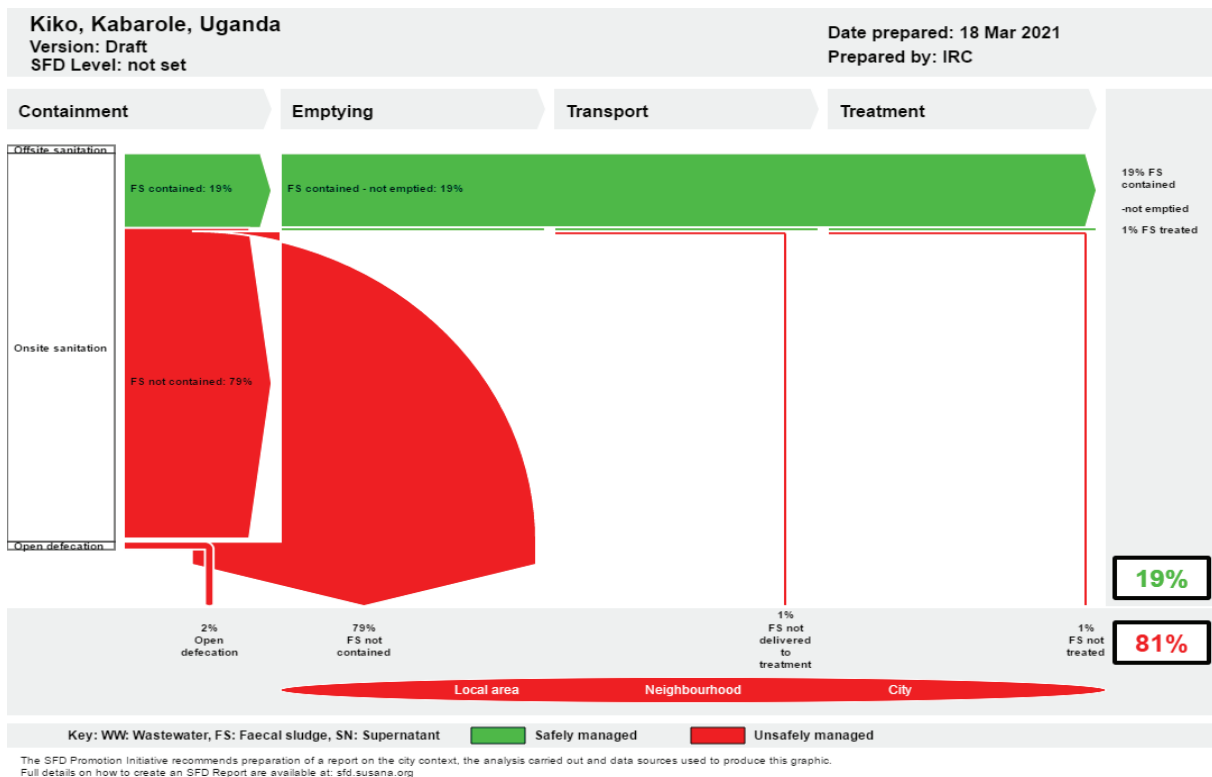


Figure 20: Shit Flow Diagram (SFD) of Kiko Town Council

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

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

The vision of the Town Sanitation Plan for Kiko Town Council is:

Achieving universal access to sustainable sanitation for a clean, healthy and productive urban environment by 2040 through active participation of all stakeholders

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

Objectives for improving sanitation in households

| No. | Objectives | Indicators | Baseline value 2021 | Targets | | |
|-----|--|---|---------------------|--------------------|------------------|-------------------|
| | | | | Short-term by 2025 | Mid-term by 2030 | Long-term by 2040 |
| 1 | Decrease the percentage of households with unimproved sanitation facilities | Percentage of households with unimproved sanitation facilities | 57% (1,974HH) | 20% (759HH) | 10% (425HH) | 0 |
| 2 | Reduce the percentage of the households use improved toilets shared other households | Percentage of households sharing a toilet with other families | 15% (520HH) | 0 | | |
| 3 | Decrease the percentage of households with dirty sanitation facilities | Percentage of households with dirty sanitation facilities | 44% (1,524HH) | 25% (948HH) | 10% (425HH) | 0 |
| 4 | Increase the percentage of households with soap and water at handwashing facilities in or near toilets | Percentage of households with soap and water at handwashing facility in or near toilets | 11% (381HH) | 50% (1,897HH) | 100% (4,250HH) | 100% (5,336HH) |
| 5 | Decrease the percentage of households practising open defecation | Percentage of households practising open defecation | 2% (69HH) | 0 | - | - |
| 6 | Decrease the percentage of children under the age of five years practising open defecation | Percentage of children under the age of five years practising open defecation | 29% | 0% | - | - |

