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**AFRICAN MINISTERS' COUNCIL ON WATER**  
CONSEIL DES MINISTRES AFRICAINS CHARGES DE L'EAU

**2018 - 2030 Integrated Sanitation and Hygiene  
Financing Strategy**

8 December 2017





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## ***FOREWORD***

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*To be completed by the Minister of State (Primary Health Care)*



## LIST OF ABBREVIATIONS AND ACRONYMS

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CAPEX	<i>Investment costs</i>
CHEWS	<i>Community Health Extension Workers</i>
CATS	<i>Community Approaches to Total Sanitation</i>
CLTS	<i>Community Led Total Sanitation</i>
DEO	<i>District Education Officer</i>
DHI	<i>District Health Inspectors</i>
DIP	<i>District Investment Plan</i>
DWD	<i>Directorate of Water Development</i>
DWSCC	<i>District Water and Sanitation Coordination Committees</i>
DWSCG	<i>District Water and Sanitation Conditional Grant</i>
DWO	<i>District Water Officers</i>
EH	<i>Environmental Health Assistant</i>
EHD	<i>Environmental Health Division</i>
EHEW	<i>Environmental Health Extension Worker</i>
EHO	<i>Environmental Health Officer</i>
FGD	<i>Focus Group Discussion</i>
FS	<i>Faecal sludge</i>
FSM	<i>Faecal Sludge Management</i>
FSTP	<i>Faecal Sludge Treatment Plant</i>
FY	<i>Financial Year</i>
GEMI	<i>Global Expanded Monitoring Initiative</i>
HHs	<i>Households</i>
HIMS	<i>Health information management system</i>
IDP	<i>Internally Displaced Persons</i>
ISH	<i>Improved Sanitation and Hygiene</i>
ISHFS	<i>Integrated Sanitation and Hygiene Financing Strategy</i>
ISMP	<i>Integrated Sanitation Master Plan</i>
ISP	<i>Integrated Sanitation Policy</i>
JMP	<i>Joint Monitoring Program</i>
KCCA	<i>Kampala City Council Authority</i>
KDS	<i>Kampala Declaration on Sanitation</i>
MDGs	<i>Millennium Development Goals</i>
M&E	<i>Monitoring and Evaluation</i>
MFI	<i>Micro Finance Institution</i>
MHM	<i>Menstrual Hygiene Management</i>
MoES	<i>Ministry of Education and Sport</i>
MoLG	<i>Ministry of Local Government</i>
MoFPED	<i>Ministry of Finance, Planning and Economic Development</i>
MoH	<i>Ministry of Health</i>
MoU	<i>Memorandum of Understanding</i>
MoWE	<i>Ministry of Water and Environment</i>
MoLHUD	<i>Ministry of Lands, Housing &amp; Urban Development.</i>
MTOP	<i>Medium Term Operational Plan</i>
NDP	<i>National Development Plan</i>
NGO	<i>Non-Governmental Organization</i>
NSWG	<i>National Sanitation Working Group</i>
NWSC	<i>National Water and Sewerage Corporation</i>
OPEX	<i>Operation Costs</i>
ODF	<i>Open Defecation Free</i>
PE	<i>Person-Equivalent</i>
PHC	<i>Primary Health Care</i>
PPP	<i>Public Private Partnership</i>
PTA	<i>Parents and Teachers Association</i>
RGC	<i>Rural Growth Centres</i>
R&D	<i>Research and Development</i>
SACCO	<i>Savings and Credit Cooperative Organisation</i>
SDG	<i>Sustainable Development Goal</i>
SMC	<i>School management committees</i>



<i>SPR</i>	<i>Sector Performance Report</i>
<i>SSIPs</i>	<i>Small Scale Independent Providers</i>
<i>STF</i>	<i>Sanitation Task Force</i>
<i>RGCs</i>	<i>Rural Growth Centres</i>
<i>TAF</i>	<i>Technology Assessment Framework</i>
<i>TSUs</i>	<i>Technical Support Units</i>
<i>TSP</i>	<i>Town Sanitation Plan</i>
<i>UBOS</i>	<i>Uganda Bureau of Statistics</i>
<i>UPE</i>	<i>Universal Primary Education</i>
<i>USF</i>	<i>Uganda Sanitation Fund</i>
<i>VHT</i>	<i>Village Health Team</i>
<i>VSLA</i>	<i>Village saving and loan associations</i>
<i>WASH</i>	<i>Water, Sanitation and Hygiene</i>
<i>WSDF</i>	<i>Water and Sanitation Development Facility</i>
<i>WSP</i>	<i>Water and Sanitation Program</i>



## ABSTRACT

The 2018-2030 national strategy aims at developing, improving and financing integrated sanitation and hygiene. The strategy is completed with a 2018-2022 medium term operational plan (MTO) to facilitate implementation of activities. This document aims at achieving national targets and the Sustainable Development Goals (SDGs).

The strategy document is the result of a sector analysis with comprehensive desk review of key sector documents, projects and studies combined with a broad discussion and stakeholder consultation process at central and district levels led by a team of both international and national consultants.

The “Strategies Review Report” [68], informing about the achievements and performance of the expired ISH Promotion Financing Strategy 2005-2015, and the on-going Integrated Financing Strategy for ISH in Small Towns 2010-2020, was first drafted in order to provide a basis for the drafting of the 2018-2030 Integrated Sanitation and Hygiene Financing Strategy (ISHFS).

Considering that human waste disposal and personal and domestic hygiene have the highest impact on Health [2], the ISHFS is focusing on the following components:

**Sanitation:** Safe management of human excreta, urine, faecal sludge and wastewater from domestic and institutional origins along the value chain.

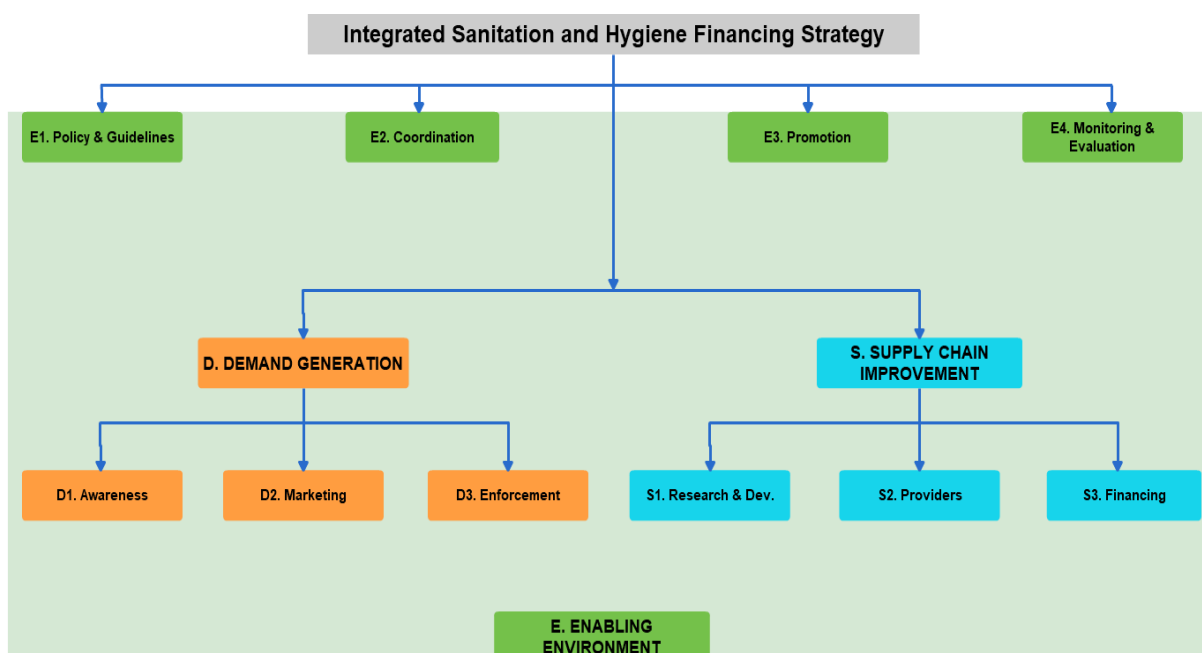
**Hygiene:** Personal hygiene and hygiene related to sanitation, including menstrual hygiene.

The range of application of the present ISHFS covers the rural (dispersed) areas, the small towns, the cities (urban), the public institutions, schools and health facilities and the Internally Displaced Persons.

The ISHFS is based on three pillars which aim at integrating and improving sanitation and hygiene:

- *An enabling environment* to support and facilitate an accelerated scaling up through policy and legislation, coordination, comparative monitoring and incentives (fiscal and awards), and capacity building support to communities and other stakeholders.
- *Demand generation* for sanitation and hygiene through health and hygiene awareness, social marketing, financial incentives or rewards, and enforcement of the regulation.
- *Supply chain improvement* in terms of appropriate technology solutions, product/project development, private sector supply, and financial incentives or rewards.

The final objective of the ISHFS is a situation where services are calibrated on an attended households' demand, while promoted and regulated by a strengthened enabling environment (see Figure below).





The government of Uganda has agreed to become a pilot country for the UN Global Expanded Monitoring Initiative (GEMI) [67]. According to the results of this study, the golden indicators for SDG's targets monitoring and evaluation retained are related to sanitation coverage, safely managed sanitation services, open defecation and handwashing practice in both rural and urban areas. It also covers safely managed sanitation services and handwashing practice in school and health facilities. The related targets result from a broad consultation of implementers at district level.

This document presents a series of activities that are relevant throughout the sector and across all districts (see boxes below). The activities are formulated in a comprehensive way and under a specific and innovative format that facilitates the implementation process. Each activity is characterized by a rationale, a specific objective, components, indicators to measure implementation performance, the institutions or organizations that are accountable for implementation and financing, a cost estimate, and an implementation schedule.

## **E. ENABLING ENVIRONMENT**

### **E.1 POLICY AND GUIDELINES**

- E.1.1 *Assess the need of a new Sanitation & Hygiene Policy (SHP)*
- E.1.2 *Increase the capacity of government at national and district levels*

### **E.2 COORDINATION**

- E.2.1 *Support the National Sanitation Working Group*

### **E.3 PROMOTION**

- E.3.1 *Advocate to influence decision makers and increase investment into sanitation*
- E.3.2 *Create a rewarding and competitive environment for the private sector*

### **E.4 MONITORING & EVALUATION**

- E.4.1 *Improve and extend the existing Monitoring & Evaluation procedure*

## **D. DEMAND GENERATION**

### **D.1 AWARENESS BUILDING & EDUCATION**

- D.1.1 *Design and run National Information Campaigns*
- D.1.2 *Design and implement Sanitation & Hygiene facilities and curriculum in schools*
- D.1.3 *Motivate and support community structures (Community Health Extension Workers, Volunteers, Association) so they are able to promote sanitation*

### **D.2 SOCIAL AND COMMERCIAL MARKETING**

- D.2.1 *Run CLTS campaigns in rural areas*
- D.2.2 *Motivate and support the providers so they market their products and services*

### **D.3 ENFORCEMENT**

- D.3.1 *Build up capacity of central and local regulation*

## **S. SUPPLY CHAIN IMPROVEMENT**

### **S.1 RESEARCH & DEVELOPMENT (R&D)**

- S.1.1 *Motivate and support the academic institutions and the civil society for innovation*
- S.1.2 *Run pilot projects and promote scale-up*

### **S.2 PROVISION**

- S.2.1 *Update the strategic planning tools taking into consideration the new strategic indicators*
- S.2.2 *Motivate, train and support providers*
- S.2.3 *Motivate and support Small Towns' municipalities for drafting Town Sanitation Plans*

### **S.3 FINANCING**

- S.3.1 *Increase public investment into collective and public sanitation and support household to finance private sanitation facility*
- S.3.2 *Motivate, train and support community microfinance organizations*

The strategy will act as a guiding framework for the implementing agencies and as an instrument of advocacy. It will also be an input to the overall Sector Investment Plans that fall under the sector financial ceilings within the Ministry of Health (MoH), the Ministry of Water and Environment (MoWE) and the





Ministry of Education and Sports (MoES). In addition, it will influence and guide the sanitation-related activities of the Ministry of Local Government (MoLG) and also the office for Internally Displaced Persons (IDPs) within the President's office, as well as the private sector and NGO.

The MTOP is a detailed plan that will guide and facilitate activities implementation during the first 5 years of the implementation strategy (2018-2022). It provides the range of investment to be done annually to conduct the strategic activities:

Strategic Activity	Investment [USD]					Total (5-years)
	2018	2019	2020	2021	2022	
<b>TOTAL</b>	<b>53,212,480</b>	<b>56,387,955</b>	<b>64,481,801</b>	<b>73,393,406</b>	<b>48,318,209</b>	<b>295,793,850</b>

Table 1: 5-year MTOP investment required



## 1. INTRODUCTION

### 1.1 Background

The Government of Uganda has undertaken the review and assessment of the achievements of the Improved Sanitation and Hygiene (ISH) Promotion Financing Strategy 2005 to 2015, and the Integrated Financing Strategy for ISH in Small Towns 2010 to 2020; in order to develop the future 2018-2030 Integrated Sanitation and Hygiene Financing Strategy (ISHFS), including a Medium Term Operational Plan (2018-2022).

An international consulting company, ECOPSIS, has been formally hired by AMCOW to facilitate the development of the future ISHFS and an Operational Plan.

### 1.2 Objectives

The main objective is to prepare a 13-year integrated strategy (2018 to 2030) and a 5-year medium-term operational plan (2018 and including 2022) for the sanitation sub-sector in Uganda and to outline the roadmap for achieving the national SDGs universal access to sanitation targets.

The strategy will thus act as a guiding framework for the implementing agencies, as an instrument of advocacy and as an input to the more detailed Medium-term Operation Plan (MTOp 5 years).

### 1.3 The Strategy Development Process

The present strategy document is the result of a sector analysis with comprehensive desk review of key sector documents, projects and studies (refer bibliography in APPENDIX 1) combined with a broad discussion and stakeholder consultation process at central and district levels led by a team of both international and national consultants. In-depth bilateral meetings with key stakeholders from local to central level including public and private sectors as well as the civil society, focus group discussions (FGD) at district level, consultation meetings with key stakeholders including the National Sanitation Working Group (NSWG), visit of infrastructures such as Bugolobi and Lubigi wastewater and faecal sludge treatment plants, and a validation national workshop were held to ensure adequate participation of all stakeholders. More specifically, the following stakeholders have been consulted:

- Government Ministries: MoH-EHD, MoWE-DWD;
- The National Sanitation Working Group;
- Deconcentrated Governmental bodies: WSDF, TSU;
- Development partners: World Bank, GIZ, Water Aid, Water for People, NETWAS, AMICALL, IRC International Water and Sanitation Centre, UNICEF, USF;
- Private sector: Both manual and mechanical faecal sludge emptying companies, sanitation suppliers.

At district level, implementers were engaged in both individual meetings and FGDs in order to contribute to the drafting of the ISHFS: District Health Officers and Inspectors, District Water Officers, and Health Inspectors from local governments of Iganga, Sironko, Soroti, Napak, Apac, Adjumani, Wakiso, and Mbarara districts; as well as Public Health Specialists from both the Technical Support Units (TSU) of Mbale, Soroti, Mbarara districts, and Water and Sanitation Development Facility (WSDF) based in Lira and Mbale [65].

A first document “Strategies Review Report” [68] was elaborated to inform about the achievements of the ISH Promotion Financing Strategy 2005 to 2015, and the Integrated Financing Strategy for ISH in Small Towns 2010 to 2020. This document formulates recommendations for addressing the challenges highlighted through the assessment of the strategies’ performance, and informed the drafting of the ISHFS.

### 1.4 Structure of the Integrated Sanitation and Hygiene Financing Strategy

The ISHFS is structured in such a way so to make access and reading easy to everyone. It includes the following sections:



- The “Definitions & Principles” section aims at defining the topics addressed by the ISHFS. It defines the overall principles and criteria that will apply for the development and the implementation of the ISHFS actions.
- The “Outlook of the existing situation” section aims at defining the sector’s present situation. It covers the legal, institutional and technical components of sanitation and gives an overview of the achievements (success and failure) of the expired ISH Rural Strategy.
- The “Targets and Indicators” section aims at setting the objectives to be achieved in the frame and duration of the ISHFS. It takes into account the recent study [67] conducted in Uganda on reviewing the water and environment sector performance framework with its key golden and platinum indicators for SDG’s targets monitoring and evaluation.
- The “Activities” to be implemented in order to reach the objectives identified in the “Targets and Indicators” section.
- The “Medium-term Operation Plan” section lists in a summarized format the investment needed for the next 5-years period and for each strategic activity.



## 2. DEFINITIONS, SCOPE & PRINCIPLES

### 2.1 Integrated Sanitation

#### 2.1.1 Definition

In the Ugandan context, environmental sanitation encompasses the promotion of skills and practices that enable individuals, families and communities to have a clean and healthy environment. The concept focuses on proper disposal (management) of human excreta and keeping of drinking water safe to the point of use and adopting high levels of personal, domestic, public and food hygiene. It also reflects on ensuring safe management of solid and liquid wastes including health care wastes and protecting households against vectors and rodents, especially those of public health importance [2].

The definition of Integrated Sanitation is derived from the National Environmental Health Policy [13]. Integrated Sanitation and Hygiene refers to the safe management of human excreta and associated personal hygiene, the safe collection and disposal of wastewater and the collection, storage and use of drinking water. The definition also aims at including the process of bringing together and coordinating the various institutions involved in sanitation activities. See also definitions in the glossary in APPENDIX 5.

The integrative dimension of sanitation in Uganda reflects the will and commitment of all stakeholders involved in the development of the sanitation sub-sector.

Considering that human waste disposal and personal and domestic hygiene have the highest impact on Health, the ISHFS is focusing on the following components:

<b>Sanitation:</b>	Safe management of human excreta, urine, faecal sludge and wastewater from domestic and institutional origins along the value chain.
<b>Hygiene:</b>	Personal hygiene and hygiene related to sanitation, including menstrual hygiene.

#### 2.1.2 Components of sanitation services

Management	Individual sanitation	Collective sanitation
<b>On-site sanitation</b>	<i>Facilities at household level</i> (latrines, septic tanks, soak pits)	<i>Public toilets</i> (highway sanitation and landing sites, markets, bus stations, squares,...)  <i>Collective toilets</i> (schools, health centres)
<b>Off-site sanitation</b>	<i>Faecal sludge collection and disposal</i> (operators, manual emptiers, vacuum tankers, faecal sludge treatment plants)	<i>Centralized sewerage</i> (conventional or small bore, separative or combined with drainage, sanitation treatment plants, managed by a centralized entity)  <i>Decentralized sewerage</i> (same technologies than centralized sewerage, but managed by a decentralized entity, condominial)

Table 2: Components of sanitation

### 2.2 Range of Application

The range of application of the present ISHFS covers:

- The rural (dispersed) areas
- The small towns
- The cities (urban)
- The public institutions
- The schools
- The health facilities
- The Internally Displaced Persons Camps



## 2.3 Strategic Principles

### 2.3.1 Sustainable Development Goals

The UN General Assembly agreed on the broader SDG mandate in September 2015. The proposed sanitation SDGs are radically different from the MDGs for sanitation:

- Calls for Universal Access – sanitation for all;
- Gives priority to the poor and disadvantaged;
- Ending the practice of open defecation;
- Higher levels of sanitation service delivery especially safe management of faecal sludge
- Moves beyond households to schools and health facilities;
- From building infrastructure to changing behaviours and establishing new social norms;
- Seeks sustainability of sanitation service delivery programs, facilities and behaviours.

