REPUBLIC OF UGANDA

KAMULI MUNICIPAL COUNCIL FIVE YEAR SANITATION PLAN

2026 – 2030

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MINISTRY OF WATER AND ENVIRONMENT

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SHF
The Sanitation & Hygiene Fund

Contents

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ACRONYMS & ABBREVIATIONS

TSP	Town Sanitation Plan
STF	Sanitation Task Force
FSM	Fecal Sludge Management
WASH	Water, Sanitation, and Hygiene
SDG 6	Sustainable Development Goal 6
MC	Municipal Council
WSDF-E	Water and Sanitation Development Facility-East
NWSC	National Water and Sewerage Corporation
IPs	Implementing Partners
CSDA	Community Service Delivery Approach
MWE	Ministry of Water and Environment
IRC	International Water and Sanitation Center
CWIS	Citywide Inclusive Sanitation
MIS	Management Information System
VHTs	Village Health Teams
NGOs	Non-Governmental Organizations
CBOs	Community-Based Organizations
MoES	Ministry of Education and Sport
DHS	Demographic and Health Surveys
SHF	Sanitation and Hygiene Fund
HH	Household
KMC	Kamuli Municipal Council
BCC	Behavior Change Communication
HC	Health Centre
WHO	World Health Organization
STWSSP	Strategic Towns Water Supply and Sanitation Project
PS	Private Sector
PP	Public Place
HCF	Health Care Facility
TRFS	Town Sanitation and Fecal Sludge Services

FOREWORD

Kamuli Municipal Council remains committed to improving the health, well-being, and dignity of its residents through sustainable sanitation services. As urbanization accelerates, the demand for effective waste management, fecal sludge management, and improved hygiene practices continues to grow.

This Town Sanitation Plan (TSP) provides a clear framework for addressing current challenges, identifying priority interventions, and guiding investments in sanitation infrastructure and services. It aligns with the National Sanitation Policy and contributes to achieving the Sustainable Development Goals, particularly Goal 6 on Clean Water and Sanitation.

We recognize the valuable contributions of our partners, including community leaders, development agencies, civil society, and the private sector, in shaping and supporting this plan. Their collaboration is vital in ensuring that Kamuli becomes a model of inclusive and resilient sanitation service delivery.

We therefore call upon all stakeholders to actively participate in the implementation of this TSP. Together, we can achieve a cleaner, healthier, and more prosperous Kamuli.

For God and My Country

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Mayor, Kamuli Municipal Council

EXECUTIVE SUMMARY

Kamuli Municipal Council (KMC) has developed a comprehensive **Town Sanitation Plan (TSP)- (2025–2030)** to guide investments and actions toward achieving a clean, healthy, and sustainable urban environment by the year 2030. The plan was formulated through a participatory process involving the Municipal Technical Planning Committee, **Sanitation Task Force (STF)**, political leaders, private sector actors, and community representatives, with technical guidance from the Ministry of Water and Environment (MWE) and support from implementing partners.

The TSP envisions "a sustainable healthy population and a clean town by 2030." It provides a structured roadmap for improving water, sanitation, and hygiene (WASH) services across all divisions of Kamuli Municipality—Northern and Southern—through integrated and inclusive interventions.

Kamuli Municipality faces significant sanitation challenges, including limited access to improved household latrines (average 80%), low hand washing facility coverage (38%), inadequate faecal sludge management, and poor solid waste collection and disposal systems. Rapid population growth, unplanned settlements, and insufficient enforcement of sanitation by-laws exacerbate these issues.

To address these gaps, the TSP outlines five strategic principles:

1. Improving governance and coordination of sanitation actors and enforcement of ordinances.
2. Expanding access to improved sanitation facilities in households, public institutions, and health centres.
3. Enhancing faecal sludge management (FSM) through safe collection, transport, treatment, and reuse.
4. Strengthening hygiene behaviour change through community engagement and social mobilization.
5. Promoting sustainable solid waste management with active private-sector participation.

Priority actions include construction of gender-sensitive public and institutional toilets, procurement of a cesspool emptier, expansion of piped water supply to health centers, development of a faecal sludge treatment facility, and establishment of waste transfer stations. The plan also integrates short-term (2025–2026), medium-term (2027–2028), and long-term (2029–2030) activities. The Sanitation Task Force proposes activities, roles, and responsibilities of the Municipal Council and development partners, with an estimated time frame and costs to accomplish each objective. It is estimated that hardware investments required for improvements in FSM across the sanitation chain

will cost 891,600,000 UGX until 2026 (short-term), 1,854,200,000 UGX until 2028 (mid-term), and 4,013,200,000 UGX until 2030 (long-term). The cost will be covered by households/ landlords, Municipal Council, donor agencies, and the Ministry of Water and Environment (MWE)/Water and Sanitation Development Facility-East (WSDF-E) and Eastern Umbrella of Water and Sanitation depending on the type of intervention.

Implementation will be led by Kamuli Municipal Council through the Sanitation Task Force, in collaboration with the NWSC, private operators, community groups, and development partners. Monitoring and reporting will align with the MWE's National Sanitation Management Information System (MIS/DMS).

The Kamuli TSP provides a clear, actionable framework to transform sanitation services, safeguard public health, and promote environmental sustainability. Successful implementation will require strong political commitment, community participation, and sustained financing from both government and partners to achieve a clean, **healthy Kamuli by 2030.**

Five Year Strategic Sanitation Action Plan At a Glance

Vision

To have a sustainable, healthy population and a clean town by 2030

Mission

To protect public health and the environment through promotion of better sanitation services, inclusive of waste management

Overall Objective

To improve the living environment for everyone, protect natural resources, and achieve dignity for the community by 2030

Specific Objectives

The following are the specific objectives that have been developed by Kamuli Municipal Council for improving sanitation in the 7 priority areas of focus

Strategic Focus

The main areas of focus through which Kamuli Municipal Council will achieve the objectives of improving the sanitation in its area of jurisdiction are:

- Sanitation at the Household level
- Sanitation in Public and Private Schools
- Sanitation in Public Places
- Sanitation in Healthcare Facilities
- Solid Waste Management
- Collection and Transportation of Faecal Sludge
- Treatment and Re-use of Faecal Sludge

1 INTRODUCTION

1.1. WASH situation in Uganda

As of 2025, an estimated 24 million Ugandans lack access to basic drinking water services, despite improvements in infrastructure and service delivery. Approximately 29 million people remain without access to improved sanitation facilities, and around 7% of the population, roughly 3.3 million individuals, still practice open defecation. Moreover, over 50% of households lack adequate hand washing facilities with soap and water.

The WASH (Water, Sanitation, and Hygiene) situation continues to disproportionately affect the poorest populations, particularly in rural and informal urban settlements. While urban access to hand washing facilities has reached around 55%, and rural areas have improved to about 45%, the overall national rates remain insufficient for effective public health protection.

Poor WASH conditions contribute to preventable diseases such as diarrhea, typhoid, cholera, Shigellosis, and hepatitis A and E, which together account for a significant share of Uganda's disease burden. An estimated 113,890 deaths occur annually due to poor WASH, including over 4,500 children under the age of five from diarrheal diseases. These outcomes are largely avoidable with adequate investment and infrastructure. Yet, the country continues to lose nearly 2.9% of its GDP each year, equivalent to about UGX 5.9 trillion, due to the economic impact of inadequate WASH, including healthcare costs, productivity losses, and time spent collecting water.

Despite some progress, Uganda remains off-track to fully achieve Sustainable Development Goal (SDG) 6, which targets universal access to safe water and sanitation and the elimination of open defecation by 2030. A comprehensive and regularly updated assessment of WASH services is essential to guide policy, improve equity, and fulfill the SDG 2030 agenda's central promise to "leave no one behind." Source: World Vision Uganda, IRC, EPRC, NWSC, WHO/UNICEF JMP (2023–2025)

Kamuli Municipal Council, like many rapidly growing urban centers in Uganda, faces significant challenges in delivering adequate Water, Sanitation, and Hygiene (WASH) services. While efforts are underway to improve infrastructure through projects such as the Strategic Towns Water Supply and Sanitation Project (STWSSP), the municipality continues to grapple with intermittent water supply, limited sewerage systems, and inadequate solid waste management. Access to improved sanitation facilities remains uneven, with hand washing facility coverage still below national targets. Open defecation has been a persistent issue, particularly in informal settlements, though recent interventions by local authorities and development partners have helped to improve hygiene practices and increase latrine coverage.

The municipal council, in collaboration with civil society organizations and external agencies, is actively working to strengthen WASH governance, enhance service delivery, and promote community-led sanitation improvements.

1.2. Mandate of the Ministry of Water and Environment and why the Town Sanitation Plan

The Ministry of Water and Environment (MWE/NWSC/UWS) is mandated to plan investments in sewerage services and public sanitation facilities in urban areas and rural growth centers. To enhance integrated sanitation and hygiene service delivery, MWE adopted the Town Sanitation Planning (TSP) approach during the 2016 Joint Sector Review to scale up improved hygiene and sanitation in urban areas.

In partnership with the Ministry of Health (MoH), the Ministry of Education and Sports (MoES), and with support from Water for People, MWE received funding under the Sanitation and Hygiene Fund (SHF) Project to increase access to improved sanitation and hygiene in communities, schools, and healthcare facilities. The project accelerates access to services while empowering communities to invest in their well-being for a healthier Uganda.

With support from Water for People, MWE has trained Sanitation Task Forces (STFs) in Fort Portal City, Kamuli Municipal Council, Kayunga Town Council, and Kole Town Council, equipping them with skills to strengthen urban sanitation as these towns prepare for further development.

MWE continues to promote on-site sanitation and hygiene in urban areas alongside new water supply systems to maximize health benefits. The main guiding framework is the 10-Year Financing Strategy for Improved Sanitation and Hygiene for Small Towns, complemented by the Integrated Sanitation and Hygiene Financing Strategy (2018–2030) developed by the MoH. The Public Health Act remains the key legal tool for sanitation enforcement.

Despite progress, inadequate sanitation, especially the safe management of fecal sludge from on-site facilities, remains a major challenge. Sustainable sanitation requires well-financed and regulated systems, with coordinated government and private sector involvement. The Town Sanitation Planning approach directly addresses these challenges through integrated and sustainable solutions.