Objectives for improving sanitation in public schools

| No. | Objectives | Indicators | Baseline value 2021 | Targets | | |
|-----|--|---|---------------------|--------------------|------------------|-------------------|
| | | | | Short-term by 2025 | Mid-term by 2030 | Long-term by 2040 |
| 1 | Increase the percentage of public schools with stance to pupil ratio up to 1:40 | Percentage of public schools with stance to pupil ratio up to 1:40 | 25% | 75% | 100% | 100% |
| 2 | Increase the percentage of public schools with soap and water at handwashing facilities in or near sanitation facilities | Percentage of public schools with soap and water at handwashing facilities in or near sanitation facilities | 75% | 100% | 100% | 100% |
| 3 | Increase the percentage of public schools with systems for menstrual hygiene practices | Percentage of public schools with systems for menstrual hygiene practices | 50% | 75% | 100% | 100% |

Objectives for improving sanitation in healthcare facilities

| No. | Objectives | Indicators | Baseline value 2021 | Targets | | |
|-----|---|--|---------------------|--------------------|------------------|-------------------|
| | | | | Short-term by 2025 | Mid-term by 2030 | Long-term by 2040 |
| 1 | Increase the percentage of healthcare facilities with soap and water at handwashing facilities in or near toilets | Percentage of healthcare facilities with soap and water at handwashing facilities in or near toilets | 50% | 100% | 100% | 100% |
| 2 | Increase the percentage of healthcare facilities with systems for menstrual hygiene practices | Percentage of healthcare facilities with systems for menstrual hygiene practices | 0% | 50% | 100% | 100% |

Objectives for improving sanitation in public places

| No. | Objectives | Indicators | Baseline value 2021 | Targets | | |
|-----|--|-------------------------------------|---------------------|--------------------|------------------|-------------------|
| | | | | Short-term by 2025 | Mid-term by 2030 | Long-term by 2040 |
| 1 | Increase the number of functional public toilets | Number of functional public toilets | 0 | 1 | 2 | 2 |

Objectives for improving collection and transport of faecal sludge

| No. | Objectives | Indicators | Baseline value 2021 | Targets | | |
|-----|---|--|---------------------|--------------------|------------------|-------------------|
| | | | | Short-term by 2025 | Mid-term by 2030 | Long-term by 2040 |
| 1 | Increase the percentage of households with lined toilets | Percentage of households with lined toilets | 19% (658HH) | 30% (1,138HH) | 70% (2,975HH) | 100% (5,336) |
| 2 | Increase the number of pit emptiers providing pit emptying services | Number of pit emptiers providing pit emptying services | 1 | 5 | 5 | 5 |

Objectives for improving treatment and disposal of faecal sludge

| No. | Objectives | Indicators | Baseline value 2021 | Targets | | |
|-----|---|---|---------------------|--------------------|------------------|-------------------|
| | | | | Short-term by 2025 | Mid-term by 2030 | Long-term by 2040 |
| 1 | Construct collective faecal sludge management facility for a cluster of towns around Kiko | Number of collective faecal sludge management facilities for a cluster of towns around Kiko | 0 | 1 | 1 | - |

5. STRATEGIC PRINCIPLES OF KIKO TOWN SANITATION PLAN

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

STRATEGIC PRINCIPLE 1: IMPROVE GOVERNANCE FRAMEWORK FOR SANITATION

P.1.1 Improve the existing sanitation by-laws and their enforcement mechanisms

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

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

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

P.1.2 Set minimum standards for sanitation facilities

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

P.1.3 Develop standards for lined toilets

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

P.1.4 Zoning for drainable toilets

The Town Council specifies CBDs (trading centres) to enforce lined toilets until 2030. Areas outside the trading centres are exempted from the construction of lined toilets until 2030.

P.1.5 Increase financing for sanitation-related investments, products and services

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

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

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

The Town Council lobbies donors and funding partners to support larger investment requirements. Such investments include treatment plants, cesspool trucks, toilets, washrooms and incinerators in schools, healthcare facilities and public places.

P.1.6 Strict monitoring and enforcement

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

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

1. Elected Town Council and Sanitation Task Force members

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

2. Public Participation

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

3. *Independent Evaluation*

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

Aspects to be monitored by the STFs and VHTs include:

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

P.1.7 Improve accountability

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

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

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

P.2.1 Behaviour Change Communication (BCC) campaigns at the household level

At the household level, BCC campaigns shall focus on:

