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OPPORTUNITIES FOR SANITATION MARKETING IN UGANDA

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OPPORTUNITIES FOR SANITATION MARKETING IN UGANDA

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ACRONYMS AND ABBREVIATIONS

ADB	African Development Bank
BRAC	Building Resources Across Communities
CHC	Community Health Club
CLTS	Community-Led Total Sanitation
CSC	Community Sanitation Center
CSR	Corporate Social Responsibility
DCD	Department of Community Development
DE	Department of Education (at district level)
DEO	District Education Officer
DHI	District Health Inspector
DDHS	District Director of Health Services
DHS	Demographic and Health Survey
DWD	Directorate of Water Development
DWO	District Water Officer
DWSC	District Water and Sanitation Committee
DWSCG	District Water and Sanitation Conditional Grant
ECOSAN	Ecological sanitation
EHD	Environmental Health Division
EH	Environmental Health
EHD	Environmental Health Division
EHI	Environmental Health Inspector
FDS	Fiscal Decentralization Strategy
GOU	Government of Uganda
GTZ	German Agency for Technical Cooperation
HI	Health Inspector (LC 4 level)
HA	Health Assistant (LC 3 level)
HH	Household
HIASS	Health Inspectors' Annual Sanitation Survey
HIP	Hygiene Improvement Project
HSSP	Health Sector Support Program

IDP	Internally Displaced Persons
ISH	Improved Sanitation and Hygiene Promotion Financing Strategy
JPM	Joint Program Monitoring
JSR	Joint Sector Review
KCC	Kampala City Council
KDS	Kampala Declaration on Sanitation
LC	Local Council (level 1 to 5)
LGDP	Local Government Development Program
MDG	Millennium Development Goals
MES	Ministry of Education and Sports
MOH	Ministry of Health
MOF	Ministry of Finance, Planning and Economic Development
MOLG	Ministry of Local Government
MOU	Memorandum of Understanding
MWE	Ministry of Water and Environment
MOGLSD	Ministry of Gender, Labor and Social Development
NETWAS	Network for Water and Sanitation
NGO	Nongovernmental Organization
NSWG	National Sanitation Working Group
NWSC	National Water and Sewerage Corporation
PDE	Planning Department, Education (including the Construction Unit)
PPDE	Preprimary, Primary School Department of Education
PEAP	Poverty Eradication Action Plan
PHAST	Participatory Hygiene and Sanitation Transformation
PHC	Primary Health Care
PHCG	Primary Health Care Grant
PHD	Public Health Department
PHI	Principal Health Inspector
RGC	Rural Growth Centers
RUWASA	Rural Water and Sanitation Project
RWD	Rural Water Department
SanPlat	Sanitation Platform

SFG	School Facilities Grant
SM	Sanitation Marketing
SNV	Netherlands Development Organization
SSWARS	Sustainable Sanitation and Water Renewal Systems
TA	Technical Assistance
TDY	Temporary Duty
TOR	Terms of Reference
TSU	Technical Support Unit
UBOS	Uganda Bureau of Statistics
UNICEF	United Nations Children's Fund
UNHS	Uganda National Household Survey
UPE	Universal Primary Education
UWD	Urban Water Department
VHC	Village Health Clubs
VHT	Village Health Team
VIP	Ventilated Improved Pit Latrine
WASH	Water, Sanitation, and Hygiene
WES	Water and Environmental Sanitation Project
WSCG	Water and Sanitation Conditional Grant
WSP	Water and Sanitation Program
WSS	Water and Sanitation Services

SUMMARY

In October 2007, a team of consultants from the USAID–funded Hygiene Improvement Project (HIP) visited Uganda to determine if sanitation marketing (SM) would be a viable approach in Uganda, and to make specific recommendations to HIP and the donor community that would move the sanitation marketing agenda forward. This report presents the key findings and recommendations stemming from the trip.

The overarching conclusion is that sanitation marketing is both a viable and needed approach to increase sanitation uptake among rural households in Uganda. The team based its assessment on an analysis of the following factors concerning Uganda's rural household sanitation sector:

Policy Environment

The government's new 10-year Improved Sanitation and Hygiene Promotion Financing Strategy (ISH) recognizes the importance—and unrealized potential—of the private sector in improving household sanitation uptake. National-level budgeting tools, such as the League Tables and the Sector Review process, provide incentives for local-level officials to improve household sanitation coverage. In addition, key donors active in the sanitation sector, including the World Bank's Water and Sanitation Program (WSP), SNV (Netherlands Development Organization), and GTZ (German Agency for Technical Cooperation), support the sanitation marketing approach and are interested in opportunities for collaborative research and programming. Finally, in Uganda there is a unique opportunity to leverage a renewed emphasis on enforcement of sanitation bylaws. Combining sanitation marketing with enforcement can strengthen the carrot-and-stick approach that is already improving sanitation uptake in Uganda.

Formative Research

The team's analysis of existing consumer/formative research indicates that the principal motivations for household sanitation adoption in Uganda—pride and social acceptance, comfort and convenience, safety and security—are all non-health related. Experience from other countries has shown that these are effective drivers for a successful broad scale marketing approach that can help increase uptake among that portion of target audience not motivated by more traditional, health-oriented models (e.g., PHAST). Moreover, sanitation marketing is very complementary to demand-creation approaches commonly used in Uganda, such as Community-Led Total Sanitation (CLTS), because both focus on drivers not directly related to health and hygiene concerns.

Local-Level Conditions

The team's visits to the field confirmed the heavy focus on health-based, demand-side promotion aimed at motivating rural households to build new, or upgrade existing, latrines. However, very little is being done to address equally important supply-side issues, particularly increasing consumer awareness of, and access to, affordable and attractive latrine technology options. There is clearly both a need and an opportunity to leverage the dedicated cadre of government health staff, NGOs, and community volunteers to facilitate linkages between sanitation demand and supply.

Despite these positive findings, little progress is being made in Uganda toward the Millennium Development Goal for hygiene and sanitation. Rural sanitation coverage is stagnating, with a roughly 1 percent increase in coverage over the past year. Major barriers to developing an effective sanitation marketing program in Uganda remain, including:

FUNDING

- At the national level, government funding for sanitation still lags far behind funding for the water supply.
- At the district level, nearly a total lack of budgetary support exists for rural household sanitation activities, either in the Water and Sanitation Conditional or Primary Health Care Grant mechanisms.

POLICY

- Linking water and sanitation as one sector undermines support for sanitation, as represented by funding and policy support decisions.
- Decentralization further reduces subnational political will for sanitation.
- Current policies contain very few mentions of, or support for, sanitation marketing, specifically.

PROGRAMS

- Messages promoting improved sanitation focus primarily on disease-prevention reasons, which are by themselves insufficient to motivate household investment (Jenkins and Sugden 2006).
- For various reasons, there is poor NGO–government program coordination at the local level.
- NGOs' heavy use of hardware subsidies and demonstration latrines undermine government policy to promote household responsibility for sanitation and impede private sector investment in sanitation.

Following a brief overview of the Uganda sanitation sector and presentation of key findings from the trip, this report provides multiple options—both short- and long-term—for building the various components of an effective sanitation marketing program in Uganda. The goal of the HIP consultant team visit to Uganda was to identify what activities would be needed (and in what order) to fully develop a new stand-alone sanitation marketing program—including activities such as formative research, best practice options for rural latrine design, a consumer guide on technology options, a supply-chain study, training and certification of masons and artisans, and a road-map for district-level sanitation marketing. In addition, they sought to provide another set of options for those interested in making targeted contributions to enhance other organizations' ongoing programs—including sanitation marketing advocacy materials and outreach activities, assistance for the Community Sanitation Center, a public-private partnership for cement supply, messages for the WASH drama series, and technical assistance to microcredit initiatives.

Activities essential for a successful sanitation marketing program are divided into the following categories:

- Creating a supportive policy and enabling environment
- Promoting desirable and affordable technology upgrades
- Stimulating demand for home sanitation technology upgrades
- Facilitating linkages between demand and supply

The resource requirements needed to implement these activities are described in detail in the recommendation section.

Sanitation marketing is a very new concept in Uganda, and as such, is likely to require sustained investment, education, and advocacy to become a truly effective, widely applied approach for increasing rural household sanitation.

BACKGROUND

USAID'S HYGIENE IMPROVEMENT PROJECT

The Hygiene Improvement Project (HIP) is a USAID–funded project operated by the Academy for Educational Development, with subcontracting partners The Manoff Group, ARD Inc., and the IRC International Water and Sanitation Centre in the Netherlands. HIP seeks to improve health by influencing three key hygiene practices: safe disposal of feces, hand washing, and safe storage and treatment of water at the point of use. HIP focuses on improved technologies, approaches, measures, and technical assistance to achieve this. HIP's unique approach is to achieve impact by implementing at scale. The project addresses scale through an integrated systems approach designed to ultimately change individual hygiene practices.

Key HIP tasks include: at-scale country implementation; integration of hygiene into health and non-health platforms; global leadership and advocacy around hygiene improvement; support to and liaison with private, voluntary organizations, nongovernmental organizations (NGOs), and networks; and knowledge management to share and promote the best and most effective approaches. One programmatic model for achieving scalable and sustainable improvements in household sanitation is to take a marketing approach to sanitation. This concept, known as **sanitation marketing** (SM), is explained in more detail in the section below.

HIP fielded a team with expertise in sanitation marketing and business development to work with its hygiene improvement advisor for Uganda and its Ugandan NGO partner, Plan International, to gain a better appreciation for sanitation programming in Uganda. The following report is the result of that collaboration.

OBJECTIVES OF UGANDA TEAM

The overall purpose of the sanitation marketing team's visit to Uganda was to gain a more in-depth understanding of the state of the sanitation sector to: 1) determine whether sanitation marketing is a viable approach in Uganda, and 2) make specific recommendations for what HIP and the donor community can/should do, working through their in-country partners, to move the sanitation marketing agenda forward. While the team makes specific recommendations for HIP, this report also is a contribution to the Ugandan sanitation sector in general, as it provides a synthesis of current issues and presents recommendations for what the sector as a whole can do to improve sanitation uptake in Uganda.

To answer these key questions for HIP, the team devised specific objectives and deliverables for the visit. These include:

1. Meet with key Government of Uganda (GOU) stakeholders, major donors, and local NGOs currently active or interested in sanitation or sanitation marketing.
2. Carry out field work to answer key questions regarding the state of the sanitation sector in Uganda, including listing the major sanitation programs currently underway as well as an analysis of the demand side and supply side and policy-related constraints and opportunities for sanitation marketing.
3. Conduct field visits to one or more districts to investigate the potential for sanitation marketing programming.
4. Present preliminary findings at HIP's Stakeholder Workshop, held in Kampala on October 25, 2007.

To accomplish these objectives, the team first conducted a literature review of the sanitation sector in Uganda, resulting in a synthesis of over 25 government documents, reports, field notes, research studies, journal articles, and trip reports containing insights on the sector found to be useful in preparing the team for the their temporary duty (TDY) visit to Uganda.

While in Uganda, the team participated in over 35 meetings and interviews with national, district, and village-level officials; donors; NGOs; academics; informal and formal sanitation sector producers; latrine product and construction material suppliers and informal providers; and community members. In addition to meetings in Kampala, the team visited the districts of Lowero, Tororo, Mbale, and Busia, in the central and eastern regions of the country.

OVERVIEW OF SANITATION MARKETING[1]

The ultimate goal of sanitation marketing is to create a sustainable sanitation industry. Households demand latrines and other sanitation products and services, and the market provides them under a supportive government regulatory framework so that a community/social/governance system might exist that generates and maintains toilet coverage and usage at 100 percent without the need for prolonged external support.

Marketing is about satisfying people's needs and wants through an exchange process. Marketers offer the consumer something they want and are prepared to pay for, either through expenditure of money, time, or effort. The heart of the marketing task is to determine what consumers want and offer it to them in an attractive and accessible way. In sanitation marketing we want to know what people value in a good defecation site and offer these features in the form of attractive household sanitation options that they can readily access through the market without any need for hardware subsidies.

Four pillars central to a marketing approach must be understood to develop and implement a successful program:

1. **Product**: The product is the object, service, or behavior change you want to sell (promote). In the case of sanitation, we refer to latrines and associated services and needs (e.g., pit digging and emptying) and offer a range of latrine technologies that respond to what people want, not simply what fits the environment or what public health engineers think they should have. Not just a range of latrine technologies need to be offered, but a range of different superstructure options, too.

2. **Price**: The price of a household latrine can represent a major barrier to the acquisition of a toilet by the poor. But this does not mean that hardware subsidies are the only solution, rather there might be a need to innovate and develop cheaper, better options. However, many consumers, even the poorest, are willing to pay for a more expensive latrine option if it provides them with the features they desire, and hence represents good value for money. Further, something that is too cheap may not be trusted. Thus, a range of latrine options need to be available at various price points, but the consumer must perceive these options to be good value at that price. The cost of a household latrine may not be limited to the monetary investments involved. In most settings, transaction costs of time, effort, and risk are also involved in acquiring a latrine, which can contribute significantly to the overall cost of installation. For example, a head of household may need to travel far to obtain concrete and visit several places to find reliable information about the right toilet to build, or a mason to build it, and/or someone else to dig the pit. Reducing these transaction costs can help make sanitation more accessible (see "Place" discussion below), as can the provision of financing tools and mechanisms for paying for toilets in installments, low-interest loans, and credit mechanisms.

3. **Place**: Place is essentially about ensuring that all supply chain elements, i.e., information materials and services necessary for deciding which latrine to build and then building it, are available and can be easily accessed by the household. A frequent barrier to latrine adoption is that consumers don't know where they can find out about toilets, how to install them, and what they actually cost, let alone finding a mason to perform the service. An effective supply chain is essential for lowering the transaction costs involved in adopting household sanitation, as is providing consumer-friendly

[1] For additional information on sanitation marketing, please see Jenkins, M. 2004, Jenkins, M. and S. Sugden. 2006, Cairncross, S. 2004.

technical and product information. The prevailing policy environment can provide important incentives to support supply-side interventions.

4. **Promotion**: Promotion is about communicating product and sales information to the consumer. It aims to increase awareness about latrine products, providers, and sales outlets; and to increase desire for a toilet through the use of motivational messages that may be delivered via numerous channels, including mass media, print materials, and word of mouth. While traditional marketing has focused more closely on the use of mass media (TV and radio), recently there has been a shift to look closely at interpersonal channels, especially in contexts such as rural Uganda where exposure to mass media channels is limited. Such channels might include mobile cinema, street theater, door-to-door sales, leafleting, and the targeting of influential community members to further spread the message. In the case of promoting new products, sales methods such as demonstration days, free gifts, and limited period discount coupons may also make up part of a promotional strategy.

In social marketing, a fifth P—**Policy/Politics**—may be added, as policies and legislation can play an important role in influencing the context within which sanitation marketing operates. For example, the Ugandan Ministry of Health's criteria for what constitutes sanitation allow for a wide range of sanitation products to be marketed, while enforcement of the legal requirement for every household to have a latrine acts as an additional incentive to drive demand for sanitation.

An understanding of these central concepts allows for the development of appropriate products at the right prices (value products) that are easily available through strategic sales placement and known about through the use of promotional activities that enhance product and service awareness and demand.

OVERVIEW OF THE SANITATION SECTOR IN UGANDA

The following sections provide basic information on the socioeconomic context of Uganda, as well as a description of the policy, regulatory, and funding frameworks for the sanitation sector. In addition, sanitation coverage data are analyzed, including their implications for developing a successful sanitation marketing program.

THE COUNTRY CONTEXT

GEOGRAPHY

The Republic of Uganda is located in East Africa and lies astride the equator. It is a landlocked country bordering Kenya in the east, Tanzania in the south, Rwanda in the southwest, the Democratic Republic of Congo in the west, and Sudan in the north. The country has an area of over 240,000 square kilometers and is administratively divided into approximately 85 districts,[2] which are further subdivided into the five categories indicated in Table 1, of which levels 1-3 and 5 are governed by an elected local council (LC) and executive. It is important to note that given the proliferation of newly created districts, not all districts adhere exactly to these administrative units. For example, districts may have LC 1, 2, 3, and 5 in place, but not an LC 4. This accounts for some of the confusion associated with program monitoring and locus of responsibility for sanitation-related activities.

TABLE 1: SUBNATIONAL ADMINISTRATIVE STRUCTURE

Administrative Unit		Governing Body
1. Village	-	Local Council 1
2. Parish	-	Local Council 2
3. Subcounty	-	Local Council 3
4. County/Subdistrict	-	Local Council 4
5. District	-	Local Council 5

Uganda has a decentralized system of governance, and several functions, including the setting of funding priorities for water supply, sanitation, and primary health care interventions, have largely been ceded to the local governments with budget-making and control located at the subcounty (LC 3) and district levels (LC 5). Hiring and firing of ministerial technical staff is also in the hands of districts. However, the central government retains the roles of policymaking, standard setting, technical oversight, and overall program supervising.

