REPUBLIC OF UGANDA

KAYUNGA TOWN COUNCIL FIVE YEAR SANITATION PLAN 2026 – 2030

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Acronyms & Abbreviations

TSP	Town Sanitation Plan
STF	Sanitation Task Force
FSM	Faecal Sludge Management
WASH	Water, Sanitation and Hygiene
DG 6	Sustainable Development Goal 6
JICA	Japan International Cooperation Agency
TC	Town Council
WSDF-C	Water and Sanitation Development Facility-Central
UWS-C	Urban Water Supply-Central
IPs	Implementing Partners
CSDA	Community Service Delivery Approach
MWE	Ministry of Water and Environment
IRC	International Water and Sanitation Centre
BCC	Behavior Change Communication
HC	Health Centre
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
WHO	World Health Organization
DHS	Demographic and Health Surveys
STWSSP	Strategic Towns Water Supply and Sanitation Project
UNICEF	United Nations International Children's Emergency Fund

FOREWORD

Kayunga Town Council is on a transformative journey to ensure that every resident enjoys access to safe, reliable, and sustainable sanitation services. As our town continues to grow, so do the challenges of managing faecal sludge, solid waste, and ensuring proper hygiene practices. This Town Sanitation Plan sets the foundation for coordinated action that addresses today's needs while preparing for tomorrow's demands.

The TSP is not just a planning document; it is a collective vision built on the input of communities, technical teams, and development partners. It outlines practical strategies to strengthen service delivery, promote public-private partnerships, and embrace innovative approaches that will make Kayunga a cleaner, healthier, and more resilient town.

We extend our sincere appreciation to all stakeholders who contributed to the development of this plan. Your dedication and insights have shaped a roadmap that reflects both the aspirations and realities of our community.

As we implement this TSP, we call upon government agencies, civil society, private sector actors, and the people of Kayunga to work hand in hand. Together, we can turn this plan into action, and action into lasting impact for generations to come.

For God and My Country

.....

Kavuma David
Mayor, Kayunga Town Council

EXECUTIVE SUMMARY

Kayunga Town Council is committed to ensuring sustainable sanitation and hygiene services to improve public health, environmental quality, and the overall well-being of its residents. The Town Sanitation Plan (TSP) for 2025–2030 provides a structured roadmap to address the existing sanitation challenges, strengthen institutional capacity, and achieve universal access to safe and adequate sanitation by 2030.

The plan was formulated through a participatory process involving the Town Councils 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 is guided by the vision**: "A healthy Town Council with access to clean water and sustainable sanitation, improving livelihoods for all by 2030."** Its objectives focus on:

1. Improving access to safe water, sanitation, and hygiene (WASH) facilities for households, schools, health facilities, and public spaces.
2. Promoting proper faecal sludge management and solid waste management systems.
3. Strengthening governance, institutional capacity, and community participation in sanitation initiatives.
4. Enhancing public awareness and behavior change toward sustainable sanitation practices.

Key strategic interventions outlined in the TSP include:

- Expansion and rehabilitation of piped water supply and latrine facilities in households, schools, and health centers.
- Construction of gender-sensitive, inclusive sanitation facilities.
- Capacity building for the Town Sanitation Task Force (STF) and local sanitation actors.
- Implementation of monitoring, evaluation, and reporting mechanisms to track progress and impact.
- Community engagement programs to promote hygiene behavior change and environmental cleanliness.

The TSP is structured over three phases: short-term (2025–2026), mid-term (2026–2028), and long-term (2028–2030), with detailed cost estimates and performance indicators for each phase. Funding will be mobilized through Town Council allocations, partner support, and community contributions.

Through this comprehensive approach, Kayunga Town Council aims to significantly reduce sanitation-related health risks, improve environmental conditions, and establish a model for sustainable urban sanitation management that can be replicated in other towns.

The STF proposes activities, roles and responsibilities of the Town Council and development partners, with estimated time frame and costs to accomplish each objective. It is estimated that hardware investments required for improvements in FSM across the sanitation chain will cost UGX **641,000,000** until 2026 (short term) UGX **3,265,000,000** until 2028 (midterm) and **1,718,500,000** UGX until 2030 (long term). The cost will be met by households/ landlords, Town Council, donor agencies and the Ministry of Water and Environment/ Water and Sanitation Development Facility-East/ Central Umbrella of Water and Sanitation, depending on the type of interventions.

Five Year Strategic Sanitation Action Plan At a Glance

Vision

"A healthy Town Council with access to clean water and sustainable sanitation, improving livelihoods for all by 2030."

Mission

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

Overall Objective

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

Specific Objectives

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

Strategic Focus

The main areas of focus through which Kayunga Town Council achieve the objectives of the improving the sanitation in its area of jurisdiction are:

- Sanitation at the Household level
- Sanitation in Public 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 2026, 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 diarrhoea, 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 fulfil the SDG 2030 agenda's central promise to "leave no one behind." Source: World Vision Uganda, IRC, EPRC, NWSC, WHO/UNICEF JMP (2023–2026)

Kayunga Town Council, with a population estimated approximately at 50,000, is confronting key Water, Sanitation, and Hygiene (WASH) challenges as it evolves from its origins as a rural trading centre into a growing urban hub. Water coverage in urban zones occasionally exceeds district averages via piped schemes and public standpipes; however, approximately half of residents continue to rely on unimproved sources such as unprotected wells. Latrine coverage stands at about 70 to75% of households, yet hand washing facilities remain critically low, well below national benchmarks. The town also struggles with faecal sludge

management; the recently built facility remains underutilized due to low prevalence of water-borne sanitation systems. The council has therefore instituted policies requiring new developments to install waterborne toilets. Meanwhile, community outreach campaigns in schools and public areas are ongoing to promote hygiene behavior change and reduce open defecation risks. Collaborations with Water and Sanitation Development Facility–Central, NGOs, and Town Council leadership are central to addressing service gaps and elevating WASH standards across the town.

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

The Ministry of Water and Environment (MWE) is responsible for planning investments in sewerage services and public sanitation in urban areas and rural growth centers. To improve sanitation and hygiene delivery, the Ministry adopted the Town Sanitation Planning (TSP) approach in 2016, aimed at scaling up sanitation in urban areas, with support from Water for People and in partnership with the Ministries of Health and Education and Sports, MWE received funding under the Sanitation and Hygiene Fund to implement initiatives in Fort Portal City, Kamuli, Kayunga, and Kole Town Councils. These efforts promote both public and on-site sanitation alongside improved water systems. Sanitation Task Forces were formed and trained to support planning, monitoring, and service delivery.

The main policy guide is the 10-Year Financing Strategy for Small Towns, and a revised 2018–2030 Integrated Sanitation and Hygiene Financing Strategy has been developed. The Public Health Act is the key legal tool for enforcing sanitation at the local level.

Despite progress, challenges remain particularly in the safe management of faecal sludge from latrines and septic tanks. Sustainable sanitation requires adequate financing and coordination between government and private actors.

