

POVERTY AND HOUSE HOLD SANITATION OF SELECTED HOMES OF

KANSANGA PARISH

MAKINDYE DIVISION KAMPALA CITY

**A dissertation submitted to the School of Post Graduate Studies in
partial fulfillment for the requirement of the award of the degree of**

Master of Arts (Geography)

of Kampala International University

By

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DECLARATION

I, Joseph Muhwezi, declare that, this work has never been submitted to any university for the award of any degree and that , all this work is a result of original research carried out by my self , except the few references quoted to which acknowledgement has been made

Signed



Date

31st. 10. 2008

SUPERVISOR'S APPROVAL

This Dissertation resulting from the researcher's effort in the area of "**poverty and sanitation in selected households of Kansanga parish Makindye division of Kampala City**" was carried out under my supervision, with my final approval is ready for submission for the award of the degree of Master of Arts (Geography) to the higher degree committee of the School of Post Graduate Studies of Kampala International university.



Mr. Kiganda MP Galukande.

Supervisor

Date..... 01 - 11 - 2006

DEDICATION

Dedicated to my dear children, Angel Muhwezi Kobusingye, Mark Muhwezi &
Cathy Monica Muhwezi, My parents, Raphael and Jacinta Katungye
and lastly my long time friends and mothers of my
mentioned children, Florence and Norah.

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Finally my supervisor Mr. Galukande Kiganda Michael Peter's who was instrumental in every thing concerning this work. I owe you much sir

OPERATIONAL DEFINITION OF TERMS

Poverty : This is the situation when one is not able to meet some basic need of life such as water, shelter, clothing, medical care, food.

Sanitation: In this study, sanitation implies household's hygiene in terms of cleanliness accessibility to a proper source of water.

Household: a group of people living in the same dwelling. They may be relatives, or not.

ACRONYMS

DWD	Directorate of water development.
EU	European Union
GDP	Gross Domestic Product
HH	Households
ICR	Increment credit ratio
KCC	Kampala City Council
MFPEd	Ministry of finance planning and economic Development
NCDC	National Curriculum Development Centre
PEAP	Poverty Eradication Action Plan
UNDP	United Nations Development Program.
WB	World Bank

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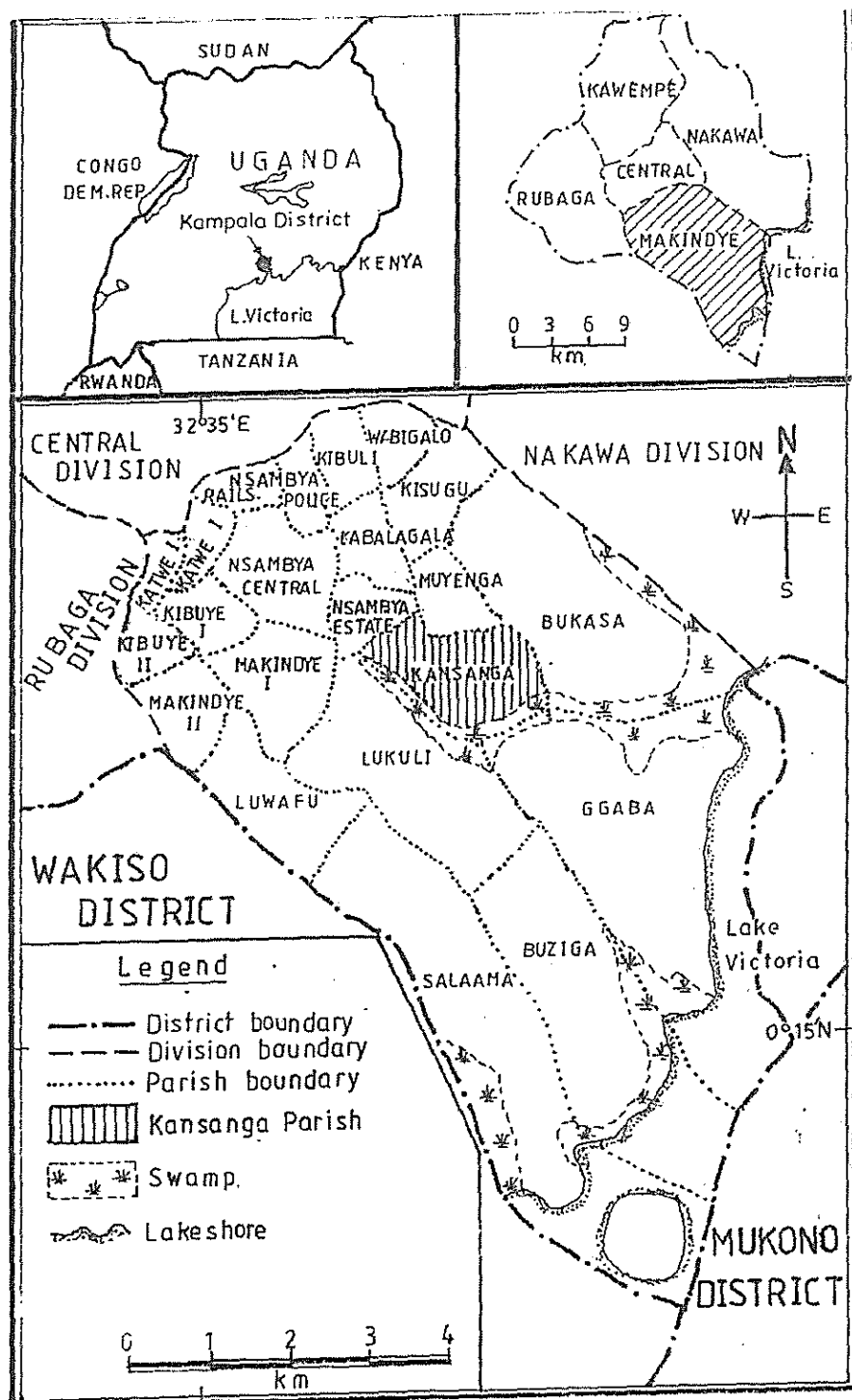
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ABSTRACT

The study was an investigation into the Relationship between Poverty and Sanitation of Kansanga Parish, Makindye Division, Kampala District. The development of this research emanated from the fact that the people of this area were suffering much from the sanitation related diseases such as the cholera, dysentery, and many others that result from the way the people of the area live. Many people thought, that these people were suffering from all these because of the fact that, they were poor. It's against this back ground that, the study was conducted to find out whether there was a relationship between poverty and home sanitation of the selected households of Kansanga parish. The objectives of the study were to:

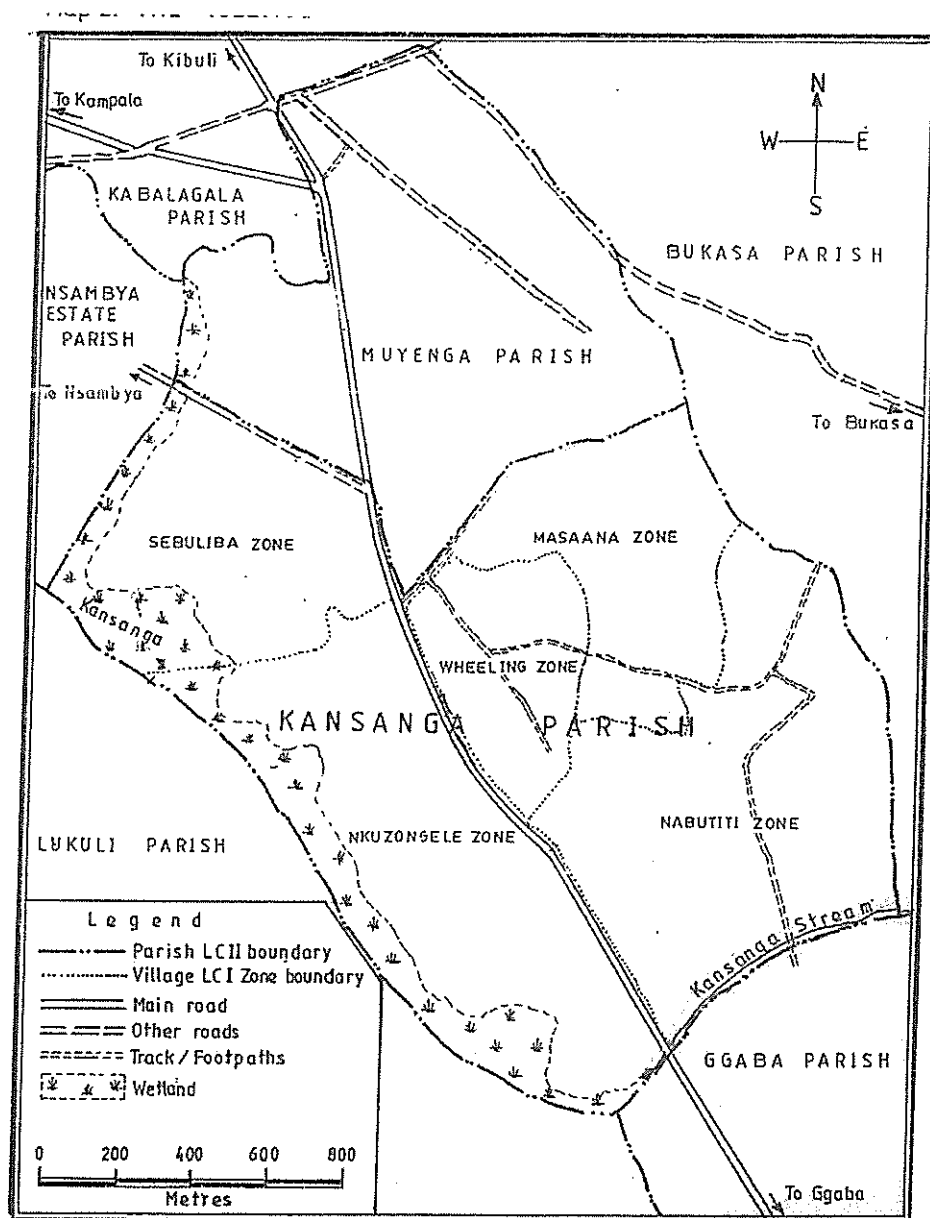
Establish the means by which the people of Kansanga dispose off their wastes; find out how domestic sanitation standards are maintained in Kansanga; and establish the relation between poverty and sanitation of Kansanga Parish. The study used SPSS as its methodology of arriving at results upon which conclusions and recommendations are made. The findings revealed that there is no significant relationship between poverty and sanitation of Kansanga Parish, other revelation are that, the domestic sanitation standards and the way by which these people dispose off their wastes is still lacking, because the standards used to measure these indicate below average. A lot has been left hanging in this field of home sanitation and poverty which need future researchers to come in and investigate further about the relationship between the two.

Figure 1: THE LOCATION OF KANSANGA PARISH IN MAKINDYE DIVISION, KAMPALA DISTRICT



Source: Population and Housing Census, 2002.

Figure 2: THE VILLAGE ZONES OF KANSANGA PARISH



Source: Kansanga Parish map of 2002 Population and Housing Census.

CHAPTER ONE

INTRODUCTION

1.1 Preamble

Poverty and sanitation levels have been and are still of a great concern to the entire global world. The international community at large and Uganda in particular are aware that there seem to be a relationship between poverty and sanitation. However, the nature of this relationship is not clearly defined. Although this relationship exists, it may not apply to all countries, districts or cities and Kansanga may be a case in point. Therefore, this study is an inquiry into the nature of the relationship that exists between poverty and sanitation.

In Kansanga Parish, the relationship between poverty and sanitation can not be evaluated by use of observations alone. There is need for an investigation that is accompanied by empirical data to determine whether this relationship exists or not. And if there is any relationship, one needs to explain the nature of this relationship. A close examination of the literature review and the data collected using the researcher-made questionnaire provide necessary information that is used to explain empirically the existence or non-existence nature of this relationship.

1.2 Background of the Study

Kansanga parish is one of the areas making up Makindye Division of Kampala city. Most, residents of this parish are low income earners, although the study concentrated much on poverty but there are residents of this place who are well off in terms of wealth. Majority of them are poor, this is the reason why the researcher was compelled to make study on them and see whether the sanitation in their households is dependent on the level of Poverty. In 1997 & 2004-2005, this area was hit by diseases which had their root in lack of sanitation in their households; such diseases included cholera, dysentery, diarrhea among others. These diseases affected the people of Kansanga and the effect was felt not only in Kansanga but in the whole of Kampala and Uganda in general. So it was because of this that, the researcher found it necessary to make a study on whether there was a relationship between poverty and sanitation in selected households Of Kansanga parish Makindye division. The research puts more emphasis on the poor, who live in slummy areas of Kansanga such as Masana, Nabutiti, Nkuzongere, Ssebuliba and wheeling zones. The people in these places have been much affected by the lack of sanitation related diseases which all have a root in the way people of this area are living. This issue of sanitation has been ragging in Kampala not because people want it, but because, people are poor in most parts of the city. So because people are poor, they cannot maintain the sanitation level and there fore find it hard to observe the rule of the game. Because of this, the study is revealing whether there is a

correlation between Poverty among people and the home sanitation within Kansanga.

No formal research has been made on poverty and sanitation of Kansanga and because of this, and a researcher being a student of MA.Geography and one of the residents of Kansanga, was prompted to carry this study on Kansanga in particular bearing in mind that the findings may be utilized to improve on the current situation.

1.3 Statement of the Problem

Poverty and sanitation levels have been and are still of a great concern to the entire global world. The international community at large and Uganda in particular are aware that there is a relationship between poverty and sanitation. However, the nature of this relationship is not clearly defined. Although this relationship exists, it may not apply to all countries, districts or cities and Kansanga may be a case in point. Therefore, this study is an inquiry into the nature of the relationship that exists between poverty and sanitation.

In Kansanga Parish, the relationship between poverty and sanitation can not be evaluated by use of observations alone. There is need for an investigation that is accompanied by empirical data to determine whether this relationship exists or not. And if there is any relationship, one needs to explain the nature of this

relationship. A close examination of the literature review and the data collected using the researcher-made questionnaire provide necessary information that is used to explain empirically the existence or non-existence nature of this relationship.