1.3. Purpose and Scope of the Town Sanitation Plan (TSP)

1.3.1. Purpose of the Sanitation Plan

To promote integrated and participatory municipal-level sanitation planning that includes a wider stakeholder group as well as ownership by the council.

1.3.2. The Specific Objectives of the TSP include:

- To increase access to sustainable sanitation for households, public schools, and healthcare facilities in the towns.
- To improve the management of sanitation services, including transport, treatment, and reuse or disposal of excreta (fecal sludge) in the towns.

- To improve hygiene conditions in households, public schools, and healthcare facilities.
- To increase private sector participation in the delivery of sanitation products, as well as ownership by the council.

1.4. Guiding Principles for the Town Sanitation Plan

- Improve governance framework for sanitation,
- Increase demand for sanitation and hygiene at all levels,
- Increase the supply of sanitation and hygiene-related products,
- Increase financing for sanitation-related investments, products, and services.

1.5. Methodology of the Sanitation Plan Development Process

Kamuli Municipal Council initiated the process by formally endorsing the strategy with a council resolution and committed to supporting its activities with the required human and financial resources. The Municipal Council appointed the Sanitation Task Force (STF) as a multidisciplinary team comprised of Municipal council staff and residents of different disciplines and experiences related to sanitation to support the development and implementation of the TSP. The capacity of STF members for the TSP process was built through training and coaching in the five stages of strategic sanitation planning that include Preparation, Assessment, Planning, Implementation, Monitoring, Evaluation, and Reporting.

A baseline assessment was conducted, supported by Water for People, to establish the status of sanitation in the Municipal Council. Data was collected, and an analysis of the existing sanitation issues and the main reasons and constraints associated with the issues that were presented in the baseline report. The STF sets up a Municipal sanitation forum comprised of key stakeholders in the sanitation sector to provide input via consultation to the development of the TSP. The STF presents issues identified in the baseline assessment to the forum for verification and buy-in, and in consultation with the stakeholders, reviews the required hardware and software solutions that would be appropriate in the local context.

The actions outlined in the TSP are categorized as short, medium, and long-term goals, with corresponding objectives, targets, and indicators. The final sanitation plans will be presented at the second stakeholder forum for feedback and approval, after which they will be forwarded to the Municipal Council for endorsement. The Municipal Council will integrate the Town Sanitation Plan (TSP) into the Municipal Development Plan, aligning with its planning and budgeting cycle.

Each year, the Municipal Council will prioritize specific interventions from the TSP based on available resources for implementation. Regular monitoring will track the progress of these activities, and evaluations will be conducted to assess their effectiveness, identify challenges, and address any constraints. The results of the evaluations will be shared with stakeholders for further consultation. If the objectives are not met as anticipated, the Town Sanitation Plan (TSP) actions will be reviewed and adjusted accordingly.

1.6. Document Organization

Chapter 1 of the document covers the introduction and provides background information on the TSP approach, its purpose, and methodology. Chapter 2 provides information on the profile of the Municipal Council, namely, location and size, climate, demography, population growth projections, and the main economic activities. Chapter 3 of the document covers the situational analysis of the town in relation to sanitation. Chapter 4 elaborates on the vision, mission, strategic areas of focus of the council, and the specific objectives and the main activities that will be implemented to achieve them. Chapter 5 presents the monitoring and evaluation framework that will be used to assess the progress of implementing the TSP.

1.7. Limitations and Assumptions

1.7.1. Availability and accuracy of data

Much as a comprehensive socioeconomic survey was conducted before commencement of the Town Sanitation Planning (TSP) process to generate data to inform realistic planning, availability and accuracy of existing data on some relevant parameters was an issue such as quantity of garbage generated in the Municipal Council daily, as the Municipal was not collecting and maintaining data on some aspects of sanitation in their areas of jurisdiction. This made it difficult to analyze the baseline value and to decide on a realistic intervention.

Identified problems from the baseline conducted.

Household Sanitation: Household sanitation coverage is relatively high, with 94% of households having access to some form of toilet facility, while only 1% still practice open defecation. Of those with access, 41% rely on shared toilets, whereas 59% have their own household toilets, reflecting a need to reduce sharing and increase ownership of improved sanitation facilities.

Sanitation Technologies in Use: The sanitation technologies in use show that the majority of households, 61.2%, rely on traditional pit latrines, while 28.8% use ventilated improved pit (VIP) latrines with washable slabs. A small proportion, 1.4%, have access to flush toilets with septic tanks, whereas 8.6% still use uncovered toilets, indicating gaps in access to safe and improved sanitation facilities.

Emptying Practices: Regarding fecal sludge emptying practices, only 18 households (8.4%) have ever emptied their sanitation facilities. Of these, 13 households relied on manual emptying, while 5 households utilized gulping or vacuum truck services, highlighting a low uptake of safe and mechanized emptying methods.

1.7.2. Availability and adequacy of funding

The action plans in the Town Sanitation Plan were derived based on the assumption that the Kamuli Municipal Council will mobilize financial and other resources to facilitate their implementation. Uncertainty about funding also limited the number and range of activities that could be included under each of the specific objectives of the sanitation plan.

1.7.3. Human Resources

This plan was also made on the assumption that Municipal Council will have the human resources to spearhead its implementation. It was that Municipal Council has enough capacity to implement aspects related to solid waste management of the Council.

2 PROFILE OF KAMULI MUNICIPAL COUNCIL

2.1. Location and size

Kamuli Municipal Council is situated in the Kamuli District. Kamuli District is a district in South-Eastern Uganda (Busoga Sub-Region). Kamuli Municipal Council is divided into 2 Divisions, namely Northern and Southern. The Divisions are further subdivided into Wards, with each having 5. The Wards are further subdivided into zones, and there are 80 zones in the entire Municipal Council (with Northern having 42 and Southern having 38). The Administration Headquarters of the Municipality are located in Muwebwa Ward, 63 km north of Jinja Town and 143 km from Kampala, the Capital City Authority of Uganda, about 140km from Kampala, lying at an average altitude of 1,083M above sea level and extends from 00 - 56' North / 330 - 05' East up to 010 - 20' North / 330 - 15' East. Municipal Council is bordered by Bugabula County on all sides. It has a total area of 102.65 sq. km. (Figure 1).

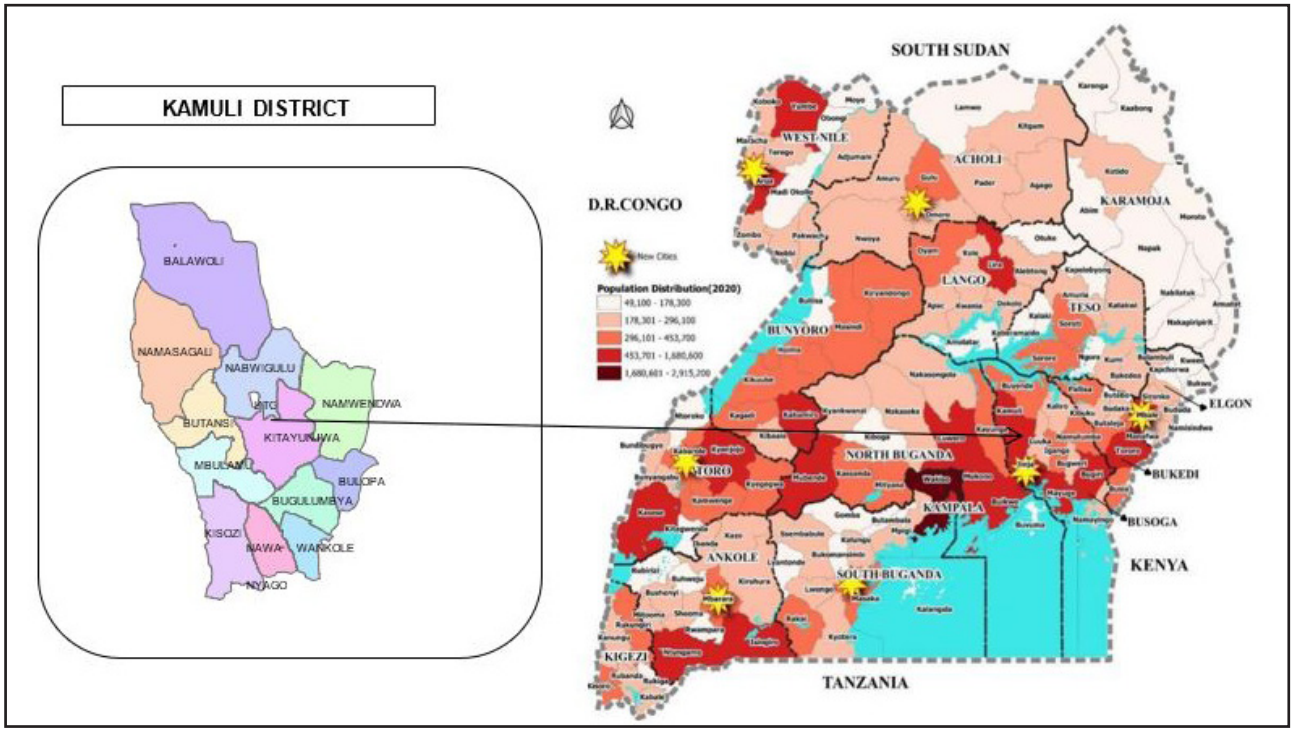

Figure 1: Map of Kamuli district showing the location of Kamuli Municipal Council (KMC Third Municipal Development Plan (MDPIII) 2020/21 -2024/25)

2.2. Climate

In terms of climate, Kamuli Municipal Council experiences a bimodal type of rainfall, which is about 110 mm during the main season that extends from March to May, and least during August through October.

The bi-modal rainfall, which ranges between 70mm to 110mm per annum that is moderate to high rainfall. Rainfall comes in two peaks, one from March to May and the second from August to October. The March to May rainfall is the main season. June, July, November, December, January, and February are months of experiencing some dry spells. Nevertheless, the district generally experiences moderate temperatures that range between 19 and 36 °C.

The bi-modal type of rainfall is very conducive to rain-fed agricultural production throughout the year.