DEMOGRAPHY

Uganda has a population of roughly 30 million people. Between 1948 and 2002, when Uganda's population census was last taken, the country experienced a nearly fivefold increase in population. The total fertility rate is 6.7 births per woman, one of the highest rates in sub-Saharan Africa. The level of urbanization is still low but has been increasing over time. In urban centers such as Kampala, for example, the rate of growth is over 5 percent and increasing. More than 85 percent of Uganda's population lives in rural areas. Among rural households, approximately 30 percent are female-headed and the average household size is 5.1 people. Over three-quarters of houses have simple earth and sand or dung floors, with just 14 percent having cement flooring. While only 3 percent of rural Ugandan households have electricity, 58 percent possess a radio (fewer than 3 percent possess a television), and close to 10 percent have a mobile telephone. Sixty-three percent of rural households have access to an improved water source; however, two-thirds of those with access must make a round trip that takes over 30 minutes to use this source (Macro International 2007).

[2] This number is approximate because of a recent increase in the creation of new districts, ostensibly driven by political patronage.

ECONOMY

According to the 2006 Demographic and Health Survey (DHS), Uganda's annual growth in gross domestic product (GDP) varied between 4.7 percent and 6.6 percent from 2001 to 2006. The economy is predominantly agricultural, with the majority of the population dependent on subsistence farming and light agriculture-based industries. The country is self-sufficient in food, although its distribution is uneven. Coffee accounts for most of Uganda's export revenues and is a major source of household income in certain areas.

Civil unrest and transnational guerilla activity in the northern, western, and southwestern parts of the country, combined with severe recent flooding in the north and east, have impeded transportation and communication and created an estimated two million internally displaced persons (IDPs). The combined effect of these natural and human-induced crises is a massive commitment of attention and resources on the part of the government, donors, and NGOs, further reducing their ability to focus adequately on more systemic economic, health, and development issues.

SANITATION COVERAGE

HISTORICAL AND CURRENT RATES

In the 1960s Uganda had the highest rate of sanitation coverage in Africa, with over 90 percent of households having their own latrine. However, in the ensuing decades of dictatorship and civil unrest these figures dropped dramatically, resulting in significantly lower coverage rates today. Current coverage figures vary by data source. The DHS states "improved" household sanitation coverage in rural areas is just 8 percent; the Uganda district health inspector (2007) cites national coverage at 57 percent.

The discrepancies in these coverage figures appear to relate primarily to differences in the definitions of "safe/improved sanitation." For example, within Uganda, the MOH Environmental Health (EH) Policy includes pit latrines that meet performance-based standards within coverage figures. However, the Uganda Bureau of Statistics (UBOS) in analyzing 2006 DHS data, classifies pit latrines as unimproved if they do not have a concrete slab, thereby omitting them from coverage rates. Given that the DHS records that 41 percent of rural households are using unimproved pit latrines without concrete slabs, this could explain most of the difference between DHS and EH indigenous latrine coverage figures. Table 2 illustrates the differences in safe sanitation definitions used by the UBOS in the analysis of the DHS and EH division.

TABLE 2: DIFFERENCES IN DEFINITIONS OF IMPROVED SANITATION

UBOS/Demographic Health Survey (DHS)	Environmental Health Division (MOH)
Technology-based: *Flush Toilet *Ventilated Improved Pit Latrine (VIP) *Pit with Concrete Slab *Composting	**Performance-based:** *Must provide privacy *Feces can't be less than 3 feet from top of latrine pit *Slab must be structurally safe, but can be made of wood

Household sanitation coverage lies at around 57 percent to 59 percent, according to the most recent sector review (MOW/ Environment 2007). Pit latrines with concrete slabs appear to be the dominant preferred improved design, found in 7 percent of households. Among the improved technologies in use in rural areas, according to the DHS, composting toilets, which include urine-diversion and other ecological sanitation (ecosan) models, make up just 0.2 percent. The remaining facilities, considered unimproved by the DHS, use all local materials and designs, and may lack proper coverage of pits, privacy, structural integrity, or be full in other cases. It is worth noting that only 14 percent of rural households lack access to any sanitation facility

and report relying on the bush/open defecation, with a further 37 percent reporting the use of a shared latrine facility (Macro International 2007).

Although privacy is an important aspect of sustainable sanitation, it is important to establish what "level of sharing" is being discussed. It is likely that many households relying on shared sanitation facilities in rural areas live in compound houses predominantly made up of their extended families. In these situations, sharing may not have the same deterrent effect on use as, for example, urban public latrines. In more urbanized settings, private facilities shared among tenants and landlords, or among households living in the same compound house, is a common practice, unavoidable because of lack of space to build individual household latrines. Further exploration of shared latrines is needed to determine whether a sanitation marketing program needs to target these households to install their own private latrines or not. With the recent wave of enforcement measures to ensure compliance with household latrine requirements (from Tororo to Kaliro), it will be important to monitor usage of latrines more carefully; observed increases in coverage related to force will not necessary lead to (correct) use of these latrines.

FACTORS INFLUENCING COVERAGE RATES

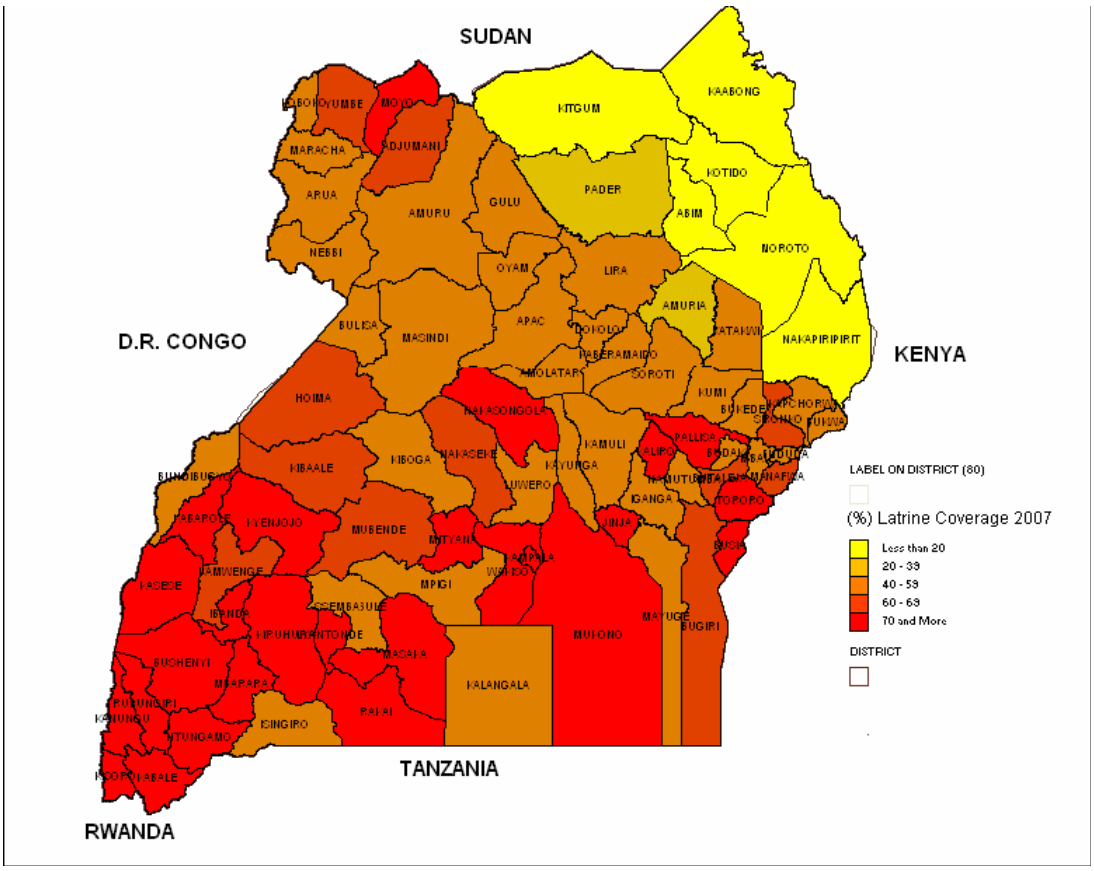
While the national average for rural sanitation coverage hovers around 57 percent to 59 percent, a significant variation exists across districts, with Kotido, Kabong, and Abim experiencing just 1 percent coverage and Rukungiri recording coverage as high as 98 percent in 2007. In total, 10 districts have coverage rates of over 80 percent, while seven (concentrated in the northeast, much of which is experiencing civil unrest) have less than 30 percent coverage, as illustrated in Figure 1.

These figures suggest a clear scope for targeting interventions aimed at increasing basic household access in the areas of lower coverage. In those areas where coverage rates exceed 80 percent to 90 percent, there are likely to be clear explanations as to why the remaining households have not adopted, perhaps relating to financial constraints and a need for targeted external support, or negligence, in which case enforcement is needed. Comparing coverage statistics from 2006 and 2007,[3] 11 districts experienced declines in sanitation coverage (five experienced declines of more than 20 percent total coverage); 18 experienced no change; and 37 experienced increases (but only five experienced an increase of over 10 percent).[4] The most impressive growth in coverage rates was seen in Kaliro and Pader, where coverage figures rose from 56 and 16 percent to 79 and 38 percent, respectively. Surprisingly, Mpigi, a district where external support (WaterAid in this case) has been working successfully, experienced a 15 percent decline in coverage from 67 percent to 52 percent. The reasons for this are not clear. Full details of sanitation coverage changes between 2006 and 2007 are provided in Appendix A.

[3] Unfortunately, it was not possible to get the data for 2004 or 2005, which would have allowed a better exploration of coverage rate trends.

[4] Changes in coverage are not reported for the 10 newly created districts where two data points are thus not available.

FIGURE 1: LATRINE COVERAGE BY DISTRICT, 2007



Source: Uganda Demographic and Health Survey, 2006

It is not clear from the available information what the factors contributing to sanitation increases in Pader are. However, in Kaliro, a combination of strong leadership and coordination between the District Executive Committee, District Health Team, and the District Water and Sanitation Committee were seen to be key to the development of a successful program. It is noteworthy that in the districts with the lowest sanitation coverage in 2006 and 2007—Kotido, Kabong, Nakapiripirit, Moroto—all still lack District Water and Sanitation Committees, further emphasizing the importance of leadership and coordination at the district level.

The Kaliro District team used a carrot-and-stick approach. A competition was launched whereby subcounties achieving the highest coverage rates were rewarded and legal action was taken against those that did not have latrines. Households were threatened with spending Christmas 2006 in prison if they did not have a latrine in time. Thus, over a six-month period sanitation coverage increased from 49 percent to 79 percent across the district. However, it should be emphasized that rapid increases in sanitation coverage due to the threat of legal action is not necessarily accompanied by similar and sustained increases in usage rates (by all household members).

In Rakai District, the 10 basis point increase in sanitation coverage between 2006 (66 percent) and 2007 (76 percent) may be, at least in part, associated with the successful application of the Community-Led Total Sanitation (CLTS) approach undertaken in the district. Further investigation is needed to confirm this.

Also building upon community social capital is the Village Health Clubs (VHC) approach, which has been instrumental in driving sanitation coverage in two pilot communities in Gulu's subcounties—Were and Ongongoja. Over a six-month period, this intervention resulted in increases in coverage from 20 percent to 69 percent in the village of Iningo Tomei and from 4 percent to 40 percent in the IDP camp of Obu Lengorok, accompanied by significant improvements in a range of other hygiene-related behaviors including hand washing, bathing, and solid waste disposal. The VHC approach typically involves NGO procurement and provision of subsidized products to members, and this may be a consideration in rapid coverage increases.

IMPLICATIONS OF COVERAGE DATA

Overall there has not been sufficient experience in Uganda with sanitation marketing to comment on its effectiveness. However, the team's data analysis points to two potential target behavior changes that sanitation stakeholders and donors should consider in the context of sanitation coverage:

- Driving adoption of household sanitation among the 40 percent of the rural population without a private latrine. (This depends to a large extent on the official definition of "shared latrine.")
- Driving "latrine upgrading" among the very large segment of the rural population (at least 40 percent and up to 75 percent) currently using pits with either no slabs or wooden slabs. (These pits are often unsafe and unsustainable, thus, for sustained access improved latrines may be necessary.)

MAJOR STAKEHOLDERS

The following sections describe the key stakeholders in Uganda's sanitation sector. The roles, responsibilities, and operating modalities of the relevant government ministries—both at the national and local levels—are presented first. This is followed by a list of key sanitation sector donors and NGOs, including brief descriptions of their ongoing and potential activities relevant to household sanitation.

Table 3 provides an overview of the strengths and weaknesses of the major sanitation sector stakeholder groups in terms of their potential impact on the success of a sanitation marketing approach in Uganda.

TABLE 3: ANALYSIS OF SANITATION SECTOR STAKEHOLDERS

Stakeholder	Strengths	Weaknesses
National Government	▪ growing support for earmarked sanitation funds in national budget ▪ Sector Working Group is effective national-level advocate and policymaking forum ▪ Ministry of Finance amenable to earmark approach ▪ sector policy framework and agreements in place (e.g., PEAP, Kampala Declaration, MOU, ISH)	▪ conflicting definitions and targets for "sanitation coverage" ▪ lack of detail on sanitation marketing in ISH ▪ funding heavily biased toward water supply over sanitation ▪ overwhelmed by crisis-management (e.g., IDPs, floods, conflict, famine) ▪ HH sanitation ignored ▪ decentralization results in loss of authority/control of local sector technical staff ▪ few MOH/EH national staff
Local Government	▪ quality and quantity of field staff = potential for scale and sustainability	▪ very little funding for HH sanitation in Water and Sanitation Conditional (MWE) or Primary

	▪ strong support for enforcement in some districts (e.g., Tororo) ▪ some districts open to innovative approaches (e.g., "carrot and stick" in Kaliro)	Health Care (MOH) grants ▪ HH sanitation politically unpopular vs. other funding priorities ▪ little coordination with NGOs
Donors	▪ strong support for sanitation marketing among key donors	▪ primary focus on rural sanitation, yet incipient sanitation marketing efforts have focused on urban sanitation ▪ lack roadmap for moving sanitation marketing forward ▪ overwhelmed by crisis management (IDPs, floods)
NGOs	▪ good at demand-creation ▪ multiple methods in use (PHAST, CLTS, VHCs) ▪ good community relations ▪ willing to innovate ▪ UWASNET is a vehicle for advocacy, learning, and coordination	▪ heavily focused on using hardware subsidies ▪ mainly use health-oriented motivational messages ▪ limited scale potential ▪ little focus on supply side or interaction with private sector ▪ little coordination with local government

GOVERNMENT

Ministry of Health

The Ministry of Health has overall authority over the household sanitation sector in terms of promulgating regulations and implementing programs. As such, it is the ministry of greatest relevance to sanitation marketing promotion. The MOH is divided into two umbrella directorates: Planning and Development and Community and Clinical Health.

The MOH's Environmental Health Division (EHD) is housed within the Community and Clinical Health Directorate. EHD's major focal areas are:

- Household sanitation
- Water safety (safe water chain)
- Review of environmental health policies and laws
- Food safety

FIGURE 2: MINISTRY OF HEALTH ORGANIZATIONAL CHART FOR THE SANITATION SECTOR

EHD's technical staff at the national level is small, comprising six to seven officers. At the district level, EHD's staff consists of environment officers and environmental health officers. Environmental health officers, referred to as "latrine doctors," concentrate on household sanitation. At the district level (i.e., LC 5), EHD maintains district health inspectors (DHI). Health assistants (HAs) are located at each subcounty level (i.e., LC 3) and assist DHIs with promotion, enforcement, and the collection of sanitation coverage data, which are compiled each year in the Health Inspectors' Annual Sanitation Survey and presented at the Annual Sanitation Conference (MOW/Environment 2007). For example, in Luwero District, 13 health assistants and two district-level staff work on household sanitation, among other duties. Close coordination and consultation with DHIs is essential, therefore, to any successful sanitation marketing effort, given their knowledge, responsibilities, field-based experience, and local networks.

DHIs and HAs collect hygiene and sanitation-related data using a Household-Assessment Checklist developed with central government capacity-building funds provided by DFID. This checklist has been incorporated into EHD's Household Assessment Book, a large notebook used to collect monitoring data that EHD then uses to inform its strategic planning at the district level. One drawback of the Household Assessment Book is that it requires the data collector to answer over 25 questions for each household. A relatively easy improvement would be streamlining the list of questions to focus only on core aspects of household sanitation, such as the presence and condition of the latrine, household water storage, and food storage.

Complementing the paid government staff at the village level are Village Health Teams (VHTs). VHTs are two-person teams made up of local citizens who serve on a completely volunteer basis. VHTs work on a variety of health-related topics, including community mobilization for improved hygiene and sanitation practices. The TDY Team noted more than one exception to the "volunteer" nature of VHT workers. For example, Plan Uganda does not pay VHT workers a salary, but it will compensate them for time and effort if it is launching a new campaign. The TDY Team observed a persistent problem of health volunteers who are compensated by NGOs and then refuse to work again unless they are paid a permanent salary for their services.

Ministry of Water and Environment
The Ministry of Water and Environment (MWE) has the overall responsibility for establishing national policies and standards and determining priorities for developing and managing water resources. For sanitation activities, the MWE operates primarily through the Rural Water Supply and Sanitation Department of its Directorate of Water Development (DWD). DWD is "responsible for providing overall technical oversight for the planning, implementation and supervision of the delivery of urban and rural water and sanitation services…and the provision of capacity development and other support services to local governments…and service providers (MWE 2007)."