1.4 Objectives of the Study

1.4.1 General Objective

The general objective of the study was to establish the relationship between Poverty and the Sanitation within selected households of Kansanga parish in Makindye Division of Kampala.

1.4.2 Specific objectives.

The specific objectives of the study were to:

1. establish the means by which the people of Kansanga Parish dispose off their wastes and how domestic sanitation standards are maintained in Kansanga Parish
2. assess the determinants of poverty in Kansanga parish
3. assess the relationship between poverty and sanitation

1.5 Research Questions

- 1 By what means do the people of Kansanga Parish dispose off their wastes and how the domestic sanitation standards is maintained in Kansanga Parish
2. Do educational level and economic activity done determine the level of Poverty
3. What is the relationship between poverty and sanitation?

1.6 Significance of the Study

This research study has the following significance. It will be of great importance to the people of the area in the following ways;

It will be of great importance to the people of the area since it showing that one can maintain sanitation even when is poor. This will enable the local authorities to enforce laws on sanitation.

Secondly, it will also enable the residents of this area to improve on the means through which they dispose off their wastes.

Thirdly, it has enhanced researcher's methodologies as a student and this will help in future research work that may be assigned.

1.7 Scope of the study

This study concentrated on Poverty and Sanitation of Kansanga. It further concentrated on the key issues on Poverty addressing the level of education, income and economic activity done by the head of the house holds. Here it looked at the way the heads of the house holds have studied in terms of classes and again the way the house hold s generates incomes.

Sanitation issues the researcher considered the following as the basic minimum requirements for sanitation which includes; housing facilities, proximity to water source and health facilities, availability of latrines and toilets, access to bath rooms, availability of the kitchen at home, among others. The researcher conducted his study in Kansanga Parish Makindye Division, Kampala City, Uganda. The researcher employed members of selected household as determined by the sample size. These are the residents of Kansanga Parish. The research was conducted between January 2006 and August 2006. It concentrated on Poverty and Sanitation of Kansanga between 2003/2006.

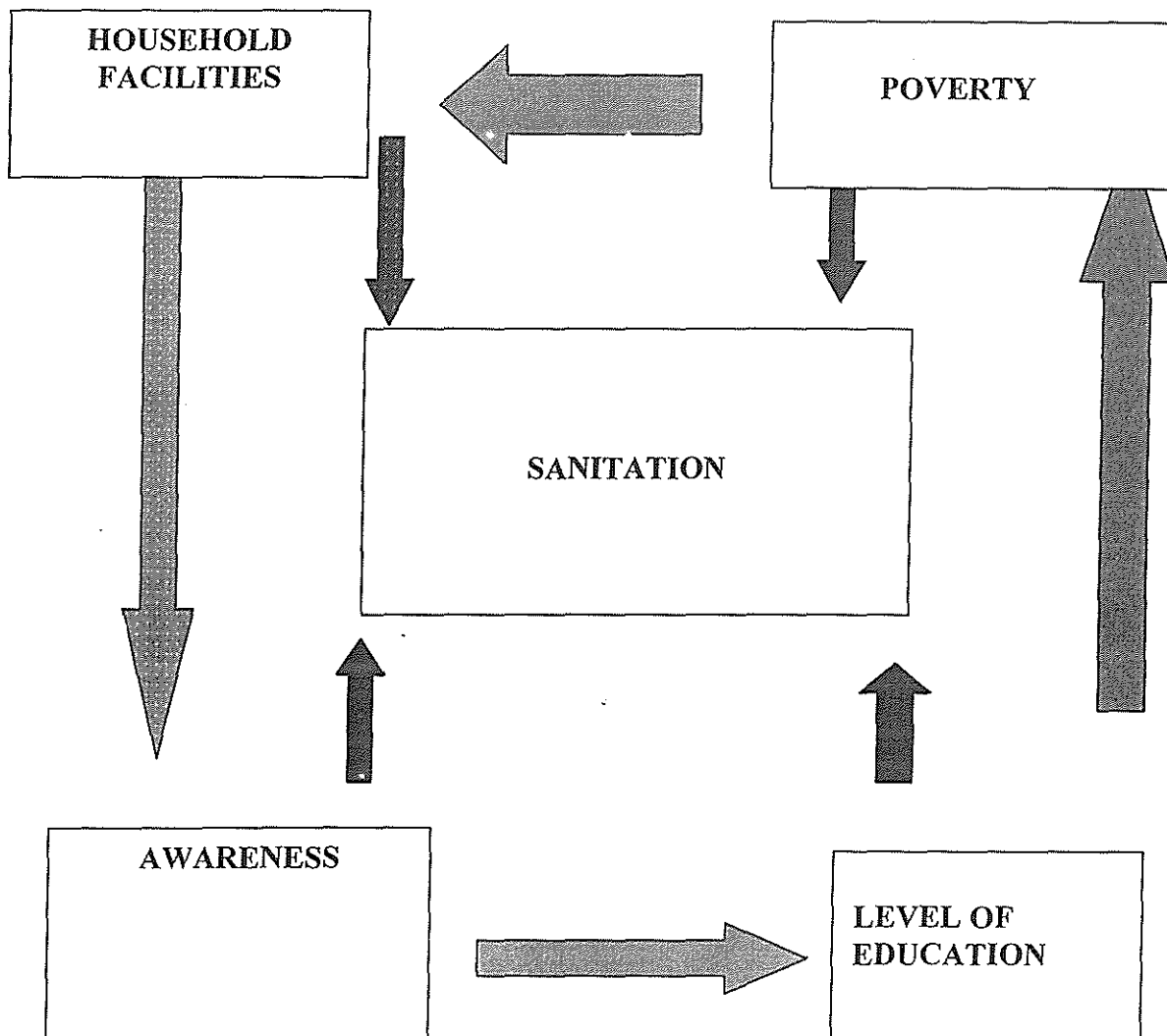
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter gives the theoretical and conceptual frame work of the study and reviews the available literature on poverty and home sanitation.

Figure 3: An illustration of the Conceptual Frame Work



From the Figure above, sanitation is seen as not only depending on poverty but also other factors, such as the level of education, household facilities like having latrines or toilets, kitchen, bath room, water, sewerage system among others, awareness and other factors that are not mentioned here but could lead to the people not to maintain hygienic conditions in their areas or households. Although the study concentrates much on poverty but there are other areas that may cause sanitation level to vary in the households or in the community like that of Kansanga. This is so because one would expect to find the level of sanitation high in the households of educated people but some time it is not what you expect that you find there. Even culture is very instrumental in determining the level of sanitation in the households of people or in a given area. Culture is paramount in shaping of the people's way of life including hygiene. However this study concentrated on only one variable (poverty) in trying to justify it's degree at which it affects sanitation in Kansanga parish.

2.1 Theoretical Back Ground to the Study

This study is based on the structuralist-institutional theory. This theory postulates that poverty emanates from the nature of existing social, political and economic structures or institutional set up (Chambers, 1983, Townsend, 1993). Some social practices discourage responsible consumption, technological development or the independence of a given sex in a community. An example

would be a situation where because of poverty people do not own latrines, wash hands after visiting latrines, they do not have shelves where to keep the home utensils among others, any practice that perpetuates and aggravates the levels of hygiene for this case. In other words the people cannot manage to have toilets, access to clean water, good houses to sleep in among others. So it is always the poor who cannot afford these items mentioned above.

Under economic structures or institution set up the theory which looks at the case of the poor nations where economic and institutions perpetuate duality. Under duality a few elites enjoy the good standards of living while the majority peasants live under appalling conditions.

So this theory brings out really what it means by the Poverty of the people, that is to say the poor. It means that the poor people live in appalling conditions while the rich people live luxuriously, therefore the poor have to suffer from all sorts of diseases including all those that emanate from the sanitary related infections. For this case the people of Kansanga majority being the people of low incomes as per say, and because of that, have been suffering from diseases that do emanate from the lack of home sanitation which result in many infectious diseases such as cholera, dysentery, diarrhea among others.

Another theory based on the home sanitation was advanced by a psychologist by the name of (Hochbaum 1958) he initiated **the health belief model** which

explain the wider spread failure of people to take part in preventive health campaigns such as the free screening of diseases, maintaining of sanitation in households. This is wise idea but in low developing countries such thing are not common, therefore people do not follow such campaigns because of certain threats, but economic hardships that are in Uganda today. Therefore the Kansanga community is hygienically unsafe because of the economic hardships. This due to the fact that the little money they get is all spent on the day to day running of the households of which sanitation issues such as clean water, good toilets, and good houses is not part of the things the family is looking for

There is another model on which this study can be based. This is called the social area analysis model. The social area analysis model of urban structure incorporates certain aspects of the ring sector and multiple nuclei model in amore comprehensive way of urban form. Essentially this approach involves deli- neating uniform sub areas in the city using three independent indices. One among them is a family status, socioeconomic status, ethnic status (Hochabaum 1958). Researchers have found out that family status indicators such as the population and age variables, housing ownership and age characteristics, size and marital status are very important in determining the health conditions of the people. He goes ahead to say that the socioeconomic status of the people is seen in the following education, income and house value figures which in aggregate demonstrate a sect oral pattern. The third is ethnicity status

indicator identifies with the minority group segregation pattern which has been characterized as portraying multiple nuclei tendency. This model allows for several different pattern and processes to operate in a city simultaneously. Therefore this model is applicable in Kansanga where people are located according to their levels of incomes and their social status in general. In this area the rich people live in good houses constructed with good materials whereas the poor people live in unappealing situation all the time.

2.3 Poverty.

Poverty is the inability to attain a minimum level of standard of living (World Bank (1990)). This definition considers income and expenditure per capita to be adequate yardstick for measuring welfare. The definition is used to determine who fall below above the minimum standard of living and classify them poor or non-poor respectively.

Glewwe and Gaag (1990) define poverty as interlocking condition of assetlessness, unemployment, low wages and incomes, proneness to disease, illiteracy, gender and economic vulnerability, social disadvantage and political powerlessness. This means that the people of Kansanga do follow in the same trap like what Glewwe suggested.

Poverty is related to the inadequate or lack of material things. Chambers,(1983) describes a poor house as one with few assets, which owns a small hut, shelter made of wood, bamboo, mud , grass ,reeds, palmfronds or hides. It has little

furniture, mats or hides for sleeping, perhaps a bed, cooking pots, and a few tools. They have no toilet or any sanitary facility, has a small piece of land at all, no livestock or only a small stock. The household's stocks and flows of food and cash are low, unreliable, seasonal and inadequate.

Poverty involves the lack, deficiency and loss of social, economic, cultural, political and other entitlements, rights and benefits. These are the entitlements that individuals, households and communities should enjoy in order to exist and survive in wellbeing with social dignity (UNDP, 1998).

Local people perceive poverty as lack of the means to satisfy basic material and social needs as well as a feeling of powerlessness. It is non uniform, complex multidimensional, cyclic and seasonal (MFPED, 1999). This definition demonstrates that poverty is more than income and expenditure.

The UNDP Poverty report (2000) gives a comprehensive summary of the basic definition of poverty. They are divided into major categories, income and human poverty. Income poverty is further divided into extreme poverty and over all poverty. It is defined as lack of income necessary to satisfy basic needs usually defined on the basis of minimum calorie requirements. Over all poverty is lack of income necessary to satisfy essential non food needs such as shelter, clothing and energy. On the other hand human poverty is the lack of basic human capabilities, illiteracy, malnutrition abbreviated life span, poor material health, and illness from preventable diseases.

Measurement of poverty is necessary to gauge the magnitude of a country's or community's poverty problem, to provide statistical basis for analyzing the nature and characteristics of poverty, for systematically monitoring trends in the incidence of poverty, and to influence the design of policies to address poverty problems (Glewwe, 1990; World Bank, 1993). The starting point in the measurement of poverty is the utility function. The underlying assumption is that the individual's or household's objective is to maximize utility given certain constraints. Welfare can be approximated using expenditure data. The expenditure variable consists of the sum of explicit expenditure on food and non-food items, the value of food produced and consumed by the households and the imputed use of the value of durable goods owned by the households (Glewwe, 1990, WB 1993).

The poverty line is a measure that separates the poor from the non-poor. Those whose income (consumption) falls below the line are poor, those whose income is above it are non-poor. The poverty line portrays the extent of poverty and the characteristics of the poor. Poverty lines can be set in relative or absolute terms. It is important to note that an analysis of poverty typically differentiates between the absolute and relative poverty.

Relative poverty refers to the position of an individual or households compared with the average income in the country or community. People are relatively

poverty stricken with their income, even if adequate to survival, falls below the average income of the individual or community (World Bank, 1993).

Absolute poverty on the other hand refers to the situation when an individual or households in relation to poverty line whose real value is fixed over time. An absolute poverty line is based on the cost of minimum consumption of goods based on the food necessary for a calorie in take. The poverty line is then augmented by an allowance for non food needs consistent with the spending patterns of the poor (World Bank, 1993, Kibahiginira, 1994).

The other measures of poverty are the total household income. Total household expenditure, per capita household expenditure, total income per adult equivalent, per capita food consumption and proportion of household budget spent on food. Measurement of the incidence of poverty is by numbers in the total population living below poverty line, while the intensity of poverty is reflected in the extent to which the incomes of the poor lie below the poverty line (Demery, 1994).

Many theories have been put in place to explain the causes of poverty in countries where it exists. This research focuses on the following theories that try to explain what causes poverty in countries, individual, communities among others.

This theory has it that poor people are poor because their incomes are low. This leaves them with little or nothing to save. The theory goes head to say that since investment is a function of saving, this means that they have little or nothing to invest. This leads to low income and the vicious circle continues. The theory notes that the poor are in a state where they cannot do much about their plight unless some body comes to their rescue and breaks the circle. As observed by chambers (1983), the poor are in the situation of helplessness and hopelessness. The rescue suggested by the theory may take the form of a big package or discovery of important natural resource.

The theory suggests that poor have values and way of life that differs from others (Town send, 1979). The poor have a culture of poverty, which prevents them from succeeding in society and stops them from taking advantage of opportunities to break away from the bondage of poverty. This theory emphasizes laziness, thoughtlessness, irresponsibility, dishonesty, indiscipline, extravagance, apathy, submissiveness, hopelessness, and female centered families as some of the causes of poverty. The culture of poverty perpetuates itself and is passed on from one generation to another. The poor produce children amid poverty, and most likely their children produce poor children also. The theory emphasizes personal character of the poor as being responsible for the continued existence of poverty.