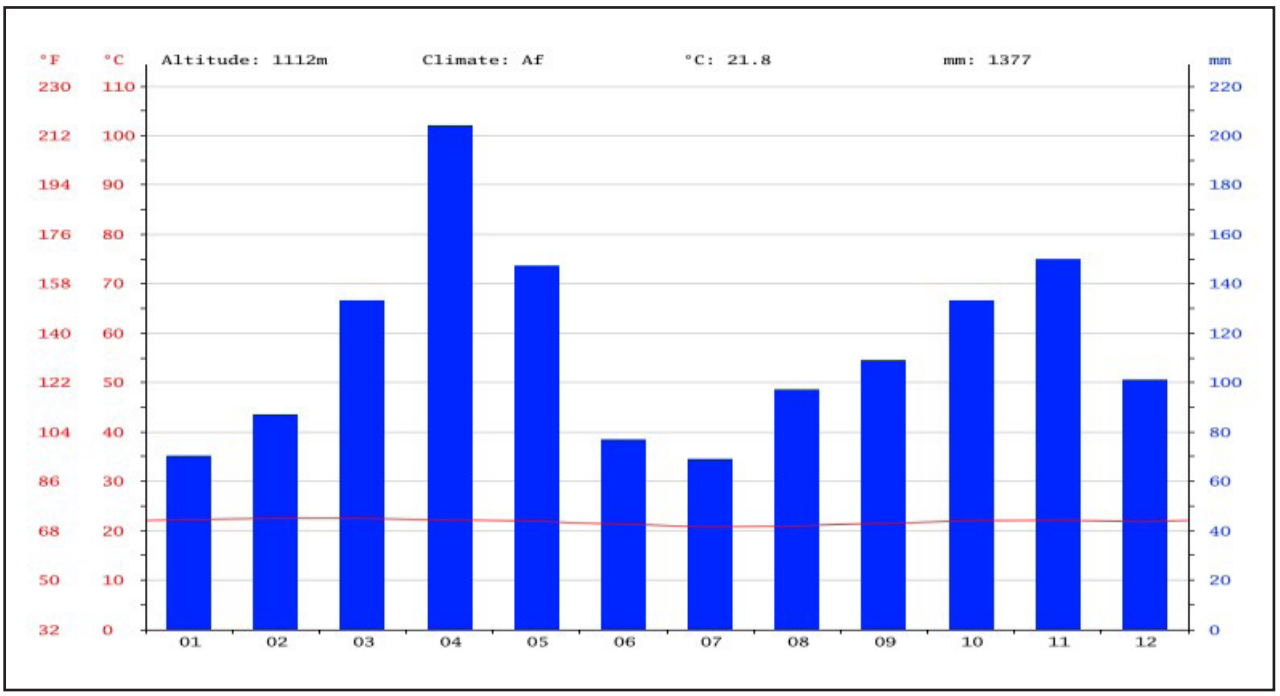

Figure 2: Monthly average of indicators in Kamuli Municipal Council

2.3. Demography and population projections

Kamuli Municipal Council has a population of 58,984 people, of whom 28,049 are male, while 30,935 are female, according to the final results of the 2014 National Population and Housing Census. The sex ratio of Kamuli Municipal Council population is 91.6males per 100 females. Children below 18 years constituted 56% of the population, while Adolescents (10-24 years) constituted 34.7% of the population. The population growth rate is 2.54% per annum. There are 12,757 households, with an average household size of 4.6 people and a population density of 574.6 persons per square km.

Table 1: Population Projections for Kamuli Municipal Council Based on Case Scenarios 2020-2045

Year of Projection	Business as Usual Scenario (2.54%)			Ideal Scenario (3.3%)			Best Case Scenario (4.0		%)
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2014	28,049	30,935	**58,984**	28,049	30,935	**58,984**	28,049	30,935	**58,984**
2020	32,604	35,959	**68,563**	34,082	37,588	**71,670**	35,491	39,143	**74,634**
2025	36,961	40,764	**77,725**	40,089	44,213	**84,302**	43,181	47,623	**90,804**
2030	41,899	46,211	**88,110**	47,155	52,006	**99,161**			**110,477**
2032	44,055	48,588	**92,643**	50,319	55,495	**105,814**	52,536 **56,823**	57,941 **62,669**	**119,492**
2035	47,497	52,386	**99,883**	55,467	61,172	**116,639**	63,918	70,494	**134,412**
2040	53,843	59,386	**113,229**	65,243	71,954	**137,197**			163,533
2045	61,037	67,321	**128,358**	76,742	84,637	**161,379**	77,766 94,614	85,767 104,349	**198,963**

2.4. Social-cultural setup

Kamuli Municipal Council is a multi-ethnic and multi-cultural society, with the predominant ethnic group being the Busoga, who comprise 76 percent of the population. The Iteso people make up 3.9 percent, and the Bunyoro and Bagungu together make up 1.8 percent of the population. Other Ugandan ethnicities make up the remainder (18.3 percent). The predominant language spoken in Kamuli District is Lusoga, with some Luganda and English. Means of earning a livelihood in Kamuli District include: Fishing, Ranching, Farming, Fish farming, Bee keeping, Retail trade, Quarrying. The crops grown include the following: Upland rice, Paddy rice, Matooke, Sweet bananas, Maize, Millet, Soyabeans, Groundnuts, Oranges, Potatoes, Beans, Simsim, Sunflower, Tomatoes, Onions, Coffee, Cotton, and Sugarcane.

2.5. Leadership of the Municipal Council

Kamuli Municipal Council comprises 2 divisions, i.e., the northern and southern divisions, each with 5 wards, with a total of 80 cells for the entire municipality. There are 2 LC III's, 10 LC 11's, and 80 LCIs. The municipal council is headed by a mayor as the political leader and a Town Clerk, as the technical head and the accounting officer. It operates under the local government structure with various departments at the Municipal level and divisions, wards, and cells at the lower levels. Administratively, the district is divided into 2 Counties, namely Bugabula and Buzaaya, and 1 Municipal Council, namely Kamuli Municipal Council, comprising 2 divisions of Northern and Southern. The 2 Counties have a total of 14 sub-counties and 6 newly created Municipal Councils, which are not yet fully operational. These are Namwendwa, Kasambira, Nawanyago, Kisozi, Mbulamuti, and Balawoli. There are also 5 Town Boards, namely Bulopa, Nawansaso, Naminage, Naluwoli, and Nawanende. The total number of parishes is 91, with 774 villages. The district administration headquarters is located in Kamuli Municipal Council, 63 kilometers north of Jinja Town and 143 km from Kampala.

Table 2. Kamuli Municipal Council Administrative Units

Division	Ward	Number of Zones
Northern	Buwanume	11
	Kamuli Ssabawali	05
	Kasoigo	07
	Muwebwa	06
	Namisambya II	13
Northern Division Total		**42**
Southern	Busota	15
	Kamuli Namwendwa	07
	Mandwa	03
	Mulamba	05
	Nakulyaku	08
Southern Division Total		38
Kamuli Municipal Total		80

Source: Kamuli Municipal Council Planning Department

2.6. Economic activities

Kamuli Municipal Council is the Central Business District (CBD) of Kamuli District, which has a considerable stock of productive infrastructure that needs to be harnessed to create wealth for the population. Kamuli district borders with River Nile with six sub-counties bordering the river and also 3 big streams of Kiko, Nalwekomba, and Nabigaga, which can boost production through irrigation. Many residents of Kamuli Municipal Council make use of the productive infrastructure outside the Municipal but within Kamuli District for agricultural production. With the new bridge at Isimba, the distance to Kampala is reduced by about 30km from 140km to about 110km, which creates easy access for trade, and there is also an easy link to Jinja City by a tarmac road. Under the rural electrification, all the wards have access to electricity, which provides a good opportunity for value addition through Agro-processing. Telecommunication is widely spread across the Municipality, with MTN and Airtel covering most corners of the Municipality. This facilitates easy communication and the use of the financial platforms to facilitate trade and information sharing.

Economic activities in Kamuli include afro processing, brick making for youth empowerment, trade and service, for example, Boda Bodas and taxis, which mainly contribute to the income earned by the people of Kamuli Municipal Council.

2.7. Occupation

The main socioeconomic activities in Kamuli Municipal Council comprise commercial activities in Kamuli Central Market, other markets, supermarkets, wholesale and retail shops, commercial institutions, industries, service shops, workshops, garages, etc. Commerce is the dominant component of the economy, followed by the service sector, industry, construction, and then agriculture. Most commercial activities are concentrated in Muwebwa, Mulamba, Mandwa, and Kasoigo wards. The central market is the major center of commercial activities, together with the Bus/Taxi parks and shops and supermarkets along Adams Road. Commercial activities and industrial activities contribute greatly to the economy of Kamuli Municipal Council.

Commerce is carried out in the form of wholesale and retail trade and is mainly by private practitioners. The Municipality plays a role in this sector as far as the areas/location of operation, the quality of the premises, and the licensing of the business units are concerned. The various groups in this industry are expected to work in harmony with the municipality to create a conducive environment for the commercial business. Related to commerce are the processing and manufacturing sectors. However, the municipality is experiencing a steady growth in activities of the informal sector. Indeed, most of the commercial activities described above could be described as informal sector activities.

2.7.1. Agriculture

Agriculture is still a major economic activity in the 6 wards that were carved off the 2 rural Sub Counties of Kitayunjwa (Busota &Namisambya II) and Nabwigulu (Buwanume, Kamuli Namwendwa, Kamuli Sabawali &Nakulyaku) to form part of the Municipality. The agricultural activities carried out include, among others, crop growing, livestock keeping, fish farming, and beekeeping.