In practice, the overwhelming focus of MWE activities is on water supply issues. According to DWD, MWE's sanitation mandate is focused on small towns (populations between 5,000 and 15,000) and urban areas with existing piped water supplies. In those rural areas where DWD does work on rural water supply, it limits its focus on sanitation to only those areas around water supply points as a form of source water protection, and does not concern itself with onsite household or community excreta management (Kabirizi 2007).

The Policy Context
The Poverty Eradication Action Plan
In 1997, the Government of Uganda instituted the Poverty Eradication Action Plan (PEAP) as its overarching, national framework for poverty eradication. The PEAP promotes a multisectoral approach to development using the concepts of pillars to group its sectoral interventions and strategies. The current PEAP includes the water and sanitation sector in two pillars:

- Pillar 2: Enhancing production, competitiveness, and incomes
  (includes water for production and water resources management)
- Pillar 5: Human development
  (includes rural and urban water supply and sanitation)

The government's overall policy objectives for the water and sanitation sector are "*to provide* sustainable provision of safe water within easy reach and *hygienic sanitation facilities…to 77 percent of the population in rural areas* and 100 percent of the urban population *by the year 2015* with an 80 percent-90 percent effective use and functionality of facilities"(MOW/Environment 2007). The GOU's specific strategies for achieving the sanitation objectives contained in the PEAP are spelled out in the Memorandum of Understanding and the Improved Sanitation and Hygiene Promotion policy documents described below.

The 2001 Memorandum of Understanding
At the national level, responsibility for sanitation is divided among three line ministries based on a Memorandum of Understanding (MOU) signed in 2001. The MOU—established between the Ministry of Water and Environment, the Ministry of Health, and the Ministry of Education and Sports (MES)—specifies separate responsibilities for each, as shown in Table 4.

TABLE 4: SANITATION SECTOR RESPONSIBILITIES UNDER 2001 MOU

Government Ministry	Responsibilities
Ministry of Health	Household sanitation and hygiene promotion
Ministry of Water and Environment	Institutional sanitation and hygiene promotion
Ministry of Education and Sports	Construction of school sanitation facilities School sanitation and hygiene promotion

Information gathered from several government officials indicates that while the MOU was designed to provide clear lines of authority for hygiene and sanitation activities, its implementation has been bogged down due to competition for funds between the line ministries, unclear roles and responsibilities, lack of accountability, and to some extent confusion.

The most effective strategy, in the team's opinion, would be to focus mainly on the Ministry of Health, given its jurisdiction over household-level hygiene and sanitation and its strong technical presence on the ground through the DHIs and HAs. However, the MOH's authority is not as clear cut due to the effects of decentralization. This implies a need to operate at two levels—central and district. Finding ways to leverage the MOU's mandate for the MOH could be a more effective way of promoting those supply-side activities (e.g., organizing and training local masons and pit diggers and increasing community awareness of these resources) that will provide the essential linking function between consumers and suppliers required for sanitation marketing programs to succeed.

The ISH

The Improved Sanitation and Hygiene Promotion Financing Strategy, referred to as ISH, was developed by the National Sanitation Working Group (NSWG). Three ministries are signatories of the MOU and are jointly responsible for improving sanitation conditions in Uganda: Ministry of Health, Ministry of Water and Environment, and Ministry of Education and Sports. The ISH is a 10-year national strategy for financing improved sanitation and hygiene aimed at achieving national targets and the Millennium Development Goals. Most importantly, the ISH should provide national guidance forming the basis of district-level strategies for increasing household sanitation coverage. As such, it provides a powerful and influential vehicle for shaping the direction of the sanitation sector within government, international donor, and NGO communities.

The ISH strategy is based on and supports:

- Existing sector policies regarding sanitation and hygiene promotion
- District, government, NGO, and private sector annual planning and budgeting
- Different approaches as required to operate within each district, as well as within the wide range of NGOs and private sector agents operating in the sector
- The government personnel involved in promoting sanitation and hygiene (especially Ministry of Health personnel at the district and subdistrict level)
- The marketing and other private sector plans for provision of latrines and soap

The ISH focuses on three key program areas: demand creation, supply improvement, and enabling environment. The Demand Creation Program is based on a carrot-and-stick approach, that is, combining demand-generation activities and the use of legal enforcement to increase sanitation adoption. This mirrors nicely a behavioral framework for ensuring sustained behavior change that can support a sanitation marketing approach. This is accomplished through:

1. **Education**: A minority of the target population will modify its behavior on the basis of enhanced knowledge alone.

2. **Marketing**: For the majority of the population, knowledge alone is not enough to promote self-interest to adopt the desired behavior, thus, attempts must be made to make the behavior both easier and more attractive to adopt.

3. **Law Enforcement**: When the target's self-interests are not served, regardless of opportunities or abilities, the law may be needed to gain compliance, especially when large negative externalities from nonadoption exist as they often do for sanitation.

In terms of carrots, the ISH strategy specifically sites "social marketing" as a key promotion tool for use:

> "…demand generation for sanitation and hygiene through health and hygiene awareness, social marketing and financial incentives or rewards (WSP 2006)."

A key aspect of GOU sanitation policy as reflected in the ISH and other GOU policy documents is that households are solely responsible for financing and constructing their own latrines. Such a policy is well-suited to sanitation marketing's market-based approach. However, in an undeveloped marketplace such as Uganda, it leaves consumers with few options, limiting their ability to carry out this responsibility. For sanitation marketing to succeed in this policy environment, it is crucial to understand:

- Why households do/do not want sanitation
- Which technologies households know about
- Which technologies they want/do not want
- What constrains their adoption

The ISH does not adequately capture these issues. Moreover, while the document acknowledges the importance of the private sector in achieving scalable and sustained improvements in household sanitation, it is quiet on the government's role in facilitating the efficient operation of formal and informal markets for sanitation technologies and supplies. This lack of acknowledgement of the role(s) that government can (and should) play in promoting desirable and affordable sanitation technologies, and in facilitating linkages between consumers (i.e., demand) and suppliers (i.e., formal and informal sector producers) is a crucial knowledge gap in the ISH that must be addressed before taking further steps to promote sanitation marketing in rural Uganda.

Key Characteristics of GOU's Approach

A Dynamic Policy Environment

There is substantial ongoing government activity in Uganda focused on raising the profile of the sanitation sector. The National Sanitation Working Group (NSWG) meets regularly and is led by WSP Director Sam Mutono, a dynamic and experienced leader who is committed to finding innovative approaches to advance the sanitation agenda. A subsector of the National Water and Sanitation Working Group, the NSWG was created to establish clear budget mechanisms for sanitation to fulfill the institutional mandates in the MOU and coordinate between local and national government on policy guidance and advocacy.

For instance, the NSWG recently supported the publication of a report cataloging best operational practices in sanitation as well as a popular magazine entitled *Fresh* that tries to destigmatize the subject of sanitation while informing the public of key messages, programs, and innovations in hygiene and sanitation in Uganda (NETWAS 2007). One weakness appears to be that, at the moment, the Ministry of Local Government, despite its importance in mobilizing support and coordinating activities at the local level, is not an active member of the NSWG.

The government has also issued several policy documents setting standards and targets for the sanitation sector, including: the Kampala Declaration on Sanitation, the MOU, and the ISH. Despite the flaws and gaps in each of these, *in toto* they lay out relatively clearly the GOU's policy and regulatory and institutional framework for the sanitation sector, as well as a realization of the many logistical, financial, and behavioral challenges to achieving the sanitation MDG. Sanitation marketing is clearly a viable approach within the policy framework, which includes the private sector as a key stakeholder. What appears lacking in Uganda is the serious commitment in funding and human resources to put this framework and translate its policy guidelines into practice on the ground.

Progressive Use of Financial Incentives

The Ugandan government has recently begun applying innovative approaches using incentives and competition to encourage districts to make greater efforts on selected MDG targets, including household sanitation. These approaches also hold districts accountable for quantitative results. The MOH is using District League Tables—like those used to compare the standing of sports teams—to rank districts according to the progress they have made each year on five key indicators, one of which is the increase in sanitation

coverage. Monitoring sanitation coverage is the responsibility of the MOH/Environmental Health Division and is carried out by district EH personnel countrywide in preparation for the government's annual sector review. Rankings occur as an outcome of the review process in the fall.

District League Tables and the review process appear to be taken quite seriously, as indicated in conversations with staff in Luwero and Tororo districts, as well as with MOH/EHD staff. Districts ranked highest in terms of greatest progress across the five indicators are rewarded a 20 percent increase in their budgets, while those that rank at the bottom, failing to make sufficient progress, are penalized with a 20 percent reduction in their budgets.

Winning the League Table competition and gaining the financial reward appear to be key motivators of the Tororo District chairman and his team in taking on the sanitation challenge and investing efforts in districtwide mobilization campaigns to increase coverage. In Kaliro, district leadership has taken this idea a step further by creating competition among subcounties to increase sanitation coverage and offering financial rewards to winning subcounties.

Use of inter-district and inter-subcounty competition can be effective motivators for some districts and subcounties to take up the sanitation challenge. One constraint or risk in the approach, however, is that without tools, resources, or knowledge of effective behavior change approaches, districts that want to take action are limited to using enforcement of bylaws as the tool to increase coverage. This has occurred in Tororo and Kaliro. However, with the support of Plan Uganda, the Tororo District effort appears to be branching out and also using sensitization and mobilization, partly drawing on CLTS concepts. Coupling enforcement with a sensitization program that also provides access to good information and opportunities to build latrines and harnesses demand-generation motivational approaches would seem to be a promising way to achieve stronger, more lasting results.

Effective Working Definition of "Improved Household Sanitation"
The Environmental Health Division uses a definition of "improved household sanitation" based on criteria related to latrine quality (Luyiima 2007). To be considered "improved" by EHD and counted in coverage assessments, a household latrine must meet the criteria for privacy, slab quality, and pit depth.

EHD's criteria are quite good in that they are practical, straightforward, and relatively simple. While easy to measure, application in the field may vary. They also reflect EHD's interest in using a definition that best reflects effective sanitation coverage, which is both the presence and use of a latrine. The drawback to this definition, as noted earlier, is that it differs from sanitation coverage measures used by other authoritative sources and groups, including that of the 2006 Demographic and Health Survey (DHS) and the WHO–UNICEF Joint Monitoring Programme, which uses DHS data to track progress on the Millennium Development Goals.

DONORS

The major international donors that the TDY Team met with directly or discussed during the course of the TDY are listed in Table 5, along with a brief description of their recent and ongoing activities in the sanitation sector. Regarding major donor investments in sanitation, the team did not learn of any ongoing or proposed World Bank or African Development Bank projects in Uganda.

TABLE 5: DONORS ACTIVE IN SANITATION SECTOR

Donor	Sanitation-Related Activities/Interests
WSP	▪ Strongly supports sanitation marketing ▪ Chairs the National Sanitation Working Group ▪ Very active in National Wat/San Sector Committee ▪ Plans to publish ISH by early 2008 ▪ Plans to produce simplified ISH by June 2008, pending funding

	▪ Plans to conduct urban supply-side sanitation marketing study, pending funding ▪ Works with Pit Emptiers Association in Kampala to improve business model and customer service aspects
UNICEF	▪ Focuses overall on MDG #4: child survival ▪ Provides funding primarily at district level ▪ Focuses on school and health center sanitation in rural areas ▪ Works predominantly in north and east (IDPs, floods) ▪ Funds production of PHAST training materials ▪ Plans to produce "Sanitation Technology Handbook" for distribution to EHD and DWD field staff by end of 2007 ▪ Plans to fund local mason trainings for schools but can only target licensed contractors (i.e., no informal sector masons)
GTZ (Germany)	▪ Focuses exclusively on urban sector for sanitation ▪ Plans to draft sanitation strategy, including ways to work with private sector, by May 2008 in time for its three-year work plan cycle ▪ Plans to negotiate microfinance program with Crestank for sanitation marketing activities (e.g., bundling rainwater catchment tanks and latrines) ▪ Works with WSP to conduct demand-side study, including consumer demand for latrine products and pit emptying services ▪ Funds study on opportunities for using microfinance in WSS sector ▪ Expects GTZ finance expert to be in-country through July 2008 developing microfinance opportunities for scaling sanitation uptake
SNV (Holland)	▪ Focuses on capacity building in the areas of WSS, primary education, and income generation ▪ Dedicates funding for capacity-development activities ▪ Jacinta Nekusa, WSS specialist in SNV's Mbale office, strongly supports sanitation marketing approach and helped launch the Community Sanitation Center in her previous position at WaterAid ▪ Expresses interested in developing a "Business in a Box" package for sanitation marketing ▪ Expresses interest in training local masons in latrine technologies, similar to existing program teaching local women to build rainwater harvest tanks
ADA (Austria)	▪ Funds WASH campaign theater group drama series on proper sanitation and hygiene messages

NGOs

The major sanitation-focused NGOs the TDY Team met with in-country are provided in Table 6, along with a brief description of their recent and ongoing activities in the household sanitation sector.

TABLE 6: NGOS ACTIVE IN SANITATION SECTOR

NGOs	Sanitation-Related Activities/Interests
WaterAid	▪ Strongly supports sanitation marketing approach ▪ Supports SSWARS' Community Sanitation Center ▪ Uses PHAST to mobilize "Community Clusters" on household sanitation in rural areas ▪ Focuses on policy work on Kampala Declaration's mandate to advocate for increased support for sanitation ▪ Conducted formative research on consumer motivators ▪ Developed and disseminated "WaterAid Tools" training in Mpigi and

	Katakwi districts
BRAC	▪ Strongly supports sanitation marketing approach and is new to the region ▪ Plans to train local entrepreneurs to build and market SanPlats ▪ Plans to use microfinance to help make and sell SanPlats ▪ Plans to seek out local masons to become SanPlat producers ▪ Health program focuses on seven districts, including Kampala, Mukono, Iganga, Wakeeso, and Njero ▪ Strongly opposes consumer hardware subsidies
Busoga Trust (Plan affiliate)	▪ Mobilizes home improvement through "Model Village" campaign ▪ Makes structural SanPlats, then markets them through community-based sales force ▪ Operates in Luwero District, north of Kampala ▪ Provides heavy hardware subsidies ▪ Uses primarily health-oriented motivational messages ▪ Implements CLTS in three subcounties
SSWARS/Community Sanitation Center	▪ Operates innovative retail sanitation marketing storefront in Mulago III (unplanned) area of Kampala ▪ Provides information on latrine technology options, pricing, and local installers to consumers ▪ Links consumers with suppliers (local masons) ▪ Provides hardware subsidies and demonstration latrines
Plan International	▪ Implements CLTS model ▪ Operates in Luwero, Tororo, Kamuli, and Kampala districts, with new activities in Lira ▪ Works through Village Health Teams to mobilize and train ▪ Provides training and materials, then links community with District Health Inspectors to achieve sustainability ▪ Focuses on health and hygiene promotion, using primarily health-oriented motivational messages ▪ Provides consumer hardware subsidies

UWASNET

NGOs in the water, sanitation, and hygiene sectors are coordinated under the Uganda Water and Sanitation NGO Network (UWASNET). UWASNET provides a forum for communication and coordination among Ugandan NGOs working in water, hygiene, and sanitation (see Appendix B). UWASNET's members joined together to advocate more effectively for the sector as a group rather than as isolated NGOs. UWASNET also provides a useful forum for exchanging information on best practices and innovative approaches, as well as for documenting lessons learned in publications such as UWASNET's quarterly newsletter and annual performance report.

While UWASNET has provided assistance to projects such as the Hygiene Improvement Project and Water, Sanitation, and Hygiene (WASH), and has implemented pilot programs for the government, it should be clear that its major role is to coordinate NGO activities. UWASNET currently works with NGOs in Burkina Faso, Malawi, Zambia, and South Africa to help them adopt the UWASNET model, providing a possible platform for scaling up sanitation marketing regionally.

Despite their dedicated staff and quality field work, NGOs in the sanitation sector are inherently limited in the scale and scope of their activities. For example, in 2006 UWASNET member NGOs were responsible for the construction of approximately 5,500 sanitation platforms (SanPlats), or, only 100 SanPlats per NGO (UWASNET 2007). And in districts where NGOs have claimed tremendous success in sanitation adoption,

the geographic scale has been very limited. Clearly, any successful sanitation program will require the involvement of MOH staff, given its fairly substantial staffing levels at the local level.

FUNDING FOR RURAL SANITATION

Funding for rural sanitation activities at the district level depends on national-level allocations from within ministerial budgets, known as on-budget funding. Districts decide how to spend these allocated funds, within guidelines and restrictions imposed from the national level. Off-budget funding from nongovernmental sources can be provided directly to districts but more often bypasses district budgeting and expenditure mechanisms, going directly to pay for implementation activities designed and run by NGOs themselves, often at the subcounty or village levels. For example, UNICEF provides off-budget funding to districts in the IDP areas (Okuni 2007), and Plan Uganda provides funds to Tororo District to cover transport and per diem for the district's sanitation mobilization activities.