The TSP approach, piloted in six towns in Northern Uganda by RUWASS and WSDF-North, is now being implemented nationwide by all four Water and Sanitation Development Facilities (WSDFs) as a participatory method for infrastructure development and behavior change.

1.3. Purpose and Scope of the Town Sanitation Plan

The specific objectives of the TSP include:

- To promote integrated and participatory town level sanitation planning, that includes a wider stakeholder group as well as ownership by the council.
- 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 (faecal sludge) in the towns.
- To improve hygiene conditions in households, public schools and healthcare facilities.
- To increase private sector participation in delivery of sanitation products and 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 for sanitation and hygiene related products,
- Increase financing for sanitation related investments, products and services.

1.5. Methodology of the Town Sanitation Plan (TSP) development process

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

A baseline assessment was conducted supported by Water for People to establish the status of sanitation in the town. Data was collected, and an analysis of the existing sanitation issues and the main reasons and constraints associated with the issues is presented in the baseline report, the STF sets up a town sanitation forum comprised of key stakeholders in the sanitation sector to provide input via consultation to the development of the Town Sanitation Plan. The Sanitation Town Force 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 Town Sanitation Plan (TSP) are categorized according to 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 Town Council for endorsement. The Town Council will integrate the TSP into the Town Development Plan in alignment with its planning and budgeting cycle.

Each year, the Town 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 evaluation will be shared with stakeholders for further consultation. If the objectives are not met as anticipated, the TSP actions will be reviewed and adjusted accordingly.

1.6. Document Organization

Chapter 1 of the document introduces the Town Sanitation Plan (TSP), providing background information on the approach, its purpose, and the methodology used. Chapter 2 outlines the town's profile, including its location and size, climate, demographics, population growth projections, and key economic activities. Chapter 3 presents a situational analysis of the town with regard to sanitation. Chapter 4 elaborates on the council's vision, mission, strategic focus areas, specific objectives, and the main activities to be implemented to achieve them. Chapter 5 outlines the monitoring and evaluation framework that will be used to assess progress in the implementation of the TSP.

1.7. Limitations and Assumptions

1.7.1. Availability and accuracy of data

While a socioeconomic and baseline survey was conducted before the Town Sanitation Planning (TSP) process, the availability and accuracy of some critical data such as daily garbage generation was lacking. Kayunga Town Council had not been collecting or maintaining data on certain sanitation aspects, making it difficult to set baseline values and design realistic interventions.

Key Challenges Identified in Kayunga Town Council

Despite ongoing efforts, Kayunga faces persistent challenges in sanitation management:

- Knowledge Gaps: Limited understanding and prioritization of sanitation among key actors within planning and budgeting processes.
- Institutional Capacity: Inadequate technical and institutional capacity to implement urban sanitation programs.
- Weak Stakeholder Engagement: Low commitment to sanitation advocacy and poor community engagement.
- Poor Enforcement: Weak coordination in enforcement of sanitation bylaws leads to low compliance.
- Low Latrine Coverage: Many households still rely on unsafe sanitation facilities.
- Faecal Sludge Management: The current treatment plant is inadequate and needs upgrading for better emptying, conveyance, and household connections.
- Informal Service Providers: Local providers like gulpers need professionalization to offer safe, regulated services.

Access to Sanitation Facilities

- Overall Access: 95.5% of households have some form of toilet; 1% still practice open defecation.
- Type of Facility: 50% have private household toilets, while 47% use shared toilets—indicating a need to expand private sanitation access.

Sanitation Technologies in Use

- Modern Facilities: 59% of households use Ventilated Improved Pit (VIP) latrines with washable slabs.
- Low Use of Flush Systems: Only 1% use flush toilets connected to septic tanks.
- Traditional Methods: Minimal use of traditional pit latrines (1%) and uncovered toilets (1%), though the latter poses health risks.

Faecal Sludge Emptying Practices

Only 8.4% (18 households) have ever emptied their toilets.

- Manual Methods: Used by 13 households.
- Mechanized Methods: Gulpers or vacuum trucks used by 5 households.
  This shows limited access to safe and efficient faecal sludge management, underscoring the need for expanded and professionalized emptying service

1.7.2. Availability and adequacy of funding

The action plans in the Town Sanitation Plan were derived based on the assumption that Kayunga Town 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 the Town Council will have adequate human resources to spearhead its implementation. It was however noted that the town currently lacks enough key staff such as enforcement officers to conduct enforcement, garbage collectors and lack of dustbins in the streets of the Town that are instrumentation in implementing aspects related to solid waste management of the town.

2 PROFILE OF THE TOWN COUNCIL

2.1. Location and size

Kayunga Town Council is a locality in Ntenjeru County, Kayunga District, Central Uganda and has an elevation of 1,082 meters. Kayunga Town Council is situated nearby to Kayunga west and Nakaliro cells as well as near Namagabi, Kayunga District headquarters lies approximately 74 kilometers (46 mi) northeast of Kampala, on an all-weather tarmac highway The District has a total land area of 1810 sq km. It lies between 1000-1200m above sea level. It is generally flat with no remarkable hills and part of it is a wetland (Ssezibwa). There is Lake Kyoga in the northern part. (Figure 1).

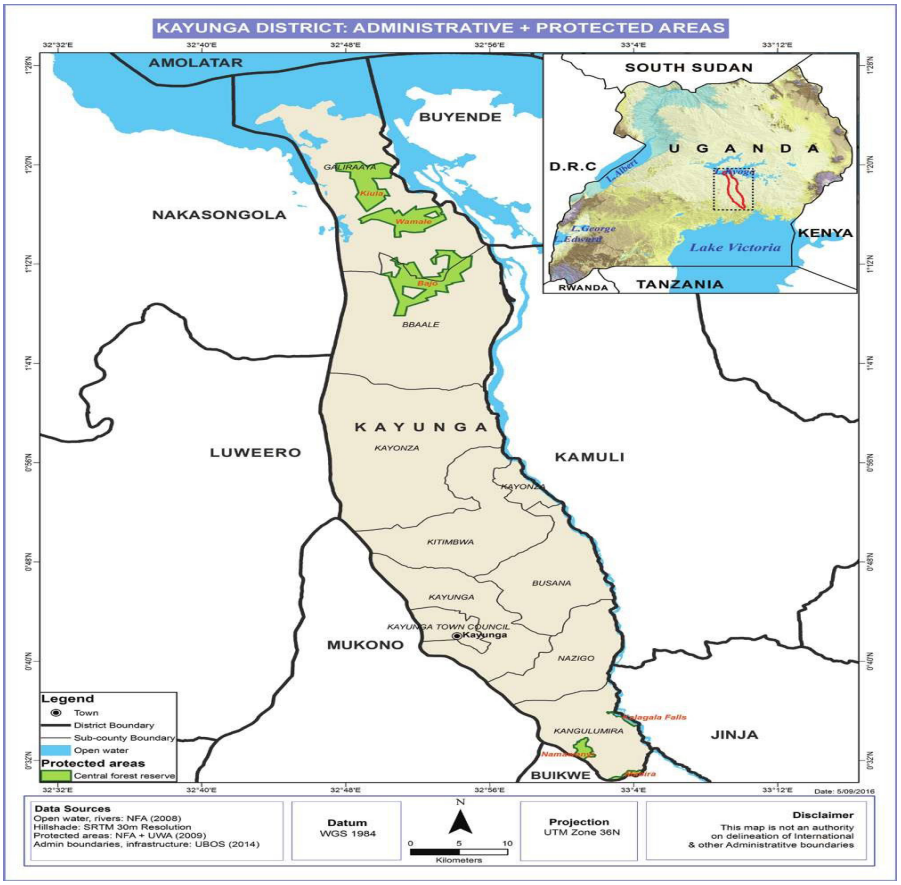

Figure 1: Map of Kayunga district showing the location of Kayunga Town Council (2026_Lgdpiv_Structure [1] Kayunga Town Council)