This theory postulates that poverty is caused by the inability of the vulnerable groups to fully participate in the existing economic opportunities (Rowen tree, 1901). The vulnerable groups are identified as the sick, the old and the unemployed. The inability of these groups to participate in the economic opportunities is attributed to their poor health status, their old age, or the retrenchment of the chief wage earner. This theory seems to have been formulated in a modern sector of wage income. It thus tends to explain poverty of groups or individuals that may have been well off in the past but the are currently involuntary unemployed. The theory would, for example, not explain poverty among the uneducated or those who have never been employed, such as poor fresh university graduates.

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According to Raghavan K, (1995), the incidence of poverty is positively associated with the extent of inequality in consumption distribution. The concentration of consumption shares in specific groups of population. According to the study this is very essential because the poor people do not have what to eat while the rich have everything. Like wise when it comes to sanitation related issues the poor live in condition which does not favor mankind. Meaning that they live in poorly un hygienic conditions. There fore the Kansanga people especially those that Poverty stricken stay in areas that are not hygienically safe. On the other hand those in higher socio-economic class stay in hygienically good conditions of life.

There is a great deal of contemporary evidence to suggest that health and sanitation varies according to Poverty of people. It could be argued that, it is the single most important factor explains health and illness. To be home less and to live "rough" carries a higher risk of mortality than any other group in the population. Any index of Poverty appears to show similar trends, that, the better

the material circumstances, the lower the rate of premature mortality. Like wise the higher the Poverty, the lower the levels of sanitation and vice versa. This according to Sally et al, 1998. Meaning that the people of Kansanga do follow in this category, because many are poor and cannot maintain the sanitation levels in their households.

The department of health's report variations in 1995 shows that of the 66 major causes of death among men 62 were most common among the lower class people, which it termed as class 1v. This means that it is the same thing which applies to the people of this area in terms of sanitation. This is so because almost most of the Kansanga dwellers are people of lower Poverty who cannot manage the items that are necessary for maintenance of sanitation within this Parish such as clean water, toilets, good houses, spray of vectors such as mosquitoes among other things. Death caused by the respiratory diseases and accidents are mostly highly correlated with the social class. The lower the socio class, the higher the risk. Although the number of people in the lower social class is reducing, the health gap between the social class I and 1v is widening (Trowler, 1996).

The most obvious causes of class inequalities and ill health related issues are the differential access to resources between the different social classes. People in lower social class have to little household incomes, live in un safe, cold and

damp housing, work in jobs where they are more likely to have accidents than people in other social classes, a further explanation is that the area in which poor people live are often those that have inadequate health services

It is not the material factors only that explain the behavioral and health of the people in different social classes.

There are a number of other factors that are also important to consider. One of these is how people feel about their position in society. Evidence from Japan and other similarly affluent countries suggest that long life expectancy is achieved in places with most equitable income distribution. This according to Wilkinson. This means that in Uganda where people are poor and that majority of them, belong to the lower socio-economic strata of which Kansanga is one of the places that follow under this area which do not have most of the essentials of life. Therefore the people of Kansanga being in peri-urban or outskirts of the city, the conditions of living are not good, because the majority of the people are unemployed and the few who have the jobs, these jobs are not self sustaining. This renders many of the people in this area to lack good life. Good life goes hand in hand with the levels of sanitation and health, Whereas sanitation has variations in different family and home status. The higher the socio-economic status, the higher the levels of sanitation, this is so because the rich persons are the ones who can afford the expenses encountered in the maintenance of sanitation levels in households, and this is vice versa.

Turner C.E.1990 observes that apart from the motivational problem of ill paid and insufficient personnel, infrastructural, equipment such as the water, and electricity are often inadequate. He goes further to say that the intermediate causes of poor health conditions and unfavorable trends in health and sanitation are of three types that is to say household, family conditions the community and the health system. This is very true in Kansanga where by people lack the infrastructure required to meet the sanitation obligations of the home or the family.

According to common country assessment, health situations analysis, patterns and trends. The overall health situations in Uganda is characterized of

A country suffering from structural imbalance and poverty. For this reason health as defined by the Alma-Ata Declaration of 1978, as "a state of physical mental and social well being and not merely the absence of diseases or infirmity" is far from being realized by the majority of the population.

Francis J.Turner, 1990. Observes that people of the social class phenomena follow a life which is a characteristic of the particular socio-economic class to which they belong. If this observation is valid, case workers should attempt to answer these two questions. To what extent are the differences in life style of a major importance for case work among people of different socio-economic

status? The second is that to what extent is it true that a person who is impoverished needs a kind of a case work that is basically different from a kind that is needed by a person who has an adequate income? The concern now is that those who are sharing the general prosperity are under fed, shabbily clothed, and poorly housed. This is a reminiscent of the spirits of early 1930s, when cure was sought in social reforms that were primarily economic in nature. Social workers viewed the mass unemployment of those days chiefly as the result of failures in the economy.

GWYN Kirk et al(2001), says classifying and labeling human beings, often according to real or assumed physical biological or genetic differences is away to distinguish who is included and who is excluded from group to ascribe particular characteristics, to prescribe the social roles and assign status, power and privilege. People are classified as economically strong or weak which brings in the issue of Poverty of people. Those social and economic categories are the foundations of the structural inequalities present in our society. In these categories there groups deemed superior, Legitimate, dominant and privileged while others are neglected.

Andrew j. Cherlin 1999. In his study of the socio-economic classes, says that class is a concept that is hard to define precisely, but too difficult to avoid using. It is used in two senses by the sociologists. In the first sense which is derived

from the writings of the Karl Marx, a person class position in a capitalist society such as the U.S.A is determined by his or her relationship in the society to the means of productions (Marx 1977) the latter terms refer to things necessary for the production of goods and services, such as the buildings, machines and capital etc. Marx called all those who owned the means of producing goods and services as the capitalistic class. Those who traded their labor for wages were called the working class. The second sense of class is for which term social class is used refer to an ordering of all persons in society according to their degree of power, prestige, and privileges. Where as Marx model focuses on the economic factors this definition is broader in scope. To be sure wealthy people have substantial power, prestige, and privileges in society where as poor people it is rare.

Marx goes further to say that there is also the upper class family which is those families that have amassed wealth and privileges and have substantial prestige as well. They tend to own spacious households to possess expensive clothes and furnishings etc where as lower class people are those whose connections to the economy is tenuous that, they cannot provide reliably for a decent life either because they steadily at low paying jobs or because they frequently un employed. They may live in deteriorated housing in neighborhoods with high crimes rates. They may not be able to afford adequate clothing for winter, they have little education and can rarely find job.

According to Robert H.Laver et al, 2000, sanitation and health related issues; health care problems are more serious for those in lower socio-economic strata than for those in higher strata. They suffer higher rates of mental and physical illness and receive less adequate. Also various kinds of illness characterize the various socio-economic strata. So when you borrow this concept to what is happening in Kansanga, where home sanitation is as a result of the welfare people are in? The higher the socio- economic status the people are, the higher the sanitation levels, and the lower the Poverty, the lower the sanitation level.

Still different patterns of illness and variations in health care among the socio-economic strata. People in lower strata have more physical health problems than those in the middle upper strata. They also have less knowledge about good health good health practices such as proper diet, vaccination, proper sanitation in households(Feinstein 1993, Ross and WU 1995, National center for health statistics 1998) and they are most likely to die at an early age and eve their health behavior is different from those in higher strata (Lantz et al1998). Ironically the poor and un educated Ugandans have the fewest resources to meet medical expenses and the greatest likely hood of discovering that they have a serious chronic or even fatal illness. The patterns of physical ill ness in our society, more problems and less help as they descend the socio-economic ladder is likely to continue of both lack of information and resources among

poor. The reasons for higher rates in the lower strata have not been precisely identified. A reasonable assumption however, is that they relate to factors, we have already discussed. They have root in more of economic stress and less adequate care (Feinstein 1993, Ensminger 1995). They not only face the stress of an employment but also the stress of un fulfilling or even hazardous and un healthy work conditions when they get jobs (Ross and Wu).

Again the ministry finance, planning and economic development, improved water supply is important for improving health of the population and improving the quality of life. Improved water supply also have another benefit in that they fill large amounts of time which is currently spent in carrying water especially the women and the children. In urban and peri-urban areas water supply is emphasized in that the population can access water such that the poor do not face the sanitation problems of water in way, short of that the poor people will resort to use of "kavera" toilets (plastic bags). This may lead to the prevalence of cholera, diarrhea and other water born diseases. The sector strategy will develop an approach to financing the sector which will attend to the needs of peri-urban sector and allocate responsibilities between DWD and NWSC and the municipalities.

The wider spread availability of new information tools services will present fresh opportunities to build amore equal and balanced society and foster individual

accomplishment. The information society has the potential to improve the quality of life. This article is adopted from the bulletin of European Union supplement 2/94.

Where as according to the directorate of water development, Ministry of water, lands and Environment. Fresh water is a finite and a precious resource essential for sustaining life and human development. The challenges of water management, fresh water provision, sanitation and health are known in all the countries, yet the issues are different. In developing world the lack of sufficient clean water and proper sanitation is one of the leading causes of illness and death. (Adopted from E U Uganda news).

Water is a fundamental for life and health. The human right is indispensable for leading a healthy life in human dignity. It is a pre requisite to the realization of other human rights. The government is committed to ensuring that the rights of Ugandans to safe water are fulfilled. However water and sanitation services are not free good as it requires substantial amount of capital. Therefore this means that the poor Ugandan living in area of study cannot access clean water, hence failure to maintain sanitation in their households

According to Joan Little Field, 2000, Poverty is not the same as disadvantage, most vulnerable children are not poor and the poor are not are alike. Children of

poverty have more healthy and sanitation problems, accidents, and exposed to greater stress and violence than other children. Poverty more than any other variable predicts education outcomes and many other aspects of life. This means that social class and disciplines have a greater influence on the behavior of people in all spheres of life.

Jay Cookley, 2001, says in all societies' social classes and a class relations influence that does what, he based his arguments on sports, where he says that it is people in high status position with incomes and all resources who rate high in sports. Even health and fitness movement which often has been described as grassroots' phenomenon in the U.S and Canada is confined primarily to people who have higher than average.

Philip Rice. F, 1990, evidence continues to amount that ready acceptance and active involvement in adolescent society is influenced by one's socioeconomic background. Social leadership scores of children in middle class in schools are higher than those of children in lower-class. However this does not mean that every child from the low socioeconomic status families is a social reject.

David Krech et al, 1989, every society has status system, most pervasive of which is a social class. Social class significantly determines the social environment and power of individual. In every community people are recognized as differing

in status, some being perceived as of superior status, others of inferior status. In highly developed communities a multiplicity elaborate and permanent status system is found. Within each of these systems a person is rank ordered in terms of prestige or social worth. The lower class is perceived by the superior class as immoral. Its members live in the deteriorated sections of the community. This is true because this is what is happening in Kansanga, there are people who see others as nuisance, because of the conditions they are living in.

John G.Burke, 1990. Observes that in every society, including own, the reach of scientific development by the complex of social and environment conditions. The limitations of several kinds of right to pursue knowledge freely, these being by the authority and social taboos, limitations to the interest of science being by the level of education and the direction of education and limitation to the opportunity to pursue science, these being set by the distributions of wealth and poverty, by class distinction affecting access to education by the available resources available to the society and the state of industrial arts and of course access to the sanitation due to poverty.

Saroj Kanta Behari et al, 1996, says that it is the responsibility of the home and the community and some time the schools to act on the health of the individual they cater for. He goes further to say that, health is every body's concern so the responsibility of health lies upon with the home, community, the school and

other stake holders. The three institutions should come forward for preserving the health conditions of the people living within these institutions. At home, good health provides and happiness has its roots in a happy home life. Home is the centre of every body's health, if the health situation at home is not good, the people in that family they may not necessarily be good at the same time. Primary responsibility for health maintenance must be cent red at home. This means that the people of Kansanga if the sanitation at home is not good, the health conditions may not be good. This because maintenance of the hygienic conditions at home needs some one whose position financially is good which is not the case with the people of Kansanga who are living in a peri- urban area.

In Uganda term Poverty is all about misery, ill health, lack of education, under-nourishment and other basic needs of decent living, shortened life expectancy and it is found of bringing hope less ness among the people. Lack of hope. Its about peoples inability to achieve full potentials, it's also about missed opportunities and it's a negation of humanity. Poverty in Uganda cuts across all sections of the population but in terms of numbers and severity Ugandan poverty is first and foremost a rural phenomenon. More than 70% of Uganda's population is rural and of these an overwhelming majority is small holder peasant.

Although major gains in poverty reduction were made in Uganda during the last decade, its magnitude and intensity still remain unacceptably far above the ground and indeed poverty is still extensive in Uganda. The reasons for this include among others

Under economic performance, at the center of the causes of Ugandan poverty is the under performance of the economy. There has been a decline in Uganda's GDP per capita in the last two years (national budget report). The causes of this under economic performance are many and varied. The level of investment has been low. Efficiency of capital as measured by incremental capital out put ratio (ICORs) has been low. This low efficiency capital in turn has been caused by poor infrastructures, inappropriate policies, weak institutions and poor governance.

Decline in commodity prices on the world market; globally the international environment has not been conducive for Uganda and the rest of the developing countries. As a primary commodity exporter, Uganda has been experiencing a secular and substantial decline in commodity prices which have resulted into a decline in its terms of trade. In addition foreign direct investment is negligible and official direct investment has been declining.

Inappropriate technology. The Poor technology used in the agriculture sector have led to the under performance of the sector during the last twenty years and because the sector is the back born of the country's economy its under performance has increased the number of rural poor and it has also exacerbated the life of the rural poor. There fore poverty reduction strategy in Uganda must address rural population and especially the rural poor. Besides there has been public under investment in agriculture. In the resent recent years, the public expenditure in Agriculture both capital and recurrent has been less than 20 % of the total government budget. This is a low rate of investment considering that agriculture accounts for more than one third of the GDP making it the major sector which drives the economy.