Table 3. Estimated number of households engaged in selected crop enterprises

Crop Enterprise	Number of households	Percentage of total No. of households
Maize	9,950	78
Sorghum	178	1.4
Finger Millet	1,530	20
Sweet Potatoes	12,374	97
Watermelon	63	0.5
Cassava	9,312	73
Bananas	9,822	77
Beans	8,292	65
G/nuts	3,189	25
Soybeans	1,084	8.5
Rice	1,403	11
Tomatoes	892	7

Crop Enterprise	Number of households	Percentage of total No. of households
Cabbages	637	5
Pineapples	12	0.1
P/Fruits	48	0.4
Onions	48	0.4
Coffee	12,501	98
Tea	0	0.0
Tobacco	24	0.2
Cotton	24	0.2
Vanilla	1	0.01
Simsim	130	1.02
Sugarcane	4,464	35
Citrus	1,275	10
Mangoes	765	6
Cocoa	24	0.2

Source: Municipal Production Department

3 SITUATIONAL ANALYSIS

3.1. State of Sanitation at Household Level

As part of the Town Sanitation Planning process, Baseline survey, a socioeconomic survey, baseline survey on sanitation and capacity needs assessment was carried out in Kamuli Municipal Council to establish the existing situation in the town with regard to issues related to sanitation. The findings of the situational analysis are outlined in the sub-sections below.

3.1.1. Main Water Sources

The main water sources in Kamuli Municipal Council are River Nile, boreholes, piped water systems, and, to a lesser extent, shallow wells. The municipality also relies on a water treatment plant, though it faces challenges in meeting the current demand. These are a primary source of water, especially in rural areas of Kamuli district, including the municipal council. Kamuli has several piped water supply systems, some managed by the National Water and Sewerage Corporation (NWSC) and others by Eastern Umbrella of Water and Sanitation, according to Kamuli District Local Government. With 85% access to water of the Municipal Council, which is still rural, piped water coverage by Umbrella Water and Sanitation is low.

In Kamuli Municipal Council, Uganda, safe water access is estimated at 37%. According to National Water, it supplies water in Kamuli, covering 306 villages, villages not served 192. While the total access to safe water in the district is 78%, with rural areas having higher access (84%), urban areas like Kamuli Municipal Council have a lower rate of 37%.

3.1.2. Access to Sanitation Facilities

The Latrine coverage in both 2 Divisions is at 77.0% according to the baseline survey conducted by the Health Inspectors on the sanitation situation of the Municipal Council.

Table 4: Latrine and Hand washing coverage in Kamuli Municipal Council

HLG	Division	No. of Households	No. of Households with Latrines	Latrine Coverage (%)	No. of Handwashing Facilities	Handwashing Facilities Coverage (%)
Kamuli MC	Northern	10,124	8,212	81.1%	4,374	43.2%
	Southern	10,698	7,817	73.1%	1,698	15.9%
Total	—	20,822	16,029	77.0%	6,072	29.2%

Source: Kamuli Municipal Council-WASH Data

The latrine coverage in Kamuli Municipality is 77.0% comprising mostly of pit latrines. Hand washing coverage is at 29.2% on average, with the Southern Division far below this mark. This is partly due to low safe water coverage and also inadequate sensitization of the communities. In Kamuli Municipal Council, the provision of household sanitation is a responsibility of individual households. By law, the Municipal responsibilities include developing standards for onsite sanitation facilities and the development & enforcement of sanitation. 80.5% of the households use pit latrines, 2.6% water-borne toilets, while 7.9% use VIP latrines. Below is the latrine coverage.

3.1.3. Condition of household sanitary facilities

More than half, 52.4% of the households had hygienic bathrooms, 77% of HHs had latrines or toilets within 15 meters from their houses. A lower proportion of the female-headed headed, 59.2% compared to the male-headed households, 62.9% had latrines with good superstructures. A higher proportion of female-headed 47.8% compared to male-headed households, 41.2% had clean latrines, i.e., not littered with feaces. A higher proportion of households without a person living with a disability, 11.5% compared to those with, 2.9% had a latrine with a hand washing facility. Major challenges to household sanitation included the high cost of construction of better facilities (61.6%) and the lack of space for construction of new facilities (38.4%). (Physical Development Plan, 2022).

3.1.4. Hand hygiene

About 36.4 % of the respondents washed their hands all the time with soap during the past 30 days. In Kamuli, 38% respondents have access to hand washing facilities with water and soap as a disinfectant for washing hands, and 33.1% have a place for washing hands before eating. More than two-thirds, 69.6% of the female-headed households always washed their hands before eating, and 16.5% of the male-headed households washed their hands before preparing food in the past 30 days. Over half, 61.4% of the respondents, always washed their hands after using the toilet/latrine, and 69.3% always washed their hands before eating any food. The majority, 82.5% of the respondents who had washed their hands the previous day had used soap, 0.6% had used ash, and 15.1% had used only water.

According to the baseline data conducted in 2024 by Water for People together with the Municipal Council leadership, the latrine coverage in Kamuli is 93.9 % comprising mostly of pit latrines, where most respondents, according to the baseline data conducted, show that 91.7% to neighbors' toilets. 4.2% open defecation cases. 41.05% share latrines with their fellow households, and 59.0% don't share latrines. However, the sub-counties of Magogo, Nawanyago, Namwendwa, Bulopa, and Kagumba are far below the district average. The hand washing coverage is at 36.4% with four sub-counties at less than 25%. This is partly due to low safe water coverage and also inadequate sensitization of the communities.

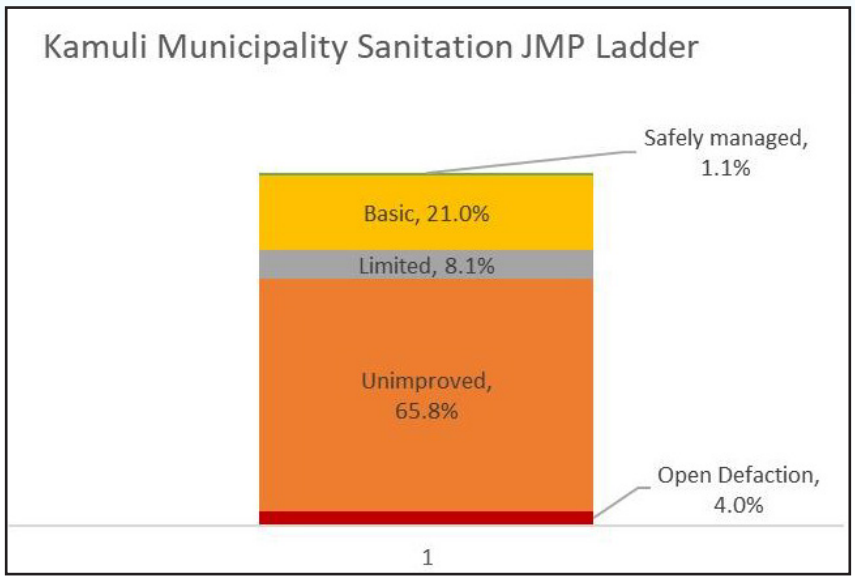

Figure 4: Kamuli Municipal Council Sanitation JMP Ladder (Baseline Survey on Sanitation, Kamuli Municipal Council 2024)

3.1.5. Menstrual Hygiene Management among Adolescents

About 56.3% (49/87) of the children had ever started their menstrual periods. Almost all, 93.9% (46/49) of the children had regular access to soap at home for menstrual hygiene management, 53.1% (26/49) changed their menstrual materials three times in a day, 34.7% (17/49) wrapped them using plastic bags during disposal, and 87.8% (43/49) mainly used sanitary materials during their menstruation periods. More than half, 53.5% (23/43) of the children who used the sanitary materials mentioned that they used them because they were easily available, 67.4% (29/43) mentioned that they were easy to use, and 23.3% (10/43) mentioned that they could be used longer. It was noted that in Kamuli, knowledge of MHM was limited among the adolescents; therefore, support of male parents in MHM is very low, requiring some intervention.

3.1.6. WASH-related infections among children and household heads

The prevalence of diarrheal infections among under-fives was 33.7% (28/83), 26.5% (44/166) among children above five years, and 18.1% (30/166) among household heads. (NMCD, UBOS, & ICF, 2020) The prevalence of malaria infections among under-fives was 59.0% (49/83), 62.2% (103/166) among children above five years, and 53.6% (89/166) among household heads. The prevalence of acute respiratory infections among under-fives was 75.9% (63/83), 72.9% (121/166) among children above five years, and 54.2% (90/166) among household heads, Source; Uganda Malaria Indicator Survey (2018-2019) implemented by the National Malaria Control Division (NMCD) and Uganda Bureau of Statistics (UBOS) (Fig 5).

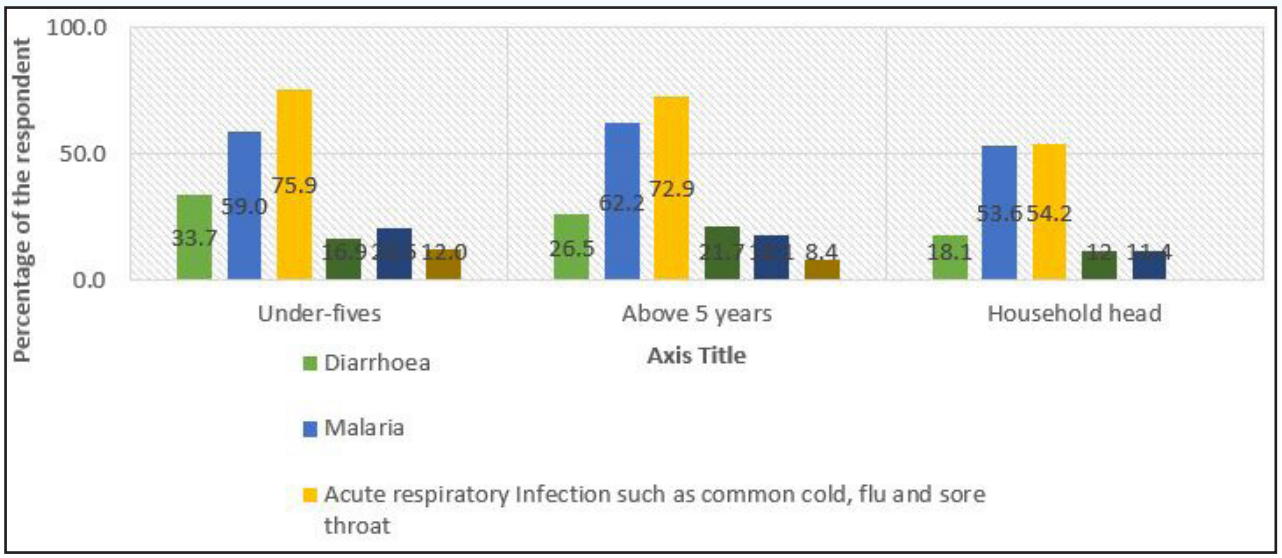

Figure 5: Prevalence of Infections among children below and above five years and household heads in Kamuli municipal Council, Uganda, WASH Data

3.1.7. Treatment and re-use of Fecal Sludge

Fecal sludge management in Kamuli Municipal Council is coordinated through a structured system of collection, transportation, treatment, and reuse, though challenges still exist. The Ministry of Water and Environment (MWE), through the Eastern Umbrella of Water and Sanitation (EUWS), has stationed two cesspool trucks of about 8,000 liters capacity to serve Kamuli and nearby districts, complemented by smaller private emptiers. These trucks transport sludge to the Kamuli Fecal Sludge Management (FSM) plant, which is operated by EUWS. At the facility, sludge undergoes screening and grit removal, settling and thickening, drying on planted and unplanted drying beds, and final solar drying or composting, while the liquid fraction is polished in ponds before safe discharge. The treated sludge is reused as organic manure and soil conditioner for farmers, and the treated liquid is applied in landscaping and tree planting, contributing to resource recovery and environmental protection.

