The Blame Game: Water and Sanitation in Kampala’s Urban Slums

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SIT Study Abroad
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…And to Miriam Luganda, my beautiful Ugandan “maama.”

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Abstract

Urban poor areas of Kampala, Uganda see severe outbreaks of cholera, malaria, typhoid, bilharzia and other fatal water-borne diseases on an all too regular basis. Many people in the slums still lack safe drinking water and a sanitary living environment and despite efforts, the conditions have not reached or even come close to reaching international or national goals. This research explores various approaches to fixing this vital problem. The objective of this research is to compare various approaches to water and sanitation projects in Kampala’s urban slums. More specifically, the intent is to examine various implementation methods in the water and sanitation sector carried out by local governments, non-governmental organizations, and community-based organizations through the lens of direct and indirect community involvement in projects, and while examining the sustainability of the methods used.

The researcher conducted an independent study project (ISP) in Kampala’s slums for a six-week period from the end of March 2008 to the start of May 2008. She conducted many interviews with both community members and key informants of various organizations. These organizations include Kampala City Council, two non-governmental organizations, two community-based organizations, Uganda Water and Sanitation NGO Network, and National Water and Sewerage Corporation. Additionally, she went on many field visits to view projects first-hand.

The researcher concludes that the water and sanitation sector in Kampala’s urban slums has a long way to come in order to significantly improve the lives of the urban poor community. While organizations are making promising improvements and innovations on an individual basis, NGOs, CBOs, and the local government could affect many more people if partnerships and open cooperations were formed and fewer fingers were pointed in the someone else’s direction.
Introduction

Development cannot occur on a significant scale until people have access to their basic needs. Basic needs are primary essentials common to or required by everyone in order to lead a healthy and happy life. The most commonly cited basic needs are food, water, shelter, and clothing. In Uganda, many people still lack one or more of these basic needs. In Kampala specifically, many people still lack safe drinking water and a sanitary living environment. This research explores various approaches to fixing this vital problem. Based on her previous observations during two months of development studies in Kampala, the researcher hypothesized that the level of community involvement and the sustainability of the approach are two key factors in determining whether or not a specific community has access to these two basic needs.

The researcher conducted an independent study project (ISP) in Kampala’s slums for a six-week period from the end of March 2008 to the start of May 2008. She conducted many interviews with both community members and key informants of various organizations. Additionally, she went on many field visits to view projects first-hand. While she was able to examine several organizations and approaches, this research could only be so thorough given the six-week time restriction.

This research paper begins with the researcher’s objectives so as to set the stage for the following sections in the context of the researcher’s goals. After the objectives, the justification section provides the basis and rationale for the research. The background section describes the organizations that the researcher studied and their approach to water and sanitation projects in Kampala’s urban slums. The findings and discussion section describes, by organization, the actual results that the researcher found in the field. The findings and discussion section analyzes the level of community involvement and the sustainability of the various organizations’ projects, as well as other significant findings. The conclusion and recommendations section summarizes the overarching challenges that the organizations within Kampala’s water and sanitation sector face in their work. It also gives specific suggestions to the various stakeholders.
Objectives

The objective of this research is to compare various approaches to water and sanitation projects in Kampala’s urban slums. More specifically, the intent is to examine various implementation methods in the water and sanitation sector carried out by local governments, non-governmental organizations (NGOs), and community-based organizations (CBOs), specifically focusing on community involvement, sustainability, and benefits to the local populations.

Justification

Urban poor areas of Kampala see severe outbreaks of cholera, malaria, typhoid, bilharzia and other fatal water-borne diseases on an all too regular basis (see Figure 1 in appendix).\(^1\) In Uganda, about 440 children die from diarrhea every week. Evidence suggests that improving sanitation could reduce diarrhea diseases by 35-40\% and child mortality by half.\(^2\) Hand washing with soap can alone reduce Acute Respiratory Infections like pneumonia by 30\%.\(^3\) Moreover, “access to an improved water source reduces the risk of infant mortality by 23\%.”\(^4\) Thus, serious health concerns are directly related to poor sanitation and unsafe drinking water. Poor sanitation and drinking water conditions are exacerbated in Kampala’s slums because of dense populations, informal settlements (i.e. the mailo land tenure system accounts for 52\% of Kampala’s surface area), household poverty levels (families struggle to meet their other basic needs such as food, shelter, and clothing), and low-lying terrain, which leads to high water table levels and flooding.\(^5\)

Although, the Millennium Development Goals (MDGs) are based on global targets, they have significant implications for Kampala’s urban poor communities. MDG numbers four and five set the goals of reducing child mortality and improving maternal health. MDG number six sets the ambitious goal of not only halting the incidence of malaria and other major diseases, but also to reverse the incidence of these diseases. MDGs ten and eleven focus on improving access to safe drinking water and basic sanitation, as well as improving the lives of slum dwellers around the

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\(^1\) Sanitation Strategy and Master Plan for Kampala City, Volume 2 – Main Report, Section 10.1
\(^2\) Product Development for Social Marketing of Sanitation and Waste Recycling Systems, SSWARS document
\(^4\) Ibid, p.40, box 3.1
\(^5\) Kampala Urban Sanitation Project (KUSP) Final Report, July 2002- April 2006. The mailo system refers to a traditional form of land ownership in which landowners hold perpetual rights over their land even if they do not have enough resources to develop the land as provided by KCC development guidelines or if they ignore development standards stipulated in land use and infrastructure requirement legislation.
\(^6\) Kampala Urban Sanitation Project (KUSP) Final Report, July 2002- April 2006

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Because of their direct correlation, goals number ten and eleven are essential to achieving goals number four, five, and six. Thus, it is apparent through globally stipulated goals, that the living conditions of Kampala’s slum-dwellers require significant attention and substantial improvement.

In addition to the Millennium Development Goals, Uganda has its own, more specific development goals embodied in the 1997 Poverty Eradication Action Plan (PEAP). Some targets of PEAP include reducing the infant mortality rate to 6.8%, the under-5 mortality rate to 10.3%, and the maternal mortality rate to 0.35% by 2005. They also include ensuring that 100% of the urban population has access to clean and safe drinking water by 2015 and that 60% of the population has access to improved sanitation by 2004.8

Unfortunately, by 2003, “environmental sanitation [remained] poor and little progress [had] been registered in meeting PEAP targets and MDGs.”9 Currently (as of 2006), Uganda’s infant mortality rate stands at 7.8%, its under-5 mortality rate stands at 13.4%, and its maternal mortality rate stands at 0.51%.10 As of 2004, the percentage of the urban population using improved drinking water sources was only 87%. The percentage of the entire population using adequate sanitation facilities in 2004 was only 43% (see Figure 2 in appendix), and the percentage of the urban population using adequate sanitation facilities was only 54% (summary in Figure 3 of the appendix).11

The vast majority of water provision and sanitation projects on the part of Uganda’s national government are focused in rural areas, and the national government has left the responsibility of urban projects mainly to the privatized National Water and Sewerage Corporation (NWSC). Although NWSC is mostly government owned, it is water provision based and thus cannot fully meet the sanitation needs in Kampala.12 Besides NWSC, many of Kampala’s local governments, NGOs, and CBOs have implemented water and sanitation projects across the slums both in the recent and far past. However, even non-governmental organizations prefer to focus on rural needs because of the high level of capacity gaps in the rural areas of Uganda and because of donor agendas. The urban group of NGOs and CBOs in the water and sanitation sector is much smaller than all other of the thematic groups belonging to Uganda Water and Sanitation Network

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7 Sanitation Strategy and Master Plan for Kampala City, Volume 2 – Main Report, Table 3.5
8 Ibid
9 Ibid, section 3.9.2
10 www.unicef.org/infobycountry/uganda_statistics.html
11 Ibid
12 Interview with Joan Magayane, CIDI project manager. March 7, 2008
(UWASNET) with a total of twenty-seven organizations.\(^\text{13}\) Despite these efforts, water and sanitation conditions in Kampala’s urban slums have not reached or even come close to reaching international or national goals. This research explores reasons for these shortfalls through the lens of direct and indirect community involvement in projects, as well as the sustainability of the methods used.

