USAID/Uganda Sanitation for Health (S4H)

Task 1.1.1 Develop a National Sanitation Market Strategy

In-depth research findings: Institutional customers

Acronyms and terms

CAO	Chief Administrative Officer	**JMP**	UNICEF/WHO Joint Monitoring Programme
DE	District Engineer	**MBS**	Market-based sanitation
DEO	District Education Officer	**MoES**	Ministry of Education and Sports
DHO	District Health Officer	**MoH**	Ministry of Health
DHI	District Health Inspector	**MWE**	Ministry of Water and Environment
FSM	Fecal sludge management	**NSMS**	National Sanitation Market Strategy
HC	Health Center	**O&M**	Operations and maintenance
HF	Health Facility	**S4H**	Sanitation for Health
HH	Household	**Permanent materials**[1]	Construction materials that can maintain their stability for more than 15 years; e.g., concrete, cement screed, tiles, iron sheets
IBT	Improved (at least basic) toilet	**Temporary materials**[1]	Construction materials that can maintain their stability for no more than 3 years; e.g., grass, mud, wattle

1. National Population and Housing Census 2014: Analytical Report, Uganda Bureau of Statistics, government of Uganda, 2017

Executive Summary

- All public and private institutions are **required to construct separate improved toilets** for different user types (male/ female, user/ staff), based on prescribed designs, and **adhere to standard user-stance ratios**
- While all public and private institutions have improved toilets, they do not provide separate toilets as per the guidelines; public institutions also have a low overall user-stance ratio
- The key barriers faced by institutions are:
  - **Low budgets for toilet construction**; the inadequacy of funds for public institutions is further exacerbated by a **potentially high-cost prescribed design** for a toilet block
  - **Low flexibility in how separate toilets may be provided** for different user types, necessitating the construction of new toilets within already limited budgets
  - **Low availability of pit emptiers, and low budgets for O&M** (including pit emptying) in the case of public institutions, also necessitating the construction of new toilets

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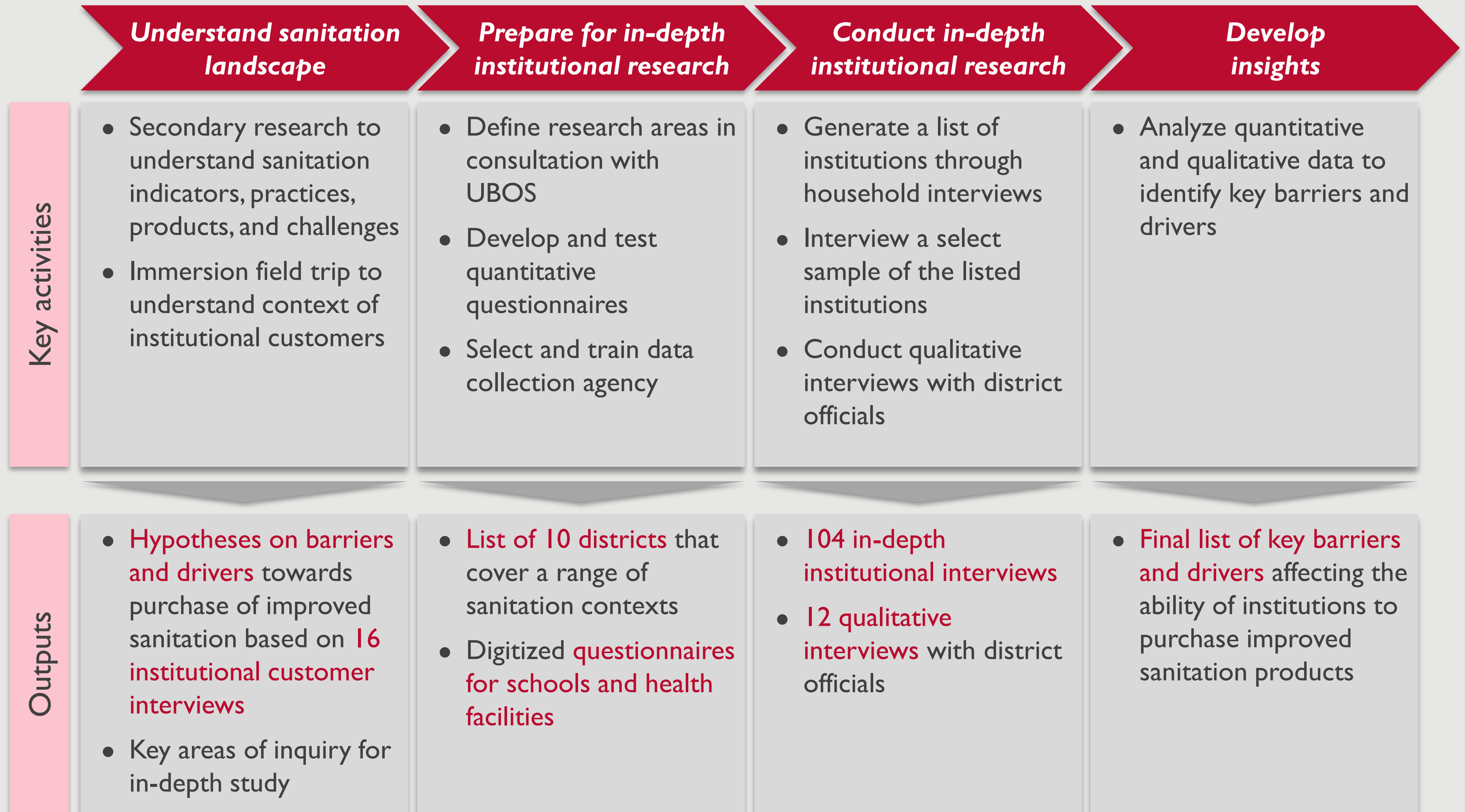
Overview | Background

- The USAID Uganda Sanitation for Health Activity (S4H) is supporting the Ministry of Health to develop a **National Sanitation Market Strategy (NSMS)** aimed at increasing access to and use of improved sanitation through market interventions
- As part of this process, over the last year, S4H has carried out **both secondary and primary research** to better understand the current situation of the sanitation market in Uganda, focused on **identifying drivers for, and barriers to, the provision of improved sanitation**
- This involved speaking with experts from the government, NGOs, and the private sector, and conducting in-depth interviews with households, institutions (schools and health facilities), and actors in the sanitation value chain (e.g., masons, pit diggers, hardware stores, financiers)

This document presents the key findings of the institutional customer research. Our research covered both **public and private institutions with the aim of** understanding their:

- **Setting,** including institutional characteristics (e.g., number of students/ patients, number of staff, type of material used to construct the building) and geographic characteristics (e.g., whether it is situated in urban or rural areas, whether it has access to water sources)
- **Sanitation preferences,** including current sanitation practices, current products used, desired product features, and their ability and willingness to pay for sanitation products
- **Sanitation buying behavior,** including the roles and responsibilities of those involved in the purchase decision, their choice of information sources, materials, and service providers, and the reasons for these choices

Overview | High-level approach

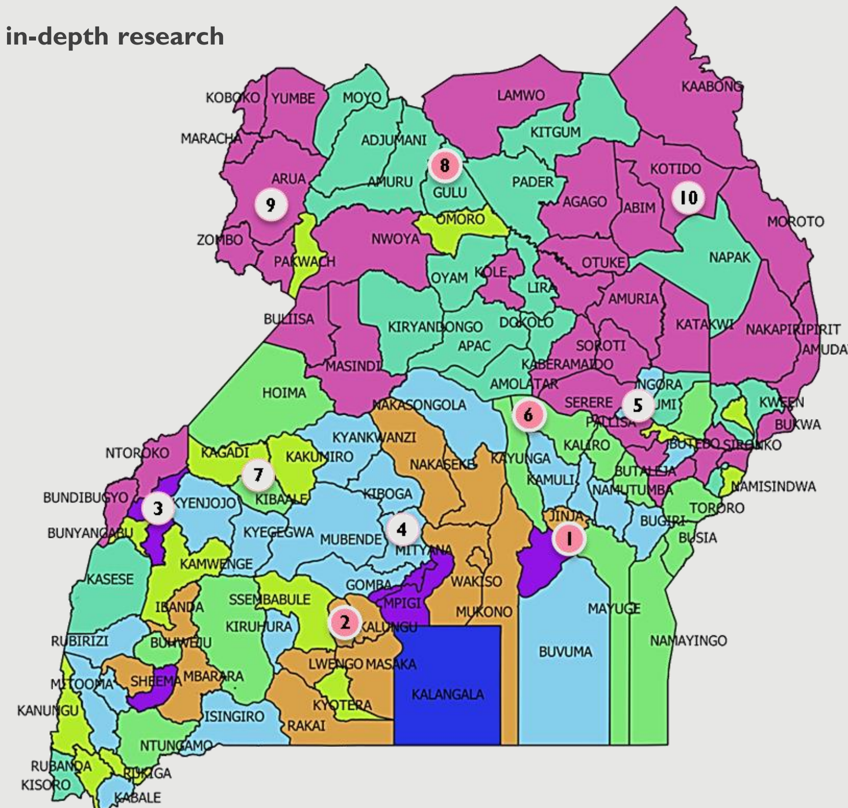


Overview | Research areas

We undertook institutional customer research in 10 districts, offering a spread across different sanitation contexts. This research was conducted along with household (HH) customer and value chain research