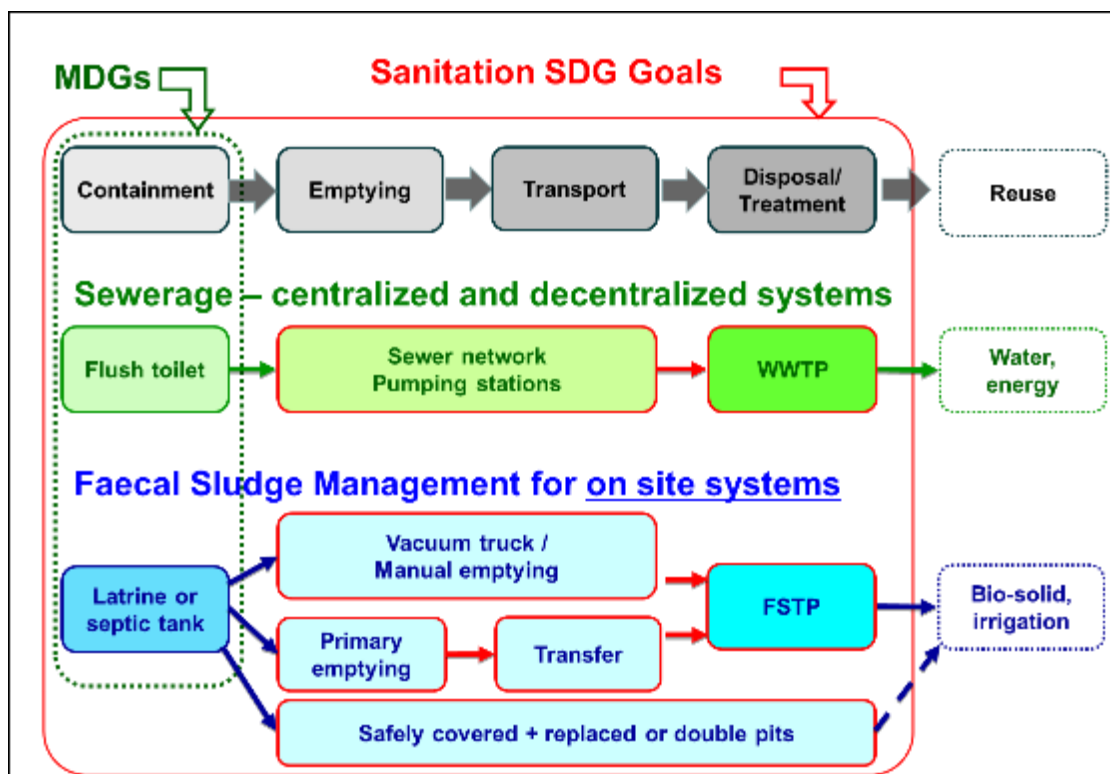


Figure 1: Sanitation Sustainable Development Goals

During the MDG era, having access at the containment level (household level access) was sufficient to meet the JMP criteria for basic access to sanitation.

The main reason for including a "safety" dimension in the SDGs was the recognition by the global community that households may have access to "basic" sanitation at the household level - but that the related poorly functioning sanitation value chain of containment, emptying, transport, treatment/disposal creates a health hazard for households, communities and environment and hence would be considered unsafe.

Ultimately, Uganda will need both, basic and safe sanitation, to reduce the public and environmental health risks associated with human contact with faeces and pathogens. Depending on the location and private and public socio-economic conditions, in some areas and for the next years, the first priority may still be access to a basic sanitation (facility) as a first step before moving up the sanitation ladder to safe wastewater and excreta management.

For Uganda's population to achieve universal access, it is not sufficient to build only latrines and toilets; a collective service must provide safe services for transportation and treatment for both on-site and off-site systems. Such collective services can be provided by public utilities or the private sector. In both cases, the service must be monitored and regulated.



### 2.3.2 Principles for Integrated Sanitation

- *Right to dignity and health:* Each person and community has equal right to access integrated sanitation services. Priority will be given to “some for all” rather than “all for some”, until the SDG are reached. Due attention will be given to affordability considerations.
- *Equity and equality:* Services must endeavour to give equal access to both rural and urban populations.
- *Pro-poor:* Integrated sanitation activities and projects will be developed with a strong focus on elderly, poor and vulnerable people and IDP facing limitation to afford basic sanitation services.
- *Solidarity:* Citizens should be voluntarily engaged in integrated sanitation action activities for their own well-being. The young should be encouraged and empowered to effectively participate in the delivery of integrated sanitation services.
- *Efficiency:* Services must be cost-effective with the greatest impact on the major sanitation problems.

Additional national tenets guided the formulation of the ISHFS:

- *Decentralization:* The responsibility for integrated sanitation development is vested at the district level. The ISHFS is committed to building and strengthening decentralized planning, implementation and management capacities.
- *Community participation:* The beneficiaries of sanitation services shall be actively involved in planning, decision making and oversight throughout the project implementation cycle. In particular, they will choose the service level that responds to their needs and capacities. The final responsibility for individual sanitation shall remain at household level.
- *Cost recovery and financial sustainability:* Operation and maintenance costs of sanitation services shall be borne by the users. Affordability shall first be addressed by the choice of appropriate technologies and by enhancing efficiency, then by granting subsidies. The polluter-pays and user-pays principles are to be applied in sewerage services.
- *Private sector participation:* The sanitation sub-sector will continue to promote delegated management through private providers, which is a key strategy to enhance the sustainability. The private sector will also be encouraged and supported in developing capacities for investment, promotion, construction and service delivery in sanitation.
- *Operational efficiency* and strengthening of accountability are seen as priorities for *collective services* (sewerage as well as faecal sludge management) development and management, in order to improve financial viability, minimize fiduciary risk (checks and balances) and optimize the use of the available resources.
- *Emphasis on behaviour change:* The sector recognizes the critical importance of hygiene behaviour change for the achievement of sustainable health benefits. Integrated sanitation activities shall be developed through strategic cooperation with the health and education sectors.
- *Interests of women and children:* The crucial roles and the particular interests of women and children are fully acknowledged. All sector activities shall be designed and implemented in a way to ensure equal participation and representation of men and women, and to pay due attention to the viewpoints, needs and priorities of men, women, children and elderly.
- *Grouped settlements:* The sanitation sub-sector gives preferential consideration to service delivery in grouped settlements where densities are high, taking into account the changing habitat structure.
- *Environment and water resources protection:* Integrated sanitation will be developed in close coordination with water resources management, based on an integrated approach.
- *Inclusive program approach:* The integrated sanitation sub-sector aims to develop a consistent, national approach, to harmonize financing and implementation modalities and to optimize stakeholder coordination. A National Sanitation Technical Working Group is organized in order to develop a joint program and fund mobilization.



- *Results-based management:* Monitoring and evaluation systems will be developed in conjunction with planning and budgeting procedures, involving decentralized actors (in particular the districts), in order to ensure that the activities and investments are in line with the defined sector objectives and priorities.

### 3. OUTLOOK OF THE EXISTING SITUATION

#### 3.1 Legal and Regulatory Framework

The role of the public sector in sanitation and hygiene is guided by the Constitution of the Republic of Uganda (1995), as sanitation is a key goal of the Nation.

There are a number of policy and legal documents that govern Sanitation in the country. Among the policies are: the National Water Policy (1999), National Health Policy (2001), National Environmental Health Policy (2005), the School Health Policy and the National Gender Policy (2007).

The Environmental Health Policy is the key reference document and its goal is the attainment of a clean and healthy environment. It establishes environmental health priorities that are cost effective and have great impact on reducing mortality and morbidity and provides a framework for development of services and programmes under the decentralized system of service delivery. The Environmental Health Policy follows the 1997 Kampala Declaration on Sanitation (KDS), which makes environmental sanitation a basic human right and a responsibility of every citizens.

There is a comprehensive set of laws, by-laws and regulations in place in Uganda. The Public Health Act (2000) is the main legal instrument of the sector and outlines responsibilities with regard to the human health-related aspects of sanitation. It is the primary legal basis for measures for the preservation of public health and sets out a framework for regulation of pollution detrimental to environment and health. Subsidiary regulations and rules have been developed out of this law to further aid the understanding of the law and to make enforcement easier. These regulations highlight required standards, the breach of which is punishable under the law. The Water Act and National Environment Management Act (NEMA) address environmental health aspects.

The Local Government Act (1997) empowers the local government to deliver sanitation services, but its role has remained weak [6]. At community level, several districts (40% of districts by the FY 2013) have enacted sanitation ordinances at district and some at sub-county levels (11% of districts by the FY 2013). Overall, enforcement of legislation at all levels is a major challenge for the sector.

#### 3.2 Institutional Framework

The legal framework does not give responsibilities for sanitation to any one specific actor or institution, but distributes powers across ministries and levels of government.

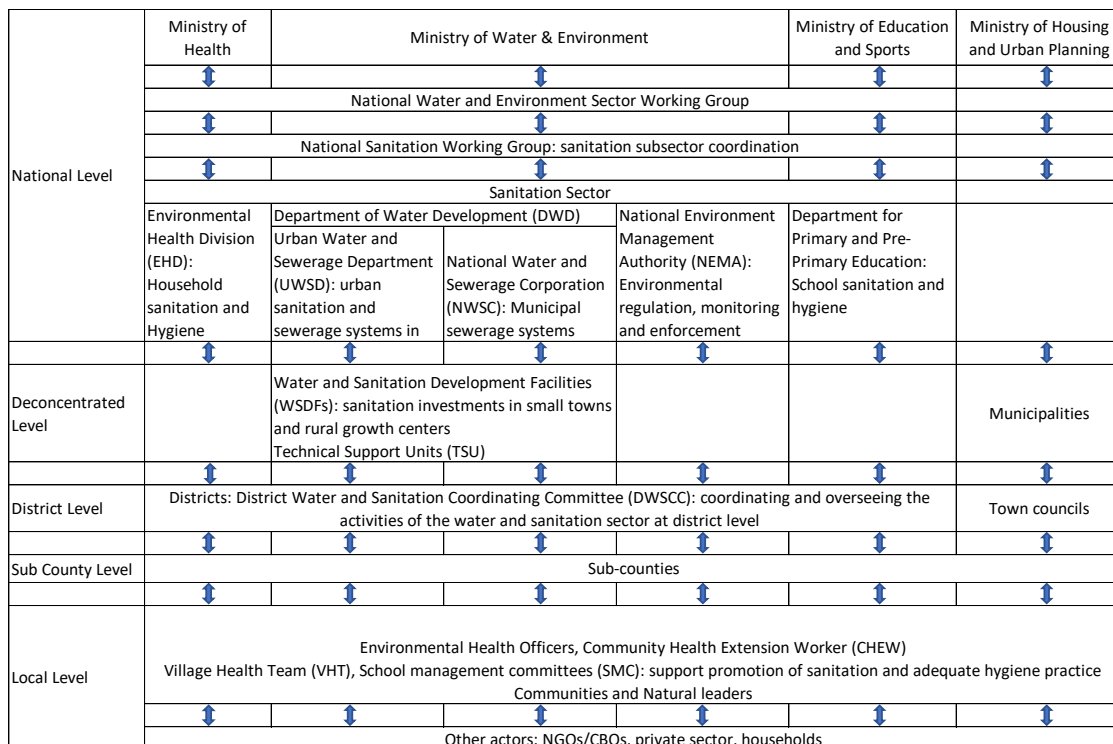


Figure 2: Overall Organisation of the Sanitation sub-sector in Uganda (inspired by [6])

### 3.2.1 National level

In order to improve the sanitation service delivery, a Memorandum of Understanding (MoU) was signed between the Ministries of Water and Environment (MoWE), Health (MoH) and Education and Sports (MoES) in 2001.

As is well recognized by the sub-sector stakeholders, the MoU has several limitations. For example, it does not clarify mandates sufficiently, and it fails to mention the role of local governments and other subnational administrative units. Its main weakness, however, is that it does not provide incentives for collective action, either among ministries at the national level or between line ministries and local governments. Furthermore, it does not specify a funding mechanism or call for an increase in sector ceilings, and so it does not address the expectation on the part of line ministries that funds for sanitation would come from the Ministry of Water and Environment. Although the MoU clarified institutional mandates to some extent, it did not provide sufficient incentives to the key stakeholders involved for improvement of sanitation and hygiene [36].

The role of the MoWE is limited to the development of public sanitary facilities (sewerage services and public facilities) and the promotion of good practices of hygiene and sanitation in small towns and rural growth centres (RGCs); the MoH is responsible for hygiene and sanitation promotion for households through the Environmental Health Division (EHD), while the MoES is responsible for hygiene education and provision of sanitation facilities in primary schools. It also promotes hand washing after latrine use in the schools.

The Directorate of Water Development (DWD) is responsible for providing overall technical oversight for planning, implementation and supervision of the delivery of urban and rural water and sanitation services across the country, including water for production. DWD is also responsible for regulation of provision of water supply and sanitation and the provision of town development and other support services to Local Governments, Private Operators and other service providers.

The Urban Water and Sewerage Department (UWSD) established a Division of Sewerage and Sanitation services under the MoWE's revised structure, which effectively began to function on 1<sup>st</sup> July 2015. The responsibility of the new Division is to ensure appropriate, efficient and economical provision of viable urban sanitation and sewerage systems for domestic, public, institutional, industrial and commercial use in small and large towns of the Republic of Uganda.





The Ministry of Finance, Planning and Economic Development (MoFPED) reviews sector plans as a basis for allocation and release of funds, and reports on compliance with sector and national objectives.

The NSWG was set up in 2003 to ensure the operationalization of the Government of Uganda on sanitation and hygiene. The NSWG has been having considerable success in raising the profile of integrated sanitation and hygiene at the national level. The NSWG has defined terms of reference with a scope of works and key activities. The group meets regularly and has been a key actor in improving coordination in the sector and lobbying for integrated sanitation and hygiene promotion in the joint sector reviews. The NSWG reports to respective Sector Ministries (i.e. Water, Health and Education) and members contribute to the Annual Sector Performance Reports presented at the Joint Technical Reviews.

### 3.2.2 De-concentrated level

In response to the increasing number of districts and the need to support the community government, the MoWE has established a number of deconcentrated entities.

Four WSDFs in Lira (North), Mbarara (South West), Mbale (East) and Wakiso (Centre) were created. These structures are headed by a member of the Urban Water and Sanitation Department (UWSD) and are responsible for development of water and sanitation investments in small towns and rural growth centres.

Technical Support Units (TSU) are established in 10 locations comprising a total of 35 professional staff. The TSUs were established to build capacity at the districts following the decentralization of rural water supply and sanitation and the channelling of government grants to the sub-sector via the District Water and Sanitation Conditional Grant (DWSCG). The TSUs were intended to be temporary and to gradually withdraw from well performing districts, but over time TSU's roles have expanded to provide support to RGCs. TSUs are perceived by district officials as an essential entity to provide support for implementation and monitoring of the sector [65].

In addition 5 Umbrella Organisations for Water & Sanitation have been founded to support sustainable Operation & Maintenance throughout Uganda. An Umbrella Organisation (registered under the company act of Uganda) is an association of Water Supply & Sewerage Boards in a particular region on a voluntary basis, installed to pool resources and ideas for achieving sustainable water & sanitation services. They were recently gazetted as Regional Water Authorities responsible for regional public water utilities and will soon start taking over direct management responsibilities for a number of schemes<sup>1</sup>.

### 3.2.3 District level

Local Governments (Districts, Town Councils, sub-Counties) are empowered by the Local Governments Act (1997) to provide water services and manage the Environment and Natural Resource base. Under the decentralization policy, the districts, through the District Water Offices, are responsible for collective sanitation service delivery.

District Water and Sanitation Coordination Committees (DWSCCs) were established in all districts. The committee provides a platform for coordinating and overseeing the activities of the water and sanitation sub-sector in the Local Governments and strengthens collaboration across sectors and between different players. The DWSCC comprises political leaders, relevant district departments (District Water Office, the Planning Office, the District Directorate of Community Based Services, the District Finance Office, the District Directorate of Health Services, and the District Education Office), NGO and development partners at the Local Government Level.

### 3.2.4 Urban level

Management of sewage in Uganda is a mandate of National Water and Sewerage Corporation (NWSC) and involves all activities of collection, transportation and treatment of raw sewage before discharge to the environment. It has, however, been observed that urban sewage management still faces a number of challenges which have hindered the achievement of national sanitation objectives.

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<sup>1</sup> <http://uo-uganda.weebly.com/umbrella-organisations.html>



### 3.2.5 Private sector

Private sector firms undertake design and construction in sanitation under contract with the community and the national Government. Small and medium scale enterprises provide construction and sanitation material such as plastic pans. Small Scale Independent Provider (SSIPs) and community masons are involved in the construction of on-site sanitation facilities.

Private service providers provide manual and mechanical FS emptying service mainly through Gulper pump and vacuum tanker respectively. Private hand pump (e.g. Gulper pump) mechanics and scheme attendants provide maintenance services to emptying companies.

### 3.2.6 Community level

With respect to the environment and natural resources, community members have been encouraged to form user groups at community level to enable oversight of the environment and natural resources at the lowest level.

The Community Health Extension Worker (CHEW) is a newly established structure to reinforce the provision of community health services, including sanitation and hygiene. According to the 2016-2020 CHEW strategy [71], the country plans to train 2 CHEWS in every parish, giving a total of 15,000 CHEWS in the country. The CHEWS are trained by established training institutions for a year, and receive a salary from the government, in this way, the CHEWS are accountable to government. The CHEWS will be based at the Health Centre II level and will spend 40% of their time providing health services at the facility level and 60% of their time working in the communities to promote health through the Model Family approach<sup>2</sup>.

## 3.3 Services

### 3.3.1 Access to improved sanitation

The MoH defines improved sanitation facilities as covered pit latrines, VIP latrines and flush toilets. For safety reasons, latrine pits must be a minimum of 15 feet (4.5 meters) deep for stable soils and waste deposited 3 feet (1.2 meters) below the latrine hole. Privacy should also be guaranteed. Country's prescribed standards acknowledge the quality and the importance of sharing toilets in providing access to improved sanitation.

A majority of the latrines are not lined, which hampers proper sludge collection.

Regardless of the location of the bathroom, 30% of households use bathrooms with a drainage provided; with close to 60% in the urban areas compared to only 20% in the rural areas. Differences at sub-regional level show that, the majority of households in Kampala used outside built bathroom with a drainage (61%), West Nile used outside built bathroom without a drainage (54%), while Kigezi used makeshift bathrooms (67%). The situation of no bathrooms was commonest among households in Karamoja (40%) and those on the islands (41%) [74].

40% of households in Uganda used a covered pit latrine without a slab compared to only 2% that used flush toilets. The proportion of households using this type of toilet in rural areas (45%) is twice that reported for urban areas (22%). On the other hand, 30% of households used covered pit latrine with a slab- with the majority in the urban areas (47%) compared to only 25% in rural areas. Overall, 6% of households do not have toilet facility. Variations at sub-regional levels show that the majority of households in Kigezi used covered pit latrines with a slab (68%), 67% in West Nile used covered pit latrines without a slab while 44% in Karamoja and 28% on the islands had no toilet facilities [74].

The respondents at household level were asked to state the major factors that limit people in their communities from constructing and using toilet facilities. Overall, high costs and ignorance were the major factors limiting toilet facility construction with 45% and 26% respectively.

High costs are the major factor limiting construction of toilet facilities (45%) while ignorance is regarded as the major factor limiting the use [32].

### 3.3.2 Faecal sludge management

Due to the lack of access to pit emptying service in informal settlements, it is estimated that 50% of latrines in informal settlements have been abandoned. In addition, the low construction

<sup>2</sup> <http://health.go.ug/community-health-departments/vht-community-health-extension-workers>



standards limit the volume of FS emptiable in towns. The low volume of FS that can be collected increase the FS emptying tariff. This is due to the long haulage distances to reach the sludge disposal facilities, the absence of economies of scale (insufficient sludge volumes for treatment) and the cost of mobilizing the vacuum tankers from other towns i.e. 80% of the vacuum tankers are based in Kampala [19]. Some households and schools (no planned budget for FS emptying) may not be able to afford to use the faecal sludge management system.

Some initiatives contributed to the creation of manual emptying service, but this service is still limited and most of the service providers concentrate in Kampala.

The MoWE conducted a study in 2013 with the support of the Water and Sanitation Program (WSP) to assess the faecal sludge management (FSM) in small towns [19]. The overall objective of the assignment was to facilitate improved FSM in small towns in Uganda through identification and clustering of small towns to guide sector investment in cost-effective shared FS treatment/disposal facilities, and better involvement/engagement of the private sector and local authorities in service delivery.

The assessment revealed a total of 50 potential clusters and treatment/disposal facilities across the country. Out of these, 13 facilities were already in place and in use in the different regions in 2013. At this time, 5 other facilities were planned for implementation by the MoWE. This implies that 32 other treatment/disposal facilities were needed to be put in place in the medium to long term to fill the gaps that the small towns face with regard to FS management. The clusters were further ranked to provide an initial guide on priority clusters for investment in each WSDF. Following this FSM cluster study, several FSM facilities were designed and a few are being constructed throughout the country.