Corruption; the dishonesty in the use of public funds in Uganda at all administrative levels is one of the apparatus that have led to the persistence of poverty in Uganda. This problem emanates from the fact that, there are very un stringent law to deal with corruption and abuse of public office and also from the fact that many Ugandan in public office are paid very little in terms of salary and other benefits compared to the work they do. There is also some bit of favouritism when it comes to facing the law, the judiciary is abused when it comes to big government officials and this situation gives an impletion that corruption is legalized in Uganda. These have made the struggle against it fruitless and unless there is some thing different done it is likely to just keep on

rising pushing the country into a worst position in terms of poverty since the resources which are needed to help people get out of poverty are only used to benefit the very few who moreover, live a decent kind of life leaving the very poor in a vulnerable position to become even more poorer.

Climatic changes; Uganda is predominantly an agricultural country with more than 70% of the country's population depending on this sector and because of this it needs a stable and favoring climate to support crop growing. Unfortunately in the last five years the climate on which the country's agriculture is dependant has not been unstable and this has severely led to a decline in output since the farmers have not been in position to predict the seasons as they used to do and once a decline in output of the driving sector sets in automatically poverty will hike to the sky because there is never an alternative in the short run. Therefore one of the causes of the persistence of poverty in Uganda since 2000 has been the unstable climatic conditions which is the ring on which the agricultural sector rotates

Diseases, the burden of diseases has also been a severe problem in the last decade, the incidence of tropical diseases has been high. Many people die of malaria every year and equally the same number are dying of HIV/AIDS, other diseases include T.B, diarrhea, and measles and similar pandemic. The cost of ill health in terms of medical costs, opportunity cost of labor, physical impairment

and poor schooling have affected the economy in terms of future development leading to an increase in poverty.

Unfair trading arrangement on the global scale, the trading arrangement on the world scale is unfair to all developing countries Uganda inclusive. The developed world has denied developing countries access to their markets. They have refused to open up their economies for most of African commodities, they also highly subsidize their home producers to the extent that even if they open up commodities from the under developed world cannot compete favorably. This has made Uganda and other countries which are still developing to get very meager return from the export sector yet these countries do import almost 90 percent of the commodities they use. Because of such it is no wonder that Uganda and other countries in Africa have benefited little. If any in the AGOA initiative which was given to the African countries as a way of uplifting their import capacity. This is indeed unwarranted because an export led growth is one of the few initiatives that can uplift countries like Uganda out of poverty as it was evidenced in Asia in the early 1990's

Unstable power supply, the energy crisis in Uganda particularly the unstable supply of hydro electricity supply has placed a serious threat to the economic growth of the country and indeed it has affected almost all the sectors of the economy. The manufacturing sector is the most affected, there has been a decrease in production, which has reduced returns to manufacturers and in the

process some of the workers have been laid off from duties and generally power supply have been pointed out as one of the things that have led to the reduction of the GDP growth from 6.5 to 5.5 in the current financial year. This together with other problems has led to an increase in poverty levels from 35 percent to 39 percent according to the Ugandan ministry of finance planning and economic development.

Insecurity in some parts of the country; this has always remained a serious threat to the development of Uganda for the past one and a half decades particularly in the northern part of Uganda where the Lord's Resistance Army rebels have continued to disrupt peace and development for all the years they have spent fighting the NRM government. The situation of insecurity in this part of the country have kept peoples affected by the war in the internally displaced camp of which they live under a kind of life that is different from that of the rest of Ugandans and under such circumstance economic productivity is not feasible. People in this region have remained very poor to the extent that it's hard for them to meet their daily subsistence. Besides it also affects national planning and prioritization as the biggest percentage of the national budget is spent on defense. The situation continues to worry and threatens the country as all efforts put in place so far have all been in vain although the government is still doing all that is possible to end the insurgency.

High population growth rate; there has been a great controversy over whether high population is desirable or destructive for the economic growth and development. Argument in favor of high population are centered on the provision of a large market for the produced good however on the contrary other economists are saying that, with a poor population this is not feasible because the people do not have the capacity to purchase what is produced therefore an unproductive population to an economist is not desirable at all and this is the kind of population that developing countries are having and to this effects it implies that it is un desired. Uganda is ranked the third in the whole world in terms of high population growth according to the population secretariat of Uganda. This implies that given its meager resources high population have increased on the problem of poverty in Uganda.

Excessive administrative expenditure in Uganda is also one other cause for the continued poverty in Uganda. This is particularly so with the money which is received in form of aid. Despite the fact that 60 percent of the aids given to Uganda are grants and the remaining 40 are highly confessional, the local population benefit very little from these funds because of the un warranted administrative expenditure by the authorities in the country. This implies that the money does not go direct to what it is supposed to do but it is given out in form of salaries to administrators and in organizing seminars and workshops which gives very little benefit if any to the people at the grass root. Beyond foreign aid

misallocation, a lot of money is used to pay salaries for the many ministers and member of parliament who are emanating from the many districts that have been created in Uganda all of which must be represented in the national assembly and in the national government as there are guaranteed posts like the women Member of parliament for each of the districts in Uganda and other lower administrators working in different departments at the district headquarters that are paid by the government . This is done in disguising of taking services nearer to the people but it has political implication which in the end brings about misappropriation of the tax payer money. Leading to an increase in poverty level in Uganda.

The government of Uganda is implementing the poverty eradication action plan that articulates a national vision for poverty reduction by 2017.strong emphasis is laid on monitoring the relevance and the effectiveness of the agreed action in producing the desired result. (Poverty status report 2003)

To this effect Government produces a poverty status report every after two years. The report assesses the progress and challenges for implementation of the PEAP. It also indicates the future policy direction under each of the four goals of PEAP.

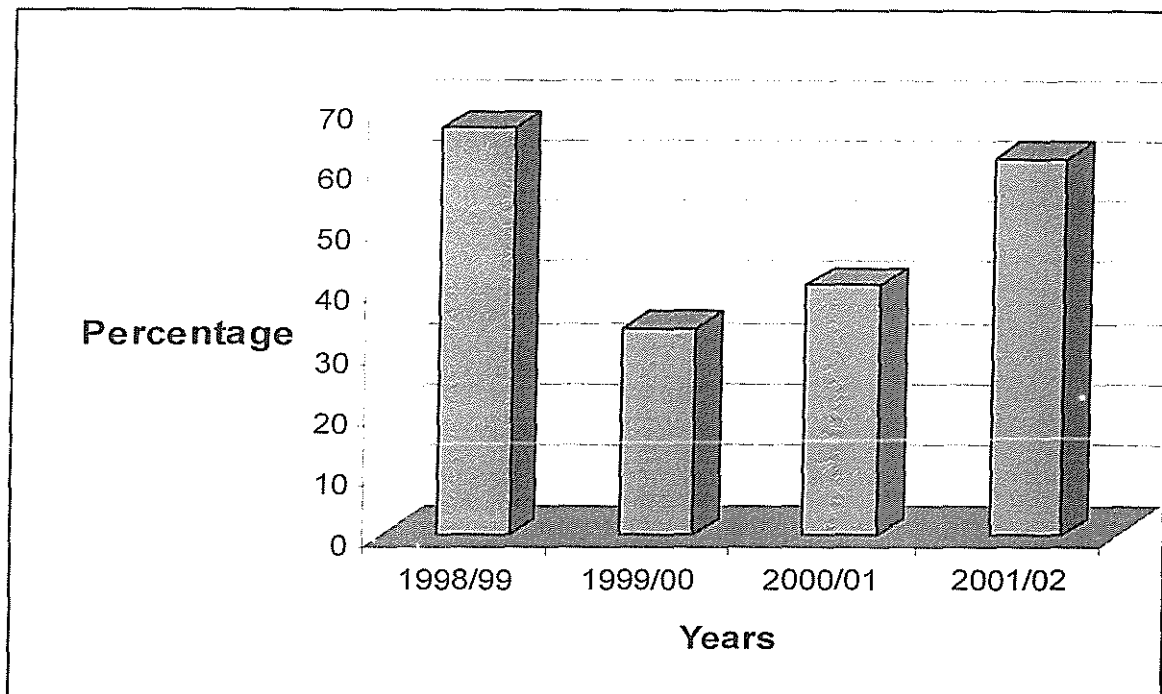
The preparation of these reports is a collaborative effort between line ministries research institutions, development pattern and civil organization and bring

together evidence on the major achievement and problematic area from a wide range of sources. The 2003 indicated the following as look upon the progress of the government actions.

Sustainable economic growth through prudent macro economic policies, economic openness and export diversification are correctly identified in the PEAP as pre conditions for poverty reduction.

Macro economic stability has been maintained with inflation being kept with in the PEAP target limit. However GDP growth rate over the last five years has been below target, as a result of poor terms of trade and the persistence insecurity in the northern part of the country. With sectoral share of GDP remaining constant over the past four years, it is evident that transformation is not taking place as desired. Although it is widely recognized that sustainable economic growth requires prudent use of natural resources, there is anecdotal evidence that environmental degradation is currently occurring in Uganda

Figure 4: Uganda Economic Growth (GDP)



[SOURCE (UBOS) figure showing Uganda's economic growth between 1998 and 2002.

From the Figure above the performance of the economy shows that, the economy is growing although this is not correlating with what is in the field.

There is concern that the pattern of the current economic growth is building up an environmental which would primarily be borne by the poor who largely depend on natural resources

Sustainable economic growth can only be derived by the private sector and the government's role should be to provide an enabling environment Marked

progress has been made in the telecommunication sector where the sector has been able to double telephone subscribers while the Kampala commercial court have been reformed, however there is a need for enhanced coordination between the medium term competitive strategy and, the plan for modernization of agriculture and the export flame work.

Economic growth can neither occur in an insecure environment nor translate into poverty reduction if the institutional frame work and the mechanism through which the intervention are under taken are inappropriate. Although security is maintained in most part of the country, Insecurity continues to perish in the northern part of the country, while cattle rustling are still rampant in the areas neighboring Karamoja. Another concern is the issue of refugee who flee insecurity with in the neighboring countries.

There have been significance improvement in the observance of human rights but there have been reports of violation of human rights, particularly the suspects under police and military detention. Workers rights are also violated with impunity by various employers. The justice low and order sector has made head way in improving access to and efficiency of criminal justice services, while its reform in the commercial justice sub sector have enhanced people's confidence in the judicial system

On the democratization front, the conduct of election increased the participation of citizens in the decision making with in their localities. However, community

members also decry the election malpractices. Progress has been registered in terms of intensified and deepened consultations, at all levels between government and civil society organizations. The challenge is how to strengthen this partnership in poverty monitoring

The limited availability of household data for the review period made it difficult to ascertain the extent to which economic growth was resulting into improvement in the income level of Ugandans. Anecdotal evidence from other studies gives a mixed picture about the key determinants of the household consumption growth. Access to and ownership of key assets is now a problem to poor household as the quality of the environment on which they depend is declining, While the size of the land holding are increasingly fragmented, the return to the assets continuously fluctuates as inadequate attention has been focused on the development of the productive sector. There has been an uneven progress in the enhancement of the poor, access to physical infrastructure in the area of rural road energy market and financial services. The situation is aggravated in the areas where insecurity is rampant.

Although access to social services has been improved, the quality of the service is still wanting.

Unemployment and under employment among the urban population continues to be a thorny issue and there are indicators that in the near future it will also be a rural problem given the dwindling asset base.

Government has made significance strides in the addressing gender inequality but the disparity at the household level still persist.

The ultimate goal of poverty eradication is to have a quality life and focus continues to be on provision of health services particularly health care education safe water and sanitation. Funding the basic services has been continuously risen and the health education sector is on truck.

Because malaria and HIV/AIDS continues to be the number one problem for the people this conforms the poor quality of life as reflected in the high infant and maternal mortality rate. However, with improved access to and use of health facilities the problem of ill health may be contained. Of concern is the poor quality of health services which is partly a result of under-feeding.

The education sector is making progress despite the problem of high population growth rate and the problem of high HIV/AIDS epidemics that are threatening to wipe out the gains of UPE which came out in 2003 and preparation are under

way to facilitate universal secondary education. The challenge is to ensure quality of both universal primary and secondary education

Access to safe water and sanitation are still a big problem despite the large public expenditure in the sector. Although the higher population growth rate may explain this phenomenon, there is evidence of poor value for money spent in the sector.

A new area in this pillar is that of social protection that aim to consider both efficiency and equity issue in the development agenda.

Government has consistently increased expenditure on directly poverty reducing activities. This has increased access to services although the quality is still poor. Government shall end over to the challenges hindering the effective experimentation of PEAP as identified under each pillar. Special attention shall be put on the area identified as issues to review during PEAP reviews.

SANITATION

Sanitation refers to the hygienic conditions that are healthier to our environment. This is according to the integrated primary science by (NCDC) National curriculum development centre. Such conditions include good houses, having a toilet or latrines, kitchen. Rubbish pit, access to clean safe water among others.

Sanitation is a basic, as well as a long standing, public health issue. When early people settled in communities and started to cultivate crops and raise animals, sanitation became a primary concern for society. The books of Leviticus, in the torah, include specific guide lines regarding the disposal of wastes, the placement and disinfection of wells, and related issues. To day, as urban areas grow, more pressure has been put on local water supplies, for the quality of the water that is available to the community greatly impacts all aspects of health. World wide, 40% of the population does not have access to clean safe drinking water, approximately 60% does not have satisfactory facilities for the safe disposal of human waste. Infectious agents in drinking water and food cause diarrhea deaths of several million children annually.

In the United States of America, every person uses almost 100 gallons of water per day, though only a small portion of this amount is actually used for drinking. Other uses include toilet flushing, bathing, cleaning and lawn watering.

Sanitation directly includes the appropriate disposal of human and industrial wastes and the protection of the water sources. Water borne agents are the causes of the many diseases in the United States of America and else where in the world. These diseases may be caused by bacteria, viruses and protozoan. Bacterial diseases include typhoid, shigellosis and cholera.

An example of sanitation as it relates water to water borne diseases globally is schistosomiasis. Sanitation and water supply are important issues in an integrated schistosomiasis control program.

Sanitation is directly related to water quality and water pollution. Water quality usually describes the level of certain compounds that could present a health risk. The quality of water is usually described by the guide lines values of what is suitable for human consumption and for all usual domestic purposes, including personal hygiene.