List of districts for in-depth research

1. Jinja
2. Bukomansimbi
3. Kabarole
4. Mityana
5. Ngora
6. Buyende
7. Kibaale
8. Gulu
9. Arua
10. Kotido



Legend for district type

	Affluence[1]	Access[2]	Market infrastructure[3]
	High	High	High
	High	High	Low
	High	Low	Low
	Low	High	High
	Low	High	Low
	Low	Low	High
	Low	Low	Low
	Data not available for the district		

- S4H program districts
- Non-S4H districts

1. Measures relative ability of households in a district to pay for construction of sanitation facilities using a composite of UBOS's poverty indicator, household asset ownership, percentage of households in the district that consume less than two meals a day, and materials used for house construction
2. Measures relative difficulty faced in accessing materials for construction of sanitation facilities in a district using a composite of average distance from the nearest road, whether the district is difficulty to reach, and whether the district is affected by armed conflict
3. Measures relative availability of private product and service providers in a district using a composite of average distance of households from the nearest market selling general merchandise, percentage of households which have at least one member engaged in non-agricultural household based enterprise, and percentage of households with water connections in own yard/ plot/ building

Overview | Sample size

We conducted 104 quantitative interviews in 10 districts, and 12 qualitative interviews with district officials in 5 districts as part of the in-depth research; also conducted 16 qualitative interviews with institutions as part of the Immersion visit

Quantitative research[1]

District	Public institutions	private institutions	Total
Jinja	7	4	11
Bukomansimbi	7	4	11
Kabarole	6	4	10
Mityana	6	4	10
Ngora	6	4	10
Buyende	6	4	10
Kibaale	6	4	10
Gulu	7	4	11
Arua	6	4	10
Kotido	7	4	11
Total	**64**	**40**	**104**

Qualitative research

District	# of district officials interviewed
Bukomansimbi	2
Buyende	2
Gulu	3
Kabarole	2
Ngora	3
Total	**12**

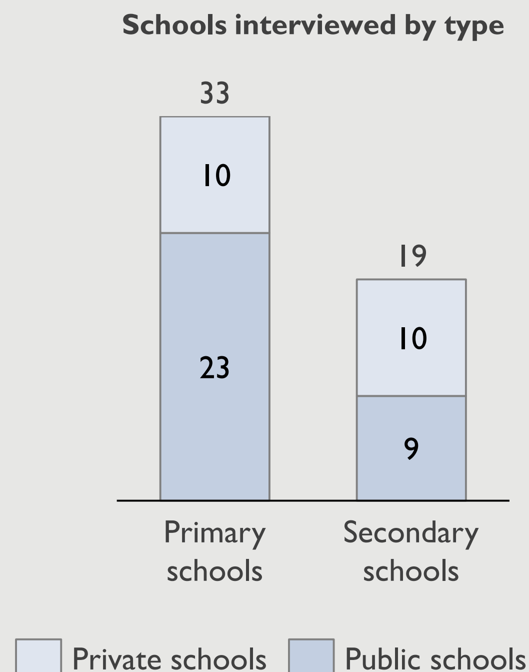
Qualitative research (Immersion visit)

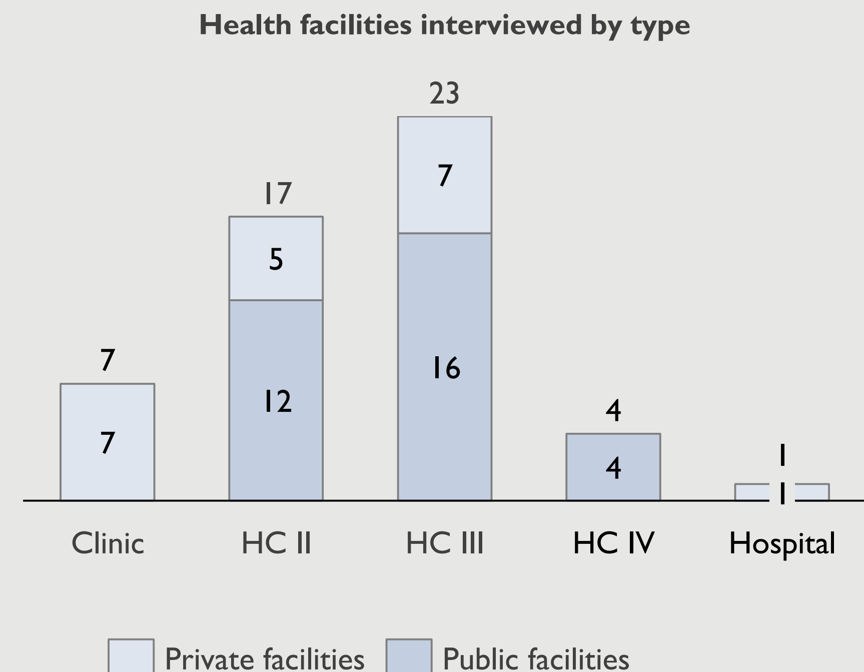
District	# of institutions interviewed
Arua	4
Kampala	1
Kibaale	6
Mukono	5
Total	**16**

1. We selected institutions for quantitative interviews in consultation with district officials and local leaders. The institutions were selected from a pool of institutions generated by inquiring from HH customers, during the HH listing interviews, as to which health facilities and schools they use

Overview | Sample composition

We conducted quantitative interviews across a range of public and private institutions including primary and secondary schools, and health facilities across different levels[1]





We analyzed the context and identified barriers for institutions as a whole while calling out nuances across institution type (school or health facility) and ownership (public or private)

1. Uganda's health facilities are classified into seven levels based on the services they provide and the catchment area they are intended to serve. The health facilities are designated as Health Center level one (HC I) to Health Center Level four (HC IV); General hospital, Regional Referral hospital and National Referral hospital

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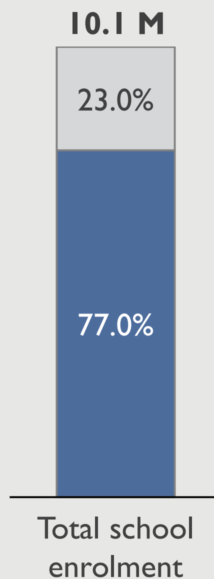
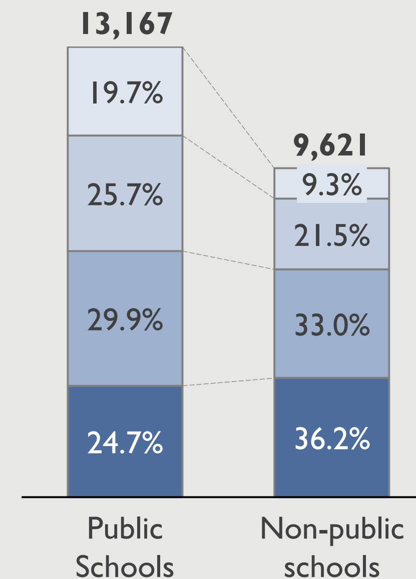
Context | Prominence of public institutions (1/2)

Public schools cover 77% of total school enrolments in Uganda, and are also better distributed across regions when compared with private schools[1]

77% of all students attending school are in public schools



Public schools are well distributed across regions; private schools have a relatively higher concentration in the Central and Western regions

