



THE REPUBLIC OF UGANDA



Uganda's Market-Based Sanitation Revolution

A Vision of Health and Dignity in Households, Schools & Health Care Facilities



water for people
UGANDA



CARITAS
FORT PORTAL - HEWASA

DISTRICTS OF PROJECT IMPLEMENTATION



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LIST OF ACRONYMS & ABBREVIATIONS

ADHO	Assistant District Health Officer	OD	Open Defecation
CAO	Chief Administrative Officer	ODF	Open Defecation Free
CSOs	Civil Society Organizations	PHC	Primary Health Care
HC III / HCIII	Health Centre III	PLE	Primary Leaving Examination
HC IV / HCIV	Health Centre IV	PTA	Parents and Teachers Association
HCFs	Health Care Facilities	RBF	Results-Based Financing
HEWASA	Health through Water and Sanitation	RC	Roman Catholic
HMIS	Health Management Information System	RDC	Resident District Commissioner
HUMCs	Health Unit Management Committees	SDG	Sustainable Development Goal
IRC WASH	International Water and Sanitation Centre / WASH programme	SHF	Sanitation and Hygiene Fund
KCCA	Kampala Capital City Authority	SLA / SLAs	Service Level Agreement(s)
LC1	Local Council One	SMC / SMCs	School Management Committee(s)
LC5	Local Council Five	TC	Town Council
MBS	Market-Based Sanitation	UGX	Uganda Shilling(s)
MHH	Menstrual Health and Hygiene	UWASNET	Uganda Water and Sanitation NGO Network
MHM	Menstrual Hygiene Management	VIP	Ventilated Improved Pit (latrine)
MoES / MOES	Ministry of Education and Sports	VHT / VHTs	Village Health Team(s)
MWE	Ministry of Water and Environment	WASH	Water, Sanitation and Hygiene
O&M	Operation and Maintenance	WASH FIT	Water and Sanitation for Health Facility Improvement Tool
		WHO	World Health Organization



FOREWORD

Dr. Herbert Nabaasa, Commissioner for Environmental Health, Ministry of Health

To understand the progress of public health in Uganda, one must first recognize that sanitation is the fundamental bedrock of our social determinants of health. Reducing our national burden of disease is inextricably linked to our success in Water, Sanitation, and Hygiene (WASH). However, for too long, our approach to this sector was hampered by fragmentation—treating sanitation as a series of isolated hardware projects rather than a continuous, life-saving service. We viewed the latrine as a gift or a donation, rather than a vital health asset.

This report documents a definitive departure from that past. Through our partnership with the Sanitation and Hygiene Fund (SHF), Uganda has moved from a culture of subsidy and charity toward a self-sustaining, commercial Market-Based Sanitation (MBS) ecosystem.

The strategy of market facilitation recognizes a simple but powerful truth: for sanitation to be truly sustainable, it must be a viable business. By empowering the supply side—our local masons, artisans, and cesspool emptiers—we have transformed them into professional service providers who find economic dignity in their work. Simultaneously, we have stimulated a ‘demand-pull’ effect at the household level. When a family invests their own resources into a permanent, emptiable facility, they are no longer just beneficiaries, they are investors. This sense of ownership is the only true guarantee of long-term maintenance.

Crucially, this revolution is not a parallel project existing outside of government; it is built into our national DNA. Through a process of “Mainstreaming,” we have integrated these market-based initiatives into local government planning and budgeting cycles. Through incorporating sanitation data into our National Health Management Information System

(HMIS), we have ensured that the performance of this sector remains a core priority for the national treasury.

If there is one hard truth we have learned through the SHF journey, it is that coordination is more valuable than cash. By aligning partners under a single, government-led framework, we have achieved a multiplier effect that traditional aid could never reach. We have proven that when we move away from parallel systems and centre our partnerships within state structures and cadres, the results are both scalable and permanent.

As you read through the human triumphs and strategic milestones in these pages, I invite you to see them not as the end of a project cycle, but as the foundation of a new era. We have shown that the market works. Our task now is to scale this momentum until every Ugandan household is a participant in a safe, dignified sanitation economy.

Water is indeed life, but let us never forget: sanitation is health, and health is wealth.



Crucially, this revolution is not a parallel project existing outside of government; it is built into our national DNA. Through a process of “Mainstreaming,” we have integrated these market-based initiatives into local government planning and budgeting cycles.

My work is now dignified, and I have earned respect of my peers in society

I cannot say I hated my job, but it wasn't the kind of work that made me proud. People in our society despised us, and as emptiers, we lacked self-esteem. We worked without any protective gear, emptying and burying waste on-site. Some of our colleagues had even fallen into the pit latrines, but fortunately, there were no fatalities. We operated illegally and were constantly afraid of being arrested at any moment.

Things have since changed. We received training, support, and formed groups. We were provided with protective gear and opened formal businesses, obtaining operational permits to perform our work legally. Now, we dress smartly in our overalls, and I'm always proud to hand out my business card to potential clients. The same people who once despised us now look at us with respect and treat us with dignity.



Lwalanda George, Butonde Sanitation Services, Kamuli Municipality





MESSAGE FROM THE DONOR

Dominic O'Neill, Executive Director, Sanitation and Hygiene Fund (SHF)

The global challenge of sanitation is not merely a question of infrastructure; it is a question of market viability and human dignity. For too long, the international community has focused on a model of provision that, while well-intentioned, often failed to account for the long-term sustainability of the services delivered. At the Sanitation and Hygiene Fund (SHF), our mission is to catalyze a different kind of progress, one that transforms sanitation from a cycle of dependency into a thriving, self-sustaining economy.

This publication and the stories therein stand as a profound testament to what can be achieved when we shift our focus from handouts to catalysing a market-based ecosystem. In Uganda, we have witnessed the power of this transition. By investing in the software of change—the professionalization of private sector emptiers, the training of local masons as entrepreneurs, and the formalization of service level agreements—we have helped build a system that is transparent, data-driven, and, most importantly, locally owned.

The impact of this market-led revolution is clear. Over 198,600 people have gained access to basic sanitation, and more than 180,000 now have handwashing facilities. Yet, the true success is found in the stories of the individuals who drive this system: the entrepreneurs like Davis Musabe who are building regional blueprints for innovation, and the professional emptiers like Lwalanda George who now perform their essential work legally and with societal respect.

Our investment in Uganda was designed to test and scale innovations that fundamentally change the public health landscape. From reducing

menstruation-related stigma in schools to restoring trust in clinical environments where patient attendance and maternity deliveries have increased, the results confirm that when you invest in the sanitation economy, clinical and educational excellence follow.

I want to extend my gratitude to the Government of Uganda, specifically the Ministry of Health, the Ministry of Water and Environment, and the Ministry of Education for their policy leadership and our consortium partners for their whose technical expertise.

As we move forward, the lessons learned in Uganda serve as a global signal: sanitation is not just a health imperative; it is an economic opportunity. By building a marketplace that thrives on its own momentum, we ensure that safe sanitation is not just a temporary project outcome, but a permanent right for every citizen across the globe.



I want to extend my gratitude to the Government of Uganda, specifically the Ministry of Health, the Ministry of Water and Environment, and the Ministry of Education for their policy leadership and our consortium partners for their whose technical expertise.

The Story of Kawala and Nangobi: The WASH Champions of Kidiiki Primary School, Kamuli District

Throughout the SHF project, WASH clubs have been formed in participating schools as part of the operation and maintenance as well as behaviour change initiatives. In many schools, some learners have distinguished themselves and taken it up as volunteers to champion the cause of sanitation and hygiene as well as MHH in their schools, ensuring that the new facilities are always clean, there is toilet paper, running water, and soap at all times. At Kidiiki Primary School, Kawala and Nangobi are ensuring that the newly built toilet facilities are being well utilized, while also supporting their fellow learners to manage their menstrual hygiene better.

Kawala Justin: “I am excited about this new toilet facility at our school. When the trainers came to talk to us, I was the first to volunteer to join the WASH club. I was a newcomer, but this is what I liked most about my new school, and that is why I am always mobilizing fellow learners and drawing the cleaning rosters to ensure we maintain the standard of the facility so that it can continue to help us as girls.”

Brenda Nangobi: “I joined the WASH club to help my fellow learners who are afraid to speak to the teachers, especially those who are getting their first period. I act as the bridge between my fellow learners and the teachers.”



THE MARKET-LED REVOLUTION: A STRATEGIC OVERVIEW INTO UGANDA'S SANITATION TRANSFORMATION

An Interview with Brenda Achiro, Country Director, Water For People Uganda

Brenda Achiro is the Country Director Water For People Uganda who are the grant primary recipient. They were in charge of construction of latrine facilities in schools and healthcare facilities as well as supporting innovation towards safely managed sanitation, hygiene, and menstrual health hygiene.

Q: For decades, the global development sector has focused on providing sanitation infrastructure. However, your work with the SHF suggests that building toilets is no longer the main goal. Could you explain the fundamental shift in Uganda today?

Brenda Achiro: You have touched on the heart of the matter. Indeed, for too long, sanitation was viewed through a fragmented lens of hardware projects—a latrine here, a tap there—often treated as one-off gifts or tokens of aid, rather than vital, life-long health assets. The fundamental shift we are witnessing is the transition from this culture of handouts to a self-sustaining, commercial Market-Based Sanitation (MBS) ecosystem. We are moving away from the concept of a 'project' and toward the creation of a permanent health asset class. The stories in this report are a testament to the fact that when sanitation is treated as a market, it becomes resilient.

Q: You speak about a 'revolution of the sanitation chain'. In a professionalized MBS model, how does the role of the private sector change, specifically regarding innovations like the "Gulper" and Service Level Agreements?

Brenda Achiro: The revolution is centered on professionalization. In the past, pit emptying was a stigmatized, hazardous, and informal occupation, often referred to as the primitive 'dig, dump, and bury' practice. We have transformed this into a dignified, regulated profession.

We have introduced the Gulper, a specialized technology for mechanized emptying, and formalizing operations through Service Level Agreements (SLAs), we have created oversight and reliability. We are galvanizing the architecture of the ecosystem. We are now able to track, transport, and treat fecal matter through a transparent, data-driven system. This professionalized oversight ensures that the infrastructure does not just exist but functions reliably for the long term.



Q: How does this model bridge the gap between local entrepreneurship and the formal supply chain?

Brenda Achiro: This is the bedrock of local ownership. We have empowered local masons not just as laborers, but as entrepreneurs. Working with existing government structures such as VHTs and Health Assistants, we are cementing the market through linking households to formal hardware supply chains. When a mason views their work as a business and a household views their toilet as a high-quality investment, the maintenance cycle becomes self-perpetuating. We are brick by brick transforming sanitation from the aid-based to a commercially viable economy.

Q: The report cites significant figures. Over 198,600 people, representing 110% of the total project target gained access to basic sanitation, while 69,985 (124%) gained access to safely managed sanitation. In a high-level strategic sense, how do you measure impact beyond the numerical baseline?

Brenda Achiro: The numbers prove that the market model can scale. But as I often say, the true story lies beyond the statistics; it is found in human triumphs. Take mothers like Namuli Kevin, who has found newfound dignity in a washable toilet, or entrepreneurs like Davis Musabe, whose business model now serves as a blueprint for regional innovation. These individuals are the proof of concept. They represent a shift in behavior and a demand for quality that traditional aid could never sustain.

Q: This transformation required a massive, coordinated effort. How did the consortium partners and the Ugandan government facilitate this market-led environment?

Brenda Achiro: Success here is a collective triumph. We have seen vital policy leadership and technical guidance from the Ministry of Health, the Ministry of Water and Environment (MWE), and the Ministry of Education. At the local government level, the district structures and VHTs have been the real catalysts for behavior change.

However, we must recognize the Sanitation and Hygiene Fund (SHF). Their investment was the essential catalyst. It allowed us to move beyond traditional aid to test, validate, and scale the very innovations that are now changing the public health landscape of Uganda.

Q: As this chapter of the SHF project closes, what is the legacy of this documentation?

Brenda Achiro: This is not just a summary of activities; it is a repository of evidence. We are closing this chapter with the confidence that the skills, the data systems, and the market momentum we have built will serve as the bedrock of Uganda's public health for generations. We haven't just built facilities; we've built a movement.



Success here is a collective triumph. We have seen vital policy leadership and technical guidance from the Ministry of Health, the Ministry of Water and Environment (MWE), and the Ministry of Education. At the local government level, the district structures and VHTs have been the real catalysts for behavior change.

BUILDING THE 'SOFTWARE' OF CHANGE: A STRATEGIC DIALOGUE ON WASH SUSTAINABILITY

An Interview with Jane Nabunnya Mulumba, Country Director, IRC WASH

Jane Nabunnya Mulumba is the Country Director, IRC WASH. As part of the consortium of grant recipients, IRC WASH, Uganda Water implemented the software component of the WASH in schools and health centre facilities.

Q: In the discourse of development, focus is always on 'hardware' or the physical infrastructure. However, your work under the SHF grant explicitly prioritizes the 'software'. What is behind this shift in approach?

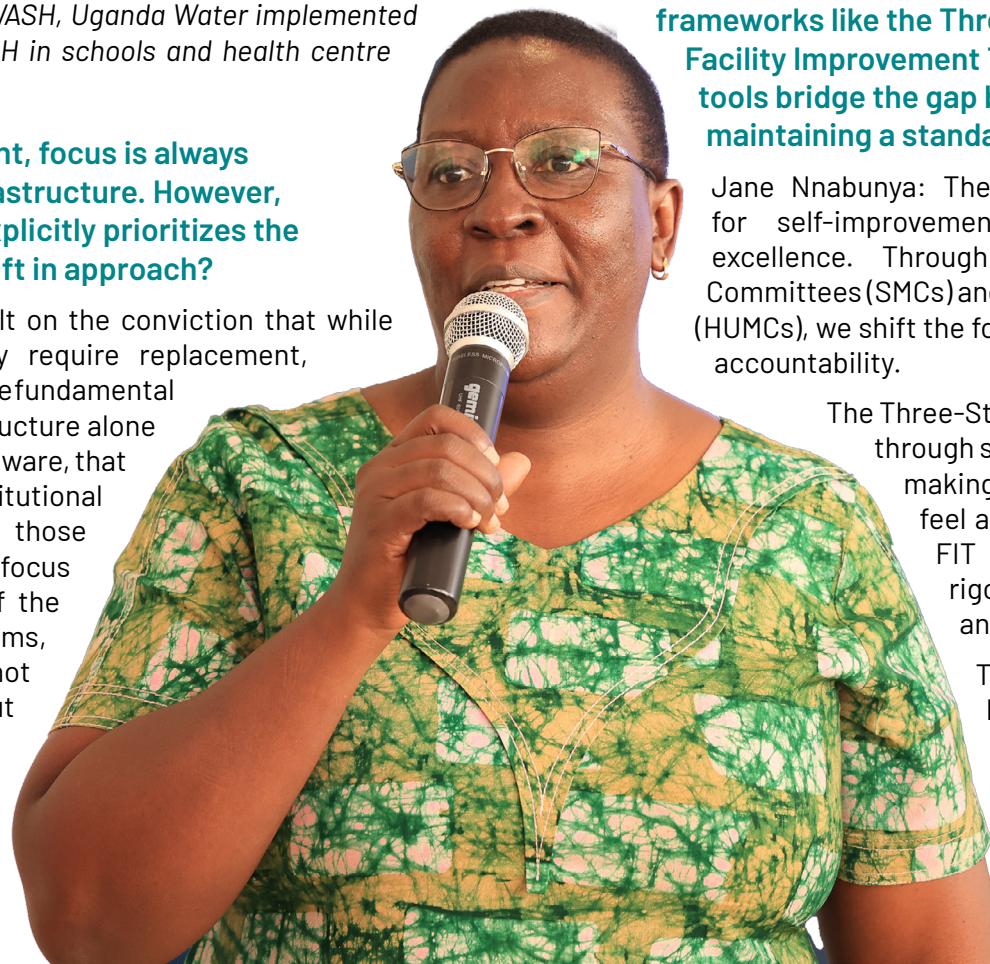
Jane Nnabunya: Our strategy is built on the conviction that while hardware may age and eventually require replacement, knowledge does not expire. WASH is the fundamental bedrock of public health, yet infrastructure alone is not a guarantee of service. The software, that is, the attitudes, behaviors, and institutional transformations, is what makes those physical structures sustainable. We focus on building the internal capacity of the people who manage these systems, ensuring that hygiene values are not just taught as a curriculum, but ingrained as a way of life.

