

# KAMPALA CITY SANITATION PROFILE

## Increasing Access to Improved Sanitation in Kampala Capital City

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### Introduction

The Sustainable Development Goals (SDG) 6.2 aims to achieve universal access to adequate and sustainable sanitation and hygiene for all and to end open defecation. This goal is enshrined in the National Development Plan II that aims to achieve Uganda's 2040 Vision by propelling the nation to middle income status by 2030.

In 2017, KCCA conducted a CityWide Sanitation Mapping exercise and developed baselines for the city. The information presented in this fact sheet is based on analysis done on the data obtained during the mapping exercise.

### City Profile

Kampala City is situated at the periphery of Lake Victoria in Southeastern Uganda. Kampala is Uganda's capital and largest City with a resident population of 1.5 million residents that is projected to grow to 1.9 million (UBOS, 2014). The resident population doubles during the day to over 3 million due to the transient and commuting population.

Kampala city comprises of 5 Administrative Divisions including; Central, Rubaga, Makindye, Nakawa and Kawempe Divisions.

Kampala Capital City has a total of 72 informal settlements in which 60% of the city's population lives.

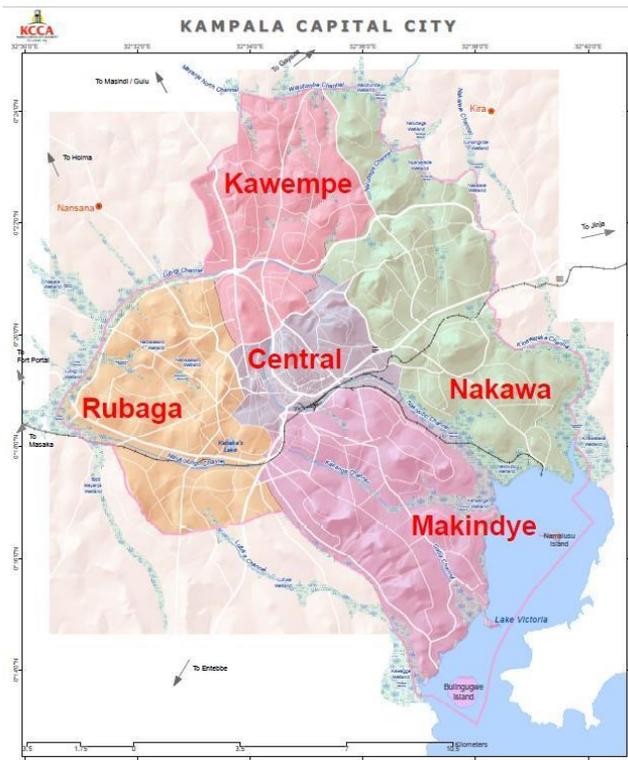


Figure 1: 5 Divisions of Kampala Capital City

### Key Information

Over 170,000 sanitation facilities were mapped. Data from the Mapping exercise was analyzed as per the WHO/JMP (JMP, 2017) Sanitation service levels.

### Property types

89% of the properties mapped were residential; 8% were commercial whilst industrial, institutional and public sanitation facilities accounted for 3%.

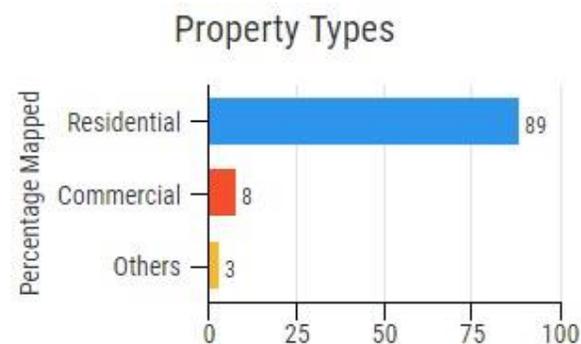


Figure 2 Kampala Property Types

### Ownership of residencies

Nearly half (48%) of the residential properties mapped are rented, which means such households cannot easily build their own improved toilets and have to depend on landlords.

### Sanitation Technology Types

The sanitation survey established that pit latrines are the predominant sanitation technology in Kampala at 66%. The majority of these are unlined pit latrines (38%) which pose significant risks to groundwater and environmental pollution. Most unlined pit latrines are situated in Kawempe whilst the least number of unlined pit latrines are found in Central Division.

Flush toilets to the sewer and septic tanks constitute 33% of the sanitation technologies in the City. In terms of population served, septic tanks, lined pit latrines and unlined pit latrines each cover 30% of the City’s population respectively. Only 8% of the population accesses the municipal sewer network services. A total of 1,506 properties equivalent to a population of 11,000, lacked sanitation facilities.