Business plans, business relationships (contracts) and financing arrangements/fees structure were developed for 10 small towns under the Iganga and Mbale clusters. Following this, a step-by-step guideline for implementing a shared FSM system was developed.

The MoWE has established a web-based database of all public sanitation facilities in terms of urban toilets, their O&M and faecal sludge management facilities in small towns and RGCs in the country, in order to monitor the urban sanitation needs in the towns/RGCs.

A jointly study was carried out by the MoWE and WSP in 2014 to develop a faecal sludge emptying system for lined pit latrines in schools/institutions [69]. In addition, an operational manual for cesspool emptying service providers was prepared.

### 3.3.3 Handwashing

The regular handwashing practice with water and soap remains low in Uganda. In 2016, the percentage of households in urban areas with availability of hand washing facility was estimated at 27% by the MoWE, the breakdown of this figure shows that only 11% are equipped with water and soap while 14% has only water and 2% without water. The remaining 73% does not have access to any hand handwashing facility.

The MDGs target to reach 50% of the population using regularly handwashing facility by 2015 is still to be reached. And the SDG indicator #6.2.1 foresees that the population using safely managed sanitation services, *including a hand-washing facility*, should reach 100% by 2030

Despite being include in the work plans of some districts as a priority, generally scant attention was paid to handwashing facilities at toilets. As an example, during the FY 2009-2010, only 4% of the District Water and Sanitation Conditional Grant (DWSCG) was spent on promotion of handwashing facilities.

Annual handwashing celebrations are run in Uganda, with the support of a hand washing secretariat that coordinate hand washing activities.

### 3.3.4 School sanitation

Hygiene and sanitation promotion at school level is lagging behind. The 5-year school sanitation and hygiene framework developed in 2005 is still pending for implementation, and despite of the importance of policy document to release funding, the School Health Policy is under draft since 2010. School management committees do not budget for hygiene promotional materials in schools as soap. The Universal Primary Education (UPE) funding is primarily for scholastic materials and the Parents and Teachers Association (PTA) contribution is being used for the



school maintenance. The lack of funding to replace the rapidly filling toilets especially in the UPE schools is an important issue to be addressed [32].

### 3.3.5 Supply chain

There is a lack of coordination along the sanitation supply chain and stakeholders are acting in isolation; from manufacturers to distributors, sales, installation, and services, the players do not seem to be in communication. In addition, the lack of product and service delivery standardization inhibits the ability of the supply chain to gravitate towards an optimized (i.e., integrated and efficient) business model to deliver better sanitation products and services [36].

Indicator	Value (2016)
Latrine coverage in rural areas	79 [%]
Latrine coverage in urban areas	85 [%]
Water-borne sewerage coverage in urban areas	6,4 [%]
Number of students per stand	70
Hand washing facility at school	34 [%]
Hand washing facility in rural areas	36 [%]
Hand washing facility in urban areas	39 [%]
FS treatment facilities	16

Table 3: Coverage rates of existing services [32]

## 3.4 Lessons Learn from the Implementation of the 2005-2015 ISH Promotion Financing Strategy

### 3.4.1 Medium-Term Operation Plan (MTOPI)

This main document planning defining roles and responsibilities, activities, priorities, costing and performance indicators for short and medium terms, as well as detailing the activities and targets to be achieved for each implementation agencies at short and medium terms was expected but not developed. The lack of MTOPI limited the implementation of strategy activities and made difficult the review process of the strategy achievements. Activities described in the strategy are broad and are not always easily measurable.

One of the main contribution of the present ISH is to provide a new and updated MTOPI. See §6.

### 3.4.2 Dissemination of the former ISH Strategy

Many of the stakeholders consulted at district level informed that they had not been able to access the former ISH documents [65].

Since there are discrepancies between districts (some claiming having received the former ISH documents, others not) it seems that the former ISH documents were disseminated at district level but not transmitted by the districts to new staff entering the administration.

Specific action will be included in the strategic activities so to share and disseminate the new ISH, in particular at district level. See §E.4.1 below.

### 3.4.3 Sustainability

If improvements in latrine coverage are evident, these improvements are mainly due to specific projects. The low level of training of masons and the limited sanitation market (very few sanitation products suppliers), combined with the lack of knowledge about maintenance of sanitation facility at household level and the low financial capacity of rural communities, contribute to the limited development of the sanitation sub-sector. For example, during the FY 2009/2010, in Butaleja district, after a flooding event the sanitation coverage dropped from 90% to 65%.

### 3.4.4 Funding

While there is a dedicated budget line for sanitation, this budget line lacks adequate funding. Lack of sustainable financing for the sector is still a major stumbling block to scalable programming.



Overall, low funding for sanitation activities has led to low prioritization of sanitation at the lower government levels [65]. Regular delayed release of funds has impacted on the period of implementation of sanitation activities.

#### 3.4.5 Staffing

Lack of funding for training of VHTs and Health extension workers as well as lack of transport hampered their engagement with community. During the FY 2009/2010, only 48% of the planned budget for training of VHTs was released. The low staffing level and capacity is also limited, during the same year data from 49 districts shows that only 44% of the required environmental health staffs are available, of which only 22% have adequate transport [32].

The Environmental Health Division (EHD) of MoH has a very limited number of staff. The staff spend substantial time on the USF sanitation programme and has limited time to spend on other sanitation tasks. The Division is understaffed compared with its many responsibilities [37].

#### 3.4.6 Monitoring & Evaluation

Uganda is a model of good practice in Africa, with annual Joint Sector Reviews (JSRs) being held since 2000. The Household assessment book [34] and the Health Information Management System (HIMS) are tools developed to uniformize definitions and data collection mechanisms. TSUs organize inter-district meetings to promote experiences sharing. There are reporting structures found at various level. Environmental Health Assistants (EHs) are in charge of data collection and reporting at district level. However, discrepancies are still to be found in the figures. Data collection mechanisms, data storage and dissemination and shared learning need to be strengthened. The feedback into performance evaluation is weak and there was no performance report specific to the ISH strategy. Specific M&E training needs to be conducted.

For strategic purpose, the sector needs to standardize definitions and indicators in order to set objectives and facilitate the measurements of progress. In terms of targets, the sector needs to agree on the objectives to be attained. From one document to another, targets are found to vary. Data from Uganda Bureau of Statistics (UBOS) and the MoH needs to be harmonized and joint indicators agreed upon [38].

#### 3.4.7 Equity

The ISH Strategy should ensure equity in terms of access to sanitation services. For example if the ISH considers subsidy for initial construction of sewerage networks, it could also consider subsidy to recover the investment cost of vacuum trucks. While people connected to the sewer network will contribute to the recovery of operation and maintenance costs through discharge fee, people relying on on-site sanitation facilities will contribute to the recovery of operation and maintenance costs of the trucks as well as the truck investment cost through emptying fee.



## 4. TARGETS AND INDICATORS

### 4.1 Time Schedule

By signing on the SDGs and by being a member of the African Union, Uganda committed to ensure to provide sustainable access to safe and adequate water supply and sanitation to meet the basic needs for all by 2025, and ensure availability and sustainable management for water and sanitation for all in 2030. These ambitious targets have been integrated in the NDP II, such as improving access to basic sanitation in both rural and urban areas to 80% by the year 2020, and to achieve universal access by 2030.

The present ISHFS covers the period **until 2030**.

### 4.2 Definitions & Indicators

In order to facilitate and ease consistent national reporting on the implementation progress on the SDG targets, standardized international indicators and definitions should be used. With this view, the government of Uganda has agreed to become a pilot country for the UN Global Expanded Monitoring Initiative (GEMI) [67].

In order to determine the indicators, the following methodology was applied:

- Alignment of the performance measurement framework with the NDP II;
- Ensure maximum consistency with global (SDG) and continental (AMCOW) monitoring frameworks of political commitments for easier and consistent reporting;
- Take new trends and developments into account like water quality monitoring, good governance, human right towards water and sanitation, climate change and the lessons learnt of the practical experience with the GIs and PIs.

In addition, the following criteria for effective indicators as presented in Figure 3 were used to help in prioritising and for a continuous reality check on the usefulness of proposed indicators.

**Effective indicators are:**

- **SMART** for decision making in the sector
- **Easy to understand**, and not ambiguous
- **Reliable**; information that the indicator is providing can be trusted
- Are based on **accessible data**; the information is available or can be gathered while there is still time to act and with reasonable efforts/costs
- **Comparable**; internationally – reporting on SDGs

Figure 3: Criteria to determine indicators [67]



Indicator	Reference	Definition / Calculation method	Data source(s) and availability	Responsibility for monitoring (“custodian” of the indicator)	Additional information
<p>1_Basic sanitation Households: percentage of <b>population using an improved sanitation facility not shared with other households</b></p> <p><b>Rural / Urban</b></p>	<p>SDG-6.2.1 (Basic sanitation, Basic sanitation in schools)</p> <p>NDP II: Household latrine coverage / Access to sanitation facilities</p>	<p>Household: % of population using an improved sanitation facility (flush toilet, VIP, pit latrine with a slab, or composting toilet) and not shared with other households</p> <p><i>Calculation method:</i> <i>Number of Households using improved sanitation facility / Total number of Households</i></p>	<p>UBOS census 2014 and household surveys (every 5 years max.)</p> <p>Panel surveys (yearly) Local Governments Annual interpolation based on MoH/DHI data</p>	<p>DWD (RWSD, UWSD)</p> <p>MoH/ DHIS Environmental Health</p> <p>Schools: MES (Directorate of Basic Education)</p>	<ul style="list-style-type: none"> <li>Collected data must capture the two following different figures: shared / not shared</li> </ul>
<p>2_Safely managed sanitation: <b>Percentage of population using safely managed sanitation services</b></p> <p><b>Rural / Urban</b></p>	<p>SDG-6.2.1 (Safely managed sanitation)</p>	<p>Population using an improved sanitation facility which is <b>not shared</b> with other households and where excreta is <b>safely disposed</b> in situ or treated off-site.</p> <ul style="list-style-type: none"> <li>Use of improved sanitation facilities: from census/household survey data</li> <li>Information on safe disposal or treatment estimated by applying “safe management” factors to each type of facility</li> </ul> <p><i>Formula:</i> % safely managed = (% flush toilets connected to piped sewer) * (% sewage adequately treated) + (% flush toilets connected to septic tank)</p>	<p>UBOS census 2014 and household &amp; service providers surveys, to be updated annually by MoH.</p> <p>Data sources include Local Governments - NWSC (sewage treatment) - UPMIS (faecal sludge management) - DWD Sanitation Unit (estimates on safe emptying of pit latrines and ecosan toilets)</p>	<p>DWD (RWSD, UWSD)</p> <p>MoH/ Environmental Health Division</p>	<ul style="list-style-type: none"> <li>Data must make distinction between HH, schools, and health facilities</li> <li>“SDG 6.2.1 monitoring tool” can also be used for calculating the indicator</li> </ul>



		* (% faecal sludge safely handled and deposited) + (% improved pit latrines) * (% safely sealed or emptied and deposited) + (% ecosan toilets) * (% ecosan adequately managed)			
3_Open defecation: <b>Percentage of open defecation free (ODF) communities</b>  <b>Rural / Urban</b>	SDG-6.2.1 (Open defecation)	Percentage of ODF communities  <i>Calculation method:</i> <i>100 % - percentage improved - percentage unimproved</i>  100% of the communities enforce a formal and/or informal community-based regulation on a permanent and universal basis (applied to everyone): Legal enforcement and social pressure.	UBOS census 2014 and communities surveys (every 5 years max.) Annual interpolation based on MoH/DHI data Local Governments	DWD (RWSD, UWSD)  MoH/ Environmental Health	<ul style="list-style-type: none"> <li>• “Improved” and “unimproved” will be captured under the indicator “Basic Sanitation (HH)” “Improved” above, still includes “not shared”</li> </ul>
4_Hand washing practice Households: <b>Percentage of population using a hand washing facility with soap and water after toilet use.</b>  <b>Rural / Urban</b>	SDG-6.2.1 (Hand washing at home, Hand washing in schools)  NDP II: Households hand washing with soap (%)	Population using a hand washing facility with soap and water in the household (Household surveys and census)  <u>Schools:</u> percentage of pupils enrolled in primary and secondary schools using functional hand washing facilities, soap (or ash) and water available to girls and boys. According to MoES standards	UBOS census 2014 and household surveys (every 5 years max.)  Local Governments  Annual interpolation based on MoH/DHI data  Schools: Ministry of Education and Sports	DWD (RWSD, UWSD)  MoH/ Environmental Health  Schools: MES (Directorate of Basic Education)	

Table 4: Indicators and calculation method





### 4.3 Golden Indicators and Targets

In accordance with the SDG the following targets should be reached by the country by 2030 (see Table 5).

Golden Indicators	SDG targets
<b>Sanitation and behaviour change in rural area</b>	
% of households using an improved sanitation facility not shared with other households	100%
% of households using safely managed sanitation services	100%
% of open defecation free communities	100%
% of population using a hand washing facility with soap and water after toilet use	100%
<b>Sanitation and behaviour change in urban area</b>	
% of households using an improved sanitation facility not shared with other households	100%
% of households using safely managed sanitation services	100%
% of open defecation free communities	100%
% of population using a hand washing facility with soap and water after toilet use	100%
<b>Institutional sanitation</b>	
% of schools using improved sanitation facilities and safely managed sanitation services	100%
% of health facilities using improved sanitation facilities and safely managed services	100%
% of schools using a hand washing facility with soap and water after toilet use in urban area	100%
% of health facilities using a hand washing facility with soap and water after toilet use	100%

Table 5: Indicators and targets to be reached by 2030

This targets should be regarded in comparison with the districts' vision on the present situation. More information is available in the document ["District consultations for the review and development of 13-Year 2018-2030 Improved Sanitation and Hygiene Financing Strategy" [65].



## 5. STRATEGIC ACTIVITIES

### 5.1 Strategic Pillars

Three pillars have been defined:

- An *enabling environment* to support and facilitate an accelerated scaling up through policy and legislation, coordination, comparative monitoring and incentives (fiscal and awards), and capacity building support to communities and other stakeholders.
- *Demand generation* for sanitation and hygiene through health and hygiene awareness, social marketing, financial incentives or rewards, and enforcement of the regulation.
- *Supply chain improvement* in terms of appropriate technology solutions, product/project development, private sector supply, and financial incentives or rewards.

The final objective of the ISHFS is a situation where services are attending the households' demand, while promoted and regulated by a strengthened enabling environment.

The Figure 4 in the next page shows the 3 pillars. Each of the activities will be described and detailed in the following chapters.



Figure 4: The “3 pillars”: Enabling Environment, Demand Generation and Supply Chain



## 5.2 Activities

### 5.2.1 Building an Enabling Environment

The objective of Building an Enabling Environment is to set the framework so that:

- Each actor in the country knows his role and responsibility, is willing and has capacity to act accordingly and reach the objectives.
- The resources allocated to sanitation are used in an optimized way, mainly by ensuring coordination between actors and activities.
- Local actors (ranging from households to community, associations, community private service and material providers, shops, masons) are willing to invest into sanitation.
- Local actors are being regulated so that the development of their activity serves each household and the community as a whole, protecting both health and the environment, for common good.
- The overall sector performance is effectively monitored, evaluated and reviewed, so to re-evaluate and adjust objectives, and define new priorities.

The following activities are identified in order to build an enabling environment for integrated sanitation services and appropriate hygiene practices.

<b>E.</b>	<b>ENABLING ENVIRONMENT</b>
E.1	POLICY AND GUIDELINES
E.1.1	<i>Assess the need of a new Sanitation &amp; Hygiene Policy (SHP)</i>
E.1.2	<i>Increase the capacity of government at national and district levels</i>
E.2	COORDINATION
E.2.1	<i>Support the National Sanitation Working Group</i>
E.3	PROMOTION
E.3.1	<i>Advocate to influence decision makers and increase investment into sanitation</i>
E.3.2	<i>Create a rewarding and competitive environment for the private sector</i>
E.4	MONITORING & EVALUATION
E.4.1	<i>Improve and extend the existing Monitoring &amp; Evaluation procedure</i>

The activities are detailed as follows:



<b>E. ENABLING ENVIRONMENT</b>	
<b>E.1 POLICY AND GUIDELINES</b>	
<b>E.1.1 Assess the need of a new Sanitation &amp; Hygiene Policy (SHP)</b>	
<b>Rationale</b>	<p>There has been no shortage of strategies, guidelines and policies designed to achieve sustainable sanitation and hygiene improvements in Uganda but they have tended to be developed and owned at national level only.</p> <p>The Environmental Health Policy (2005) has been driving the sub-sector so far. However, with the validation of the present ISHFS the legal framework would need to be updated. Two options are available: update the existing EHP or draft a new Sanitation &amp; Hygiene Policy (SHP).</p>
<b>Objective</b>	<p>The main objective is to rationalize and simplify the legal framework by updating the existing EHP or drafting a new SHP that will drive the process for the Integrated Sanitation sub-sector. The updated or new policy will prevail as far sanitation objectives are concerned.</p> <p>The policy will be aligned with the National Development Plan (NPD II) and make a case for sanitation, outlining the benefits for the population and the economy.</p> <p>Updating or drafting a new document will also contribute to advocacy at the highest levels of Government, and facilitate the mobilization of funds. It also allows to take the recent trends into consideration, including the role of Government (regulation, support and enforcement) and new approaches such as CLTS and sanitation marketing.</p> <p>The policy will have to set the Nation's Vision for the development of the Integrated Sanitation sub-sector. The recommended global approach is to have the Government supporting (including through investment and subsidies), promoting and regulating the sanitation sub-sector, so that the services are provided by the private sector and by the public utilities to the households:</p>
	<pre> graph TD     Gov[Government] -.-&gt; Sensitizes  HH[Households]     Gov -.-&gt; Promotes  HH     Gov -.-&gt; Protect  HH     Gov -.-&gt; Regulates  PS[Private sector]     Gov -.-&gt; Supports  PS     Gov -.-&gt; Enforces  PS     PS -.-&gt; Selects and purchases  HH     HH -.-&gt; Sells services and material  PS     </pre>
	<p>The SHP will commit the Ministry of Health and the Ministry of Education since these two institutions play a leading role in schools' and health facilities' sanitation as well as promotion of safe behaviour.</p>
<b>Components</b>	<ul style="list-style-type: none"> <li>- MoH mobilizes external resources (consultant)</li> <li>- The Consultant runs an institutional &amp; legal study to assess whether the existing EHP should be updated or if a new NSP would be more useful and effective.</li> <li>- Validation process at district and national level (workshops)</li> <li>- Formal validation by the Government</li> <li>- Edition and dissemination at national level, district and community levels</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ The policy has been drafted and validated by the Government</li> <li>✓ 100% of districts have received the policy and the ISHFS</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: EHD (MoH)</li> <li>➤ Support provided by: the National Sanitation Working Group</li> <li>➤ Financing: MoH with support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 50'000
<b>Duration</b>	1 year
<b>Additional information</b>	<p>There are a number of policy and legal documents that govern Sanitation in the country. Among the policies are; the National Water Policy (1999), National Health Policy (2001), National Environmental Health Policy (2005) and the National Gender Policy (2007). The future SHP can be drafted on the same format. Also, many African countries have recently updated their National Sanitation Policy. Recent examples can be found in Rwanda, Senegal, Chad, Swaziland.</p>