Q: To achieve this institutional change, you have utilized frameworks like the Three-Star Approach and the WASH Facility Improvement Tool (WASH FIT). How do these tools bridge the gap between having a facility and maintaining a standard of excellence?

Jane Nnabunya: These frameworks serve as a roadmap for self-improvement and eventually institutionalizing excellence. Through empowering School Management Committees (SMCs) and Health Unit Management Committees (HUMCs), we shift the focus from external oversight to internal accountability.

The Three-Star Approach allows schools to progress through simple, measurable hygiene milestones, making the goal of a healthy environment feel attainable and scalable while the WASH FIT provides healthcare facilities with a rigorous methodology for assessing risks and improving services.

Through these tools, we ensure that hygiene values are institutionalized within the very committees that lead our schools and clinics.



Q: One of the most compelling successes in this report is the 100% completion rate for Primary Seven girls at Kawolokota RC Primary School. What would say is the strategic link between WASH facilities and this educational milestone?

Jane Nwabunya: For many girls, menstruation was historically a barrier to education due to stigma and lack of adequate facilities. By providing private washrooms, incinerators, and emergency supplies, we transformed menstruation from a hurdle into a managed reality. In schools like Nabitaama and Kawolokota, the direct correlation is clear: when you reduce stigma and provide dignity through infrastructure, you see an immediate increase in enrollment and completion rates. We are proving that WASH is a direct investment in the future of the girl-child, and that indeed MHH is a driver of education.

We have seen a similar pattern emerge in health care facilities with increase in patient attendance, maternity deliveries and other indicators.

Q: Sustainability is the ultimate challenge in this sector. How have you ensured that these gains outlast the current donor cycle?

Jane Nwabunya: Sustainability is woven into the design through two primary pillars. First, we have mainstreamed all activities into existing local government structures; we strengthen the system from within rather than building a parallel one. Second, we have fostered innovative, parent-led funding models for operation and maintenance. By shifting the financial and management responsibility to the local level, we ensure these gains aren't just project outcomes—they are the new standard for a future where every Ugandan can live with safety and dignity.



PROJECT SYNOPSIS: THEORY OF CHANGE

Uganda aims to achieve Sustainable Development Goal (SDG) 6.2, which focuses on ensuring access to sanitation. While 94% of the population has access to some form of sanitation, only 34% have improved sanitation, and only 26% in rural areas.

Market-based sanitation (MBS) is emerging as a viable approach to accelerate improved sanitation uptake and progress towards SDG 6.2. MBS treats households as customers and involves them in the purchase, construction, upgrade, and/or maintenance of toilets from the private sector.

Over 90% of Ugandan households rely on on-site sanitation facilities, but safe and accessible emptying services are scarce outside Kampala. Challenges include a lack of information, high service costs, long haulage distances, and unsafe emptying and disposal practices. In densely populated areas, manual emptying is common, and sludge is often disposed of in nearby pits or openly. Currently, only 37% of fecal sludge generated in urban and peri-urban areas is safely managed. Private entrepreneurs are discouraged from investing in small towns due to low fecal sludge volumes and limited demand. Although there is a growing willingness to use fecal sludge byproducts, the reuse market remains underdeveloped.

Several regions, particularly in midwestern and western Uganda, are prone to flooding, underscoring the need for climate-resilient sanitation technologies that can withstand floods.

Regarding menstrual hygiene, women and girls, especially girls in schools, suffer from stigma and lack the services and facilities needed to cope with their menstrual periods. Some of the problems associated with a lack of menstrual hygiene interventions include inadequate preparation of young girls, lack of or inadequate water for cleaning and washing, lack of materials for managing menstrual hygiene, no private space and washrooms, and inappropriate facilities for the disposal of sanitary pads.



PROGRAM GOALS AND OBJECTIVES

The overall programme goals are to improve universal access to safe sanitation and hygiene in Uganda

Specifically, the project aims to:



Scale-up household sanitation and hygiene services in households,



Increase sustainable water, sanitation, hygiene, and MHH in public institutions, schools, and Health Care Facilities.



Support innovation towards safely managed sanitation, hygiene, and MHH.

Consortium Partners

The project is being jointly implemented by a consortium of stakeholders, government and non-government:



Overall Grant coordination entity and providing leadership on policy and guidelines on WASH in HCFs



Implemented objective 3 Town Sanitation planning in Kayunga TC, Kamuli TC, Kole TC and Fortportal City under objective 3



Supported the implementation of WASH in schools and providing leadership on policy and guidelines on WASH in schools



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Grant Primary Recipient as well as construction of latrine facilities in schools and HCFs under objective 2 and promoting innovations under objective 3



IRC WASH, Uganda Water - implemented the software component of the WASH in schools and HCFs under objective 2



Sanitation NGO Network (UWASNET) - supporting learning initiatives



Finnish Mondial /Health through Water and Sanitation (HEWASA)- implementing the scale-up of household sanitation and hygiene under objective 1



Implemented city-wide inclusive sanitation under objective 3.



It is no longer a nightmare when I am asked for my urine or stool sample at Kidera HC IV

Nakimuli Ruth, Resident, Kidera, Buyende District: I used to dread visiting this health centre for treatment. I could only when I had no money to go to a private clinic. The latrines were always filthy, and flies buzzed everywhere. It was a nightmare whenever we had to provide urine or stool samples for medical tests. Once, when the lab requested my urine sample, I didn't bother and went home without treatment.

Now, we finally have a clean and safe space. I'm so happy with this new toilet facility. I only hope we can maintain its cleanliness and functionality.

LATRINE, WASHROOM, URINAL, AND
KIDERA HC IV, KIDERA TOWN CO
BUYENDE DISTRICT

people WATER PROVISION PROJECT
The Sanitation & S
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SERVICES LTD



Training and Involvement of Parents in the school WASH affairs is ensuring effective Operation & Maintenance of the new Toilet Facilities

Muyinda Sadat, PTA Chairperson, Nabitaama Primary School: One of our strategies as a school is that we have gone ahead to form committees. We used to just send our children to school and leave the rest to the school administration, but things have changed. We are no longer bystanders in issues of our children's wellbeing. We attended workshops where we were taught that as parents we can make a big difference. We have started making small and affordable contributions of UGX 500 per term towards a fund for the maintenance and eventual emptying of the latrine facilities. We also use the fund to buy toilet paper, and sanitary pads. Majority of the parents are happy to contribute without any form of coercion.

THE STATUS OF WASH IN UGANDAN SCHOOLS: INSIGHTS FROM MR BIRUNGI MUSA, WASH COORDINATOR, MINISTRY OF EDUCATION AND SPORTS (MOES)

Mr Birungi Musa, a Senior Education Officer and the WASH Coordinator in the Ministry of Education and Sports (MoES), has been overseeing the implementation of the Sanitation and Hygiene Fund across beneficiary schools and districts in Uganda. In this interview, he shared his insights and perspectives on the importance of Water, Sanitation, and Hygiene (WASH) in Ugandan schools.

Q: What is the current status of Water, Sanitation, and Hygiene (WASH) in Ugandan schools?

Birungi Musa: Providing WASH services to our learners is a shared mandate involving different ministries, namely, Ministry of Education and Sports, Ministry of Health and Ministry of Water and Environment. Currently, our situation presents both progress and significant gaps in the four key indicators of water coverage, sanitation ratios, menstrual hygiene management and hand washing.

In terms of water coverage, only 58% of our schools have access to water within the school premises, while the sanitation ratios currently stand at one latrine stance for every 71 learners, which is significantly higher than our national recommended ratio of 1:40.

The critical area of Menstrual Hygiene Management (MHM) is still far behind whereby only 42% of schools provide adequate facilities, meaning 58% of our girls lack the necessary support for menstruation. For Hand Washing, only 44% of learners engage in hand washing. This is also often ineffective because many schools lack basic supplies like soap.



Q: How is the Ministry of Education and Sports working with development partners like the Sanitation and Hygiene Fund (SHF) to address these challenges?

Birungi Musa: As government we welcome all partners who can help us bridge the WASH gap in schools. The partnership with the SHF has been instrumental in several districts, including Kayunga, Buyende, Kamuli, Luuka, Kole, Buikwe, and others. Such partnerships help us bridge the gap between our current figures and our national targets.

A key part of this strategy is shifting away from just infrastructure toward building local capacity. We have focused on empowering School Management Committees (SMCs), Parents and Teachers Associations (PTAs), school leaders, and WASH clubs. By training these groups on operational matters and hygiene maintenance, we ensure that the facilities provided remain functional and sustainable.

Q: What is the Ministry's approach to ensuring these interventions are sustainable and can be scaled nationwide?

Birungi Musa: Sustainability relies on a change mindset. We believe in the philosophy that it is easier to build stronger children than to fix broken adults. By investing in the younger generation, we ensure they grow up with ingrained hygiene values.

To scale these outcomes, we are looking at duplicating the successful models developed with our partners, such as capacity building for school clubs, and integrating them into the standard government resource allocation. This allows us to upscale WASH interventions across all institutions, including healthcare facilities.

More importantly, the project emphasized training and empowering of School Management Committees (SMCs), Parents and Teachers Associations (PTAs), school leaders, and WASH clubs. This is already proving to be such a

well thought move in terms of Operation & Maintenance (O&M) with parents voluntarily making some modest contributions towards this cause, while the WASH clubs have in most schools taken up the responsibility of ensuring the newly constructed facilities keep clean and hygienic at all times.

Q: As these projects conclude, what is your message to stakeholders regarding the future of school-based WASH?

Birungi Musa: While this specific project has come to its end, the need remains great. We appeal to all stakeholders, from the local school level to the national and international stage, to continue intervening in this area.

We must also begin to view WASH through the lens of climate change. We need to 'green' our schools and communities, ensuring that our infrastructure is resilient and our children are prepared for a changing world. Education is a shared role, and only through continued collaboration can we reach our target ratios and ensure every child has a dignified learning environment.



As government we welcome all partners who can help us bridge the WASH gap in schools. The partnership with the SHF has been instrumental in several districts, including Kayunga, Buyende, Kamuli, Luuka, Kole, Buikwe, and others. Such partnerships help us bridge the gap between our current figures and our national targets.

The Milestone of the Girl-child 100% Completion of Primary Seven at Kawolokota RC Primary School, Kayunga District

"For the first time, all the Primary Seven girls who registered in 2025 were able to sit their Primary Leaving Examinations. This had never happened throughout the school's history," says Mr. Lagu Longworong Benson, Headteacher Kawolokota RC Primary School, Kayunga District. "Previously, we had many cases of girls dropping out of school with just a few months remaining before doing their PLE exams. For most of these girls, it had to do with their menstrual health and the attendant problems around menstruation health hygiene".

By integrating modern toilet facilities with specialized WASH training, the project has transformed a once-common obstacle into a steppingstone for successful completion. Mr. Lagu credits the comprehensive SHF grant, which funded both the physical facilities and behavior change training for learners, teachers, and parents, for awakening a community-wide support system that keeps girls in the classroom.



THE ROLE OF LOCAL GOVERNMENT LEADERSHIP IN THE SHF PROJECT SUCCESS: INTERVIEW WITH MS KAIZA WINFRED, ADHO FOR ENVIRONMENTAL HEALTH, KAMULI DISTRICT



Leadership is critical for project success. In Kamuli District, the success of the Sanitation and Hygiene Fund (SHF) project is not merely a result of funding, but a testament to a robust governance framework led by the District Health Office. Kaiza Winfred, the Assistant District Health Officer (ADHO) for Environmental Health, explains how leadership transformed a complex sanitation mandate into a community-led movement. This interview explores the intersection of governance and public health through the lens of a senior district health official in one of the areas of implementation.

Q: How did you structure governance to ensure the SHF project reached its goals?

Kaiza Winfred: We focused on two pillars: the political and the technical. On the political side, we engaged the LC5 Chairperson and district councillors early, so they understood the project's roadmap. This political buy-in involved engagement at the top level with the LC5 Chairperson and District Councillors up to LC1 level helped us to secure the political

will necessary to smooth over implementation hurdles.

Technically, we ensured the Chief Administrative Officer (CAO) and all sub-county technocrats, up to the Health Assistants were brought into the fold and made part of every decision. In Kamuli, no activity happened without everyone being informed. This created a "chain of command" that reached all the way to the LC1 chairpersons and Village Health Teams at the village level.

Q: What is the real-world value of "stakeholder involvement" in a project like this?

Kaiza Winfred: For such a project, stakeholder inclusion is the difference between success and failure. If you don't involve stakeholders, it feels like you're "throwing a bomb" onto a population from heaven without preparation. For example, by involving the Kamuli Resident District Commissioner (RDC) and security, we have the backing to enforce law and order where sensitization failed regarding latrine

construction. Furthermore, through grassroots ownership achieved by training LC1 Chairpersons and Village Health Teams (VHTs), we created a responsive structure where a single phone call could mobilise an entire village.

Q: What major operational hurdles did you face, and how did you lead your team through them?

Kaiza Winfred: Challenges can indeed be opportunities to show leadership. In Kamuli District, transport was a major issue. Health assistants often didn't have motorcycles to reach remote villages. As a leader, I had to lobby other departments to borrow their motorcycles so our team could stay in the field.

We also faced geographical challenges, like high water tables where traditional latrines collapse. We mitigated this by introducing and sensitizing the community on climate-resilient models like the Fontana latrine, which are designed to be stable even in swampy conditions.

Q: The SHF project uses "Market-Based Sanitation." How did you manage the private sector masons?

Kaiza Winfred: Among many things, the MBS involved professionalizing the private sector using the masonry model. This was quite a big challenge because the local masons are at the centre of the MBS system, yet they are not part of the traditional health structure. We started by training 60 masons, but many dropped off. We had to be resilient, reorienting new ones until we stabilized a core group of 50 with roughly 10 per sub-county. These masons are now the technical backbone, laying the slabs and washable floors that make the "sanitation economy" work.

Q: You've implemented "WASH FIT" in health facilities. What measurable changes are you seeing?