ON-BUDGET FUNDING SOURCES

In theory, national-level government ministries can use budget transfers to districts for sanitation and hygiene activities. These transfers, which comprise the main sources of on-budget, national government financing for rural sanitation and hygiene promotion, are passed to the local level through the grant mechanisms listed in Table 7. These grants require a 15 percent co-financing contribution from the local authorities' own budget resources. Although Primary Health Care (PHC) Grants and Water and Sanitation Conditional Grants (WSCG) allow for nonwage recurrent expenditures, they lack strong guidelines on spending for sanitation. This has caused a major problem for field activities, namely, a lack of funds for staff transport and per diem allowances to make field visits, conduct sanitation promotional campaigns, train and supervise village volunteer health teams, monitor activities, or measure coverage (WSP Part I 2006).

TABLE 7: ON-BUDGET SANITATION FUNDING MECHANISMS

Funding Source	Issuing Agency
Primary Health Care (PHC) Grant	Ministry of Health *Environmental Health Division
Water and Sanitation Conditional (WSCG) Grant	Ministry of Water and Environment *Department of Water Development
Schools Facility Grant (SFG)	Ministry of Education and Sports *Planning Department, Education

Primary Health Care Grant

The PHC grant is considered to be the main source of funds for ISH implementation at the district level. A resolution passed during the Health Assembly of 2005 dedicated 10 percent of PHC funds to sanitation; the MOH subsequently issued a directive to the districts to spend at least 5 percent of PHC on sanitation. Yet this has happened in only a few districts. Sanitation and hygiene must compete for funding with all other key public health interventions, including costs for the provision of drugs and medication.

For example, the District Medical Officer for Luwero District, with approximately 400,000 people, reported that his overall PHC grant this year was nearly 286 million Ushillings[5] (roughly US$180,000). While a seemingly sizable budget, 50 percent was required to be spent on essential drugs and 10 percent to 20 percent on administrative costs. As a result of those earmarks, less than 40 percent of the grant was available to fund all of the district's primary health care activities, including immunization, malaria, tuberculosis, reproductive health care, HIV/AIDS, and sanitation and hygiene, among others (Agaba 2007). Of these nonearmarked

[5] In October 2007, the exchange rate was roughly 1,700 Ugandan shillings per US dollar.

funds available in the PHC grant, WSP estimates that, on average, as little as 2 percent is used for sanitation and hygiene promotion activities (WSP Part I 2006). For example, in Luwero, health assistants are provided 50,000 Ushillings ($30) per quarter to cover operating expenses for all areas of primary health promotion, including household sanitation and hygiene promotion and enforcement actions.

There is adequate environmental health manpower for doing something in Luwero on household sanitation, with 13 health assistants based at the subcounty level and five health inspectors at the district level. However, the lack of district operating funds for sanitation activities means little is done except collecting coverage statistics for the annual League Tables. NGOs try to fill the gaps, supporting individual subcounty health assistants in their zones of work. But these efforts tend to be designed and run separately and independently, rather than be integrated into district structures, plans, and activities.

Water and Sanitation Conditional Grant

Local authorities may allocate up to 12 percent of the WSCG for rural community mobilization and sanitation activities. However, as in the case of the PHC grants, this rarely happens in practice. According to DWD, MWE's sanitation mandate is limited largely to small towns with existing piped water supplies and rural growth centers. Moreover, in those areas where WSCG funds are allocated for sanitation, they tend to be spent within the MOW/DWD's district structures and are focused only on sanitation around water supply points (as a form of source protection) and do not support excreta management activities even in their mandated communities (Kabirizi 2007).

There is clearly a perception among the district health officers the TDY Team spoke to that, despite the rhetoric about the important linkage between water and sanitation, the reality is that water supply engineers do not view investing in sanitation as their mandate, nor as being as important as investing in water supply, an area in which they are more knowledgeable and comfortable working. This has led to frustration among sanitation advocates in the various ministries and to a lack of adequate coordination of water and sanitation activities in the field. However, in cases where strong district leadership and a well functioning District Water and Sanitation Committee operates, collaboration across MOH and MWE technical staff and budgets at the district level appears possible, as seen in the case of Tororo District.

OFF-BUDGET FUNDING SOURCES

Potential sources of off-budget financing for household sanitation and hygiene promotion stated in official documents include:

- HH investment in sanitation facilities (government's "no HH subsidy" policy)
- Microfinance available to communities and consumers (minor, but increasing)
- NGO and donor projects (grants, hardware subsidies)
- Private sector investments (very limited)

Of the above, neither microfinance nor private sector investments have, as yet, been mobilized directly for rural sanitation. There is little evidence from experiences in other countries and settings to expect the informal small-scale private sector to be capable of investing in opening and expanding markets and supply chains on their own. The impacts of NGO investments on rural household sanitation are best captured in the UWASNET 2007 NGO sector review report, which shows that for program year 2006, 55 UWASNET member NGOs built between 5,000 and 6,000 household latrines for the sector at a cost of roughly 270 million Ushillings (US$160,000) (UWASNET 2007).

The key funding problem the TDY Team observed during its visit was the general marginalization of sanitation and hygiene activities at the district level, particularly the general lack of district-level attention to rural household sanitation (Luyiima 2007). This is due largely to two factors. First is the government's de facto policy that providing household sanitation facilities is the sole responsibility of the household (WSP Part I 2006). While admirable in its decision not to provide consumer hardware subsidies, this policy does nothing to facilitate the household's access to, or even awareness of, locally available and affordable latrine technologies. Second, under the government's decentralization policy, local elected authorities are now the

decision-makers for all on-budget expenditures, and thus for deciding whether or not monies will be spent on sanitation and hygiene promotion. Unfortunately, most local government councils do not place a high priority on sanitation and hygiene issues. Instead, they are more interested in politically popular activities such as road construction and water supply, which more visibly respond to constituent pressures and demands. As a result, the Ministry of Health/EHD has the sanitation mandate but no money to implement it and little influence over expenditure decisions at the district level from the MOH's PHC grant. Given the many competing primary health care needs for resources, without strong leadership and political will on the part of district leadership, rural sanitation will remain off the agenda.

Environmental health officers at the district level and below are all hired and fired directly by local district councils, further isolating the role and influence of the MOH/EHD at the district and field levels. This has created an environment of conflicting motivations between local health officials and technical staff—who recognize the importance of household sanitation—and elected officials—who are more inclined to listen to the voting public. However, the examples of Tororo and Kaliro districts, described in earlier sections of this report, provide shining exceptions that this does not always occur, and that problems can be solved innovatively when district leadership decides to make rural sanitation a priority.

CALLS FOR A SANITATION "LINE ITEM"

On a more positive note, the TDY Team observed growing support at the local and national levels for a so-called budgetary earmark or line item, a bureaucratic means of requiring that the government provide specific funding levels for sanitation and hygiene activities in its annual budgeting process. Both the minister of water and the minister of health have already received letters calling for a sanitation line item in the 2008 budget to recognize the International Year of Sanitation. Significant demand for line-item funding was expressed by key sanitation stakeholders at the annual National Water and Sanitation Sector Review Meeting in October 2007. It was suggested that the government's Joint Sector Financing Strategy Committee consider how a line item for sanitation funding could be implemented in the coming budget cycle.

Officials from the Ministry of Finance, the agency with the authority to approve a sanitation line item, have expressed their support for the idea in theory. However, one MOF official the team spoke with expressed his concern over determining how his office would distribute new funds from a budget line item for sanitation among the three agencies (MOH, MWE, MES) responsible for sanitation and hygiene under the MOU. Achieving a line item for sanitation would be a significant advancement for the sector.

MOTIVATIONS AND CONSTRAINTS FOR HOUSEHOLD SANITATION UPTAKE

Two key research documents (Nuwagaba 2003, WaterAid 2007) make significant contributions to our understanding of consumer motivations and constraints to household sanitation and, to a lesser extent, our understanding of sanitation technology preference in Uganda. These documents present the findings of consumer/formative research carried out in Kabale and Kisoro districts and Teso and Central Region.

Particular classes of motivations for household sanitation relate to a core group of benefits, which arise in multiple other countries (e.g., Benin, Ghana, Tanzania, Philippines, Vietnam, India) suggesting these are universal (Jenkins and Sugden 2006; Jenkins 2004). See Table 8.

TABLE 8: CONSUMER MOTIVATIONS, BARRIERS, AND TECHNOLOGY DRIVERS
Motivations
▪ Pride/social acceptance ▪ Comfort and convenience ▪ Safety and security, including health protection ▪ Cultural beliefs/norms

▪ Fear of being arrested by government officials is also cited as a motivation to install a household latrine by a few respondents
Barriers to latrine adoption
▪ Presence of alternative defecation sites ▪ High cost of installation ▪ Geology ▪ Lack of service providers ▪ Cultural beliefs/norms
Drivers of sanitation technology choice
▪ Awareness/familiarity ▪ Costs ▪ Geology/physical constraints ▪ Ease of use ▪ Fecal phobia

MOTIVATIONS

Pride and Social Acceptance

Motivations relating to pride and social acceptance are salient drivers to sanitation adoption in Uganda and are associated with a desire to be a proud and socially acceptable member of society. A latrine is perceived to be one of the major responsibilities of the head of the household and it is considered irresponsible not to have a latrine, thus there is great social pressure to have a sanitation facility. This may well reflect ingrained social norms established through past widespread attainment of very high coverage levels, reported to have been 90 percent in Uganda in the 1970s, prior to civil unrest and economic breakdown, due in large part to highly organized and effective enforcement efforts.

The study in Teso and Central Region (WaterAid 2007) suggests that overall men are more likely than women to be driven by this category of motivations, citing in particular their sense of responsibility to provide a latrine and the additional confidence and respect having one affords them. This is perhaps not surprising giving men's status as the main breadwinner and head of household, though women were still highly motivated by pride and social acceptance drivers, citing in particular that having a latrine makes one more confident to host guests.

While a prestige drive implies social aspirations and is closely tied to a desire to enhance one's social status, pride links to a more basic drive to affiliate and be an accepted member of society. In this way, it is about social acceptance rather than status and should not result in the construction of latrines reserved only for household heads and/or visitors. With regards to targeting female-headed households, in Ghana and Tanzania formative research suggested that pride was in fact a greater driver for women than it was for men. Further, the WaterAid formative research report (WaterAid 2007) indicates that in Uganda pride was a driver for both men and women. Further analysis of the interview transcripts would allow for a greater understanding of the gender-specific drives for sanitation adoption. Given the high percentage of female-headed households (40 percent) in rural Uganda, understanding the contrasting motivations and barriers to latrine construction across genders is of utmost importance for any demand-driven sanitation program.

Comfort and Convenience

Having a household latrine can greatly reduce the inconveniences associated with defecating in the bush or a neighbor's latrine. Using the bush can be physically uncomfortable, especially in the rainy season, while relying on neighbors' latrines can be stressful and may result in quarrelling, especially when children leave a mess. In both cases accessibility can be a constraint.

The removal of such discomforts makes comfort and convenience among the most salient sanitation drivers cited in the available literature on sanitation demand in Uganda. However, further explorations are required to

understand this set of drivers in more depth, particularly given that some respondents have no need for a latrine because they do not perceive defecating in the bush to be uncomfortable (see barriers section). Although not mentioned in either document, privacy is likely to be a major aspect of both pride and comfort-related motivations for sanitation, and is clearly an important determinant of sanitation adoption as indicated by the weight placed upon the importance of household latrines in providing a private place to defecate by the Ugandan Environmental Health Policy.

Safety and Security

Latrines are believed to provide a safe environment for defecation, reducing threats of the bush (e.g., snakes, insects) and reducing the risk of contracting diseases such as cholera and dysentery. It is not clear whether it is the risk of accident or disease that is most important to respondents, but findings from other settings might suggest the former, especially since this links in closely to a desire for a comfortable and convenient place to defecate.

When considering health-related drivers, two key points need be considered:

1. Health benefits are often given as a rational reason for wanting/having something, as an explanation rather than a core driver.

2. While people often cite sanitation as promoting good health, they rarely follow the biomedical model of disease causation and are more likely to believe that disease is caused by, for example, the sight, heat, or odor from feces, or by flies that land on them, than by touching and ingesting feces.

Cultural Beliefs/Norms

The concentration of districts with high sanitation coverage in southwestern Uganda can be explained in part by the cultural beliefs of the region. In these parts it is culturally abhorrent for a household not to have a latrine facility, though further exploration is needed to gain an understanding of the reasons behind this and whether they might actually be transferable to other areas, rather than culturally specific. However, sanitation coverage is somewhat lower among the Baganga of the central regions of Uganda where there is a traditional belief that children's feces can be used in witchcraft; thus it is important not to leave them exposed. Another belief of the region is that adult feces may be cut with a razorblade causing serious diarrhea for the person whom deposited it. Other cultures hold beliefs that predispose them against household sanitation, as discussed in the barriers section below.

Law Enforcement

As noted, in some districts law enforcement has been a key driving force behind recent sanitation coverage increases. In the Teso and Central regions, however, enforcement was cited as a motivation to build a latrine but only by a minority. In the wider study by Nuwagaba (2003), enforcement appears only to motivate a minority as well. However, this likely reflects the different weights placed upon enforcement in different districts, and in the case of the high coverage areas in the southwest of the country, the preexisting cultural emphasis placed upon latrine ownership.

BARRIERS TO LATRINE ADOPTION

Presence of Alternative Defecation Sites

This barrier to latrine adoption is a particularly rural phenomenon that tends to diminish as people move to urban areas or villages become more densely populated or turn to more arable agriculture, thus reducing the availability of private and/or convenient defecation sites. Further, in Uganda it appears to only be a barrier among a minority of people. However, it can be a real barrier; open defecation potentially offers the advantages of keeping feces and their scent out of the home, and the outdoors provides a breezy place to defecate, for example.

High Cost

This is a key constraint mentioned in many documents and is likely to be particularly pertinent in rural areas where 96 percent of Uganda's poor[6] live. However, traditional latrines without concrete slabs are not as costly to construct. Thus, the financial barrier likely reflects a constraint to building the desired latrine rather than a simple latrine. It may also reflect a misinformed perception of high cost, as found in many rural and urban settings where local information, opportunities, and access to latrine building materials, designs, and good technical information about actual costs is actually very poor.

During a field visit with the Busoga Trust to a community in Luwero District, the TDY Team talked with a village woman who recently had a fresh pit dug for her family's new latrine. The woman paid a local digger 2,000 Ushillings per foot to dig the 30-foot pit (see Fig.3 below). It took her over nine months to complete the pit, paying the digger for a few feet at a time using profits from her family's coffee sales. Despite the lengthy process, the woman was both willing and able to fund the new latrine's construction. Paying to have the latrine dug was the largest construction-related expense as is commonly the case through much of rural Africa for households seeking a more permanent latrine and a design that minimizes smells (Jenkins 2004). At the time of the interview, the woman was in the process of purchasing a concrete slab from a village vendor, who had received preconstructed slabs made by Busoga Trust and then sold them to other villagers at the highly subsidized price of 3,000 Ushillings. (Busoga Trust did not know the actual construction cost per slab, but costs reported elsewhere indicate it could have been 30-35,000 Ushillings or more.) The 2,000 Ushilling per foot cost to dig a latrine was also quoted by a pit digger in Tororo District, several hours east of Luwero, suggesting this is a relatively good cost estimate.

Another woman in an adjacent "model" village mobilized by the Busoga Trust used her savings to have a new latrine structure and pit constructed (see Fig. 4). The (unsubsidized) cost to hire a local *fundi* (artisan/mason) and pit digger was approximately 115,000 Ushillings, in this case using only local materials. This example is noteworthy for several reasons:

FIGURE 3: RURAL SANITATION UPGRADES IN UGANDA

Village woman in Luwero District describes saving to buy a new latrine pit and SanPlat (subsidized by Busoga Trust). Total cost (pit + SanPlat): 63,000Ushillings

[6] The WaterAid report notes that poverty in Uganda is a largely rural phenomenon, with 96 percent of the poor living in rural areas. However, the definition of "poverty" or "poor" is not given and needs establishing.

It's an example of consumer-driven design preferences. The woman explained how she used the whitish-yellow clay brought up by the pit digger to give her new latrine superstructure a two-tone paint job of yellow and brown. This was a purely aesthetic improvement that had no effect on latrine performance but was nonetheless a major consumer design preference. Two aspects are important to consider:

- It was constructed at relatively low cost by local, informal sector providers, and
- It demonstrates that consumer innovation can occur, even in places where only primitive, local materials are available.

Identifying examples of local, consumer-driven innovations and preferences such as this one could help market latrine designs and technologies that will effectively motivate consumer behavior to upgrade their household sanitation situation.

It may further reflect an unwillingness to pay for latrine technologies that are significantly more expensive than a traditional latrine but offer little additional benefit. Further, in some cases, particularly where NGO programs have been actively promoting "improved" technologies, the technology range in itself may pose problems:

> "If I cannot afford a decent house, how do you expect me to use a latrine, which is 10 times the cost of my house?" (Quote from resident in Teso.)

This quote illustrates the importance of understanding the target audience and their situation prior to initiating a sanitation promotion program. It is more common than not for such campaigns to illustrate posters and build demonstration latrines with nice concrete superstructures and corrugated iron roofs, when the people being targeted live in mud huts with grass roofs. Here begins a problem. Thus, the challenge is not necessarily to design the cheapest latrines and superstructures possible, but to create designs that fit the reality and desires of the target audience, to make value latrine products, including superstructures that can be a major part of the cost.