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

- ii. *Lined toilets and their benefits:* The Town Council in collaboration with service providers conducts targeted sanitation marketing campaigns underpinning the benefits of lined toilets. The campaigns are combined with a demonstration site that is accessible to the community. The Town Council prepares and avails information about the various types of lined toilets, their costs and where and how one can purchase the desired toilet. Moreover, the Town Council makes information about lined toilets accessible at their offices through visual aids displayed at prominent locations. The Town Council promotes lined toilets amongst shared/ rented households and provides the landlords/ caretakers with information on service providers and where they can obtain financial support on loans through local banks and SACCOs under home improvement loans.
- iii. *Importance of cleanliness and hygiene conditions in toilets (shared and private):* BCC campaigns sensitise the community to regularly clean their toilets and provide information on proper use and maintenance of toilets. Low-income households are encouraged to use local materials in cleaning, particularly in making brooms. The BCC campaigns target household heads, landlords and tenants. The landlords are encouraged to regularly monitor sanitation facilities in their promises to ensure that tenants adhere to a cleaning schedule. In addition, households are encouraged to regularly empty their toilets to have a properly functioning toilet.
- iv. *Need for handwashing after visiting the toilet and how to build one's own low-cost hand washing facility:* BCC campaigns encourage households to provide a handwashing facility in or near the toilet and sensitise on the importance of washing hands with soap and water after using the toilet, and how to build one's own low-cost handwashing facility, for example, tippy tap.
- v. *Discouraging open defecation amongst adults and children below 5 years of age:* Campaigns are conducted to discourage the behaviour of open defecation amongst adults and children below 5 years of age. The campaigns target households without sanitation facilities, mothers and caretakers of children under the age of five years. The community is sensitised about the negative effects of open defecation on the health of the entire public and is encouraged to build toilets and use them. Mothers and caretakers of infants are encouraged to undertake proper management of faeces of infants including use of potties and disposal of the faeces in toilets.
- vi. *Landlords to provide adequate (a toilet per at most 5 families) sanitation facilities:* BCC campaigns target rental homesteads where toilets are shared by more than 5 families. The VHTs identify the homesteads and persuade them to provide more toilet stances for the tenants. Additionally, VHTs provide the landlords or caretakers with information on service providers who can build the toilets and where they can access financial support and loans. The responsibility of constructing toilets is with landlords, while the operation and maintenance of toilets are with tenants.
- vii. *Information about sanitation service providers (toilet constructors/ pit emptiers):* The Town Council conducts BCC campaigns to disseminate information on sanitation service providers including toilet builders and pit emptiers. The information is disseminated through village meetings, church/mosque gatherings, radio ads/ jingles, door to door visits and visual aids (fliers or posters) displayed at prominent locations within the community (e.g. at Town Council offices).
- viii. *Existing by-laws:* BCC campaigns sensitise the community about the existing by-laws. The campaigns are conducted before any enforcement by the Town Council.
- ix. *Existing standards for toilets:* The Town Council conducts campaigns to sensitise the community about the toilet standards for households, schools and health care facilities.

P.2.2 BCC campaigns at the school level

At the school level, BCC campaigns shall focus on:

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

- ii. *Handwashing after visiting the toilet and its importance:* Visual aid materials for sensitisation in schools are developed in appropriate languages including English and/or local language. Visual aid materials are displayed at prominent locations in the school, e.g. school compound, to encourage students to wash their hands after using the toilet. BCC campaigns are conducted to sensitise the students on the importance of washing their hands after visiting the toilet.
- iii. *Anti-vandalism and protection of school property:* A BCC campaign is developed and implemented to discourage vandalism of sanitation facilities, and encourage the students and staff to protect school property.
- iv. *Proper disposal of materials used in menstrual hygiene management:* BCC campaigns are conducted to raise awareness of appropriate menstrual hygiene practices amongst female students. In schools where the provision of disposable pads is insufficient, the students are trained to make and use reusable pads via a training workshop. Such a workshop is organised by the Town Council and other development partners dealing in the field of the menstrual hygiene management. The practice of throwing menstrual pads in toilets is discouraged and eliminated. Instead, the students are encouraged to dispose of the pads in bins after which the pads are either taken away alongside other solid waste or burnt in an incinerator at school. Consequently, schools are obliged to provide washrooms, bins and incinerators for proper menstrual hygiene management. The school lobbies for funds for the provision of menstrual hygiene facilities from government and donor agencies.
- v. *Implementation of school sanitation plans:* Schools that do not have, develops sanitation plans including schedules for the maintenance of toilets. The plans clearly define the roles and responsibilities of students and administration, as well as associated costs. Targeted BCC campaigns sensitise the SMC, PTA and students to implement school sanitation plans. The SMC is encouraged to lobby for funds and monitor and enforce the implementation of the sanitation plans. In particular, the teachers on duty are encouraged to ensure that the cleaning schedule is adhered to. The practice of using the cleaning of toilets as a punishment is discouraged and eliminated. The PTA is encouraged to fund and monitor the implementation of the sanitation plans. Whereas, the students are sensitised to use toilets appropriately, participate in the cleaning, and monitoring for toilet hygiene.
- vi. *Initiating or reviving School Sanitation Clubs:* School Sanitation Clubs are initiated where they are non-existent, or otherwise revived and reoriented. The School Sanitation Club are responsible for, among others, promoting good hygiene behaviour, spearheading the monitoring and maintenance of toilets, and being role models for other students to emulate.