Where as according to the directorate of water development, Ministry of water, lands and Environment. Fresh water is a finite and a precious resource essential for sustaining life and human development. The challenges of water management, fresh water provision, sanitation and health are known in all the countries, yet the issues are different. In developing world the lack of sufficient clean water and proper sanitation is one of the leading causes of illness and death.(Adopted from E U Uganda news).

Water is a fundamental for life and health. The human right is indispensable for leading a healthy life in human dignity. It is a pre requisite to the realization of other human rights. The government is committed to ensuring that the rights of Ugandans to safe water are fulfilled. However water and sanitation services are

not free good as it requires substantial amount of capital. Therefore this means that the poor Ugandan living in area of study cannot access clean water, hence failure to maintain sanitation in their households

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In developing countries such like Uganda, the problem of poor sanitation has been lagging among households especially in highly density residential areas of urban centres. Poor sanitation is manifested through unsafe disposal of human

excreta, unhygienic water sources, poor solid waste management, poor drainage and adverse effects. These manifestations have endangered human health with the spread of diseases. This is true in a way that the people of kansanga live in an urban setting.

MOFPED (2003) estimated that 80% of the disease burden in Uganda is associated with poor sanitation and hygiene. By 2003, national household latrine coverage was estimated at 48% compared to the Poverty Eradication Action Plan (PEAP) target of 60% access by 2004. Further more over 97% of the urban population especially in Kampala still use the pit latrine as a form of sewerage disposal for human waste. However the pit latrine is not good for low lying areas because the waste will easily reach underground water table, hence contribute to pollution of water sources and as a result diseases erupt out hence killing people.

Some people feel un easy when disclosing sanitation because they consider it a cultural taboo. Some times they feel it involves too much hard work. Donors too have previously given less importance to sanitation. Further more there is no single institution responsible for sanitation programmes. The responsibility is simply spread over three sectors: health, education and water. The sectors have both given sanitation a very low priority because there are few resources available to address the issue. Consequently environment sanitation conditions in

the country especially in urban areas in general and Kampala in particular remains poor.

Good hygiene is one of the social responsibilities and needs; it mainly concerns the means of collecting and disposing off excreta and community liquid waste, in a hygienic way so as not to endanger the health of individuals and the community. Sanitation also embraces personal hygiene, provision of safe drinking water as well as food hygiene and vector.

NEMA (1998), the existence of adequate sanitation facilities and practices is essential to promoting and maintaining the public health status and general well being of any community. In many parts of Uganda, in the urban areas a significant percentage of the population does not have access to adequate sanitation services.

The disposal of human excreta in Kampala is a major problem. For it is estimated that 2% of the households in Kampala have no access to toilets, while 6% have water borne toilets inside their houses. The majority share toilets (National Environment Information Centre 1993). In the Peri-urban areas, the situation is even worse. The most commonly used method is the pit latrine. According to Nuwagaba (1995) most latrines are filthy, poorly constructed and are located too close to the overcrowded dwelling units. However, these authors did not tell us why people did not have these facilities.

At the World Summit on Sustainable Development (WSSD) in Johannesburg in 2002, one of the key commitments was having the largest proportion of people with access to safe drinking water and basic sanitation by 2015 (UN, 2002). In some areas of Kampala inhabited by poor people shallow pits are used as pit latrines whereby human wastes flow into channels. This sometimes contaminates water sources, especially spring water, with faecal material which in turn increases the costs of treatment. Spring water with untreated water has been cited as a cause of the high incidence of cholera in Uganda especially in urban

areas like Kampala. Cholera has been associated with high morbidity and mortality rates (NEMA, 2003).

Since water is a vital resource for life sustenance, socio-economic development and maintenance of the environment, Uganda is well endowed with this resource. However, the quality and safety of water is a critical issue (New Vision, 2006). It is for this reason that the constitution, states that every person is entitled to clean and safe water. The Government's objective in the water supply and sanitation sector is "sustainable provision of safe water within easy reach and hygienic sanitation facilities, based on management responsibility and ownership by the users".

The improved water supply and sanitation services have a major social, economic and wealth impact. It enables people to live with more dignity and has

a positive effect on their health. Bringing water closer to the home has a tremendous impact on the quality of life. This reduces the unnecessary burden on households, especially women and children, while increasing the rates of consumption and use for other purposes. It further states that an improved sanitation system provides disposal facilities that can effectively prevent human animal and insect contact with excreta.

Access to improved sanitation refers to the percentage of the population with access to at least adequate excreta disposal facilities (private and shared but not public) that can effectively prevent human, animal and insect contamination with excreta. These improved facilities range from simple but protected latrines to flush toilets with sewerage connection. To be effective the facilities must be constructed and properly maintained. Access to an improved water source refers to the percentage of the population with reasonable access to an adequate amount of water from an improved source, such as households' connection, public stand pipe, borehole, protected well or spring.

Sanitation problems in the third world are also associated with poverty. Arthur (1999) pointed out that low developing countries underlying problems affecting sanitation are poor socio-economic circumstances, he summarized the scenario as a small governmental budget and a large child population with high mortality from poor sanitation, malnutrition and infectious disease from poor sanitation

Poor administration and mismanagement of different organizations and programmes are some of the factors that have contributed to poor sanitation in Uganda and elsewhere abroad. NWSC noted that, in Uganda 57% of the urban population have access to good quality water. A United Nations representative of Uganda in 1987 categorically stated that, in Uganda the situation of unequal distribution of resources arose and was aggravated by the general mismanagement of the government and the economy that ensued in the country, following the declaration of independence in 1962. The UN representative further stated that no proper planning of water supply schemes was done and even where attempts were made to this end, the schemes were never implemented at all.

Mismanagement can also be looked in terms of priorities on the part of administrators. The bodies responsible for providing services related to sanitation tend to discriminate in a way of providing services in the areas they serve. Areas at the periphery of the City are sometimes ignored as most attention is directed to the City centre leaving insufficient equipment to cater for the periphery (Nuwagaba, 1995). Habitat in 1987 noted that government does not give a lot of attention to small urban areas, since it associates them with rural areas. More still, poor sanitation is attributed to Africa's stagnating economies and political instabilities. This, leads to insufficient funds being spent on urban physical

infrastructure and in particular sanitation. This is because other sectors like defence and security are taken as more demanding than sanitation.

In spite of the importance of safe water and hygienic sanitation to the well being of the population, achieving real gains in sanitation coverage has been low and slow (New Vision, 2006). According to the water and sanitation sector performance report (2005), further reveals that only 88% of the urban dwellers obtain drinking water from protected sources and coverage for sanitation is 60%. To make it worse, the challenges for the provision of safe water and sanitation are getting harder due to rapid population growth, increased urbanization and industrial activities, and poverty in peri-urban areas, and increasing habits of environmental degradation.

Wastes can be divided into many different types. The most common methods of classification is by their physical, chemical and biological characteristics.

Solid wastes are waste materials that contain less than 70% water (UNDP, 2005). The class includes such materials as household garbage, some industrial wastes, some mining wastes, and oil field wastes such as drill cuttings. On the other hand liquid wastes are usually waste materials that contain less than 1% solids

The solid waste generated in Kampala City consists of 73% organic matter, 5.4% paper, 0.8% tree cuttings, and 5.5% Street debris (Nuwagaba, 1995). The annual rate of Kampala solid waste generation has been estimated at 0.2 metric tones per person. Using the average growth of 3.4% per year (2002 population census). Hence solid waste generated in Kampala as of 2004 was estimated at 780,000 metric tones the question is where does this go?

Table 1: Estimated solid waste generated in Kampala by 2004

Category	% composition	Quantity (tons)
Organic matter	73.0	577,000
Paper	5.4	48,120
Saw dust	1.7	12,260
Plastics	1.6	15,480
Metals	3.1	24,180
Glass	0.9	7,020
Tree cutting	8.0	62,400
Street debris	5.5	42,900
Others	0.8	7,240
Total	100	800,000

Source: Nuwagaba (1996)

On the question of where does all the above (Table 1) solid waste go, it has been found out that, while the organic matter is readily degradable and paper, saw dust and tree cuttings decompose over a relatively short period, the others

(plastic, metal and glass) are not degradable. Consequently the solid waste generated by the urban population accumulates in the environment annually since it is not managed approximately. This means over 211,000 metric tones of non- degradable solid waste accumulates in the environment annually.

Furthermore, KCC with the participation of private solid waste collection firms operating in affluent areas, collects and disposes of only 41% of the solid waste per day. The remaining 59% per day is left uncollected and end up dumped in; drainage and sanitary channels, natural water sources, underdeveloped plots and along roadsides among other unfit places (NEMA, 2004). Heaps of rotting waste can provide a fertile breeding ground for flies, mosquitoes and rodents among other objectionable vectors (UNDP, 2005). Also poor and haphazard waste dumping can result in pollution of surface and ground water bodies.

In Kampala City, there are no proper disposal systems like proper land fill in place and it has a dump site instead. Some of the remaining per-urban areas in Kampala have poorly constructed or designed dump site (UNDP, 2005). There is some limited recycling of glass, bottles and other materials. The organic matter component is taken to mulch plantations in the neighbouring rural areas. Private sector opportunities do exist for the production of fertilizers, fencing posts, and

railway lines using carbonized technology. In addition they are opportunities for recycling plastics, polythene bags and packaging paper.

Solid waste management encompasses generation, storage, collection, transportation and disposal. Increasing urbanization, rising standards of living, and rapid development associated with population growth has resulted in increased solid waste generation by domestic and other activities. Unfortunately, the increase in solid waste generation in almost all urban areas has not been accompanied by an equivalent increase in the capacity of the relevant urban authorities to deal with this environmental problem (Nuwagaba, 1995). This, as a result, became one of the most pressing and challenging environment problems in the country especially in urban areas like Kampala. Poor waste management contributes to poor environmental conditions that may threaten the health and quality of life of the urban dwellers.

Urban authority therefore has the responsibility of ensuring safe, reliable and cost effective removal and disposal of solid waste, which takes up a large proportion of available resources. These resources in turn are not adequate to cope with the magnitude of the problem. It is estimated that Kampala City at present spends US \$ 1.53 million per month to remove only 30% of the total waste generated (Nuwagaba, 1995).

According to the water and sanitation programme (1999) the causes of poor sanitation in many urban areas are barely as a result of poor management. For instance in Uganda, the institutional responsibility for sanitation is fragmented as several ministries and agencies all appear to play some role in this sub-sector. For instance, in large urban areas like Kampala, NWSW is responsible for on site sanitation services. KCC is the agency responsible for on site management activities of the City. The ministry of health (MOH) working through the local government is responsible for the coordination of rural sanitation. Legislation is also scattered in various acts and decrees. In the final analysis, neither government ministry nor agency is accountable for sanitation in Uganda (MOH, 1991).

The nature of land in terms of topography and soil texture at times contributes to poor sanitation. The topography mainly is characterized by numerous low lying hills and wet valleys which comprise of the flood plains. It is the flood plains which have borne the blunt of the draining problem, and in turn, this is where the sanitary question is evident. The problem of flood plains has made it difficult to construct pit latrines since they have to be shallow and filled up very quickly. It is also through the stagnant water collection that people throw their garbage and human excreta (Nuwagaba, 1995). Ministry of health (1991) reported that in Kampala City in some areas, the sandy soils caused deep latrines to collapse frequently. The soils texture, dangerous people's elusion for latrine building and

people's effort to construct them normally comes to nothing. Ministry of health (1991), interviewed members of NWSC Kampala District team and noted that in Kampala City, peri-urban areas, latrine construction is hampered by the very high water table. In some areas, rocky grounds (areas) ranked against latrine construction since it takes a lot of human and financial resources to construct a latrine.

According to a report "UNDP (2005) very few governments have given less attention to sanitation especially in low developing countries. The number one obstacle has therefore been the weakness of political commitment to better health, although over the last two decades they have been made numerous promises to adopt on. More still, Birley (1995) stated that very few governments or Aid Agencies had given much attention to cities' sanitation problems especially those that impact most on the health and livelihood of the poor. He says that in the crowded condition of urban slums, there are epidemics of communicable diseases such as diarrhea, cholera and dysentery due to poor sanitation management. He further advances that communities need commitment access to 30-50 litres of water per day per person. This must be accompanied by concurrent and continuing sanitation benefit, sustainable water supply, maintained protection of the sources and distribution systems is essential.

According to RUWASA project Report (1994), temporary residents tend to ignore sanitation programmes because anytime they will leave. Studies have shown that residents do not desire improving community standards in all social, economic and health aspects mainly because they are never certain about the time period they are to stay in a particular community.

Birley (1995) noted that the existence of inadequate sanitary systems affects the level of sanitation and that the inadequacy of the systems is due to the increasing population. He observed that domestic water supplies are often installed before attention is given to the provision of adequate means of sewerage water disposal. He points out that the single buckets from distant stand pipes can be disposed off on top soil but as water increases, specific methods of disposal must be planned to prevent pooling and contamination with sewage.

The World Summit on sustainable Development (WSSD) declared many commitments in Johannesburg in 2002 one of which was having the largest proportion of people with access to safe drinking water and basic sanitation by 2015 (UN, 2002).

In some areas of Kampala inhabited by the poor people, shallow pits are used for sanitation whereby sewerage usually drains into the (open) channels when

they fill up (Nuwagaba, 1995). This contaminates water sources, especially spring water; with faecal material which in turn increases the costs of treatment, spring water used untreated has been cited as a cause of the high incidence of cholera in Uganda, especially in urban areas like Kampala. Cholera has been associated with high mobility and mortality rates (NEMA, 2003).

Ground water accessed through protected springs, shallow wells and boreholes represent the main sources of key source of safe drinking water for some of the areas in the City of Kampala since they require minimal treatment compared to surface water sources (UNDP, 2005). In respect to the International Water and Sanitation Centre, the main sources of water supply for Kampala are Lake Victoria, natural springs and borehole. Only about 30% of the City's population have direct access to piped water. The rest depend on point water sources such as shallow wells, protected and unprotected springs and on small scale independent provider services. Many organisations have also written on the problems of sanitation in Kampala. The World health organization (WHO 1990), National water and Sewerage Corporation (NWSC 1987), water supply in Kampala, all talked about the quality of water in Kampala. The National Water and Sewerage Corporation (1987) report states that the high quality of water for drinking cannot be guaranteed at the point of consumption. They attribute this to the rampant leakage in the plumbing system of transmission and distribution of water.