**Methodology**

Although there are many organizations working in the urban water and sanitation sector in Kampala, this research focuses on five implementers:

**Local Government**
Kampala City Council (KCC)
- Kampala Urban Sanitation Program (KUSP)

**NGOs**
Community Integrated Development Initiatives (CIDI)
- Water of Life Project in Mengo Parish
Sustainable Sanitation and Water Renewal Systems (SSWARS)
- Local projects in Bwaise II, Kyebando, and Mulago III Parishes

**CBOs**
Uganda Domestic Sanitation Services (UGADOSS)
- Local projects in Ndeeba, Masajja, and Ndeija Parishes
Action for Slum Health and Development (ASHD)
- Local projects in Kagugube, Bukesa, and Nakulabye Parishes

There is strategic significance to the choices of these implementers in that they ensure variations in the implementers’ goals, methods, and activity locations. One of the main goals of this research requires a variety of approaches in order to examine and critique them from as large of a knowledge base as possible given the researcher’s six-week time restriction. A fruitful visit to the UWASNET offices in Luzira Parish gave the researcher a better idea of which organizations on which to focus. UWASNET lent the researcher many national policy documents, and the staff was very helpful in explaining the types and categories of organizations in the water and sanitation sector. Based on the knowledge gained from that visit, the researcher was much better equipped to choose a variety of organizations based on their locations, their size, their focus, and their methods.

\(^{13}\) Interview with Charles Abilu, UWASNET Programme Officer. March 26, 2008
All interviews except for three were audio recorded so that the researcher was able to fully engage in the interview discussions and also so that she would not miss minute details when she transcribed the interviews and took notes later. The researcher informed each interviewee about the details of her research and the reason for the audio recording prior to the interview. Each interviewee that was audio recorded agreed to it by his or her own free will. All audio recordings were manually erased at the finish of the study to protect interviewees’ privacy. Due to the sensitive nature of certain topics discussed in many interviews, several quotes and statements will be kept anonymous in order to protect interviewees’ privacy. When translations were necessary for informal interviews, the researcher made every attempt to have the conversation translated word-for-word.

Additionally, no interviewee was pressured to respond to any question with which he or she was uncomfortable. The setting of most of the interviews was generally formal in nature, but the researcher made a concerted effort to create a friendly and comfortable rapport with the interviewee before the interview commenced. This was also aided by the fact that each interview took place in familiar surroundings for the interviewee.

The researcher conducted her field research in a strategic order. She started by speaking to key informants at Kampala City Council (both the Central Division office and the Headquarters) about their largest endeavor in the water and sanitation sector up-to-date, the Kampala Urban Sanitation Program (KUSP). It was important to gather information on KUSP before other projects due to the sheer size and affected areas of the KUSP project. That way, as the researcher worked her way through the various organizations, and came closer to the grassroots level of implementation strategies (CBOs), she would have a context for each specific parish and would be able to compare the government projects of a specific area with the projects of a local organization.

With information about KUSP from several KCC staff, as well as a read-through of the final KUSP report14, she attempted to gather information from National Water and Sewerage Corporation (NWSC). NWSC plays a vital role in water provision throughout the entire Kampala area. Therefore, it was necessary for her to approach NWSC with the goal of obtaining basic information about water provision and sewerage infrastructure as well as future plans for the slum areas. Also important, was getting information about NWSC’s Pro-Poor Policy. Unfortunately, the researcher was unable to secure interviews with NWSC staff until the final week of research. When she finally was able to speak with NWSC staff, she obtained some data about infrastructure and pro-poor projects that was beneficial to the research.

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14 The researcher was unable to borrow the report since there was only one copy available.
Meanwhile, the researcher was given a parish tour by the Local Council 2 chairman in Mengo Parish where she was able to view CIDI’s Water for Life project first-hand. Since the construction was reaching its final stages during the tour, the researcher returned to the sites herself later during the research in order to actually see the project in action and to speak directly with Mengo community members. She was lucky enough to have a half-day interview with Water for Life’s project manager at the CIDI offices shortly after her parish tour. This gave her the chance to ask detailed questions about CIDI’s methodology within the community, based on her own observations in the field.

Next, the researcher met with the design engineer at the SSWARS office in Mulago III Parish. The office also serves as the Community Sanitation Center, where SSWARS has demonstration toilets and space for community meetings and trainings. Since the Community Sanitation Center sits in the heart of one of the slum parishes in which SSWARS is actively engaged, the researcher was able to observe sanitation conditions first-hand. Her interview with the engineer proved successful, and she was also able to view the result of community trainings in which SSWARS engages thanks to their demonstration facilities.

Next, the researcher contacted UGADOSS and interviewed four of their full-time staff at their office in Ndeeba Parish. She was fortunate to receive a full-day tour of their activities both in Ndeeba Parish and at their locations in Wakiso District from all four of the same staff members. During the full-day tour, she was able to view their work first-hand, ask questions throughout, and talk directly to community members with the translation help of the UGADOSS staff. At the very end of the research, the researcher was also able to attend a community mobilization and fundraiser including dance and drama held by UGADOSS in Masajja Parish.

Finally, the researcher interviewed ASHD’s Monitoring and Evaluation Officer at their office in Kagugube Parish. The interview was quite informative, and following the discussion, the officer was kind enough to give the researcher a tour of their work in Kagugube. Not only did the researcher see the child-friendly toilet that the organization recently constructed, but she also saw evidence of community mobilization and activism on a scale unprecedented in her previous weeks of research. The parish tour also gave the researcher the opportunity to see the community’s living conditions with respect to sanitation from a close-up vantage point.

Although the researcher attempted to limit her preconceptions, the very nature of the research may have created biases in the findings. The community involvement and sustainability biases of this research are intentional to a certain extent, but the researcher also remained aware and
alert of other telling factors that may have affected the success of the various projects. The researcher may have unintentionally included slight biases in the research sheerly because she has never personally lived in the situation of the affected peoples studied in this research. However, she did make tremendous efforts to understand the perspectives of such individuals.

Background

*Kampala City Council (KCC)*

The 1997 Local Governments Act played a large role in changing the structure of Uganda’s governmental responsibilities. Since government de-centralization was the main goal of the Act, various sector responsibilities were placed on local governments in hope of increasing “local democratic control and participation in decision making, and to mobilize support for a development relevant to local needs.” Under this act, existing Local Councils (LCs) are to:

Play a role in setting local priorities, enforcing byelaws, and monitoring and mediating in water management issues...however, municipalities or town councils being large stakeholders in the water supply systems [are to] play a leading role in partnership with the water user groups/associations/authorities to operate, maintain, and manage urban supplies for domestic and industrial use.

Put more simply, Kampala City Council plays a critically important role in developing and ensuring access to safe drinking water and proper sanitation facilities for the entire of Kampala’s population.