2.2. Climate

Kayunga Town Council experiences a tropical climate with two rainy seasons: March to April and September to December. The area is generally flat with no remarkable hills and part of it is a wetland, making it vulnerable to hazards like hailstorms, lightning, and strong winds. The city's yearly temperature is 24.71°C (76.48°F) and it is 1.24% higher than Uganda's averages. Kayunga typically receives about 160.7 millimeters (6.33 inches) of precipitation and has 257.55 rainy days (70.56% of the time) annually.

Table 1. Kayunga Avg Temperatures (°C)

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Day	31	33	32	28	27	28	28	28	28	28	28	29
Night	18	19	18	18	17	17	17	17	18	18	17	17

Source: Uganda National Meteorological Authority - UNMA).

2.3. Demography and population projections

According to the 2024 National Population and Housing Census, Kayunga Town Council has a total population of approximately 50,000 people, with 17,500 males and 32,500 females. The majority of the population is concentrated in Kayunga West and Namagabi Ward. The main source of livelihood for residents is agro-industrialization, which supports most of the town's economic activities.

At the district level, Kayunga District recorded a total population of 370,210 people, with 180,541 males (48.8%) and 189,669 females (51.2%). The population is predominantly rural, with 343,622 people (92.8%) residing in rural areas, compared to 26,588 people (7.2%) in urban centers, including Kayunga Town Council, Kangulumira Town Board, Busaana Town Board, and Kitwe in Kayonza Sub- County. About 99% (366,471 people) of the district population form the household population, while only 1% (3,739 people) are categorized as non-household.

Within the district, Kayonza Sub- County has the highest population (59,054 people), while Bbaale Sub- County has the smallest population (16,661 **people**).

Table 2. Population Distribution in Kayunga Town Council

	HOUSEHOLDS		POPULATION		
Sub-County	Number	Average Size	Males	Females	Total
Kayunga Town Council	6783	3.8	12409	14179	26588

Source: UBOS Census 2014

2.4. Social-cultural setup

Kayunga district is home to 54 Ethnic tribes with Baganda being the majority. Therefore, the district has a diversity of cultures and societal norms and each tribe has different cultural norms. The most common cultural practices in Kayunga are the Kwanjula of the

Baganda tribe and the Imbaalu of the Bagishu. The Kwanjula and the Imbaalu are the most noticeable cultures in Kayunga. the major activity there is male circumcision which takes place every year.

2.5. Leadership of the Town council

The district comprises 2 counties, 8 sub-counties, 1 town council, 61 parishes, and 374 villages, with headquarters at Ntenjeru village in Kayunga Town Council. The district's technical team includes 11 departments that include Administration, Finance, Health, Education, Works, Council & Statutory Bodies, Production & Marketing, Community Based Services, Planning, and Audit led by the Chief Administrative Officer.

The Town Clerk, as Chief Executive, manages the Town Council and implements its decisions. Politically, the LC III Chairperson heads the Council, which is the supreme authority responsible for policy-making and maintaining public relations.

The Town Council (TC) operates through standing committees focused on Social Services (Welfare, Health, Environment, Education, Sports, Engineering) and Resources & Finance. Each committee has elected members who set policies, prioritize issues, and monitor implementation by technical officers. The Town Council employs 33 established staff and 10 support staff across various departments

2.6. Economic activities

Kayunga Town Council's economy is largely based on agriculture, with about 80.9% of the population engaged in subsistence farming and livestock keeping. The district produces a variety of crops, including cassava, maize, millet, plantains (matooke), pineapples, watermelons, passion fruits, and vanilla. Livestock such as cattle, goats, pigs, and poultry also contribute significantly to the local economy. While many grow food for their own consumption, others cultivate commercial crops like coffee, pineapples, melons, passion fruits, and mangoes. Kayunga is notably Uganda's leading producer of high-quality vanilla, agro-processing opportunities exist for local value addition, and coffee remains an important cash crop alongside cattle farming.

Trade within the district and with neighbouring areas supports the exchange of agricultural goods, supplying nearly 90% of industrial sector inputs. Production of maize, rice, and bananas has improved, although some key cash crops like cotton and coffee have declined

2.7. Occupation

The primary occupation of people in Kayunga is agriculture, representing 90% of total employment. This includes both animal husbandry (livestock farming) and crop husbandry, primarily for subsistence farming. A significant portion of the population also engages in subsistence farming, with 65% of the working-age population (14-64 years) involved in this type of agriculture, according to the Uganda Bureau of Statistics.

Table 3. Working status of People in Kayunga District

1: Working persons	Number	Percentage
Persons aged 10-15 years who were working	24,987	37.2
Persons aged 10-17 years who were working	33,785	40.1
Persons aged 18-30 years who were working	56,903	81.4
Persons aged 16-64 years who were working	129,746	83.2
Persons aged 18 years and above who were working	128,540	85.5
Persons aged 60 years and above who were working	12,090	72.4
2: Youths Not working and not in school		
Youths (Persons aged 18-30 years) who were neither working nor in school	15,690	8.1

Source: National Population and Housing Census 2014 Area Specific Profiles – Kayunga District

Many productive resources and economic activities exist in Kayunga district with the most common being Agriculture (farming), Trade and civil employment. And the majority of the population are engaged in traditional farming. The district has a number of farming activities that include arable farming, livestock farming, bee keeping, fishing, settlement and small-scale business establishments. Around 55 % of the land is Arable with the community growing mainly food crops especially maize, about 31% of the parishes, Bananas at 17%, coffee by 14%, Beans by 12 %, cassava by 10%, sweet potatoes by 7 % Page | 7 and pineapples by 6%. The land is also covered by commercial sugar cane growing by Kakira and Lugazi sugar companies. 20% of the land is used for livestock farming including cattle, sheep, pigs and goats. 10% of the land is covered by wetland and fresh water bodies thus activities such as fishing and pottery are taking place. 15% of the land in Kayunga is used for settlement by the population. *(Kayunga_Draft_DCP_2023-OPM-DDMC-U).*

2.8. Household expenditure

The monthly average household expenditure in Kayunga District is estimated to be 136,100 Uganda Shillings. This figure is based on a survey examining households in Masaka and Mukono, which includes Kayunga, according to JICA reports. A survey by this project found that agriculture was the main source of income for 67% of the households in the district

3 SITUATIONAL ANALYSIS

3.1. State of Sanitation at Household Level

As part of the Town Sanitation Planning process, a socioeconomic survey, baseline survey and capacity needs assessment were carried out in Kayunga Town 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

In Kayunga, the main water sources are Lake Kyoga, River Nile, and protected springs. Additionally, boreholes and rainwater harvesting are also significant sources, particularly in schools. Piped water schemes are also being implemented, with a recent project supplying water from the River Nile to Busaana Trading Centre and Kayunga Town. The access rates in Kayunga vary from 7% in Kangulumira TC Sub-County to 95% in Kayunga TC Sub-County. Kayunga has 1,188 domestic water points which serve a total of 324,755 people – 282,653 in rural areas. 146 water points have been non-functional for over 5 years and are considered abandoned. Kayunga has 2 piped schemes (Fig 2).