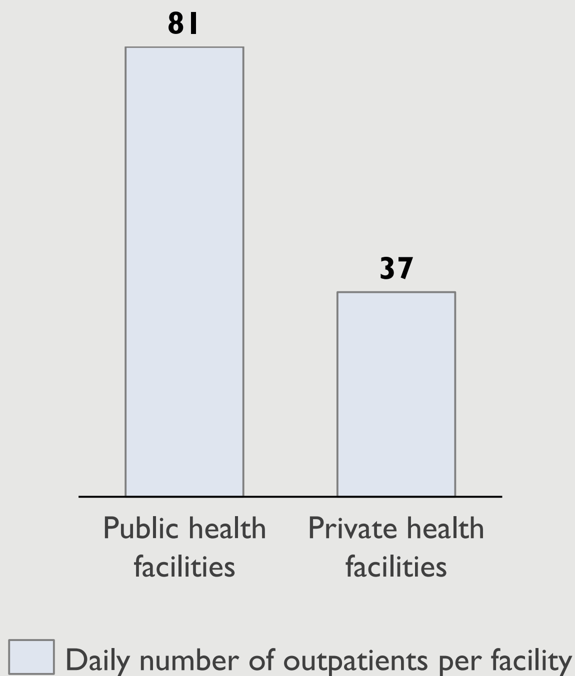


1. Education Abstract 2016, Ministry of Education and Sports, government of Uganda

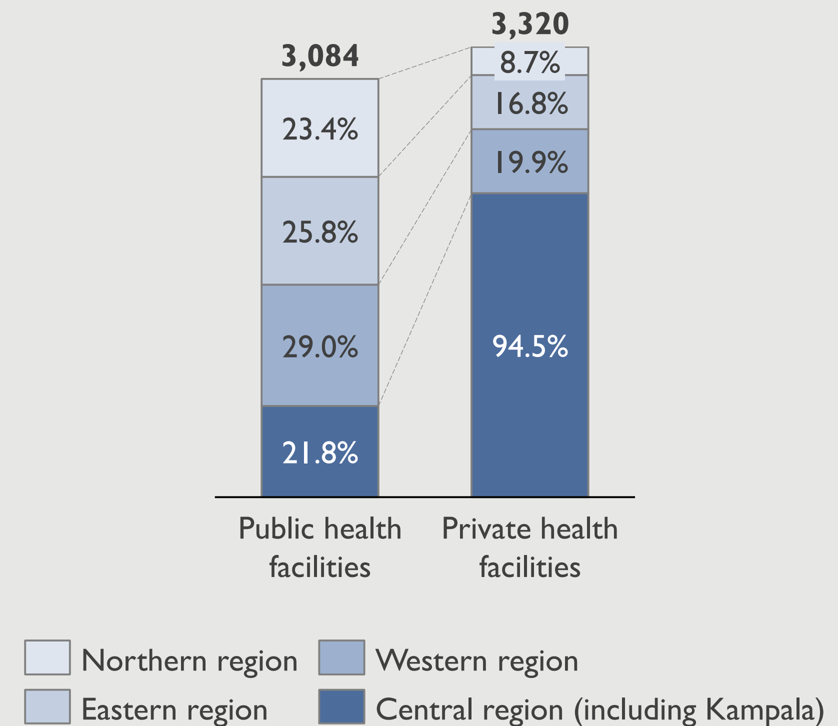
Context | Prominence of public institutions (2/2)

Similarly, public health facilities cater to a higher number of outpatients, and are better distributed across regions when compared with private facilities

Public facilities cater to more than double the number of outpatients per day, compared to private facilities[1]



Public facilities are well distributed across regions; nearly all private facilities are in the Central region[2]



1. Based on data collected from interviews with 32 public health facilities, 20 private health facilities, during the in-depth research
2. National Health Facility Master List, Division of Health Information, Ministry of Health, government of Uganda, June 2017

Context | Legal requirements for toilet construction (1/2)

The government of Uganda has put in place a number of measures to ensure adequate sanitation provision in all public and private institutions

- The National Environment Health Policy (2005) **requires all public and private buildings to have toilets**; this includes schools and health facilities[1]
- The Public Health Act (2000) empowers local authorities to:[2]
  - **Issue improvement notices** to owners of buildings that do not have adequate sanitation facilities, **and penalize** those owners who do not take remedial action
  - **Deny approval for construction of any building** that doesn't provide for sufficient and satisfactory sanitation facilities in its building plan
- The Ministry of Education and Sports mandated that:
  - **At least 50% of the annual School Facilities Grant (SFG)** go towards construction of toilets in primary schools
  - If local governments want to use SFG funds for other purposes, they need to **demonstrate that their district has achieved the target pupil-stance ratio of 40:1**[3]

1. National Environment Health Policy, government of Uganda, 2005
2. The Public Health Act, government of Uganda, 2000
3. Ministry of Education, Science, Technology And Sports Issues Paper For Local government Consultative Workshops FY 2016/17

Context | Legal requirements for toilet construction (2/2)

All public and private institutions are required to construct separate improved toilets for different user types (male/ female, user/ staff), based on prescribed designs, and adhere to standard user-stance ratios

Guidelines for toilets in schools[1]

- **Pupil stance ratio of 40:1**
- Separate toilets for **teachers and students**
- Separate toilets for **males and females**
- At least one stance for **children with special needs**
- All toilets should have, **washable floors**; **doors; and hand-wash facilities**
- All toilets should have **lined pits to enable emptying**[2]

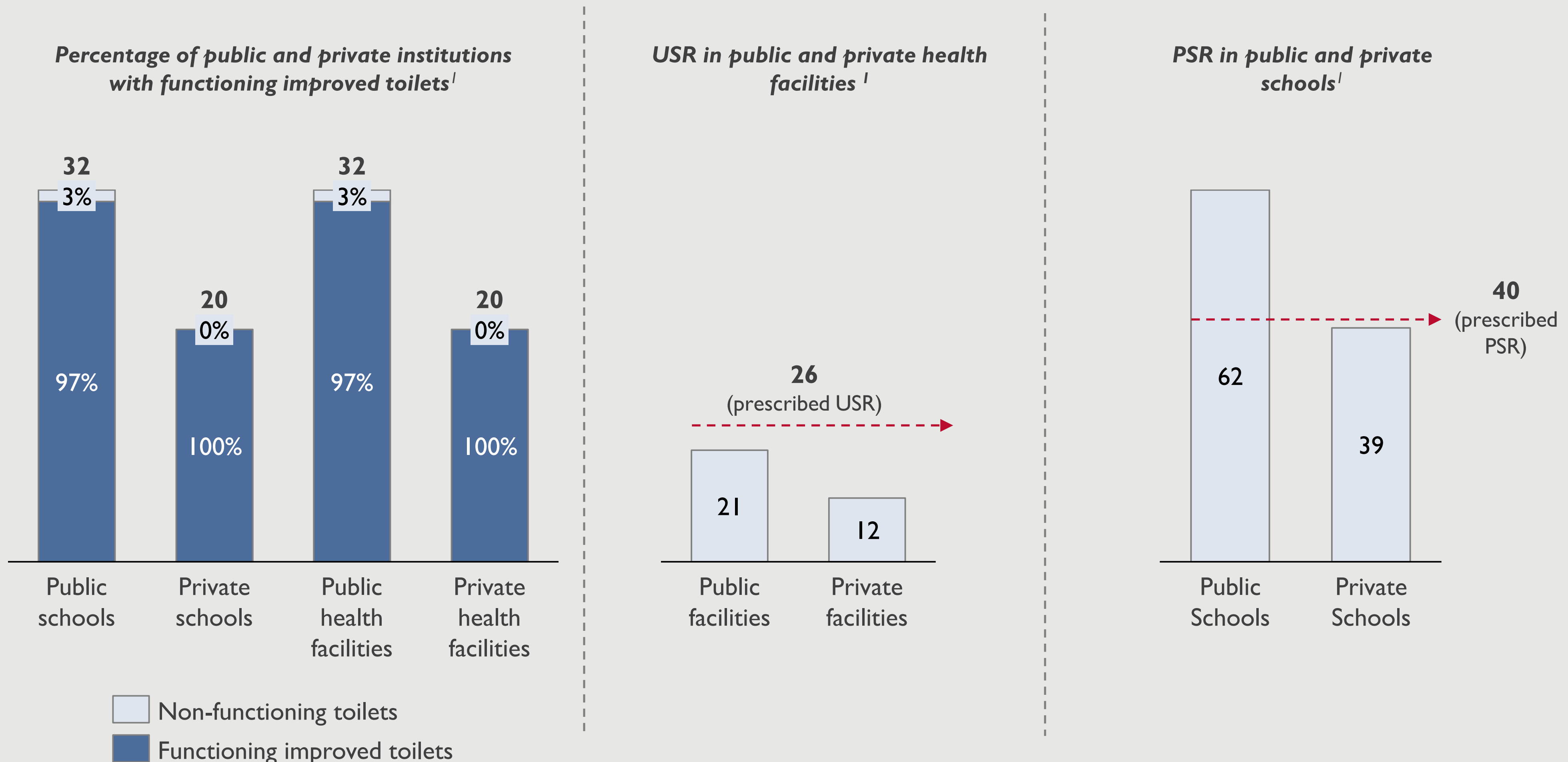
Guidelines for toilets in health facilities[3]