P.2.3 BCC campaigns at the healthcare facility level

At the healthcare facility level, BCC campaigns shall focus on:

- i. *Involvement of doctors/ midwives in BCC campaigns:* The healthcare facility is encouraged to voluntarily provide information on: the negative effects of open defecation especially that of children under 5 years, handwashing and its importance, hygienic condition of sanitation facilities and its benefits, proper use and maintenance of toilets, the existing by-law and where one can obtain improved sanitation facilities. The information is passed on through visual aids displayed at the healthcare facilities and counselling of patients.
- ii. *Proper disposal of menstrual hygiene by-products:* Healthcare facility staff sensitise girls and mothers on menstrual hygiene and the proper disposal of menstrual hygiene by-products. Additionally, healthcare facility staff provide information on how to make disposable pads through counselling.

P.2.4 BCC campaigns in public places

At the public place level, BCC campaigns shall focus on:

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

P.2.5. BCC campaigns supporting pit emptying services

With regards to the collection and transport of faecal sludge, BCC campaigns shall focus on:

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

Strategic Principle 3: Increase the supply of sanitation and hygiene-related products

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

- i. Engage in a Memorandum of Understanding (MoU) or a Memorandum of Agreement (MoA) with the private operators in town (or elsewhere). The MoU shall include any protectionism or tax exemptions that can be availed by the Town Council to the service provider.
- ii. Provide suitable framework conditions for the private operators within the town, including;
- iii. Identify toilet manufacturers/ latrine builders within the town or in the region that can build low-cost drainable toilets
- iv. Involve small scale entrepreneurs to produce SanPlats (concrete slabs) for low-cost options of toilets
- v. Identify hardware stores in the town to supply sanitation products
- vi. Identify cesspool emptiers within the town or region and create a database
- vii. The Town Council shall then disseminate information about service providers to the public via village meetings, radio talk shows, drama groups or influencers such as Boda Boda or religious leaders.

Strategic Principle 4: Increase investment in sanitation hardware

P.5.1 Increase investment in toilets in households, schools, healthcare facilities and public places

In households, the heads of families prioritise investment in sanitation. The households invest in the construction of lined toilets, buying Sani plats and handwashing facilities.

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

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

In public places, Public-Private Partnerships (PPPs) increase investment in sanitation. Besides PPPs, the Town Council lobbies funds for the construction of public toilets from WSDP-SW and donors. Investments are made in the construction of lined toilets in markets, bus parks, places of worship (churches and mosques), among others; handwashing facilities, and washrooms.

P.5.2 Increase investment faecal sludge management (collection, transport, treatment and disposal/ reuse of faecal sludge)

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

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

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

6. LIST OF HARDWARE INVESTMENTS TO MEET SET TARGETS

This Chapter provides a brief list of hardware investments required to meet the targets set in the plan, and as described in Chapter 2 above under Strategic Principle 4: Increase investment in sanitation hardware. The cumulative hardware investments in households, schools, healthcare facilities, public places, and collection, transport, treatment and disposal of faecal sludge will cost UGX 3,495,090,000 in the short term until 2025, UGX 9,562,511,000 in the mid-term until 2030, and UGX 11,522,385,000 in the long-term until 2040.

6.1. Hardware investments required for improving sanitation in households

| Investment needs | Short-term until 2025 | | | Mid-term until 2030 | | | Long-term until 2040 | | | Investments undertaken by |
|--|-----------------------|---------------------|----------------------|---------------------|---------------------|----------------------|----------------------|---------------------|----------------------|--|
| | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | |
| Demand for toilets | | | | | | | | | | |
| No. of additional drainable VIP latrine stances required for homesteads | 520 | 3,000 ⁵ | 1,560,000 | | | | | | | Landlords/ households |
| No. of SanPlat simple VIP latrine required by households with no toilets | 69 | 1,000 ⁶ | 69,000 | | | | | | | Households and subsidies by Town council |
| Households in need of improved sanitation facilities (SanPlats with simple VIP) | 1,285 | 1,000 | 1,285,000 | 334 | 1,065 ⁷ | 355,710 | | | | Households |
| Demand for handwashing facilities | | | | | | | | | | |
| No. of households in need of handwashing facilities households | 1,516 | 50 ⁸ | 75,800 | 2,353 ⁹ | 53 | 124,709 | 1,086 | 55 | 59,730 | Households and landlords |
| TOTAL COSTS FOR IMPROVING SANITATION IN HOUSEHOLDS | | | 2,989,800 | | | 480,419 | | | 59,730 | |

5 The estimated cost of single stance lined toilets in Kiko Town Council was identified to be three million (3,000,000) UGX as of April 2021.