Following the widespread cholera outbreak in many of Kampala’s slums in 1997, KCC carried out sanitation gap research in 2001. Based on this research, and with significant monetary aid from the French government, KCC set out to eradicate poor sanitation in Kampala through a program called the Kampala Urban Sanitation Project (KUSP). KUSP had five main objectives:

1) Improve excreta waste disposal in the urban poor parishes
2) Improve safe water supply in the urban poor parishes
3) Build capacity among the participating communities to ensure sustenance of the investments
4) Raise awareness about personal and environmental hygiene
5) Promote institutional capacity for support supervision and quality assurance of the investments.

The large-scale project took on these challenges in thirty-five of Kampala’s parishes (seven parishes in each of Kampala’s five districts) and was expected to directly affect about 500,000 Kampala

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16 Ibid, p.14
17 The French government reportedly donated the equivalent of €4.7 million to KUSP. Interview with Emmanuel Kizito, KUSP Chief Engineer. April 8, 2008
18 Interview with Councilor Juma Bbosa. KCC Central Division, April 1, 2008
residents through the construction of public standpipes and public latrine facilities (see Figure 4 in appendix). Parishes were chosen based on criteria including cholera attack rates, population density, informal settlements, poor excreta and water coverage, and the poverty index. Additionally, sites were chosen based on a demand-driven approach, and on a “first-come, first-serve” basis with respect to community land donation. Landowners signed 20-year contracts to allow KUSP investments to remain on their property. The management system for KUSP was decided upon by KCC to consist of one caretaker per facility who would be appointed by and accountable to a seven-person management committee. KCC carried out KUSP in twelve clusters, with each cluster having its own privately-hired contractor. According to the head engineer of KUSP, the reason for hiring multiple contractors was not only to cut down on the time needed to build the project facilities, but also to spread risk in case a contractor turned out to produce poor quality facilities or to be inefficient.

The twelve contractors were chosen out of a total of about the fifty who expressed interest. Contractors were subject to competition through a procurement process based on Government of Uganda guidelines, work breakdown schedules, and cost. In a similar fashion, KCC hired three consultant firms to assist in the technical supervision and social aspects of the project. Because of the objectives of this research, this paper focuses on only two of the consultants; the NGO called Community Integrated Development Initiatives (CIDI) and Vantage Communications Limited. CIDI’s role in KUSP was to conduct advocacy for the project on a community level, coordinate social mobilization, and direct community capacity building for uptake of KUSP investments. KCC’s original goal for CIDI was to mobilize 570 sites, but CIDI managed to mobilize 700 sites in total (only 500 sites actually received KUSP investments by the end of the project). KCC hired Vantage Communications Limited for the task of promoting positive behavioral change by implementing community entry communication and an education strategy. Vantage’s mechanisms of delivery included participatory education for leaders and management structures, over one thousand multi-media advertisements as publicity, and forty-six sanitation/hygiene days involving schools and villages. According to the KUSP Final Report, the reason for the outsourcing and privatization of almost all KUSP activities was because of constraints on involvement of KCC

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19 Kampala Urban Sanitation Project (KUSP) Final Report
20 Interview with Emmanuel Kizito, KUSP Chief Engineer. April 8, 2008
21 Ibid
22 Kampala Urban Sanitation Project (KUSP) Final Report
23 Interview with Joan Magayane, CIDI project manager. March 7, 2008
technical staff due to inadequate funding. KUSP finished its implementation and phased-out in March of 2006.\textsuperscript{24}

\textit{Community Integrated Development Initiatives (CIDI)}

CIDI was first formed in 1996 and was officially registered as an NGO in 1999. Its mission is to improve living conditions in rural and urban areas and to build community capacity in a sustainable manner. CIDI mainly addresses behavioral change within its focus on water and sanitation (the organization’s three other focuses are lobbying, agriculture, and micro credit). Following the implementation of KUSP, CIDI saw a gap remaining between communities’ demand for water and sanitation investments and the number of sites that KUSP was able to complete.

In an attempt to help fill this gap, CIDI paired up with local leaders in Mengo and Nakawa Parishes in order to write project proposals to the social foundation started by East African Breweries Limited (EABL).\textsuperscript{25} EABL chose Mengo Parish for its project location thanks to the many letters written to EABL from Mengo parish’s local council. Discussions between the donor (EABL) and the implementer (CIDI) began in February 2007 and EABL granted full approval for the Water for Life Project in Mengo Parish in July 2007. The first phase of funding came one month later, but CIDI was forced to wait until October 2007 to take action until Kampala City Council signed the memorandum of understanding (MOU) that would allow CIDI to work in a KCC designated area. During the two month waiting process, EABL and CIDI staff surveyed land in Mengo with the help of the Local Council and community landlords. CIDI also conducted some community sensitization through the Mengo local council so that community landlords would not be so completely “money-minded” and so that the community would not think that CIDI was stealing their land.\textsuperscript{26}

The first phase of construction in the Water for Life Project began in October 2007 and was completed in February 2008 (the second phase of construction is currently taking place). CIDI hired three local contractors in the first phase of the project to construct a total of five public standpipes, four water kiosks, and three public latrine facilities in Mengo Parish (Figures 5, 6, and 7 in appendix). The contractors were hired based on recommendations from the local council and based on CIDI’s past experiences. While construction was taking place, CIDI trained the community in

\textsuperscript{24} Kampala Urban Sanitation Project (KUSP) Final Report
\textsuperscript{25} According to a commission speech given by EABL’s managing director on February 29, 2008, EABL donates 1% of its net profit to community development projects each year.
\textsuperscript{26} Interview with Joan Magayane, CIDI project manager. March 7, 2008
operation and management of the facilities. The community chose its management system of the standpipes, kiosks, and latrines based on its needs: a user committee (consisting of nearby households) is responsible to the local council while it also holds a caretaker accountable for the facility. At the end of the Water for Life project, Kampala City Council Central Division is supposed to oversee, supervise, and monitor all structures and facilities that were formed and provide backup support to the local council.27

_Sustainable Sanitation and Water Renewal Systems (SSWARS)_

SSWARS was officially certified as an NGO in Uganda in 2005 and is currently active in three parishes: Bwaise II, Kyebando, and Mulago III. “SSWARS’ over-all goal is efficient sustainable sanitation promotion, [and] utilization and recycling of resources…which reduces risks of exposure, incidence of diseases and disease prevalence accruing from inadequate sanitation and hygiene and contaminated or use of unclean water.”28 Although SSWARS engages in a variety of community activities, the two most pertinent to this research include their social marketing and waste recycling programs.29

In the context of water and sanitation, social marketing is a method that aims to create community demand for sanitation facilities and improved water sources through increasing communities’ knowledge and desire for such important public goods. SSWARS conducts its social marketing from a multi-sided approach. Participatory community sensitization and education plays a key role in their social marketing techniques. Community sensitizations generally consist of meetings between fifty to one hundred community members and are organized with significant help from the local councils. The participatory method helps build trust between the community and the SSWARS staff, and also helps create a sense of ownership and responsibility within the community. The NGO promotes the importance of hygiene through discussions about the dangers of improper waste disposal and through distribution of educational posters and flyers, which convey good and bad practices (see Figure 8 in appendix). Staff also facilitates discussions with community members about ways that the community members may be able to find the resources they need to be able to afford to build a sanitation facility. Another favored method of sensitization is through dancing and drama performances.