- **User stance ratio of 25:1**[4]
- Separate toilets for **staff and patients**
- Separate toilets for **males and females**
- Provision for **patients with disabilities**
- Toilets should have **3-6 stances depending on size** of the health facility
- Toilets serving the **maternity ward should have a bathroom**
- All toilets should have **hand-wash facilities**

1. National School Sanitation Guidelines, Ministry of Education and Sports, government of Uganda, 2017
2. Uganda Sanitation Diagnostic Study Report, Gibson J., Eales K, and Nsubuga-Mugga C., World Bank, May 2017
3. Based on qualitative interviews with district officials from 5 districts – Bukomansimbi, Buyende, Gulu, Kabarole, and Ngora
4. Water Supply Design Manual, Ministry of Water and Environment, Directorate of Water Development, 2000

Context | Access to sanitation in public and private institutions

While almost all institutions have functioning improved toilets, and all health facilities have adequate user-stance ratios (USR), many public schools do not adhere to the guidelines regarding pupil-stance ratio (PSR)



1. Based on data collected from interviews with 32 public schools, 20 private schools, 32 public health facilities, and 20 private health facilities during the in-depth research

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Barriers | Public | Cost and budget challenges (1/4)

I

Low overall government budgets for toilet construction, coupled with a potentially high-cost prescribed design for a toilet block make it difficult for public institutions to increase their number of toilets

a

There is inadequate government funding for construction of toilets in public institutions

b

The prescribed design for public institution toilets is high cost – public institutions may be paying more than households might, if households were to buy a similar product system (5-stance VIP with bathroom)

c

As a result, public institutions find it difficult to increase their number of toilets, unless they can secure funds from other sources

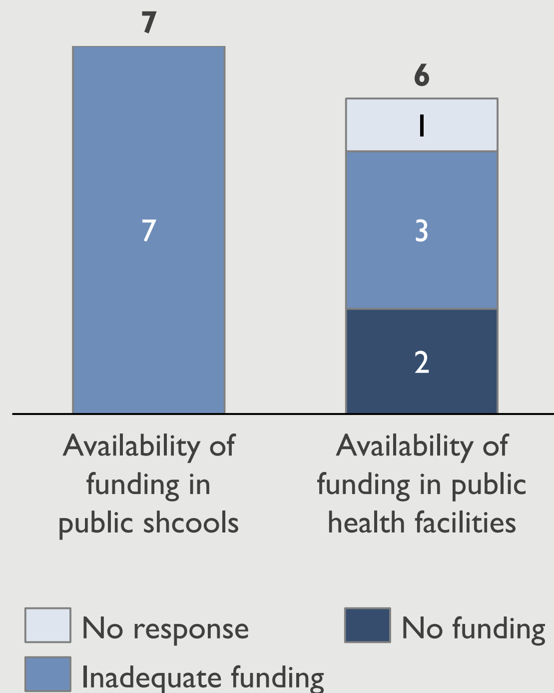
Barriers | Public | Cost and budget challenges (2/4)

I

a

There is inadequate government funding for construction of toilets in public institutions

Nearly all district officials interviewed stated that there was inadequate funding for toilets in public schools and health facilities[1]



*"There **is a lack of funding for sanitation**. The education budget for FY 18-19 is UGX 552 M, out of which only UGX 146 M is available to spend on all construction, including classrooms, teachers houses, **latrines**, etc. The rest is earmarked for the seed schools program.*

***MoES also allocates UGX 8,050** per child per year to schools, but this is **for other expenses** such as books, chalk, first-aid, sanitary pads, cleaning materials, sports materials etc."*

- Interview with district official

*"This year, the health department **got only UGX 32 million** as the total budget for infrastructure."*

- Interview with district official

Note: Based on interviews with contractors, the average price of a 5-stance VIP, with a bathroom, is UGX 18 M – 22.5 M

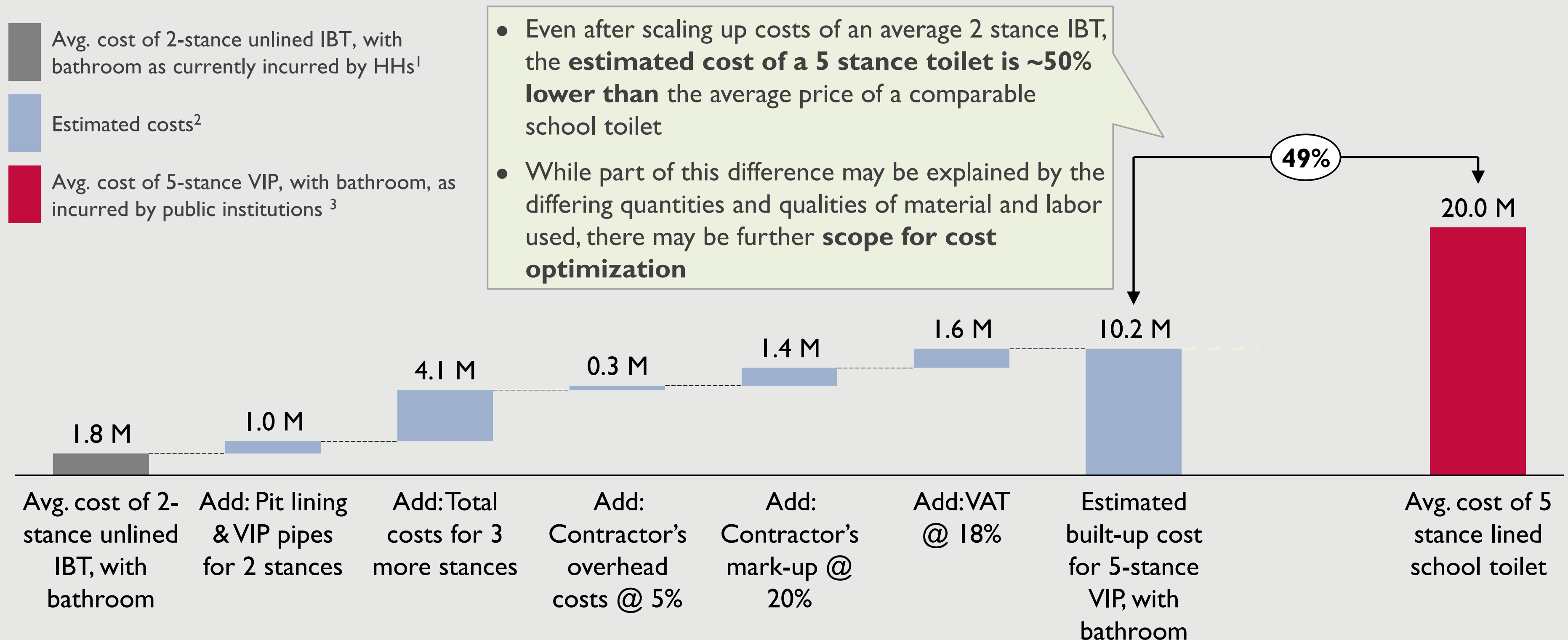
1. Based on interviews with district officials from 5 districts – Bukomansimbi, Buyende, Gulu, Kabarole, and Ngora

Barriers | Public | Cost and budget challenges (3/4)

I

b

The prescribed design for public institution toilets is high cost – public institutions may be paying more than households might, if households were to buy a similar product system (5-stance VIP with bathroom)



1. Average cost paid by households in rural Uganda for a 2 stance IBT with a 15 foot deep unlined pit, plastered walls, bathroom, and curtain wall; prices stated by households during the in-depth research varied from UGX 1.49 M to UGX 2.02 M
2. These costs have been developed by extrapolating quantities of materials and volumes of labor from the typical HH toilet to the estimated quantities and volumes required for a 5-stance VIP with a bathroom. We have multiplied these volumes and quantities with the typical price points noted during the in-depth research. We have added typical overheads, mark-up and VAT costs, as stated by contractors, during the in-depth research
3. Average cost paid by public schools for a 5 stance VIP toilet with a 10 foot deep lined pit, plastered and painted walls, bathroom, and curtain wall; price is inclusive of VAT and contractor's mark-up; prices stated by contractors during the in-depth research varied from UGX 18 M to UGX 22.5 M