6 The estimated cost of SanPlat simple VIP latrine in Kiko Town Council was identified to be one million (1,000,000) UGX as of April 2021.

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

8 The estimated cost of a Jerry Can in Kiko Town Council was UGX 50,000 as of April 2021

9 The population projections have been computed based on an annual growth rate for Kabarole District of 2.3 (UBOS 2014), refer to Chapter 2.2

6.2. Hardware investments required for improving sanitation in public schools

| Investment needs | Short term until 2025 | | | Mid-term until 2030 | | | Long-term until 2040 | | | Investments undertaken by |
|--|----------------------------|----------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|---------------------|----------------------|--|
| | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | |
| Demand for toilets | | | | | | | | | | |
| Drainable VIP toilet stances for students in Kigarama Boys Primary School | 20 (10 female and 10 male) | 4,400 ¹⁰ | 88,000 | | | | | | | District Water and Education Offices, NGOs or donors |
| Drainable VIP toilet stances for students in Kiko Primary School | 10 (5 female and 5 male) | 4,400 | 44,000 | | | | | | | District Water and Education Offices, NGOs or donors |
| Drainable VIP toilet stances for students in Kiko Primary School | | | | 10 (5 female and 5 male) | 4,688 ¹¹ | 46,880 | | | | District Water and Education Offices, NGOs or donors |
| Demand for handwashing facilities | | | | | | | | | | |
| No. of handwashing facilities required in every school | 4 | 100 ¹² | 4,000 | | | | | | | District Water and Education Offices, NGOs or donors |
| Menstruation hygiene management facilities | | | | | | | | | | |
| Construct washroom and incinerator in female toilets of every school | 1 | 10,000 ¹³ | 10,000 | 1 | 10,654 ¹⁴ | 10,654 | | | | District Water and Education Offices, NGOs or donors |
| TOTAL COST FOR IMPROVING SANITATION IN SCHOOLS | | | 146,000 | | | 57,534 | | | | |

6.3. Hardware investments required for improving sanitation in healthcare facilities

| Investment needs | Short term until 2025 | | | Mid-term until 2030 | | | Long-term until 2040 | | | Investments undertaken by |
|---|-----------------------|---------------------|----------------------|---------------------|---------------------|----------------------|----------------------|---------------------|----------------------|---|
| | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | |
| Demand for handwashing facilities | | | | | | | | | | |
| Handwashing facilities required in Bugembe Health Centre III | 2 | 100 | 200 | | | | | | | District Health Office (DHO), NGOs and donors |
| Demand for facilities for menstruation hygiene management | | | | | | | | | | |
| General-purpose incinerator at Kiko Health Centre | 1 | 10,000 | 10,000 | | | | | | | District Health Office (DHO), NGOs and donors |

¹⁰ The estimated cost of a 5 stance institutional toilet block in Kiko Town Council was identified to be twenty two million (22,000,000) UGX as of April 2021. Hence each institutional toilet stance would cost around four point four million (4,400,000) UGX.

¹¹ Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost * (((1+Interest) / (1+Inflation)) time)

¹² The average cost of a handwashing tank in Kiko Town Council was estimated as UGX 100,000 as of April 2021

¹³ The estimated cost of constructing a washroom and incinerator in Kiko Town Council was ten million (10,000,000) UGX as of April 2021

¹⁴ Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost * (((1+Interest) / (1+Inflation)) time)

| 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) | |
| General-purpose incinerator at Bugembe Health Centre III | | | | 1 | 10,654 ¹⁵ | 10,654 | | | | District Health Office (DHO), NGOs and donors |
| TOTAL COST FOR IMPROVING SANITATION IN HEALTHCARE FACILITIES | | | 10,200 | | | 10,654 | | | | |

6.4. Hardware investments required for improving sanitation in public places

| Investment needs | Short term until 2025 | | | Mid-term until 2030 | | | Long-term until 2040 | | | Investments undertaken by |
|--|-----------------------|---------------------|----------------------|--------------------------|---------------------|----------------------|----------------------|---------------------|----------------------|---------------------------|
| | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | |
| Demand for toilets | | | | | | | | | | |
| Construction of lined VIP toilets stances, including handwashing, around Kiko | | | | 10 (5 female and 5 male) | 4,688 ¹⁶ | 46,880 | | | | Town Council |
| TOTAL COST FOR IMPROVING SANITATION IN PUBLIC PLACES | | | | | | 46,880 | | | | |