<b>E. ENABLING ENVIRONMENT</b>	
<b>E.1 POLICY AND GUIDELINES</b>	
<b>E.1.2 Increase the capacity of government at national and district levels</b>	
<b>Rationale</b>	The role of the Government in sanitation has been changing since the last ISH Strategy (2006). Today the trend is aimed at a higher participation of outsourced resources (the private sector or to the communities). These changes imply an update and increase of capacity of the Government, at national and district level.
<b>Objective</b>	The capacity of the Government has to be increased at national and district level, so that each actor is able to fulfil his mission. An institutional (political) leadership is necessary to warrant a firm, permanent framework of cooperation and coordination of the interventions. Management requires the involvement of all stakeholders, including policy makers and regulators (governments), investors (governments/private sector companies), managers (public and private service providers) and users (citizens/communities/businesses) within a coordinated system that establishes clear responsibility and authority
<b>Components</b>	<ul style="list-style-type: none"> <li>– Professional training, on-the-job training – mainly for coordination, training of trainers and advocacy at all levels.</li> <li>– Equipment for logistics and transportation at all level (including EHEWs)</li> <li>– Study tours</li> </ul>
<b>Indicators</b>	<p>At national level:</p> <p>EHD (MoH) has an increased capacity to:</p> <ul style="list-style-type: none"> <li>✓ Coordinate and monitor the implementation of the ISHFS</li> <li>✓ Act as secretary to the NSWG</li> <li>✓ Motivate the other Ministries so that they fulfil their commitments</li> </ul> <p>MoH has an increased capacity to:</p> <ul style="list-style-type: none"> <li>✓ Clearly define the roles of DHI/EH.</li> <li>✓ Train and support the local actors in sanitary education</li> <li>✓ Design, build and operate sanitation facilities in health facilities</li> <li>✓ Design and run National Information Campaigns</li> <li>✓ Motivate and support the Health facilities so they are able to promote sanitation locally</li> <li>✓ Draft and disseminate demand generation guidelines.</li> </ul> <p>MoES has an increased capacity to</p> <ul style="list-style-type: none"> <li>✓ Train the teachers in sanitary education</li> <li>✓ Design, build and operate sanitation facilities in schools</li> </ul> <p>MoWE has an increased capacity to</p> <ul style="list-style-type: none"> <li>✓ Support local UWSD for the design of the public and/or collective facilities</li> <li>✓ Motivate and support the academic institutions and the civil society for innovation</li> </ul> <p>MoLG has an increased capacity to motivate and support Districts for the drafting of Small Towns' ISMP</p> <p>Prime Minister's office has an increased capacity to support sanitation and hygiene for IDP</p> <p>At district Level:</p> <p>District Water Offices through the DWSCCs have an increased capacity to:</p> <ul style="list-style-type: none"> <li>✓ Regulate the quality of products and services at providers' level</li> <li>✓ Management and communication, as well as technical and economics</li> </ul> <p>Representation of MoH at District level have an increased capacity to:</p> <ul style="list-style-type: none"> <li>✓ Implement demand generation and social marketing activities</li> <li>✓ Run local information campaigns</li> </ul> <p>WSDFs and the Umbrella for Water and Sanitation (under MoWE) have an increased capacity to:</p> <ul style="list-style-type: none"> <li>✓ Build and operate (or delegate the operation) collective sanitation facilities</li> </ul> <p>Environmental Health Extension Workers (EHEWs), including District Health Inspectors (DHI) and EHs, and CHEWS have an increased capacity to ensure effective promotion of sanitation and hygiene. EHEWs at sub-county level are provided with transportation means</p>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading agencies: each of the above-mentioned entities will be responsible of implementing their own activities and reach the objectives.</li> <li>➤ Implementing entities: NGO or training centres, as well as equipment providers</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: each Ministry with support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 500,000 / year
<b>Duration</b>	5 years
<b>Additional information</b>	High-quality training materials must be developed to ensure best results within and between districts. To be sustainable, training structures should allow for regular refresher trainings



<b>E. ENABLING ENVIRONMENT</b>	
<b>E.2 COORDINATION</b>	
<b>E.2.1 Support the National Sanitation Working Group</b>	
<b>Rationale</b>	<p>Because of its multi-sectoral nature, sanitation is not organised as a single sector, yet institutional issues such as regulations, norms, institutional incentives, finance, monitoring, enforcement and behavioural change have to be addressed and managed. Sanitation and environmental regulation is a public-sector mandate in all countries. It can be outsourced but it cannot be abandoned as a mandate. The same to a lesser extent holds true for hygiene promotion. That is not to say that civil society and the private sector do not have crucial roles to play. The ISHFS is a joint responsibility of various government institutions as well as Local Governments.</p> <p>Despite the MoU signed between line ministries of MoWE, MoH and MoES, and although the NSWG, set up in 2003, has been a key actor in improving coordination in the sector and lobbying for integrated sanitation and hygiene promotion in the joint sector reviews, the lack of cooperation between the ministries affect the release of funding and subsequent effectiveness and efficiency of implementation activities [65].</p>
<b>Objective</b>	The NSWG will ensure coordination and monitoring of the sector programs, including dialogue and communication with other sector stakeholders. At local level the objective is to mainstream sanitation activities planning & monitoring for effectiveness function
<b>Components</b>	<ul style="list-style-type: none"> <li>– Support the NSWG for organizing workshops and regular meetings</li> <li>– Support the NSWG for participation at international conferences</li> <li>– Support the NSWG for events (such as the national hand washing day and the national sanitation week, Toilet day, MHM day)</li> <li>– Open the door to more participants to the NSWG (e.g. private sector representatives)</li> <li>– Review and strengthen the MoU between the line ministries MWE, MoH and MoES in order to enhance coordination at national level.</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>➤ The NSWG meets on a routine basis and disseminates the information among actors</li> <li>➤ New participants are part of an upgraded NSWG, such as: <ul style="list-style-type: none"> <li>○ Private Sector representatives</li> <li>○ Civil society representatives</li> <li>○ Prime Minister's Office representative for IDP</li> </ul> </li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: EHD</li> <li>➤ Implementing entities: MoH, EHD, with support of NSWG members</li> <li>➤ Financing: each of the NSWG members</li> </ul>
<b>Cost estimate</b>	USD 50,000 / year
<b>Duration</b>	Annually, up to 2030
<b>Additional information</b>	Other similar NWSG exist in other countries. It is recommended that the NSWG get in touch with these groups, so to share information and experience on how to best coordinate the sanitation sub-sector. Organizations such as WSSCC, AMCOW, ANEW or WSP or UNICEF can help putting NSWG in contact.



<b>E. ENABLING ENVIRONMENT</b>	
<b>E.3 PROMOTION</b>	
<b>E.3.1 Advocate sanitation to decision makers for increased investment into sanitation</b>	
<b>Rationale</b>	<p>Massive investments are required to improve the sanitation situation. The amount of investment and maintenance costs required (both by public and individual actors) is often presented as an explanation for the slow progress of the sector. The sanitation sub-sector budget planned by the MoFPED has been only partially released, producing delayed in sector's activities implementation.</p> <p>In such a context, there is a need to target stakeholders of the sector in order to create incentives for them to initiate projects. By raising awareness of decision makers and civil society, there is a higher probability for investments to be conducted in the sanitation sub-sector. Such approach should be based on a strong argumentation in order to better address the issues, identify the motivation factors and efficiently reach the decision makers. This approach should then be integrated into urban and local government plans and supported by well developed national and district sanitation and hygiene advocacy and lobby strategies as well as communication strategies.</p> <p>Key documents to be used for advocacy are the Town Sanitation Plans (TSPs) (see Section S.2.3), and the District Investment Plans (DIPs) recently developed by the districts with both financial support from Water for People and technical support from the TSUs. The DIPs provide an estimate of the financial (Capital and Direct Costs) investments required to achieve water and sanitation for all [73].</p>
<b>Objective</b>	<p>Convince decision makers at national and district level so that they increase the investment into integrated sanitation. Typical targets will be:</p> <ul style="list-style-type: none"> <li>➤ Office of the Prime Minister</li> <li>➤ Ministry of Housing and Urban Development (for urban sanitation)</li> <li>➤ MoH (for hygiene promotion and investing into Health Centre's sanitation)</li> <li>➤ MoWE (for construction of infrastructure and technical support through TSUs and WSDFs)</li> <li>➤ MoES (for investing into training of teachers and school sanitation facilities including operation and maintenance)</li> <li>➤ MoFPED for increasing annual budget effectively delivered for integrated sanitation</li> <li>➤ MoLG for investing into more support to the Districts</li> <li>➤ The Districts (for activities implementation, enforcement, and data collection and monitoring)</li> </ul>
<b>Components</b>	<ul style="list-style-type: none"> <li>– Design of an advocacy campaign (definition of target groups, of relevant communication tools, etc.). Make use of relevant strategic and financing documents such as the TSPs and DIPs</li> <li>– Implementation of a first phase of institutional mobilization to assess the receptiveness of the stakeholders and finalize the advocacy campaign as required</li> <li>– Hiring of consultants for advocacy at the highest level of Government</li> <li>– Revise the content of the Primary Health Care (PHC) package and funding to include more sanitation and hygiene components and allocate adequate resources</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ An "Advocacy Campaign Plan" is drafted and validated both at national and district level</li> <li>✓ A national conference on the benefits provided by sanitation is organized</li> <li>✓ National investment into integrated sanitation increase by 10% annually</li> <li>✓ District investment into integrated sanitation increase by 10% annually</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: MoH, EHD</li> <li>➤ Implementing entities: MoH, EHD, supported by external consultants</li> <li>➤ Financing: MoH with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 50,000 the first year then USD 10,000/year
<b>Duration</b>	Up to 2030
<b>Additional information</b>	<p>When setting priorities, both national and local governments tend to focus first on large infrastructure projects. They are less likely to devote attention to community, school and health facilities projects because most of these are small-scale interventions that focus on changing hygiene behaviour and require only low-cost investments. However, the long-term sustainability of such projects depends on political commitment.</p>





<b>E. ENABLING ENVIRONMENT</b>	
<b>E.3 PROMOTION</b>	
<b>E.3.2 Create a rewarding and competitive environment for the private sector</b>	
<b>Rationale</b>	<p>The private sector's role in ISH is crucial to the sector. It can potentially stimulate demand and provide long-lasting solutions. The same holds true for the formalized sector that focuses on penetration of soap use and the provision of a range of portable latrines or sanitation components (slabs, sanplat and so on). It is important that the market for ISH works. Failures arise due to imperfect information (suppressed demand due to lack of appreciation of the benefits), imperfect competition (suppressed supply due to overseen potentials for profit, lack of well-trained SSIP) or lack of access to capital. This can be verified with the very low investment done by the private sector to provide FS emptying and transport service outside of Kampala. Taxes and regulations can also unwittingly impose barriers.</p> <p>A few initiatives were conducted at district level. Some districts, in partnership with private sanitation suppliers, tried to boost the sanitation product sales through community meeting mobilization. Suppliers were invited to market their products and sale it at a lower price (bulk price).</p>
<b>Objective</b>	<p>The modernization of the sanitation sub-sector requires improvements in supply-chain and productivity. That includes business development support, e.g. technical and commercial management methods, HR management, procurement, access to research &amp; development know-how as well as direct or indirect support access to working and investment capital in form of credits, guarantees or tax relief. The Government shall capitalize on successful projects aiming at supporting private providers in developing effective and affordable manual FS emptying service in Kampala. Such successful initiatives should be replicated nation-wide at district level and should inspire other sanitation related services. In addition, the Government shall address the operating conditions for sanitation businesses, in particular adjustments of the regulatory sanitation framework and conditions for ease of doing business.</p>
<b>Components</b>	<ul style="list-style-type: none"> <li>– Advocate for the participation of the private sector into sanitation at national and district level. Also, advocate at financing and development partners level.</li> <li>– Train SSIP, for instance through specialized training centres (for masons, manual emptiers and for vacuum tankers). SSIP also need to be trained on commercial approaches (so they can better market their products and services) as well as on management (accountancy and so on).</li> <li>– Create an award for sanitation businesses in order to increase the attractiveness of the sector</li> <li>– Facilitate access to capital for sanitation businesses (support to manual FS emptiers in Kampala should be considered as a successful example)</li> <li>– Promote a stakeholders' dialogue between the various stakeholders (SSIP, public authorities, utilities, development organizations) to help clarify issues and obstacles, to better articulate activities of the various actors, and to make better use of the skills and know-how of the local private sector</li> <li>– Target the media; support the WASH Media Awards<sup>3</sup>, facilitate WASH reporters and journalists to document sanitation and hygiene innovations</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ The number of SSIP increases by 5% annually.</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: EHD</li> <li>➤ Implementing entities: NGO and training centres, as well as consultants</li> <li>➤ Support provided by: Uganda National Chamber of Commerce and Industry</li> <li>➤ Financing: MoH with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 185,000 the first year, then USD 165,000 / year
<b>Duration</b>	Annually, up to 2030
<b>Additional information</b>	Uganda already has experience with PPP schemes in the water supply sector in small towns. This experience can be used as a contribution to find the best approaches to sanitation PPP schemes.

<sup>3</sup> The Uganda Wash Media awards initiative is a collective sector aimed at recognising and encouraging excellence among the media fraternity in raising awareness on the importance of WASH.



<b>E. ENABLING ENVIRONMENT</b>	
<b>E.4 MONITORING &amp; EVALUATION</b>	
<b>E.4.1 <i>Improve and extend the existing Monitoring &amp; Evaluation procedure</i></b>	
<b>Rationale</b>	<p>Uganda is a model of good practice in Africa, with Water and Environment Sector Performance Report (SPRs) being held since 2000. SPRs, supported by working groups and a comprehensive sector performance report, have helped link decision making to a balanced set of indicators. However, more emphasis should be placed on monitoring, a point that is recognized by the Government. Data collection, storage and dissemination, and shared learning need to be strengthened. The feedback into performance evaluation is weak and there is no performance report specific to the ISH strategy.</p> <p>M&amp;E training needs to be conducted. UBOS definitions should be modified to fit to SDGs, JMP and UN-GEMI. Data from the UBOS and the MoH needs to be harmonized and joint indicators agreed upon. Indicators shall be extended to include faecal sludge management and menstrual hygiene. Definitions and indicators should be in accordance. Also, the reliability of the data is not being checked [56].</p> <p>A standard monitoring format including all indicators shall be developed and disseminated at different levels of the district to facilitate data collection, and activities performance assessment.</p>
<b>Objective</b>	The system and procedure are already in place, with the SPR. The objective is then to extend the range of the SPR so that specific attention is being paid to the ISHFS, and improve the SPR in terms of reliability of the collected data.
<b>Components</b>	<ul style="list-style-type: none"> <li>– Harmonize data collection mechanism and reporting formats at all levels with special attention at the ground level</li> <li>– Revise and harmonize definitions and indicators. Include ODF indicators in the SPR. Extend the existing SPR indicators so to include quantitative and qualitative indicators. Update the format of the existing SPR so to improve access to the data.</li> <li>– Explore digital and developed IT software for monitoring and accessing real time data</li> <li>– Disseminate information at district level to ensure all entities involved in the sector monitoring activities use the same definitions and indicators</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ The SPR is formatted in a way that ISHFS objectives are easily located in the report</li> <li>✓ The SPR includes access and coverage data</li> <li>✓ Data reliability checks based on samples show that 95% of data is accurate</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: MoWE</li> <li>➤ Implementing entities: MoWE, supported by external consultants</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: MoWE with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 40,000
<b>Duration</b>	First year
<b>Additional information</b>	MoWE is in charge of the SPRs and MoH (EHD) is in charge of coordinating the sub-sector and the NSWG. A special link (“task force”) should then be existing between EHD and DWD.



### 5.2.2 Demand Generation

The objective of demand generation is to motivate households so that:

- they decide to invest into their own sanitation facility (individually or connected to an off-site collective system)
- they adopt an appropriate behaviour using a safe sanitation facility, stopping open defecation, washing hand.

The following activities are identified in order to generate demand for integrated sanitation services and appropriate hygiene practices.

<b>D.</b>	<b>DEMAND GENERATION</b>
D.1	AWARENESS BUILDING & EDUCATION
D.1.1	<i>Design and run National Information Campaigns</i>
D.1.2	<i>Design and implement Sanitation &amp; Hygiene training in schools</i>
D.1.3	<i>Motivate and support community structures (Community Health Extension Workers, Volunteers, Association) so they are able to promote sanitation</i>
D.2	SOCIAL AND COMMERCIAL MARKETING
D.2.1	<i>Run CLTS campaigns in rural areas</i>
D.2.2	<i>Motivate and support the providers so they market their products and services</i>
D.3	ENFORCEMENT
D.3.1	<i>Build up capacity of central and local regulation</i>

The activities are detailed as follows:



<b>D DEMAND GENERATION</b>	
<b>D.1 AWARENESS BUILDING &amp; EDUCATION</b>	
<b>D.1.1 Design and run Information Campaigns</b>	
<b>Rationale</b>	Community advocacy on ISH was achieved in Uganda through mass media (ministerial statements made on TV, radio spot adverts, publication in newspapers, press conferences) with a steady increase in the proportion of media institutions participation during the first years of implementation of the strategy. During the FY 2009/2010, 70% of radio stations were supported to provide health information, including sanitation and hygiene information; in total, 1060 radio spot adverts were run, 3 ministerial statements made on TV, 3 supplements were published in newspapers, and 15 press conferences were organized during the same year. According to the districts, the national sanitation week is one of the key vehicles of creation of awareness about sanitation and hygiene [65].
<b>Objective</b>	The objective is to increase awareness of the need for certain products and services, provide factual information regarding the benefits of having such products or services, inform the population about where services and/or products can be obtained, dispel myths, influence community norms regarding sanitation and hygiene management, and encourage people to seek these products or services, thus increasing the flow from clients to providers. Information to be released shall also include handwashing practice, personal hygiene and menstrual hygiene management.
<b>Components</b>	<ul style="list-style-type: none"> <li>– Create appropriate and specific information materials (national and by district) including a sanitation marketing component</li> <li>– Run the campaigns: <ul style="list-style-type: none"> <li>○ Posters and Flyers – in particular at District level</li> <li>○ Internet and Email and social media</li> <li>○ media (television, radio, local language newspapers)</li> </ul> </li> <li>– Run the annual National sanitation week and the National handwashing day in all districts of the country</li> <li>– National Global Hand Washing Day Celebrations</li> <li>– Continue implementing the media award events</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ At least one national campaign per year, including one focus on hygiene promotion and one focus on sanitation marketing</li> <li>✓ At least one media award</li> <li>✓ Increase of products and services purchased by the households</li> <li>✓ Reduction of water-borne diseases</li> <li>✓ Number of districts that annually observe the National Sanitation Week</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: EHD / MoH</li> <li>➤ Implementing entities: MoH, supported by NGO + media companies, districts</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: MoH with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 421,000 / year
<b>Duration</b>	Up to 2030
<b>Additional information</b>	Publicly-supported sanitation and hygiene campaigns, such as sanitation technology fairs or community promoters, can serve to stimulate household sanitation investments and adoption of appropriate hygiene practices by sharing information on available products and services, and existing safe hygiene practices, and encouraging household sanitation and hygiene improvements. However, they can also be a simple, less-risky, but ultimately ineffective public-sector contribution if conducted only as a quick means to “support” sanitation programming. Campaigns can be easy for public partners to agree to, but difficult to conduct effectively without proper incentives in place.



<b>D DEMAND GENERATION</b>	
<b>D.1 AWARENESS BUILDING &amp; EDUCATION</b>	
<b>D.1.2 Design and implement Sanitation &amp; Hygiene training in schools</b>	
<b>Rationale</b>	School attendance is proven to be directly influenced by availability and access to adequate sanitation and hygiene facilities. This is even exacerbated for girls who face overwhelming challenge to deal with menstrual hygiene at school. Hygiene and sanitation promotion at school level is lagging behind in Uganda. The 5-year school sanitation and hygiene framework developed in 2005 has not been implemented, and despite of the importance of policy document to release funding, the School Health Policy is under draft since 2010. School management committees (SMC) do not budget for hygiene promotional materials in schools as soap. Schools also face limited budget to afford operation and maintenance of sanitation facilities. Some challenges were highlighted by the districts in term of inappropriate design of lined pit latrines in schools, and inadequate facilities to deal with waste related to menstrual materials. Sanitary facilities of public institutions, in particular schools and health facilities, shall play a clear exemplary role for the population and children, as a contribution to increasing sanitation and hygiene services demand.
<b>Objective</b>	Schools are a key actor for initiating change by helping to develop useful life skills on health and hygiene. Children are eager to learn and absorb new ideas. Teachers can function as role models. New hygiene behaviour learned at school leads to life-long positive habits - not only for the children but also within the community. School children influence the behaviour of family members - both adults and younger siblings - and thereby positively influence the community as a whole. It is also more cost-effective to work with children in school-based programmes than with adults. An effective school programme consists of adequate planning, management, training and capacity building, coordination among the institutions involved, and participatory education in addition to sound construction of water and sanitation facilities with child-friendly designs.
<b>Components</b>	<ul style="list-style-type: none"> <li>- Adapt and test training materials and teaching aids in classes.</li> <li>- Train head teachers and SMC on safe management of sanitation facilities as well as school sanitation and hygiene so to teach children proper use of toilets and hand washing and as "actor of change" at community level</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ Teachers have access to the needed material for teaching sanitation and hygiene</li> <li>✓ Children are fully aware of the sanitation and hygiene challenge and behaviour</li> <li>✓ Children are delivering the messages at community level</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: MoES</li> <li>➤ Implementing entities: MoES, supported by NGO</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: MoES with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 500,000 / year
<b>Duration</b>	Up to 2030
<b>Additional information</b>	Schools present an opportunity to reach thousands of children with safe water and hygiene and health messages. They provide unique opportunities for awareness raising as they bring large groups of people together for learning purposes and usually have systems for production and dissemination of educational material. Schools can also provide an entry point to the community as a whole.