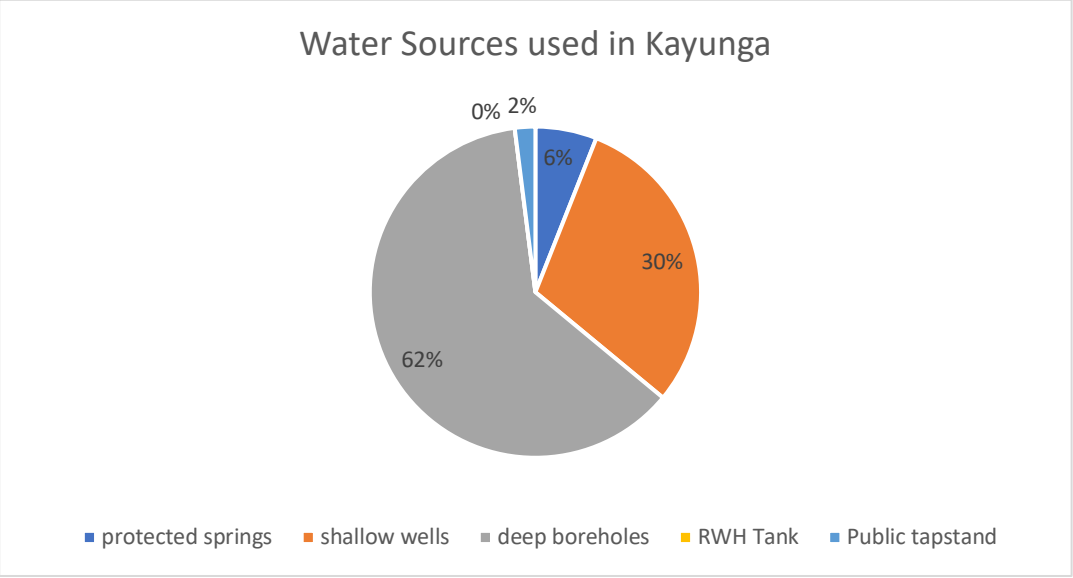

Figure 2: Main water sources used by households living in Kayunga Town Council (Baseline data 2024, Kayunga Town Council)

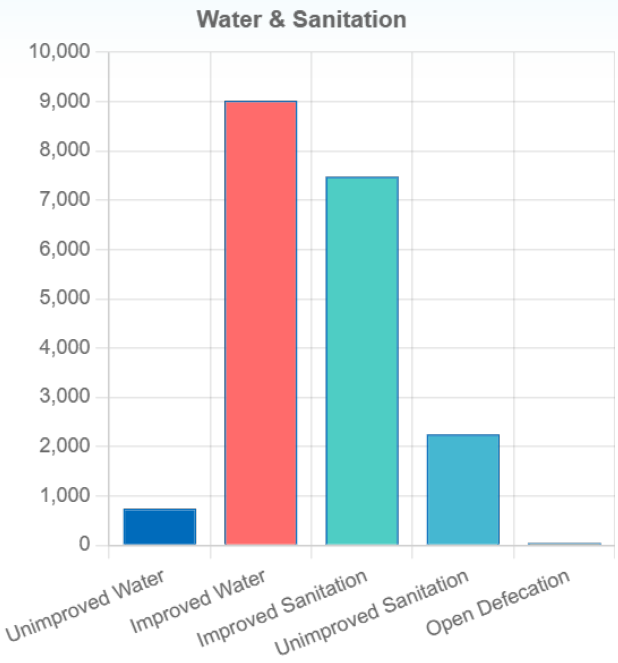

Figure 3: Household distribution by main source of drinking water, Sanitation (NPHC 2024, Kayunga Town Council

Source: The WHO/UNICEF Joint Monitoring Programme (JMP)

3.1.2. Access to Sanitation Facilities

The Latrine coverage in all wards is 50.2%, household access to latrines is 95.3% and 4.7% have no access to latrines in the Town Council. The Latrine types used in the Town Council where Ecosan toilets is 0.07%, Flush/Pour toilet at 1.39%, with a hole (just a pit) at 0.52%, Pit latrine (with a slab) at 59.24%, unimproved pit latrine at 13.89% and ventilated improved pit latrine (VIP) at 24.90%.

The latrine coverage in the TC was found at 85% accessibility,50.20% ownership,47% shared. The percentage of emptiable latrines like lined pits is still low (2%) and 0.5 as it's dominant in institutions like schools and health centres. The presence of trained masons on construction of low-cost latrines for both medium and long-term use and cost sharing for construction materials combined could elevate the percentage hence creating more opportunities for pit emptying.

Table 4. Safely Managed Sanitation in Households

Total Household population disposing safely institutions	9720
Total Household population reported to have emptied and transported excreta by gulpers/cesspool emptier	120
Total household population using sanitation facilities connected to a sewer system	00
Total Household Population of the Town Council	51523

Table 5. Latrine and Hand washing coverage in Kayunga Town Council

Division or Ward Name	Basic Sanitation (%)	Safely managed Sanitation (%)	Hand washing Coverage (%)	Open Defecation (%)
Kayunga central	65	81	54	0.5
Bukolooto	60	60.4	50	0.16
West Kibira	75	62	50	0.1
Namagabi	63	57	62	0.2
Ntenjeru	70	68	55	0.2

Source; Kayunga Town Council Sanitation Baseline data 2023/24

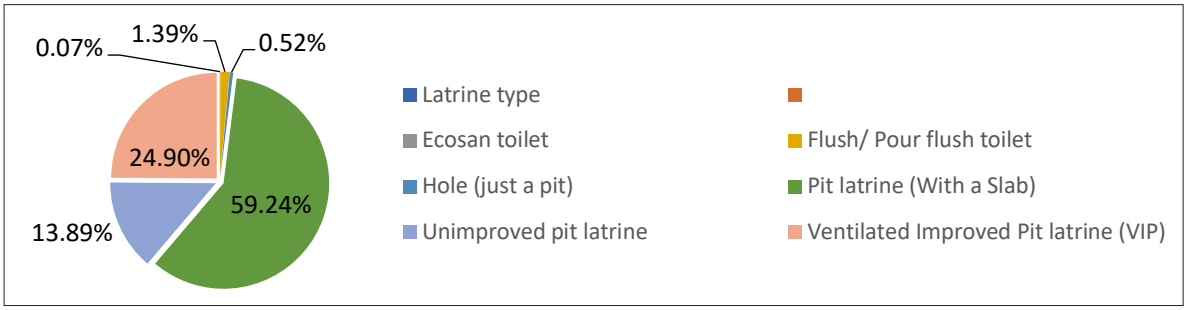

Figure 4: Sanitation facility types among households in Kayunga Town Council, Uganda (Baseline survey on sanitation situation in Kayunga Town Council, 2023)