6.5. Hardware investments required for improving the collection and transport of faecal sludge

| Investment needs | Short term until 2025 | | | Mid-term until 2030 | | | Long-term until 2040 | | | Investments undertaken by |
|--|-----------------------|-----------------------|----------------------|---------------------|---------------------|----------------------|----------------------|---------------------|----------------------|--|
| | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | |
| Toilets | | | | | | | | | | |
| Drainable VIP latrine stances required to increase emptying | | | | 1,797 | 4,688 ¹⁷ | 8,424,336 | 2,361 | 4,855 | 11,462,655 | Households and landlords |
| Equipment | | | | | | | | | | |
| Cesspool emptying truck | 1 | 199,090 ¹⁸ | 199,090 | 1 | 382,885 | 382,885 | | | | Private operator/ Town council/ NGOs |
| TOTAL COST | | | 199,090 | | | 8,807,221 | | | 11,462,655 | |

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

¹⁶ Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost * (((1+Interest) / (1+Inflation)) time). The estimated cost of a 5 stance institutional toilet block in Kiko Town Council was identified to be twenty two million (22,000,000) UGX as of April 2021. Hence each institutional toilet stance would cost around four point four million (4,400,000) UGX.

¹⁷ Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost * (((1+Interest) / (1+Inflation)) time). The estimated cost of single stance lined toilets in Kiko Town Council was identified to be three million (3,000,000) UGX as of April 2021.

¹⁸ The estimated cost of importing a new 10m³ cesspool emptying truck, based on supplier 3W Equipment, Jinja Road, Kampala

6.6. Hardware investments required for improving treatment and disposal of faecal sludge

| Investment needs | Short term (until 2025) | | | Mid-term (until 2030) | | | Long-term (until 2040) | | | Investments undertaken by |
|---------------------|-------------------------|-----------------------|----------------------|-----------------------|-----------------------|----------------------|------------------------|---------------------|----------------------|--|
| | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | No. | Unit cost (000 UGX) | Total cost (000 UGX) | |
| DEWATS Plant | | | | | | | | | | |
| Phase 1 | 1 | 150,000 ¹⁹ | 150,000 | | | | | | | Town council/ Donor agencies/ Ministry of Water and Environment |
| Phase 2 | | | | 1 | 159,803 ²⁰ | 159,803 | | | | Town council/ Donor agencies/ Ministry of Water and Environment |
| TOTAL COST | | | 150,000 | | | 159,803 | | | | |

¹⁹ The estimated cost of constructing a simple DEWATS plant was UGX 150,000,000 as of April 2021

²⁰ Future costs have been computed considering an average inflation rate of 6.25% (1998-2021) and an interest rate of 7% (Bank of Uganda, 2021) over the years. The formula used for the computation is Future Cost = Present Cost * (((1+Interest) / (1+Inflation)) time).

ANNEX 1. ACTION PLANS FOR IMPROVING SANITATION

Annexe 1. A. Action plans for improving sanitation in households

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

| No. | Actions for Town Council | Who | When |
|-----|--|--|------------------------------------|
| | | HI/ CDO engage the town clerk and town treasurer | April 2021 |
| | | STF disseminate Town Sanitation Plan to the council | May 2021 |
| | | STF involve politicians in sanitation activities | April 2021 onwards |
| 2 | Obtain a copy of the District Ordinance on Agriculture and Sanitation | Town Clerk requests a copy from the District Council | May 2021 |
| 3 | Disseminate the District Ordinance on Agriculture and Sanitation to the community | LC1/ VHT /Principal Town Agent call for village meetings | June 2021 |
| 4 | Reorient and reactivate sanitation committees and provide training on sanitation | District Health Inspector (DHI) with HI engage in village meeting workshops | June – August 2021 |
| 5 | Develop a targeted BCC campaign to inform and educate the households/ persons to improve their sanitation facilities | STF, VHTs and Health inspectors with support from development partners develop IEC materials | July 2021 |
| 6 | Engage development partners to develop a sanitation marketing strategy | STF with support from development partners (e.g. HEWASA) develop a sanitation marketing strategy | July 2021 |
| 7 | Involve partners including HEWASA to fund part of latrine construction | CDO/ Principal Town Agents/ HEWASA | July 2021 |
| 8 | Develop standard designs for toilets | Physical planner/ HI compile sanitation technology album | July 2021 |
| 9 | Identify, engage and train local builders/ artisans on the construction of improved toilets | District Water Officer/ Physical Planner | July 2021 |
| 10 | Complete the baseline to include missing households | HI/ VHTs | August 2021 |
| 11 | Identify homesteads/persons that use unimproved sanitation facilities | HI/ VHTs identify the households up to village level from the DMS | August 2021 |
| 12 | Encourage households to improve their sanitation facilities and provide them with information on service providers and latrine designs | LC1/ Principal Town Agents/ CDO/ HI/ VHTs call for village meetings, engage in radio talk shows, and drama groups or use influencers e.g. Boda Boda or religious leaders | August – September 2021 |
| 13 | Mobilising households to utilise Village Saving and Loan Associations (VSLAs) to obtain funds for sanitation | CDO/STF members/ HEWASA empower VSLAs on household sanitation improvement | September 2021 |
| 14 | Conduct training on law enforcement with an emphasis on soft methods of enforcement | Town Clerk/ development partners target Law Enforcement Officers/ Principal Town Agents/ CDO | October 2021 |
| 15 | Monitor to check if the households are improving their sanitation facilities | The health inspector makes regular visits to the households with the support of sanitation committees | From December 2021, every month |
| 16 | Issue notices to households that have not improved their sanitation facilities in line with the District Ordinance on Agriculture and Sanitation | Principal Town Agents/STFs along with law enforcement officers | December 2021 onwards (bi-monthly) |