Barriers | Public | Cost and budget challenges (4/4)

I

c

As a result, public institutions find it difficult to increase their number of toilets, unless they can secure funds from other sources

*"There are **91 public primary schools in the district**. All of them need additional toilets, but **there is a budget for only 3 of them**, in the next financial year. **Parents are encouraged to contribute towards building pit latrines** in the schools. These toilets do not have to be as per the MoES specifications (parents can't afford that), and they don't require any approvals."*

- Interview with district official

*"**For health centers there is no public funding**, so we **depend on NGO partners** to donate them. If a donor offers to build an OPD building, we include a toilet as part of the design."*

- Interview with district official

*"The education department receives funds only once in a financial year, but schools make requests for new toilets year round. **If we have exhausted our budget at the start of the year, we approach development partners for help** (e.g., Save the Children) and ask if they can build the toilet."*

- Interview with district official

Barriers | Public | Low flexibility in provision of separate toilets (1/4)

2

Low flexibility in how separate toilets may be provided for different user types necessitates the construction of new toilets in public institutions

a

Most public institutions, in consultation with the local government, provide separate toilets for different user types by allocating separate stances within a toilet block to various user types

b

However, the prescribed standards require institutions to provide separate toilet blocks for different user types

c

Most institutions do not meet these prescribed standards, necessitating new toilet construction

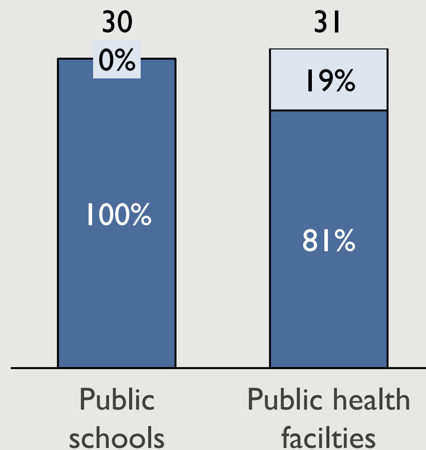
Barriers | Public | Low flexibility in provision of separate toilets (2/4)

2

a

Most public institutions, in consultation with the local government, provide separate toilets for different user types by allocating separate stances within a toilet block to various user types

Percentage of public institutions that have separate stances for male and female users[1]



Do not have separate stances for males and females

Have separate stances for males and females

"There is one type of toilet design for a boys' block and one for a girls' bock…we usually prefer to go with the design for the boys' block as it has a urinal for the boys and the ***stances can be divided amongst boys and girls and both can use it****.*

The children have to share a toilet block as we ***don't have enough money to build separate ones****"*

- Interview with district official

1. Based on data collected from 30 co-ed public schools and 31 public health facilities with functioning toilets interviewed during the in-depth research

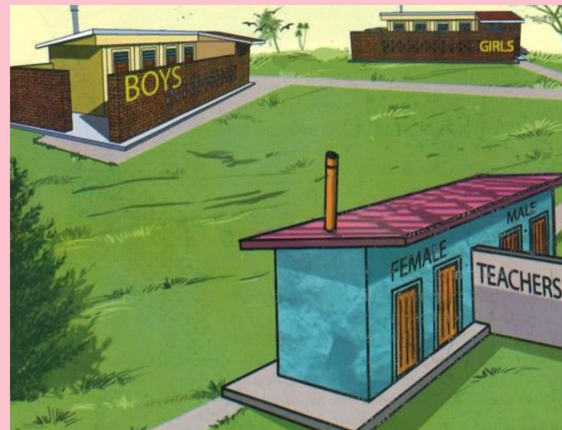
Barriers | Public | Low flexibility in provision of separate toilets (3/4)

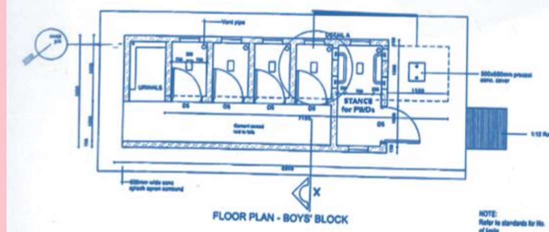
2

b

However, the prescribed standards require institutions to provide separate toilet blocks for different user types

Secondary research





For example, schools are required to provide:[1]

- Separate **5-stance VIP** toilet blocks for boys **with a urinal**
- Separate **5-stance VIP** toilet blocks for girls **with a bathroom**
- Separate toilets blocks for teachers
- Toilets that are constructed in a way that **entrances for females are screened** from those for males

1. National School Sanitation Guidelines, Ministry of Education and Sports, government of Uganda, 2017

Barriers | Public | Low flexibility in provision of separate toilets (4/4)

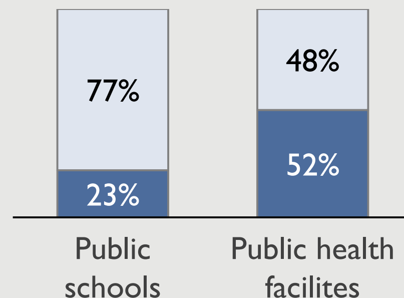
2

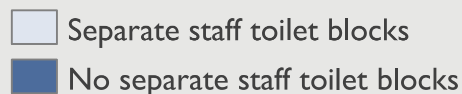
c

Most institutions do not meet these prescribed standards, necessitating new toilet construction

Around half the public health facilities and a significant minority of public schools do not have separate toilet blocks for staff[1]

Percentage of public institutions with separate toilet blocks for staff

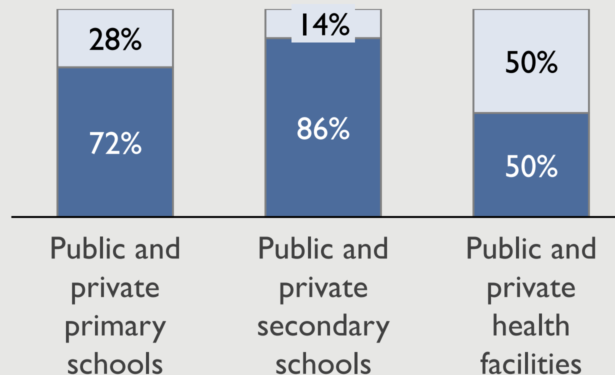


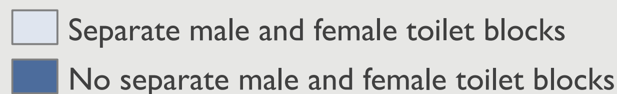


Most schools[2] and many health facilities[3] do not have separate toilet blocks for boys and girls

(Health facility data for Southwestern Uganda)

Percentage of public and private institutions with separate toilet blocks for males and females

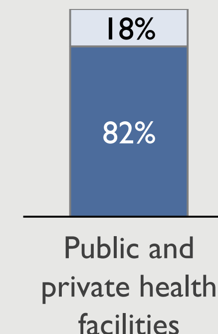


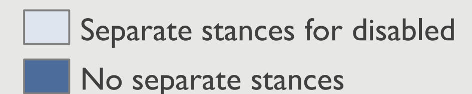


Majority of health facilities do not have a separate stances for patients with disabilities[3]

(Data for Southwestern Uganda)

Percentage of public and private health facilities with separate stances for disabled patients





1. Based on data collected from interviews with 32 public schools, 20 private schools, 32 public health facilities, and 20 private health facilities during the in-depth research
2. Equity Drinking water, sanitation and hygiene in schools: Global baseline report 2018, United Nations Children's Fund (UNICEF) and World Health Organization, 2018
3. Water, Sanitation, and Hygiene Service Availability at Rural Health Care Facilities in Southwestern Uganda, Mulogo et al, Journal of Environmental and Public Health, 2018

Barriers | Public | Inadequate access to pit emptying (1/3)

3

Low budgets for O&M (including pit emptying), and low availability of pit emptiers, necessitates the construction of new toilets in public institutions

a

Inadequate budget allocations for operation and maintenance, coupled with low availability of pit emptiers, makes it difficult for public institutions to access pit emptying services

b

As a result, most public institutions opt to build new toilets instead of emptying their existing toilets; this creates additional pressure on already constrained government budgets

Barriers | Public | Inadequate access to pit emptying (2/3)

3

a

Inadequate budget allocations for operation and maintenance, coupled with low availability of pit emptiers, makes it difficult for public institutions to access pit emptying services

Primary research

District officials interviewed in all 5 districts in which we conducted qualitative interviews, stated that while there is an overall budget for operation and maintenance of public institutions, **no dedicated funds are allocated for toilet maintenance**[1]

Secondary research

According to a World Bank report:[2]

- **Only 33% of public schools** provide a budget for O&M of toilets
- **Only 7% have adequate funds for O&M**

Schools try to partly cover costs by charging development fees, however **parents are often reluctant to pay for sanitation services** in schools as they think this is the government's responsibility

*"**Schools are responsible for repairs, cleaning and maintenance** of their own toilets, but it is a challenge as they **don't have the budget** for it. If schools want their pit emptied, they can write to the department of education. However, the **department only has budget to empty 10 toilets, across the district, in a year**. There are no pit emptiers in our district. They come from another district, and this increases the cost."*

- Interview with district official

"Our health center was allocated **UGX 250,000** for the entire year as the **budget for toilet maintenance**. However, hiring a **cesspool pit emptier alone costs UGX 280,000**."