Table 6. Latrine Stance ratio for public schools in Kayunga Town Council

Stance number and ratio	Boys	Girls
Primary	26 (1:50)	26 (1:50)
Secondary	20 (1:60)	24 (1:50)

3.1.3. Condition of household sanitary facilities

52.4% of the households had hygienic bathrooms, 95.3% had latrines or toilets within 15 meters from their houses. A lower proportion of the female headed, 40.6% compared to the male-headed households, 59.4% had latrines with good super structures. A lower 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, 97% compared to those with, 3% had a latrine with a hand washing facility.

3.1.4. Willingness to pay for water and sanitation services

More than a third, 38.0% of the households were willing to pay UGX 15,000 per month to use an improved water source, 67.5% mostly preferred a public tap or stand pipe, and 60.2% preferred a monthly payment for water. A higher proportion of female-headed, 39.1% (27/69) compared to male-headed households, 35.1% was willing to pay UGX 5,000 per month to use a public toilet. About 17.6% of the households without a person living with a disability were willing to pay UGX 150 per visit to use a public toilet, and 20.0% of

the households with a person living with a disability were willing to pay UGX 15,000 per month to use a public toilet.

In Kayunga District, Uganda, only 11% of the population has access to piped water, while 20,854 households draw water from boreholes. The Uganda Water Supply Atlas shows that sub-counties like Bbaale and Kayonza have 63% access, while other sub-counties are not specified, but the overall district coverage is 71%

Table 7. Safe water coverage per sub-county.

Sub-County	Estimated Access to Safe Drinking Water	Primary Water Sources
Kayunga Town Council	~100%	Piped water
Kangulumira	~80%	Piped water, boreholes, protected springs
Busaana	~70%	Boreholes, unprotected sources
Bbaale	~63%	Boreholes, unprotected sources
Kayonza	~63%	Boreholes, unprotected sources
Galiraya	~60%	Boreholes, unprotected sources
Kitimbwa	~70%	Boreholes, protected springs
Nazigo	~70%	Boreholes, protected springs
Kayunga SC	~80%	Boreholes, protected springs
Kayunga TC	~100%	Piped water

SDG 6: Ensure availability and sustainable management of water and sanitation for all

- By 2030, achieve universal and equitable access to safe and affordable drinking water for all
- By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

3.1.5. Hand hygiene

About 25.5 % of the respondents washed their hands all the time with soap during the past 30 days, in Kayunga district,55.67% respondents have access to hand washing facilities with water and soap as a disinfectant for washing hands, and 11.68% had a place for washing hands before eating.

Table 8. Hand washing practices in HHs in the Town Council

Hand Washing Practice in Households in the Town Council	6954
No. of Households with functional hand washing facilities	16900
Total number of people living in households that have functional hand washing facilities with soap/ash and water	11800

The latrine coverage in Kayunga is 50.2% comprising mostly of pit latrines. The hand washing coverage is at 11.7% with four sub counties at less than 25%. This is partly due low safe water coverage and also inadequate sensitization of the communities.

3.1.6. Access to improved sanitation facilities.

The latrine coverage in all the 9 Sub-counties i.e. rural and urban is 50%. Table 2.3 shows the latrine and hand washing coverage in the district.

Table 9. Status of household sanitation coverage in Kayunga Town Council

No. of Improved sanitation facilities (Not shared with other HHs)	4834
No. of Improved sanitation facilities (Shared with other HHs)	5772
No. of Unimproved sanitation facilities (Not shared with other HHs)	804
No. of Unimproved sanitation facilities (Shared with other HHs)	233
(a) Total number of people in households using improved sanitation facility not shared with other households	00
(b) Household Population in Town Board/Town Council/ Municipality/ City	51523

Source: Ministry of Health Environmental Health Division Sanitation Data Fy2023/24