Kaiza Winfred: Through the WASH Fit tool, we've seen a wholesome institutional transformation in terms of both hardware (facilities) and software (behaviour change). Before, many facilities like Balawoli HC III and Namwenda HC IV had issues with hygiene and misuse, both attributable to lack of sufficient standard facilities as well as knowledge.

In terms of Hardware, we built six-stance, emptiable, lined latrines with dedicated washrooms for menstrual hygiene management and access ramps for the disabled. For software, we provided lighting in the latrines. This sounds simple, but it stops people from hiding and defecating in the dark on the floors and as we have observed, when you provide lighting and a clean environment, it changes user behaviour. We also conducted leadership training for the cleaners and health workers. Now, the environments are clean, waste is segregated into bins rather than openly burned, and there is a clear plan for water utilization.

Q: How are you handling the "Fecal Sludge" problem—the waste that is emptied from these latrines?

Kaiza Winfred: Before SHF, emptying was "crude" with people dumped waste in gardens or swamps. We have catalysed the growth of the fecal sludge economy, moving from the crude burying on site dumping in gardens or swamps to regulated emptying in municipal sludge treatment plants. We have now registered and trained 21 entrepreneurs and 3 companies and Water For People is supporting us to monitor them to ensure every drop of fecal matter is taken to a proper treatment plant. The system is now aligned and transparent with proper traceability whereby the district now monitors exactly where fecal matter is collected and ensures it reaches the treatment plant, protecting the community's water sources.

Q: With the project ending soon, how will Kamuli sustain these gains?

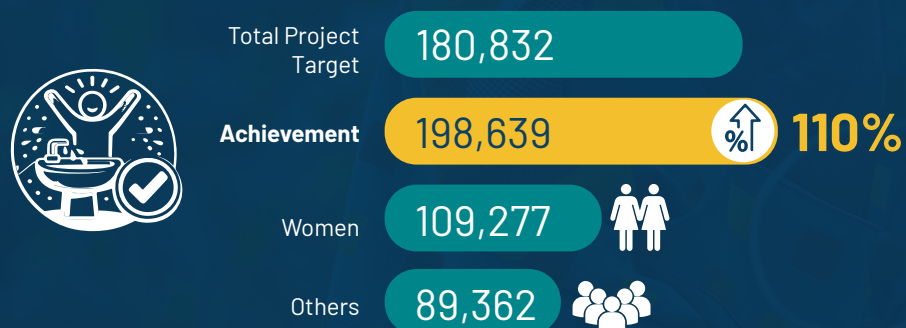
Kaiza Winfred: As the SHF project nears its exit, the Kamuli District leadership has already laid the groundwork for the future majorly through mainstreaming and skills retention strategies. In terms of mainstreaming, we are incorporating these activities into our district annual work plans using PHC (Primary Health Care) funds and Result-Based Financing (RBF). For skills retention, our people across the structures, from the political wing, technical wing to local masons, have received training and mentorship throughout the project. Most importantly, while the funding may end, the capacity built within the system remains a permanent asset of the district; the skills stay with us. We will continue to lobby for new partners, but the foundation is now a permanent part of the district structure.

PROJECT RESULTS BY OBJECTIVE

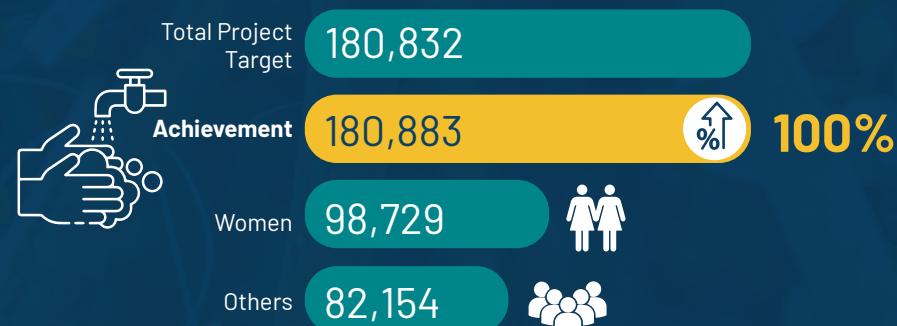


Objective 1: Scale-Up Household Sanitation and Hygiene Services in Households

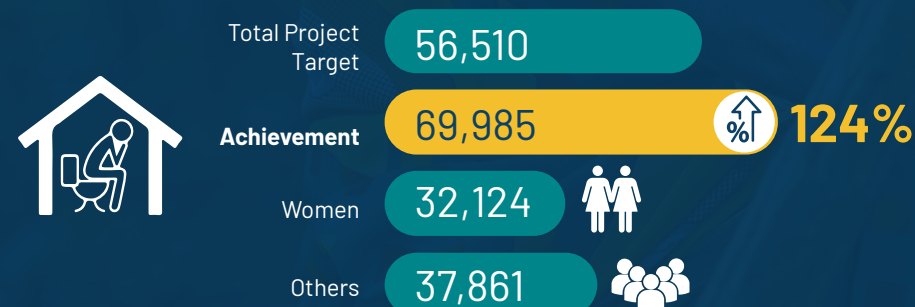
Number of people who gained access to basic sanitation:



Number of people who gained access to new and improved handwashing facilities:



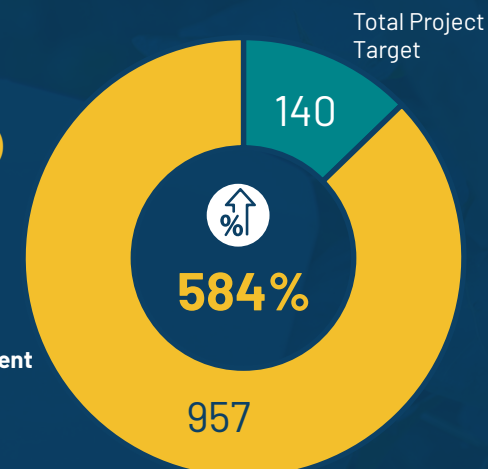
Number of people who gained access to safely managed sanitation:



Number of private sector enterprises supported (masons, hardware stores)



Achievement





Success Story

COMMUNITY TRANSFORMATION AT NDUDU VILLAGE, KIDERA SUBCOUNTY IN BUYENDE DISTRICT

A Village Lacking Basic Sanitation Facilities

In the busy fishing community of Ndudu, on the shores of Lake Kyoga in Kidera Subcounty, Buyende District, the narrative of daily life is a cocktail of different Ugandan languages and tribes. Like other fishing communities, Ndudu has attracted people from all over Uganda who are now eking a living from the lake. Despite the multiple languages in the air, these residents have for many years been united by a silent, hazardous struggle: the lack of dignified sanitation. Before the intervention of the Sanitation and Hygiene Fund (SHF), Ndudu was classified among the worst-performing areas in the region.

Mukose Ronald, the Coordinator of Village Health Teams (VHTs) for Kidera Subcounty, recalls the worrying reality of the village's sanitation coverage. "Before this intervention, we have been struggling with WASH issues and Mbiko village in Ndudu was particularly the worst. It was so dirty. It was so filthy. You could walk through the village and easily find 10 households neighboring each other without a toilet facility at all," Ronald explains.

For Namuli Kevin, a 28-year-old housewife and mother of four, the danger was a daily presence in her compound. Her family relied on an old, dilapidated latrine that had become a danger to the users. "We used to have a ramshackle toilet without a door. After some time, the floor caved and I once narrowly survived falling inside. It was so smelly and uncomfortable. We were forced to abandon it and resort to using the neighbor's latrine," she says.

However, dependency on neighbors brought its own set of shame and embarrassment. Not everyone was willing to share, leading to a desperate practice of sneaking in or using the bushes near the lake. Kevin remembers the tension of those days: “Most would have to sneak in at night or when the neighbors are away, yet you never know when nature calls. As such many resorted to open defecation in the bushes on the shores of Lake Kyoga.”

Village to Village sensitization seminars and workshops

The transformation began when Ronald and his team of VHTs alongside health inspectors, local leaders and a team from Caritas conducted village-by-village triggering activities. Among other objectives, the goal was to dismantle the mindset that modern toilets were only for the wealthy.

“When this project came, it was unique and we embraced it very well,” Ronald notes. “We coordinated with the Caritas field officer, health inspector and mobilized the community and went to trigger activities village by village. We worked with the LC1 chairpersons and VHTs to mobilize their people. We sensitized them about the toilet and the advantages of every household constructing a modern toilet. This message was well received.”

The turning point for Kevin came during one of these workshops. She realized that a modern latrine was not out of her reach. The project introduced the Market-Based Sanitation (MBS) approach, which brought professional masons and affordable technology like Sato pans directly to the village.

“What was different is that the pit did not have to be deep,” Kevin recalls. “They also came with a whole system of a trained mason to build, connections to a hardware store so that we can pay for materials in installments. I could start with whatever money I had available on myself.”

Building a Localized Ecosystem for Better Sanitation and Health Outcomes

The SHF project didn’t just provide information; it has built a sustainable market. By involving local hardware shops and training masons from the community, the project ensured that every shilling spent stayed within Kidera.



One of the local masons who was trained and given expert skilling in building modern toilets was Mulekwa Kusain. “I had been a builder for many years, and I thought that I knew about constructing pit latrines, but I was wrong. We were trained not just with technical building skills, but were also retooled in business development, marketing and basic accounting so as to grow our businesses.” This training totally changed Kusain’s approach to work. “While I always sat back at home and waited for clients to look for me, I now started approaching different households to interest them to build toilets. Moreover, they are so affordable because we look at what a person can afford and we phase the building accordingly. Now I am always very busy and my income has improved.”

Ronald emphasizes that the involvement of the private sector was the unique engine behind Ndudu’s success. “This program doesn’t just build toilets and go but empowers the community because of the involvement of masons, hardware shops, VHTs, and leaders. We realized that we can use our own



resources and changed our mindset to the fact it is not only the extremely rich, but that even ordinary local income people can afford to build modern toilet facilities.”

For Kevin’s family, this meant they could finally take control of their health. Her husband joined the effort, digging the pit and laying bricks. “The hardware shop owner allowed us to pay in small installments because he was also part of the training and had been supplied with stock and sensitized to support the community to get modern toilets despite our low-income levels,” she says.

The Impact in Numbers: A Statistical Revolution

The shift in Ndudu is best told through the data collected by Ronald and his team. At the start of the project, out of 470 households in Ndudu, 390 homes lacked any toilet facility. By December 2025, the landscape had

changed entirely, with toilet coverage expanding the initial coverage of 80 households (17%) to 285 households (60%).

Ronald is confident that with ongoing mobilization, the remaining households will soon follow suit. The transformation isn’t just physical, it is social. Improved households are now the biggest advocates for their neighbors. As Ronald points out, “There is no point in being hygienic in your own home when a housefly can simply move from a dirty neighbor’s homestead and bring the germs to your own home and make your people sick.”

A New Source of Dignity and Pride for Kevin’s family and a Lasting Legacy

Today, the shame that once defined Kevin’s life has been replaced by pride. Her home now features a modern, clean, and washable toilet. She has become the village role model for her neighbors.

“Since we built our toilet, our dignity as a family has improved,” Kevin says. “Our toilet is clean, doesn’t smell and am comfortable with my children going as I do not have to worry about them falling into the pit anymore. For me the toilet has been like a launchpad that has wholesomely ushered my family into a life of wellness.”

Ronald believes the project’s legacy lies in the knowledge it has left behind. He contrasts this approach with traditional ‘handout’ models that often fail. “For example, if a project hands out livestock like goats, people keep calling those goats ‘project goats’ and never really take good care and most end up dying, unlike the toilet where people have invested their resources and sweat to build.”

The local masons have a new source of income and will continue to market their services long after the project officially closes. The mindset revolution in Ndudu has proven that when a community is empowered to use its own resources, its own masons, its own savings, and its own labor, the results are not just significant; they are permanent. As Ronald concludes, “One who gives you knowledge is better than one who gives you a handout.”

ADVANCING COMMUNITY AND HEALTH FACILITY SANITATION THROUGH PHC AND TRANSITION GRANTS: A CASE STUDY OF MATALE VILLAGE, BUIKWE DISTRICT

Story in Pictures



Kiiza Steven, a resident of Matala village in Buikwe District has been a VHT and sanitation promoter for many years. He has witnessed the dreadful effects of open defecation (OD) in his village. Mr Kiiza says that a number of homesteads did not bother to construct latrines and over the years, children have suffered with diarrhea, typhoid and other diseases associated with poor sanitation.

"I have dedicated myself to uplifting the sanitation and hygiene of my area, but it has not always been easy. Previously, we used Local Councils and other government structures like the police to enforce sanitation, but the non-compliant residents would simply run and hide and return when the enforcement campaign has moved another village," says Kiiza.

However, the change of approach from strict enforcement to sensitization has proved to be more effective. "When this project came, we had various community meetings where we were trained and people were also sensitized and encouraged to take construction of improved latrines seriously," Kiiza said.

Indeed, beyond Matala village, in five high-need villages across Buikwe District, a silent revolution in public health is taking place, driven not just by bricks and mortar, but by a strategic deployment of Primary Health Care (PHC) and Transition Grants. While standard funding often struggles to bridge the gap between national policy and village-level reality, these targeted grants have catalyzed a shift from open defecation to community-led dignity.





Bridging the Open Defecation (OD) Gap

Before the intervention, the sanitation landscape in Buikwe's sub-counties was marked by significant hazards. In Matala village alone, a baseline survey revealed that 72 households were practicing open defecation. Across the parish, the numbers were equally daunting: 72 households in Ssugumutwe, 52 in Kilangila, and 42 in Kiikoma B were all categorized at the "OD" level.

The Transition Grant provided the district water and health offices with a niche focus that standard PHC funds often lack. By selecting five high-need villages, the grant enabled a rigorous process of baseline surveys, follow-up monitoring, and intensive community sensitization. This wasn't just about building toilets; it was about changing the WASH indicators and indeed the social fabric of the parish.

Anna Nambi's Story: From Hopelessness to a Role Model

The story of 75-year-old Nambi Anna, a resident of Matala village, serves as a representative sample of the grant's impact on human dignity. For years, Ms Nambi lived without a dignified latrine at her home. "Whenever she sighted or heard about health inspectors around the village, she used to leave her home, go into hiding because of not having a sanitation facility," explains Loyce Kyohairwe, the Assistant District Water Officer in charge of Sanitation and the Health Inspector for Buikwe Subcounty in Buikwe District.

"I was perhaps Nambi's worst nightmare on this village because she would hide at my first sighting. According to her, I was harassing her too much. Her dilapidated latrine was full, had no walls, no roof and the wooden bars had decayed. In fact, one of her grandchildren had fallen into the pit and been rescued three times," Kiiza recalls.

The grant-funded sensitization reached Nambi and her grandchildren, providing the technical guidance needed to construct a basic sanitation facility. The impact was contagious. When neighbors saw that someone as vulnerable as Nambi could achieve "Open Defecation Free" (ODF) status, the momentum shifted. Today, in Matala village, 53 of the original 72 households previously practicing open defecation have constructed their own facilities, reaching the ODF milestone.

To those who haven't constructed modern latrines, Nambi has a message: "My message is simple. I was tired of hiding. I was perhaps the best example of a homestead in the worst sanitation state. After being sensitized by Steven Kiiza and Loyce Kyohairwe, I sought support and here I am with a modern toilet. If I could do it, everyone can do it "

Nambi's life and dignity have improved. She freely attends community gatherings and events without carrying shame. Steven Kiiza, her former 'tormentor' is now one of her best friends in Matala.