In fact due to the break down of most sewerage collection and disposal systems in many places in Uganda, it has resulted in numerous surface flow of sewerage in nearly every part, with this it has created a great danger of contaminating most underground and surface water, incidences of contamination of springs and wells are quite common.

The most common tropical diseases are water related caused by the absence of portable water and adequate sanitation or transmitted through insects, parasites and other water related disease vectors. In the developing world, 80% of all illness is attributed to unsafe and inadequate water supplies and sanitation and most of the hospitals are occupied by patients with water related diseases(UNDP 2005).

Rajagopalen (1998), observed that communities face many dangers from unprotected water sources and unsanitary liquid wastes. Where only water supplies are available, the problem of insanitation is intensified by the increased quantity of liquid wastes. Where sewerage facilities are provided inadequacies in their planning, faulty operation and improper disposal of the sewerage create health hazards to the communities they serve.

The state of environment report in Uganda (1994) states that most diarrhea sickness in 1991 hitherto was caused by bacterial, viral and parasitic infections transmitted through water, food and contact with faecal matter. The prevention of this disease requires better sanitation, cleaner water supplies and health education. The 1994 report however generalizes a little and does not touch on addressing how such facilities can be provided to some areas of Kampala lacking them.

National Environment Action Plan Of 1992, puts it that unsanitary environmental conditions as in slums, land slides, earthquakes, floods and drought, have exerted destructive impacts up the physical environment, poverty and human life here in Uganda. These floods normally occur in low lying areas where the drainage system is very poor and are occupied by low income people.

The report identifies that approximately 36% of the population in the urban areas in Uganda and more especially in Kampala, suffer from diseases such as enteritis and schistosomiasis. Such diseases are mainly due to the use of water borne sewerage systems, direct depositing of human excrete into receiving bodies creating a vicious cycle in the spreading of diseases.

Morgan (1998), associated causes of water borne diseases to the community, where most of them do not have latrines. He argued that safe water may be

provided but when the human faeces are managed, then contamination continues, hence accelerating the problem. Also observed that the cause of water borne diseases is due to poor hygiene and poor sanitation.

It is estimated that 80% of the disease burden in Uganda and more especially in the urban centres is associated with poor sanitation and hygiene. By 2003 the national household coverage of latrines was very low, estimated at 48% compared to the PEAP target of 60% access by 2004. Further more, the piped sewerage services are accessible to only 5% of the population in large urban centres (MOFPED, 2003).

The District health inspector and Director of Health services KCC, observed that there are a number of effects associated with poor sanitation which include bad odour, aesthetic problems, flooding and diseases e.g. dysentery and cholera out breaks in Katanga, Bukasa, Kansanga Lukuli that have claimed people's lives. Households with dirty latrines attract flies which feed on the faeces and later contaminate human food. Mosquitoes in stagnant waters near households transmit malaria, one of the leading killer diseases in Uganda. There is also a danger of acquiring diseases like dysentery, through germs found in human faeces. Dysentery is caused by poor administration of human waste in households. Bilharzia is transmitted by an infected person when he or she urinates near a water source.

Pickford (1995) argued that, in Uganda currently diarrhoea sickness ranks the second among the five child killer diseases being transmitted mainly through swallowing faecal germs. This has been mainly because of the poor disposal of faeces, and unprotected water sources. He further pointed out that the provision of safe water sources and sanitation is very important but constructing latrines and digging wells will have little effect on health unless people use these facilities.

Poor sanitation management affects academic performance. According to the survey that was conducted in Uganda it disclosed that 2.7% of the students in the country (Uganda) lost their time because of the poor sanitation related diseases. The survey revealed that many adolescent girls drop out of school due to lack of sanitary facilities that ensure adequate privacy (The new vision October, 18th 2000).

Badly managed refuse (wastes) can promote water pollution by rain washing debris out of piles of refuse into surface water (NEMA, 2004). During the Earth Summit of 1992, poor waste management in most developing countries featured prominently as one of the greatest challenges of authorities, planners and residents. In Uganda there is growing concern about the same problem due to its effect on public health and the environment and hence retard human development (UNDP, 2005). Ground water pollution may also occur, in addition, piles of refuse present a fire risk, they smell and they are aesthetically

unpleasing in the urban environment. Where refuse disposal services are lacking, much refuse is deposited in open street drains and urban water ways. This causes them to block and may result into flooding. It also creates ideal breeding grounds for mosquitoes (Sandy, 1992).

Most developing countries Uganda inclusive have experienced the scourge of water borne diseases. In the Uganda country programme (1990 – 1995) it was noted that in 1990, there was a severe out break of cholera, diarrhea affecting both the rural and urban population of Uganda. Closely linked to this, were a number of causes associated with these diseases. Attewell (1993), observed that since the water is exposed to human and animal contamination which is a natural pollution coupled with drinking of unboiled and untreated water, accelerates the problem. Water Aid (1992), associated the causes to the irresponsibility of the local community who contaminate these water sources while many people in 1996 associated the cause for the outbreak of cholera to direct usage of un-boiled river water.

The World Resources Institute (W.R.I) (1996 – 1997), observed that community involvement in the water and sanitation project is a key to their success. And that not only must the communities be taught how to maintain and operate systems, they must also be consulted in order to determine what system best suits local conditions. The advocacy for the involvement of women is the best

way to solve the problem of poor sanitation simply because, they are highly responsible for all household work, and also play a leading role in carrying out household tasks in relation to domestic water and sanitation.

Through different legislation by the government, has brought local communities, local governments, ministries, NGOs and private sector into environmental management. However the capacities of all the above have to be built to ensure continuity of effort at all levels. The decentralization planning processes provide an avenue for all inclusiveness in participatory planning, management and monitoring within the same framework, support needs to be given to communities to upscale micro enterprises in environmental and natural resource management which improve on the sanitary conditions of the City.

Then as far as a global report on human settlements (1996) is concerned, the importance to secure safe and adequately serviced housing in relation to sanitation is ignored by most people. Housing should do more than simply minimizing diseases and injury. It should meet the needs and priorities of its residents, it also contributes much to physical, mental and social well being of the people. The quality and size of housing and the quality of the neighborhood in which it is located should be looked at.

Godman (1962) pointed out that, the basis of sanitation management in all communities is the safe disposal which will lead to the presence of flies, this may cause the contamination of water supplies. The diseases that may arise as a result of bad sanitary arrangements are dysentery, cholera, typhoid and intestinal worms. He also recommended that it is most important that all people use proper latrines, the habit of defeacating in open fields should be discouraged. The type of latrines to be used depends upon the nature of the soil and the availability of good water supply.

The installation of sanitary facilities requires constant effort and investment. He points out that the system must grow in size with the growth of population to ensure sustained coverage. He pointed out that the success of the system depends on the accuracy of the forecasts in the City. Inaccurate estimates of the population growth rates results in excess cost if the system is over or under designed.

The World Resource Institute (1996 - 97) states that, the community should organize the provision of sanitary services. Community based services should be organized to support the sanitary use of housing particularly for the disposal of excreta and solid wastes, the supply of clean water and the drainage of stagnant waters. It advocates that people must be protected against biologically contaminated water, which carries harmful micro organisms. Water in a

reasonable quantity is required for adequate personal and domestic hygiene. Water may be supplied from a variety of sources, which should be protected against contamination

Health education is also necessary for creating community awareness. As regards to a report by the World Health Organisation (1994), female education in particular is important in the improvement of sanitation as it merits special attention in any reformulation of health policies.

Wood (1995), emphasized that the best way to ensure long lasting health benefits may be as a result of improved water supply and sanitation water component which deal with construction of improved water latrines and hygiene education, is to mainly ensure every household as has a sanitary latrine which can last up to a minimum of five years before it is filled up. However, along side latrine construction, health workers need also to be trained on basic hygiene measures.

New vision (2000) published a number of recommendations to improve sanitation in Uganda and these include mobilizing the districts and communities to intensify sanitation related activities, use of mass media to educate the population on proper sanitation especially hand washing and encouraging

communities with long term held negative traditions to abandon them and adopt beliefs which are environmentally friendly.

He argues that a latrine should be situated away from houses and particularly from sources of water. It must be at least 50 feet if it is above it. There should be a storm water drain around it. A latrine works best in firm but porous soil where the water table is not too high. Cultural values treasured by a group living together may influence the response to the designed development programme. He also observed that values held by a community should be considered in a particular programme or project. He based his observation on the fact that many sanitation projects that have been designed world wide to improve sanitation have failed. This is mainly due to designed programmes that are not compatible with people's cultural values.

Sandy (1992), reported that urban sanitation is also related to land tenure. Squatters can hardly be expected to invest money and effort in a new latrine, if they are likely to be erected, even legal tenants may be reluctant to improve a property for which their landlord may increase as a result of their efforts. Regulation of property right may therefore be a pre-requisite to many urban sanitation programmes.

Sera (1994) also observed that, people tend to embrace ideas and programmes that keep within their values framework and resist those which are direct. RUWASA Project findings in some areas of the districts of Kampala observed that cultural taboos are at the centre of poor sanitation.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter looks at the methods of collecting data, which were employed during the time of data collection in the field.

In this chapter, the methods of data collection, analysis and presentation are presented. An overview of the data type and source is also presented in this chapter.

3.1 Research design

The study was basically qualitative although the researcher employed some statistics, this did not qualify it to be quantitative

3.2 Research instruments

This study used a questionnaire to collect primary data from the households and the copy of which is attached on this Dissertation in the appendix part. The data was collected on the size of the household, education level of the household head, household income.

Data concerning sanitation was also primarily collected by use of the questionnaire. Still data was collected on the size of the household level and it

looked at the following; existence of the kitchen, access to piped water at home, existence of V.I.P pit latrines or toilets within the household's premises and presence of rubbish pit, Sewerage system within the vicinity of the households, the nature of the houses within Kansanga Parish.

The study considers the economic activity or the source of income of the household head's as an indicator through which one can measure whether the household is poor or non-poor levels. Chambers 1983 notes that the poor do not have the source of income or if they have, then it gives them less. He asserts that the poor are characterized by remittance income, (dependence on others) among others. The implication is that, the less the economic activity, the poorer one is, and the higher the economic activity, the higher the probability of that household being non-poor.

On the issues concerning the sanitation in the selected households in the Parish.

The following items were considered and these are here below:

Here the researcher considered some aspects of sanitation such as the existence of a kitchen. A kitchen is the area where all things that are used at home are found. Therefore a family with out it indicates that it has no where to put it's things or utensils that are used at home such the cooking, stoves, water cans, plates , shelves and stores where food is kept and all other items that are kept at home. Any family that has no this, it means that is suffering from poverty

therefore the standards of living of that household is still poor and the sanitation levels is below because people are keeping every thing in the house where they sleep some thing which endangers the standards of sanitation in households.

The study also looked at the family access to clean water that is to say piped water. In other words if a family cannot access clean safe water then it means it is using water that are drawn every where and this kind of scenario puts the lives of the people in dangers because of using unsafe water that is drawn from areas that could be infected with germs and therefore puts the lives of the people at stake. This is because in this area water is sold; therefore if people are poor then it means that they will be subjected to Condition that will attract them to use unsafe water at home hence compromising with the standards of sanitation

The existence of latrines or toilets in home was an important consideration when conducting the study. This is so because toilets are used by people who have some level of development. Toilets use water which is bought here in Kampala where as the latrines are used by poor people who cannot afford water in toilets. Therefore where you find the toilets, the chances of that home being able to maintain sanitation are high because hygiene is maintained by money. However much one may be able to maintain sanitation but if one is poor, it may be difficult for him or her to maintain it. Latrines require money to buy disinfectants that kill germs which transmit diseases amongst the people at home who cannot maintain hygiene. Therefore the possibility that poverty determines sanitation in

households is high and therefore there is a significant relationship between poverty and home sanitation.

Then another aspect of sanitation in households of Kansanga that was considered is the factor of the place where wasted things or items are dumped. This place is called rubbish pit. In households where such a place is not worth being there then that place is lacking sanitation in their households. Rubbish pits are so important in a way that, every thing that is useless at home or any thing that has been used and it may compromise with the hygienic conditions at home is thrown. Therefore it is paramount for any home which is maintaining sanitation to have it. In relation ship to the research study which is poverty and home sanitation, it means that if the family has no plot it may be hard for it to have one rubbish pit and this compromise with the sanitation levels at home.

Does the family or a home have the sewerage system at home which takes every thing such as the water that is used in bath rooms and the kitchen plus water from the toilets? If it does not, then there is a problem with sanitation maintenance. Because all these talked about will generate diseases if the sewerage system is not provided for at home. Sewerage maintenance require a lot of money therefore if you do not have money, it may be hard for a household to maintain it. This is according to spatial analysis model and structures of urban areas by

Lastly under sanitation, I looked at the nature of the house where the people resides. Under normal circumstances, the nature of the house also promotes hygiene with in the household. The higher the good status of the house, the higher the chances of maintaining the sanitation and the lower the house status, the lower the chances of maintaining the sanitation levels. The aspects considered above were adopted from the 2002 Uganda population and housing census. (Used by national bureau of statistics UBOS)

3.3 Data Source

Primary data was collected from the respondents in sampled households. A review of the existing literature on Poverty and Sanitation was done for the purpose of collecting secondary data.

3.4 Sampling Procedure

The researcher used the Solvens' formulae of arriving at the population to be studied. Kansanga parish is made of 720 households (according to the national bureau of statistics, census 2002). Therefore basing on the Solvens' formulae the following sample size was determined. The researcher also used Random Sampling technique to determine the sample population.

$$\text{Sample size} = n = N / (1 + n)$$

Where n is the sample size.

N Is the population size

1 is the constant.

e is confidence interval i.e. it should be around

95% or 0.05.

² is square.

Therefore n=

Target population (households) = HH

HH=720

$(720/1+720 \times 0.05^2)$

$=720/1+1.8$

$=720/3$

N=240

n= 240/3

n= 80

N=sampled population

n= the sample

3.5 Research instruments

Types of instruments

The researcher used the questionnaire to collect data from the heads of household.