27 Interview with Joan Magayane, CIDI project manager. March 7, 2008
28 SSWARS Best Practices in Scaling Up Sanitation and Poverty Eradication. Written for UWASNET and available from Charles Abilu, UWASNET Programme Officer
29 WaterAid is the main donor for the social marketing and waste recycling programs. The French government is the donor for the biogas project.
In addition to community sensitization, SSWARS has also trained a total of 21 local masons within the three parishes mentioned earlier. The masons serve as an easy-to-access supply chain for sanitation facilities in their communities. Communities where the masons reside/work originally identified the masons, and then SSWARS trained the masons on proper construction methods for the many different types of latrines available to their communities. Demonstration facilities and small models are available to interested community members at the SSWARS Community Sanitation Center in Mulago III Parish. “A catalogue for these toilet facilities was developed with each option containing the material requirements and costs needed for each category, the necessary manpower and construction time as well as the advantages and disadvantages of each toilet option.”

SSWARS’ waste recycling program trains community members on how to use many types of common waste for making useful and profitable products. These products include:

1) High-nitrogen natural fertilizer created from organic composting
2) Briquettes (potential charcoal replacement for cooking) made from sawdust, charcoal dust, paper, sugarcane waste, coffee, and rice husks
3) Plastic weaved shopping bags, sandals, belts, and pillow cases made from polythene paper
4) Plastic products such as roofing tiles and fencing poles made from melting waste plastics

The waste-recycling project is now based at a waste-recycling center in Bwaise II Parish (see Figure 9 in appendix).

_Uganda Domestic Sanitation Services (UGADOSS)_

UGADOSS first came into existence as a community based organization in 1998 when Edward Kazibwe, the founder and current chairman, saw a severe need for improved sanitation in Kampala’s poorest areas. His vision for the organization was to help people be healthy by bringing awareness and responsibility to communities at the grassroots level. Although the organization is starting to become more effective since its inception, they are still lacking technical staff. All of UGADOSS’ six full-time staff work for the organization on a totally voluntary basis and have other jobs for their own income generation. As one staff member put it, “it’s about the heart and the spirit. That is what drives us to come up with the time and effort to do this [voluntarily].”

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30 Interview with Sande Tinka Herbert, SSWARS Technical Officer/Design Engineer. April 16, 2008
31 SSWARS Best Practices in Scaling Up Sanitation and Poverty Eradication
32 Ibid
33 Interview with Edward Kazibwe, Juma Balunywa, Grace Miire, and Brian Mwanguzi, UGADOSS staff. April 18, 2008
UGADOSS’ main activities involve creating community awareness through drama and discussion, clearing drainage channels and collecting garbage through community mobilization, and conducting monitoring and advocacy through direct community interaction. UGADOSS also dedicates much time to working with other organizations in the water and sanitation sector. For example, they recently worked hand-in-hand with Concern Worldwide and community members to construct 145 meters of drainage channels in the low-lying parish of Ndeeba (see Figure 10 in appendix). Partner organizations have, in turn, helped UGADOSS by educating them on sanitation issues, helping them look for funding, and by organizing skills workshops for their staff and their community members.34

UGADOSS is able to mobilize communities on a large scale for participatory general cleaning exercises. They make a work plan for a specific day, inform city council (so as to have use of garbage trucks), and inform community leaders. According the UGADOSS staff, people turnout in large numbers (especially women) when UGADOSS asks them to help because people in the communities are aware that they face a sanitation problem. They are also able to gather large groups of community members for entertaining drama and dance productions that also serve as small fundraisers (see Figure 11 in appendix). Another method that UGADOSS uses to become more familiar with communities is through the monitoring campaign that WaterAid and CIDI have sponsored over the past three years. By going directly house-to-house, to local leaders, and to division leaders and asking how local government projects or NGO projects have turned out, UGADOSS not only helps keep accountability, but they also form ties within the communities themselves.

Action for Slum Health and Development (ASHD)

ASHD was formed in 1997 by community health workers and was registered as a CBO in 2001. Similar to UGADOSS, ASHD has six full-time staff; however, ASHD’s staff depend on donor contributions for their own income. The mission of ASHD is to respond to water, sanitation, health, and development needs of the urban poor community. They are currently active in three urban poor parishes of Kampala: Kagugube, Bukesa, and Nakulabye. They have several specific objectives in place to help transform their mission into a reality: 1) initiate programs by sensitizing the urban poor in slums to improve their standard of living, 2) promote education on health,

34 Interview with Edward Kazibwe, Juma Balunywa, Grace Miire, and Brian Muwanguzi, UGADOSS staff. April 18, 2008
sanitation, environmental issues, and economic sustainability in slum communities through research and experimental work, 3) network and advocate for better living conditions among urban slum dwellers through improved shelter, access to clean and safe water, plus waste disposal management.35

In practice, ASHD has undertaken three main schemes including community sensitization, sanitation exercises, and policy monitoring and advocacy. They conduct sensitization through door-to-door interaction via ASHD-trained community health workers who can put pressure on people to clean their areas or compounds. They also hold educational workshops and distribute educational materials similar to those used by SSWARS. During workshops, the organization stresses to community members that they (the community members) have an important role to play in ensuring their families’ health. Finally, ASHD practices sensitization through what they call “TFD,” or Theater For Development, where the audience can actively take part in hygienic practices (such as proper hand washing technique) right at the performance location.

ASHD’s sanitation exercises consist of community mobilization for general cleaning (especially garbage collection and sorting). The CBO has been able to procure cleaning tools for each community’s use, and the Local Council holds these tools (i.e. wheelbarrows, shovels, etc.) for safekeeping. In order to help improve sanitation conditions, ASHD has also constructed a child-friendly public latrine facility near Kivulu market in Kagugube Parish using local contractors. What’s more, the small fees collected on a daily basis go toward the facility’s upkeep and toward ASHD’s health-related activities (children under the age of nine do not pay to use the facilities). The management structure for the public latrines consists of a seven person monitoring committee (five local men and two local women) who chooses two full-time facility caretakers.

ASHD’s policy monitoring activities are active in all three parishes where the organization is present. Their main focus is on water and sanitation activities that are government funded. They watch the original budget for project plans in their areas, timelines, and exact locations proposed in order to create community awareness and demand for timely investments. If results do not come in the time, quantity, or quality as originally stated in the government budget, ASHD keeps putting pressure on the local government (Kampala City Council Central Division) until they see results.

35 Action for Slum Health and Development brochure, available at the ASHD office in Kagugube Parish, Kivulu Zone
Findings and Discussion

Kampala City Council (KCC)

The researcher’s findings regarding KCC’s KUSP undertaking are disheartening to a certain extent. With regard to the five original KUSP goals, KCC managed to only slightly improve sanitation and water provision in Kampala’s slums. KUSP improved excreta waste disposal somewhat, but many of the public facilities are now either non-functioning or closed to the public. For example, when the researcher visited a KUSP latrine facility in Kagugube Parish, it was locked. A few local men nearby reported that the toilets are only open on Sundays during the nearby church service. Because the church had donated land for the project, they have now claimed it for their sole use. Even when the toilets are open on Sundays, there is no fee charged to the users and therefore, upkeep of the facility is not necessarily ensured. The story is similar for the water taps constructed and connected during KUSP. Another goal of KUSP involved building community capacity to ensure sustenance of the investments. Although, KCC hired a consultant for this undertaking, the final result after project phase out has shown that, in many cases, the communities have neglected KUSP investments.