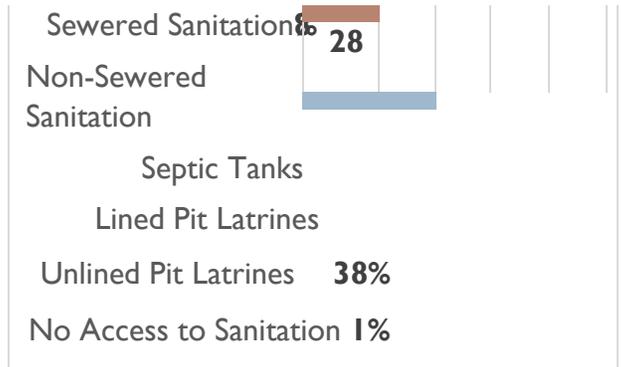


Figure 3: Sanitation Technologies in Kampala

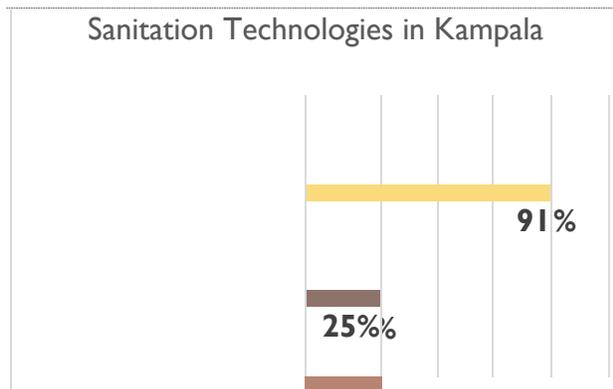
### Access to Sanitation

The Mapping exercise shows that access to Sanitation Citywide is at 99%. This implies that 1% of the population have no access to a sanitation facility and practice Open Defecation sometimes referred to as flying toilets.

The mapping also shows that 50% of all the residential sanitation facilities in Kampala are shared. Each shared sanitation facility (toilet block) on average serves about 5 other households or 28 other people considering an

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average household occupancy of 5. The highest percentage (59%) of shared sanitation facilities are located in Central division while the least (47%) are situated in Nakawa division.

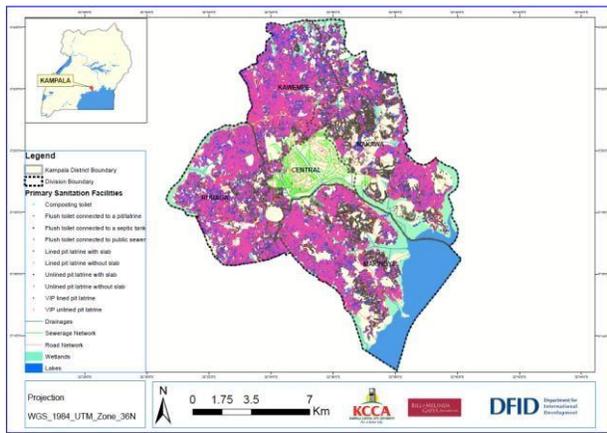


Figure 4: Mapping of On-site Sanitation in Kampala

### Access to Sewerage Services

- In terms of population, 8% of the population in Kampala access sewerage services.
- 70% of the sewerage network is located in Central division.

### Access to Basic and Safely Managed Sanitation

Safely managed sanitation refers to improved sanitation facilities that are not shared and whose waste is either; i) safely treated on-site, ii) temporarily stored and safely transported to treatment off-site or iii) transported by sewer to treatment off-site

#### Kampala Sanitation Service Levels (by Population) Safely

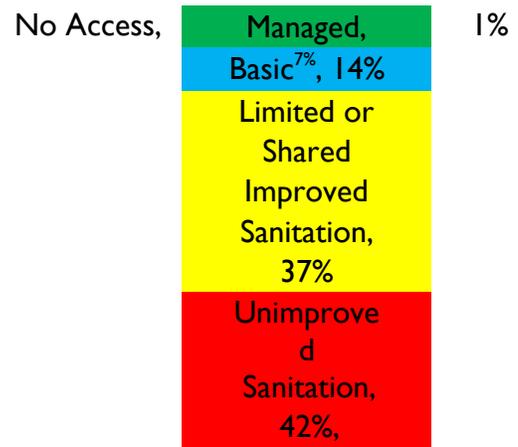


Figure 5: Sanitation Service Levels in Kampala

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- 7% of Kampala’s population accesses safely managed sanitation.



Figure 6: Safe Emptying of a lined toilet

When the management of waste from improved sanitation facilities that are not shared is not safely managed, then people using those facilities are classified as having Basic sanitation.

- 14% of the population therefore, access basic sanitation.