- Representative from a public health center

1. Based on interviews with district officials from 5 districts – Bukomansimbi, Buyende, Gulu, Kabarole, and Ngora
2. Uganda Sanitation Diagnostic Study Report, Gibson J., Eales K, and Nsubuga-Mugga C., World Bank, May 2017

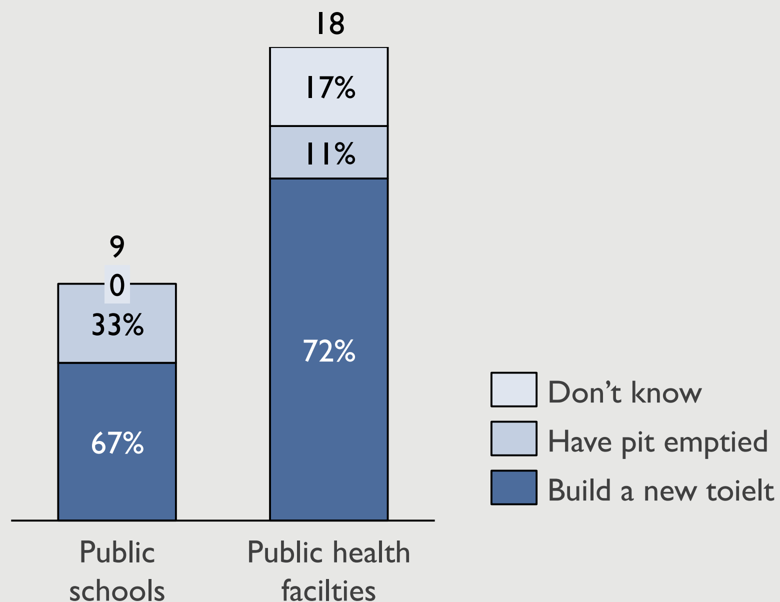
Barriers | Public | Inadequate access to pit emptying (3/3)

3

b

As a result, most public institutions opt to build new toilets instead of emptying their existing toilets; this creates an additional demand on already constrained government budgets

Percentage of public institutions that plan to construct a new toilet when the pit of their current toilet fills



Secondary research

According to a World Bank diagnostic report, **only 17% of school toilets in Uganda have ever been emptied,** despite the majority now having lined pits that are emptiable.

This is attributed to a lack of safe emptying options, or the inability of schools to raise the required funds. Schools are responsible for raising funds for pit emptying, however many parents (especially the poorer ones,) find it **difficult to pay for pit emptying** or the construction of replacement facilities.[2]

1. During the in-depth research, we asked institutions with toilets over 3 years old what they intended to do once the pit of their toilet was full. The data reported here is based on answers from 9 public schools and 18 public health facilities that answered the question
2. Uganda Sanitation Diagnostic Study Report, Gibson J., Eales K, and Nsubuga-Mugga C., World Bank, May 2017

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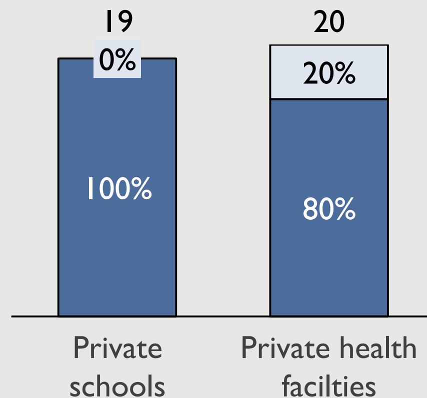
Barriers | Private | Low flexibility in provision of separate toilets

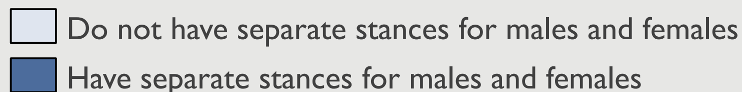
4

Low flexibility in how separate toilets may be provided for different user types necessitates the construction of new toilets in private institutions

Most private institutions provide separate toilets for different user types by allocating separate stances within a toilet block to various user types[1]

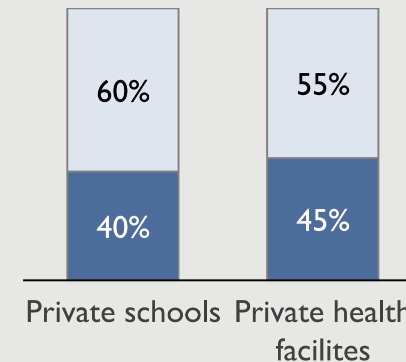
Percentage of private institutions that have separate stances for male and female users[1]

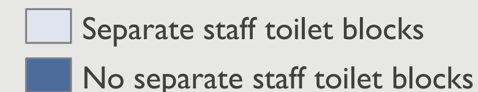




However, as with public institutions, most private institutions do not provide separate toilet blocks for different user types

Percentage of private institutions with separate toilet blocks for staff[2]





Please refer to slide 23 for prescribed design, and slide 24 for additional information on separation of blocks

1. Based on data collected from 19 co-ed public schools and 20 public health facilities with functioning toilets interviewed during the in-depth research
2. Based on data collected from interviews with 32 public schools, 20 private schools, 32 public health facilities, and 20 private health facilities during the in-depth research

Barriers | Private | Inadequate access to pit emptying (1/3)

5

Low availability of pit emptiers necessitates the construction of new toilets in private institutions, despite the fact that they have adequate user-stance ratios

a

The low availability of pit emptiers makes it difficult for private institutions to access pit emptying services

b

As a result, most private institutions opt to build new toilets instead of emptying their existing toilets

Barriers | Private | Inadequate access to pit emptying (2/3)

5

a

The low availability of pit emptiers makes it difficult for private institutions to access pit emptying services

Primary research

Expert interviews with GIZ revealed that the **availability of treatment plants outside Kampala is a challenge**. The cost of emptying depends on the volume of sludge in the pit and the distance of the pit from a treatment plant; the further the pit, the higher the transport costs for the emptier. As pit emptiers pass the transport cost onto the customer, institutions outside Kampala pay a higher price for pit emptying.

Secondary research

A study by SNV noted that there are **no pit emptying services or treatment facilities in rural Uganda;** this poses a significant challenge to schools in rural areas. Though the government plans to set up additional treatment facilities in rural areas, this will take time.[1]

Secondary research

A study on the sanitation supply chain in rural and small towns in Uganda noted that that there was a "**lack of widespread pit emptying service provision**". Most of the **existing pit emptying trucks are based in Kampala**. These emptiers are willing to offer services across a broad geographical area, but charge by the distance they have to travel; this **greatly increases the cost of pit emptying.**[2]

1. Consumer Insight and Sanitation Supply Study, Uganda, SNV, January 2015
2. Analysis of the Sanitation Supply Chain in Rural and Small Towns in Uganda, PATH, 2012

Barriers | Private | Inadequate access to pit emptying (3/3)