<b>D. DEMAND GENERATION</b>	
<b>D.1 AWARENESS BUILDING &amp; EDUCATION</b>	
<b>D.1.3 Motivate and support local actors (Community Health Extension Workers) so they are able to promote sanitation</b>	
<b>Rationale</b>	<p>Local actors are established in most of the districts. They are in front line for the promotion of sanitation and hygiene. Due to their knowledge of the local environment, local actors are instrumental in the implementation of community level initiatives. It was reported that the majority of leadership at community level demonstrated exemplary leadership [65]. The Extension workers handbook and guidelines on VHTs training was developed by the MoH. Increasing and training of ISHFS promotion units at district level such as EHEWs, Health inspectorate staff and VHTs, throughout the overall strategy period was a key activity to ensure efficiency of promotion campaigns and sustainability of outcomes. Training were focusing on hygiene and sanitation promotion and water quality surveillance techniques. Release of equipment was also part of the capacity building initiatives. In addition, issues have been raised from the lack of recognition of VHT status and role by the EHEWs at district level [65].</p> <p>Despite these efforts, one of the major challenges identified by the MoH is the inadequate training and skilling of local actors which seriously hampers their work. As a response, and to enhance the provision of community health services, including sanitation and hygiene, the CHEW structure was established. The 2016-2020 CHEW strategy plans to train 2 CHEWS in every parish, giving a total of 15,000 CHEWS in the country [71]. The CHEWS shall be trained in established training institutions for a year, and receive a salary from the government.</p>
<b>Objective</b>	Keep on supporting the community structures so they are able to provide services in 100% of the villages, and train and establish CHEW in every parish.
<b>Components</b>	<ul style="list-style-type: none"> <li>– Implement the 2016-2020 CHEW strategy: training of the CHEWS and increase of district budget to compensate the CHEWS [71]: <ul style="list-style-type: none"> <li>○ CHEW Tools, Equipment and Supply</li> <li>○ CHEWs basic and refresher Training</li> <li>○ Coordination and Supervision of CHEWs*</li> <li>○ Electronic Information Systems Development</li> </ul> </li> </ul> <p>*CHEW salaries and allowances are supported directly by the Government and as such are not included in the ISHFS</p>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ Training material is revised and available at training centres</li> <li>✓ “Trainers of trainers” are identified and mobilized for training</li> <li>✓ 100% of villages have trained local actors.</li> <li>✓ All parishes have 2 skilled CHEWS established</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: EHD</li> <li>➤ Implementing entities: DWSCC, supported by NGO</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: MoH with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 53,497,806 between 2018 and 2021
<b>Duration</b>	Up to 2021
<b>Additional information</b>	Increasing and training of ISHFS promotion units at district level such as EHEWs and Health inspectorate staff, throughout the overall strategy period was a key activity to ensure efficiency of promotion campaigns and sustainability of outcomes. Training were focusing on hygiene and sanitation promotion and water quality surveillance techniques.



<b>D. DEMAND GENERATION</b>	
<b>D.2 SOCIAL AND COMMERCIAL MARKETING</b>	
<b>D.2.1 Run CLTS campaigns in rural areas</b>	
<b>Rationale</b>	Since 2011 Government is utilizing CLTS as an approach for coping with OD practices and creating demand for improved sanitation in rural areas and has allocated funding through a conditional grant under MoWE that supports 50 districts. In addition, the Global Sanitation Fund, working with the MoH, covered 30 districts. 80 districts out of a total of 111 have adopted CLTS as an approach to cope up with OD and indirectly promote improved sanitation. Country specific CLTS training of trainers' manuals, facilitators' guidelines and implementation references have been developed and over 1,500 copies disseminated among CLTS practitioners. A pool of over 60 national level master trainers has been accumulated; over 3,000 CLTS facilitators have been trained and 3,969 villages have been declared ODF. Despite these efforts, many of the implementers learned about CLTS approach only through the manual. There is a need for intensify the number of training provided at district level. The emerging issue is sustainability of ODF status as the approach utilizes local actors (Natural leaders) for scalability and motivation of such volunteers continues to be a concern. ODF should be seen as a universal practice and be assigned to people and communities instead of households and villages. ODF shall not be limited to a geographical area since people are regularly moving. It should consider all public places including streets, areas along the roads and highways. Legal enforcement and social pressure should be the main drivers to attain and maintain the ODF status.
<b>Objective</b>	Invest into CLTS and supporting the process until the country becomes 100% ODF. Introduce enforcement as a main indicator in order to ensure sustainability of the ODF status.
<b>Components</b>	<ul style="list-style-type: none"> <li>- Training district technical officials on CLTS</li> <li>- Mobilization (pre triggering) per subcounty</li> <li>- Mobilization (pre triggering) per parish</li> <li>- Triggering of communities</li> <li>- Community engagement (radio/ drama)</li> <li>- Communication Materials (t/ shirts/ BANNERS)</li> <li>- Follow up visits (District/ S/C coordination)</li> <li>- Verification (DHI, DWO, Political leaders)</li> <li>- Certification by District, Ministry and Political leaders</li> <li>- Recognition and reward.</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ % of OD = 100 % - percentage improved - percentage unimproved</li> <li>✓ 100% of the villages enforce a formal and/or informal community-based regulation on a permanent and universal basis (applied to everyone). Legal enforcement and social pressure.</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: EHD</li> <li>➤ Implementing entities: Districts, supported by NGO</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: MoH with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 5,634,409 / year
<b>Duration</b>	Up to 2030
<b>Additional information</b>	The different approaches promoted by both the government and development partners, such as home improvement campaigns, CLTS and Umoja approach make lose focus the intervention of the districts. The Environmental Health Officers (EHOs), with the support of development partners, shall harmonize and improve the complementarity of approaches. The EHO's role is also to ensure that NGO interventions are done according to the approaches promoted by the country.
<b>Additional information</b>	The "natural erosion" of the ODF status is not due to a lack of adherence to the new social norm created by CLTS, but to other circumstances such as newcomers or a deterioration of the latrines. The "natural erosion" can be considered acceptable if the defaulters can be hold at an acceptable level (for instance less than 5%) under a community enforced regulation. See APPENDIX 4.



<b>D. DEMAND GENERATION</b>	
<b>D.2 SOCIAL AND COMMERCIAL MARKETING</b>	
<b>D.2.2 Motivate and support the providers so they market their products and services in both urban and rural areas</b>	
<b>Rationale</b>	The providers (sanitation equipment and material suppliers, FS emptying service, masons, etc.) market their products and services. They often show their products in front of their shops, and find specific ways for publicity. Marketing is part of any small business. This experience, initiative and capacity can be used for boosting sales in the sanitation market. Water For People, districts and few private sanitation providers (e.g. Crestanks) are involved in the promotion and marketing of amongst other products, prefabricated latrines, handwashing facilities and sato-pans.
<b>Objective</b>	Increase the marketing capacity of the local providers for sanitation products and services in order to promote demand for sanitation products and services in urban areas.
<b>Components</b>	<ul style="list-style-type: none"> <li>– Identify sanitation providers by district. Update the Sanitation Business Catalogue [62]. In some districts government’s partners already developed lists of trained masons.</li> <li>– Train providers on marketing techniques.</li> <li>– Organize one national fair on sanitation, inviting and supporting all sanitation providers (every 3 years).</li> <li>– Subsidize access to media (free radio ads for providers, etc...)</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ 100% of the sanitation providers are identified.</li> <li>✓ The Sanitation Business Catalogue is being updated every year and is available on line. It is classified by district and type of service</li> <li>✓ One national fair is being run at national level every 2 years</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: EHD</li> <li>➤ Implementing entities: Districts, supported by NGO</li> <li>➤ Support provided by: DWSCC + Uganda National Chamber of Commerce and Industry</li> <li>➤ Financing: MoH with the support of financial partners</li> </ul>
<b>Cost estimate</b>	From USD 100,000 / year to USD 200,000 / year
<b>Duration</b>	Up to 2030
<b>Additional information</b>	Good examples already exist in Uganda. During a past sanitation week, the Kampala Capital City Authority (KCCA) strategically placed their vacuum tankers (which are used by KCCA the rest of the year) near peri-urban areas and allow pit emptying businesses to dump faecal sludge in the trucks, saving on transport costs and serving to promote pit emptying in peri-urban Kampala. Local authorities sanction pit-emptying businesses to temporarily operate without an environmental permit while awaiting the lengthy permit process. This encourage pit emptiers to comply with the regulatory process, while still collecting income and operating profitable businesses. With backing from local authorities, the wastewater treatment plant reduced faecal sludge dumping fees by half for “gulper” (small sludge pumps designed for crowded peri-urban areas) operators [60].





<b>D. DEMAND GENERATION</b>	
<b>D.3 ENFORCEMENT</b>	
<b>D.3.1 Build up capacity of central and local regulation</b>	
<b>Rationale</b>	<p>The Public Health Act (2000) is the main legal instrument of the sector used by both central and local officials. The document needs to be reviewed and updated to integrate the latest sector's development. It shall inspire from local successful innovation.</p> <p>By-laws and district ordinances were drafted at both village and sub-county levels. But local authorities have limited power, and according to the districts, only a few of these documents were validated by the Attorney General's Office.</p> <p>In several districts formal enforcement mechanisms are in place. They are often complemented by unformal regulation put in place by the community. Example of unformal regulation mechanisms are: i) a goat can be taken if the household does not comply with improved sanitation, ii) the "list of shame" listing the name of families that, after being noticed several times, still not have sanitation facility, is exposed in public places.</p> <p>Similarly, local political and traditional leaders are mobilized to show exemplarities to their community members. In some districts, local politicians allow households to visit and inspect their sanitation facilities. In some places, salaries of local politicians who do not comply with improved sanitation in their households, were temporary withheld. The same also applied at village level (municipal budget can be withheld). Enforcement is also effective through dismantling and reassembling functional boreholes according to whether or not communities comply with improved sanitation technologies and practices.</p> <p>An effective enforcement of local regulations in force around household sanitation services can have a substantial impact on demand generation. This includes requiring households to have a safe latrine and to empty it when the pit is full, as well as prohibiting businesses providing inadequate pit emptying (e.g. using shovels and buckets) or open faecal sludge dumping (this implies for all FS emptying service providers, both manual and mechanical). Requiring households to have a safe latrine may help to provide public sector incentives to ensure affordable, safe and environmentally friendly products are available to lower-income households. Regulations are only effective if they are enforced and feasible to comply (realistic) with, including for families having access to a supply of affordable and desirable products and services. Even small gestures of supportive enforcement can provide a starting point and facilitate sanitation business operations, such as streamlining regulatory processes.</p>
<b>Objective</b>	Support the districts for an effective and universal enforcement of the local regulation
<b>Components</b>	<ul style="list-style-type: none"> <li>– Review and update the Public Health Act, with special attention on fines and penalties. For instant, a charge of 10 Ugandan shillings to defaulters on sanitation facilities, as stated in the Act, is no longer applicable</li> <li>– Facilitate the by-laws development and validation process. Update of the local regulation, so to cope with the SDGs and ensure safe delivery of sanitation services (registration and regulation of sanitation operators)</li> <li>– Learn from successful enforcement mechanisms developed, enacted and applied at district level, and share information with all districts</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ Number of districts / municipalities with effective updated local regulation</li> <li>✓ Occurrence of penalties</li> <li>✓ Number of district enforcement</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: EHD</li> <li>➤ Implementing entities: Districts, supported by NGO</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: MoH with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 44,400 / year
<b>Duration</b>	Up to 2022
<b>Additional information</b>	<p>Universal and effective enforcement of the local regulation is related with the change in social norms, which can be achieved through social marketing activities (see §D.2.1 above). Effective enforcement needs to be based on the community's expectations. The strongest evidence of a change in social norm is the genuine adoption and the enforcement of formal or informal rules / bylaws at the level of the community, accepted by all the community members and recognized as collective rules which cannot be transgressed without consequences.</p>



### 5.2.3 Supply Chain Improvement

The objective of Improving the Supply of integrated sanitation solutions is to:

- Promote innovation so that new suitable solutions are identified.
- Upgrade the capacity of local markets so that suitable and affordable solutions are provided to the households. This objective applies to both individual and collective sanitation services.
- Increase access to finance for the sanitation stakeholders.

The following activities are identified in order to improve the supply chains for integrated sanitation services and appropriate hygiene practices.

<b>S.</b>	<b>SUPPLY CHAIN IMPROVEMENT</b>
S.1	RESEARCH & DEVELOPMENT (R&D)
S.1.1	<i>Motivate and support the academic institutions and the civil society for innovation</i>
S.1.2	<i>Run pilot projects and promote scale-up</i>
S.2	PROVISION
S.2.1	<i>Update the strategic planning tools taking into consideration the new strategic indicators</i>
S.2.2	<i>Motivate, train and support providers</i>
S.2.3	<i>Motivate and support Small Towns' municipalities for drafting Town Sanitation Plans</i>
S.3	FINANCING
S.3.1	<i>Increase public investment into collective sanitation and support households to finance private sanitation facility</i>
S.3.2	<i>Motivate, train and support community microfinance organizations</i>

The activities are detailed as follows:



<b>S. SUPPLY CHAIN IMPROVEMENT</b>	
<b>S.1 RESEARCH &amp; DEVELOPMENT (R&amp;D)</b>	
<b>S.1.1 <i>Motivate and support the academic institutions and the civil society for innovation</i></b>	
<b>Rationale</b>	<p>The lack of affordable, accessible sanitation products that meet the household needs (durable, easy to clean and sealable) is still a major constraint. The sector needs to explore the possibility of new solutions, e.g. plastic technology which do not have some of the shortcomings of the concrete products which are more commonly used. Plastic products are easy to move, so the transport costs incurred by households will not be as high as for those of concrete products; they are easy to fix; and unlike concrete products, existing plastics e.g. water containers, have a well-established supply chain which is convenient to the households. New approaches and technologies are being developed on a yearly basis, sometime providing really interesting opportunities. These innovations usually apply best where they were developed, as they take the local conditions into consideration. Public-private partnerships for technology development has the potential to allow public sanitation products to adapt to household desires and flourish with market incentives.</p> <p>Last but not least a Design Manual for Sanitation is needed in parallel of the existing Design Manual for Water Supply in Uganda [74].</p>
<b>Objective</b>	<p>Identify new technologies, new products and new services suitable for the Ugandan market and at district level, that are affordable to all. It is recommended to support innovation at national and district level. Local providers will best identify solutions applicable and sustainable in their environment. The role of the local authorities is then to motivate and facilitate the process of innovation.</p> <p>At national level, the Government can motivate innovation by creating incentives, for instance an “Award for Innovation” or similar.</p> <p>Draft a Design Manual for Sanitation.</p>
<b>Components</b>	<ul style="list-style-type: none"> <li>– Support existing R&amp;D institutes in Uganda<sup>4</sup></li> <li>– Run study tours, so that national and district sanitation officers have the opportunity to visit other countries and learn about innovative approaches</li> <li>– Create an award for sanitation innovation, dotted with prize money</li> <li>– Draft a Design Manual for Sanitation.</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ At least one new technology is introduced on the Ugandan market yearly</li> <li>✓ At least one study tour every year</li> <li>✓ A national platform for knowledge management is available to all actors</li> <li>✓ A Design Manual for Sanitation is validated at national level and diffused at district level as well as among the sub-sector stakeholders (consulting engineers, NGO, and so on).</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: MoH</li> <li>➤ Implementing entities: Academic organizations and private sector, supported by NGO</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: MoH with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 535,000 / year
<b>Duration</b>	Up to 2022
<b>Additional information</b>	<p>Before introduction on the local market, new products and approaches would need to be accredited by the Government. Certification or accreditation can be helpful to sanitation entrepreneurs by providing their products and services with recognition and backing. However, certifications are only supportive if they are available, clear and streamline to obtain.</p>

<sup>4</sup> For example the Appropriate Technology Centre for Water and Sanitation and the Water Institute



<b>S. SUPPLY CHAIN IMPROVEMENT</b>	
<b>S.1 RESEARCH &amp; DEVELOPMENT (R&amp;D)</b>	
<b>S.1.2 <i>Run pilot projects and promote scale-up</i></b>	
<b>Rationale</b>	<p>Innovation is part of any sector, and never ends. This also applies to the sanitation sub-sector. There is no "one fits all" permanent, universal and eternal solution. Progress learns from experience and testing.</p> <p>Innovation should be tested on the ground before scale up at district or national level.</p> <p>So far, several districts have run pilot projects. Districts leaders and technical staff were also supported to undertake inter-district visits to increase their motivation and foster replication of best practices and learning on key sanitation approaches (e.g. FSM, sanitation marketing, enforcement). Despite this endeavour, there is still a gap to move from pilot project to scale-up, and capitalization from successful projects and initiatives shall be reinforced.</p>
<b>Objective</b>	<p>Run pilot projects so to confirm the suitability and applicability of new sanitation solutions, in order to support scale up.</p> <p>Pilot projects could include as examples:</p> <ul style="list-style-type: none"> <li>• Innovative approaches for collective services (regulation of service providers, non-conventional sewerage)</li> <li>• Sanitation marketing projects</li> <li>• Faecal sludge treatment processes and management</li> </ul> <p>Promote scale up and replication of successful projects, innovation and best practices</p> <p>The new technologies can be assessed applying the Technology Assessment Framework (TAF), which is a decision support tool on the applicability, scalability and sustainability of a specific technology to provide lasting services in a specific context and on the readiness for its introduction.</p>
<b>Components</b>	<ul style="list-style-type: none"> <li>– Identification, appraisal, design and implementation of a pilot project</li> <li>– Monitoring and evaluation</li> <li>– Validation process with the Government</li> <li>– Sharing results with the sub-sector: organization of learning and sharing of experience workshops at district level, both internally and externally</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ One pilot project is implemented every 3 years</li> <li>✓ Learning and sharing of experience workshops are organized at district and national level</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: MoWE</li> <li>➤ Implementing entities: NGO' and/or private sector (service providers), WSDFs</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: MoWE with the support of financial partners</li> </ul>
<b>Cost estimate</b>	Up to USD 1,785,000
<b>Duration</b>	Up to 2022
<b>Additional information</b>	<p>The recent experience with pilot projects shows that what works at small scale does not always apply at a larger scale. Pilot projects should then include a specific "scaling up" component.</p> <p>Also, pilot projects in Small Towns should be run AFTER the drafting and validation of the Sanitation Master Plan (see S.2.3 below)</p>



**S. SUPPLY CHAIN IMPROVEMENT**

**S.2 PROVISION**

**S.2.1 Update the strategic planning tools taking into consideration the new strategic indicators**

<b>Rationale</b>	<p>During consultation [65] the districts expressed their concern about reaching the SDG by 2030 (see Table 5 in page 16 above). The districts also lack data on the actual present situation.</p> <p>Several baseline studies in the sub-sanitation sector exist in Uganda. They are usually run before appraisal of a project. Some other sources are available such as the web-based database of all public sanitation facilities established by the MoWE. The Sector Investment Program has consolidated this data in 2016 [32].</p>
<b>Objective</b>	<p>The existing baseline and pacification at district level are based on the former ISH's indicators and need to be updated taking the new strategic indicators into consideration. Indicators such as the use of a toilet (instead of the access of the same) and the enforcement of ODF regulation are new to the districts: they need to be supported in order to increase their capacity for implementation.</p> <p>The baseline study will have to take all components of the supply chain into consideration, in accordance with the SDG (from containment to reuse, see Figure 1 on page 4 above). It will also have to collect data on the strategic activities and components listed under the 3 pillars (see Figure 4 on page 18 above). For instance the baseline study will have to collect data about the existing market, local providers, microfinance capacities, and so on.</p>
<b>Components</b>	<ul style="list-style-type: none"> <li>– Baseline study</li> <li>– Updated District Investment Plans</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ The baseline study is drafted and validated at district level</li> <li>✓ The District Investment Plans are drafted and validated at district level</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: MoWE</li> <li>➤ Implementing entities: NGO</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: MoWE with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 100'000 / year
<b>Duration</b>	First year
<b>Additional information</b>	The baseline study will be run according to the review process of the water and environment sector performance (measurement) monitoring framework [67].