FIGURE 4: CONSUMER-DRIVER SANITATION INNOVATION IN UGANDA

Upgraded latrine in Luwero District. Total Cost (pit + structure): 115,000 Ushillings

Geology

Geology too appears to be a key constraint to latrine adoption with many areas suffering from extremely rocky grounds, collapsing soils, high water tables, and termites, which eat through wooden slabs causing them

to give way.[7] In such conditions traditional latrines become untenable, undesirable, or costly to build (due to the need to pay extra for pit digging, lining the pit, raising the latrine), and even more expensive latrine technologies may not solve the problem. It is in response to such geological constraints that many NGOs, including the African Medical and Research Foundation (AMREF), have started to promote ecological sanitation (further discussion under "drivers of sanitation technology choice" section). However, in many areas, no suitable technologies are known.

Lack of Service Providers

Lack of awareness of appropriate service providers appears to be a key constraint, particularly among women who are traditionally unable to dig their own pits. However, this constraint has not been explored anywhere in any depth. While visiting areas where masons were available and known throughout the community, the team was informed of the need for better coordination, communication, and training of masons to improve their access to, and awareness in, the community.

Cultural Beliefs/Norms

While cost and lack of information are perhaps the major barriers, inherent cultural beliefs and practices also contribute to nonadoption. As noted, some ethnic groups are predisposed to household sanitation by virtue of their traditional beliefs and taboos. However, in other communities, traditional beliefs result in marked resistance to household sanitation. For example, in both Katakwi and Soroti (where sanitation coverage is below the rural average) it is believed that pregnant women must not use latrines for fear that they will miscarry and the baby will fall into the latrine, while among the Karimojong (traditionally nomadic) it is considered taboo to handle, touch, or live in a dwelling unit near a toilet facility. Such cultural fixedness may contribute to low sanitation coverage in nonconflict areas of northern Uganda where the Karimojong reside.

DRIVERS OF SANITATION TECHNOLOGY CHOICE

Awareness/Familiarity

The diffusions of innovation theory notes the importance of familiarity and "trial-ability" in determining product uptake. Both studies here echo this, finding that most people know traditional pit latrines and thus chose to build pit latrines, having grown up with and experienced them, and knowing how they operate. New technologies are unfamiliar and therefore come with an element of doubt, thus the importance of latrine demonstrations and user education. It is to be expected that any incoming technology is taken up slowly at first, the majority of households waiting to see how the early adopting houses fair.

Costs

As well as a determinant of sanitation uptake, costs play a major role in determining technology choice, especially given the large increases in cost associated with choosing a ventilated improved pit latrine (VIP) or ecological sanitation model, or ecosan, over a traditional latrine with or without SanPlat.

Geology/Physical Constraints

As noted, many areas suffer from geological constraints that make latrine building difficult, restrict choice, and can make construction both more challenging and more costly. It is within such areas of constraint that urine-diverting ecological sanitation has proven desirable to some households since it does not require deep pits, making it a useful technology in areas with high water tables or where the ground is difficult to dig. Some households chose the ecosan technology due to its perceived permanence.[8] Interestingly, both documents highlight these benefits rather than the potential benefits from excreta reuse in agriculture.

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[7] The WaterAid report also references an AMREF survey of geological conditions of "the area." However, the area is unknown. It may be useful to try and get this report, particularly if considering any product development.

[8] Permanence = a key valued attribute of a "good latrine" in many settings and can at least in part explain people's insistence on digging deep pits even in areas where pit-digging is expensive and/or soils prone to collapse.

Ease of Use
Unfortunately, one drawback of the urine-diverting latrine (aside high cost) is that it is not easy to use. While this is not raised in Nuwagaba's research, the WaterAid study (WaterAid 2007) highlights this as a major drawback to its adoption, people find it difficult to separate the urine, find enough ash to throw down the pit, and keep the solids and liquids hygienically separated. A lack of gender consideration in the design may contribute to these operational constraints.

Fecal-Phobia
A key reason that excreta reuse is rarely cited as a benefit of urine-diverting ecosan (something which the Ugandan government is keen to promote) relates to fecal-phobia, that is an aversion to feces. In common with many other countries, including our own, people do not like to see, smell, or touch feces. Thus the need to empty the latrine contents after a period of time may act as a deterrent to ecosan. Among those households currently using urine-diverting technologies, over 70 percent let the urine soak away, and the few households that have reached the point of emptying their latrine have wound up digging a new pit and disposing of the contents rather than using the excrement as fertilizer. Nuwagaba, further cites fecal-phobia as a reason for the preference of pit latrines, which can be dug deep so that the contents do not have to be seen or smelt for many years, at which point the pit will be covered and another dug.

Implications of Research Analysis
There is a clear baseline level of understanding regarding motivations for and barriers to household sanitation adoption in Uganda. However, the team does not know the relative importance of each of these at scale. Understanding this would make it easier to develop clear market segments relating to need, demand, and constraints, and to develop scalable intervention strategies.

CURRENT SANITATION PROMOTION MODALITIES

There are multiple methods for raising awareness and stimulating demand for sanitation currently in use in Uganda, most of them implemented by NGOs. These include:

PHAST

Participatory Hygiene and Sanitation Transformation (PHAST) (WHO 1998) is the oldest and most widely known approach for promoting household sanitation improvements in Uganda. PHAST was introduced during the mid- to late-1990s with support from WSP, WHO, and UNICEF. Implementation was funded under UNICEF's Rural Water and Environmental Sanitation Program and under the Danida–funded RUWASA program. The outcome of PHAST's participatory process is meant to be a community agreed-upon action plan for building toilets and improving other hygiene conditions. Successful implementation requires rather restrictive conditions, skilled facilitators, and is generally limited in its impact to the small group of people who consistently attend meetings. As such, it is less suited to larger or more diverse communities and lacks a strategy for reaching the majority or all households. NGOs, such as Plan Uganda and WaterAid, provide materials and facilitate PHAST's participatory process in rural Uganda, however, material is frequently delivered by village volunteers with limited training, given a lack of skilled facilitator capacity on the ground. In such cases, only a select set of the most useful promotional activities and tools are delivered—the Pathways and Barriers of Transmission and the Sanitation Ladder—as the preferred tools related to latrine promotion.

For more effective delivery of PHAST, recent adaptations have incorporated the process into the Health Club format (see discussion below), or organized households into groups of 10 and then delivered PHAST to these groups (WaterAid 2007). While district EHD teams involved in donor projects have had PHAST training and access to materials in the past, these are limited cases, and as far as the team understands, PHAST materials have not been included in standard national sanitation kits for district and subdistrict environmental inspectors or health assistants, nor has capacity building to use this or other approaches been

systematic. DWD, however, has produced modified tools that have not yet been disseminated. PHAST is the recognized methodology in the sector, and DWD trained extension staff in this approach in 2003-2004.

The fact that there has already been some adaptation of the PHAST materials indicates there may be scope for adapting them to a more market-orientated form. In Benin, for example, village volunteers are provided with image packs similar to those provided in PHAST, but with images of people looking uncomfortable defecating in the rain or fearing an encounter with a snake in the bush, for example—two motivations far more salient than disease-prevention messages in the rural Beninois context (Jenkins 2007).

COMMUNITY-LED TOTAL SANITATION (CLTS)

The CLTS approach pioneered in South Asia has very recently been introduced in Uganda and is being tested in pilot villages of several districts by Plan—Lowero and Tororo and also in Rakai, the latter being one district in which sanitation coverage is increasing. The central principle is the use of disgust and peer pressure to catalyze individual and collective action to get all households to build latrines in the absence of any hardware subsidy.[9] In practice, however, experience in other African contexts (e.g., Ghana-Danida/CWSA, Nigeria-WaterAid) suggests that successful African CLTS may, in fact, look more like a sanitation marketing approach in which communities are targeted with communications that build upon individual household drivers for change, such as the desire for privacy, convenience, or somewhere clean to defecate. In this respect, sanitation stakeholders and donors should not view sanitation marketing and CLTS as two disparate approaches, but two deeply related, demand-centered, zero-hardware approaches to sanitation promotion.

COMMUNITY HEALTH CLUBS

Also building upon community social capital is the Village Health Clubs (VHC) or Community Health Clubs (CHC) approach (Waterkeyn 2005). Within this approach, community members are encouraged to form health clubs whose members are provided with health education training. The villagers then use this training to implement safe practices in their homes. While this approach is promising, a major drawback is the difficulty of bringing it to scale, given the intensive intervention needed to establish such a model within a single community.

CHCs have been introduced and implemented in IDP areas of Uganda for at least one or two years. The team is not aware of its use in non-IDP areas. In many cases, the implementation of CHC has been carried out with heavily subsidized distribution of products and goods to support putting in practice new hygiene and health behaviors. Where this has been or is the model, it could cause serious constraints for successful implementation of a sanitation marketing approach. This would also be true for areas where the PHAST approach has been or is coupled with subsidized hardware distribution to households or subsidized building of demonstration latrines in private homes (see below).

DISTRICT-LED ENFORCEMENT AND MOBILIZATION CAMPAIGNS

The reinvigoration of legal enforcement of latrine ownership appears to have been a key driving force in many districts that have achieved successful sanitation increases over the past year, including Busia (5 percent increase), Tororo (9 percent increase), and Kaliro (23 percent increase). However, efforts must be made to ensure that rapid increases in sanitation coverage in response to the threat of legal action are monitored to ensure they are being accompanied by the same increases in use (by all household members) and are sustained over time.

In pro-enforcement districts, legal enforcement mechanisms could be complemented by a sanitation marketing approach. This could increase the likelihood of a more effective and sustained increase in coverage than in areas where enforcement alone has been responsible for sanitation coverage increases.

[9] Note that the zero hardware subsidy does not seem to be adhered to by all organizations in all settings. For example, in both Ghana and Tanzania, PLAN is said to be using a so-called CLTS approach but with significant hardware subsidies.

FIGURE 5: ENFORCEMENT IN TORORO DISTRICT

Tororo District Chairman Emmanuel Osuna (4th from left), pictured with his cabinet, has taken a tough stand on enforcement of sanitation bylaws.

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Tororo District declares war on homesteads without latrines

SPECIAL REPORT

JOHN A. EMOJONG
TORORO

TORORO District leaders led by the LC5 Chairman, Mr Emmanuel Osuna, have been on a month long tour of the district on a pit-latrine coverage campaign.

The campaign sponsored by Plan Uganda was a home-to-home sanitation inspection aimed at assessing the extent of pit-latrine coverage by families, villages, parishes, sub-counties and constituencies.

Mr Osuna said one of the major aims of the campaign was to ensure each family had a pit-latrine so as to discourage the local population from the common practice of easing themselves in bushes.

The exercise was very interesting, with dramatic and exciting revelations. In a number of villages, residents who did not have pit-latrines run away whenever the district officials visited for fear of being arrested.

Records from the District Health Inspector, Mr Kenneth Okalany, indicate that the overall district pit-latrine coverage is 74 per cent. Kisoko Sub-county in Budama North Constituency is the best with 92 per cent while Osukuru in Tororo County is the worst with 63 per cent coverage.

According to Osukuru LC5 Councillor Peter Omuse, a lot of sensitising is needed in order to have people build latrines.

Osukuru is the most populated sub-county with over 35,000 people and is the richest in terms of minerals and industries, which include Tororo Cement Industries.

The district officials also included acting RDC Victor Tumwine and Acting Director District Health Services John Henry Obonyo.

They established that Kanungu Zone in Rubongi Sub-county is one of the dirtiest villages.

Prostitution and local brewing of Malwa are said to be the main economic activities.

But with no sign of pit-latrines, the traders and their customers ease themselves in polythene bags and dump the waste in the nearby bushes.

In some trading centres with an estimated population of 200 people doing business on a daily basis, there is only one pit-latrine either without a roof or with polythene bags acting as a wall.

Local residents in some swampy villages claimed that their pit-latrines had been submerged by the floods.

Mr Osuna vowed to ensure that every household has a pit-latrine so as to improve sanitation. "While the Americans and Europeans are visiting the moon and are about to reach the sun, in this part of Africa, I'm busy hunting for people who claim that they don't have time and technology to dig pit-latrines in their own homes," Mr Osuna lamented.

In most of the villages that were visited, households that did not have pit-latrines were given 10 days to construct them or face arrest and prosecution.

"They signed agreements with us to dig pit-latrines within 10 days.

POOR STATE: One of the toilets at Tororo Railway Station. Photo by John A. Emojong

Residents want town council relocated

JOSEPH MALINGA
BUKEDEA

RESIDENTS of Bukedea Sub-county have asked authorities to relocate the town council instead of the cattle market.

They said they would rather sacrifice the town council but not the cattle market. Bukedea Auction is the biggest cattle market in East Africa and draws traders from Kenya, Tanzania and within the country. "We would rather not have a town council here, if it is the reason for relocating our market," Mr James Omuria, a trader said.

Mr Nathan Adome, who claimed the two acre land where the market is located belongs to his ancestral fathers, said they would prefer having the market because it is their only source of income.

CORRECTION

In a caption story on Thursday, we said Bududa District authorities had rejected cattle. The correct rendering should have been Budaka District. We regret the error.
Editor

Media story on Tororo's tough stand against "latrine defaulters" prominently posted in the district government headquarters for all to see.

USE OF HARDWARE SUBSIDIES

Public sector supply of subsidized latrine components and materials was a common approach used across the globe in developing countries throughout the 1980s and 1990s but repeatedly failed to generate new demand or multiplier effects. The team observed several subsidized approaches to household sanitation still being implemented in Uganda, including direct NGO production or procurement, and the delivery of materials and components to project households. For example, in Luwero and Tororo districts, Plan Uganda, working through its local partners, provides funding for production of a limited number of rectangular SanPlat latrine slabs. Cast at a local production center, they are then transported by the NGO to intervention villages, where they are sold at highly subsidized prices.

Other NGOs (e.g., WaterAid) contract local NGOs to construct subsidized demonstration latrines for a few households in each project village, with the well-intended hope that these demonstration models will spark replication and uptake. WaterAid, however, no longer uses this approach, having observed no replication or uptake in evaluations of the approach (Yiga 2007). In IDP areas, the team heard of problems from sanitation practitioners associated with extensive giveaways of plastic latrine slabs that were left abandoned and unused shortly after their distribution.

In a review of drivers and constraints to sanitation uptake, Nuwagaba (2003) noted that where hardware subsidies occurred in Uganda, they were a barrier to unsubsidized uptake, but when they were offered for ecosan, they provided a major reason for households to opt for this technology. In Uganda, ecosan has been the primary technology promoted for a number of years, but organizations have depended heavily on hardware subsidies as their main promotional strategy. Despite concentrated efforts, uptake appears small, remaining below 0.2 percent among rural households, according the DHS 2006 data.

In discussions with Crestanks, a local manufacturer of plastic urine-diverting household latrine components, the team determined that nearly all of its latrine products are sold to NGOs or to schools, supported by external donor funding. While Crestanks remains hopeful and believes sales to households is ultimately where it wants its market to develop, the company currently has neither the market reach, distribution capacity, nor the ability to invest in direct promotion and sales to households.

A large number of unintended negative effects have also been documented (Jenkins 2006), including subsidy capture by better-off households able to afford facilities, dependency on government or donor project handouts, and suppressive effects on new sanitation demand and uptake among households prepared to build that decide to wait for subsidies to be offered again. An important consequence is the undermining of local informal and formal private sectors' ability to compete given consumers' very low expectations of prices, among others. NGO and public sector production often suffers from inferior quality. Demo latrines and hardware subsidies can be especially damaging to the success of approaches like CLTS and sanitation marketing if these programs, even if small, operate in the same area (Reif 1999).

RECOMMENDATIONS

The team's recommendations for promoting sanitation marketing in Uganda are based on its analysis of country coverage data, formative research, stakeholder analysis, current implementation modalities, and sector funding streams. Table 9 identifies the essential programmatic elements that, collectively, represent the components necessary for a successful sanitation marketing program (Frias 2005).

Organizations interested in promoting the sanitation marketing approach in Uganda can choose to go in one of two directions, depending on considerations of time horizon, available technical and financial resources, level of partner coordination required, degree of program complexity, etc. One direction is to initiate new activities that stand alone, i.e., that do not require an existing in-country program to build on. The other direction requires "hitching your wagon" to an organization in Uganda by adding value to promising programs that are already either planned or underway. The former option provides a greater degree of freedom to start a sanitation marketing program "from scratch" while also requiring a longer time horizon and potentially much greater resource commitment. "Hitching your wagon" can be an effective means of leveraging the ongoing work of other organizations, but also complicates planning and makes the program dependent on the success of the partner organization.

Recommendations for both sets of options are presented here. The team's goal was to identify what activities would be needed (and in what order) to fully develop a sanitation marketing program, and to provide another set of options for those interested in making targeted contributions to enhance other organizations' ongoing programs.