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

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

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

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

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

| No. | Actions for Town Council | Who | When |
|-----|---|--|------------------------------------|
| 1 | Health Inspector trains other STF members on how to make a tippy tap | HI through demonstration | April 2021 |
| 2 | Develop a BCC campaign to sensitise the community on the importance of having a handwashing facility in or near the toilet facility, how to wash one's hands and how to set up low-cost handwashing facilities. The BCC campaign should be targeted towards private households, tenants and landlords | STFs, VHTs and Health inspectors with support from development partners develop IEC materials | July 2021 |
| 3 | Set up handwashing notices in trading centres | HI/ Engineer/ CDO set up posters/ notices | July 2021 |
| 4 | Implement the BCC campaign to promote the necessity of having a handwashing facility in or near the toilet facility and carry out a demonstration of tippy tap in the community | LC1/ Principal Town Agents/ CDO/ HI/ VHTs call for village meetings engage in radio talk shows, and drama groups, demonstrations, or use influencers e.g. Boda Boda or religious leaders | August – September 2021 |
| 5 | Monitor and check availability of handwashing facilities in or near toilet facilities | The health inspector makes regular visits to the households with the support of sanitation committees | December 2021 onwards (bi-monthly) |
| 6 | Record results of the monitoring exercise in the Data Management System | HI and VHTs to enter data in the DMS | December 2021 onwards (bi-monthly) |
| 7 | Issue notices to households without handwashing facilities in or near sanitation facilities and levy fines or penalties in line with the District Ordinance on Agriculture and Sanitation | Principal Town Agents/STFs along with law enforcement officers | December 2021 onwards |

Action plan for eliminating open defecation in households

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

Annexe 1. B. Action plans for improving sanitation in public schools

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

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

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

| No. | Actions for Town Council | Who | When |
|-----|---|---|------------------------------------|
| 1 | Identify schools without handwashing facilities, and initiate dialogue with school administration with regards to the provision of handwashing facilities | HI/ Town Clerk hold engagement meeting with the Head Teacher | May 2021 |
| 2 | Engage PTA members to include, within the budget, funds for the provision of handwashing facilities | CCT/ HI/ Inspector of Schools/ Head Teachers/ PTA | July – August 2021 |
| 3 | Develop a targeted BCC campaign on handwashing in schools | STFs/ Health inspectors with support from development partners develop IEC materials | July 2021 |
| 4 | Conduct training of the STF members on school WASH using three-star programme | MOE/ DHI/ Town Clerk/ development partners organise for the training of STF members by MOE | August 2021 |
| 5 | Sensitise the pupils on how to wash one's hands | PTA/ CDO involve school prefects, drama groups as influencers or pass the message through school assemblies | September 2021 |
| 6 | Sensitise schools on three-star programmes including School Group Handwashing | STF members/ HI/ CDO train SMC/PTAs | September 2021 |
| 7 | Extending piped water supply to toilets/ building fixed handwashing | HI/ Town Clerk/ Engineer | September 2021 |
| 8 | Monitor schools to check for provision of handwashing facilities | HI | December 2021 onwards (bi-monthly) |
| 9 | Issue notices to the schools that are not complying and levy fines or penalties | HI and law enforcement officers | December 2021 onwards (bi-monthly) |

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

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

Annexe 1. C. Action plans for improving sanitation in healthcare facilities

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

| No. | Actions for Town Council | Who | When |
|-----|---|--|------------------------------------|
| 1 | Engage in dialogue with District Health Inspector and Health Facility In-charge and lobby for the provision of handwashing facilities; discuss the improvement of security at the healthcare facility | Town clerk/ District Health Inspector/ Health facility In-charge hold a closed meeting | May 2021 |
| 2 | Review the health facility plan and include within the Primary Health Care (PHC) budget funds for the provision of handwashing facilities | Town clerk | May 2021 |
| 3 | Design fixed/ robust handwashing facility (for healthcare facilities/ schools and disseminate information to health centres | HI/ Town Clerk/ Engineer | September 2021 |
| 4 | Monitor to check for provision of handwashing facilities | HI | December 2021 onwards (bi-monthly) |
| 5 | Issue notices to healthcare facilities that do not comply with the by-law and levy fines or penalties | HI and law enforcement officers | December 2021 onwards |