<b>S. SUPPLY CHAIN IMPROVEMENT</b>	
<b>S.2 PROVISION</b>	
<b>S.2.2 Motivate, train and support providers</b>	
<b>Rationale</b>	The low capacity of services providers combined with the lack of knowledge about maintenance of sanitation facility at household level and the low financial capacity of communities, contribute to the limited development of the sanitation sub-sector. Capital investment is also perceived as a burden to the involvement of the private sector in delivering sanitation services. As a response, the Government allocates subsidy to the private operators to purchase vacuum trucks (or cesspool emptiers).
<b>Objective</b>	Boost the private investment and the initiative of private actors for creating new businesses active in the sanitation sub-sector at district level.
<b>Components</b>	<ul style="list-style-type: none"> <li>– Identify government's barriers, discomforts and incentives to develop palatable strategies. Incentives can take different forms: importation tax free for sanitation material, direct subsidy for sanitation equipment investment, etc. Advocate for and create policies for low-interest loans or social business grants available to low-cost sanitation businesses</li> <li>– Create access to benefits such as tax exemptions for low-cost sanitation businesses.</li> <li>– Publicly-supported business development services or incubation programs may increase the likelihood of success and effectiveness of local sanitation businesses: run business incubation programs</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ 5% increase of the total number of sanitation providers per year</li> <li>✓ Number of vacuum trucks in operation per district</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: MoWE</li> <li>➤ Implementing entities: MoWE + Consultants</li> <li>➤ Support provided by: MoWE + Uganda National Chamber of Commerce and Industry</li> <li>➤ Financing: MoWE with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 290,000 / year
<b>Duration</b>	Up to 2030
<b>Additional information</b>	Publicly-supported business incubation programs may increase the likelihood of success and effectiveness of local sanitation businesses. As a large-scale example, there are Small Business Development Centres in the United States (typically found at universities or colleges) managed by the Small Business Administration, a public agency. Providing a similar service in Uganda could help socially-minded sanitation businesses succeed. In return, successful sanitation businesses serve the interest of the public sector by increasing sanitation coverage and supporting a healthier environment. Aggregation of sanitation businesses can serve a similar supportive function, grouping together sanitation businesses and/or interested parties to strategize and address challenges more effectively, as a larger group. The public sector may be able to support this via aggregation programs or consortiums.



**S. SUPPLY CHAIN IMPROVEMENT**

**S.2 PROVISION**

**S.2.3 Motivate and support Small Towns for drafting and implementing “Town Sanitation Plans” (TSP)**

**Rationale** Although they show similarities, each small town has specific needs in terms of integrated sanitation. Unlike rural dispersed areas (where individual sanitation is the rule) small towns may need improved collective services in densely populated areas. Identifying and planning suitable and affordable sanitation services depending on the small town’s area requires to run a study at local level, based on sound criteria, which will constitute the tool for planning investments in small towns.

The MoWE with the support of the USAID and the GIZ, conducted the project called “Capacity development of Town Councils to design and implement TSPs” [66]. The project aimed at making use of TSPs as a basis for planning, coordinating and prioritizing investments. Six small and medium size towns in Northern Uganda were targeted. WSDFs have the mandate to institutionalise and spearhead the TSP approach to other districts and towns. In order to boost the sector development, the towns should have a TSP to access investments for sanitation services.

**Objective** Each Small Towns has a TSP drafted and validated that will identify and quantify the range of investment and the type of services to be provided for each section in town. This TSP will be validated, and its implementation started.

- Components**
- Build internal capacities of ministry and WSDFs to propagate TSP approach.
  - Create and train Sanitation Task Forces (STF) in the towns to undertake the development and implementation of the TSP. The STF shall be a multidisciplinary team comprising town council staff and residents of different disciplines and experiences related to sanitation. The TSP process timeframe needs to be suited to the normal activity lists of the STFs to ensure their active participation.
  - The TSP will identify the best solution for each section of the town, depending on the local conditions (geology, topography, settlements structure, socio-economic). Most important, the TSP will confirm the institutional arrangement for local roles, as described in the table below. The TSPs will provide sustainable financing mechanisms including subsidy schemes to ensure implementation of TSPs is feasible (see S.3.1). The TSP also comprises BCC campaigns, development of by-laws, establishment of a data management system


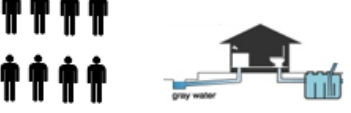
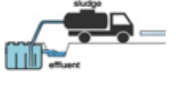

	Individual sanitation	Collective sanitation
On-site		
	<i>Who is investing?</i>	<i>Who is investing?</i>
	<i>Who is operating?</i>	<i>Who is operating?</i>
	<i>Who is promoting?</i>	<i>Who is promoting?</i>
Off-site		
	<i>Who is investing?</i>	<i>Who is investing?</i>
	<i>Who is operating?</i>	<i>Who is operating?</i>
	<i>Who is promoting?</i>	<i>Who is promoting?</i>
	<i>Who is regulating?</i>	<i>Who is regulating?</i>

Table 6: Roles and responsibilities to promote sustainable sanitation services

- The TSPs are being implemented. Households access loans for the construction of superstructures (Local banks, MFIs and SACCOs). Subsidies may be provided to the urban population to enable construction of lined substructures. The municipalities with the support of development partners and according to the small towns cluster agreed upon<sup>5</sup>, invest in vacuum trucks and drying bed infrastructures in order to provide safe faecal sludge collection, transport, treatment and disposal services to residents.

**Indicators** ✓ Each Small Towns has a TSP drafted and validated

**Implementation** ➤ Leading entity: Districts, Municipalities and Town Councils + NWSC

<sup>5</sup> Cluster are groups of towns within 30 to 50 km radius for economies of scale



	<ul style="list-style-type: none"> <li>➤ Implementing entities: WSDF+ municipalities supported by Consultants and/or NGO</li> <li>➤ Support provided by: MoLG + WSDF</li> <li>➤ Financing: MoLG with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 2,220,000 / year
<b>Duration</b>	Up to 2022
<b>Additional information</b>	<p>The TSPs should be drafted taking the <i>subsidiarity</i> criterion into consideration: looking for solutions starting at household level, and then climbing up the social organization up to neighbours' association, community, street blocks, and so on up to the municipal, regional and eventually national levels.</p> <p>Applying this criterion will make it possible to build capacities at the lowest possible level so that local actors are able to provide a service locally. This approach, applied at a town level, aims at installing replicable capacities at local level, which will then be put in place in new settlements.</p> <p>It implies that all efforts should be made so to motivate, mobilize and support the households so that they are able to take care of their own sanitation services.</p> <p>Typical examples of the subsidiarity criterion include decentralized schemes operated by the community (condominial systems, or decentralized wastewater treatment plant or managing transfer stations for waste, and so on).</p>

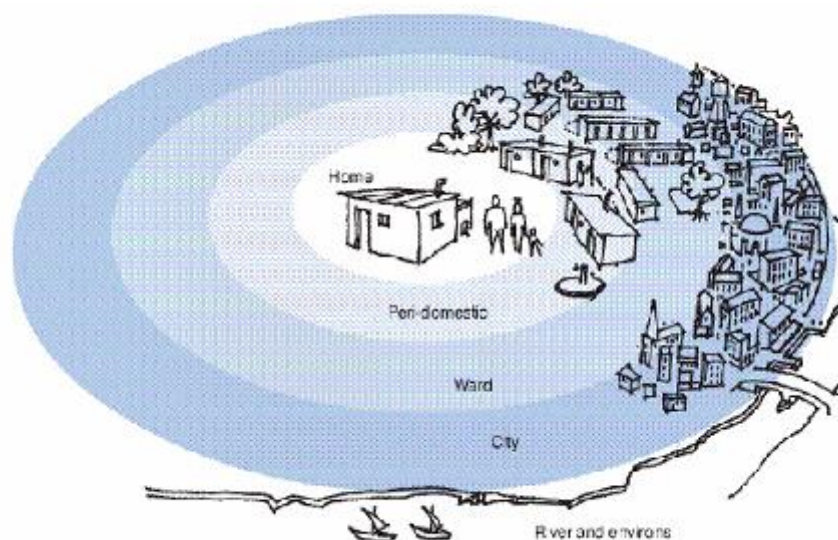


Figure 5: The household at the centre of the sanitation service (Source: World Bank)





**S. SUPPLY CHAIN IMPROVEMENT**

**S.3 FINANCING**

**S.3.1 Increase public investment into collective sanitation and support households to finance private sanitation facility**

<b>Rationale</b>	<p>The provision of universal sanitation has benefits which benefit the society as a whole. Universal sanitation is therefore a public good. Specifically, investments in shared elements (wastewater and FS treatment facilities, sewerage and sludge collection services, hygiene promotion and sanitation marketing activities) have shared or public benefits, rather than private (conversely, poor coverage or poor functionality can produce a disproportionate disbenefit – the opposite of a public good). A recent study conducted in China and India shows that handwashing provides an extremely high return on investment [70]. The study revealed that national handwashing programs in India and China would provide a 92-fold, and 35-fold return on investment, respectively. Investments in handwashing can provide similar health benefits as investments in water and sanitation at much lower costs. The public sector therefore has an interest in investing in the public or shared elements of sanitation and hygiene, including both hard and soft components.</p> <p>The cost of toilets is presently unreasonably high in small towns (from USD 500 to 1,300), in comparison with the low affordability for toilets as income levels are very low (60% of the population of small towns with USD 0.50 to 1.25, and 25% with USD 1.25 to 2.00) [66]. The use of informal sanitation facilities by a large segment of the population has a direct impact on the urban sanitation conditions as well as on the profitability of sanitation related services. Indeed, the FSM market is almost non-existing due to lack of emptyable sanitation systems (unlined pit latrines are dominant in small towns). Providing financial support for the construction of household sanitation facilities will benefit the entire Ugandan population.</p> <p>Ideally, subsidy should be indirect, for instance through the providers. Availability of subsidised sanitation materials on the local market will boost the adoption of improved sanitation facilities and will contribute to ownership increased, which is a prerequisite for sustainability.</p> <p>Even with subsidised material on the market, the poorest quintile will hardly access improved sanitation. A distinct subsidy program shall be developed to target this specific population segment. Ideally, the price of the sanitation and hygiene products on the market should remain the same for all users, the poorest accessing to financial support from other sources than sanitation.</p> <p>For equity and public good purposes, subsidies should also be available for rural communities.</p>
<b>Objective</b>	<p>Increase public investment into collective and public sanitation for the benefit of densely populated areas.</p> <p>Increase public support for the construction of improved household sanitation facility by the households and to create an enabling environment for subsequent development of FSM services.</p> <p>Increase public investment into soft component (promotion of hygiene and sanitation good practices, training)</p>
<b>Components</b>	<p><u>Subsidized market for individual sanitation</u></p> <ul style="list-style-type: none"> <li>– Provide the sanitation service providers with subsidised sanitation materials (for instance construction material, slab with pan, ventilated pipe) to boost the sanitation market</li> <li>– Provide the poorest quintile with targeted financial support to access the subsidised sanitation materials on the market</li> <li>– Make subsidised soap available on the local market</li> </ul> <p><u>Public and collective infrastructure</u></p> <ul style="list-style-type: none"> <li>– School Toilet Build Programme</li> <li>– School Toilet Maintenance and Refurbishment Programme</li> <li>– Build new WWTW / Sludge Receiving Facilities</li> <li>– Refurbish and Upgrade WWTW / Sludge Receiving Facilities</li> <li>– Refurbish and Upgrade Existing Sewers</li> <li>– Building of new sewers</li> <li>– Build Public Toilets in Towns and Rural Growth Centres</li> <li>– Public Toilets in Towns and Rural Growth Centres Maintenance</li> <li>– Build Road Side Toilets</li> <li>– Road Side Toilet Maintenance</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>✓ Increase in sanitation coverage</li> <li>✓ Percentage of schools using safely managed sanitation services increased</li> <li>✓ Percentage of school providing handwashing facility with water and soap increased</li> <li>✓ 100% school attendance by the girl child</li> <li>✓ 5% increase of sales by local providers</li> <li>✓ 5% increase of the sanitation expenses on public services per year</li> </ul>

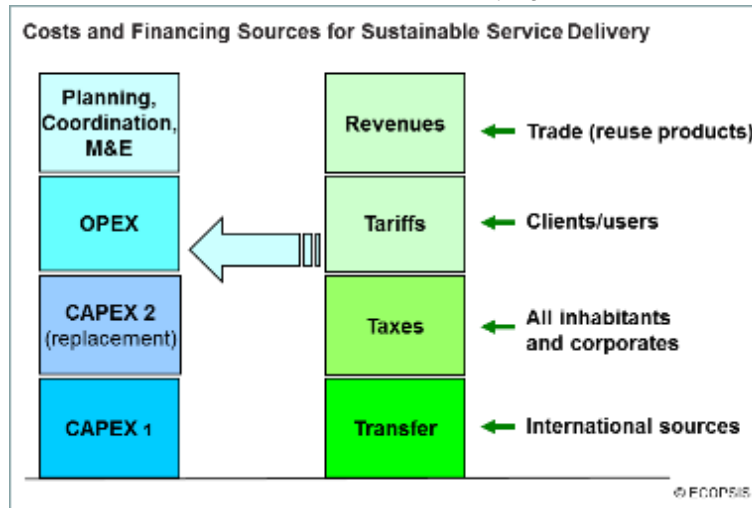


<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entities: MoH, MoLG, MoWE</li> <li>➤ Implementing entities: Town Councils supported by consultants, providers, contractors and NGO + NWSC</li> <li>➤ Financing: MoLG and MoWE with the support of financial partners</li> </ul>
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<b>Cost estimate</b>	USD 36,000,000 / year
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<b>Duration</b>	Up to 2030
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**Additional information** Although called “public investment”, it is useful to remind that ultimately all public funds are eventually covered by citizens and corporates. The following figure with the costs and financing sources for sustainable services allows identifying critical issues.



Sustainable sanitation financing would require the coverage of all capital expenditures, e.g. in form of loan reimbursements or provisions for future replacement if funds have been provided as a grant. Based on the service model for all citizens, the ISHFS proposes that the Government addresses and applies the equity issue when establishing the conditions for providing capital investments for sanitation services:

- First, how public investments are ultimately financed? By taxes paid by all citizens or with tariffs paid by users receiving the service? The ISHFS proposes to include CAPEX into the tariff structure for collective services within 5 years.
- Second, CAPEX for collective infrastructure is usually publicly pre-financed, but seldom charged into the tariff structure, while (private) sludge emptying services charge CAPEX costs to their clients. Private service providers shall become eligible to public funding under the same conditions as public service providers.
- Third, grants from international funding partners shall be equally allocated in sanitation interventions.



<b>S. SUPPLY CHAIN IMPROVEMENT</b>	
<b>S.3 FINANCING</b>	
<b>S.3.2 Motivate, train and support community microfinance organizations</b>	
<b>Rationale</b>	<p>The households access to microfinance, including credit and savings schemes, can increase families' purchasing power. Although direct government lending and government-mandated portfolio quotas (requiring microfinance providers to invest or lend a specified amount of their assets for defined social purposes) are discouraged, the public sector's receptivity to the role that microfinance service providers can play to support sanitation service provision may support household access to microcredit.</p> <p>Initiatives already exist in Uganda and could be replicated. In some districts, a micro-financing mechanism was developed in partnership with Village saving and loan associations (VSLA) and Post bank. Community's access to finance is facilitated to buy sanitation products. The payment is directly done by the micro-credit institution to the service providers, and the beneficiary reimburses the loan with only 2% of interest.</p>
<b>Objective</b>	<ul style="list-style-type: none"> <li>• Capitalize on successful initiatives conducted at district level</li> <li>• Increase the access to microfinance for households, so that they are able to invest into their own sanitation facilities.</li> <li>• Increase the access to microfinance for providers, so that they are able to initiate and invest into their own sanitation business.</li> </ul>
<b>Components</b>	<ul style="list-style-type: none"> <li>– Advocacy for microfinance service providers (banks, MFIs and SACCOs) to include sanitation in their portfolio</li> <li>– Dissemination of successful examples to mitigate perceived risk</li> <li>– Informational campaigns, promoting savings schemes and encouraging cautious borrowing for sanitation</li> </ul>
<b>Indicators</b>	✓ 10% increase of the sanitation expenses by households and providers per year
<b>Implementation</b>	<ul style="list-style-type: none"> <li>➤ Leading entity: MoWE</li> <li>➤ Implementing entities: NGO</li> <li>➤ Support provided by: NSWG</li> <li>➤ Financing: MoWE with the support of financial partners</li> </ul>
<b>Cost estimate</b>	USD 70,000 / year
<b>Duration</b>	Up to 2030
<b>Additional information</b>	<p>There are four types of microfinance for sanitation:</p> <ul style="list-style-type: none"> <li>• Formal loans for households: NGO, micro loan organisations and microfinance banks usually provide these kinds of loans. In this case the borrowers apply for loans and enter into a legal agreement to make repayments according to a schedule. Depending upon the regulations of the governing institution, the borrowers may or may not provide securities</li> <li>• Targeted loans for households: These kinds of loans are mainly provided by financial partners that aim at improving sanitation conditions. They are specifically targeted at households who have poor sanitation facilities. The micro loan provider does not give the loan unless the borrower agrees to use it purposefully and with the quality required by the loan provider. In this case, monitoring is usually done by the loan provider to ensure that the loan has been used purposefully and with the quality agreed upon.</li> <li>• Informal loans: These are provided by community-based saving and loan groups as well as individuals (for example friends and relatives). To be able to get access to these loans membership in the group is a must.</li> <li>• Loans for small businesses: These types of loans are offered mainly to entrepreneurs who engage in the sanitation business. It can be either formal or informal depending on the source of finance. The loans are mainly used by the enterprise as working capital or investment allowing it to buy raw material, or allowing it to create a stock of finished products</li> </ul>



## 6. MEDIUM –TERM OPERATIONAL PLAN 2018-2022

Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
<b>E. ENABLING ENVIRONMENT</b>											
<b>E.1 POLICY AND GUIDELINES</b>											
E.1.1 Draft, validate and disseminate a new Integrated Sanitation Policy (ISP)											
<i>MoH mobilizes external resources (consultant)</i>	<i>MoH</i>	<i>EHD</i>	<i>MoH + financial partners</i>	<i>1</i>	<i>20,000</i>					<i>20,000</i>	<i>40 days 500 UDS/day</i>
<i>Validation process at district and national level (workshops)</i>	<i>MoH</i>	<i>EHD</i>	<i>MoH + financial partners</i>	<i>2</i>		<i>5,000</i>				<i>5,000</i>	<i>1 workshop per region + 1 workshop at national level = 5 workshops x 1,000/workshop (incl. break tea for 50 participants, hall hire, stationary, transport and fuel)</i>
<i>Formal validation by the Government</i>	<i>MoH</i>	<i>EHD</i>	<i>MoH + financial partners</i>	<i>2</i>		<i>5,000</i>				<i>5,000</i>	<i>2 workshops at national level x 1,000/workshop (incl. break tea for 50 participants, hall hire, stationary, transport and fuel) + external consultant 6 days 500 UDS/day</i>
<i>Edition and dissemination at national level, district and community levels</i>	<i>MoH</i>	<i>EHD</i>	<i>MoH + financial partners</i>	<i>2</i>		<i>20,000</i>				<i>20,000</i>	<i>1,000 copies x 20 /copy</i>
<b>Sub-total E.1.1</b>					<b>20,000</b>	<b>30,000</b>				<b>50,000</b>	