### Access to Improved Sanitation

- 58% of the population in Kampala accesses an improved sanitation facility i.e. a facility designed to hygienically separate excreta from human contact.

- Lined sanitation facilities are the minimum standard for improved sanitation (KCCA, 2017).



Figure 7: Lined facility under construction

### Access to Limited Sanitation

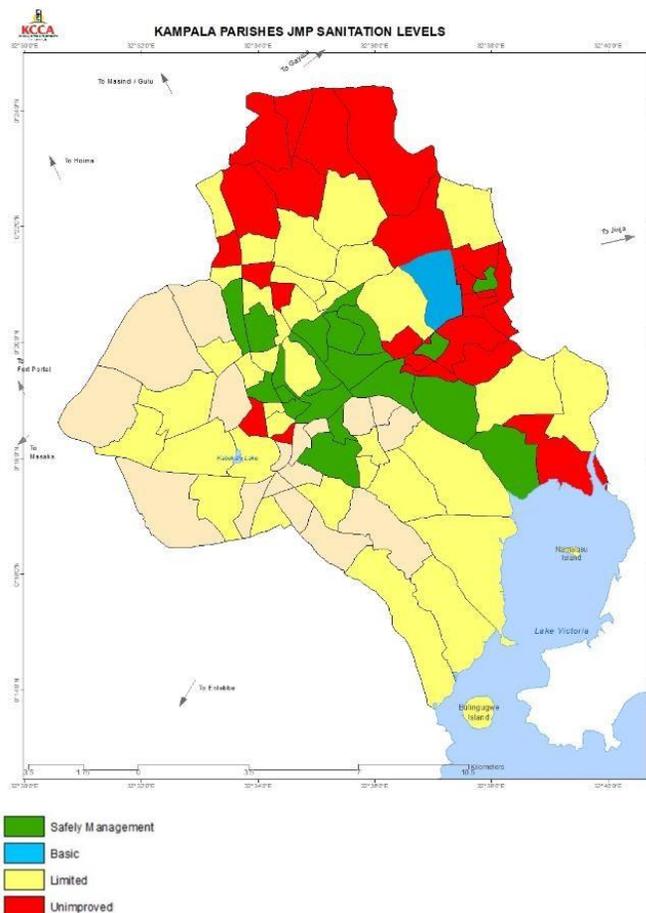
- Limited sanitation refers to improved sanitation facilities that are shared with other households.
- 37% of the population in Kampala access limited sanitation.



Figure 8: Community toilet in Kisenyi

### Improved Sanitation

Map of Kampala Showing unimproved / improved sanitation parishes



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- Unimproved sanitation refers to facilities that do not hygienically separate excreta from human contact e.g. unlined pit latrines, pit latrines without slabs, bucket latrines, pit latrines and septic tanks discharging into drains, e.t.c
- Unimproved sanitation is a major cause of surface and groundwater pollution that leads to the proliferation of sanitation related diseases.
- 42% of the population accesses unimproved sanitation.

### Open Defecation

- There is still a section of the population in the city that has no access to a sanitation facility i.e. practices open defecation (11,000 people).

- These are mainly found in the Divisions of Makindye and Kawempe.

- Accessibility – 99% have access to a sanitation facility

### Cross cutting issues

### Policy Implications

- Solid waste is disposed of in pit latrines constraining emptying processes when the latrines fill.
- 2% of sanitation facilities (latrines and septic tanks) openly discharged fecal sludge to either a drain, ground or water body and thus contaminating the environment.

- All stakeholders (households, leaders, government) should work hard to eliminate the practice of OD in the community in order to curb sanitation-related diseases such as cholera.
- Efforts should be made to reduce (incrementally) the population using unimproved sanitation since these pollute the groundwater and the wider environment. Communities can be encouraged to upgrade the existing unlined pit latrines or to construct new lined pit latrines that can be emptied.
- In order to meet the SDGs, household toilets which are not shared, should be promoted.
- KCCA's target is to attain basic sanitation for all by 2030. This can only be achieved by ensuring that no one is excluded from sanitation services particularly those in the slum areas.
- Increased investment to ensure citywide coverage and availability of safe emptying services to cover the whole city. This should include both infrastructure and software (institutional, capacity building activities).
- Sanitation improvement approaches that target and motivate landlords to improve the quality of toilets for tenants should be promoted.



Figure 9: Toilet and Bathroom waste flowing into drains

- Manual emptiers are still used by 2% of the population. These empty the waste into drains or the environment during rain events raising the risks

- Sanitation investments should consider the interaction of solid waste and drainage services with fecal sludge management.

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for sanitation related diseases and constraining the way of life for those that live downstream.

- 90% of the sanitation facilities were found not have any significant defects