

WILLINGNESS-TO-PAY FOR IMPROVED SANITATION AMONG RURAL COMMUNITIES IN KABAROLE DISTRICT.

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In developing countries, less than half of the population uses improved sanitation (WHO/UNICEF report, 2010). In general the world is off-track to the achievement of universal access to improved sanitation and clean water by 2015. In Uganda, over 50% do not have access to improved sanitation; in particular over 80% of households in rural areas do not have access to improved toilet facilities according to Uganda Bureau of Statistics report of 2007 (UBOS report, 2007). Poor sanitation and unclean water are associated with diarrheal diseases, exposure to chemical contaminants and vector-borne diseases such as malaria. Majority of the disease burden in Uganda is associated with poor hygiene (UBOS report, 2007). Households without proper toilet facilities are more exposed to the risk of diseases like dysentery, diarrhea, cholera, and typhoid fever than those with improved sanitation facilities. In rural areas of rwimi town council, the access to improved sanitation is not expected to be any better. This paper presents the findings on household Willingness To Pay (WTP) for improved household-level toilet facilities and associated factors from a sample survey based on Contingent Valuation Method (CVM) in rural communities in Rwimi Town Council Kabalore district. A total of 621 (95%) of the targeted 650 households participated in this survey. Data were collected through a research – administered questionnaire on Willingness To Pay (WTP), reasons for willingness to pay, ownership type, payment mode and factors associated with Willingness To Pay. Information on social-demographics, income and household heads' awareness level of sanitation versus disease were also collected. Data were double entered in MsAccess and later analysed in Stata11.

Key Words: Contingent Valuation Method, vector-borne diseases, hygiene