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
E.1.2 Increase the capacity of government at national and district levels											
<i>Professional training, on-the-job training – mainly for coordination, training of trainers and advocacy at all levels</i>	MoH	EHD, MoH, MoES, MoWE, MoLG, districts	ministries + financial partners	1	200,000	200,000	200,000	200,000	200,000	1,000,000	200 trainees/year x 1,000/trainee [76]
<i>Equipment for logistics and transportation at all level (including EHEWs)</i>	MoH	EHD, MoH, MoES, MoWE, MoLG, districts	ministries + financial partners	1	200,000	200,000	200,000	200,000	200,000	1,000,000	10 vehicles/year
<i>Study tours</i>	MoH	EHD, MoH, MoES, MoWE, MoLG, districts	ministries + financial partners	1	100,000	100,000	100,000	100,000	100,000	500,000	50 study tours at national level (from district to district)
Sub-total E.1.2					500,000	500,000	500,000	500,000	500,000	2,500,000	
E.2 COORDINATION											
E.2.1 Support the National Sanitation Working Group											
<i>Support the NSWG for organizing workshops and regular meetings</i>	MoH	EHD	MoH + financial partners	1	5,000	5,000	5,000	5,000	5,000	25,000	3 meetings/year x 1,000/meeting (incl. break tea for 50 participants, hall hire, stationary, transport and fuel) + 2,000/year for printing and sharing documentation
<i>Support the NSWG for participation at international conferences</i>	MoH	EHD	MoH + financial partners	2	30,000	30,000	30,000	30,000	30,000	150,000	5 persons x 2 participations/year x 3,000/participation



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
<i>Support the NSWG for events (such as the national hand washing day and the national sanitation week)</i>	MoH	EHD	MoH + financial partners	2	5,000	5,000	5,000	5,000	5,000	25,000	Participation of the NSWG in press conferences, TV, radio, mobilization at local level
<i>Open the door to more participants to the NSWG (e.g. private sector representatives)</i>	MoH	EHD	MoH + financial partners	2							
<i>Review and strengthen the MoU between the line ministries MWE, MoH and MoES in order to enhance coordination at national level</i>	MoH	Consultant	MoH + financial partners	1	10,000	10,000				20,000	40 days 500 UDS/day
Sub-total E.2.1					50,000	50,000	40,000	40,000	40,000	220,000	
E.3 PROMOTION											
E.3.1 Advocate to influence decision makers for increased investment into sanitation											
<i>Design of an advocacy campaign (definition of target groups, of relevant communication tools, etc.).</i>	MoH	Consultant	MoH + financial partners	1	10,000					10,000	20 days x 500 UDS/day
<i>Implementation of a first phase of institutional mobilization to assess the receptiveness of the stakeholders and finalize the advocacy campaign as required</i>	MoH	MoH	MoH + financial partners	2	20,000					20,000	Lumpsum for field visits at national and district level
<i>Hiring of consultants for advocacy at the highest level of Government</i>	MoH	Consultant	MoH + financial partners	2	10,000	10,000	10,000	10,000	10,000	50,000	20 days x 500 UDS/day



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)	
					2018	2019	2020	2021	2022	Total (5-years)		
<i>Revise the content of the Primary Health Care (PHC) package and funding to include more sanitation and hygiene components and allocate adequate resources</i>	MoH	Consultant	MoH + financial partners	2	10,000						10,000	20 days x 500 UDS/day
Sub-total E.3.1					50,000	10,000	10,000	10,000	10,000		90,000	
E.3.2 Create a rewarding and competitive environment for the private sector												
<i>Advocate for the participation of the private sector into sanitation at national and district level. Also, advocate at financing and development agencies level.</i>	MoWE	Consultant	MoH + financial partners	2	20,000						20,000	40 days 500 UDS/day
<i>Train SSIP, for instance through specialized training centres (for masons, manual emptiers and for vacuum tankers). SSIP also need to be trained on commercial approaches (so they can market their products and services) as well as on management (accountancy and so on).</i>	MoH	Training centres	MoH + financial partners	2	50,000	50,000	50,000	50,000	50,000		250,000	50 trainees/year x 1,000/trainee [76]
<i>Create an award for sanitation businesses in order to increase the attractiveness of the sector</i>	MoH	EHD	MoH + financial partners	3	5,000	5,000	5,000	5,000	5,000		25,000	Lumpsum for annual award in cash



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
<i>Facilitate access to capital for sanitation businesses (support to manual FS emptiers in Kampala should be considered as a successful example)</i>	MoH	Financial institutions, banks	MoH + financial partners	2	100,000	100,000	100,000	100,000	100,000	500,000	guaranteed amount for estimated 200 businesses in Uganda (100 in Kampala only [77]) x annual turnover \$50,000 x loan needs 20% x contribution to a guarantee fund up to 5%
<i>Promote a stakeholders' dialogue between the various stakeholders (SSIP, public authorities, utilities, development organizations) to help clarify issues and obstacles, to better articulate activities of the various actors, and to make better use of the skills and know-how of the local private sector</i>	MoH	Consultant	MoH + financial partners	2	10,000	10,000	10,000	10,000	10,000	50,000	20 days x 500 UDS/day
Sub-total E.3.2					185,000	165,000	165,000	165,000	165,000	845,000	
E.4 MONITORING & EVALUATION											
E.4.1 Improve and extend the existing Monitoring & Evaluation procedure											
<i>Harmonize data collection mechanism and reporting formats at all levels with special attention at the ground level</i>	MoWE	DWSCC	MoWE + financial partners	2	10,000	10,000	10,000	10,000	10,000	50,000	40 days x 500 UDS/day





Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)	
					2018	2019	2020	2021	2022	Total (5-years)		
<i>Revise and harmonize definitions and indicators. Include ODF indicators in the SPR. Extend the existing SPR indicators so to include quantitative and qualitative indicators. Update the format of the existing SPR so to improve access to the data.</i>	MoWE	Consultant	MoWE + financial partners	1	10,000						10,000	20 days x 500 UDS/day
<i>Explore digital and developed IT software for monitoring and accessing real time data</i>	MoWE	IT Consultant	MoWE + financial partners	2	20,000	10,000					30,000	60 days x 500 UDS/day
<i>Disseminate information at district level to ensure all entities involved in the sector monitoring activities use the same definitions and indicators</i>	MoWE	EHD	MoWE + financial partners	2		20,000					20,000	1,000 copies x 20 /copy
Sub-total E.4.1					40,000	40,000	10,000	10,000	10,000		110,000	
<b>Sub-total "Enabling Environment"</b>					<b>845,000</b>	<b>795,000</b>	<b>725,000</b>	<b>725,000</b>	<b>725,000</b>		<b>3,815,000</b>	
<b>D. DEMAND GENERATION</b>												
<b>D.1 AWARENESS BUILDING &amp; EDUCATION</b>												
<b>D.1.1 Design and run National Information Campaigns</b>												
<i>Create appropriate and specific information materials (national and by district) including a sanitation marketing component</i>	MoH	Consultant	MoH + financial partners	2	20,000						20,000	40 days x 500 UDS/day



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
<i>Run the campaigns</i>	MoH	NGOs	MoH + financial partners	2	250,000	250,000	250,000	250,000	250,000	1,250,000	[76]
<i>Annual National sanitation week</i>	MoH	EHD	MoH + financial partners	1	121,000	121,000	121,000	121,000	121,000	605,000	1,000/district x 111 districts + 10,000 for celebrations in Kampala
<i>National Global Hand Washing Day Celebrations</i>	MoH	EHD	MoH + financial partners	1	25,000	25,000	25,000	25,000	25,000	125,000	5,000/region x 4 regions + 5,000 for celebrations in Kampala
<i>Continue implementing the media award events</i>	MoH	EHD	MoH + financial partners	1	5,000	5,000	5,000	5,000	5,000	25,000	1 event at national level x 2,000/workshop (incl. break tea for 50 participants, hall hire, stationary, transport and fuel) + award price 6 x UGX 1,500,000 + 4 x UGX 400,000
Sub-total D.1.1.					421,000	401,000	401,000	401,000	401,000	2,025,000	
D.1.2 Design and implement Sanitation & Hygiene training in schools											
<i>Adapt and test training materials and teaching aids in classes</i>	MoES	Consultants	MoES + financial partners	1	20,000					20,000	40 days x 500 UDS/day



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
<i>Train head teachers and SMC on safe management of sanitation facilities as well as school sanitation and hygiene so to teach children proper use of toilets and hand washing and as "actor of change" at community level</i>	MoES	Training centres/NGO	MoES + financial partners	1	500,000	500,000	500,000	500,000	500,000	2,500,000	500 trainees/year x 1,000/trainee [76]
Sub-total D.1.2					520,000	500,000	500,000	500,000	500,000	2,520,000	
D.1.3 Motivate and support the Community Health Extension Workers so they are able to promote sanitation											
<i>Implement the 2016-2020 CHEW strategy [71]: training of the CHEWs and increase of district budget to compensate the CHEWs</i>											
<i>CHEW Tools Equipment and Supply</i>	MoH	DWSCC, supported by NGO	MoH + financial partners	1	829,112	2,144,444	4,917,502	#####		18,700,724	extracted from [71]
<i>CHEWs basic and refresher Training</i>	MoH	DWSCC, supported by NGO	MoH + financial partners	2	2,809,182	4,599,070	8,721,403	#####		26,939,321	extracted from [71]
<i>Coordination and Supervision of CHEWs</i>	MoH	DWSCC, supported by NGO	MoH + financial partners	1	781,417	1,174,832	2,503,245	3,377,849		7,837,343	extracted from [71]
<i>Electronic Information Systems Development</i>	MoH	DWSCC, supported by NGO	MoH + financial partners	2	14,560	1,400	1,442	3,016		20,418	extracted from [71]
					4,434,271	7,919,746	#####	#####		53,497,806	
Sub-total D.1.3											



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
D.2 SOCIAL AND COMMERCIAL MARKETING											
D.2.1 Run CLTS campaigns at community level											
<i>Training district technical officials on CLTS</i>	MoH	NGOs	MoH + financial partners	1	101,111	101,111	101,111	101,111	101,111	505,556	14 districts/year [76] x \$402,458/district [43].
<i>Mobilization (pre triggering) per subcounty</i>					32,608	32,608	32,608	32,608	32,608	163,042	
<i>Mobilization (pre triggering) per parish</i>					246,167	246,167	246,167	246,167	246,167	1,230,833	
<i>Triggering of communities</i>					249,212	249,212	249,212	249,212	249,212	1,246,058	
<i>Community engagement (radio/ drama)</i>					298,387	298,387	298,387	298,387	298,387	1,491,933	
<i>Communication Materials (t/ shirts/ BANNERS)</i>					145,833	145,833	145,833	145,833	145,833	729,167	
<i>Follow up visits (District/ S/C coordination)</i>					3,361,680	3,361,680	3,361,680	3,361,680	3,361,680	16,808,400	
<i>Verification (DHI, DWO, Political leaders)</i>					44,917	44,917	44,917	44,917	44,917	224,583	
<i>Certification by District, Ministry and Political leaders</i>					1,135,050	1,135,050	1,135,050	1,135,050	1,135,050	5,675,250	
<i>Recognition and reward</i>					19,444	19,444	19,444	19,444	19,444	97,222	
Sub-total D.2.1					5,634,409	5,634,409	5,634,409	5,634,409	5,634,409	28,172,044	
D.2.2 Motivate and support the providers so they market their products and services											
<i>Create a Sanitation Business Catalogue</i>	MoH	Consultants	MoH + financial partners	3	50,000					50,000	100 days x 500 UDS/day
<i>Train providers on marketing techniques.</i>	MoH	Training centres	MoH + financial partners	3	50,000	50,000	50,000	50,000	50,000	250,000	50 trainees/year x 1,000/trainee



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)	
					2018	2019	2020	2021	2022	Total (5-years)		
<i>Organize one national fair on sanitation, inviting and supporting all sanitation providers.</i>	MoH	Uganda National Chamber of Commerce and Industry	MoH + financial partners	3	50,000			50,000			100,000	Lumpsum for fair organization at national level
<i>Subsidize access to media (free radio ads for providers, etc...)</i>	MoH	Media	MoH + financial partners	3	50,000	50,000	50,000	50,000	50,000	50,000	250,000	1000 adds/year x \$50/add (see <a href="http://www.price-check.co.ug/uganda-media-owners-association-sets-radio-advertising-rates/">http://www.price-check.co.ug/uganda-media-owners-association-sets-radio-advertising-rates/</a> )
Sub-total D.2.2					200,000	100,000	100,000	150,000	100,000	650,000		
<b>D.3 ENFORCEMENT</b>												
D.3.1 Build up capacity of local regulation												
<i>Review and update the Public Health Act</i>	MoH	Consultant	MoH + financial partners	1	20,000						20,000	40 days x 500 UDS/day
<i>Facilitate the by-laws development and validation process. Update of the local regulation</i>	MoH	Districts, supported by NGOs	MoH + financial partners	1	44,400	44,400	44,400	44,400	44,400	44,400	222,000	\$2,000/district x 111 districts over a 5-years period
<i>Learn from successful enforcement mechanisms developed, enacted and applied at district level, and share information with all districts</i>	MoH	Consultant	MoH + financial partners	2	10,000						10,000	20 days x 500 UDS/day
Sub-total D.3.1					74,400	44,400	44,400	44,400	44,400	252,000		
<b>Sub-total "Demand Generation"</b>					<b>11,284,080</b>	<b>14,599,555</b>	<b>22,823,401</b>	<b>31,730,006</b>	<b>6,679,809</b>	<b>87,116,850</b>		
<b>S. SUPPLY IMPROVEMENT</b>												
<b>S.1 RESEARCH &amp; DEVELOPMENT (R&amp;D)</b>												



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
S.1.1 Motivate and support the academic institutions and the civil society for innovation											
<i>Support existing R&amp;D institutes in Uganda</i>	MoH	EHD	MoES + financial partners	2	500,000	500,000	500,000	500,000	500,000	2,500,000	extracted from [76]
<i>Run study tours, so that national and district sanitation officers have the opportunity to visit other countries and learn about innovative approaches</i>	MoH	Consultants, NGOs	MoES + financial partners	3	30,000	30,000	30,000	30,000	30,000	150,000	5 persons x 2 participations/year x 3,000/participation
<i>Create an award for sanitation innovation, dotted with prize money</i>	MoH	Academies	MoES + financial partners	3	5,000	5,000	5,000	5,000	5,000	25,000	Lumpsum for annual award in cash
<i>Draft and disseminate a Design Manual for Sanitation</i>	MoH	Consultant	MoES + financial partners	2	70,000					70,000	100 days x 500 UDS/day + 1,000 copies x 20 /copy
Sub-total S.1.1					605,000	535,000	535,000	535,000	535,000	2,745,000	
S.1.2 Run pilot projects											
<i>Identification, appraisal, design and implementation of a pilot project</i>	MoWE	Consultants, NGOs	MoWE + financial partners	1	1,760,000	1,760,000	1,760,000	1,760,000	1,760,000	8,800,000	Fund LG to provide FSM for Poorer Areas: Pilot projects in 20 towns [76]
<i>Monitoring and evaluation</i>	MoWE	Consultants	MoWE + financial partners	3		20,000		20,000		40,000	1 mission every 2 years x 20 days x 500 UDS/day
<i>Validation process with the Government</i>	MoWE	Consultants, NGOs	MoWE + financial partners	2			20,000			20,000	40 days x 500 UDS/day



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)	
					2018	2019	2020	2021	2022	Total (5-years)		
<i>Sharing results with the sub-sector: organization of learning and sharing of experience workshops at district level, both internally and externally</i>	MoWE	NGOs	MoWE + financial partners	3				5,000			5,000	1 workshop per region + 1 workshop at national level = 5 workshops x 1,000/workshop (incl. break tea for 50 participants, hall hire, stationary, transport and fuel)
Sub-total S.1.2					1,760,000	1,780,000	1,780,000	1,785,000	1,760,000	8,865,000		
<b>S.2 PROVISION</b>												
S.2.1 Update the strategic planning tools taking into consideration the new strategic indicators (baseline study and District Investment Plans)												
<i>Drafting of a new baseline study</i>	MoWE	MoWE + Consultants	MoWE + financial partners	1	60,000	60,000					120,000	100 days x 500 UDS/day + 1,000 copies x 20 /copy
<i>Updating District Investment Plans</i>	Districts	MoWE + Consultants	Districts + financial partners	2	44,400	44,400	44,400	44,400	44,400	222,000		111 districts x 20 men-days x 100 UDS/day, including surveys, transportation
Sub-total S.2.1					104,400	104,400	44,400	44,400	44,400	342,000		
S.2.2 Motivate, train and support providers												
<i>Identify government's barriers, discomforts and incentives</i>	MoWE	Consultants	MoWE + financial partners	1	20,000						20,000	40 days x 500 UDS/day



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
<i>Create access to benefits such as tax exemptions for low-cost sanitation businesses.</i>	MoWE	MoFPED	MoFPED + financial partners	2	225,000	225,000	225,000	225,000	225,000	1,125,000	estimated 300 businesses in Uganda (100 in Kampala only [77]) x annual turnover \$50,000 x tax exemption 1.5% on corporate benefits (A rate of 1.5% of turnover is used to determine income tax payable by a resident company whose turnover is between UGX 50 million and UGX 150 million, subject to certain thresholds)
<i>Run business incubation programs</i>	MoWE	Training centres	MoWE + financial partners	2	45,000	45,000	45,000	45,000	45,000	225,000	\$450/training program x 100 trainees/year. See <a href="http://bdcuganda.com/faq/">http://bdcuganda.com/faq/</a>
Sub-total S.2.2					290,000	270,000	270,000	270,000	270,000	1,370,000	
S.2.3 Motivate and support Small Towns' municipalities for drafting a Sanitation Master Plan											
<i>Build internal capacities of ministry and WSDFs to propagate the TSP approach.</i>	Districts	Consultant	MoLG + financial partners	1	20,000					20,000	40 days x 500 UDS/day
<i>Create and train Sanitation Task Forces (STF) in the towns</i>	Districts	Consultants, NGOs	MoLG + financial partners	1	222,000	222,000	222,000	222,000	222,000	1,110,000	10 days x 200 UDS/day + 111 Town Councils





Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
<i>The Sanitation Task Forces (STFs) in the towns undertake the drafting and validation of the TSPs.</i>	Districts	Consultants, NGOs	MoLG + financial partners	2	1,998,000	1,998,000	1,998,000	1,998,000	1,998,000	9,990,000	\$90,000/TSP [76] * 111 town councils over a 5 years period
Sub-total S.2.3					2,240,000	2,220,000	2,220,000	2,220,000	2,220,000	11,120,000	
<b>S.3 FINANCING</b>											
S.3.1 Increase public investment into collective and public sanitation											
<i>Subsidized market for individual sanitation</i>											
<i>Provide the sanitation service providers with subsidised sanitation materials (for instance construction material, slab with pan, ventilated pipe) to boost the sanitation market</i>	MoH	NGOs	MoH + financial partners	1	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000	\$200 subsidy for cement and pipe x 50,000 toilets/year
<i>Provide the poorest quintile with targeted financial support to access the subsidised sanitation materials on the market</i>	MoH	NGOs	MoH + financial partners	1	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	12,500,000	\$50 subsidy x 50,000 toilets/year
<i>Make subsidised soap available on the local market</i>	MoH	Providers	MoH + financial partners	1	200,000	200,000	200,000	200,000	200,000	1,000,000	\$1 subsidy for soap x 200,000 soaps/year
<i>Public and collective infrastructure</i>											
<i>School Toilet Build Programme</i>	MoES	Contractors	MoES + financial partners	1	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	7,500,000	100 schools/year x \$15,000/school [76]
<i>School Toilet Maintenance and Refurbishment Programme</i>	MoES	Contractors	MoES + financial partners	1	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000	75,000,000	Annual subsidy \$1,500/school to 10,000 schools [76]