3.2. Shit Flow Diagram for Kayunga Town Council

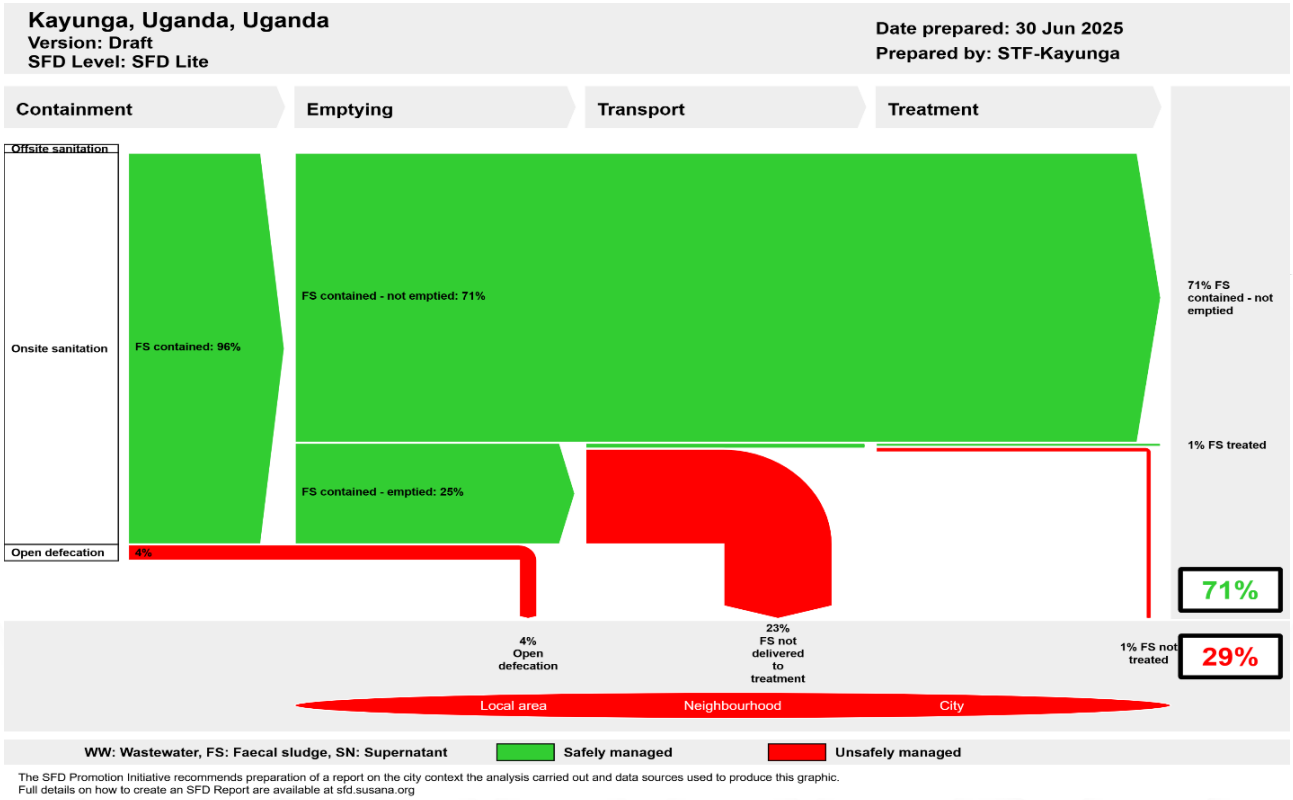

Figure 5: The Shitflow Diagram of Kayunga Town Council

Source: Kayunga Baseline data 2024

3.3. City Service Delivery Assessment Graphic for Kayunga Town Council

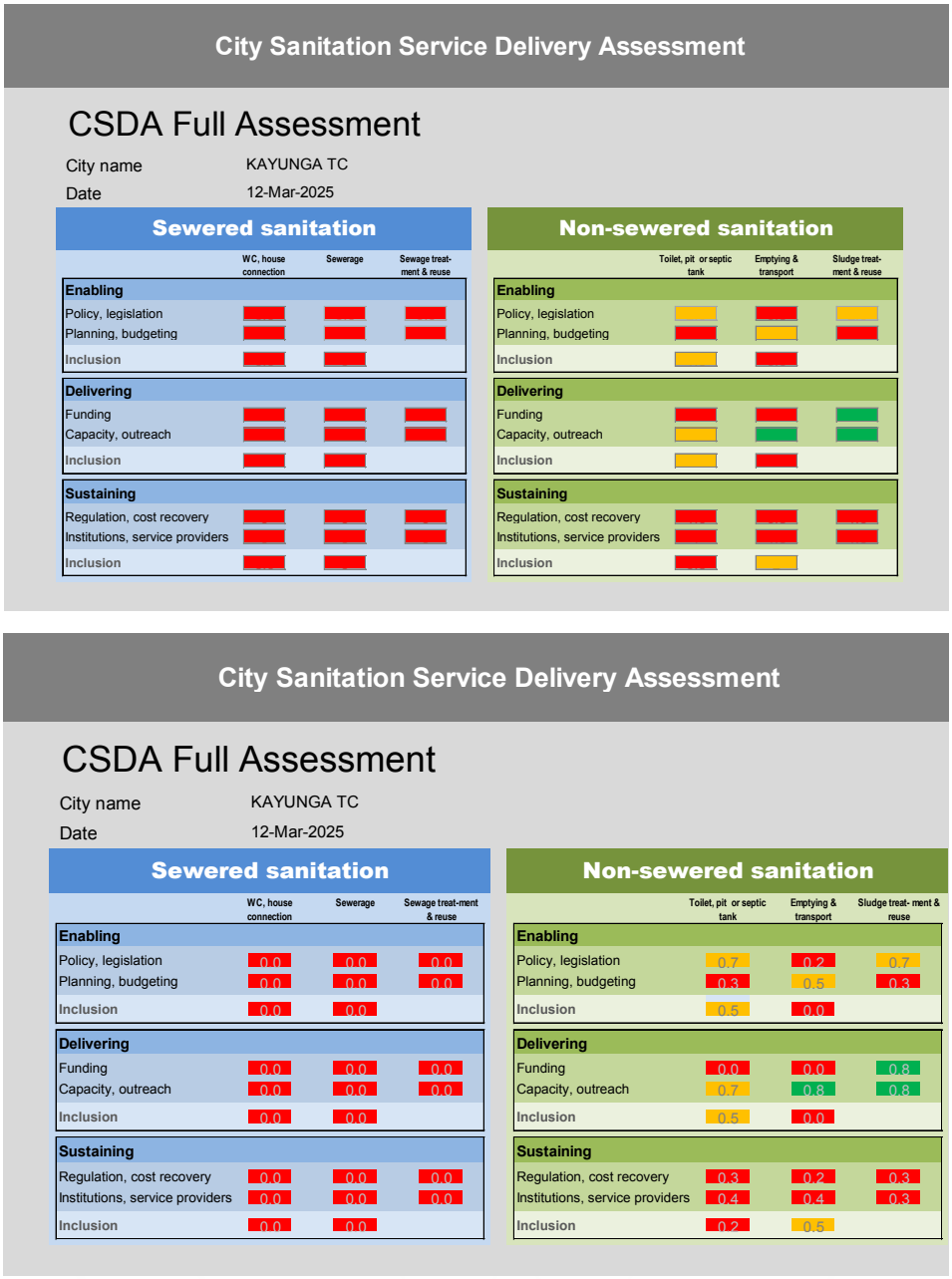

Figure 6: City Service Delivery Assessment Graphic for Kayunga Town Council

Source: Kayunga Baseline data 2024

4 VISION, MISSION AND OBJECTIVE OF THE TSP

4.1. Vision of the TSP

"A healthy Town Council with access to clean water and sustainable sanitation, improving livelihoods for all by 2030."

4.2. Mission of the TSP

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

4.3. Overall Objective of the TSP

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

4.4. Strategic Focus

The main areas of focus through which Kayunga Town Council achieve the objectives of the improving the sanitation in its area of jurisdiction are:

- Sanitation at the Household level
- Sanitation in Public 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

4.5. Specific Objectives

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

4.5.1. Specific Objectives for Sanitation Improvements at Household Level

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2026)	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 74.6% to 100%	% of HH access to safe water	74.6%	85%	95%	100%
HH 2	Increase the percentage of households with access to improved sanitation facilities from 24.9% to 100%	% of HH with access to sanitation facilities	24.9%	40%	75%	100%
HH 3	Increase the percentage of households with access to hand-washing facilities	% of HH with access to hand washing facilities	11.7%	15%	50%	80%

The figures in the baseline value were derived from the 2023-24 Sanitation Baseline Survey Report

4.5.2. Specific Objectives for Sanitation Improvements in Public Schools

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2026)	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	90%	90%	95%	100%
PS 2	Increase the percentage of public schools with pupil to stance ratio of 1:40	% of public-school pupils with stance ratio of 1:40	1:50	1:60	1:45	1:40
PS 2	Increase the percentage of public schools having separate sanitary facilities for Male and Female staff	% of public schools sharing sanitary facilities with the community	85%	89%	95%	100%

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

4.5.3. Specific Objectives for Sanitation Improvements in Public Places

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2026)	Midterm targets (by 2028)	Long term targets (by 2030)
PP 1	Promotion pit emptying within the TC on a quarterly basis	Number of emptiers registered	0	1	2	4
PP3	Register pit emptiers (cesspool operators &gulping groups) with the Town Council	Number of emptiers registered	0	1	3 Groups	5 Groups

The figures in the baseline value were derived from the socio-economic survey report

4.5.4. Specific Objectives for Sanitation Improvements in Healthcare Facilities

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2026)	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	78%	80%	90%	100%
HCF	Increase percentage of health facilities with access to MHM services	Percentage of health care facilities with MHM services	64%	85%	95%	100%