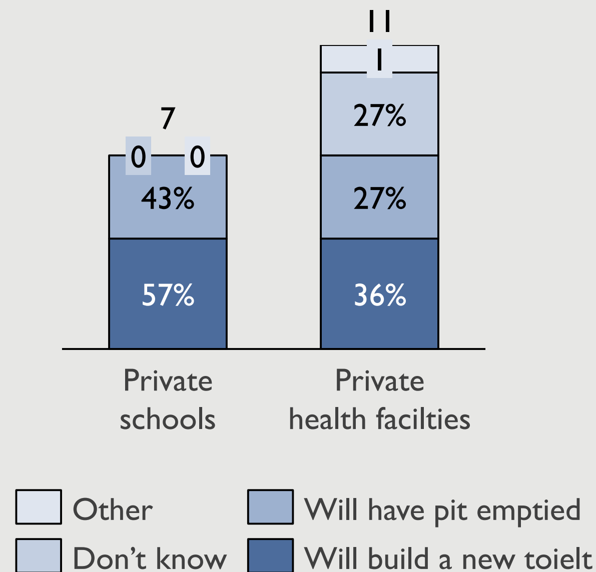
5

b

As a result, most private institutions opt to build new toilets instead of emptying their existing toilets

More than half of private schools and more than a third of private health facilities plan to build new toilets when their toilet pits fill up[1]

Percentage of private institutions that plan to construct a new toilet when the pit of their current toilet fills up



1. During the in-depth research, we asked institutions with toilets over 3 years old what they intended to do once the pit of their toilet was full. The data reported here is based on answers from 7 private schools and 11private health facilities that answered the question

Barriers | Private | Inadequate funds for new toilet construction (1/3)

6

Private institutions have inadequate funds to invest in new toilets, as their earnings are limited due to the affordability constraints of their users

a

Private institutions depend on user fees to cover operational expenditure

b

However, most households are unable to afford the fees; this limits the ability of private institutions to invest in new infrastructure, including toilets

Barriers | Private | Inadequate funds for new toilet construction (2/3)

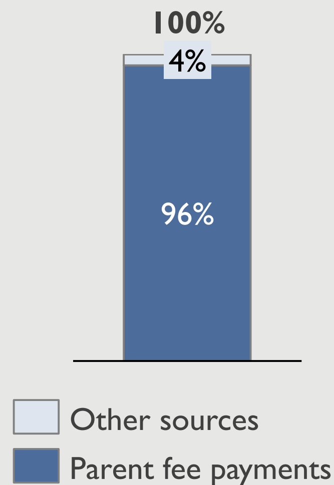
6

a

Private institutions depend on user fees to cover operational expenditure

According to a survey of private schools in Kampala, 96% are dependent on fees to meet their operational expenditure, including capex[1]

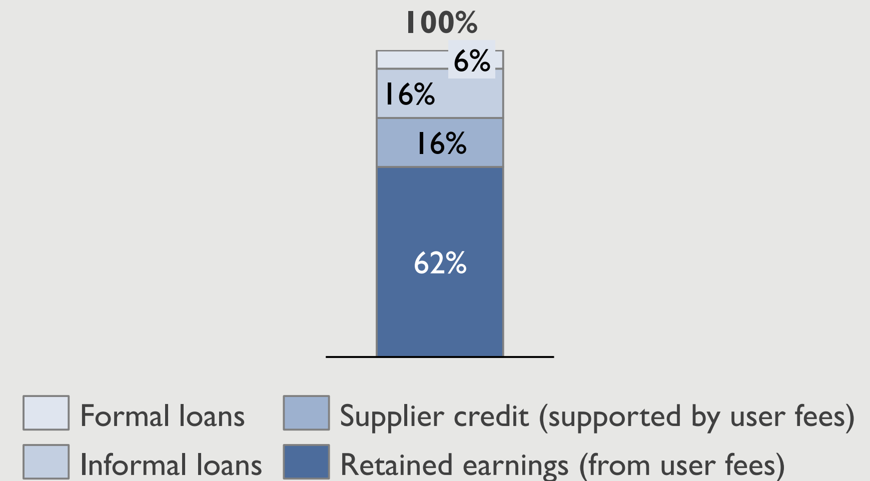
Source of funds used by private schools to meet operational expenses



Other sources
Parent fee payments

According to a survey of private health facilities in Uganda, 62% rely on retained earnings to meet their operational expenditure, including capex[2]

Source of funds used by private health facilities to meet operational expenses



1. Low Fee Private Schools in low-income districts of Kampala, Uganda, Harma, J. and Pikhold, L., CapitalPlus Exchange Corporation, 2017
2. Uganda's Private Health Sector: Opportunities for Growt, USAID, April 2015

Barriers | Private | Inadequate funds for new toilet construction (3/3)

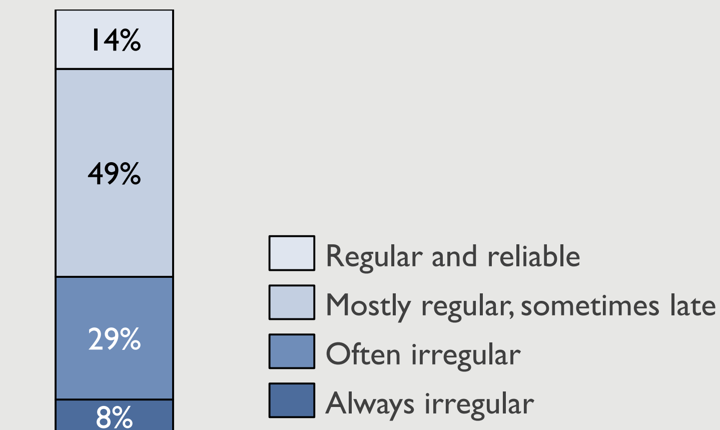
6

b

However, most households are unable to afford the fees; this limits the ability of private institutions to invest in new infrastructure, including toilets

According to a survey of private schools in Kampala, 37% of parents do not pay fees regularly; and 42% are behind on the payment of their children's fees[1]

Percentage of parents who pay fees regularly



Secondary research

According to a report on privatization of education in Uganda, "**Private schools often charge fees that are above the resources of most Ugandans**". This is demonstrated by the fact that:

- **~81% of households** with out-of-school children, **cited lack of money** as the reason for their children not being in school
- **~58% of households claimed financial constraints** was the reason their children never enrolled in school[2]

Secondary research

According to a USAID study, "**78% of private health facilities cited the lack of financing** as the major constraint in running operations."[3] This limits their ability to **purchase new equipment.**

1. Low Fee Private Schools in low-income districts of Kampala, Uganda, Harma, J. and Pikhold, L., CapitalPlus Exchange Corporation, 2017
2. Privatisation, Discrimination and the Right to Education in Uganda, ISER and the Global Initiative for Social and Economic Rights, June 2015
3. Uganda's Private Health Sector: Opportunities for Growth, USAID, April 2015

Contents

- Overview
- Context
- Barriers faced by public institutions
- Barriers faced by private institutions
- **Appendix**

Budget and approvals process for toilets in public institutions (1/4)

Budget allocation for a toilet in a public institution is typically decided through an annual budgeting exercise across central, local and lower levels, considering availability of funds, and urgency across spending priorities[1]

		Completion date
1	The Ministry of Finance **holds "Regional Budget Consultative Workshops"** with local governments to discuss funding requirements and guidelines	*20 August*
2	The Ministry of Finance shares an **"Indicative Planning Figure"** with local governments outlining the funds available under different grants, and provides guidelines on how to allocate these grants	*30 September*
3	The relevant departments (e.g., Department of Education, Department of Health) identify required investments and **prepare preliminary budget estimates and annual work-plans**	*20 October*
4	The local government holds a **"Planning and Budget Conference"** to discuss the preliminary budget estimates and work-plans, and seek inputs on required investments	*31 October*
5	Based on the inputs received, the district administration **prepares a Budget Framework Paper (BFP) and Development Plans (DPs)** for the district	*5 November*
6	The **Technical Planning Committee** (consisting of the heads of different departments) and the **local government Executive Committee, review and approve** the BFP and DPs	*15 November*
7	The approved BFP and DPs are **submitted to the central government for approval** and are finalized, in parallel with the national budget, through an iterative process	*30 November – 31 May*
8	Once the national budget is passed by the parliament, the **Ministry of Finance issues the "Budget Execution Circular"**	*15 June*

1. Budgeting Guidelines for Local governments 2016-2017, government of Uganda, March 2016

Budget and approvals process for toilets in public institutions (2/4)