KUSP was originally expected to affect 500,000 Kampala residents. However, because there was never any follow-up study conducted (nor was a follow-up study even in the KUSP budget), the actual result is unclear. What data is known is probably somewhat representative of the population affected: 166 toilets were completed out of the originally planned 200 toilets (83% achievement rate), 59 natural spring sources were protected out of the 160 sites identified (37% achievement rate), 307 public water standpipes were completed out of the originally planned 279 public standpipes (110% achievement rate), 24.6 kilometers of water main pipe extensions were completed out of the planned 20 kilometers (120% achievement rate), and 34 rainwater harvesting tanks were installed at public institutions such as schools (100% achievement rate). The 37% achievement rate for improving spring sources is the most disturbing of these statistics since 60% of the urban poor use springs as their main water source because of water accessibility, acceptability, and affordability. Even though many springs were not protected during KUSP, “the magnitude of the reality of spring use in the informal settlements around Kampala cannot allow mere closure of springs as the only protective measure for the public health of its users. Depriving a great proportion of the population in the poorer areas of a basic need such as water could be more disastrous than the contamination levels of the spring to be dealt with. Dealing with spring

36 Kampala Urban Sanitation Project (KUSP) Final Report
contamination therefore becomes a social and thus political sensitive issue for Kampala.”\(^\text{37}\)

However, KUSP did affect groundwater contamination levels indirectly by building all of its latrine facilities as concrete-lined “vault toilets.”\(^\text{38}\) Concrete-lined pit latrines vastly reduce likelihood of groundwater contamination in comparison with brick-lined pits. Thus, “project effectiveness was not uniform across parishes. Varying social-demographic and environmental factors show the need to apply a flexible approach to work to accommodate different community interests.”\(^\text{39}\)

What is clear is that the parishes chosen for the project were good choices based on the selection criteria. Unfortunately, the demand-driven approach to choosing investment locations was not ideal; parishes that had much public land also had fewer roadblocks to securing KUSP facilities than areas where convincing landlords to donate land was an issue. The fact that the land contracts were for a period of twenty years (a very long time in the eyes of a person with a transient lifestyle) made convincing landlords even more difficult.\(^\text{40}\) Once land was secured, implementation commenced in clusters. The cluster method was effective in spreading risk and decreasing construction time, but it also created more complications and made monitoring more difficult. For example, a toilet facility in Kisenyi II Parish was supposed to be waterborne, but miscommunication led the contractor to build a V.I.P. latrine instead.\(^\text{41}\) Had there been only one contractor, communication may have been more thorough and this problem may have been prevented.

Along the lines of community sensitization, KCC put almost one hundred percent of the responsibility on CIDI as the contractor. This was probably a good decision based on KCC’s constraints, but the results were quite poor. CIDI very successfully carried out its responsibility to conduct advocacy on a community level. This is apparent because CIDI mobilized 700 sites out of the expected 570 sites.\(^\text{42}\) CIDI was also responsible for coordinating social mobilization. They did, in fact do this, but after the project phased out, people in the communities still viewed the projects as the responsibility of KCC, not their own. Finally, CIDI was expected to conduct direct community capacity building for the uptake of KUSP investments. CIDI successfully created management systems and did extensive sensitization, but KCC did not give CIDI the resources to continue the long-term follow-up that is necessary to ensure sustenance of the investments and management systems. Although KCC blames CIDI for “not [being] established in the communities

\(^{37}\) Ibid

\(^{38}\) “Vault toilets” are a form of improved pit latrine with a separate viewing chamber next to the cesspit for latrine repairs and emptying

\(^{39}\) Kampala Urban Sanitation Project (KUSP) Final Report

\(^{40}\) Interview with Councilor Juma Bbosa. KCC Central Division, April 1, 2008

\(^{41}\) Ibid

\(^{42}\) Interview with Joan Magayane, CIDI project manager. March 7, 2008
well” and for “not [having] enough staff to [mobilize the community] on a daily basis,” they are still using the same form of management committees created by CIDI for their new sanitation project (Kampala Integrated Environmental Management Program, or KIEMP).

City Council did not choose to privately outsource every aspect of KUSP completely voluntarily. In fact, their technical staff budget is widely recognized as under-funded. A CIDI staff member referred to KCC’s need to privatize KUSP projects in this way:

KCC’s community development office doesn’t get enough funding and has no sensitization budget. It is under-funded in comparison to other departments, but KCC in general doesn’t have enough money since the end of Local Government Tax Revenue collection several years ago.

Even so, government decentralization has decreased bureaucracy and increased time efficiency so that projects like KUSP are much easier to implement than they would be otherwise. Unfortunately, KCC does not practice collaboration with non-governmental organizations on a regular basis even though collaboration and idea sharing has long been a key component of effective development. A KCC staff member threw the blame on other organizations for not harmonizing their projects with the government, saying that non-governmental organizations “don’t want to reveal their budgets or plans.” On the other side of the argument, multiple non-governmental organizations with which the researcher spoke said just the opposite. One staff member of an organization stated, “KCC programs are very difficult because normally they don’t want to work with us. They are very greedy with money. They make it political.” To be fair, it may not be KCC itself that is involved in project money laundering. As another organization staff member pointed out,

The first thing I monitored was in 2005. I told the [contractor] the drainage [construction] was costing six million [Ugandan shillings] and it was supposed to be twelve meters long, but it was not twelve meters long. The man said, ‘you know the problem my daughter- you are still young- I have a family getting that tender. If it is six million, I give them two million. [Plus], I have workers.’

Thus, the corruption problem may be in the tenders given to the contractors hired for project construction.

Even after such an extensive project such as KUSP, “the government has done little. When KUSP phased out, the taps they constructed for the community now have no water. [Caretakers]

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43 Interview KCC official
44 Interview with Joan Magayane, CIDI project manager. March 7, 2008
45 Interview with KCC official
46 Ibid
failed to pay bills. They did form committees, but afterwards they didn’t do continuous monitoring so when the project phased out, that was the end.” Based on all of the above information, the implementation of KUSP under Kampala City Council was unsustainable in nature for the main reason that there was not enough direct community involvement and participation in the project investments. Some communities experienced positive results, but not as many people have improved sanitation and clean water because of KUSP as should have.

Community Integrated Development Initiatives (CIDI)

CIDI’s Water for Life project in Mengo Parish has had positive results so far, but since the project is still underway, total sustainability and community dedication cannot yet be fully determined. One aspect of Water for Life that other organizations can learn from already is that Mengo Parish’s many letters sent directly to the donor was a very effective method of obtaining funding for their community project. The project is being carried out in two phases: the first phase was officially completed at the end of February 2008, but the actual project investments of the first phase were just being completed at the end of April 2008. The second phase of implementation is currently underway. The two-phase method of CIDI’s project seems to be a good idea so far since the community and CIDI have learn from the mistakes made in the first phase and will correct them during the second phase.

One legitimate concern that the community has about the project is the donor’s focus on water provision over sanitation facilities. Water provision is not only cheaper to implement than sanitation facilities, but it also takes much less construction time than completing a latrine. The community has also experienced problems with low water pressure at the taps that have been connected through the Water for Life project. According to the LC 2 chairman, the ½-inch diameter pipes installed by NWSC are too small and have too little pressure to connect additional water lines in the future. This may lead to a sustainability issue in the future of the project investments. Another technical problem arising on the side of NWSC is that the quality of the materials used in building the water kiosks and standpipes seems to be of low quality and low durability. Haji Abdu, a water kiosk caretaker and land owner in Mengo Parish, has already experienced two broken tap handles out of the three total taps in his kiosk after only one month of

47 Interview with Agatha Tumuhimbise, ASHD Monitoring and Evaluation Officer. April 26, 2008
48 Interview with Joan Magayane, CIDI project manager. March 7, 2008
49 Interview with Gadaffi, Mengo Parish LC 2 Chairman. February 29, 2008
use. He now has to spend a minimum of 30,000 Ugandan shillings out of his own money to replace the three tap handles with more durable metal handles from NWSC.