The Results-Based Financing (RBF) model serves as the financial engine behind the sanitation improvements in Buikwe District. This model shifts the focus from 'input' (simply building structures) to 'outcomes' (verified behavior change and functionality).



Pay-for-Performance: How The RBF Incentive Structure Works

In this program that has been piloted in Buikwe and Kamuli districts, the Ministry of Water and Environment provides financial incentives to the district based on measurable achievements at the household level. The district attracts funding from a pool (approximately UGX 120 million) based on specific milestones as follows:



New Basic Sanitation (UGX 40,000)

Earned for every household that moves from Open Defecation (OD) to a verified basic sanitation facility.



Facility Improvement (UGX 20,000)

Earned for households that already had a facility but upgraded it to meet basic standards e.g., adding a washable floor.



Functional Hand-Washing Facility (UGX 20,000)

Earned for the installation of a hand-washing station that is verified to have both water and soap.

The implementation cycle begins with a baseline survey, where health inspectors conduct a census to identify households practicing open defecation. Next, district officials and VHTs mobilize and use grant funds to train local artisans and educate residents, like Nambi, about the importance of hygiene. After households either build or upgrade their sanitation facilities, the district verifies the improvements. Once verification is complete, the ministry releases an incentive payment (for example, UGX 40,000) to the district, which is then used to cover personnel costs, ongoing monitoring, and to further expand the project's reach.

This system creates a competitive and high-accountability environment. As Loyce noted, “each district has to work very hard so that we can attract the funding.” Instead of receiving a flat budget that might be spent without clear results, the RBF model ensures that every shilling spent by the Ministry of Water and Environment corresponds to a household in Buikwe that now has a latrine facility.

By linking the Transition Grant to these results, Buikwe is moving away from donor-dependent projects toward a sustainable, market-based system. The grant provides the ‘seed money’ for the district to start the work, and the RBF incentives provide the ‘reward’ that allows the district to sustain its sanitation offices and health inspectors over the long term.

Towards a Long-lasting Legacy

The strategic use of these grants has proven that infrastructure is only half the battle. By investing in the ‘software, the training of artisans, the sensitization of households like Nambi’s, and the governance training for school leaders, Buikwe District is building a system that can outlast the grant period.

As Loyce Kyohairwe notes, the success in Matala has created a ripple effect where compliance is no longer driven by enforcement, but by a shared community desire for a better life. For the residents of Buikwe, the Transition Grant could become the spark that turns a public health crisis into a regional success story.



The grant provides the ‘seed money’ for the district to start the work, and the RBF incentives provide the ‘reward’ that allows the district to sustain its sanitation offices and health inspectors over the long term.



THE POWER OF DOOR-TO-DOOR MOBILIZATION IN HOUSEHOLD SANITATION IMPROVEMENT IN MUGUSU SUBCOUNTY, KABAROLE DISTRICT

Story in Pictures



In the undulating hills of Mugusu subcounty at the foot of the Rwenzori mountains, the densely populated villages are spread out nicely as if it were a grand housing masterplan. While this proximity suggests a tight-knit community, it historically masked a severe sanitation crisis that claimed the health and dignity of its residents. Before the intervention of the Sanitation and Hygiene Fund (SHF) and partners, many families lived without the basic necessity of a latrine.

Today, the narrative is shifting. The transition from open defecation in River Nyamwasa, smelly and housefly-infested pit latrines to modern, washable toilets is not just a story of bricks and mortar, but a testament to the transformative power of door-to-door mobilization.

The Crisis of Smelly and Housefly-Infested Pit Latrines

The baseline situation in Mugusu was once characterized by desperation. According to Boonabaana Dorothy, a Project Officer with Caritas, open defecation was a common reality. For those living near the water, the River Nyamaswa served as a makeshift latrine.

Even households that possessed latrines faced significant hazards. "Some households had toilets without superstructures while others had toilets without a roof. For most of the homes, washing their hands after visiting the toilet was an alien concept," Dorothy recalls.



Kate Edreda Kezaabu, a local Village Health Team (VHT) member for Kinyankende village adds that these basic facilities were constantly smelling and infested with houseflies.

This hygiene failure had a direct, devastating impact on the local healthcare system. Nyamwasa Health Centre was frequently full of people suffering from preventable waterborne diseases like diarrhea and typhoid.

The Role of VHTs and Health Promoters

The turning point for Mugusu was the realization that the challenge wasn't necessarily a lack of resources, but a lack of awareness and information. Many residents had the financial means to improve their homes but lacked the awareness to prioritize sanitation, often believing that modern toilets were a luxury for the extremely rich.

The SHF-supported project bridged this gap by training, empowering and facilitating VHTs and Health Promoters to move beyond general community meetings. They took the message directly to the people through intense house-to-house home improvement campaigns.

Saturday Steven, a resident of Kinyakende zone, and a farmer exemplifies this shift. "Before the project, my toilet was basic, It had houseflies and smelled terribly. I would never allow my young daughter to go by herself because I feared for her safety," Saturday says. "I could have afforded to build a modern toilet but had never given it much thought."

Like many of his neighbors, Steven was not unaware of better options. He harbored the common misconception that modern, washable toilets were a luxury reserved for the extremely rich or those in big towns and cities. Steven underwent training that fundamentally changed his perspective.

Today, his home features a modern, washable toilet equipped with a Sato pan. He describes his facility as a 'place of peace', jokingly noting that it is now so comfortable he can even make phone calls while inside. His transformation was so complete that he transitioned from a beneficiary to a passionate Health Promoter in the Kinyankende and surrounding villages.



Spreading the Gospel of Sanitation in Mugusu Subcounty Door to Door

Steven and his VHT colleagues now move house-to-house sensitizing the community about modern latrines. The impact of this peer-to-peer mobilization is evident in the numbers. In the eight villages covered by targeted mobilization, over 30 households have managed to construct Sato pan covered toilets while more than 60 households have constructed washable toilets.

As Kate notes, “the project empowered us to move door to door educating people. The door-to-door campaign has been key to the commendable uptake of construction of modern latrines.”

As Dorothy explains, the secret to this success lies in the personal touch of these visits: “Once you organise community sanitation meetings and stop there, they will not do anything. But when you go to their households, they will change, they will do something”.

A Sustainable Market-Based Model and Knowledge Over Handouts Approach

The progress in Mugusu is designed to last because it is built into the local economy through a market-based sanitation approach. Caritas and its partners have moved away from traditional handouts, focusing instead on building a self-sustaining ecosystem.



As Kate notes, “the project empowered us to move door to door educating people. The door-to-door campaign has been key to the commendable uptake of construction of modern latrines.”

This model rests on three key pillars:



Skilled Labor

Local masons have been trained in every village to provide professional construction services, turning them into entrepreneurs who earn a living while improving their neighbors' lives.



Supply Chain Links

The project works directly with local hardware stores to ensure materials like cement and sato pans never run out of stock.



Constant Follow-up

VHTs like Kate Edreda Kezaabu remain on the ground to monitor clusters of households and provide ongoing supervision.

Saturday Steven is a vocal advocate for this empowerment-focused knowledge over handouts model. He believes that providing skills is far superior to giving cash. “One who gives you knowledge is better than one who gives you a handout. If I had received money to construct a toilet, I would probably have diverted it to something else,” he notes. While money could have helped one or two persons per village, the training has been passed on to dozens, creating a bigger catchment of beneficiaries and therefore bigger impact.

Improved Household Sanitation and Wellbeing

The results of this door-to-door revolution are tangible. VHTs and health centres are now recording a significant decline in waterborne disease cases. This shift has created an economic relief for the community. Families are now saving the money and time that they would otherwise spend on medication and recovery, allowing those funds to be reinvested into their homes and children's futures.

While the progress has been commendable, leaders on the front lines like Kate emphasize the need for continued support for the most vulnerable. To ensure no one is left behind, she advocates for a balanced approach that includes:



Subsidies

Lowering the price of essential hardware like Sato pans to increase accessibility.



Targeted Support

Providing specific financial assistance for families who struggle with the initial costs of construction.

Through the dedicated mobilization of VHTs, Health Promoters, and the strategic support of the SHF and partners, Mugusu Subcounty is proving that with the right trigger and a personal touch, every household can rise and achieve a future of safety, health, and dignity.



Success Story

MUTEBI'S JOURNEY FROM MASON TO COMMUNITY MENTOR IN KAYUNGA DISTRICT

The Sanitation and Hygiene Fund (SHF) Market-Based Sanitation programme has emerged as a catalyst for sustainable health service delivery. By prioritizing accessible Water, Sanitation, and Hygiene (WASH) services for all, regardless of financial standing, the program is transforming lives in rural Uganda. The story of Mutebi Alex in Gayaza Bbale, Kayunga district, stands as a powerful testament to this impact.

Before the intervention, Mutebi worked as a regular mason, constructing basic houses and pit latrines. Despite his hard work, the demand was low and the pay was insufficient to support his family.

"I used to construct normal structures like houses and our basic toilets, but the income was so little," Mutebi recalls. His experience was common among local artisans; fellow mason Mulekwa Kusein noted that while they were known in the village, their skills did not offer a path to financial stability or significant community impact.

The trajectory of Mutebi's life changed through a training program organized by Finnish Mondial under the SHF initiative. This program equipped masons with specialized skills to construct improved toilets, modern and hygienic in nature, a sustainable sanitation solution in terms of long-term impact.

Beyond technical construction, the training bridged the gap between artisans and the community. Masons were linked with Village Health Teams (VHTs), who acted as intermediaries. Jane Nalubombwe, a local VHT, explains the previous challenge: "We knew improved toilets existed, but we had no way of encouraging people to build them because we did not have local examples to show."

Story in Pictures





Mutebi recognized that to be a leader, he first had to be a practitioner. He became his own first client, constructing an improved toilet at his own home.

"I decided to apply the skills by constructing the toilet at my home first," says Mutebi. "This helped me understand the process entirely. Now, I use that personal experience to guide my clients and teach others."

This 'home-first' approach solved the VHTs' problem of lacking demonstration models. Mutebi's home became a living example for hygiene standards.

Mutebi's role has since shifted from a simple labourer to a strategic mentor and consultant. He has developed a specialized approach to help low-income families overcome the financial hurdles of construction

He identified that among his community, most people did not have enough income to save money to build the improved toilets in one go. He therefore devised something he refers to as 'phased construction'. He sits with clients to plan projects step-by-step, allowing them to purchase materials in small, manageable quantities. He then goes ahead to negotiate on their behalf to local hardware stores. These are skills gained from the training, Mutebi has established relationships with local hardware owners, allowing clients to acquire materials on instalment plans.

His reputation for integrity has grown so significantly that clients, including those living abroad, entrust him with entire projects and large budgets without physical supervision.

Today, Mutebi is no longer just building toilets; he is building a movement. He has expanded his reach by mentoring a team of junior masons to handle the increasing demand, ensuring that his skills are passed down to the next generation.

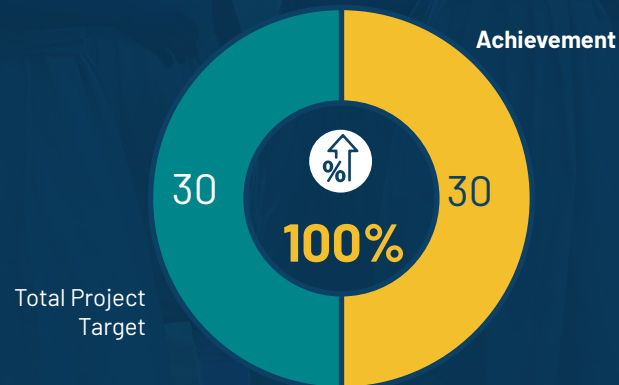
The results in Gayaza are visible. VHT Nalubombwe notes that cases of waterborne diseases and open defecation have dropped. "With the help of trained masons, people have embraced these new toilets. Families are clean and healthy," she points out.

Mutebi Alex continues to work alongside VHTs in sensitization efforts, proving that with the right skills and a heart for service, a local mason can become a vital architect of public health.

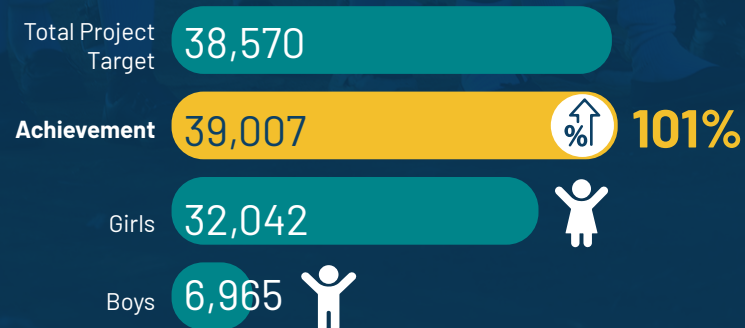


Objective 3: Increasing Sustainable Water, Sanitation, Hygiene and MHH in Public Institutions, Schools, and Healthcare Facilities

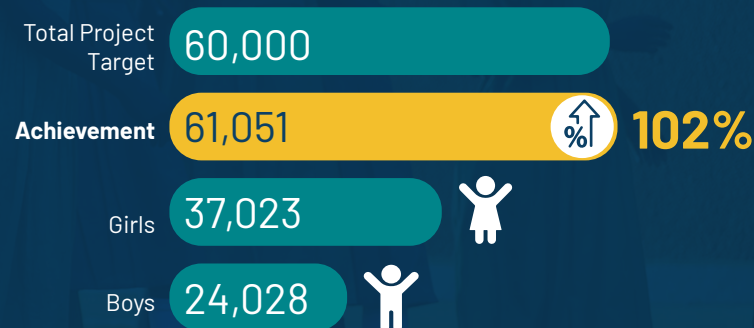
Schools that gained access to basic sanitation:



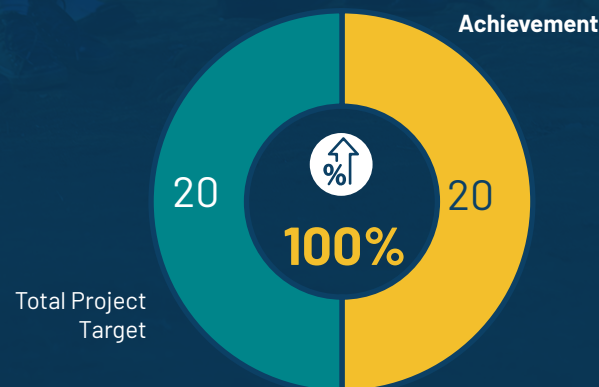
School learners that gained access to basic sanitation:



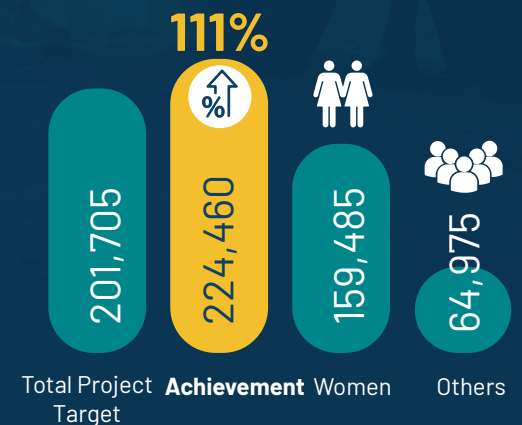
School learners reached with sanitation and hygiene services:



Number of healthcare facilities that gained access to basic sanitation:



Number of patients who gained access to basic sanitation:



HOW THE SHF HAS REDUCED MENSTRUATION RELATED STIGMA IN SCHOOLS: THE CASE OF NABITAAMA IN LUUKA DISTRICT AND KAWOLOKOTA IN KAYUNGA DISTRICT

Story in Pictures

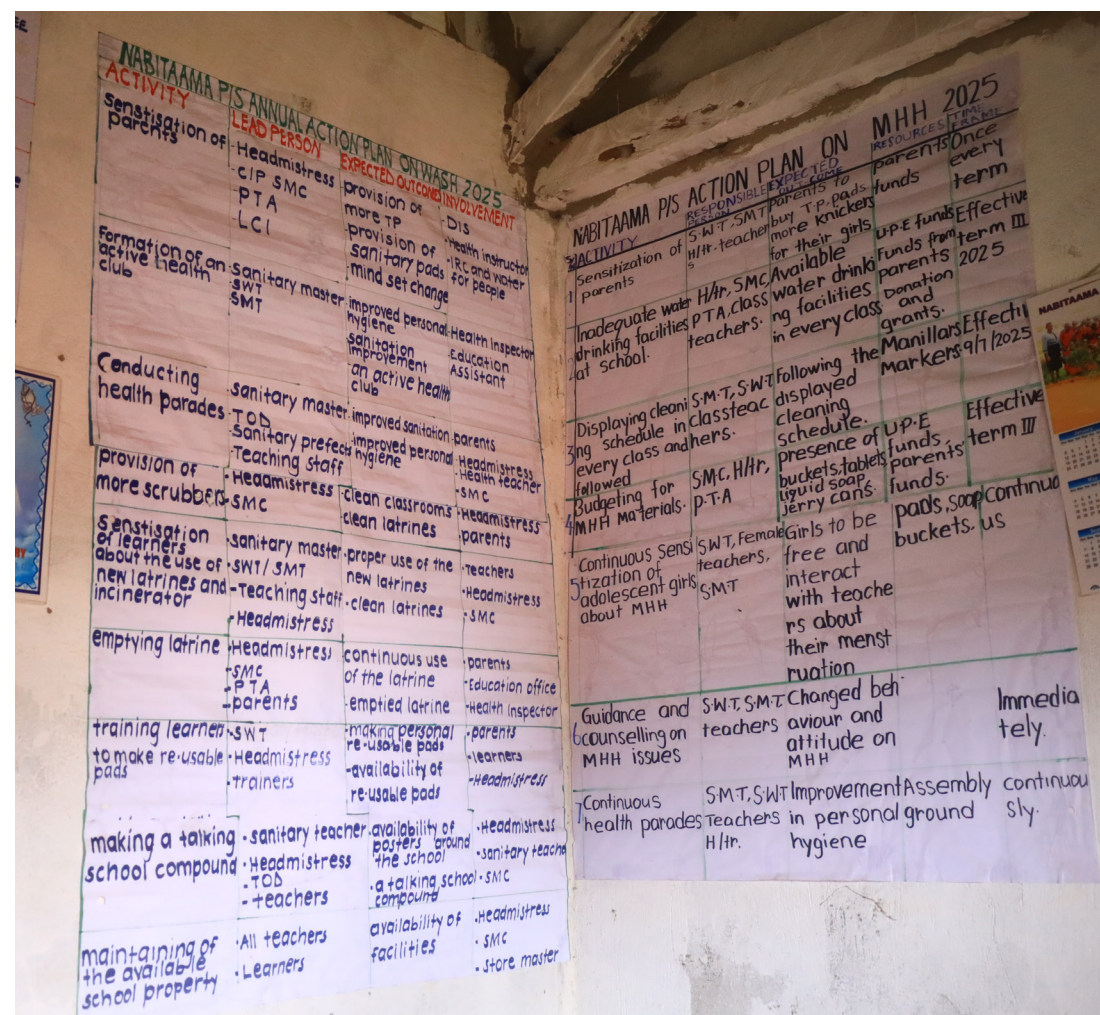


At Nabitaama Primary School, the arrival of a girl's menstrual cycle once signaled a quiet withdrawal from academic life. Before the intervention of the Sanitation and Hygiene Fund (SHF), the school faced a silent crisis where girls who had started menstruation would be absent from school for three to seven days every month. Today, that stigma is being dismantled through a combination of modern infrastructure, behavior change, mindset shifts, and a robust community-led maintenance system.

The Breaking Point: "Do Primary Children Use Pads?"

The situation at Nabitaama was one of neglect and deep-seated cultural myths. Ms Mudoola Oliver, the headteacher, recalls a time when the school lacked even the most basic Menstrual Hygiene Management (MHM) facilities. "The situation was not good at all. We had no washroom where girls could go and wash and change their pads," she explains.

Beyond the obvious lack of infrastructure lay an even bigger elephant in the room, a community mindset that viewed hygiene products with suspicion. Ms Mudoola recalls parents in one of the meetings asking in disbelief: "Do primary children also use toilet paper? Do primary children also use pads?" Such a negative attitude meant that girls had no support systems in terms of menstrual hygiene management at home and in the community. This kind of cultural mindset inadvertently led to persistent absenteeism by girls and lower enrollment numbers as compared to boys.



A Transformation in Infrastructure improves Enrollment and Helps Girls Complete Primary School

The intervention of the SHF program brought about a physical and demographic shift. The construction of a modern VIP latrine for girls, complete with a dedicated washroom and incinerators, changed the school's general cleanliness and appeal, with parents and learners alike yearning to be associated with the improved facilities.

The results were immediate. The girls have in a very short time closed the gender gap in terms of enrollment. "As a result of the facility, for the first time in this school's history, the number of girls at Nabitaama has surpassed the number of boys," Mudoola notes proudly.

There is also a noticeable trend of ending absenteeism. With sanitary pads, soap, changing dresses, and buckets now readily available in the school's washrooms, the monthly three-to-seven-day absence has become a thing of the past. The end of the debilitating practice of girls' absenteeism during their menstruation cycle is also directly attributed to the reduced menstruation stigma. With the trainings and the introduction of the WASH club, the mindset of the learners has shifted from shame to pride. "All children now understand that menstruation is normal. So, the boys no longer mock the girls," says Ms Mudoola.

Beatrice, a 15-year-old girl in Primary Six at Nabitaama is a living testimony of this transformation. "It was very difficult to survive at school during my menstruation period because the boys would laugh at us and tease us. It made me feel dirty and filthy and wonder why God created me as a girl to suffer. I simply kept at home until I finished the menstruation." The situation is now much improved, and Beatrice has never missed school again because of menstruation. "We are now confident. We have changing rooms and pads and an emergency uniform in case you need to change into one. I am now proud to be a girl," Beatrice says, with a wide smile across her face.

At Kawolokota RC Primary School, the reduced stigma and improved enrollment is being manifested even in the primary school level completion figures. "For the first time, all the Primary Seven girls who registered were able sit their Primary Leaving Examinations. This had never happened throughout the school's history," Mr Lagu Longworong Benson, the



headteacher says, beaming with pride. He attributes this milestone to the SHF grant, where the new toilet facilities, and WASH training for learners, teachers and parents has awakened a supportive ecosystem in the community that is helping to keep the girls in school. He was also hoping to achieve overall improved performance of the girls in PLE.

The Mechanics of Sustainability: O&M by the Parents

What sets schools like Nabitaama and Kawolokota apart is not just the new buildings, but the strategic plan to keep running effectively and efficiently for a long time. The schools have moved away from donor-dependency toward a self-sustaining Operation and Maintenance (O&M) model.

The School Management Committee (SMC) and the Parents Teachers Association (PTA) have been positioned as the primary custodians of these facilities. There is now integrated budgeting whereby through sensitization workshops, the SMC has learned to integrate the WASH budget directly into the school's main budget. "As soon as we receive the funds, our first priority is to prioritize the funds to make sure that the program has to run," says the Headteacher.

Another mechanism of sustainability is the voluntary contribution by parents. "We used to just send our children to school and leave the rest to the school administration, but things have changed. We are no longer bystanders in issues of our children's wellbeing. We attended workshops where we were taught that as parents we can make a big difference. We have started making small and affordable contributions of UGX 500 per term towards a fund for the maintenance and eventual emptying of the latrine facilities. We also use the fund to buy toilet paper, and sanitary pads. Majority of the parents are happy to contribute without any form of coercion," says Mr Muyinda Sadat, the PTA Chairperson, Nabitaama Primary School.

Another way to ensure efficient operation and maintenance of the facilities is the formation of school WASH clubs, specialized committees and dedicated teachers. The Senior Woman Teacher at Kawolokota Primary School, Ms Nambuba Mary Violet, has also become the teacher in charge of the WASH club. She says the WASH club has been empowered to be change makers in the school by showing exemplary behaviour in terms of personal





hygiene, cleaning the toilets, and generally being role models to the rest of the school.

“With minimal support from us the teachers, the WASH club has composed educative WASH songs and skits which they perform on assembly, and at functions at and outside the school. Such songs and skits are helping to encourage behaviour change both within the school and the wider community. The WASH club is also responsible for the cleanliness of the toilet facilities ensuring that soap is replenished and washrooms remain clean every single day,” says Ms Nambuba.

Spreading the Gospel of Hygiene beyond the school gates

The impact of the SHF program has rippled out into the wider community. By involving parents in the O&M process and showing the tangible benefits of MHM on their daughters’ grades and attendance, the school has successfully challenged the old myths about menstrual products.

As Mudoola Oliver reflects on the journey, she attributes the success to the workshops and engagements that changed the attitude of the staff and the community alike. At Nabitaama and Kawolokota Primary Schools, menstruation is no longer a reason for a girl to hide; it is a managed reality in a school environment that finally treats her dignity and well-being as a first priority.



We have started making small and affordable contributions of UGX 500 per term towards a fund for the maintenance and eventual emptying of the latrine facilities.

Success Story

FROM OVERWHELMED AND UNHYGIENIC WASH FACILITIES TO THREE-STAR EXCELLENCE: THE TRANSFORMATION OF WASH AT KABENDE AND BUSAGAZI PRIMARY SCHOOLS

Story in Pictures



At Kabende Primary School, the sounds of over 1,000 learners rushing out of class for a toilet break once signaled an overwhelming challenge for the school's administration. It had become survival for the fittest, with learners jostling for their chance to ease themselves in the toilet stances.

Grappling with Overcrowded and Unhygienic Toilets: 80 Learners to a Stance

"The state of sanitation was at a basic minimum. Learners used to make a queue on each latrine stance," recalls Mr Niwagaba Wenseslas, the headteacher of Kabende Primary School in Kabarole District. "The ratio was quite abnormal".

While national education standards mandate one latrine stance for every 40 learners, Kabende was operating at double that pressure, with nearly 80 children crowding into a single stance. This overcrowding led to a cycle of abandonment. When latrines became full, they were simply locked away because the school lacked the funds and the technical know-how to empty them.

The intervention by the Sanitation and Hygiene Fund (SHF) and IRC via their district-led approach has transformed Kabende Primary School to a regional model of how knowledge-driven Operation and Maintenance (O&M) and community mobilization can turn the tide on school hygiene and sanitation.





The introduction of the “Three-Star Approach” acted as a wake-up call. Mr Niwagaba describes the model as a guide that “punched holes” in their existing measures. It forced the school to realize that despite their best efforts, they were falling short of true health and safety standards.

At Busagazi Primary School in Buikwe District, the circumstances were more or less the same as at Kabende.

“We were in a very bad situation before this project. Our school has a very big enrollment and the toilets were not enough to manage these children. The few stances were congested and overused which made it difficult to keep them clean and hygienic,” says Mr Tabu Martin, the headteacher of Busagazi Primary School. “Learners also lost a lot of valuable time between lessons as they lined up waiting to use the toilets, while for older girls it was worse as most could not dare to attend school during their menstruation period.”

Both schools received modern new five-stance latrine blocks which have not only helped to improve the learner to stance ratio but also upgraded overall hygiene standards. They have also helped to reduce absenteeism by girls during their menstruation period.

Both schools now utilize a “Three-Star Approach School Assessment Tool” to track six critical aspects of hygiene, including waste management, water quality, and menstrual hygiene management (MHM). This tool ensures that the “Three-Star” status is not just a one-time achievement but a continuous standard.

“We were trained by a team from the district and IRC officials on how we can use the Three-Star Approach.

Some of us didn't think that there would be anything new to learn about cleaning toilets, but the training opened our eyes to so much," says Mr Niwagaba.

Developed by WHO, The Three-Star Approach is a model and assessment tool used to improve school sanitation and hygiene through a staged, ladder-based progression. Rather than demanding expensive infrastructure immediately, it focuses on using available resources to meet specific health and safety milestones.

A New Model for Maintenance of WASH Facilities

Thanks to the Three-Star Approach, there is transfer of knowledge and new awareness that have seen the schools shifting from a reactive mindset to a proactive O&M strategy. Recognizing that government capitation grants are often insufficient for the high cost of modern maintenance, both schools have successfully pioneered a parent-led funding model in their respective districts as follows:

Mobilising Savings for financial sustainability: At Kabende, parents contribute UGX 500 per child to a dedicated account specifically for emptying latrines. Busagazi has implemented a similar termly fund of UGX 1,000 per learner, with flexible payment options (even as little as UGX 200 at a time) to ensure all parents can afford. These measures were taken in close consultation with parents and the school management committees.

Transparent Governance: Accountability is central to keeping parents engaged. At Busagazi, the Health Patron collects the funds and records every payment before they are deposited in a bank account requiring multiple signatories, including the School Management Committee (SMC) chairman. This money cannot be used for any other school function and is strictly for WASH activities only.

Stocked Essentials: These funds allow schools to move beyond basic infrastructure. At Busagazi, the revenue is used to keep a dedicated store stocked with sanitary towels, buckets, brooms, toilet paper, and liquid soap. At Kabende, a long-standing practice was reinforced where each learner

contributes toilet paper or a small fee of UGX 500 at the start of the term to ensure supplies never run dry.

Restoring the Old and abandoned toilet facilities: Instead of waiting for new buildings, at Kabende, the staff used their training to empty, renovate and bring abandoned toilet facilities back into use. They coordinate with faecal sludge emptiers who have also been identified, trained and empowered as part of the same SHF grant.

Pupil-Led Hygiene Practices

A common success across both districts is the shift to pupil-led hygiene practices. Previously, cleaning toilets was viewed as a demeaning task and in some scenarios administered as a form of punishment to learners. With the training received by the learners and the formation of WASH clubs in the schools as part of the software package, there has been a radical change of attitude towards maintaining hygiene of WASH facilities. Learners at both schools follow cleaning rosters—twice daily at Kabende and a weekly rotation by class (e.g., P7 on Monday mornings) at Busagazi.

This sense of responsibility has reached far beyond the school gates in several ways:

There is commendable attitude and behavioral change. At Busagazi, learners view exiting a toilet without washing hands as a very big crime.