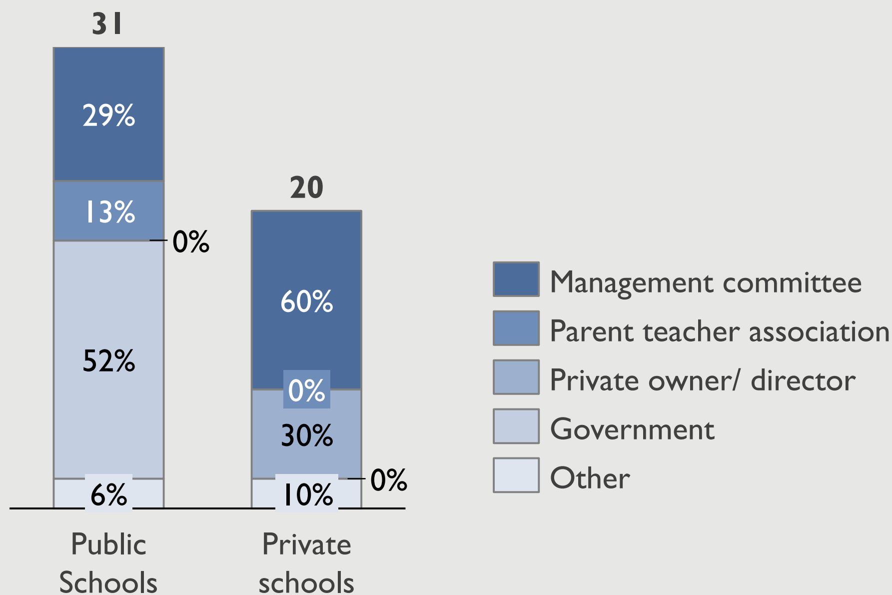
Various local government and administration staff are involved in approving the construction of a public institution toilet, overseeing construction, and approving payments

Stage	Process	Actors involved
Origination & Information gathering	• The request to construct a new toilet in a public institution can originate in two ways: – **District officials identify need** for additional toilets during inspections – The **head of the public institution sends a written request** to the relevant department • A Technical Planning Committee inspects all applicants and **prioritizes them according to their relative need** • The **local government** reviews and refines the priority list before approving it	• *District Education officer (DEO)* • *District Health Officer (DHO)* • *Chief Administrative Officer (CAO)* • *District Engineer (DE)* • *Head of the public institution* • *Local government leaders*
Product selection	• The DEO/ DHO chooses the desired toilet block (i.e., boys' block, girls' block); **each block has a standard design** • The **DE may make minor alterations** to the design based on local conditions; these alterations **do not have a significant impact on cost**	• *DEO/ DHO* • *DE*
Channel selection	• To appoint a contractor, the CAO submits a request to the procurement unit along with details of the toilet to be built and confirmation of funding • The **procurement unit issues a tender to a list of pre-qualified contractors** and selects a contractor after evaluating the bids	• *CAO* • *Procurement unit*
Product Installation	• The management of the public institution, in consultation with the DE, selects the site for the toilet • The **DE approves the site** and hands it over to the contractor • The **management of the public institution oversees construction** on a day-to-day basis; district officials and local government leaders periodically monitor progress • The **finance department releases payments,** in installments or in a lump-sum, after the DE issues a certificate of completion	• *DE* • *DEO/ DHO* • *CAO* • *Public institution management committee* • *Finance department*

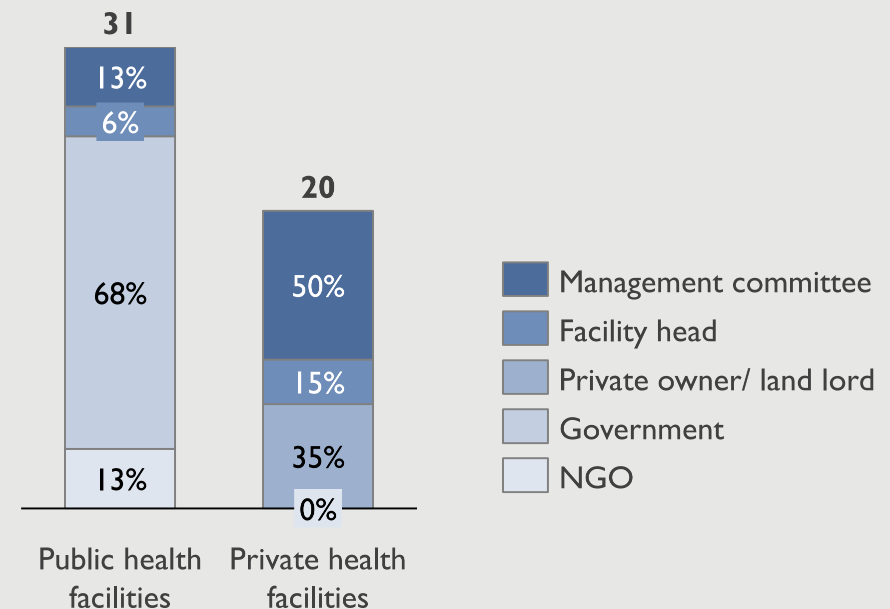
Budget and approvals process for toilets in public institutions (3/4)

Typically, management committees of public institutions have limited say in the decision to construct a toilet, whereas the management committees of private institutions have much greater involvement[1]

The management of public schools is involved in the decision to construct a toilet in less than 30% of cases



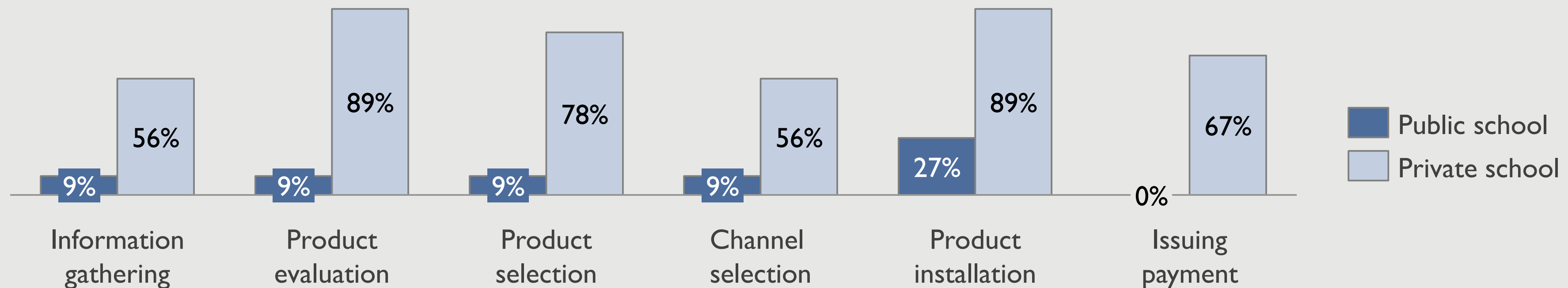
The management of public health facilities rarely has a say in the decision to construct a toilet

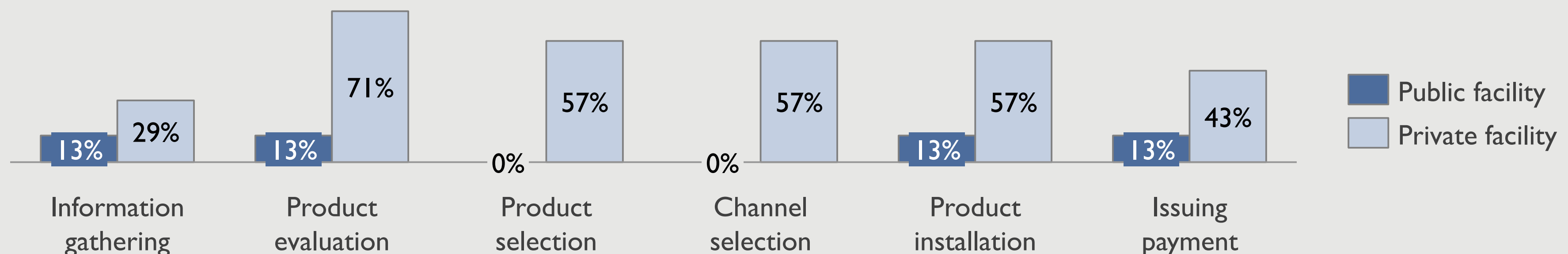


1. Based on data collected from interviews with 31 public schools, 20 private schools, 31 public health facilities, and 20 private health facilities, during the in-depth research

Budget and approvals process for toilets in public institutions (4/4)

The management committees of public institutions are also rarely involved in the toilet buying process[1]





1. Based on data collected from interviews with 11 public schools, 9 private schools, 8 public health facilities and 7 private health facilities, during the in-depth research. In the case of public institutions, we have considered only those institutions in which public funds were used to build the toilet. For further details on the budget and approvals process, please refer to the Appendix

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