In addition to hardware replacement, landlords are also being stretched monetarily because they are making less profit than they originally expected to receive from their respective water taps and latrine facilities. Haji reported that his profit in his first month of business was 20,000 Ugandan shillings, but he originally expected to make a profit of between 35,000 and 50,000 Ugandan shillings. This unexpected profit shortfall could very well be due to the fact that the facilities are only in their first month of use and that the community has yet to become fully adapted to using them. However, Haji also experienced a logistical problem with NWSC’s first month of billing that reduced his profit margin by 8,000 Ugandan shillings: NWSC charged him 784 Ugandan shillings per unit (one unit is about 800 to 900 liters) compared to the rate of 680 Ugandan shillings per unit that he was supposed to receive. Additionally, CIDI’s training of the facility caretakers included the topic of customer handling (which is obviously important), but did not include training on basic bookkeeping skills. If mistakes like these continue, the sustainability of the project may be compromised because facility caretakers will have to transfer part of the monetary burden onto the community customers and because bookkeeping mistakes may lead to default payments and water supply shut off. If prices become too high for residents of this poor parish, people may revert back to using unsafe and contaminated spring water.

Reverting back to natural water sources in M弄o in the future may turn out to be more detrimental to the community’s health than in the past due to one specific construction decision during the Water for Life project. Although CIDI staff acknowledged that cement-lined latrines are “better quality and longer lasting,” they nevertheless decided to build three brick-lined public latrines in the project’s first phase rather than two cement-lined latrines because they would achieve “more coverage and the same functionality.” While the story of functionality may be true from a short-term perspective, the community’s groundwater supply is much more likely to become contaminated because of brick-lined latrines than it is with cement-lined latrines.

The management structure for the Water for Life project is almost an exact mirror image of those used for KUSP. According to the memorandum of understanding signed between CIDI and KCC, the central division of city council is to oversee, supervise, and monitor all structures and facilities and provide backup support to the local council when CIDI finishes the project. It is yet to be seen if this structure will be effective or not, but if KUSP can be any indicator of KCC’s competence to monitor and ensure investment sustainability and upkeep, CIDI’s Water for Life
project may very well be doomed already. Because the project is in its infancy, the researcher could not fairly draw conclusions about the actual sustainability of the project or its community impact. What is clear so far though is that the community has been actively involved in the project and seems to have a sense of ownership over the investments.

_Sustainable Sanitation and Water Renewal Systems (SSWARS)_

SSWARS’ research and development of affordable toilet options that are also sustainable carries a direct benefit to the urban poor communities who cannot afford the time or resources to experiment and design for themselves. Moreover, SSWARS teaches people skills to re-use excreta as fertilizer, re-use plastic garbage as a valuable material, and treat common by-products as a fuel source (briquette-making). These approaches help keep the communities clean and contribute to minor income-generation. In Mulago III Parish, where SSWARS’ Community Sanitation Center is located, living conditions are extremely cramped. Even so, SSWARS’ programs have made a visible impact when compared to other slum areas. Although standing water is still a health concern in Mulago III, the parish residents make a concerted effort to keep their garbage in designated areas.

Participatory sensitization seems to work well in creating a sense of responsibility within SSWARS’ communities. That in combination with SSWARS’ standard policy of continuous community sensitization sets the stage for long-term community development. As SSWARS’ design engineer put it, “it takes a long time for people to practice, understand, and internalize [good sanitation practices].” As part of their continuous sensitization practices, they check up on community progress regularly since sustainability is an important focus of their organization’s projects. Checking up on project progress is not the only sustainability measure that SSWARS takes. They also conduct standard project evaluations by keeping contact with local leaders and comparing the original project goals with the project outcome. This may seem natural in the process of ensuring effectiveness throughout an organization’s projects, but all too often organizations fail to conduct thorough evaluations of their work.

Other positive aspects of SSWARS’ methods include their educational materials. Although some of the materials require basic literacy to understand, many do not. Because literacy rates tend to be much lower in poorer areas of Kampala, it is important that educational materials are accessible to every individual regardless of their literacy status. The model sanitation facilities at the Community Sanitation Center also serve as educational materials for slum communities. The

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50 Interview with Herbert Sande, SSWARS Design Engineer. April 16, 2008
models help make the learning and choice processes easier for community members by making the concepts more tangible and less confusing. When people understand and see their options, they are more likely to build facilities and invest in their health than they would be otherwise.

While it is positive for SSWARS to give community members as many toilet options as possible, they include toilet options that may very likely contaminate the groundwater in high water table areas (i.e. a brick-lined pit V.I.P. latrine). Although these facilities are usually more affordable from a monetary perspective, they are certainly not more affordable to communities who depend on groundwater as their main source of drinking water. Most of SSWARS’ toilet options are also designed for use on a small household scale. Given the context of Kampala’s slums, people do not usually have the space or the money to construct their own household latrine. It is much more feasible for urban slum communities to use communal latrine facilities until the housing structure of the slums develops further.

Furthermore, because the SSWARS places emphasis on small-scale sanitation facilities, they advocate community members putting pressure on their landlords to build sanitation facilities for them. This advice may not lead to the best outcome possible since landlords generally don’t live in the slum community. Since the landlord does not have a personal interest in community’s sustainability, he would most likely choose to build a very cheap, unsound latrine facility that may even harm his tenants’ health in the long run. SSWARS’ mason-training program certainly addresses this issue since the masons are community residents and therefore stakeholders in the environmental condition of their parish. Because the masons are stakeholders, they are more likely to construct adequate facilities. Unfortunately, because of the trend of urban shifting in Kampala’s slums, SSWARS may find that their time and energy invested in training community masons has been somewhat in vain if the masons move out of their parish. That is not to say that SSWARS should not train the masons- they play an important role in helping the poor communities be more self-reliant and responsible, as well as create an inlet into the community.

Overall, SSWARS centers its attention on sustainability. Their innovations and research in the area of sustainable sanitation are pioneering and important to all urban slum communities. Their practices and teachings are sustainable for the most part, but some of their concepts are not very applicable, likely, or healthy within the context of cramped urban slums. It is obvious that community involvement also takes center stage in SSWARS’ practices. From participatory sensitization to mason training and partnership with local leaders, SSWARS fully involves its community members in all aspects of its water and sanitation practices.
UGADOSS’ presence in its three working parishes is strong from the vantage point of a typical community member, but not quite as strong from a more “official” perspective. That is to say that UGADOSS is an organization that works for the people, works with the people, and is part of the people. On the other hand, because their work is completely voluntary and they are not large or well known among donors, none of their project undertakings are “labeled” with their name. During the researcher’s tour of UGADOSS-involved parishes, it quickly became apparent that community members personally know UGADOSS staff and that they trust them. UGADOSS has gained the communities’ trust over time mainly because they engage community members as their main work force. Thus, people within the communities do not view them as outsiders coming in to help, but rather as members of their own communities.

The voluntary aspect of UGADOSS’ activities certainly creates more community trust, but it also helps the organization save their money entirely for community projects. UGADOSS has successfully solicited large local businesses for project funds. One of their monetary “partners,” Tic Plastics, sits right next to one of UGADOSS’ active areas in Ndeeba Parish. Thanks to UGADOSS, the management of Tic Plastics is more aware of their contribution to the vast piles of garbage in Ndeeba Parish. As a form of social compensation, Tic Plastics has donated funds to UGADOSS in the past to help with general community clean up exercises. Although lobbying may not be successful with all large businesses, UGADOSS has set a wonderful example of how locally generated funds can be identified and extracted for the community good. If funds of this sort can be secured and consistent, NGOs and CBOs may not have to worry as much about being so dependent on international donors.