There is tangible evidence of community impact. Mr Tabu reports that children are spreading the gospel of hygiene at home, with one even creating a five-litre jerrycan handwashing facility for his family after learning the practice at school.

Both schools have registered increased enrollment and reduced dropout rates of especially the girls in upper classes. The improved facilities have become a point of pride and a driver for growth. Busagazi has seen enrollment jump from 664 students in 2020 to nearly 800 in 2024, as parents are drawn to not only the standards of the school's sanitation, but also attracted by the toilet facilities which have given the school a major facelift.

The Unique Approach of the SHF Grant: “Three-Star” Results and Knowledge as a Permanent Asset

One significant character of this fund was that it went beyond the hardware, that is, building of the toilet facilities; and also had a software impact, that is, training and knowledge transfer. Indeed, the impact of this rigorous O&M plan is visible to everyone who enters the gates. Mr Niwagaba proudly rates the school's current sanitation status at 90% to 95%, a massive leap from his previous self-assessment of 45%. The school now utilizes a “Three-Star Approach School Assessment Tool” to track six critical aspects of hygiene, including waste management, water quality, and menstrual hygiene management (MHM). This tool ensures that the “Three-Star” status is not just a one-time achievement but a continuous standard.

As the grant moved towards closure, the administrators remained confident that the most valuable gift was not the bricks and mortar, but the knowledge, especially maintenance and functionality. “Knowledge does not expire,” Wenseslas notes, emphasizing that he could carry these maintenance skills to any school in the country.

His advice to fellow headteachers who may not have been direct project beneficiaries is simple: start with the knowledge. “Using our awareness of the Three-Star Approach School Assessment Tool, we can even be able to use the available resources, scarce as they may be, to make sure sanitation improves”.

While challenges remain, such as the need for more facilities for boys, the transformation of Kabende and Busagazi proves that when schools and parents unite around a common goal of health, the result is a safer, cleaner, and more conducive and productive environment for every learner.



Success Story

BOOSTING THE CONFIDENCE AND DIGNITY OF THE GIRL CHILD AT VICTORIA SS, BUIKWE DISTRICT

Story in Pictures



For the girls of Victoria Secondary School in Buikwe District, the arrival of their monthly period used to be a source of profound anxiety. Before the intervention of the Sanitation and Hygiene Fund (SHF), the lack of privacy, water, and proper waste management turned a natural biological process into a barrier to education. Today, however, the school tells a different story, one of empowered learners, inclusive clubs, and restored dignity.

The End of the Privacy Crisis

Before the new facilities were constructed, the school's limited infrastructure created a "privacy crisis." In a focus group discussion held with some of the members of the school WASH club, the girls shared the stress of navigating the old and crowded latrines.

"Personally, we could face a challenge of privacy, especially during one's menstruation period. There was limited privacy to wash and change your pad," one student shared. "Though we are all, this lack of privacy was such a big problem that made the thought of your period coming such a nightmare."

With the SHF intervention, Victoria SS received a new modern toilet block but for majority of the students, it was more than just new walls; it brought about functionality. "Before, we never had the water facility, whereby someone can clean herself," another student noted. "But right



now, there is water, and so this is a much easier situation.” The provision of reliable water within the washrooms has transformed how girls manage their hygiene, allowing them to remain at school with confidence rather than rushing home to clean up.

Innovation in the Waste Stream

Perhaps the most significant change for the girls was the introduction of proper disposal systems. In the past, the absence of bins led to a haphazard environment. “Basically, before we had the new facility, we had the challenge of disposing of our used pads, because if someone had nowhere to dispose that used pad, she would just go and dump it anywhere,” a student admitted.

With the new SHF-funded latrines, the school introduced incinerators and specialized disposal points. This simple addition has done more than clean the compound; it has removed the ‘shame’ of carrying used materials. “After bringing the new latrine, we got where to dispose of the used pads,” she added.

Voices from the Victoria SS Focus Group

During a session involving both girls and boys of the WASH club, the depth of the transformation became clear through a series of questions about their daily lives:

Q: How did you manage your periods before the new toilets were built?

Student: “Before, we had bathrooms, but they were too open and lacked privacy. It was not easy for one person to go in and bathe. You would feel that you can’t bathe. Now we have proper changing rooms, where you can go and clean up and wash your knickers without worrying about being watched. Life is much better for me as a girl.”

Student: “Before the water facility was put in, if a girl was a day scholar and started her periods, she would often have to leave school immediately because there was no way to clean herself to stay the whole day.”

Q: Do you feel the ‘stigma’ has actually decreased in the classroom?

Student: “Yes. Before, we would be so ‘astonished’ if someone experienced their periods in class. But because of the guidance and counseling in the club, we do ‘hand-in-hand’ work. We talk openly about how to keep hygiene so that no one feels embarrassed.”

Q: What is the most important feature of the new washrooms for you?

Student: “The water. Having water right there to clean yourself makes the situation much easier. You don’t have to feel like you are ‘moving’ or smelling; you just go, clean up, and go back to being a student.”

Q: Does having a WASH club change how you feel about coming to school?

Student: “Yes, I have learned something from this club, whereby we should walk hand-in-hand with others, especially during the menstruation period. We should guide and help others, particularly the younger girls. We talk with them on how to keep hygiene. We are also teaching younger boys that menstruation is normal, and this is reducing menstruation related stigma in our school.”

Q: Is it true that you can be completely open with your peers now?

Student: “Yes, most of us are now open because the stigma towards menstruation has reduced. We speak the way it is meant to be. If you are facing cramps, you are like, ‘yes, it hurts from here.’ You speak it the way it is. The boys know what cramping is now because we do share a lot.”



Q: To the boys, why is it important for you to know about 'cramps' and menstrual cycles?

Student: "Because we have to call our sisters and help them. If it happens in class, we need to know how to help them instead of laughing. The club teaches us that hygiene is for everyone."

Student: "We boys used to have certain habits or jokes, but in the club, we learn to keep that aside. We even keep a small fund or support system for 'uncertainties'—if a girl hasn't contacted her parents yet, we can help her."

How the WASH Club is breaking the silence

The physical infrastructure is supported by a WASH Club that has revolutionized the school's social dynamics. In a radical move toward inclusion, the club is not just for girls. Boys like Ivan, Samuel and Jonathan have become active advocates for their female peers.

"I am a member of the WASH Club because we have received training, guidance and counseling," says Ivan. "In case of certain menstrual periods happening in class, how we can help them."

The boys have been trained to view menstruation as a natural process. "We do support the girls in a lot of things," explains Samuel. "Maybe if they are in their periods, we can support them emotionally, we can advise them, and we always encourage them that it is a natural process. They should not worry. It is a period of just four to seven days."

A New Standard of Dignity

By combining modern toilets with the software of the WASH Club, Victoria SS has created an environment where the girl child is no longer defined by her vulnerabilities. The girls are no longer astonished by their own bodies; instead, they lead the way in hygiene education.

"I joined this club because we stay together," one boy concludes. "Their problems will not affect me if we solve them together."

In Buikwe District, Victoria SS is proving that when you provide a girl with a mirror, water, and a supportive community, you boost far more than just her hygiene, you boost her chance at education and a indeed a brighter future.





Success Story

HEALTH CARE WASTE MANAGEMENT PRACTICES AND INNOVATIONS AT LUGASA HC III IN KAYUNGA DISTRICT

Story in Pictures





At Lugasa Health Centre III in Kayunga District, the daily activity of patient care was once overshadowed by a silent, lurking threat of poor waste management. The facility grappled with deteriorating infrastructure that put both health workers, patients and caregivers as well as the entire community at risk. Today, thanks to a strategic intervention by the Sanitation and Hygiene Fund (SHF), through the adoption of the Water and Sanitation for Health Facility Improvement Tool (WASH FIT), Lugasa has emerged as a model of clinical excellence and safety.

A Facility at Risk

The 'before' picture at Lugasa HC III was one of significant insecurity. Isabirye Paul, the Infection Prevention and Control (IPC) focal person and Health Assistant, recalls a time when the lack of proper facilities created a real sense of danger.

"The community and the health facility was at a risk of getting many diseases that commonly affect people in the community in case there is poor hygiene and sanitation," Paul explains. The crisis reached a peak when the facility's primary pit latrine subsided, leaving patients without a safe place for sanitation. "People were rightly complaining because the sanitation was not good before the intervention of this project. Imagine a patient who comes to the health facility to get better but ends up catching new diseases."

The WASH FIT Catalyst: From Assessment to Action

The turning point came with the introduction of the WASH FIT approach, a multi-domain framework designed to help health centres self-regulate and improve. Rather than just providing equipment, the SHF grant focused on empowering staff with a roadmap for continuous improvement.

"WASHFIT is an approach on how we improve on our hygiene and sanitation," says Paul. "At the beginning of the project, the project officers alongside the Kayunga district officials came and did an assessment of our facility where we were scored. As expected, our score was not good and so we resolved to take decisive action to improve. We came up with an action plan—a doable action."

This doable plan led to immediate physical and behavioral shifts:

Modern Infrastructure: The project replaced the collapsed structures with modern pit latrines and provided essential menstrual hygiene bins to manage specialized waste.

Continuous Medical Education (CMEs): The grant encouraged regular staff meetings and CMEs to ensure that hygiene remained a top priority. "The WASHFIT has helped us not to be relaxed," Paul notes. "When we use it, we are able to maintain the standard to know where we need to put in more effort."

Rigorous Standards: Through regular scoring across seven domains, including energy, water, and waste management, the facility has seen its performance skyrocket. In recent assessments, Lugasa scored in the 90s, a testament to the staff's dedication to the tool.

Innovations in Waste and Hygiene

Beyond the bricks and mortar, the innovation at Lugasa lies in the culture of accountability. The WASH FIT tool allows the team to visualize their progress through a scoring system.

“That tool is good because there are what we call the seven domains. When you follow that tool very well, you can score and you can know the level where you are at your facility,” Paul explains. This data-driven approach ensures that hand-washing facilities are always stocked with water and soap, and that cleaning schedules are strictly followed.

A Legacy of Safety

The impact of the SHF grant extends far beyond the facility’s walls. By securing the waste stream and providing dignified sanitation, Lugasa HC III has restored the community’s trust. The so-called diseases that once threatened the neighborhood have been mitigated by a staff that no longer feels relaxed about IPC standards.

As Paul looks toward the future, his advice to other health centres is simple: don’t wait for a miracle; start with the assessment. “I advise them to use that tool because when they use it, they will uplift their hygiene standard. Their hygiene and sanitation shall improve because they will learn a lot of things.”

At Lugasa HC III, the commendable standards of hygiene are no longer a dream—they are a daily, measured reality, proving that with the right tool and a committed team, even the most challenged facility can become a sanctuary of health.



Success Story

REDUCED DISEASE INCIDENCE AT APALABAROWO HCIII IN KOLE DISTRICT: A WASH FIT SUCCESS STORY

Story in Pictures



At Apalabarowo Health Centre III in Kole District, the transformation is not just visible in the new paint or the new modern latrine blocks, it is written in the clinical records. A facility that once struggled with congestion and poor hygiene has, through the Sanitation and Hygiene Fund (SHF) and the Water and Sanitation for Health Facility Improvement Tool (WASH FIT), turned the tide against infection, creating a safer haven for the thousands of patients it serves.

A Facility in Distress

When Senior Clinical Officer and In-Charge, Mr. Eyul Alex, arrived at Apalabarowo in 2019, he found a facility at its breaking point. The infrastructure was woefully inadequate for the growing population of Alito Sub-county.

“The situation was not all that good via sanitation,” Alex recalls. “In OPD, we had only two stances for the patients while on the other side of maternity, there was only four stances, which is not enough for our patients.”

This lack of infrastructure had direct consequences on healthcare outcomes. Beyond the physical congestion, John Patrick Odongo, the Health Assistant, notes that the general hygiene situation was poor as recently as 2022. Without enough stances, mothers coming for Antenatal Care (ANC) and patients at the Outpatient Department (OPD) faced long waits and undignified conditions, which often discouraged them from seeking formal care.



WASHFIT is an approach which has different domains around water, sanitation, and hygiene that helps us to improve the overall water, sanitation and hygiene outcomes. Mr. Eyul

The WASH FIT Catalyst

The intervention of the SHF grant, implemented by partners like Water for People and IRC, introduced the WASH FIT approach; a systematic framework that moved the facility from reactive maintenance to proactive management.

“WASHFIT is an approach which has different domains around water, sanitation, and hygiene that helps us to improve the overall water, sanitation and hygiene outcomes,” explains Mr. Eyul. For Apalabarowo, this started with a rigorous assessment where the facility was scored, and a “doable action plan” was created.

One of the most significant shifts was the focus on Operation and Maintenance (O&M). The grant didn’t just provide bricks; it provided a governance structure. “There was comprehensive training not only for the hospital staff but also the management committee. This was something unique because most grants usually focus only on the health care staff alone. Water For People and IRC trained health staff and the Health Unit Management Committee (HUMC) together,” says Alex. This ensures that the leadership now “oversees the overall performance,” with the HUMC Chairman visiting weekly to check on specific hygiene indicators.

Clinical Outcomes: The Proof in the Numbers

The most compelling evidence of the WASH FIT impact is found in the facility’s maternity and general wards. According to the In-Charge, the improved environment has directly influenced patient confidence and health outcomes.

“In fact, when I came here, like in maternity, the monthly delivery was down. It was about only like 25 per month,” Alex states. “But it has greatly improved. Now, it is up to about 80 deliveries per month.” To Alex, this is not just a number, it is evidence that the community is beginning to trust the services being offered, with the confidence coming from seemingly mundane things like an expectant mother finding a clean toilet, a care giver finding a clean bathroom to bathe and change her sanitary ware.



This 220% increase in deliveries is a direct result of improved sanitation and infection prevention. When patients see a clean facility with functional hand-washing stations and adequate latrines, they are more likely to trust the facility for critical services.

Innovations in Menstrual Hygiene and Inclusion

The transformation extends beyond the health centre walls and into the community and local schools. John Patrick Odongo highlights the introduction of specialized Menstrual Hygiene Management (MHM) facilities as a gamechanger for the district's youth.

"The facility has been provided with a menstrual hygiene facility. Some schools in our district have also benefited from the fund and our girls are now sustained in school," Odongo explains. Before this, menstruation led to significant absenteeism and poor performance. By extending software training to senior women teachers and providing buckets with a liner for even for schools were not beneficiaries, the project has ensured that hygiene standards are being widely implemented even where funds are scarce.

Sustaining the Standard

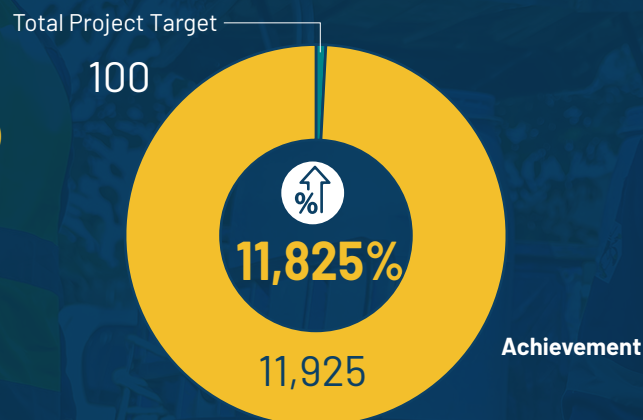
The new culture at Apalabarowo is built on the philosophy that hygiene is a pre-condition for work. Mr. Eyul has integrated a move-around practice into his daily routine. "Before I sit at my desk, I have first to move around. I go to maternity, I go to the toilet, I check to ensure everything is okay." He attributes this new culture as the legacy of the WASH FIT training. It is a shift from waiting for external donors to taking local ownership of every water tap and soap dispenser.