3.6 Testing of the research instrument.

3.6.1 Validity of the instruments:

The researcher adopted a questionnaire which was already utilized in other in other areas like Nakaseke in determining the relationship between poverty and sanitation in selected households of Kansanga parish. However, the researcher modified the questionnaire to suit the topic and environment of the study.

3.6.2 Reliability:

The researcher pre-tested the questionnaire before it was administered to the sampled population. Ten persons were selected and were given questionnaires, they indicated the problems that the questionnaire had and were modified by the researcher.

3.6.3 Research procedures

A letter was written and sent to the area LC.11 who gave me the permission to carry on research in his parish. Before that the researcher received a transmittal letter from the postgraduate school which is attached in appendix

3.6.4 Specification of types and sources of empirical data

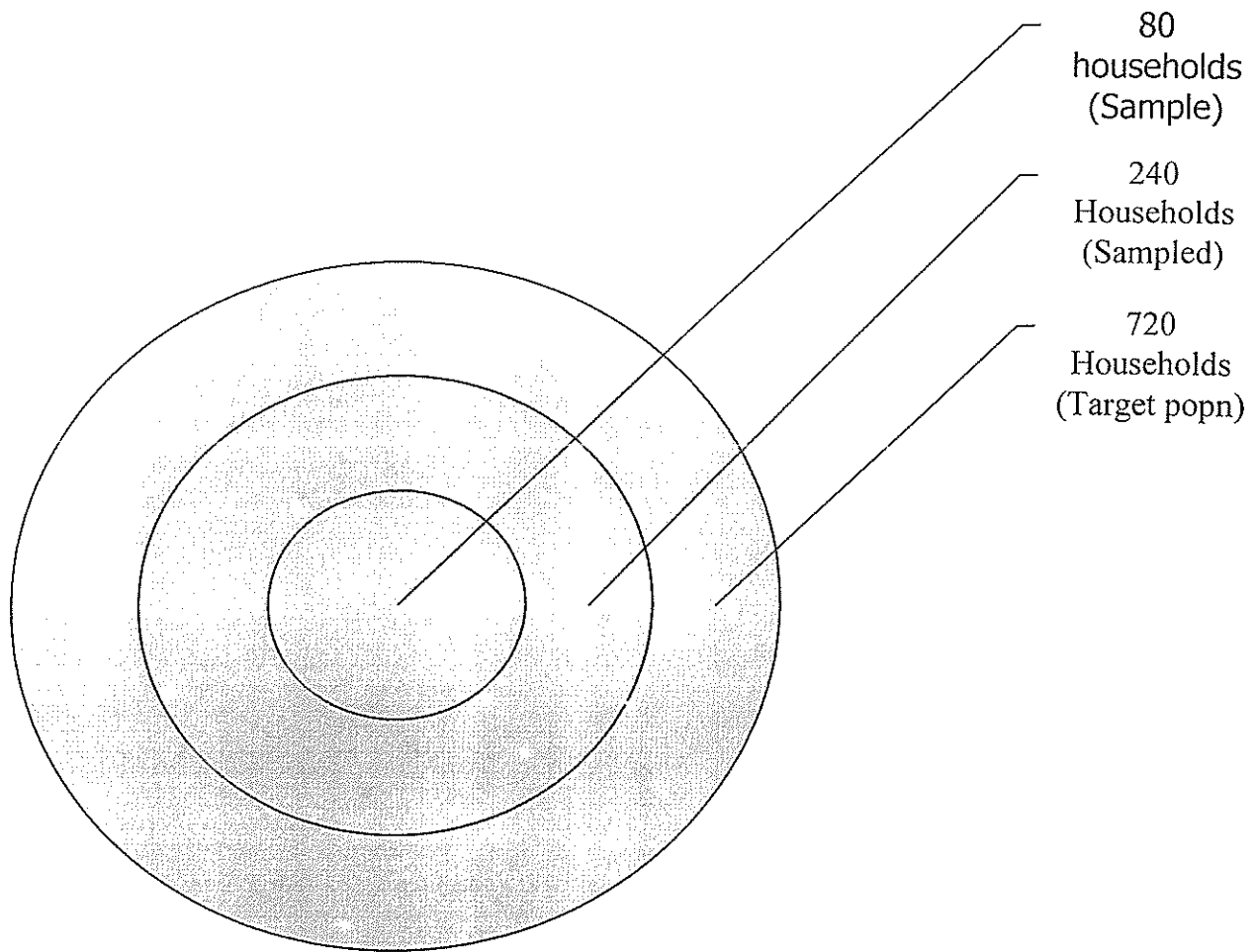
The study used both primary and secondary data. The information for the theoretical framework was obtained from reading secondary sources such as books, magazines from the library and the internet.

Primary sources were by formal questionnaires researcher used observation and this can be backed by use of plates (photographs).

3.7 Research Environment

This study was conducted in Kansanga parish Makindye Division of Kampala City. It covered selected households within this Parish depending on the sample size determination. This study targeted the families or households within selected households of Kansanga parish which made up of zones as illustrated below.

Figure 5: An illustration of the sample population



Source: Adopted from Amin, 2005

Therefore the houses that were sampled are 80. and the random interval
Was 3. Meaning that every third house was visited.

3.8 Data Collection

A structured questionnaire was used to collect data. The data collected was basically primary data.

3.9 Data Analysis

Data analysis was done using statistical package for social scientist (SPSS) and from that pie Pie chart were used and frequency tables were derived.

3.10 Limitation of the study

This study had some limitations although these limitations did not affect the outcomes of the findings.

One of the limitations was that, the people were very suspicious of the researcher as some did not want to accept the questionnaire. After though explanation with them, then, they were able to reveal the information.

Some respondents were illiterate and they could not read and write therefore filling a questionnaire was a big problem. Even during the interview, some respondents still could not provide the necessary information.

CHAPTER FOUR

DISCUSSION OF FINDINGS

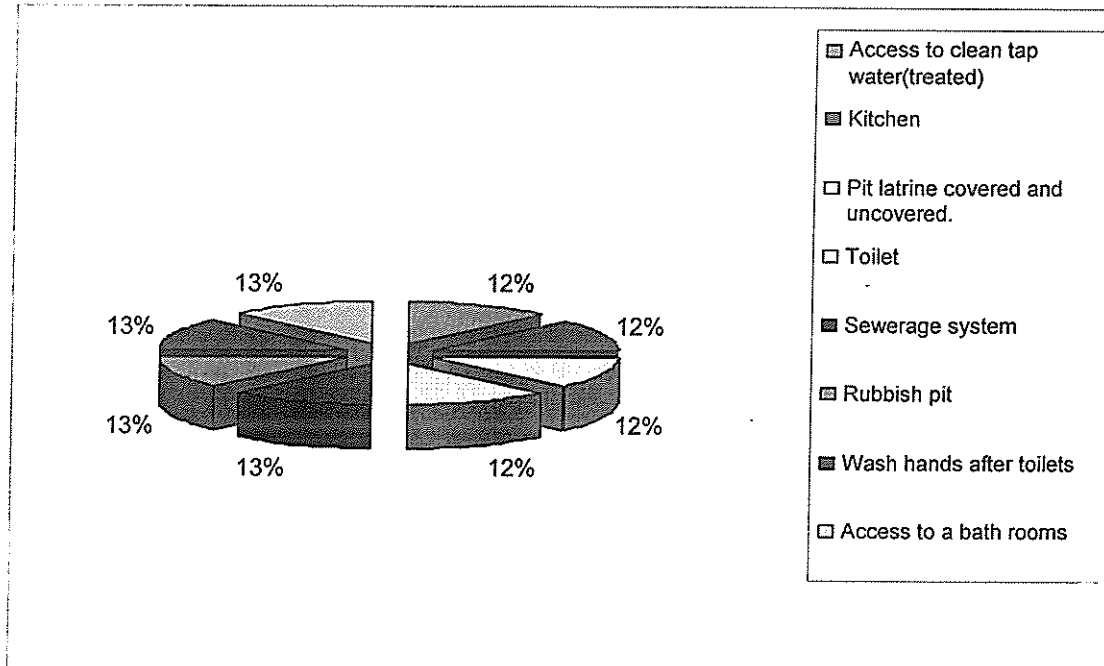
4.0 Introduction

This chapter is a presentation and discussion of the findings of the study in form of Pie charts and tables. The findings are further presented in accordance with the research question derived from the research objectives in Chapter one.

Findings to the research questions one which states that, how do the domestic sanitation standards maintained and what means do the people of Kansanga use to dispose off their wastes.

Findings to research question 1

Pie Chart 1: Domestic sanitation standards in Kansanga



Source: Primary Data

From the Pie chart, it is indicated that access to clean tap treated water by the people of this Parish stands at twelve percent (12%), this leaves us with other unanswered question: where do the rest get water from? Secondly, kitchen coverage is at 13%, this means that many households do not own kitchen yet the kitchen is very paramount in sanitation related issues. Latrine coverage was divided into two, one household that have toilets and those that have pit latrines, from the study conducted, pit latrine coverage stood at twelve percent(12%) where as the toilet Latrines (inside) at twelve percent (12%) coverage. This perhaps means latrine coverage is still demanding since many people are still poor and cannot afford toilets. Even those with flush toilets were still demanding since they are at twelve percent (12%) and at the same time sewerage coverage in the household premises stood at thirteen percent (13%). It was also noticed that many house hold did not have the rubbish pit disposal area, this is so because the rubbish pit coverage stood at thirteen percent (13%), this means that many people were disposing off wastes any where they wished some thing which contradicts with the sanitation standards. From the study still it was discovered that people do not mind about the washing their hands after visiting the latrines this represented thirteen per cent in the Pie chart1.

In short, the findings indicate that the domestic sanitation of Kansanga parish and how the people dispose off their wastes in this area is still lacking and that people should put in more effort to see to it that this is improved. This is so

because as per the Pie chart the, results indicate that all the sanitation indicators apart from the pit latrine are relatively below which puts the sanitation levels at a disrepute in Kansanga parish of Makindye division of Kampala Uganda.

Plate 1: One of the pit latrines in Kansanga Nabutiti Zone. Apit latrine of this nature is more likely to spread diseases.



Source: Field Survey, 2006

Plate 2: Channel with dumped and stagnant garbage



Source: Field Survey, 2006

Findings to the research question 2.

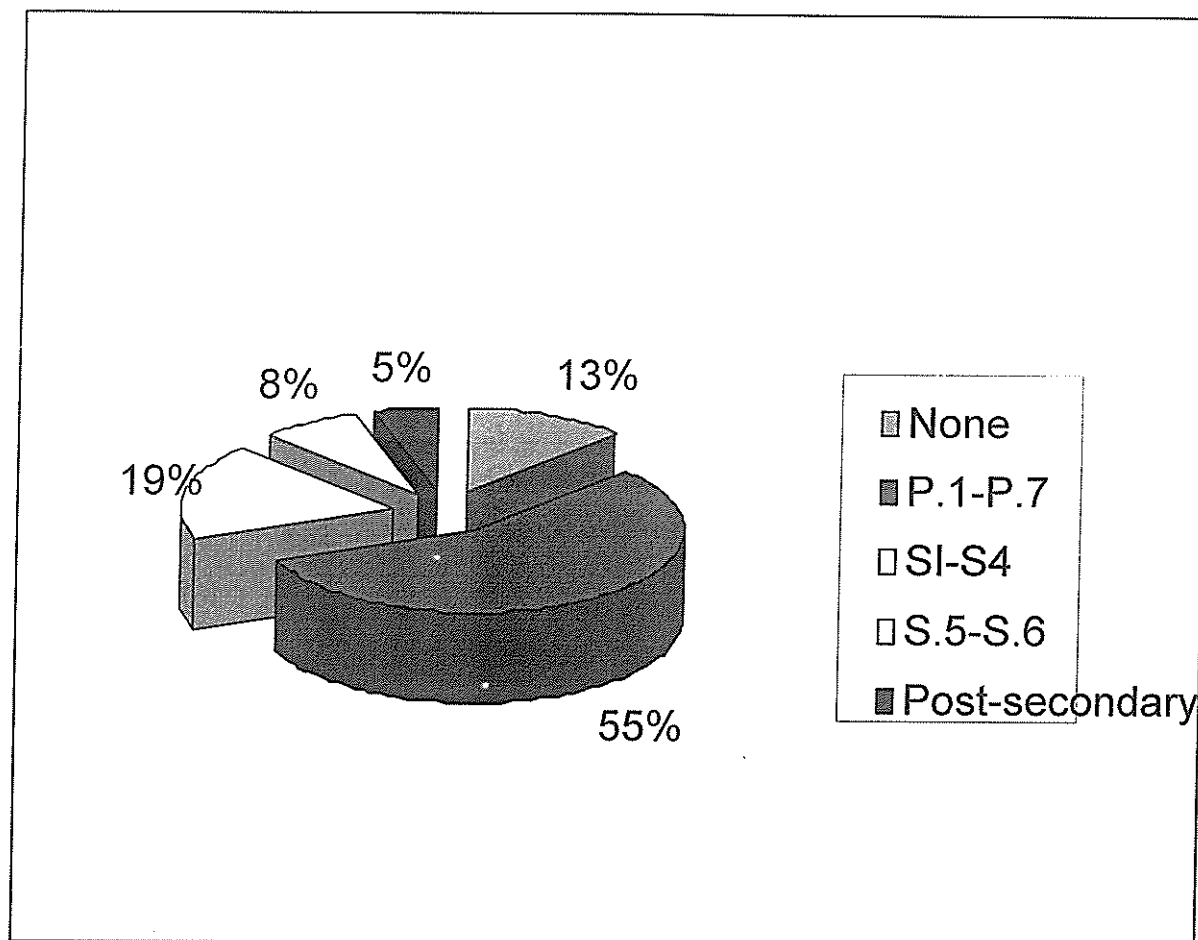
Do educational level and economic activity done determine the level of Poverty in the house hold.

Findings to this question were got when data on the house hold back ground and the house hold economic activities were tabulated and the results are given here below: This section summarizes the back ground information on the households.

This includes the education levels.