The figures in the baseline value were derived from the socioeconomic 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 2026)	Midterm targets (by 2028)	Long term targets (by 2030)
CTFS 1	To increase % of households with access to services for safe collection and transportation of FS	Percentage of HH with access to safe collection & transportation of FS	2%	8%	20%	60%
CTFS 2	Increase percentage of Households with improved/ lined/ emptiable pit latrines	Percentage of HH with access to lined pit latrines	0.5%	2%	15%	40%

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

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

No.	Specific objectives	Indicator	Baseline value	Short term targets (by 2026)	Midterm targets (by 2028)	Long term targets (by 2030)
TRFS 1	Increase safe collection and transportation of excreta to designated treatment plant	Number of pit emptier providing pit emptying services	1	2	2	2

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

4.6. Activities and Implementation Plan

Kayunga Town 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 Programme to equip, train and motivate environmental health and enforcement 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 faecal sludge safely.
- Awareness creation about the sanitation bye law
- Institutional engagements on sanitation and hygiene to promote construction of improved sanitation facilities
- Identify all CWIS stakeholders, form a coordinating forum for CWIS, and define and agree institutional roles.
- Engage with landlords and tenants on constraints to FSM services.
- Do 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.
- Increase the wage bill to increase more required staff

4.7. Action Plan for Improving Sanitation in Households

4.7.1. Activities for improving sanitation at household level

No.	Activity	Responsible Actors	Short Term (2025–2026) (UGX)	Mid Term (2026–2028) (UGX)	Long Term (2028–2030) (UGX)	Total (UGX)
1	Develop a BCC campaign to sensitize communities on hygiene and sanitation improvement at household level (targeting private households, landlords, and tenants)	STF, Kayunga TC, HIS, Town Clerk, Development Partners	5,000,000	15,000,000	5,000,000	25,000,000
2	Conduct awareness creation on the sanitation bylaw and develop IEC materials for public dissemination	STFs, VHTs, Health Inspectors, supported by WFP	5,000,000	5,000,000	2,000,000	12,000,000
3	Design and implement program to equip, trsain, and motivate the Sanitation Task Force (STF) to enforce sanitation rules	STF, Kayunga TC	8,000,000	10,000,000	2,000,000	20,000,000
4	Identify and monitor homesteads/persons practicing open defecation and support follow-up sanitation improvement actions	VHTs & STFs	7,000,000	10,000,000	3,000,000	20,000,000
Total per Term (UGX)			25,000,000	40,000,000	12,000,000	77,000,000

No.	Investment Needs	Short Term (until 2026)			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)
1	Connection of HHs to the piped water supply system in Kayunga Town Council	100	400,000	40,000,000	200	400,000	80,000,000	800	400,000	320,000,000
2	Construction of lined VIP toilets	40	3,000,000	120,000,000	60	3,000,000	180,000,000	80	3,000,000	240,000,000
3	Training and tooling for sanitation improvement, including monitoring and reporting	3	2,000,000	6,000,000	2	2,000,000	4,000,000	1	2,000,000	2,000,000
5	Strengthening Sanitation Task Force (STF) capacity (training, logistics, and motivation)	1	10,000,000	10,000,000	1	10,000,000	10,000,000	1	5,000,000	5,000,000
				176,000,000			274,000,000			567,000,000
Grand Total (000 UGX)										1,017,000,000

4.8. Action Plan for Improving Sanitation in Public Schools

4.8.1. Activities for improving sanitation in public schools

No.	Action for Town Council	Responsible (Who)	Short Term (2025–2026)	Mid Term (2026–2028)	Long Term (2028-2030)	Total Cost (UGX)
1	Construction of gender-sensitive VIP latrines (5-stance blocks with hand washing stations) for at least 4 schools	MWE, MoES, KTC, Ips, MoH, WSDF-C	120,000,000	120,000,000	80,000,000	320,000,000
2	Development of sanitation improvement plans in at least 5 schools	STF representative on SMC, MoES	0	10,000,000	10,000,000	20,000,000
3	Provision of hand washing facilities (tippy taps/tanks + soap) in at least 5 schools	STF, KTC, MoH, NGOs	5,000,000	5,000,000	5,000,000	15,000,000
4	Installation of waste segregation bins (sets of 3 per school in at least 5 schools)	NGOs, KTC	4,000,000	4,000,000	4,000,000	12,000,000
5	Hygiene education and establishment of school health clubs in at least 5 schools	MoES, NGOs, PTAs, KTC	0	8,000,000	8,000,000	16,000,000
Totals			129,000,000	147,000,000	107,000,000	383,000,000

4.9. Action Plan for Improving Sanitation in Healthcare Facilities

4.9.1. Activities for improving sanitation in Healthcare Facilities

No.	Action for Town Council	Who	Short-term (2025–2026) UGX	Mid-term (2026–2028) UGX	Long-term (2028–2030) UGX	Total UGX
1	Renovation of existing latrines and installation of gender-sensitive sanitation facilities (repair broken latrines, replace doors, fix walls, install water-flush or VIP latrines, separate for men, women, staff, and accessible units – 5 facilities)	MWE/MoH, KTC, IPs	100,000,000	120,000,000	80,000,000	300,000,000
2	Construction of hand washing stations (install at entrances, wards, delivery rooms, kitchens; provide running water or tippy taps, soap dispensers, and proper drainage – 10 stations)	Kayunga Town Council, MoH, STF, VHTs	40,000,000	40,000,000	30,000,000	110,000,000
3	Development of proposals for funding from development partners (prepare project proposals, budgets, and implementation plans for submission to donors/ NGOs)	Kayunga Town Council	20,000,000	20,000,000	20,000,000	60,000,000
4	Extension of piped water supply system at Health Centers (connect to NWSC line, ensure water storage, and routine maintenance)	MWE/ UWS-C, IPs, KTC	50,000,000	200,000,000	100,000,000	350,000,000
5	Construction of waste disposal pits and incinerators (dedicated pits for sharps/medical waste, incinerators for hazardous waste, fencing, signage, and safety protocols)	Kayunga Town Council, MoH	0	150,000,000	500,000,000	650,000,000

No.	Action for Town Council	Who	Short-term (2025–2026) UGX	Mid-term (2026–2028) UGX	Long-term (2028–2030) UGX	Total UGX
6	Menstrual Hygiene Management (MHM) improvements (provision of disposal bins, construction of incinerators for menstrual waste, provision of water and soap in female facilities, and training staff and cleaners on safe disposal)	Kayunga Town Council, MoH, IPs	30,000,000	50,000,000	50,000,000	130,000,000
7	Operation and Maintenance (O&M) of sanitation and water facilities (regular desludging, cleaning, minor repairs, supply of cleaning materials, and hygiene monitoring)	Kayunga Town Council, Health Units, IPs	30,000,000	80,000,000	110,000,000	220,000,000
Totals			270,000,000	660,000,000	890,000,000	1,820,000,000