Despite this progress, several problems remain. The cesspool trucks are not sufficient to meet the growing demand, leaving many households unable to afford or access timely emptying services. Public awareness about safe emptying and reuse is still low, and many residents continue to rely on unsafe manual emptying or poorly maintained pit latrines. Weak enforcement of sanitation bylaws by the municipal council further compounds the problem. These gaps mean that while the system for fecal sludge treatment and reuse exists, Kamuli still struggles with inadequate coverage, affordability, and sustainability of fecal sludge services.

3.2. Shit Flow Diagram for Kamuli Municipal Council

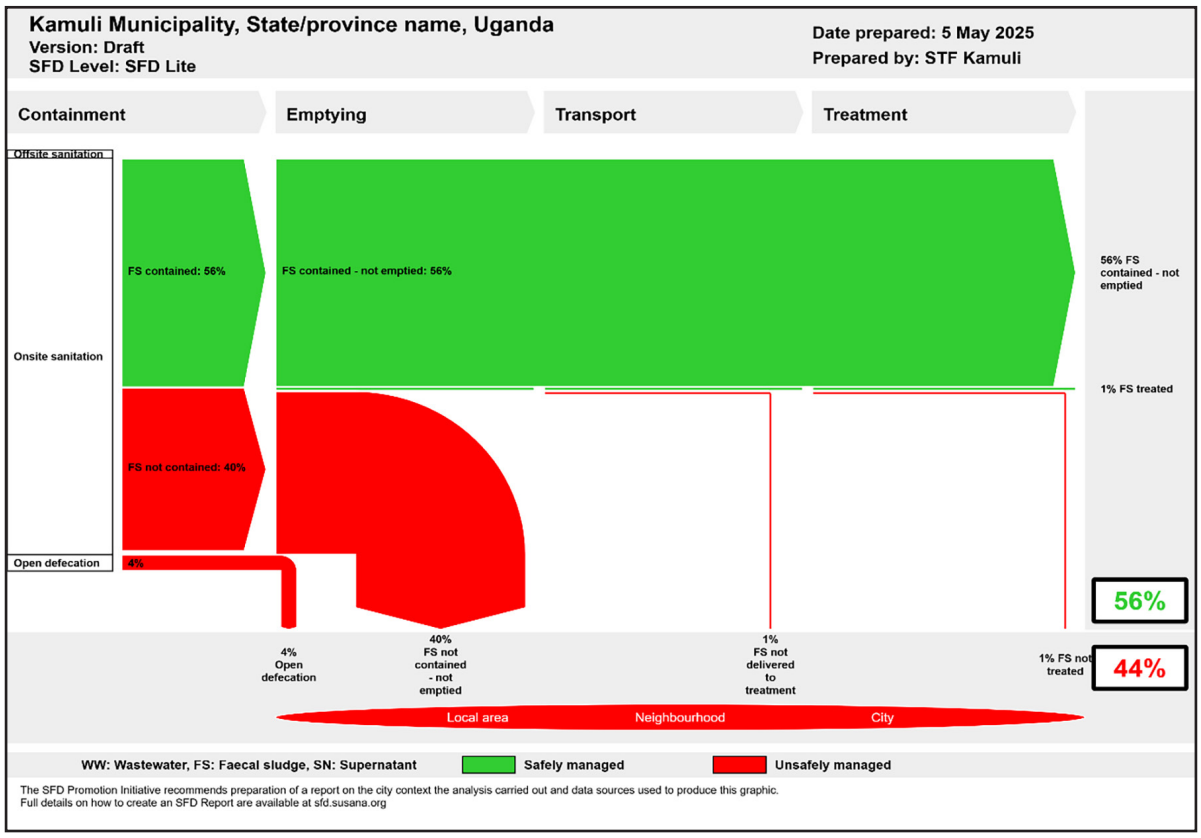

Figure 6: Shitflow diagram of Kamuli Municipal Council indicating FSM

Source: Kamuli MC Baseline data on sanitation 2025

3.3. City Service Delivery Assessment Graphic Representation.

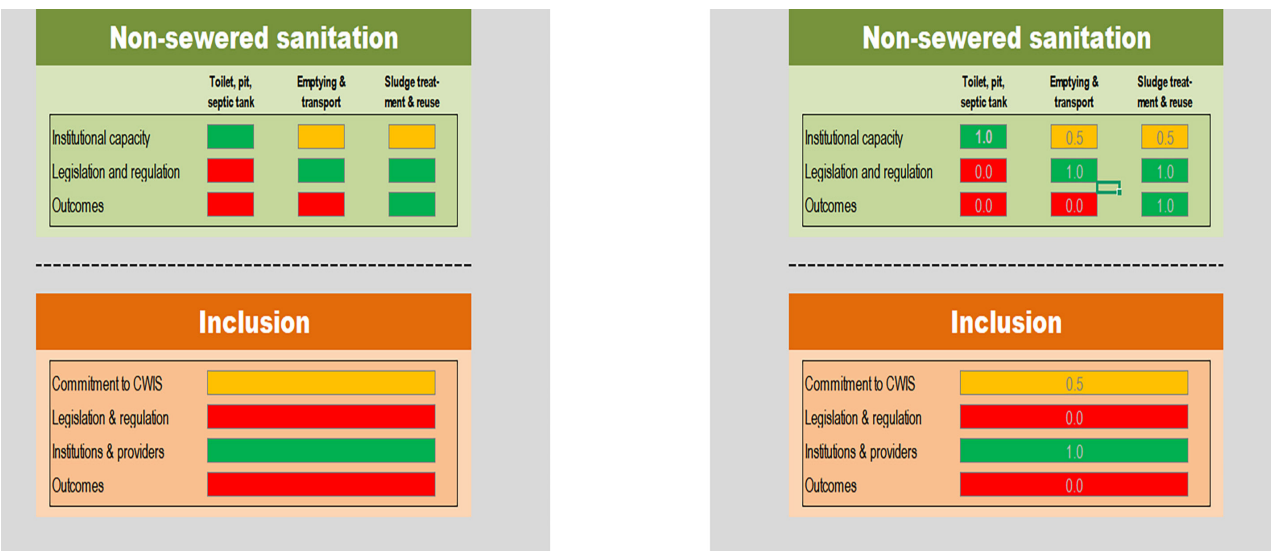

Figure 7: City Service Delivery Assessment Graphic Representation of Kamuli Municipal Council

4 VISION, MISSION, AND OBJECTIVE OF THE TSP

4.1. Vision of the TSP

" To have a sustainable, healthy population and a clean town by 2030".

4.2. Mission of the TSP

To protect public health and the environment through promotion of better sanitation services, inclusive of waste management.

4.3. Overall Objective of the TSP

To improve the living environment for everyone, protect natural resources, and achieve dignity for the community by 2030

4.4. Strategic Focus

The main areas of focus through which Kamuli Municipal Council will achieve the objectives of improving the sanitation in its area of jurisdiction are:

- Sanitation at the Household Level
- Sanitation in Public and Private Schools
- Sanitation in Public Places
- Sanitation in Healthcare Facilities
- Solid Waste Management
- Collection and Transportation of Fecal Sludge
- Treatment and Re-use of Fecal Sludge

4.5. Specific Objectives

The following are the specific objectives that have been developed by Kamuli Municipal Council for improving sanitation in the 7 priority areas of focus.

4.5.1. Specific Objectives for Sanitation Improvements at the Household Level

No.	Specific objectives	Indicator	Baseline value	Short-term targets (by 2025)	Midterm targets (by 2028)	Long-term targets (by 2030)
HH 1	Increase the percentage of households with access to Basic safe water service level from 80.5% to 100%	% of HH access to safe water	80.5%	85%	95%	100%
HH 2	Increase the percentage of households with access to improved sanitation facilities from 28.8% to 100%	% of HH with access to sanitation facilities	28.8	50%	75%	100%
HH 3	Increase the percentage of households with access to hand-washing facilities	% of HH with access to hand washing facilities	36.4%	45.0%	55.0%	80%

The figures in the baseline value were derived from the Baseline data survey report.

4.5.2. Specific Objectives for Sanitation Improvements in Public Schools

No.	Specific objectives	Indicator	Baseline value	Short-term targets (by 2025)	Midterm targets (by 2028)	Long-term targets (by 2030)
PS 1	Increase the percentage of public schools with access to Basic safe water Service level	% of public schools with access to safe water	95%	95%	98%	100%
PS 2	Increase the percentage of public schools with a pupil-to-student ratio of 1:40	% of public-school pupils with a stance ratio of 1:40	1:55	1:50	1:45	1:40
PS 3	Increase the percentage of public schools having separate sanitary facilities for Male and Female staff	% of public schools sharing sanitary facilities with the community	95%	95%	98%	100%

The figures in the baseline value were delivered from the Kamuli Municipal Council Data.

4.5.3. Specific Objectives for Sanitation Improvements in Public Places

No.	Specific objectives	Indicator	Baseline value	Short-term targets (by 2025)	Midterm targets (by 2028)	Long-term targets (by 2030)
PP 1	Provision of landfill for solid waste management	Number of solid waste management facilities	1	1	1	1
PP2	Provision of public toilets in the informal settlement behind the markets	% of the 1 public places with public toilets	2	2	4	4

The figures in the baseline value were derived from the socioeconomic survey report.