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
<i>Build new WWTW / Sludge Receiving Facilities</i>	MoWE	Contractors	MoWE + financial partners	2	400,000	400,000	400,000	400,000	400,000	2,000,000	\$40,000/facility x 10 facilities (2 per year over 5 years) [76]
<i>Refurbish and Upgrade WWTW / Sludge Receiving Facilities</i>	MoWE	Contractors	MoWE + financial partners	2	600,000	600,000	600,000	600,000	600,000	3,000,000	\$40,000/facility x 15 facilities (3 per year over 5 years) [76]
<i>Refurbish and Upgrade Existing Sewers</i>	MoWE	Contractors	MoWE + financial partners	2	360,000	360,000	360,000	360,000	360,000	1,800,000	\$60,000/km x 6 km per year over 5 years [76]
<i>Building of new sewers</i>	MoWE	Contractors	MoWE + financial partners	3	3,600,000	3,600,000	3,600,000	3,600,000	3,600,000	18,000,000	\$120,000/km x 30km per year over 5 years) [76]
<i>Build Public Toilets in Towns and Rural Growth Centres</i>	MoWE	Contractors	MoWE + financial partners	2	500,000	500,000	500,000	500,000	500,000	2,500,000	\$8,300 x 3 toilet blocks in 20 towns per year [76]
<i>Public Toilets in Towns and Rural Growth Centres Maintenance</i>	MoWE	Contractors	MoWE + financial partners	2	774,000	774,000	774,000	774,000	774,000	3,870,000	Annual subsidy \$3,000 x 258 towns [76]
<i>Build Road Side Toilets</i>	MoWE	Contractors	MoWE + financial partners	2	500,000	500,000	500,000	500,000	500,000	2,500,000	\$25,000 x 20 toilet blocks per year [76]
<i>Road Side Toilet Maintenance</i>	MoWE	Contractors	MoWE + financial partners	2	80,000	80,000	80,000	80,000	80,000	400,000	\$4,000 x 20 toilet blocks per year [76]
<b>Sub-total S.3.1</b>					<b>36,014,000</b>	<b>36,014,000</b>	<b>36,014,000</b>	<b>36,014,000</b>	<b>36,014,000</b>	<b>180,070,000</b>	
<b>S.3.4 Motivate, train and support community microfinance organizations</b>											
<i>Advocacy for microfinance service providers (banks, MFIs and SACCOs) to</i>	MoWE	Consultants	MoWE + financial partners	2	20,000	20,000	20,000	20,000	20,000	100,000	40 days x 500 UDS/day



Strategic Activity	Lead	Implement	Financed	Priority	Investment [USD]						Calculation estimate (USD)
					2018	2019	2020	2021	2022	Total (5-years)	
<i>include sanitation in their portfolio</i>											
<i>Dissemination of successful examples to mitigate perceived risk</i>	MoWE	NGOs	MoWE + financial partners	2	10,000	10,000	10,000	10,000	10,000	50,000	500 copies x 20 /copy
<i>Informational campaigns, promoting savings schemes and encouraging cautious borrowing for sanitation</i>	MoWE	NGOs	MoWE + financial partners	2	40,000	40,000	40,000	40,000	40,000	200,000	Lumpsums for campaign
Sub-total S.3.4					70,000	70,000	70,000	70,000	70,000	350,000	
<b>Sub-total "Supply Improvement"</b>					<b>41,083,400</b>	<b>40,993,400</b>	<b>40,933,400</b>	<b>40,938,400</b>	<b>40,913,400</b>	<b>204,862,000</b>	
<b>TOTAL</b>					<b>53,212,480</b>	<b>56,387,955</b>	<b>64,481,801</b>	<b>73,393,406</b>	<b>48,318,209</b>	<b>295,793,850</b>	



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# Appendices

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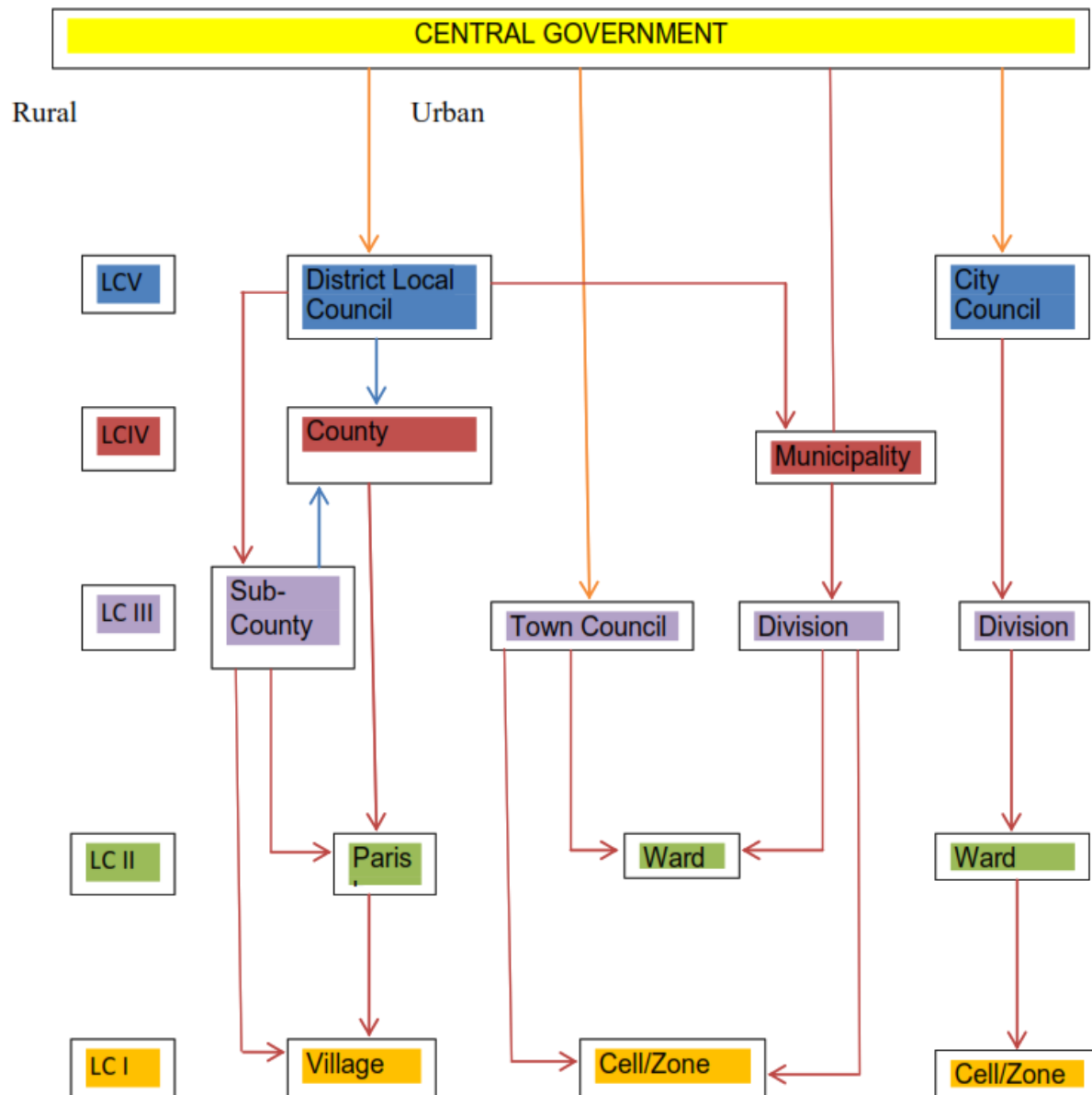
## APPENDIX 2: The policy framework for rural and urban sanitation

<b>Constitution</b>	1995 National Constitution: Every Ugandan has a right to a clean and healthy environment. Government shall endeavour to ensure that all Ugandans live in a clean and health environment.									
<b>Policies</b>	1995 Environment Management Policy	1997 Kampala Declaration on Sanitation	1999 Water Policy	2000 Health Policy	2001 Ministerial Memorandum of Understanding	2004 School Health Policy (draft)	2005 Environmental Health Policy	2007 Gender Policy	2010 Second National Health Policy	
<b>Legislation</b>	1998 Water and Waste Discharge Regulation	1995 National Water and Sewerage Corporation Statute	1997 Local Government Act	1999 Sewerage Regulation	2000 Public Health Act (update)	2000 Water Regulation	District Ordinances and bye-laws for excreta management			
<b>Strategy</b>				2000 Sector Investment Plan 15			2005-2015 ISH Promotion Financing Strategy	2009-2035 Water Sector Strategic Investment Plan	2010-2020 Integrated Financing Strategy for ISH in Small Towns	Environmental Health Strategy 2015/16 – 2019/20 CHEW Strategy 2015/16 – 2019/20
<b>Action Plan</b>						2004 Poverty Eradication Action Plan	2008 District ISH Finance Strategy – Minimum Package	2010 National Development Plan	2013 District Implementation Manual for Sanitation	Second National Development Plan 2015/16 – 2019/20
<b>Other</b>	Millennium Development Goals Development Project			2003 National Sanitation Working Group						2015 Sustainable Development Goals





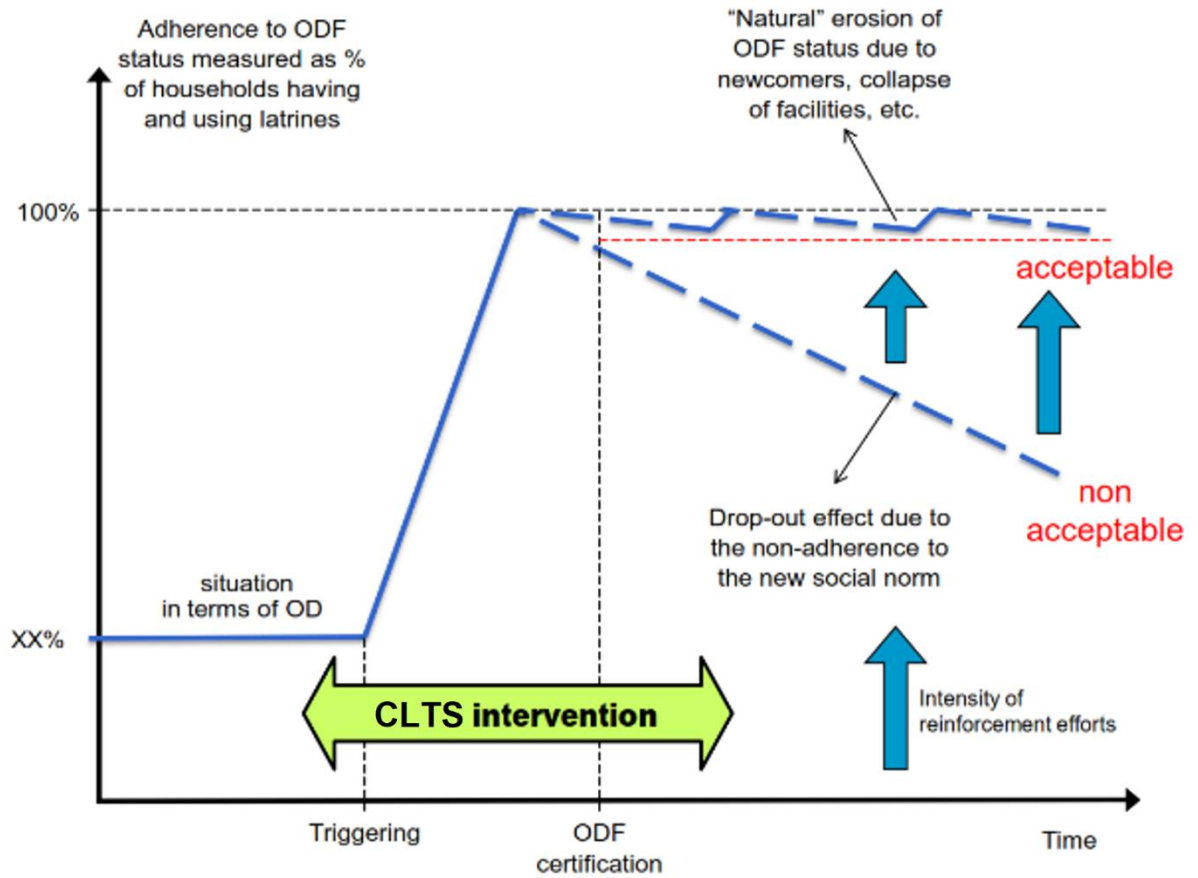
### APPENDIX 3: Government Structure



Source: [71]



## APPENDIX 4: Adherence to the ODF status





## APPENDIX 5: CLTS costs calculation [43]

	CLTS for communities through HAs						Total amount
	Fuel	Airtime	Allowances (staff)	Allowance for participants	Stationery/ photocopying/ RADIO	Snack/ drink/ accomodation	
Training district technical officials on CLTS		300,000	24,000,000	-	500,000	1,200,000	26,000,000
Mobilization (pre triggering) per subcounty	1,800,000	300,000	510,000	5,625,000	150,000		8,385,000
Mobilization (pre triggering) per parish	3,000,000	750,000	2,550,000	56,250,000	750,000		63,300,000
Triggering of communities	20,840,000	5,210,000	35,428,000	-	-	2,605,000	64,083,000
Community engagement (radio/ drama)			42,228,000	22,500,000	12,000,000		76,728,000
Communication Materials (t/ shirts/ BANNERS)					37,500,000		37,500,000
Follow up visits (District/ S/C coordination)	372,600,000		380,052,000	111,780,000			864,432,000
Verification (DHI, DWO, Political leaders)	6,000,000	300,000	5,100,000	-	150,000		11,550,000
Certification by District, Ministry and Political leaders	74,520,000	3,105,000	52,785,000	-	6,210,000	155,250,000	291,870,000
Recognition and reward	-				5,000,000		5,000,000
<b>Total amount for entire district</b>							<b>1,448,848,000</b>
Rate per village							<b>2,333,089</b>



## APPENDIX 6: Glossary

**Blackwater:** Sanitation from the toilet, which contains heavy faecal contamination and most of the nitrogen in sewage.

**Basic Plus:** Level of service is a private toilet that separates waste from human contact, with handwashing facilities

**Building Block:** Approach including 1) sector financing; 2) capacity development; 3) planning, monitoring, and review; 4) sector policy and strategy; 5) institutional arrangements)

**Collaborative Behaviour:** approach including (1) Enhance government leadership of sector planning processes; 2) Strengthen and use country systems

**Community-led total sanitation (CLTS):** approach to achieve sustained behaviour change in mainly rural people by a process of "triggering" leading to spontaneous and long-term abandonment of open defecation practices

**Collection:** The process of picking up liquid waste from residences, businesses, or a collection point, collecting them in a sewerage pipe or loading them into a vehicle, and transporting them to a processing site.

**Community participation:** Community members voluntarily contribute ideas, labour, materials and management to community initiatives. Community participation gives rural consumers voice, uses community management capacity and is an instrument of empowerment.

**Coverage:** The physical presence of sanitation services, enabling access, but may not guarantee use. The WHO/UNICEF Joint Monitoring Program (JMP) gives the definition of what is improved and unimproved sanitation.

**Desludging:** Removing accumulated sludge from septic tanks, aqua-privies, etc.

**Ecological Sanitation (ecosan):** Sanitation the design of which strives to protect ecosystems, and treats excreta as a valuable resource to be recycled. The term is widely understood to reflect this general approach to excreta management, but ecosan technology often implements the approach through the separation of urine and faeces at the level of the individual toilet.

**Effluent:** The Out flowing liquid or fluid discharged to the external environment.

**Enabling Environment:** Policies, financial instruments, formal organizations, community organizations and partnerships which together support and promote needed changes in hygiene practices and access to technology.

**Equity:** Equity means fairness and impartiality to all concerns. In the context of sanitation and hygiene it recognizes that there should be no policy, legal, technological barriers which exclude access to entitlements. Equity recognizes that people are different and may require support to overcome impediments that limit access or sustainability of service use.

**Faecal sludge:** Faecal sludge is the solid or settled contents of pit latrines and septic tanks. Faecal sludge differs from sludge produced in municipal sanitation treatment plants. Faecal sludge characteristics can differ widely from household to household, from town to town, and from country to country. The physical, chemical and biological qualities of faecal sludge are influenced by the duration of storage, temperature, intrusion of groundwater or surface water in septic tanks or pits, performance of septic tanks, and tank emptying technology and pattern.

**Gender:** While gender refers to biological differences between men and women, gender differences are also socially constructed, impacting the division of roles, responsibilities and power between women and men. These vary over time and between cultures, classes and age groups.

**Greywater:** Water from the kitchen, bath, laundry and other domestic activities which should not normally contain much urine or excreta. (Note that laundry wash water is likely to carry some faecal contamination).

**Hygiene:** Behaviours related to the safe management of human excreta, such as hand washing with soap or the safe disposal of children's faeces. Hygiene thus determines how much impact water and sanitation infrastructure can have upon health, because it reflects not the construction, but the use, of such facilities.

**Hygiene Education:** An element of hygiene promotion concerned with teaching people about how diseases spread; for example, through the unsafe disposal of excreta or by not washing hands with



soap after defecation. Although this type of awareness-raising may be part of a larger hygiene promotion program, it should not be the sole focus of the program.

**Hygiene Promotion:** A planned approach to preventing sanitation-related diseases through the widespread adoption of safe hygiene practices. It begins with and is built on what community people know, do and want.

**Improved sanitation:** This is the safe disposal of human excreta and waste. Improved sanitation prevents human contact with excreta. Components are: Safe collection, storage, treatment and disposal/re-use/recycling of human excreta (faeces and urine) Management/re-use/recycling of solid waste (rubbish) Collection and management of industrial waste products Management of hazardous wastes (including hospital wastes, chemical/radio-active and other dangerous substances)

**Informal Sector:** The part of an economy that is characterized by private, usually small-scale, labour-intensive, largely unregulated, and unregistered manufacturing or provision of services. In FSM, it usually refers to manual FS emptiers.

**Institutional Strengthening:** Process designed to enhance the ability of an institution to meet its objectives more effectively through a combination of measures including technical assistance, training, improved management structure system and better legislative and regulatory frameworks.

**Integrated Sanitation:** refers to the safe management of human excreta and associated personal hygiene, the safe collection and disposal of wastewater and the collection, storage and use of drinking water. The definition also aims at including the process of bringing together and coordinating the various institutions involved in sanitation activities.

**Legal framework:** The framework of law, usually comprising national laws and regulations and municipal by-laws.

**Open defecation:** practice of people defecating outside and not into a designated toilet.

**Open defecation free (ODF):** all community members are using sanitation systems rather than practising open defecation.

**Participatory Health and Hygiene Education (PHHE):** An approach that aims to empower men, women, young, old, rich and poor with health and hygiene awareness and promote behaviour changes limiting water and sanitation related diseases. The methodology recognizes that people will only change their behaviour if they have been given an opportunity to analyse their situation and consider options for improvement. PHHE uses methods and visual materials (toolkits) that stimulate participation of communities in making these decisions.

**Private Sector Participation:** A partnership between the public and private sectors which allows the private sector to participate in service delivery. Sometimes 'privatization', is the preferred term which implies that the public sector is no longer responsible for ensuring provision of the service.

**Sanitation:** blackwater, or blackwater mixed with greywater.

**Sanitation Marketing:** The use of marketing techniques to promote the construction and use of sanitation facilities. Sanitation marketing considers the target population as customers. It borrows private sector experience to develop, place and promote an appropriate product: in this case the product is a toilet and excreta disposal system, be it sewerage connection, pit latrine or other mechanism. Critically the facilities must be readily available at an affordable price in the right place.

**Septic Tank:** An underground tank that partially treats FS by a combination of solids settling and anaerobic digestion. The effluents may be discharged into soak pits or small-bore sewers, and the sludge have to be pumped out periodically. Emptying septic tank sludge and final disposal of this septage is a challenge to many countries, developed and developing alike.

**Stakeholders:** Those persons, groups or institutions that have interests (often financial) and can significantly influence, or are important to the success of a project/program.

**Standards:** Governmental norms that impose limits on the amount of pollutants or emissions generates.

**Steering Committee:** High-level committee to oversee in this case MSWM strategic planning process. The Steering Committee will assist the MSWM plan through a process of review, expert opinion and access to viewpoints that will help to establish a supported consensus.



**Subsidy:** Direct or indirect payment from government to businesses, citizens, or institutions to encourage a desired activity.

**Targets:** Referring to or relating to result(s) aimed at by carrying out an action(s). An objective is usually qualitative while a target is more specific or quantitative.