As Kile District continues to monitor its disease incidence, Apalabarowo HCIII stands as a testament to the fact that when you invest in water, sanitation, and hygiene, the clinical results will follow. The congestion is gone, the deliveries are up, and the community finally has a health centre that matches its needs.

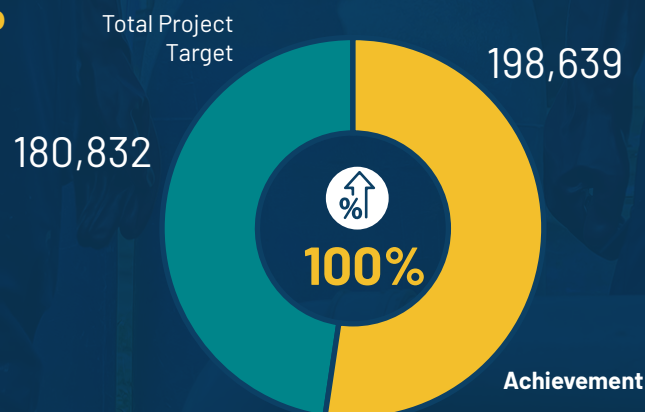


Objective 4: Supporting Innovation Towards Safely Managed Sanitation, Hygiene, and MHH

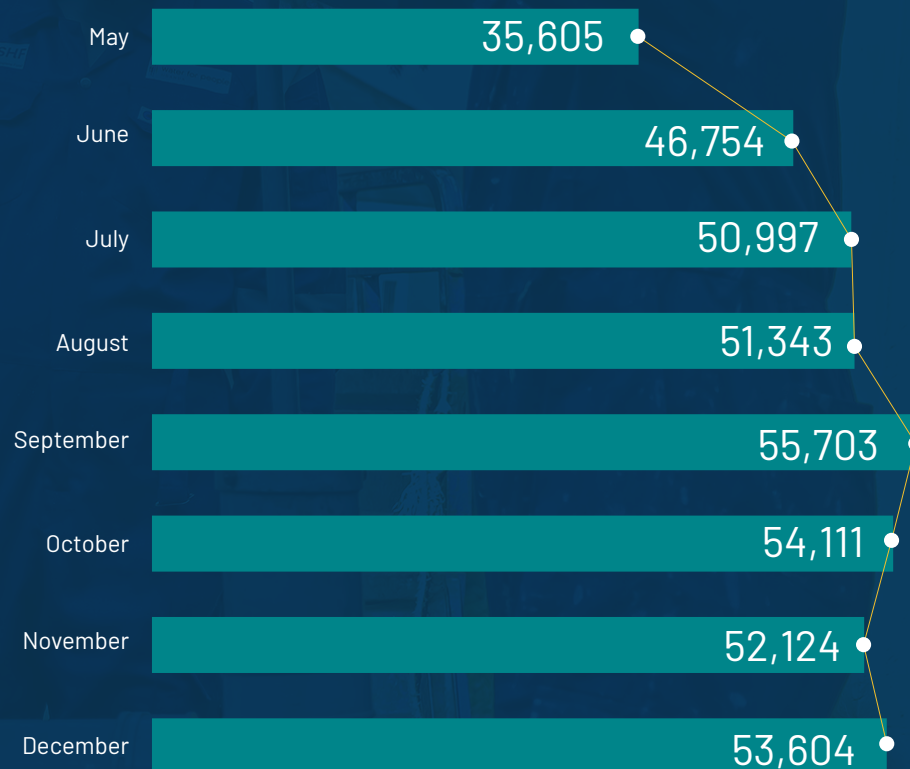
Private sector enterprises supported (Pit Emptying Service)



Number of people gaining access to climate resilient sanitation services:



Total Volume of sludge collected m³



Success Story

HOW THE SHF HAS FACILITATED PROGRESS IN URBAN SANITATION ACROSS SMALL AND MEDIUM TOWNS IN UGANDA: INSIGHTS FROM THE MINISTRY OF WATER AND ENVIRONMENT

Story in Pictures



The Ministry of Water and Environment (MWE), under the Sanitation and Hygiene Fund, is responsible for implementing objective three, which focuses on supporting innovation towards safely managed sanitation. To achieve this, MWE has implemented town sanitation planning in Kayunga Town Council, Kamuli Municipality, Kole Town Council, and Fort Portal City. Martin Mujjabi Mukasa, Senior Environmental Health Officer at MWE's Urban Water and Sewerage Department, is tasked with improving water and sanitation in small and medium towns and to support innovations that enhance the fecal sludge market. In this interview, he provides insights into the status of town sanitation planning, the role of MWE, and their collaborative efforts with partners like the Sanitation and Hygiene Fund (SHF) to catalyse the sanitation market ecosystem and improve fecal sludge management.

Q: To set the stage, could you describe the current state of urban sanitation in Uganda?

Mujjabi Martin Mukasa: I would say the state of urban sanitation is currently wanting, primarily because it is incredibly capital-intensive. While we are seeing progress, only about 44% of people across the country have access to safe urban sanitation.

A critical point to understand is the reliance on onsite sanitation. Sewerage systems serve only about 5% of our national population, mostly in Kampala and a few large towns. This means that 96% of the country, including



those in urban areas, relies on onsite solutions like septic tanks and pit latrines. Furthermore, we still face a challenge with 5–10% of the population practicing open defecation in some urban pockets due to high population density.

Q: What is the specific role of the Ministry of Water and Environment (MWE) in managing this complex challenge especially in relation to the ambit of the Sanitation and Hygiene Fund?

Mujjabi Martin Mukasa: Within the Ministry's Urban Water and Sewerage Services Department, our core mandate is to improve sanitation in small and medium towns and to support innovations that enhance the fecal sludge market.

While the Ministry of Health focuses on household data and the Ministry of Education focuses on schools, the MWE is responsible for the technical end of the value chain: emptying, transportation, and treatment. We ensure that once a pit is full, there is a professional system in place to move that waste safely to a treatment plant.

Q: How is the Sanitation and Hygiene Fund (SHF) supporting your Ministry's efforts to modernize these services that actually ensure that once a pit is full, there is a professional system in place to move that waste safely to a treatment plant?

Mujjabi Martin Mukasa: You see, the state of urban sanitation is quite capital intensive, and for a long time, we were working with fragmented information. The SHF has been a vital partner in helping us move toward what I call 'data-driven decision-making.' One of the biggest catches and a really big take-home for us from this partnership has been the development of the **WASH Management Information System (WASH MWIS)**.

Before this, data was domiciled in different silos. Household data was with the Ministry of Health while school data was with Education. The technical end of the value chain, the emptying, the transporting, and the treatment, was domiciled here with us at the Ministry of Water and Environment. The WASH MWIS now acts as a central repository. It picks data from Education, Health, and from our own utility operations, putting it all in one central depository. This allows us to finally see the full picture.



Within the Ministry's Urban Water and Sewerage Services Department, our core mandate is to improve sanitation in small and medium towns and to support innovations that enhance the fecal sludge market.



For instance, through SHF-supported call centres, we can now quantify sludge production with real precision. In the past, we were guessing. Now, if the data shows that a specific town produces, say, 50 tonnes of sludge per year, we can design treatment plants that are accurately sized and adaptable for the next 15 years. It makes life easier for us and helps us to report accurately. And ultimately, it's about visibility—because as I always say, when you can't account for what you're doing, then you've done nothing. This system ensures we are doing something that lasts.

Q: In regard to your mandate of supporting innovations that enhance the fecal sludge market. How are emptying services evolving in these urban areas?

Mujjabi Martin Mukasa: We are seeing a major shift. We are moving away from traditional, often hazardous manual emptying toward a more structured, regulated market. You see, for a long time, the informal way of doing things meant high health risks and frequent illegal dumping in our wetlands and communities. We have supported towns in developing sanitation standards and by-laws.

More importantly, we have set up a call centre under the Water Sanitation Central umbrella in Central Uganda. This centre coordinates sanitation value chains for emptying and water services across 24 districts. This has made accessing emptying services easier. It is costly to call a cesspool emptier directly from your household, as you might have to go through a middleman who adds to the cost. However, calling the call centre directly connects you to the emptier, ensuring a good price and a plan for the service. Additionally, it has improved discharge at treatment plants.

While emptying can be done, we need to find a place to discharge the waste. We are now able track the emptier's visits to specific areas and check if the waste was disposed of at nearby treatment facilities. Although the facilities are limited, we're maximizing their use. This has resulted in a 150% increase in sludge volume. For instance, if the monthly sludge volume was 4 cubic meters, it's now 9 cubic meters, indicating significant progress. This doubling of sludge volume, along with the additional sludge, has been documented and can be utilized for planning purposes.

Ultimately, our goal now is to use the market-based approach to make the fecal sludge market truly viable for private entrepreneurs. By professionalizing the entire chain—from the way waste is emptied to how it is transported—we achieve two things: we protect the health of our service providers through better equipment and training, and we ensure that waste actually reaches a treatment plant. When the business makes sense for the private sector and they follow the standards, the whole community wins.

Q: What are the key lessons the Ministry has learned through these recent interventions?

Mujjabi Martin Mukasa: The most significant lesson we have learned is that integrated planning facilitated by data sharing among all key stakeholders, that is, the ministries of Water and Environment, Health, and Education as well as donors and civil society is everything. In the past, the challenge was that data was scattered whereby different ministries held fragmented pieces of data. Now, through this intervention, we are integrating data from households, schools, and treatment plants. This allows us to account for every single step of the sanitation process.

As we often say: 'Water is life, sanitation is health, and health is wealth'. But you must realize that if you cannot account for what you are doing through data, it is as if you have done nothing at all. Such integration and cooperation is what changes the game. Accurate reporting ensures that our mega-investments are not just spent but are targeted exactly where they are needed most to create a real impact on public health.



Calling the call centre directly connects you to the emptier, ensuring a good price and a plan for the service. Additionally, it has improved discharge at treatment plants.

CONNECTING COMMUNITIES TO SAFE SANITATION: HOW THE CENTRAL UMBRELLA CALL CENTRE LINKS 26 DISTRICTS TO PIT EMPTYING SERVICES

In Uganda's central region, a silent revolution is literally ringing through the phone lines, transforming the way people manage their toilets. For years, households in peri-urban areas and small towns faced a difficult choice when their toilets overflowed: resort to expensive, unregulated manual emptying or engage in the hazardous practice of burying waste. However, this narrative is changing thanks to the Central Umbrella of Water and Sanitation, a utility mandated by the Ministry of Water and Environment to provide urban-grade water and sanitation services to rural communities.

A Bridge Across 26 Districts

Managing 84 water supply systems across 26 districts is a massive undertaking. With a customer base exceeding 34,000, the Central Umbrella realized that providing clean water was only half the battle for public health. "Water is life, but sanitation is health," notes the team. To close the loop, the Ministry constructed four specialized faecal sludge treatment facilities and deployed three cesspool emptier trucks to serve this expansive territory.

The call centre serves as the nerve centre for sanitation management across 26 districts in Central Uganda, namely, Kampala, Wakiso, Mukono, Buikwe, Buvuma, Kayunga, Luwero, Nakaseke, Nakasongola, Mubende, Kassanda, Mityana, Mpigi, Butambala, Gomba, Masaka, Kalungu, Bukomansimbi, Lwengo, Kyotera, Rakai, Lyantonde, Ssembabule, Kalangala, Kiboga, and Kyankwanzi.

The Call Centre as the Heart of the Operations

The answer to the logistical nightmare of rural emptying arrived in the form of a centralized Sanitation Call Centre, established with support from Water for People and the Sanitation and Hygiene Fund (SHF). This centre acts as a professional clearinghouse, linking community demand directly to technical solutions.

"The support from the fund has helped us meet our mandate of providing sustainable services for everyone," explains Leodina Ayero, the Communications Officer for Central Umbrella. The call centre has professionalized the process, removing the guesswork for residents. When a customer calls, they are not just getting a truck; they are getting a regulated, fair-priced service that ensures their waste is transported safely to a treatment plant rather than being dumped in the environment.



To close the loop, the Ministry constructed four specialized faecal sludge treatment facilities and deployed three cesspool emptier trucks to serve this expansive territory.

The Market-Based Approach and adopting a Proactive Mobilisation Strategy

The success of the call centre isn't just due to the technology, but a deliberate marketing campaign. The Central Umbrella team took to the streets, conducting road drives through towns, distributing marketing materials, and hosting radio talk shows.

"These talk shows were a very good time for us to understand the sanitation situation in these towns and address the challenges people are facing right now," says Ayero. This aggressive mobilization has paid off. Since the campaigns began, the volume of calls has increased. People are no longer just calling about water leaks; they are calling to secure the health of their homes through safe, professional emptying.

A Business Sense for Public Good

For the Central Umbrella, the call centre is more than a social service. It makes business sense. By aggregating demand, they can optimize the routes of their three cesspool trucks. Instead of a truck making a long, expensive journey for one household, the call centre clusters requests from the same district, allowing for "shared emptying" schedules that reduce fuel costs and lower the price for the end-user.

This model, supported by the SHF, has created a sustainable ecosystem where private-sector efficiency meets government mandate. As the phone lines continue to buzz from across these 26 districts, the Central Umbrella is proving that with the right coordination and market-based thinking, even the most remote community can be connected to the vital grid of safe, clean, and dignified sanitation.



RISING FROM THE DEPTHS: UNIMAX SANITATION SOLUTIONS LTD'S INSPIRING STORY OF GROWTH AND ACHIEVEMENT IN FORT PORTAL CITY

Story in Pictures



For years, the sanitation landscape in Fort Portal City and its environs was defined by a dangerous and hidden practice known as “dig, dump, and bury.” Small-scale operators, lacking both specialized equipment and formal training, would manually enter pit latrines to scoop out waste with buckets, only to bury it in shallow pits on-site. It was a method that compromised the health of the workers, contaminated groundwater, and stripped the operators and the community at large of its dignity. Today, that narrative has shifted remarkably, thanks to the strategic interventions of the Sanitation and Hygiene Fund (SHF) project.

At the heart of this transformation is Davis Musabe, the Executive Director of Unimax Sanitation Solutions Ltd. Before the SHF project intervened, Unimax operated in the shadows of the informal sector.

“We used to do it manually,” Musabe recalls. “We just go into the pit, empty, and bury on site. We didn’t even have safety gear. It was as dangerous as it was humiliating.” This was the reality of fecal sludge management, a rather forgotten stage of the sanitation chain that posed a silent but deadly environmental health threat.

Professionalization and Improved Working Conditions

The turning point came through SHF's commitment to its third objective: supporting innovation and the professionalization of safely managed sanitation services. Through specialized technical support provided in partnership with Water for People, Unimax was empowered to move away from hazardous manual labor toward a modernized business model.