4.5.4. Specific Objectives for Sanitation Improvements in Healthcare Facilities

No.	Specific objectives	Indicator	Baseline value	Short-term targets (by 2025)	Midterm targets (by 2028)	Long-term targets (by 2030)
HCF 1	Increase the percentage of health facilities with sex segregated toilet facilities for patients and staff	Percentage of health care facilities with gender sensitive sanitary facilities	67%	75%	85%	100%
HCF 2	Increase the percentage of health facilities with access to MHM services	Percentage of health care facilities with MHM services	33.3%	50%	70%	100%

The figures in the baseline value were derived from the Baseline data survey report.

4.5.5. Specific Objectives for improvements in Collection and Transportation of Faecal Sludge

No.	Specific objectives	Indicator	Baseline value	Short-term targets (by 2025)	Midterm targets (by 2028)	Long-term targets (by 2030)
CTFS 1	To increase % of households with access to services for the safe collection and transportation of FS	Percentage of HH with access to safe collection & transportation of FS	8.4%	8.4%	25%	75%
CTFS 2	Increase the percentage of Households with improved/ lined/ emptiable pit latrines	Percentage of HH with access to lined pit latrines	28.8%	30.5%	40%	60%

The figures in the baseline value were derived from the Baseline data survey report.

4.5.6. Specific Objectives for Improvements in Treatment and Reuse of Fecal Sludge

No.	Specific objectives	Indicator	Baseline value	Short-term targets (by 2025)	Midterm targets (by 2028)	Long-term targets (by 2030)
TRFS 1	Sensitization of communities on reuse and use of the available facility for emptying of latrines/toilets	Number of emptied latrines/ toilets	50	70	100	1000

The figures in the baseline value were derived from the socioeconomic survey report.

4.6. Activities and Implementation Plan

Kamuli Municipal Council plans to implement the following activities to achieve the set objectives under each priority area of focus. The cross-cutting issues identified in the city-wide services delivery assessment included:

- Design a Program to equip, train, and motivate environmental health staff to enforce sanitation rules.
- Formally recognize existing informal FSM service providers in regulations and legislation.
- Require and enable service providers to dispose of all fecal sludge safely.
- Institutional engagements on sanitation and hygiene to promote the construction of improved sanitation facilities
- Identify all CWIS stakeholders, form a coordinating forum for CWIS, and define and agree on institutional roles.
- Allocate a safe fecal sludge disposal site (if not available) while planning and designing the treatment facility.
- Engage with landlords and tenants on constraints to FSM services.
- Conduct formative research on reasons for open defecation, and develop and start to implement a strategy to reduce it.
- Support service providers with promotion, training, skills development, and access to capital.

4.6.1. Action Plan for Improving Sanitation in Households

4.6.1.1 Activities for improving sanitation at the household level

No.	Action for Municipal Council	Who	Short Term (2025–2026)	Mid Term (2027–2028)	Long Term (2029–2030)	Total Cost (UGX)
1	Conduct baseline survey to assess current sanitation behaviors, knowledge gaps, and barriers; develop culturally appropriate BCC materials (posters, flyers, radio jingles, social media content)	STF, KMC	8,000,000	2,000,000	—	10,000,000

No.	Action for Municipal Council	Who	Short Term (2025–2026)	Mid Term (2027–2028)	Long Term (2029–2030)	Total Cost (UGX)
2	Home improvement campaigns (household visits, community meetings, radio spots, printed materials, school & religious engagement)	STF, KMC, Community Leaders, Media	8,000,000	8,000,000	4,000,000	20,000,000
3	Design a program to equip, train, and motivate the Sanitation Task Force (STF) to enforce sanitation rules.	STF, KMC	6,000,000	6,000,000	—	12,000,000
4	Train Village Health Teams (VHTs), local leaders, and sanitation champions on communication strategies, household engagement, and tracking sanitation behavior.	KMC, VHTs	6,000,000	6,000,000	3,000,000	15,000,000
5	Conduct quarterly household visits to assess adoption of improved sanitation practices, collect feedback, and adjust campaigns.	KMC, VHTs	2,000,000	4,000,000	4,000,000	10,000,000
6	Exposure visits to one of the cleanest towns in Uganda to learn best practices (for 15 Task Force Members)	KMC, TC, STF	—	11,000,000	—	11,000,000
			30,000,000	37,000,000	11,000,000	78,000,000

Investment needs	Short term (until 2025)			Midterm (until 2028)			Long term (until 2030)		
	No	Unit cost (000 UGX)	Total cost (000 UGX)	No	Unit cost (000 UGX)	Total cost (000 UGX)	No	Unit cost (000 UGX)	Total cost (000 UGX)
Connection of HHs to the piped water supply system in Kamuli Municipal Council.	500	400,000	200,000,000	1,000	400,000	400,000,000	5,000	400,000	2,000,000,000
Construction of a Lined VIP toilet	50	3,000,000	150,000,000	70	3,000,000	210,000,000	100	3,000,000	300,000,000
Training and Tooling for Sanitation Improvements, including reporting	4	2,000,000	8,000,000	1	2,000,000	2,000,000	1	2,000,000	2,000,000
			358,000,000			612,000,000			2,302,000,000
									3,272,000,000

4.6.2. Action Plan for Improving Sanitation in Public Schools

4.6.2.1 Activities for improving sanitation in public schools

No.	Action for Municipal Council	Who	Short Term (2025–2026)	Mid Term (2027–2028)	Long Term (2029–2030)	Total Cost (UGX)
1	Construction of gender-sensitive school sanitation facilities with handwashing facilities	MoES, KMC, Ips, Development Partners, MWE/ WSDF-E	180,000,000 (2 schools)	180,000,000 (2 schools)	90,000,000 (1 school)	450,000,000
2	Hygiene education sessions and IEC materials (posters, charts, radio messages)	KMC / Development Partners	6,000,000	6,000,000	3,000,000	15,000,000
3	School hygiene clubs and inter-school competitions (at least 4 schools) — conduct weekly hygiene campaigns, cleaning drives, demonstrations, and monitor hygiene practices (toilet cleanliness, handwashing compliance)	KMC / Development Partners / MoH / School Management Committees	6,000,000	6,000,000	3,000,000	15,000,000
4	Supply of soap and detergents in at least 10 schools — identify public schools, estimate pupils/ staff, and train on correct handwashing and cleaning practices.	KMC / STF / School Management Committees / MoH / NGOs	4,000,000	4,000,000	2,000,000	10,000,000
			196,000,000	196,000,000	98,000,000	490,000,000

4.6.3. Action Plan for Improving Sanitation in Healthcare Facilities

4.6.3.1 Activities for improving sanitation in Healthcare Facilities

No.	Action for Municipal Council	Who	Short Term (2025 – 2026)	Mid Term (2027 – 2028)	Long Term (2029 – 2030)	Total Cost (UGX)
1	Extension of piped water supply system at Health Centers (at least 5)	MWE / NWSC, IPs	78,600,000	157,200,000	157,200,000	393,000,000
2	Construction of gender-sensitive sanitary facilities (latrines) in at least 5 health centers	MWE / NWSC, KMC, IPs	110,000,000	110,000,000	110,000,000	330,000,000
3	Provide hand washing facilities (tippy taps/sinks with soap) in at least 5 health centers.	KMC / MoH / STF	30,000,000	30,000,000	20,000,000	80,000,000
4	Provide a waste-segregation system (bins + liners) in at least 5 health centers to ensure liners prevent leaks and bins are clearly labeled with pictorial instructions for staff and patients.	KMC / MoH / STF / VHTs	30,000,000	30,000,000	15,000,000	75,000,000
			248,600,000	327,200,000	302,200,000	878,000,000

4.6.4. Action Plan for Improving Collection and Transportation of Fecal Sludge

4.6.4.1 Activities for improving collection, transportation, and disposal of Fecal Sludge

No.	Action for Municipal Council	Who	Short Term (2025–2026)	Mid Term (2027–2028)	Long Term (2029–2030)	Total Cost (UGX)
1	Procurement of a cesspool emptier	KAMULI MC, IPs, ADC	—	500,000,000	—	500,000,000
2	O&M costs for cesspool emptier	KAMULI MC, IPs, ADC	—	—	105,000,000	105,000,000
3	Conduct a baseline survey to assess household practices, knowledge gaps, and perceptions of FSM; design culturally relevant BCC messages and IEC materials.	KAMULI MC, IPs	5,000,000	5,000,000	—	10,000,000
4	Conduct community dialogues, radio talk shows, market-day mobilizations, emphasizing timely emptying & safe transportation of sludge.	KMC, VHTs, Community Leaders, Media Houses	5,000,000	5,000,000	5,000,000	15,000,000
5	Procurement of motorcycles (3 units; at least 1 per year)	KMC, Development Partners	6,000,000	7,000,000	7,000,000	20,000,000
6	Procurement of desktops/laptops (3 units)	MWE	NIL	NIL	NIL	NIL
Total FSM Plan			**16,000,000**	**517,000,000**	**117,000,000**	**650,000,000**

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4.6.5. Action plan for improving Treatment and Reuse of Fecal Sludge

4.6.5.1 Activities for improving treatment and re-use of Fecal Sludge

No.	Action for Municipal Council	Who	When	Costs associated (UGX)
1	Sensitization of communities to scale up transportation of fecal sludge to the treatment plan and operating cost.	MWE/NWSC, KAMULI MC, IPs	2025-2028	8,000,000
2	Rehabilitate/ upgrade the exciting Fecal Sludge Treatment Plant (FSTP)	KMC/UWSC/ MWE	2025-2030	1,000,000,000
3	Carry out IEC campaigns on the sludge reuse benefits	KMC/STF/TC	2025-2028	9,000,000
				1,017,000,000