TABLE 9: ACTIVITIES ESSENTIAL TO A SUCCESSFUL SANITATION MARKETING PROGRAM

Creating a Supportive Policy and Enabling Environment for Sanitation Marketing	Promoting Desirable and Affordable Technology Upgrades	Stimulating Demand for Home Sanitation Technology Upgrades	Facilitating Linkages Between Demand and Supply
▪ include supportive language in key policy documents	▪ identify and standardize range of technology options	▪ understand consumer behavior and drivers of demand	▪ link consumers with service providers
▪ encourage donors to promote market-based approaches	▪ increase # of available service providers	▪ develop, test, and deliver marketing messages	▪ improve flow of information between consumers and suppliers
▪ develop and enforce laws requiring household sanitation	▪ build capacity of service providers	▪ mobilize community for behavior change	▪ offer product and service warranty to consumer
▪ encourage local-level government support for sanitation marketing	▪ endorse/certify service providers	▪ understand what purchases compete with investments in sanitation	▪ monitor product quality and cost through competition

OPTIONS FOR INITIATING NEW (STAND-ALONE) ACTIVITIES

FORMATIVE RESEARCH ON RURAL HOUSEHOLD SANITATION BEHAVIOR

Conduct field investigations to fill gaps in formative understanding regarding household practices; consumer preferences for latrine designs and upgrades; usage patterns associated with different designs; current level of investment in latrine construction and how households save and pay for sanitation now; current access to construction materials, local producers, and latrine designs and costs information; and consumer latrine informational needs with particular attention to the needs of female-headed households, which make up 30 percent of all rural households.

DEVELOP AND TEST NON-HEALTH MESSAGES TO SUPPLEMENT PHAST/CLTS

Conduct field research to test the non-health-related consumer motivations for building, upgrading, and using latrines identified in existing formative research; use non-health messages to develop communication and training materials that can supplement health-based messages effectively used in PHAST and CLTS programs for an integrated village-level communications package.

BEST PRACTICES DOCUMENT ON RURAL LATRINE DESIGN

Basic options for rural sanitation technologies (i.e., latrines) already exist in Uganda. One relatively easy way to start work on sanitation marketing in Uganda would be to document the range and reach of latrine technologies and upgrades currently available to consumers in rural areas and identify gaps. Such a research project would survey local masons, pit diggers, consumers, NGOs, and private sector construction material suppliers/retailers to identify those latrine technologies currently in use, including materials composition and design features, and actual consumer expenditures for implementation. This would provide a starting point from which to assess the options available for improving consumer access to a wider range of latrine products. This effort would also provide the basis for identifying gaps that need to be filled with the introduction of options, such as the Mozambique dome, and development of rural consumer informational material on toilet technologies, such as a pictorial catalogue or menu of options, pictorial material lists, and cost estimates.

RURAL SANITATION TECHNOLOGIES MENU

Although a variety of latrine options are currently available in Uganda, knowledge of them, and prices, can vary based on the local availability of materials and service providers and the suitability of each specific technology. A consumer guide identifying the range of latrine options available to consumers, and their advantages and disadvantages as perceived by consumers, could greatly fill in some of the information gaps and reduce existing confusion regarding the availability and cost of different latrine technologies. This document would include information such as: options for building new latrines that can be constructed of local materials; low-cost latrine upgrades that could be incrementally adopted by consumers based on their available income; desirable design features that are pretested by local consumers; construction steps for the do-it-yourself market; and information on pricing, sources of supply, and local installers.

PROVIDER AND SUPPLY-CHAIN STUDY OF RURAL SANITATION INDUSTRY

This study would examine local, informal, and small-scale producer demand/supply operations to identify current best practices and assess technical capacity to deliver latrines and upgrades and desired consumer attributes in terms of household latrine facilities. The goal would be to assess producer capacity-building needs and approaches for extending latrine construction and material supply chains. Study questions would address: how the sanitation supply industry works; profit margins of existing business models used; transportation models and challenges; the size and structure of market actors and customer bases; inventory models; analysis of competition and competitors; and trends in production. The study would identify any bottlenecks or barriers that producers might face in expanding this market to unserved or under-served areas. It would assist potential investors that might be considering starting a new rural business in the sanitation supply market.

DISTRICTWIDE MASON TRAINING AND CERTIFICATION PROGRAM

Ultimately, the sanitation marketing agenda in Uganda can be best promoted by developing and demonstrating how the elements of the sanitation marketing approach—which are new and unfamiliar to the sector—might work *in situ*. Typically, the most difficult aspects of sanitation marketing, for program managers, field staff, and government officers unfamiliar with the approach, concern the new consumer orientation used in promotional latrine design development and information campaigns, and the new roles of government and NGO staff working with the private sector on delivery of affordable and attractive quality products and services via the marketplace. One option is to design a district wide program for training and certifying local masons and artisans in consumer-desirable, high quality latrine designs and latrine upgrades, based on the information and outcomes learned from the best practices document and the supply chain study.

DISTRICT ROADMAP FOR SANITATION MARKETING

Developing a "roadmap" for a scalable district-level sanitation marketing program would involve a comprehensive examination of elements such as the implementation program, marketing materials, partnerships, latrine facility design and upgrading options, provider training and capacity building, and player roles and responsibilities. The program would focus on partnering with the informal and formal small-scale private sector and be located initially around small towns and rural growth centers as entry points. This would involve a multi-step process to adapt and test options, materials, training, and partnering. Developing a roadmap would require completing the first three recommendations above as well as conducting the provider/supply chain study.

During the TDY, the consultant team identified substantial interest and support from the Tororo District local government and chairman for trying out the sanitation marketing approach as a complement to its ongoing sensitization and enforcement efforts. SNV and the Mbale School of Hygiene are local resources that could support the inventory and development of consumer-oriented latrine designs and capacity building among informal sector masons and pit diggers. Opportunities may also exist in Tororo for partnering with construction materials suppliers, such as Tororo Cement—which operates a cement factory there—and its distribution networks, in extending material supply chains at reasonable prices closer to rural households. Similar partner opportunities exist to develop a roadmap in Lowero District, including effective and supportive NGOs such as Plan Uganda and the Busoga Trust; highly competent and supportive DHIs and HAs available at the local level; existing community interest and sensitization to household sanitation; and proximity to Kampala.

SANITATION INCENTIVE PROGRAM FOR DISTRICT LEAGUE TABLES

A national incentive program would first advocate for funds to create financial incentives to districts specifically for achieving household sanitation coverage increases that would be measured using the GOU's League Tables. Such a program would be coupled with a rigorous standardized independent national evaluation and a technical support unit that would be available on request to support districts in implementing rural sanitation marketing approaches on a cost-share basis (e.g., 25 percent district/75 percent national funding).

TRAINING MODULE FOR SCHOOLS OF ENVIRONMENTAL HEALTH

To provide long-term support for the sanitation marketing approach, a module on sanitation marketing's practical concepts—approaches for partnering with the private sector, descriptions of practical program examples, M&E, and "how-to" methods—should be developed and introduced to the two main schools of environmental health in Uganda where nearly all frontline district- and subdistrict-level government sanitation staff are trained.

OPTIONS FOR ENHANCING ONGOING ACTIVITIES

A SANITATION MARKETING SECTION FOR THE ISH

The ISH is widely viewed as the document that will guide the future of sanitation policy in Uganda. However, the ISH contains only a few, general statements supporting the importance of private sector approaches. The team suggests that the ISH includes more concrete information and guidance about sanitation marketing as a programmatic approach, both to provide practical information and to give the sanitation marketing concept greater legitimacy and visibility. WSP has requested funding to create a simplified version of the ISH for dissemination at the district level.

WSP would be a strong partner to collaborate with on developing a "What It Is and How to Get Started" guide for sanitation marketing that could be incorporated into the new, simplified version of the ISH. Given WSP's work plan and funding cycles, this work would need to be completed and ready for publication by June 30, 2008.

SANITATION MARKETING ADVOCACY MATERIALS AND OUTREACH ACTIVITIES

In line with updating the ISH, there is a similar need for basic advocacy materials that explain the sanitation marketing concept, what it can do and how it works, and provide examples of its successful implementation in other (preferably African) countries, such as Benin. One of the main obstacles to generating support for the sanitation marketing approach is that it is a relatively new concept, not well-known or understood by most key policymakers and field staff. What is needed is a set of sanitation marketing advocacy materials, similar in form and content to those created for CLTS, VHCs, PHAST, and other rural programmatic approaches. This would be a low-cost activity that could be completed fairly quickly and easily by repackaging existing materials and placing them in the context of the Ugandan sanitation sector. Given the low level of sanitation marketing awareness in Uganda, creating and disseminating basic advocacy and educational materials is probably a good place to start. In addition, these advocacy materials could be used in UWASNET and other sponsored workshops that would examine the lack of effect that hardware subsidies and demonstration latrines have had on uptake as an entry point for sanitation marketing. The workshops would also draw on sanitation marketing and consumer understanding of what kinds of incentives, sensitization, and other information may be more effective in generating and sustaining new demand.

TECHNICAL ASSISTANCE TO THE COMMUNITY SANITATION CENTER

The team observed an innovative sanitation marketing project in Kampala funded by WaterAid and the French Embassy, called the Community Sanitation Center (CSC). CSC is run by the NGO Sustainable Sanitation and Water Renewal Systems (SSWARS) and is located in Kampala's Mulago III neighborhood. CSC operates as a latrine information center offering consumers the opportunity to view and learn about the technical and design features of a variety of miniaturized latrine models located onsite. CSC staff also provides free technical design services and arranges for latrine construction and installation by trained local masons for customers wanting to build new latrines or upgrade their existing ones. Though the CSC has many problems in its approach—including a focus on hardware subsidies and demonstration latrines—the staff is quite motivated and entrepreneurial. CSC would no doubt benefit greatly from basic elements of business, consumer sanitation behavior, and marketing training, such as sales marketing and product promotion, consumer data collection, and customer service development. Despite its urban location, there are valuable lessons to learn from this project that could be extremely useful in eventually translating this approach to small towns in more rural settings.

PUBLIC-PRIVATE PARTNERSHIP/CSR PROGRAM WITH CEMENT INDUSTRY

Cement is one of the most important ingredients in constructing hygienic and consumer-friendly latrines. Unfortunately, it is also expensive and difficult to transport. Other barriers include the inability to purchase cement in small quantities needed for latrine construction, especially when done in installments, and the

logistical difficulties and high costs associated with transporting cement to sales points and then to the household by the consumer.

Options worth exploring to improve the cement supply chain in rural areas include working with smaller companies such as Blue Triangle Cement, which already produces a smaller 25 kg (half-size) bag of cement, to assess their interest in developing the Small Town and Rural Growth Center home improvement household market, including the market for latrine construction supplies. In addition, the two largest cement companies, Hima and Tororo, have active corporate social responsibility (CSR) programs that donate thousands of dollars in free cement and cash each year to build schools, health clinics, housing, and other facilities. A CSR partnership could pave the way to a more sustainable, profit-oriented partnership that would expand their markets and tap into their distribution system to serve rural areas. However, the TDY Team does not recommend this option unless pursued in tandem with efforts to put a sanitation marketing program in place that can make use of donated cement.

NON-HEALTH MOTIVATING MESSAGES FOR WASH DRAMA SERIES

Uganda WASH is expecting a grant from the Austrian Embassy in 2008 (300,000 Euros) to promote theater in Uganda using hygiene and sanitation-oriented messages. WASH is interested in developing household sanitation motivating messages that could be conveyed through either a radio show or school theater competition. The value-added would be helping WASH create appropriate motivational messages based on available and new formative research (see the first two stand-alone recommendations) on sanitation that would be introduced in the drama series, either in conjunction with, or following, the hygiene-related messages. For household sanitation, the target behavior would be excreta management by building and using a latrine, and the target audience would be men and women. This effort could require an extended time horizon and potentially substantial coordination, given the nature of producing serial dramas. It would also depend to some extent on the level of investment in and outcomes of the stand-alone recommendations (formative research and testing non-health messages).

TECHNICAL ASSISTANCE TO MICROCREDIT INITIATIVES

This option would provide technical assistance using formative research on consumer preferences and motivators to help either GTZ or BRAC's microcredit/microfinance for sanitation programs. Activities could include developing toilet loan packages for low-cost upgrades to traditional pit latrines, coupled with mason training and certification. BRAC is the one NGO in Uganda the TDY Team is aware of that not only supports a sanitation marketing approach, focuses on rural areas, has experience in microcredit and in working with local entrepreneurs, but has a long-standing policy against providing direct hardware subsidies. In the team's opinion, BRAC is one of the best potential NGO partners in Uganda for sanitation marketing. The research needs BRAC discussed with the TDY Team are contained in the first stand-alone recommendation. In short, they involve conducting systematic formative research on household sanitation behavior that could be used to support BRAC and other microcredit initiatives for household latrine construction and informal provider loans.

GTZ strongly supports sanitation marketing as a way to help stimulate demand for household water and sanitation investments. GTZ could also be a strong in-country partner, given its enthusiastic support for private sector approaches and active participation and status within the sanitation sector at the national level. In addition, a GTZ partnership would be timely. Beginning in December 2007, GTZ/Uganda will have a visiting finance expert on staff for roughly 10 months who will be tasked with developing microfinance-related options for scaling access to sanitation products and services.

Table 10 shows where, within the four overall sanitation marketing program categories, each of the recommended activity options falls.

TABLE 10: SANITATION MARKETING IDEAS AND OPPORTUNITIES			
Creating a Supportive Policy and Enabling Environment for Sanitation Marketing	**Promoting Desirable and Affordable Technology Upgrades**	**Stimulating Demand for Home Sanitation Technology Upgrades**	**Facilitating Linkages Between Demand and Supply**
✓ updated ISH	✓ best practices in latrine design and upgrading	✓ formative research on household sanitation behaviors	✓ TA for community sanitation center
✓ advocacy materials and workshops	✓ mason training and certification program		
✓ training module for hygiene schools	✓ rural sanitation technologies menu	✓ development and testing of non-health consumer messages	✓ rural provider and supply-chain market study
✓ League Table incentive program		✓ HH sanitation messages for WASH theater dramas	✓ cement industry CSR supply partnership
	✓ district "roadmap" for a scalable district-level sanitation marketing program		

Table 11 is a matrix comparing each of the options presented above. The different options are compared based on the levels of funding, time, and coordination required to implement each. It provides a way of evaluating options against one another, not on the basis of impact, but on the basis of the level of investment each requires. Many, if not most, of these activities will require a high degree of technical leadership from an (outside) expert who understands the sanitation marketing approach and the specific tasks outlined in each option.

In terms of the resource requirements, these comparisons are, of course, relative to each other. However, to provide more specific quantification, the team used as rough estimates the following timeframes: low (six months–one year); medium (one–two years); high (two–three years). For funding estimates, the costs of external support are excluded, focusing instead on estimated in-country costs for each of the three categories. A low investment is assumed to be in the five-figure range (i.e. $??,000); a medium investment would be in the six-figure range (i.e., $???,000); and a high-cost investment would be in the upper six figures, and, if taken to scale nationally, could reach the seven-figure range (i.e., $?,000,000).

TABLE 11: MATRIX OF RESOURCE REQUIREMENTS			
Activity	**Funding**	**Time**	**Coordination**
"STAND-ALONE" OPTIONS			
1. Formative research on rural household sanitation behavior	Medium (depends on scale)	Low-Medium (depends on scale)	Low
2. Non-health consumer messages/communications materials to supplement PHAST/CLTS	Medium (depends on scale)	Low-Medium (depends on scale)	Low
3. Report documenting best practices in rural latrine design	Low-Medium (depends on scale)	Low-Medium (depends on scale)	Low
4. Rural sanitation technology menu (requires completing 3)	Medium-High	Medium	Low
5. Rural sanitation industry supply-side study	Low-High (depends on scale)	Low-High (depends on scale)	Low
6. Mason training and certification program (requires completing 3, 4, 5)	Medium-High	High	Medium-High
7. Roadmap for sanitation marketing implementation at district level (requires outputs from 2, 4, and 6)	Medium	Medium	Medium
8. Training module on sanitation marketing for Mbale School of Environmental Health	Low	Low	Low
9. Sanitation incentives for district League Tables	Medium	Low	Low-Medium
OPTIONS FOR ENHANCING ONGOING INITIATIVES			
1. ISH update	Low	Low	Low-Medium
2. Advocacy materials and activities	Low	Medium	Low-Medium
3. TA to Community Sanitation Center	Low	Medium	Low
4. Public-private partnership with cement industry (for ongoing CSC, microfinance, or other sanitation program)	Low	Medium-High	High
5. WASH drama series messages (requires formative research on non-	Medium	Medium	Medium

health messages)			
6. TA for microfinance programs	Medium-High	Medium-High	Medium-High

GENERAL CONSIDERATIONS FOR SANITATION MARKETING PROGRAMMING

The following are issues for consideration by all organizations interested in developing a sanitation marketing program in Uganda, regardless of the type of sanitation marketing intervention being considered:

- While national rural sanitation coverage lies at 59 percent, the huge discrepancy in coverage calls for careful targeting of districts. Further exploration of the factors determining these differences would help better explain the needs of those districts in terms of intervention.

- Sanitation interventions such as PHAST and CLTS can (and should) add new messages touting the nonhealth-related benefits of improved household sanitation, which appear to be the dominant reasons for rural household investment in sanitation. Coupling these messages with improved information on, and access to, affordable and desirable technology upgrades can increase sanitation uptake.

- The establishment of district Water and Sanitation Committees appears to be a key criterion for program success. Efforts should therefore be made to ensure these are established in all districts and advocacy and outreach regarding the sanitation marketing approach made available to their members.

- Pride and social norm concerns, along with issues of comfort, safety, and convenience, appear most likely to appeal to the largest range of audiences.