Findings to research question 2

Pie Chart 2: Heads of HH level of Education



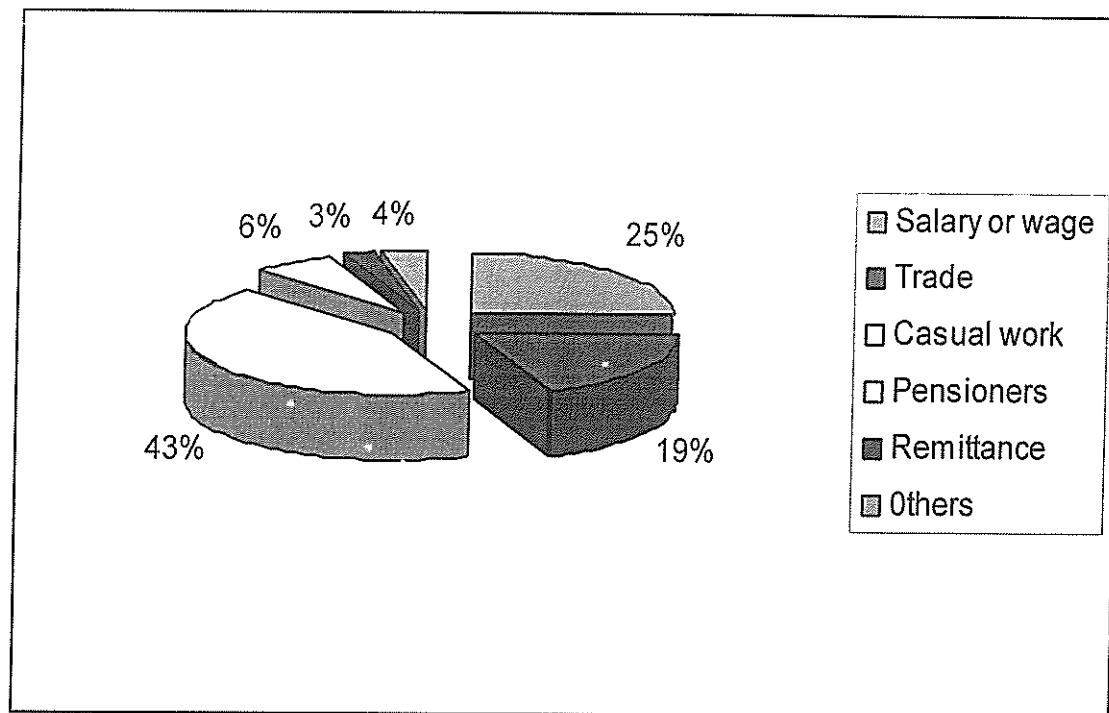
Source: Primary data

With regard to the education level of the heads of households, most households are headed by people who have at least attained primary education which is represented by 55% followed by heads who have attained senior one to senior four(S1-S4) at 19%. Eight percent (8%) of the household heads have attained high school education (S5-S6) and five percent (5%) of the heads of households

have attained post-secondary education while 135 of the household in Kansanga Parish are headed by people who have never gone to school.

In conclusion to the above, from the study it was established that, no matter whether one has gone to school or not, the degree of sanitation and poverty does not does not relate to the two.

Pie Chart 3: Households head's economic activities



Source: Primary data

From the Pie chart above, the findings indicate that, 43% (forty three percent) of the people of Kansanga parish are casual workers. 25% are the salary workers, 19% are traders while 6% are pensioners. Three percent of the people of Kansanga depend on other people. While the last groups of people thrive on

work which cannot easily be specified. This stands at four percent (4) they include teachers, police men and other security personnel, among others, trade followed with 18% and some of these were involved in petty trade where as the pension money contributed to 6.25%, then remittance money contributed 2.5% and the last source of money is from other activities that respondents did not specify but contributed to 3.7%. Therefore the findings indicate that majority of the people of Kansanga parish depend on casual work which casual work contribute less income to their pockets. This is so because those who earn salary are 25%, trade 18% and as already shown in the back ground that, majority of the people work in markets but with low income. This leaves them under privileged.

Findings to research question 3

The relationship between Poverty and sanitation

Table 2: The relationship between Poverty and Sanitation of Selected households of Kansanga Parish, Makindye Division.

CATEGORIES	Computed Value	r-	Critical Value	r-	Decision	Interpretation.
Sanitation	.003345		.217		No relationship	Not significant.
Poverty	-0.154418		.217		No relationship	Not significant.

Notes

r is the relationship value computed by use of grand means

Critical r-value was adopted from the books of r-values

Degree of freedom=N-2

$$= 80 - 2 = 78$$

From the table above, the study reveals that, there is no significant relation ship between poverty and home sanitation in selected households of Kansanga Parish. The difference between the computed r-value and the critical r-value reveal that there is no significant relationship between poverty and sanitation of Kansanga Parish. This further suggests that the sanitation of Kansanga depends on other factors. Although most authors have tried to link sanitation to poverty,

the results of this study portray a contrary picture. The view that poor people have poor sanitation does practically apply in Kansanga. Although the poverty level is fair it has not affected the sanitation of this area.

This gives room for other factors that can be attributed to the sanitation standards of Kansanga. These include; degree of awareness of the people of Kansanga, their level of education, the establishment of KIU and other institutions that play a role in keeping good or poor sanitation.

4.1 Implications.

Introduction

From the findings of the study discussed in chapter four of this Dissertation, the findings indicate that poverty should not be a license for one not to maintain sanitation in the households. This is because from the findings of the study, there is no correlation between poverty and home sanitation as indicated by the correlation table above. This is because the level of poverty as computed had .003345 of the r- value and. Sanitation had 217 of the critical r- value, on the other side. All the two from the analysis of data had no significant relations on the sanitation levels of the people of the area in question.

There fore, from the analysis made by the researcher, it is possible for the policy implementers to enforce the sanitation laws and policies in this Parish because formally, people thought that, it is because they are poor that they are living

such appalling conditions and that the authorities would be responsible partly for suffering they are in. Now that people can still maintain sanitation even when they are poor, it is upon the authorities to enforce the law as they will be no excuse for one to give. The study also reveals a lot in as far as the sanitation maintenance is concerned in this parish as interpreted in Pie chart 1. Therefore, the study has revealed that, there is no significant relationship between poverty and home sanitation in the households of the people of Kansanga. Meaning that whether one is poor or rich he/ she can still maintain hygiene and vice versa. In other words there are households which have resources but the sanitation level is poor and the reverse is true in some coincidences. In the whole, one can say that there is no significant relationship between Poverty and Sanitation in the selected households of Kansanga parish *ceteris paribus*. There could be some other factors responsible for that, but the area of study was about this and that is what came out of it using the data collected from the field.

Education level of a person does not guarantee him surety of being with wealth or having income. From the study this was revealed as seen in Pie chart 3 and even from the observation point of view, there are households of educated persons which looked to be poverty stricken than those which are had uneducated people. But there are at times where you find that, the educated people are badly off especially in developing countries particularly in sub Saharan

Africa where there are people who have attained higher levels of education but they are poor. This is what is occurring in Kansanga.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter concludes the Dissertation and contains the conclusive remarks and suggestion for future research.

This research study was carried out as an inquiry into whether there is a relationship between Poverty and Sanitation in the households of people of Kansanga Parish Makindye division of Kampala. From the study the, following were revealed:

Sanitation is not dependent on poverty or that people who are poor are not necessarily living under appalling conditions of hygiene. This is true because from the study there is no significant relationship between Poverty and sanitation in the households of Kansanga. This is well explained by the results in the findings of the study. However for the purpose of reference the results of the correlation are here in the table below.

Table 3: Relationship between Poverty and Sanitation

CATEGORIES	Computed Value	r-	Critical Value	r-	Decision on home sanitation.	Interpretation.
Sanitation	.003345		.217		No relationship	Not significant.
poverty	-0.154418		.217		No relationship	Not significant.

Secondly, Education does not cause wealth; this is because some house holds of the educated people looked to be poor compared to those of those who are not educated. Poverty, is not caused by the nature of education attained by the individual neither does it bring wealth. This area is also open to future research where researchers should come out and research on the issues that are left untorched like what could be the cause of the above results yet most research shows that there is a correlation between Poverty and Sanitation but in the selected households of people of Kansanga parish this is not the case.

Again even when some one's source of income is good, this does not guarantee sanitation at home. There are households where people have money but the hygiene is very poor. This one is also open to future research.

5.1 Recommendations

The researcher recommend that, Kampala city council authorities should put much effort in it's endeavor to curb down sanitation related problems such as putting more emphasis on the campaign of each home having pit latrine or a toilet. In fact from the findings of the study it was discovered that there are people who do not have toilets and latrines in the city and more especially in the peri – urban areas of Kampala.

Secondly, from the findings of the study, most people in Kansanga area are casual workers meaning that, their level of earning is very low. This means that, it is the duty of the city authorities to see to it that the people get some thing to do were they can earn some income that can sustain their standards of living.

It is now possible for Kansanga parish authorities to enforce the law of sanitation because the people in this area can still maintain sanitation even when they are poor. This is because the house holds can still maintain sanitation never the less the level of poverty. This is from the findings of the study where the critical value and r value did not correlate.

5.2 Conclusion

The findings of the study reveal that here is no significant relationship between poverty and household sanitation of selected households of Kansanga Parish and this perhaps explains that the sanitation of the Kansanga is dependent upon

other factors such as population, age variables, size and material status, housing ownership, ethnicity... as suggested by Hochabaum (1958). Other factors that may bring about this may include; public awareness, level of education, location of the area, peoples attitude towards sanitation, the government policy on sanitation. All these factors may in one way or another bring about non-existence of a significant relationship between Poverty and Household Sanitation of Kansanga Parish.

5.3 Areas for Further Research

The researcher recommends that since the findings of the study have revealed what is contrary to what many researchers have been revealing, there is need for future researchers to concentrate in the following areas;

One among is in the area of what could be the causes of these findings in Kansanga. There could be other factors apart from what have been discussed above that could be responsible for these findings. For instance world over people know that poverty is associated with poor sanitation but in the study revelation, this is not the case with Kansanga. Perhaps there are other factors that future researchers need to research on.

Secondly, research should be done on what could be the causes of poor hygienic conditions in the households of some educated house holds and yet these people are assumed to be aware of the way how sanitation should be maintained.

In conclusion therefore, one can say that this research has achieved its objectives although, this does not stop other people who do need to investigate further, to do so. This is so because originally the researcher thought that poverty had a direct influence on the sanitation levels in the homes of the people of Kansanga parish, none the less, this has not been the case the revelations indicate other wise. This means that there are other factors that are responsible for this kind of trend which needs future researchers to study on this. Although the researchers has already suggested the possible causes of this kind of trend in this conclusion above.

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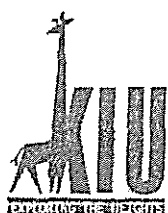
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APPENDICES

Appendix 1: Transmittal letter



KAMPALA
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OFFICE OF THE ADMINISTRATOR
SCHOOL OF POST-GRADUATE STUDIES

6th July, 2006

The Chairperson LC II
Kasanga Parish
KAMPALA

RE: INTRODUCTORY LETTER FOR MR. MUHWEZI JOSEPH MA GEOG.-PT-2004-001

The above mentioned, is our student in the School of Post Graduate Studies. He is doing a Masters in Geography (MA- GEOG.)

Joseph is currently doing his research on "Poverty and Home Sanitation of Kansanga Area" as a final requirement for the award of MA in Geography of Kampala International University.

Any assistance accorded to him will be highly appreciated.

Thank you very much for your services.


DR. ANGELITA PESCADERO-CANENE
Associate Director, SPGS

Appendix 2

Sample Questionnaire

Dear respondent you are requested to fill this questionnaire, it will provide good information for my area of study. The purpose of this research is purely academic. Your information will be treated with utmost confidentiality. Thank you in advance.

SECTION A: Size of the Household and Education Levels of Household Members.

Fill in the table below for the current members of the household –include those who were considered members but either left or died during the past one year. A household member is the one who share income or other economic resources with the household head.

Personal identification no.	Name	Sex: F=0 M=1	Year of birth.	Level of education (0,1,2,3,4,)none ,primary,s1- s4,HS,Post sec.	Current occupation
01					
02					
03					
04					
05					
06					

B: For any household income, please fill in the table below

Source of income	Codes,0,1,2,3,4,5,
Salary or wage	
From trade	
Compensation	
Pension / retirement	
Remittance from friends.	
Casual work	
Others specify	

Key

Choose where you belong and write it in the space provided above.

0 =others

1 =salary

2 =trade

3 =casual work.

4 =pension

5 =remittance.

SECTION C: For any sanitation related indicators
Please fill in the table below;

Indicators of sanitation	Code assigned presence of the item=1, absence=0
Good house	
Access to piped tap water	
Existence of a kitchen	
Presence of pit latrine	
Presence of toilet (S)	
Presence of good sewerage system.	
Any other specify. Washing hands after visiting the latrines	
Presence of rubbish pit	
Bath room	

Section E Participatory Component.

- Question 6 what do you consider to be the causes of poverty in this area?
- Question 7 what do you think are the best ways of fighting poverty in your area?

Appendix 3: Presentation of data in tables

Table 4: The domestic standard sanitation is maintained in the households and how the people of Kansanga dispose off their wastes

Sanitation indicator	Total respondents.	Positive respondents	Negative respondents	Percentage %
Access to clean tap water(treated)	80	47.5%	52.55	100
Kitchen	80	25%	75%	100
Pit latrine covered and uncovered.	80	68.75%	31.5%	100
Toilet	80	31.25%	68.75	100
Sewerage system	80	18.75%	81.25%	100
Rubbish pit	80	36.25%	63.76%	100
Wash hands after toilets	80	37.5%	63.76	100
Bath room	80	20%	80%	100

Table 5: Household head's education levels

Education level	Code	Frequency	Percentage %
None	0	10	12.5
P.1-P.7	1	45	56.25
SI-S4	2	15	18.75
S.5-S.6	3	06	7.5
Post-secondary	4	04	5
Total		80	100

Table 6: Households' Economic activities

Economic activity	Frequency	Percentage %
Salary or wage	20	25%
Trade	15	18.5%
Casual work	35	43.75%
Pensioners	05	6.25%
Remittance	02	2.5%
Others	03	3.7%