4.6.6 Action to improve solid waste management

	Intervention	Improvements in the primary collection of solid waste management
	Rationale	Kamuli MC has a serious solid waste management problem. Most of the solid waste generated in areas of the municipality with rural characteristics is disposed of at source. In areas that are urban, solid waste is indiscriminately thrown in the open and at garbage banks. The Municipality has no landfill or even a dumping site. Solid waste is dumped on private land on request (Municipal Environment Department, 2020). Solid waste is managed privately. Households pay between 5000-10000 Ugandan shillings to private waste collectors per month, but where the waste is taken, no one knows. Current solid waste management strategies in Kamuli Municipality are inadequate.
	Description	**Tier 1: Household & Community Level (Waste Generators)** • Segregation at Source • Promote waste sorting (biodegradable, recyclable, residual) at household and business premises. • Provide color-coded bins or sacks to households, markets, and institutions. • Awareness & Behavior Change • Conduct continuous sensitization campaigns through radio, community meetings, and schools. • Introduce school waste clubs and community sanitation champions. • User Fees/Cost Recovery • Introduce small, affordable waste collection fees integrated with local council levies to improve sustainability. **Tier 2: Neighborhood/Community Collection & Transfer** • Collection Points & Accessibility • Establish strategically located, well-maintained community skips/containers to reduce illegal dumping. • Design small transfer stations in densely populated zones to improve efficiency. • Community Involvement • Engage local leaders, CBOs, and youth groups in managing waste collection points. • Encourage partnerships with private collectors and recyclers. • Transport Logistics • Introduce tricycles, wheelbarrows, and small trucks for door-to-door collection in narrow streets. **Tier 3: Municipal Level Coordination & Regulation** • Institutional Strengthening • Establish a solid waste management unit within the Kamuli Municipal Council to oversee planning, monitoring, and regulation. • Enforcement of By-laws • Enforce waste management ordinances (proper disposal, penalties for littering, mandatory segregation). • Partnerships & Financing • Attract PPPs (Public-Private Partnerships) for waste collection and recycling. • Mobilize funding from government, NGOs, and development partners. • Monitoring & Data Systems • Introduce digital systems (GIS mapping of collection routes, data on waste volumes). • Regular performance monitoring of contractors, CBOs, and municipal teams.

	Activities	Lead	Implemented by	Financed by	Indicator/ Milestones	Cost estimate	Immediate (2025-2025) UGX	Short - midterm (2025 - 2028) UGX	Long term (2028-2030) UGX
1	Improving primary collection	KMC	KMC	KMC/ Development partners	At least 5 groups of tri-cycles established and functional	Ugx 15M per group, including equipment and training		75,000,000	75,000,000
2	Procurement of a Motorcycle	KMC	KMC	KMC/ Development partners	Target 3	Ugx 93M	31,000,000	31,000,000	31,000,000
3	Conduct continuous sensitization campaigns through radio, community meetings, and schools.	KMC	KMC	KMC/ Development partners/NWSC	At least 2-5 radio talk shows/ sensitization campaigns meetings	Ugx 15M	2,000,000	6,000,000	7,000,000
							33,000,000	112,000,000	113,000,000
									157,200,000

	Intervention	Community Equity & Gender Inclusion in Waste Management								
	Rationale	The equity-focused budget lines ensure that vulnerable groups in Kamuli MC, especially residents of informal settlements, women, youth, and children, are not left behind in solid waste management. Subsidizing bins supports pro-poor households, while training women and youth in collection and recycling creates safer livelihoods. School programs engage children as change agents, and gender-responsive awareness campaigns amplify women's voices. This makes service delivery more inclusive, equitable, and sustainable.								
	Description	This budget line is designed to promote inclusive and equitable solid waste management in the Kamuli Municipal Council. It specifically targets low-income households in informal settlements, women, youth, and children, groups that are often under-served yet most affected by poor waste services. Activities include provision of subsidized waste bins, training of women and youth groups in door-to-door collection and recycling, child-focused school sensitization programs, and gender-responsive awareness campaigns. These interventions will enhance access, participation, and benefits for vulnerable groups, while strengthening overall waste management efficiency and sustainability.								
	Activities	Lead	Implemented by	Financed by	Indicator/ Milestones	Cost estimate	Immediate (2025-2025) UGX	Short - midterm (2025 - 2028) UGX	Long term (2028-2030) UGX	
I	Provision of subsidized bins and sacks to households in informal settlements	KMC	KMC	KMC/ Development partners	Targets low-income areas to promote segregation and access to primary collection services.	UGX 5M per group of 5 people, including equipment and training		25,000,000	25,000,000	

2	Training and engagement of women and youth groups in door-to-door collection & recycling enterprises	KMC	KMC	KMC/ Development partners	Builds livelihoods, reduces exclusion of vulnerable groups (5 groups)	Ugx 10M per group	2,000,000	4,000,000	4,000,000	
3	Child-focused school sensitization programs (waste clubs, IEC materials, competitions)	KMC	KMC/MoH	KMC/MoH/ Development partners	Ensures children participate as change agents in waste segregation and safe handling. (2 Schools)	Ugx 10M per school	2,000,000	4,000,000	4,000,000	
							4,000,000	33,000,000	33,000,000	
									70,000,000	

5 MONITORING AND EVALUATION

Monitoring is often the weakest link in the activities related to sanitation improvements. Even with well-conceived regulations and guidelines, poor enforcement can lead to limited progress. To address this, the plan recommends establishing a three-tier monitoring mechanism. To address this, the plan recommends establishing a three place a three-tier monitoring mechanism.

5.1. Action for monitoring and accountability for the TSP

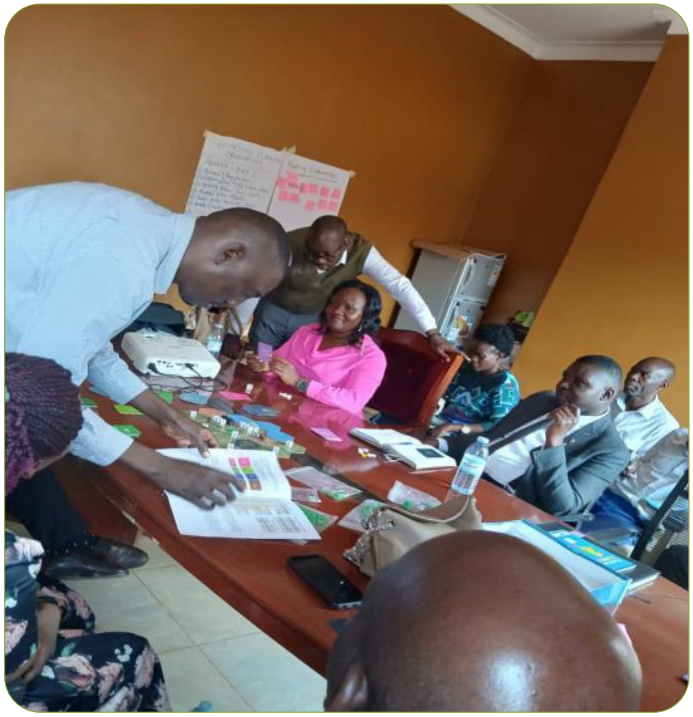
	Interventions	Monitoring and Accountability for TSP							
	Rationale	Often, monitoring and accountability are the weakest link in the activities related to sanitation improvements. Even with well-conceived action plans, if implementation is poor, limited progress will be achieved.							
	Description	A three-tier monitoring and accountability framework is proposed to assess the progress achieved in the implementation of the TSP **1st Tier – Oversight by Political Leadership and Sanitation Task Force (STF)** The political leadership of Kamuli Municipal Council, as representatives of the citizens, provides the first layer of oversight. To ensure focused attention on sanitation improvements, the Sanitation Task Forces (STF), with the support of Village Health Teams (VHTs), will regularly monitor implementation progress. The VHTs are responsible for data collection based on key sanitation performance indicators. This data is uploaded into the Digital Monitoring System (DMS). The STF then analyses the data and submits biannual reports to the political leadership to inform decision-making and course correction where necessary. **2nd Tier – Community Engagement and Stakeholder Participation** The STFs will also facilitate broad community involvement through annual stakeholder forums. These forums provide a platform where the STF, in collaboration with political leaders, presents progress updates to a cross-section of local stakeholders, including residents, service providers, community groups, and the private sector. These engagements help evaluate progress, gather feedback from the public, and shape further implementation actions to ensure that the TSP reflects local priorities and realities. **3rd Tier – Independent Evaluation and Transparency** In addition to internal monitoring, Kamuli Municipal Council will allow independent bodies such as the Water and Sanitation Development Facility (WSDF-E), NGOs, CBOs, and development partners to access the DMS and conduct periodic independent evaluations of sanitation progress. These evaluations will assess the actual outcomes achieved across the sanitation chain and gather community perceptions on the quality and inclusivity of services. The findings will be widely disseminated through the annual stakeholder forums, enhancing transparency and accountability.							
	Activities	Lead	Implemented by	Financed by	Indicator/ Milestones	Cost Estimate	Short Term (2025-2025)	Mid term (2025-2028)	Long term (2028-2030)

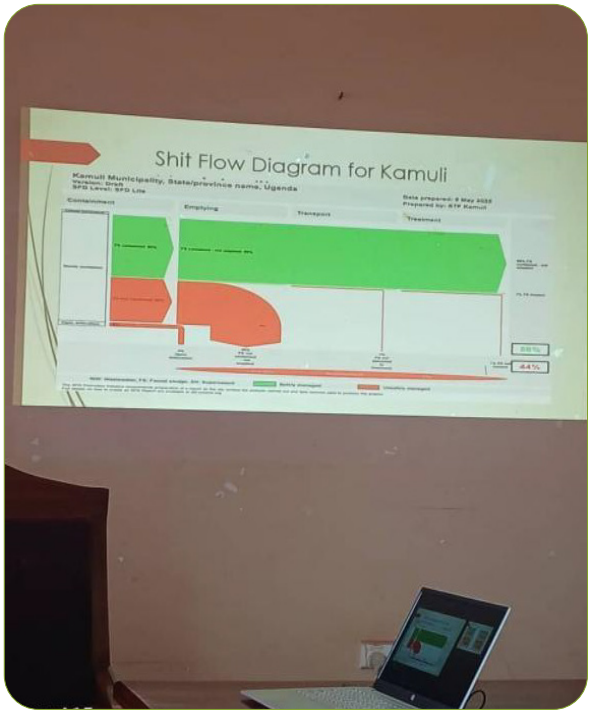
1	Monitoring of TSP actions	KMC/ NWSC	KMC/UWSC	KMC	Bi-annual monitoring reports	Routine Activity(10M)	2,000,000	4,000,000	4,000,000
2	VHT capacity building,	KMC	KMC	KMC	Annual training (twice a year)	Routine Activity(10M)		5,000,000	5,000,000
3	Annual stakeholder forums	KMC/ STF	KMC	KMC	Held meetings twice a year	Routine Activity (20M)	4,000,000	8,000,000	8,000,000
4	MIS/DMS and reporting allowances	KMC/ STF	KMC	KMC	Percentage of sanitation reports submitted through the MIS/ DMS on time.	Continuous		3,000,000	3,000,000
							6,000,000	20,000,000	20,000,000
									46,000,000