- Given that social aspirations (lack of embarrassment/shame and social acceptance) appear to be major drivers for sanitation adoption, there is great scope for combining aspects of CLTS and sanitation marketing. Marketing communications might be used to raise the sense of discomfort with current defecation practice, leading to a concern by the community as a whole; CLTS activities could follow to drive the sense of need for collective action.

- Barriers to sanitation uptake and drivers of technology choice indicate an inadequate product variety and a need for new technologies. The Mozambique dome slab is one existing technology design option to consider. It represents a clear step up from the traditional latrine (with or without a SanPlat), at a relatively small additional cost, but with the added consumer advantages of durability, improved quality, and increased ease of cleaning.

REFERENCES

Agaba, D., Luwero District Medical Officer. Interview with author, October 2007.

Cairncross, S. 2004. *The Case for Sanitation Marketing*. Field Note, Sanitation and Hygiene Series, Water and Sanitation Program-Africa. Nairobi, Kenya: The World Bank.

Frias, J. 2005. *Harnessing Market Power for Rural Sanitation*. Water and Sanitation Program.

Jenkins, Mimi and S. Sugden. 2007. *Mission Report: Benin Scoping Trip, January 28th to February 4th, 2007*.

Jenkins, Mimi and S. Sugden. 2006. *Rethinking Sanitation - Lessons and Innovation for Sustainability and Success in the New Millennium*. In *Background Paper for 2006 Human Development Report*. New York, NY: UN Development Program.

Jenkins, Marion. 2004. *Who Buys Latrines, Where and Why?* Field Note, Sanitation and Hygiene Series, Water and Sanitation Program-Africa. Nairobi, Kenya: The World Bank.

Kabirizi, A., Director of Ministry of Water and Environment, Directorate of Water Development. Interview with author, 4 October 2007.

Luyiima, Paul, Director of the Ministry of Health's Environmental Division. Interview with author, 4 October 2007.

Macro International. 2007. *Uganda Demographic and Health Survey 2006*. Kampala, Uganda: Uganda Bureau of Statistics.

Ministry of Water and Environment. 2007. *Water and Sanitation Sector Performance Report*. Uganda: Government of Uganda.

NETWAS. 2007. *Inventory of projects and abstracts of best practices in household and school sanitation and hygiene in Uganda*. Kampala, Uganda: NETWAS.

Nuwagaba, A. 2003. *Assessment of Factors That Influence Household's Choice of Sanitation Technologies and Excreta Re-Use*. Water and Sanitation Program.

Okuni, Patrick, UNICEF. Interview with author, 4 October 2007.

Reif, S. and G. Clegbaza. 1999. *Rural sanitation: The experience of non-subsidized household latrines through social marketing and the promotion of the small-scale private sector: The case of PADEAR programme in Benin*. Field Note. Water and Sanitation Program-West and Central African Region. Abidjan, Ivory Coast: The World Bank.

UWASNET. 2007. *NGO Group Performance Sector Report*.

WaterAid. 2007. *Beliefs and Attitudes Associated with Drivers Motivating and Barriers to Latrine Adoption in Teso and Central Uganda*.

Waterkeyn, J. and S. Cairncross. 2005. Creating demand for sanitation and hygiene through Community Health Clubs: A cost-effective intervention in two districts in Zimbabwe. *Social Science and Medicine*, 61(9). 1958-1970.

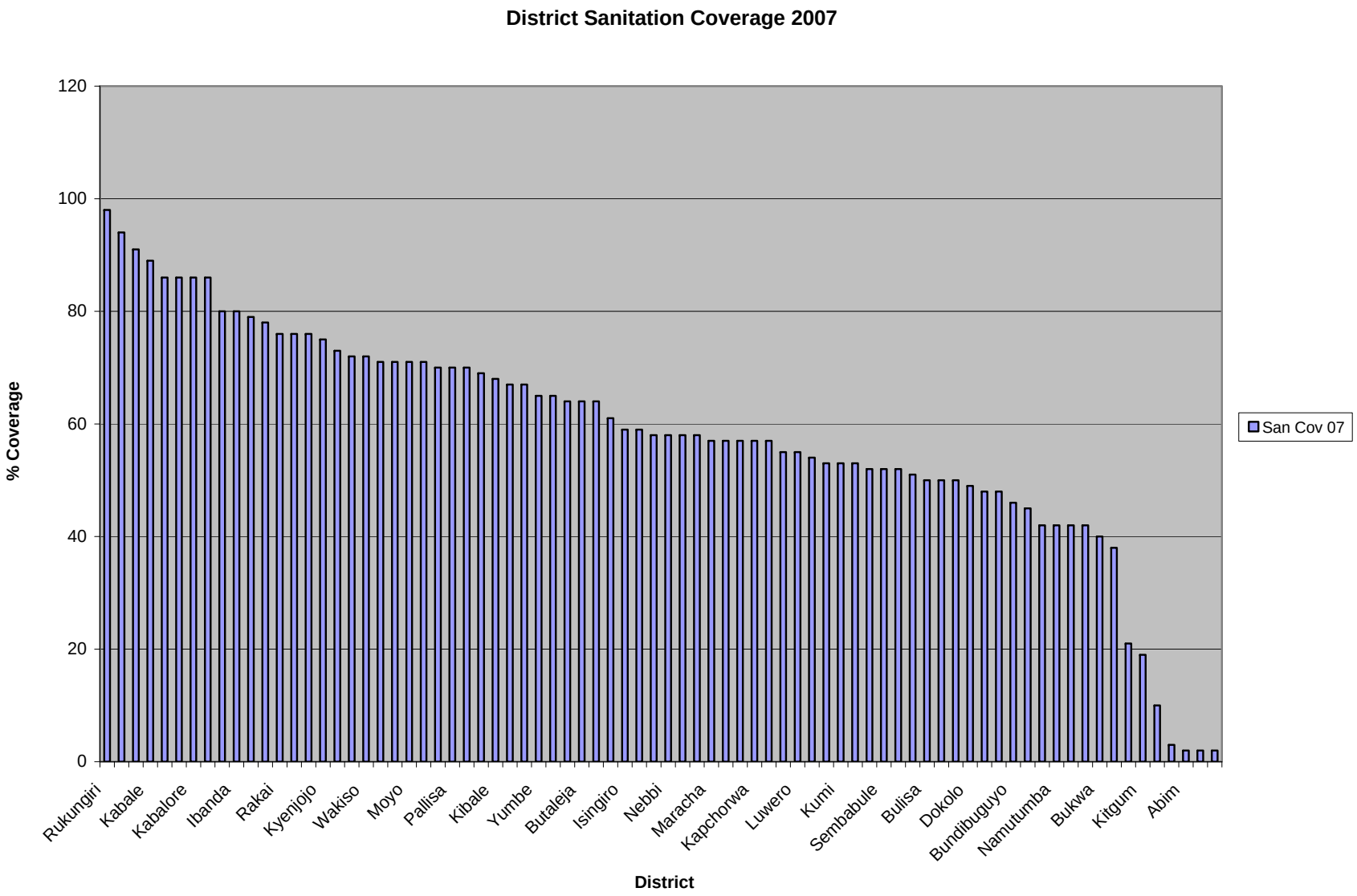
WHO. 1998. *PHAST step-by-step guide: A participatory approach for the control of diarrheal diseases*. WHO/EOS/98.3. World Health Organization.

WSP. 2006. *Financing Strategy for Sanitation and Hygiene Promotion in Uganda - Part I*. In *Sanitation and Hygiene 2005 - Rapid Situation Assessment*. Government of Uganda and Water and Sanitation Program.

WSP. 2006. *Financing Strategy for Sanitation and Hygiene Promotion in Uganda - Part II*. In *10-year Improved Sanitation and Hygiene Promotion Financing Strategy*. Government of Uganda and Water and Sanitation Program.

Yiga, Baker, WaterAid. Interview with author, 8 October 2007.

APPENDIX A: 2006 DHS DATA FILE



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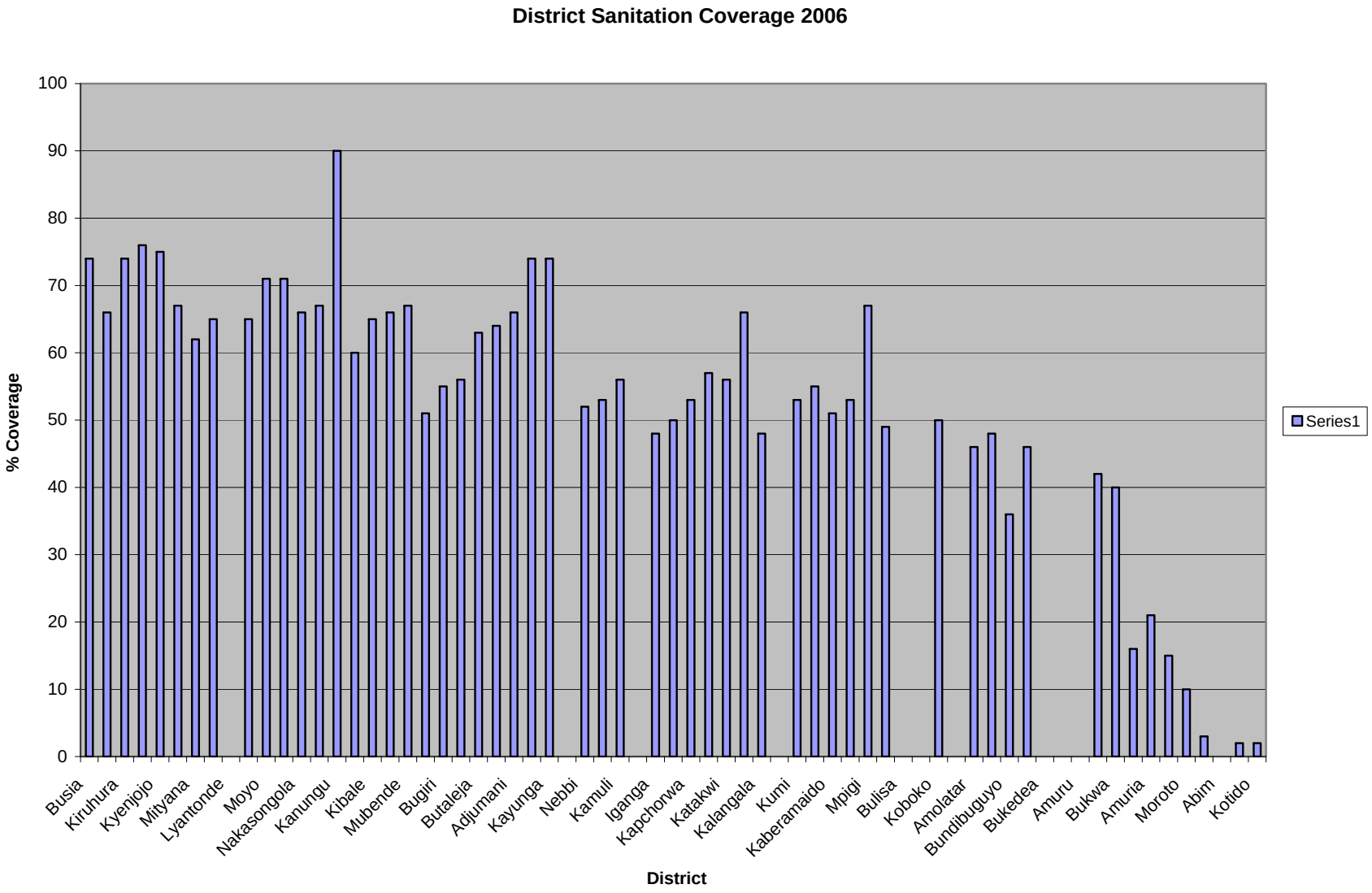

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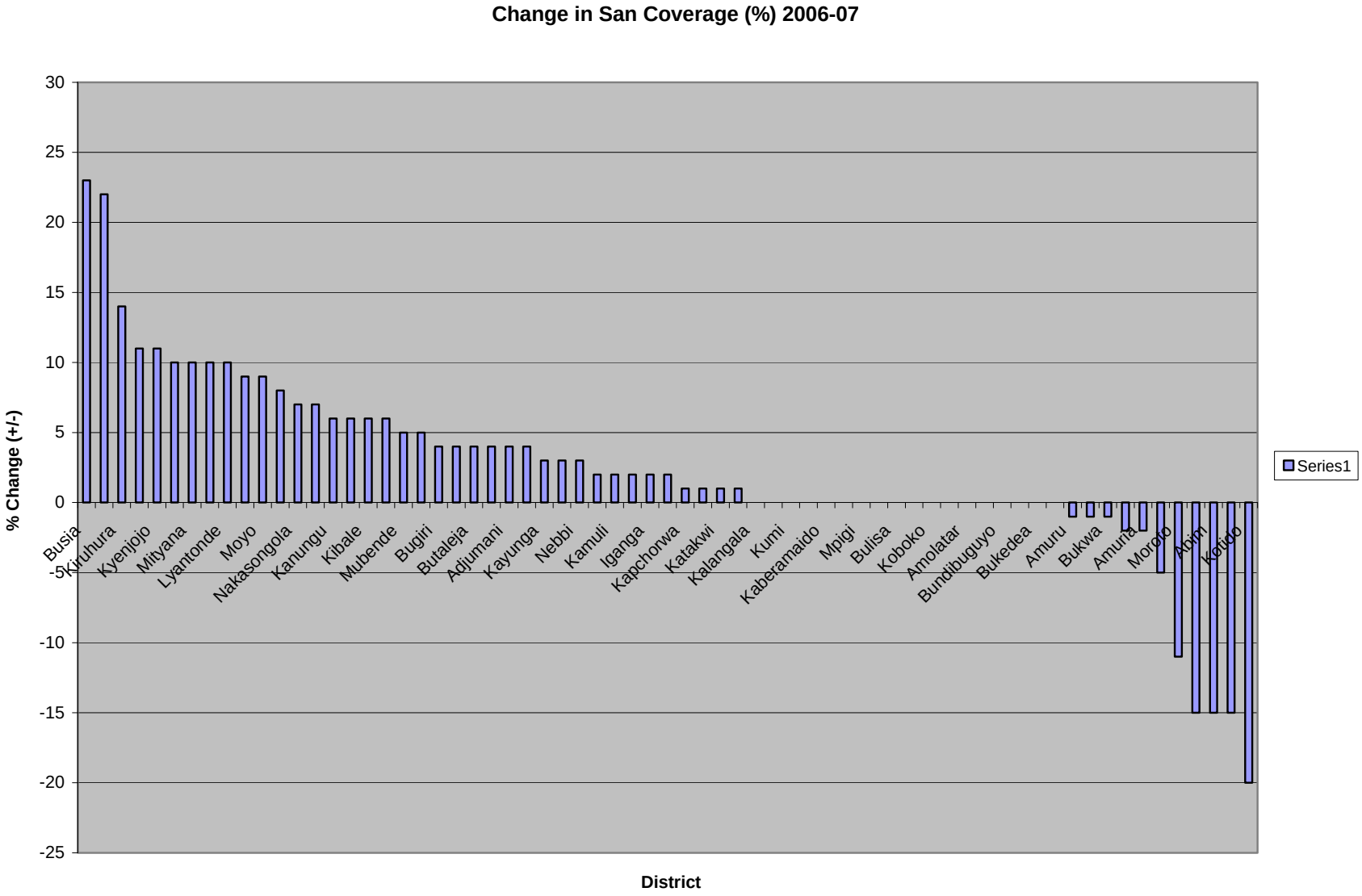

APPENDIX B: UWASNET MEMBER LIST

UWASNET MEMBER ORGANIZATIONS AS OF SEPTEMBER 2007

NO	NGO	POSTAL ADDRESS	TELEPHONE	E-MAIL
1	Abarilela Community Development Organization	P.O. Box 13, Katakwi, Uganda		
2	Action Against Hunger - USA - Uganda	P.O. Box 3177, Kampala	+256 78757366 UG +256 312262 973 Call	acfugwatsanco@iwayafrica.com
3	Action for Slum Health and Development	P.O. Box 16539, Kampala, Uganda	+256-77-370844/071983385/ 245-41-533502	ashd4ug2000@yahoo.co.uk
4	Africare Uganda	P.O. Box 7655, Kampala	0772-701015	musifranc@yahoo.co.uk, africare@africaonline.co.ug , africare@africareuganda.co.ug
5	Agency for Cooperation and Research in Development	P.O. Box 1394, Mbarara, Uganda	256-485-20877/ 256-77-370844	acordmbra@utlonline.co.ug
6	Agency for Cooperation and Research in Development	P.O. Box 1394, Mbarara, Uganda	256-485-20877/ 256-77-370844	acordmbra@utlonline.co.ug
7	Aktion Afrika Hilfe	P.O. Box 151, Moyo	256-39-765567, 256-39-763814	aah.palo@africaonline.co.ug; aah.palorinya@wfp.org; aah_adjuamani@yahoo.com
8	All Nations Christian Care	P.O. Box 461, Lira, Uganda	256-77-457726/ 256-473-20065/ 071-587304	anccinfolira@yahoo.com; mlangol@yahoo.com
9	Allied Support for Rural Empowerment & Dev't	P.O. Box 807, Fort Portal, Uganda	256-77-386202	asured2003@yahoo.com
10	Ankole Diocese	P.O. Box 14, Mbarara, Uganda	256-485-20042/ 256-77-562327	ruharo@utlonline.co.ug