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

| No. | Actions for Town Council | Who | When |
|-----|---|--|------------------------------------|
| 1 | Engage in dialogue with District Health Officer and Health Facility In-charge about the provision of places for safe management of menstruation | Town clerk District Health Inspector Health Facility In-charge Organise a meeting | December 2023 |
| 2 | Review the Health facility Plan and include within the Primary Health Care budget funds for the provision of places for safe management of menstruation hygiene | Town clerk District Health Inspector Health Facility In-charge | January 2024 |
| 3 | Monitor health facilities to check for provision of places for safe management of menstruation | The health inspectors and assistants | December 2024 onwards (bi-monthly) |

Annexe 1.D. Action plans for improving sanitation in public places

| No. | Actions for Town Council | Who | When |
|-----|--|-----|-----------------------|
| 1 | Engage local stakeholders to shift the current market to the area around the public toilet | STF | July 2021 |
| 2 | Obtain land lease for the area around the public toilet to establish market | STF | By 2021 |
| 3 | Shift the current market to the area around the public toilet | STF | End of 2022 |
| 4 | Conduct BCC campaigns sensitising the community around the public toilets to lock their toilets. | STF | Jan 2023 |
| 5 | Identify land around Kiko for the construction of a public toilet | STF | Between 2025 and 2030 |
| 6 | Approach WSDP-SW or donor agencies for funding the construction of public toilets | STF | Between 2025 and 2030 |
| 7 | Prepare detailed architectural designs, cost estimates, operation and maintenance plans for the public toilets | STF | Between 2025 and 2030 |
| 8 | Tendering for construction of public toilets | STF | Between 2025 and 2030 |
| 9 | Identify land near Hospital gate market and lobby for funding to construct public toilet | STF | By 2030 |

Annexe 1.E. Action plans for improving collection and transport of faecal sludge

Action plan for increasing the percentage of households with lined toilets

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

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

| No. | Actions for Town Council | Who | When |
|-----|---|--|---------------|
| 1 | Identifying cesspool emptiers within the region and obtaining their contact information and pricing | Physical planner/ HI with support from development partners | January 2022 |
| 2 | Make draft framework conditions for the operations of cesspool emptiers within the Town Council including, among others, protectionism – giving licenses to specific operators, and guidelines on proper faecal sludge management | STF with support from development partners | January 2022 |
| 3 | Conduct consultative meetings with cesspool emptiers and sensitise them about framework conditions and the District Ordinance on Agriculture and Sanitation | Cesspool emptiers/ STF with support from development partners | January 2022 |
| 4 | Sensitise/ disseminate the information about the District Ordinance on Agriculture and Sanitation & emptying services to the community | STF/ Town Clerk/ HI through radio talk shows in collaboration with development partners or through churches and village meetings | January 2022 |
| 5 | Promote land use planning including implementation of service lanes during a house construction | Physical Planner/ Engineer during the approval of building plans Physical Planner/ Engineer/ HI during monitoring and enforcement of completion permits | February 2022 |
| 6 | Conduct strict monitoring and enforcement to ensure no indiscriminate dumping of faecal sludge (FS), protectionism for operators, and construction in service lanes in line with the District Ordinance on Agriculture and Sanitation | STF | December 2022 |
| 7 | Mobilising for group pit emptying | Health Inspectors/ Principal Town Agents | December 2022 |
| 8 | Develop a physical plan for Kiko | Physical Planner | End of 2025 |

Annexe 1. F. Action plans for improving treatment and disposal of faecal sludge

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

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

ANNEXE 2. LIST OF STF MEMBERS THAT SPEARHEADED TSP DEVELOPMENT

| No. | Name | Title | Role in STF | Contact |
|-----|---------------------|-------------------------------------|--------------------------------|-----------------------------|
| 1 | Mbabazi Bridget | Town Clerk | STF Chairman | 0782 549404 |
| 2 | Galb Hadijah | Community Development Officer (CDO) | STF Secretary/ Liaison Officer | 0772 654394 |
| 3 | Kyomuhendo Deo | Acting Health Inspector | Member | 0775 842961 |
| 4 | Basaboose Christine | Principal Town Agent | Member | 0788 370387 |
| 5 | Olimi Patrick | Principal Town Agent | Member | 0777 948973 |
| 6 | Katumba Irene | Principal Town Agent | Member | 0779 652026 |
| 7 | Kankya Eddie | Physical Planner | Member | 0782 777472/ 0701 773310 |
| 8 | Gumisiriza Agnes | Acting Principal Town Agent | Member | 0789 269530 |
| 9 | Mugenyi Joshua | Town Engineer | Member | 0772 957956 |
| 10 | Mugabo Derrick | Human Resource Officer | Member | 0785 742927 |
| 11 | Muhumuza Idris | O/C Kiko Police Station | Member | 0788 333692 |

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