UGADOSS prides itself on its community mobilization abilities, and the researcher was able to observe first hand how well they are able to gather many people on relatively short notice. These gatherings can serve several purposes, but general cleaning exercises are the most common besides drama presentations. UGADOSS has also sensitized people about garbage sorting and collecting. In Ndeeba Parish, garbage sorting is apparent on a small scale (see Figure 13 in appendix), but in Ndejja Parish garbage sorting and even composting are widely used sanitation methods. The difference between the two parishes most likely lies in the fact that Ndeeba is much more crowded and hence has much more shifting on a regular basis than in Ndejja Parish. More shifting means less internalization of UGADOSS-taught methods. A recently finished project that was mobilized
by UGADOSS and carried out by young men in the Ndejja community is quite impressive. The young men cleared 1.5 kilometers of large drainage channels in order to decrease flooding during heavy rains (see Figure 14 in appendix). This mobilization demonstrates UGADOSS’ capability to motivate hard work and community responsibility. The drainage channels in Ndeeba that UGADOSS helped construct with Concern Worldwide have had a large positive impact on the nearby households, but there is still much standing water throughout the parish. Moreover, the main channel is almost already completely blocked by heaps of garbage only one month after the completion of the project (see Figure 15 in appendix). As a community-based organization, UGADOSS is aware and concerned about the situation. Because they are so deeply involved in the community, they are already making plans for a general cleaning mobilization whereas, their NGO counterpart, Concern Worldwide has left the parish completely.

UGADOSS also encounters urban shifting on a large scale in their three parishes. In response to shifting conditions, UGADOSS places trust in local leaders to keep information within the communities. They also realize that continuous education is necessary for effective sensitization. Their education and sensitizations mainly target the women in the communities since they tend to be at home more, care for the children, take hygiene more seriously and make food (the main source of garbage). UGADOSS staff commented that because women are responsible for making food, they are also more responsible for the waste products created by cooking. This may be true to a certain extent, however, this viewpoint does not take into consideration that men may be the ones who need more sensitization than women. If men do not care about hygiene as much as women, then it is they who need the sensitization because they are most likely the ones exacerbating the already poor sanitation conditions. Treating women as the “whipping boys’ of the community will not teach the unconcerned men to suddenly become responsible.

In addition to sensitization, many of the small dumping sites throughout Ndeiba Parish are completely inaccessible to motor vehicles and therefore, people are forced to use much time and energy to manually haul the garbage to an accessible pick-up location. Finally, UGADOSS has transformed a community well that had collapsed in Masajja Parish into a piped groundwater spring a little further down the hill from the well. UGADOSS’ goals for this spring include installing a new drainage system since it is difficult to collect water from the pipe without mixing it with dirty water right below (see Figure 16). Another threat that UGADOSS has not identified is in regard to water

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51 Interview with Edward Kazibwe, Juma Balunywa, Grace Miiro, and Brian Muwanguzi, UGADOSS staff. April 18, 2008
contamination. Even though the spring water looks clean, the water quality has never been tested and UGADOSS and the community assume that the water is safe enough to drink. It may very well be true that the spring water is safe to drink, but that is a dangerous assumption given that runoff from the top of the hill and small amounts of garbage find their way directly into the water source (the collapsed well).

All in all, UGADOSS performs highly on the scale of community involvement, mainly because they view community members as being the ultimate projects in the long run. Where they can afford to do so, UGADOSS sets its goals and makes its plans with the long-term result in mind. They adhere to sustainability measures through constant monitoring and evaluation as well as constant community sensitization and education. UGADOSS has definitely made a positive impact in the communities where it works, but monetary constraints have held them back from expanding into other areas while they remain committed to their original parishes.

Action for Slum Health and Development (ASHD)

ASHD’s objective to network and advocate for better living conditions is very apparent in the field. More specifically, stress on personal responsibility within ASHD’s sensitization campaign is obviously working in Kagugube Parish. On her tour through the parish with an ASHD staff member, the researcher observed that the drainage channels were all kept very clear and garbage was out-of-sight, collected into sacks. The participatory aspect of ASHD’s sensitization has clearly reached many residents and proved more effective than discussion-only methods. Similar to other successful organizations, ASHD recognizes the importance of conducting continuous sensitization in slums where shifting living situations are an everyday occurrence. Urban shifting in the three slums where ASHD is active is also higher than in other slums specifically because of their proximity to downtown Kampala. High land value often causes landowners to sell their property and evict their tenants.

On the side of mobilization, ASHD has accomplished almost unprecedented things by empowering its community members. ASHD was the only organization during this research that commented on a lack of a sense of community in slum areas. As one staff member noted,

People are stubborn [and] are from different origins. They have the mentality ‘I came to work and go back to my home.’ They don’t have something that brings them together. They are in Kampala and they think that is [only] for Baganda.52

52 Interview with Agatha Tumuhimbise, ASHD Monitoring and Evaluation Officer. April 26, 2008
ASHD has helped create a sense of belonging and community through its sensitization. Building a sense of community has also helped with mobilization. Community members in Kagugube, along with the aid of ASHD, actively resisted corruption when they broke down a privately built wall surrounding a public well:

Of recent, there was a well down [in Kivulu]. A rich man put up a hotel and enclosed that well. The policy monitoring committee [of ASHD], along with the community, mobilized, told city council the plan, and went and broke the wall. The community said, ‘This is our land, this is the government’s land, and we have demarcations.’ The rich man had originally paid off someone [at KCC] to keep quiet.

One thing that ASHD has proven is that it is highly important to monitor government activities and it is effective with persistence. ASHD also got KCC to pay for renovation to an abandoned toilet built long ago by Concern Worldwide in Bukesa Parish. ASHD helped the community form a monitoring committee and a cheap payment system for neighboring homes. Because ASHD monitors government budget funds allotted to the three parishes in which they work, community members are also able to put pressure on KCC if the funds or projects do not materialize. For example, government funding for both 2006 and 2007 has yet to be released and it is now half way into 2008.

ASHD is also proud of the child-friendly toilet that they built recently near Kivulu market. The term “child-friendly” means that children under the age of nine years do not pay to use the toilet. This concept makes sense in the context of urban slums because families with many children may not be able to afford to pay for each child to visit the latrine multiple times per day. Plus, encouraging proper hygiene at a young age creates healthy habits in Uganda’s next generation. What’s more, the toilet was built on government-donated land, not privately owned land. The community therefore feels more comfortable using a communal facility because it is on communal property. No private property owner can limit access to or use of the facility similar to what happened in the case of the KUSP public latrine in Kivulu. One problem that ASHD encounters with their toilet facility is that the monitoring committee needs to be changed each year because people on the committee either move or neglect their responsibilities after awhile. Also, the high rate of usage by the community means that the toilets fill up very quickly and need weekly emptying. When the researcher visited the site of the ASHD toilet in Kivulu, it was locked because it was full

53 Neighboring homes even with many children can pay a monthly fee as low as 1,000 Ugandan shillings
and needed emptying, but it was very clean and well kept. ASHD did not originally expect to have to empty the toilets so frequently so they are currently diverting funds meant to go toward their health promotion programs as a short-term funding solution.

Overall, ASHD’s work is mostly sustainable (the exception being the current funding problem of emptying the public toilet). Their engagement of the slum community members is positive and effective because they instill the value and need for communal sanitation. Clearly, the communities of Bukesa, Kagugu, and Nakulabye are benefiting from ASHD’s educational programs, but they are benefiting even more so from ASHD’s bold advocacy and monitoring programs. If many organizations applied their own methods to advocacy and monitoring to the extent that ASHD does, large-scale public demand would help enforce transparency and effectiveness throughout the water and sanitation sector in Uganda.