4.10. Action Plan for Improving Collection and Transportation of Faecal Sludge

4.10.1. Activities for improving collection transportation and disposal of Faecal Sludge

No.	Action	Implementing Agencies (Who)	Short-term (2025–2026) UGX	Mid-term (2026–2028) UGX	Long-term (2028–2030) UGX
1	Procurement of a cesspool emptier truck (1 unit @ UGX 500M) + annual O&M (5%)	KTC, IPs, ADC	0	500,000,000	75,000,000
2	Procurement of garbage collection truck (1 unit @ UGX 300M) + annual O&M (5%)	KTC, Development Partners	0	300,000,000	45,000,000
3	Identify, train & license private emptiers (survey, training, permits)	KTC, STF, Water for People, PPPs	5,000,000	5,000,000	0

No.	Action	Implementing Agencies (Who)	Short-term (2025–2026) UGX	Mid-term (2026–2028) UGX	Long-term (2028–2030) UGX
4	Household & community awareness campaigns (12 campaigns, IEC materials, radio)	KTC, STF, VHTs, HIs	5,000,000	8,000,000	0
5	Procurement of desktops/ laptops (3 units) – by MWE	MWE	0	0	0
6	Procurement of motorcycle for FSM operations (1 unit @ UGX 10M) + annual O&M (5%)	KTC, Development Partners	10,000,000	10,000,000	1,500,000
Totals			20,000,000	823,000,000	121,500,000
					964,500,000

4.11. Action plan for improving Treatment and Reuse of Faecal Sludge

4.11.1. Activities for improving treatment and re-use of Faecal Sludge

No.	Action for Town Council	Who	When	Costs associated (UGX)	Additional Details
1	Scale up sludge treatment infrastructure and buy an incinerator	KAYUNGA TC, Ips, UWS-C, WSDF-E, MWE	2026-2028	1,300,000,000	Design/Technology Basis: The sludge treatment infrastructure will be based on dewatering beds combined with mechanical sludge drying and thermal incineration technology. The incinerator will follow low-emission, energy-efficient design, compliant with NEMA standards. Relation to WSDF-C Infrastructure: This initiative is designed to complement existing WSDF-C (Water and Sanitation Development Facility – Central) infrastructure by enhancing sludge management capacity to meet the growing urban demand. It will not duplicate existing facilities but rather integrate with current treatment systems to handle increased load and ensure environmental

5 MONITORING AND EVALUATION

Often Monitoring is the weakest link in the activities related to sanitation improvements and even with well-conceived regulations and guidance, if enforcement is poor, it will lead to poor progress. In order to address this plan recommends putting in place a three-tier monitoring mechanism.

5.1. Action for Monitoring and Accountability for the TSP

Interventions	Monitoring and Accountability for TSP
Rationale	Monitoring and accountability are often the weakest link in sanitation improvement efforts. Even with well-prepared action plans, weak implementation monitoring leads to limited progress. Kayunga Town Council will adopt a three-tier monitoring and accountability framework to track the implementation of the Town Sanitation Plan (TSP)
Description	A three-tier monitoring, and accountability framework is proposed to access the progress achieved in the implementation of the TSP **1st Tier** – Oversight by Political Leadership and Sanitation Task Force (STF): Political leadership of Kayunga Town Council, supported by the Sanitation Task Force (STF) and Village Health Teams (VHTs), will conduct regular monitoring of TSP actions. VHTs will collect sanitation data using agreed indicators and upload it into the Digital Monitoring System (DMS). The STF will analyze the data and present bi-annual reports to political leaders. **2nd Tier** – Community Engagement and Stakeholder Participation: Annual stakeholder forums will be organized to present progress, gather feedback, and align with community priorities. **3rd Tier** – Independent Evaluation and Transparency: Independent bodies (WSDF-C, NGOs, CBOs, development partners) will access DMS data and undertake periodic evaluations to validate progress and strengthen accountability.

No.	Activities	Lead	Implemented by	Financed by	Indicator / Milestones	Cost Estimate	Short Term (2025–2026)	Mid Term (2026–2028)	Long Term (2028–2030)
1	Monitoring of TSP actions	KTC/ UWS-C	KTC/UWS-C	KTC	Bi-annual monitoring reports	Routine Activity (24M)	8,000,000	8,000,000	8,000,000
2	STF capacity building	KTC	KTC	KTC	Annual training (twice a year)	Routine Activity (15M)	5,000,000	5,000,000	5,000,000
3	Annual stakeholder forums	KTC/ STF	KTC	KTC	Two meetings held annually	Routine Activity (15M)	5,000,000	5,000,000	5,000,000
4	DIS/MIS allowances for monitoring	KTC	KTC	KTC	Support for data collection, entry, and reporting	Routine Activity (9M)	3,000,000	3,000,000	3,000,000
					Totals per Term (UGX)		21,000,000	21,000,000	21,000,000
Totals per Term									63,000,000

6 CONCLUSION

The Town Sanitation Plan for Kayunga Town Council provides a strategic framework to enhance urban sanitation, strengthen waste management systems, and promote public health. By prioritizing evidence-based interventions in faecal sludge management, solid and liquid waste handling, and hygiene promotion, the plan lays a foundation for sustainable and inclusive sanitation services.

Successful implementation will require strong leadership from the Town Council, active engagement of communities, enforcement of sanitation regulations, and collaboration with development partners and the private sector. With coordinated efforts, adequate resources, and continuous monitoring, Kayunga Town Council (KTC) can achieve a cleaner, healthier, and more resilient urban environment, contributing to overall social and economic development.

7 APPENDIX

7.1. PICTURES OF THE TSP PROCESS IN KAYUNGA TOWN COUNCIL

Figure 7: Pictorial representation of activities conducted during the training of the Kayunga Town Council Sanitation Task Force on various tools as part of capacity building; stakeholder forum organized by the team; and handover of equipment to manual emptiers trained by Water for People and some of new toilet technologies constructed by water for people.

List of Kayunga Town Council Sanitation Task Force

S/N	Name	Title	Position in STF	Contact
1	Kulabako Faridah Sebunya	Principal Township Officer	Chairperson	0704913618
2	Muonge Evans	Health Inspector	Member	0751430178
3	Nakyobe Rhoda	Health Inspector	Member	0772695614
4	Nangobi Emillie	Health Assistant	Secretary	0706217480
5	Mwanja Doreen	CDO	Member	0700636480
6	Masaba Godfrey	LEO	Member	0705500733
7	Kanyike G.William	Engineer	Member	0700330900
8	Lukabwe Ronald	Physical Planner	Member	0706061807
9	Lukanga Poul	Town Agent	Member	0752459937
10	Guwo Monica1	Town Agent	Member	0780484841
11	Menya Swabura	Town Agent	Member	0771997322
12	Mwase Yusuf	Town Agent	Member	0708028940
13	Kedi Levi	Town Agent	Member	0782606670
14	Kavuma David	Mayor	Member	0758271521
15	Musakuwona Lilian	Manager Umbrella	Member	0751244184
16	Mirembe Nelly	Commercial Officer	Member	0705522131
17	Semugabi Joshua	Education Officer	Member	0703815466
18	Isabirye Kenneth	IT Officer	Member	0750858803

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