6 CONCLUSION

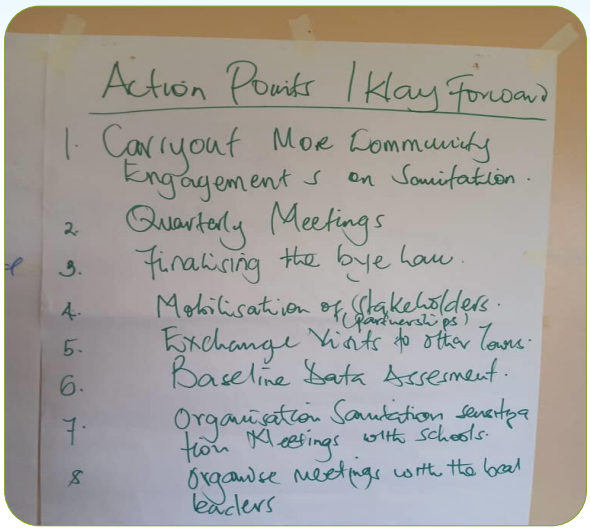
The Kamuli Municipal Council Town Sanitation Plan provides a robust framework to enhance sanitation services, promote hygiene, and manage solid and liquid wastes sustainably. By addressing key sanitation challenges, building the capacity of the Sanitation Task Force, enforcing regulations, and engaging the community, the plan sets the stage for tangible improvements in public health and environmental quality. Effective implementation will require coordinated action by the Municipal Council, development partners, households, and the private sector. Through these efforts, Kamuli can achieve a cleaner, healthier, and more resilient urban environment, improving the quality of life for all residents and serving as a model for sustainable urban sanitation in Uganda.

Appendix: Pictures Of the TSP Process in Kamuli Municipal Council

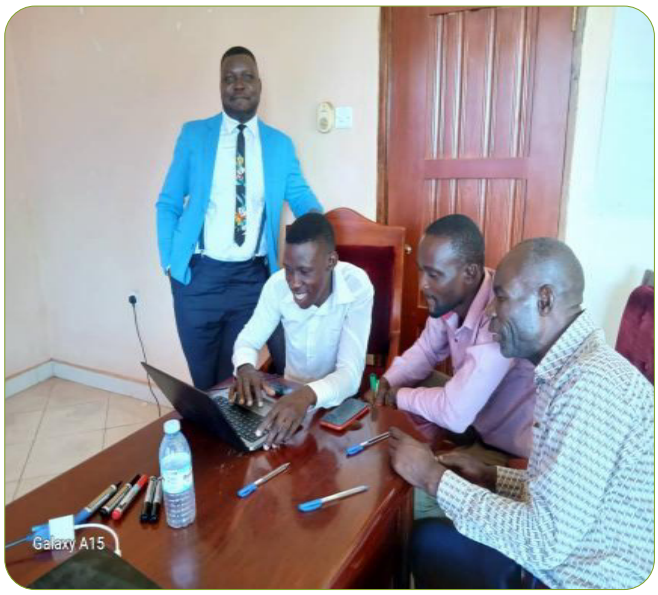


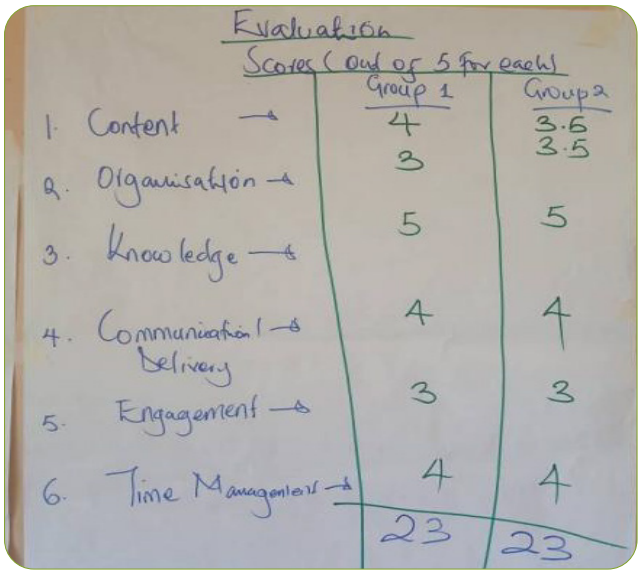



Results——3- Access to Latrines or toilets
The survey found that;
•93.9% of the households have access to latrines or toilets.
•6.1% of the households do not have access to sanitary accommodations.
For the households without access to sanitary facilities, the survey found out that;
•41.0% use neighbor's latrines.
•4.2% practice open defecation
•4.2% use other methods


Action Points / Way Forward
1. Carryout More Community Engagements on Sanitation.
2. Quarterly Meetings
3. Finalising the bye laws.
4. Mobilisation of (Stakeholders (Partnerships)
5. Exchange Visits to other towns.
6. Baseline Data Assesment.
7. Organisation Sanitation sensitization Meetings with schools.
8 Organise meetings with the local leaders


Galaxy A15


Galaxy A15


Evaluation
Scores (out of 5 for each)
Group 1
Group 2
1. Content → 4 3.6
2. Organisation → 3 3.5
3. Knowledge → 5 5
4. Communication / Delivery → 4 4
5. Engagement → 3 3
6. Time Management → 4 4
23 23

Annex 1: List of STF Members for Kamuli Municipal Council

KAMULI MUNICIPAL COUNCIL
OFFICE OF THE TOWN CLERK.
P.O. BOX 127, KAMULI
Website-https://www.kamuli.go.ug
E-mails: info@kamulimc.go.ug /kamulimunicipalcouncil@gmail.com
Contact +256(0)773245766/+256(0) 704458986.

IN ANY CORRESPONDENCE ON THIS SUBJECT
PLEASE QUOTE NO: **KMC/358/1.**

27th January, 2025.

The Country Director
Water for People.

RE: SANITATION TASK FORCE FOR KAMULI MUNICIPAL COUNCIL:

Here below find the list of the Sanitation Task Force for Kamuli Municipal Council and their roles.

1. Mr. Mangasa Stansloas -	Town Clerk	-	Chairperson
2. Mr.Mr. Kunya Robert -	Principal Health Inspector	-	Secretary
3. Mr. Mukiibi Sowedi -	Senior Assistant Town Clerk	-	Member
4. Mr. Akalega Moses -	Senior Assistant Town Clerk	-	Member
5. Ms. Namukasa Evelyn -	Senior Environment Officer	-	
6. Mr. Kantaale Erick -	Principal Community Development Officer	-	Member
7. Mr. Musoke Joseph -	Municipal Education Officer	-	Member
8. Ms. Byobona Immaculate	Municipal Planner	-	Member
. Mr. Isabirye David -	Senior Commercial Officer	-	Member
0. Mr. Wakabi Ivan -	Senior Municipal Inspector of schools		Member
1. Mr. Ssembatya Jude -	Health Assistant	-	Member
2. Mr. Mawanda Bumali -	Health Assistant	-	Member
3. Mr. Kalebi Jacob Nankoza ,	Senior Physical Planner	-	Member
4. Mr. Kaluya Paul -	Senior Law Enforcement Officer	-	Member
5. Mr. Denga Yosiya -	Municipal Engineer	-	Member

heir roles will be as follows:

1. To participate actively in the Town planning process of sanitation activities.
2. To participate in Capacity Building workshops and field visits.
3. To contribute to the development and enforcement of Sanitation Bye-laws in the Town.
4, To actively participate in the development of the sanitation action plan.
5. Support and guide the implementation of the Town, sanitation plans including identification of key stake holders to support/facilitate identified sanitation activities.
6. Conduct periodic monitoring of implementation of the Town sanitation plan.
7. Evaluate the improvement in the sanitation situation.
8. Undertake the integratiö0 of Så?itation plaointo the Town Development Plan.

urs,

References

1. Kamuli Municipal Council Third Municipal Development Plan (MDPIII) 2020/21 -2024/25
2. Kamuli Municipal Council; Municipal Five-Year Development Plan 2015/2016 -2019/2022
3. Uganda Bureau of Statistics 2017, The National Population and Housing Census 2014 – Area Specific Profile Series, Kampala, Uganda.
4. National Planning Authority, Uganda (2020). Third National Development Plan (NDPIII) 2020/21 – 2024/
5. United Nations (2022). UN Economic and Social Council report on Progress towards the Sustainable Development Goals (2022)
6. The Republic of Uganda, Ministry of Lands, Housing and Urban Development Uganda; National Physical Development Plan 2018-2040.
7. Ministry of Local Governments, Uganda: Uganda - Repositioning Local Governments for Economic Growth;The Role of Local Governments in promoting Local Economic Development (Led) in Uganda. 8. Uganda National Malaria Control Division (NMCD), Uganda Bureau of Statistics (UBOS), and ICF. 2020. Uganda Malaria Indicator Survey 2018-19. Kampala, Uganda, and Rockville, Maryland, USA: NMCD, UBOS, and ICF.
8. 9.https://www.wvi.org/uganda/water-sanitation-and-hygieneUganda Malaria Indicator Survey 2018–19. Kampala, Uganda: UBOS and NMCD
9. 10. Uganda National Malaria Control Division (NMCD), Uganda Bureau of Statistics (UBOS), and ICF. 2020.
10. Uganda Malaria Indicator Survey 2018-19. Kampala, Uganda, and Rockville, Maryland, USA: NMCD, UBOS, and ICF.

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