Conclusion and Recommendations

In closing, the water and sanitation sector in Kampala’s urban slums has a long way to come in order to significantly improve the lives of the urban poor community. While organizations are making promising improvements and innovations on an individual basis, NGOs, CBOs, and the local government could affect many more people if partnerships and open cooperations were formed. While organizations do encounter specific community problems, more often than not another organization is also experiencing a very similar issue in another slum of Kampala. Some of the largest common challenges in the water and sanitation sector in urban poor Kampala include frequent shifting habits of slum dwellers, immediate basic needs to be met (i.e. food, shelter, some form of water), poor infrastructure, land ownership and procurement, population density, a high dependency ratio, ignorance, low-lying terrain, and dependency thinking. The formation of UWASNET as a coordinator of organizations in the water and sanitation center is an important and effective means of forming partnerships and nurturing cooperation between NGOs and CBOs so far in its brief history, but only time will tell if UWASNET has what it takes to remain determined and useful. What’s more, UWASNET is in a position to direct partnership and collaboration between other organizations and the local government projects. On a more specific level, the findings above have important implications for all stakeholders in the urban slum water and sanitation sector:
Donors who contribute to projects in the water and sanitation sector through the local government should either focus on increasing KCC’s technical capacity, or they should donate funds directly to organizations that are on the ground and established in the targeted community.

If public-private contracting relationships continue between KCC and various businesses, KCC should establish a transparency system for the contractors in order to avoid corruption in assigning the tenders.

All development organizations need to conduct end studies, or evaluations of their projects in order to move further forward and learn from their mistakes. This is critical to future success.

Urban shifting habits mean that there is a need for constant sensitization and education in one area.

Involvement of all types of local leaders (not just confined to the local councils) is important to gain local interest, trust, and response.

Practical research, like that of SSWARS, goes a long way in directly benefiting communities.

SSWARS should continue researching and developing toilet options that are affordable, do not contaminate groundwater, and that can cater to large numbers of people.

All stakeholders should include campaigns that sensitise and educate men specifically—men contribute to a significant part of the sanitation problems.

Water and sanitation are inherently connected—organizations need to recognize this much more and act accordingly.

Although lobbying may not be successful with all large businesses, UGADOSS has set a wonderful example of how locally generated funds can be identified and extracted for the community good (i.e. Tic Plastics). If funds of this sort can be secured and consistent, NGOs and CBOs may not have to worry as much about being so dependent on international donors.

Although it is not feasible for all organizations, CBOs especially should try to follow the example of UGADOSS and act as voluntary organizations in order to use as much donor funding as possible for the slum communities, as well as to reinforce their status within the slums as community partners, not a business.
• Both NGOs and CBOs should follow the example of ASHD’s monitoring and evaluation unit by actively monitoring local government allotted funds for their specific areas. More public pressure will eventually create more accountability.

• Creating a sense of community within slum areas may be a difficult endeavor given the transient lifestyle that most slum-dwellers have, but it will also help them keep each other accountable for taking care of their garbage disposal, toilet conditions, and drainage channels.

It seems that non-governmental organizations and the local government both enjoy pointing fingers and playing the “blame game” more than they want to cooperate with each another to solve the many common problems that they all encounter. This “blame game” is a symptom of fatal dependency thinking even within the organizations that are trying to help the poor. If it is always someone else’s responsibility, nothing will ever get accomplished. Not only is the “blame game” unproductive, it is also damaging to the thousands of Kampala residents who must wait another day, month, or year for safe drinking water or adequate sanitation facilities.
Appendix

Figure 1: Location of cholera outbreaks in Kampala, 1997-present.\(^{54}\)

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\(^{54}\) Sanitation Strategy and Master Plan for Kampala City, Volume 2 – Main Report, Figure 10.1
Figure 2: A typical raised pit latrine in Ndeeba Parish demonstrating lack of sufficient sanitation facilities.
Figure 3: National PEAP goals (1997) and recent statistics.

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<tr>
<th>PEAP Target(^{55})</th>
<th>Recent Statistic(^{56})</th>
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<td><strong>Access to improved sanitation:</strong></td>
<td><strong>Using improved drinking water sources:</strong></td>
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<td>60% of the population by 2004</td>
<td>43% of the population in 2004 (54% of the urban population)</td>
</tr>
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<td><strong>Infant mortality rate:</strong></td>
<td><strong>Infant mortality rate:</strong></td>
</tr>
<tr>
<td>6.8% by 2005</td>
<td>7.8% in 2006</td>
</tr>
<tr>
<td><strong>Under-5 mortality rate:</strong></td>
<td><strong>Under-5 mortality rate:</strong></td>
</tr>
<tr>
<td>10.3% by 2005</td>
<td>13.4% in 2006</td>
</tr>
<tr>
<td><strong>Maternal mortality rate:</strong></td>
<td><strong>Maternal mortality rate:</strong></td>
</tr>
<tr>
<td>0.35% by 2005</td>
<td>0.51% from 2000 to 2006</td>
</tr>
<tr>
<td><strong>Access to clean and safe drinking water:</strong></td>
<td><strong>Using improved drinking water sources:</strong></td>
</tr>
<tr>
<td>100% of the urban population by 2015</td>
<td>87% of the urban population in 2004</td>
</tr>
</tbody>
</table>

\(^{55}\) Sanitation Strategy and Master Plan for Kampala City, Volume 2 – Main Report, Table 3.5
\(^{56}\) [www.unicef.org/infobycountry/uganda_statistics.html](http://www.unicef.org/infobycountry/uganda_statistics.html)
Figure 4: Location of KUSP target parishes.  

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57 Sanitation Strategy and Master Plan for Kampala City, Volume 3 – Appendices, Figure 3.1
Figure 5: An unfinished public standpipe in Mengo Parish.
Figure 6: A water kiosk and Katalega, the caretaker, in Mengo Parish.
Figure 7: Outside of a public latrine facility in Mengo Parish.
**WASHING HANDS SAVES LIVES**

*Hand Washing* is the most effective means of preventing diarrhea diseases and Acute respiratory infections. Always remember to wash your hands with soap:

- After using the toilet
- Before eating
- Before preparing food
- After cleaning children
- Before breast feeding

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**OKUNAABA MU NGALO KUWONYA OBULAMU**

*Okunaaba mu ngalo kuziyiza ekidukkano n’endwadde endala nyingi Jukira okunaaba mu ngalo ne ssabbuuni*

- Ng’ovudde mu kabuyonjo
- Nga tonalya mmere
- Nga tonaba kuteekateeka byakulya
- Ng’omaze okulongoosa omwana
- Nga tonanaba kuyonsa
Figure 9: (Top) The SSWARS waste recycling center in Bwaise II
(Below) Products include; manure, briquettes, and bags.
Figure 10: UGADOSS-assisted construction of drainage channels in Ndeeba Parish (UGADOSS chairman in foreground).
Figure 11: A community crowd gathered at a local church for a UGADOSS drama presentation in Masajja Parish.
Figure 13: Small-scale garbage sorting in Ndeeba Parish.
Figure 14: Along with UGADOSS, community members cleared 1.5 kilometers of this drainage channel in Ndejja Parish.
Figure 15: UGADOSS drainage channels blocked by garbage.
Figure 16: UGADOSS-constructed community spring in Masajja Parish.
Bibliography


www.unicef.org/infobycountry/uganda_statistics.html


Action for Slum Health and Development brochure, available at the ASHD office in Kagugube Parish, Kivulu Zone.