11	Apac Town Community Association	P.O. Box 69, Apac, Uganda	256-77-685641	apactowncommunity@yahoo.com
13	Appropriate Revival Initiative for Strategic Empowerment	P.O. Box 265, Ntungamo	0485 24080 0772 317339	brwakimari@parliament.co.ug arise@yahoo.org/
14	Arbeiter-Samariter-Bund	P.O. Box 11, Kampala, Uganda	UG +256 412871 99 Call	cd@asb.or.ug,info@asb.or.ug
15	Association for Social Economic Development	Nebbi		
16	Bileafe Rural Dev't Association	P.O. Box 749, Arua	075-824212	adomcos_birudeas@yahoo.com
17	Buganda Cultural and Dev't Organization (BUCADEF)	P.O. Box 34071, Bulange Mengo	UG +256 412718 70 Call	bucadef@infocom.co.ug
18	Bukedea Development Organization	P.O. Box 5004, Kumi, Uganda	256-78-479795/ 256-77-341875	budo2005@yahoo.com
19	Buso Foundation	P.O. Box 23706, Kampala, Uganda	256-41-232014/ UG +256 777320 145 Call	buso@utlonline.co.ug
20	Busoga Trust	P.O. Box 1993, Jinja, Uganda	256-43121572	busogaproject@maf.or.ug
21	Canadian Physicians for Aid and Relief	P.O. Box 7504 Kampala	041-268064	info_ug@cpar.ca
22	Caritas - Arua/ Social Services and Development (SSD)	P.O. Box 286, Arua	256-77-406798	caritasarua@yahoo.com
23	Caritas - Gulu	389, Gulu	0772- 667464, 0712-467464, 0471-32370	caritasgulu@afrcaway.com
24	Caritas Lira Social Services and Development	P.O. Box 812/311 Lira	0473 27072 0772 613399	caritlira@yahoo.com
25	Caritas Lira	P.O. Box 812 / P.O. Box 311, Lira	+256-77-613399 / +256-473-27072	caritlira@yahoo.com
26	Caritas Masaka Diocesan Development Organization	P.O. Box 14 Masaka, Uganda	256-77-358715, 256-77-459581	maddo@africaonline.co.ug

27	Caritas Mbrarara	P.O. Box 467, Mbarara, Uganda	0485-21226/077-464659	caritasmbra@utlonline.co.ug
28	Caritas -Arua Diocese	P.O Box 286, Arua	0772-698831/0782-287099	caritasarua@yahoo.com
29	CESVI	P.O. Box 33202, Kampala	041268337/0782426036	okongbenson@yahoo.com
30	Christian Engineers in Development	P.O. Box 1029, Kabale	077450019	kdwd@infocom.co.ug
31	Christian Women and Youth Development Alliance	P.O. Box 2543, Mbale	0782-892912/045-33759	fwozisi@yahoo.com/ cwaydevtalliance@yahoo.com
32	Community Empowerment Foundation for Rural Development	P.O. Box 303 Arua	0772-442068	Ceford_ug@yahoo.com
33	Community Empowerment Initiative	P.O. Box 815, Fort Portal	256-77-443965	cei@spacenet.co.ug
34	Community Initiative for a Healthy Environment	P.O. Box 669, Fort Portal	256-77-912385	cihecihe@yahoo.co.uk
35	Community Integrated Development Initiatives	P.O. Box 29664, Kampala	256-41-510358/256-77-424062	cidi_ug@infocom.co.ug/jfulgensio@yahoo.com
36	Community Welfare Services	P.O. Box 85, Kalisizo	/ 0772-450967/ 0772-744042	mubiru56@hotmail.com
37	Concern Worldwide	P.O. Box 6599, Kampala, Uganda	256-41-541230/041-501907/8	uganda.cd@concern.net/ concern.uganda@concern.net
38	Development Foundation for Rural Areas	P.O. Box 783, Fort Portal	256-77560113/256-78484901	defora@yahoo.com
39	Diocese of Kigezi Water and Sanitation Programme	P.O. Box 3, Kabale	UG +256 486239 40 Call	kdwd@infocom.co.ug
40	Diocese of Mityana	P.O. Box 175, Mityana	462097	

	SSDD			
41	Divine Waters Uganda	P.O. Box 1096, Lira	+256-473-27181	divinewater@yahoo.com
42	Efforts Integrated Development Foundation	P.O. Box 30945, Kampala	0782 851851/0782 321568	amatariam@yahoo.com
43	EMESCO Development Foundation	P.O. Box 32, Karuguza-Kibaale	0772-513279/0772727772	emesco@africaonline.co.ug
44	Fairland Foundation	P.O. Box 242 Mukono, Uganda	256-77409916/041-290538	fairfo@yahoo.com
45	FIRD	Kotido	0782 261337	firdabim@yahoo.com
46	Foundation for Rural Development	P.O. Box 389, Fort Portal	256-77603669	forudfort@yahoo.com
47	Gabula Attudde Women's Group	P.O. Box 201, Mukono		
48	Gisorora Twubake Association	P.O. Box 170, Kisoro	256-77-416769	
49	Goal Uganda	P.O. Box 33140, Kampala	041-266742/ 077-700413	reception@goaluganda.com / markadams@goaluganda.com
50	Good Samaritan Community Development Programme	P.O. Box 76, Kisoro	256-71833619/256-71/75-821516	ebiguri@yahoo.com
51	Grassland Foundation	P.O. Box 21354, Kampala	256-41-347881/0772-501641	grassland@infocom.org
52	Health through Water and Sanitation Fort Portal Diocese	P.O. Box 756, Fort Portal	256-48-322305	water@infocom.co.ug
53	Hope for Orphans	P.O. Box 1077, Kampala	077-841447	sallog2002@yahoo.com
54	Hope for Orphans	P.O. Box 1077, Kampala.	0772- 8414447	sallog2002@yahoo.com
55	Integrated Rural Development Initiatives	P.O. Box 10596, Kampala	031 2 261194/5/041 370199	irdi@utlonline.co.ug
56	Integrated Family Development Initiatives	P.O. Box 10722, Kampala	UG +256 413721 08 Call	ifdiug@yahoo.com

57	Integrated Health and Dev't Organisation	P.O. Box 508, Kakumiro-Kibaale	0772-369202	kasigeire@yahoo.com
58	International Aid Services	P.O. Box 7549, Kampala, Uganda	256-41-288817/18	ias-kampala@ias.nu/ias-u@africaonline.co.ug
59	International Care and Relief	P.O. Box 252, Kyotera	0772-484788/ 0772-769647/ 0392-769641	namulembwa@ircuganda.org / namukev@yahoo.ca
60	International Water and Sanitation Centre (IRC)	P.O Box 40398, Kampala	0782-265722	smet@irc.nl
61	Joint Effort to Save the Environment	P.O. Box 728, Fort Portal	256-48-322449/256-77-492109	jese@infocom.co.ug
62	Joy Drilling Deliverance Church Uganda	P.O. Box 823, Lira, Uganda/ 25903, Kampala	0772-962676/ 041-510253/510546	dcuganda@utlonline.co.ug/ vincentok2000@yahoo.com
63	Kagando Rural Dev't Organization	Private Bag Kasese	256-77-800660 / 256-75-584960	karudec@yahoo.com
64	Kamuli Community Development Foundation	P.O. Box 5, Kaliro	256-77-586885	mumilto@yahoo.com
65	Kamwokya Community Health and Environmental Protection Association	P.O. Box 31504, Kampala	256-71-967676	
66	Kaproron Primary Health Care	P.O. Box 115, Kapchorwa		kaproron@yahoo.com
67	Karamoja Diocese (COU) Development Office	P.O Box 26, Kotido	0772-356409/0772-691354	coukotido@infocom.co.ug
68	Kasanga CBHC Programme	P.O. Box 14, Kasese	256-77-369799/256-77-593587	
69	Katosi Women Fishing Development Association	P.O. Box 33929, Kampala	256-41-348774/256-77-862950	katosi@utlonline.co.ug
70	Kibaale Youth and Women Development Agency	P.O. Box 52, Kagadi	256-77-372796	nnyakatura@yahoo.comm

71	Kinkizi Diocese Integrated Rural Development Programme	C/O P.O. Box 77, Kanungu	0392780214 0772780213	irdp@africaonline.co.ug
72	Kisenyi III Community Workers Association	P.O. Box 8369, Kampala, Uganda	256-75-514770	
73	Kisomoro Tweyombeke Farmers Association	P.O. Box 931, Fort Portal	256-77-597488/256-77-+579488	
74	Kisoro Foundation for Rural Development	P.O. Box 197, Kisoro, Uganda	256-77-325777	kisorofoundation@yahoo.com
75	Kumi Human Rights Initiative	P.O. Box 140, Kumi	256-77-312076/256-75-412076	kuhuri2005@yahoo.com
76	Kumi Pentecostal Assemblies of God-Kumi	P.O. Box 175, Kumi	256-77-742326/256-77-642326	pdckumi@infocom.co.ug
77	Kyakulumbye Dev't Foundation	P.O. Box 489, Kampala	256-77-505570	kdf2002@yahoo.com
78	Kyera Farm Training Centre	P.O. Box 1577, Mbarara	256-77-595288	kftcmba@yahoo.com
79	Kyetume CBHC Programme	P.O. Box 166, Mukono	256-77-425997	
80	Lodoi Development Fund	P.O. Box 682, Mbale	256-45-34727	mutono@africaonline.co.ug
81	Mariam Foundation Centre	P.O. Box 30456, Kampala, Uganda	0759332211 256-77-610965	mariam_found@yahoo.com
82	Mbarara District Farmers Association	P.O. Box 1592, Mbarara	256-77-743856	mbadifa@utlonline.co.ug
83	Med Air	P.O. Box 33333, Kampala	256-41-266001/ 267423	cd-uganda@medair.org/ medair@infocom.co.ug
84	Mubende Rural Dev't Association	P.O Box 338, Mityana	077 4878803	
85	Mukono Multipurpose Youth Organization	P.O. Box 7838, Kampala, Uganda	256-77-401990	mumyo@avu.org/mumyoorg@yahoo.com

86	Nagongera Youth Development Programme	P.O. Box 676, Tororo	256-77-849307/ 077-357770	nayodep@yahoo.co.uk
87	Ndeeba Parish Youth Association (NPYA)	P.O Box 36937	0772-522572/ 0414273879	.py2002@yahoo.com
88	Needy Kids Yumbe	Yumbe	774-289754 782-908783	nkoscyneedykids@yahoo.com
89	Network for Water and Sanitation	P.O. Box 40223, Kampala	0772-981462 0712-216104	netwas@infocom.co.ug/ netwasug@netwas.org
90	Ngenge Development Foundation	P.O. Box 93, Kapchorwa, Uganda	256-45-51128	
91	North Kigezi Diocese	P.O. Box 23, Rukungiri	256-77-323970	erickamuteera@yahoo.co.uk
92	Okuru Archdeaconry	Nebbi		
93	Orungo Youth Integrated Development Organization	P.O. Box 775, Soroti, Uganda	256-77-675605/ 077-827702	olegoa2004@yahoo.com
94	Oxfam GB-Uganda	P.O. Box 6228, Kampala, Uganda	256-41-267886/ 510243	
95	Pamo Volunteers	P.O. Box 131, Kumi, Uganda	256-77-432177 / 256-78-432177	pamovolunteers@yahoo.com
96	Participatory Rural Development Organization	P.O. Box 125, Masindi	256-77-310734	prdoug@hotmail.com
97	Pentecostal Assemblies of God- Soroti Mission	P.O.Box 288, Soroti, Uganda	256-772 323651 /256-45-61694	pagsrtmdp@yahoo.com
98	Plan Uganda	P.O. Box 12075, Kampala	UG +256 415050 05 Call	uganda.co@plan-international.org
99	PROTOS	Plot 6 Kakiza Rd, P.O Box 94, Fort Portal	0772-990622	Tom.dhaeyer@protosh2o.org /info.uganda@protosh2o.org oona.coppens@protos.be
100	Rakai CBHC	Rakai	0772-847669	
101	Rukungiri Gender and Development Association	P.O. Box 269, Rukungiri	256-77-670044 / UG +256 486422 61 Call	Rugada1994@yahoo.com

102	Rural Community Integrated Dev't Association	P.O Box 835, Soroti	0774-152979/ 0712-076540	
103	Rural Health Care Foundation	P.O. Box 10635, Kampala	+256 0752-521813/0712-832787	ruhekafo@yahoo.com
104	Rural Welfare Improvement for Development	P.O. Box 1048, Kyenjojo	256-77-977314	fosimubiru@yahoo.com
105	SNV-Netherlands Dev't Organization	P.O. Box 8339, Kampala	256-78-260057/ 312-60057	snv@snvworld.net
106	Soroti Catholic Diocese Dev't Organisation	P.O. Box 641, Soroti	256-45-61400 / 256-45-61505	socadido@yahoo.co.uk
107	St. James Kibbuse Foundation	P.O. Box 84, Mityana	2560782-567328/071-376959	kibbuse@yahoo.co.uk
108	Students Partnership Worldwide	P.O. Box 1208, Jinja		spwugan@utlonline.co.ug
109	Sustainable Sanitation and Water Renewal Systems (SSAWRS)	P.O. Box 21302, Kampala	0772 335477 0772 655918	sswars@sswarsuganda.org /chniwagaba@yahoo.co.uk
110	The Agency for Accelerated Regional Development (AFARD)	Uringi Road / P.O. Box 80, Nebbi	+256 77 437175	alfred.lakwo@gmail.com www.socsci.ru.nl/afard/
111	Tororo Development Agency	P.O. Box 751, Fort Portal, Uganda	256-77-644582	tooroda@yahoo.com
112	Two - Wings Agroforestry Network	P.O. Box 222, Kabale, Uganda	256-77-664069	twankabale@yahoo.com
113	Uganda Association for Social Economic Progress	P.O. Box 14369, Kampala	256-77-676933 / UG +256 412517 70 Call	usep@spacenetuganda.com / usep@utlonline.co.ug
114	Uganda Cooperative Consultancy Firm	P.O. Box 370, Mukono	0712 714633	ugandacoopconsultserveltd@yahoo.com
115	Uganda Domestic Sanitation Services	P.O. Box 70462, Kampala	256-77-849019 / 256-77-304217	ugadoss@hotmail.com
116	Uganda Environment	P.O. Box 5658, Kampala	256-77-642865 / UG +256 412907	ueef@operamail.com

	Education Foundation		40 Call / 256-77-420182	
117	Uganda Japan Association	P.O Box 288, Kampala	256-77-417150 / UG +256 415417 44 Call	ujango@yahoo.com
118	Uganda Muslim Rural Development Association	P.O. Box 114, Bugiri	256-77-604449 / 256-77-507342	umurda@yahoo.com
119	Uganda Rain Water Association (URWA)	P.O. Box 34209	041-340201	urwa@infocom.co.ug / urwa@searnet.org
120	Uganda Red Cross, Water and Sanitation Department		0772-402249/ 0712-215161	patrickwandawa@yahoo.com
121	Uganda Resources Mgt. Foundation	P.O. Box 11189, Kampala	UG +256 412324 93 Call / 256-77-517767	glomarfo@utlonline.co.ug
122	Uganda Society of Hidden Talents	P.O. Box 7304, Kampala	256-71-839801	pallisahits@hotmail.com
123	Voluntary Action For Development	P.O. Box 22281, Kampala	UG +256 415340 68 Call	vad@utlonline.co.ug
124	WaterAid- Uganda	P.O. Box 11759, Kampala	UG +256 415057 95 Call	wateraiduganda@wateraid.org.ot.ug
125	Water for Production Relief	P.O. Box 3504, Kampala, Uganda	256-77-414646 / UG +256 415422 01 Call	addembe76@yahoo.com engiplancon@yahoo.com
126	Wera Development Association	P.O. Box 35, Soroti	256-77-484249 / 256-77-682637	werada2003@yahoo.com
127	World Vision	P.O. Box 5319, Kampala	UG +256 413457 58 Call / UG +256 412516 412 Call	worldvision@worldvisionuganda.org
128	Youth Alive	P.O. Box 22395, Kampala	UG +256 415347 63 Call	youthalive@africaonline.com
129	Youth Development Organization	P.O. Box 539, Arua	256-712-492898/772603578	yodeoarua@hotmail.com
130	Youth Initiative for Development	P.O. Box 4938, Kampala	256-77-416401	yifoda@yahoo.com

	Association (FIYODA)			
		New Applicants		
	World Harvest Mission *Was recommended by the district water Bundibugyo. On ground. Both soft and hardware.*	P.O. Box 383, FortPortal	0772-462956	
	Bega Kwa Bega Swahili word for**:** Shoulder by shoulder *Was recommended by the subcounty chief Namayumba in Wakiso district. Both soft and hardware.*	P.O. Box 28009, Kampala	0772-519570	
	Institute for International Cooperation and Development *International NGO. Involved in water drilling within Karamoja region.*	P.O. Box 7205, Kampala	041-233402/ 0752-389741	francescomarinucci@hotmail.com
	Uganda Professional Women in Agriculture and Environment	P.O Box 11432 Kampala (YWCA Building, Wandegeya)		
	Action Line for Development (ALFOD)	P.O Box 27789, Kampala	041-274388	Alfordev@yahoo.com
	Jinja Diocese Development Organization (JIDDECO)			

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