At the heart of this revolutionary transformation was the introduction of the gulper, a manual sludge pump designed for narrow and hard-to-reach urban areas. "After the training, we professionalized," Musabe explains. "We started using the gulper, where we could not touch the sludge directly. We use hooks to remove solid particles and pump clearly. We also put on safety gear. Things became smarter."

The change in working conditions has been profound. By eliminating direct contact with fecal matter and utilizing proper Personal Protective Equipment (PPE), the team has seen a significant reduction in health risks and physical strain. What was once a dirty job performed in the dark and secrecy has become a professional service conducted with pride and technical precision.

A Collective Approach to Business Growth

One of the most innovative aspects of Unimax's success is its collaborative business model. Unlike traditional companies where marketing is left to a single department, every member of the Unimax group is an active brand ambassador. From the operators on the ground to the management team, everyone is involved in marketing the company's services.

Unimax has set aside Friday as a day of promotion and marketing where the members all move around town and homes with their flyers talking to various people about their toilet emptying services. This grassroots approach to business development has allowed Unimax to penetrate various segments of the Fort Portal community. Members use their local networks to educate neighbors on the importance of "Smart" emptying services, transforming the company from a small labor group into a recognized corporate entity within the city. This collective effort has led to a steady increase in service requests and, consequently, a significant boost in household incomes for

all members. With a reliable stream of revenue, the team is no longer living hand-to-mouth but is instead reinvesting in their families and their futures.

Scaling Innovation: Future Plans and School Initiatives

The success of Unimax is not just about looking back at how far they have come, but about looking forward to how far they can go. The company is now exploring further innovations to solve long-standing bottlenecks in the sanitation chain.

One major future plan involves a research-led school sensitization program. During their field studies in Kabarole and Fort Portal City, the Unimax team realized that school latrines are often filled with solid waste—bottles, stones, and plastics—which makes emptying difficult and damages equipment. "We want to go to these schools and educate young people on how to use latrines properly," says Musabe. "If they stop dumping solid waste, it gives us better business because the quality of sludge improves, making it easier for us to empty and transport."

Beyond education, Unimax is eyeing technical expansion. The company aims to acquire more advanced technology, such as specialized transport tanks and potentially a solid-waste handling plant, to manage the "solid" portion of the waste that current National Water and Sewerage Corporation (NWSC) treatment plants struggle to process.

The story of Unimax Sanitation Solutions Ltd is a testament to the power of the SHF project's focus on the back end of sanitation. By investing in the people, the technology, and the business structures responsible for toilet emptying, the project has ensured that sanitation in Fort Portal City is a complete, safely managed cycle.

Rising from the literal depths of pit latrines, Davis Musabe and his team have built a thriving enterprise that protects the environment, provides dignified livelihoods, and serves as a blueprint for sanitation innovation across Uganda. They have proven that with the right support, even the most overlooked sectors can rise to achieve extraordinary growth, all without relying on donations and handouts but via a simple market-based system that catalyzes small businesses to do better within their pre-existing ecosystem.

Success Story

SLUDGE WITH STANDARDS: A LEADER'S COMMITMENT TO SAFE DISPOSAL IN KAMULI DISTRICT

Story in Pictures



In the heart of the Busoga region, the narrative of sanitation is shifting from a hidden, hazardous chore to a professionalized essential service. At the forefront of this transformation is Butonde Sanitation Services, a group that has evolved from illegal manual emptiers into a formalized team of sanitation professionals. Led by the director, Mr Lwalanda George, whose journey as an emptor began in 2009, the company is now setting a new standard for fecal sludge management across the districts of Kamuli, Buyende, Kaliro, Luuka, and Jinja. Beyond sewage services, they offer fumigation and pest control services, cleaning services and also make liquid soap and other detergents.

From Shadow Operations to Professionalism

For over a decade, the emptiers used the crude dig and bury method, whereby they would dig a hole near the latrine being emptied, then manually scoop the waste out of the pit and bury it in the hole on site. They operated without formal training or protective gear, often putting their own lives and the community's health at risk. Yet to them this seemed okay as it was the norm.

"We were manual emptiers, but we were doing it illegally. We used to scoop the waste using cut off jerrycans and a rope. Sometimes we used to enter inside the pits and manually scoop the waste. Our operations were not only illegal, they were also unhygienic and a serious safety health hazard," says George. "On more than one occasion, the pit latrines collapsed on some of our colleagues as they emptied but thankfully, we didn't register a death," he adds.

This 'dig-and-dump' method was the only way they knew how to survive until an intervention by Water for People and the Sanitation and Hygiene Fund (SHF) provided a path toward modernization. They were all working separately on in small groups before they were mobilized, trained and empowered by Water For People to form a company that they named Butonde Sanitation Services. It was at one of these trainings that Mr Lwalanda committed to do away with the past crude methods and adopt what has come to be known as 'sludge with standards'.



as higher emptying fees that the local community isn't always ready to pay. A modernized way also requires capital that is often hard to secure, and a mindset shift from a public used to cheaper disposal methods.

Logistics are proving a significant challenge, particularly in finding suitable transport. The issue with hiring tuk-tuks is that they are reluctant to carry sewage, often perceiving the work as dirty and not feeling adequately compensated for their efforts.

Safety costs are another concern, as maintaining high standards requires investment in health measures. The company is responsible for immunizing its workers against Hepatitis B and Tetanus, which involves purchasing relatively expensive injections.

Additionally, there is a challenge with market perception, as many people are accustomed to traditional methods of emptying and digging a side. "The main problem lies in sensitizing them to the modernized approach we are implementing now especially because it means they have to pay a little more money than they used to pay previously," says George.

A Future Built on Dignity

The impact of this project goes beyond cleaner and hygienic latrines; it has restored the dignity of the workers. Despite the hurdles of capital and equipment, the team at Butonde is no longer just 'emptiers'—they are sanitation professionals. The training from Water for People and the SHF project has shifted their perspective from mere survival to environmental stewardship.

By turning a stigmatized job into a standardized profession, Butonde Sanitation Services is proving that even in the most challenging sectors, leadership and commitment can turn 'dirty work' into a beacon of community health. Indeed, their new identity isn't just the smart overalls, gum boots, gloves and helmets, because as the Director puts it, their goal is now clear: To keep communities clean. By moving away from illegal dumping, they aren't just managing waste; they are preventing the spread of disease and creating a business that, for the first time, offers a path to a sustainable and dignified income.



SCALING UP SANITATION SERVICE LEVEL AGREEMENTS (SLAS) WITH PRIVATE SECTOR EMPTYING SERVICE PROVIDERS AT KCCA: A CASE OF THE GULPERS ASSOCIATION

In the poor neighborhoods and densely populated areas of Kampala, the challenge of fecal sludge management has for many years been a lingering existential problem. With over 85% of the city's population relying on onsite sanitation, such as pit latrines and septic tanks, Kampala Capital City Authority (KCCA) faces a significant service delivery gap. To bridge this, KCCA, with support from the Sanitation and Hygiene Fund (SHF) and partners like Water For People, has pioneered a transformative model of Service Level Agreements (SLAs) with private sector emptiers.

The core objective of an SLA is to bridge the service gap. While KCCA has the mandate to provide sanitation services, it lacks the internal capacity to reach every corner of the city. The SLA model delegates the burden of emptying to private entrepreneurs while KCCA retains the regulation role.

In this context, a Service Level Agreement is essentially a 'performance contract' between the city government (KCCA) and private pit-emptying teams like the Gulpers Association. Instead of the city trying to do all the work itself, it engages these local experts to reach narrow, crowded neighborhoods where big vacuum trucks cannot reach. The agreement works like a partnership, with the city providing incentives and official licenses to the emptiers. In exchange, the emptiers agree to follow strict safety rules, like wearing PPEs, and never dumping waste illegally, while offering lower, subsidized prices to households.

At the heart of this success story is the Gulpers Association of Uganda, a group of private entrepreneurs who have transitioned from informal

operators to regulated, professional partners in the city's inclusive sanitation program, popularly known as the Weyonje program.

The SLAs are integrated into the city's digital sanitation ecosystem, not as isolated contracts. The Weyonje App and Call Centre play a crucial role by channeling customer requests received through KCCA's toll-free line or mobile app directly to the private emptiers under the SLA. Additionally, KCCA employs data clerks at dumping bays to count the barrels of sludge delivered, ensuring that incentives are only paid for waste that reaches the treatment plant.

The SHF as the SLAs Financial Catalyst

For a long time, KCCA recognized that Service Level Agreements were the key to making emptying services affordable and regulated. However, the initiative remained shelved due to a lack of seed funding. The intervention of the SHF provided the necessary financial catalyst to move from theory to implementation.

"The seed funding that we got from the SHF really helped us to unlock that potential," explains Gloria Mirembe Twinobusingye, the Citywide Inclusive Programme Coordinator at KCCA. This funding allowed KCCA to create an innovative incentive-based system.

"Our Incentive-Based Model was implemented using seed funding from the SHF. Unlike a flat fee, these agreements operate on an incentive basis, featuring target-driven rewards where private emptiers are compensated

based on the volume of sludge they safely collect and transport to designated treatment plants,” says Gloria. This model also enhances affordability for households, as the incentives received by the emptiers enable them to offer subsidized prices to low-income households, making professional emptying a viable alternative to illegal dumping.

The formalization of these agreements has led to a dramatic shift in Kampala’s sanitation data. In just six months of implementing the SLAs, the city has seen Increased Sludge Volumes. The volume of safely managed fecal sludge collected by gulpers increased from 1,200 cubic meters to 1,600 cubic meters per day.

Before the SLAs, only three emptying companies (roughly 10%) were licensed. Today, at least 17 companies have initiated the formalization process, securing permits from both KCCA and NEMA. Such efforts are tangible evidence of proof of concept in as far as how SLAs can go in improving fecal sludge management in Kampala and its environs.

The agreements have enforced the safe operations characterized by consistent use of Personal Protective Equipment (PPE), ensuring that the work is handled with professional dignity and safety.

Lessons in Partnership with the Private Sector

Scaling up these agreements required more than just funding; it required a fundamental shift in how the government interacts with the private sector. KCCA adopted a proactive communication strategy. By issuing initial three-month contracts, the Authority created a feedback loop that allowed for round table discussions to resolve glitches and adjust targets as work continued.

“We started small,” Mirembe notes. “Initially, the private sector didn’t really understand or see any business sense in the SLAs. But as we keep talking to them, they are now all onboarded and moving.”

This collaborative approach was essential for the Gulpers Association. By aligning the incentives with the operational realities of manual and semi-mechanized emptiers, KCCA ensured that the most vulnerable communities in hard-to-reach slums were finally served.

Managing the Burden of Success

The success of the SLAs has created a new challenge: the ‘over-capacity’ of dumping facilities. As more private companies formalize and hit their collection targets, the dumping bays have become overwhelmed.

“The dumping bay is over-capacity. You find 33 companies are dumping,” Mirembe shares. KCCA is now using this data-driven evidence to plan for the next phase of the project. The Authority is introducing new technologies to reduce human contact with waste and expanding the capacity of fecal sludge treatment plants to meet the growing demand.

A Healthier, More Productive City

The ultimate goal of scaling up SLAs is a healthier Kampala. By linking households to private emptiers through the Weyonje call centre and mobile app, KCCA has eliminated middlemen, made the service more affordable. Indeed, the scaling up of these SLAs has transformed the local sanitation market by increasing the volume of safely managed sludge from 1,200 to 1,600 cubic meters per day, boosting compliance with the number of licensed companies rising from just 3 to at least 17 currently in the formalization process, and contributing to a zero-cholera status in participating communities by making emptying accessible and legal.



By issuing initial three-month contracts, the Authority created a feedback loop that allowed for round table discussions to resolve glitches and adjust targets as work continued.

LEARNING AND SHARING

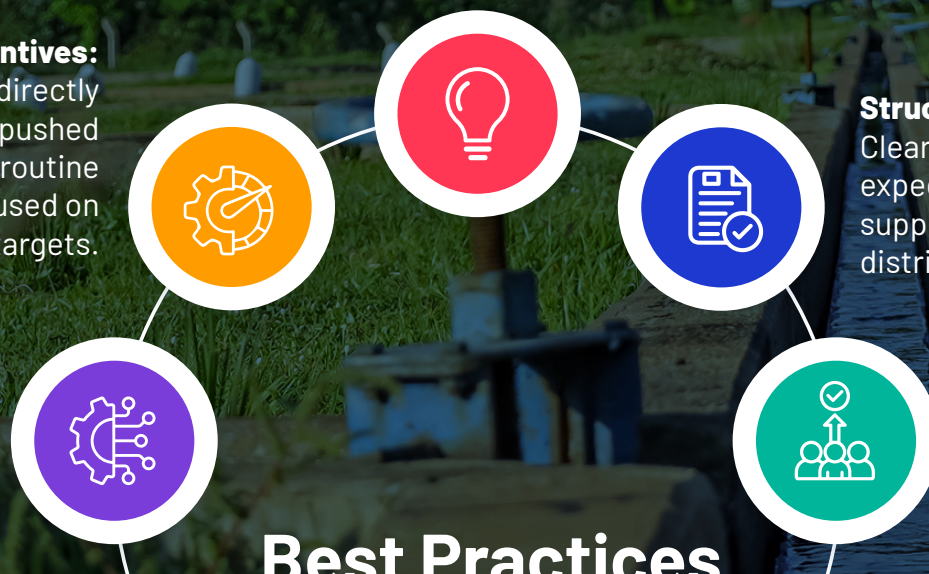
Triggering Sessions: Utilizing community-wide triggering sessions served as a primary driver for household-level sanitation improvements.

Performance-Linked Incentives: Linking financial rewards directly to performance indicators pushed implementers to prioritize routine duties and stay focused on targets.

Hybrid Verification Model: Combining independent reviews with direct participation from the National Verification Task Force ensured both transparency and national-level buy-in.

Structured Pre-Verification Support: Clearly defining implementation expectations and providing structured support before verification helped districts better align with project goals.

Institutional Alignment: Designing the program to align with existing government structures rather than creating disruptive parallel systems.



Best Practices

KEY CHALLENGES & MITIGATION

Funding Delays: Delays and insufficiencies in standard government releases limited the ability of districts to scale activities.

1

Use the RBF incentive to drive more deliberate allocation of existing PHC funds at the facility level.

1

Initial Investment Barriers: The requirement for upfront investment before receiving incentives created barriers for some facilities.

2

Strengthened advocacy to ensure facilities release the required 15% toward sanitation and hygiene improvements from their primary grants.

2

Data-Driven System Management: Transitioning from “dig, dump, and bury” to a data-driven system for tracking fecal matter is technically demanding.

3

Professionalizing private emptiers through training, protective gear, and Service Level Agreements (SLAs).

3

CHALLENGE
MITIGATION

LESSONS LEARNT & RECOMMENDATIONS

LESSONS

Incentives Drive Effort:

Financial rewards significantly increased effort from staff, VHTs, and inspectors, specifically regarding home visits and target follow-ups.



Indicator Optimization:

Phase 1 revealed a need to refine the number and focus of indicators for Phase 2 to ensure they capture the most impactful household and institutional changes.



Local Governance as a

Lever: Empowering Local Governments through RBF encourages them to commit more significantly to sanitation improvement than previous donor-led efforts.



RECOMMENDATIONS



Scale up the use of specialized 'Gulper' technology and call centers to bridge the gap between demand and safe fecal sludge management in small towns.

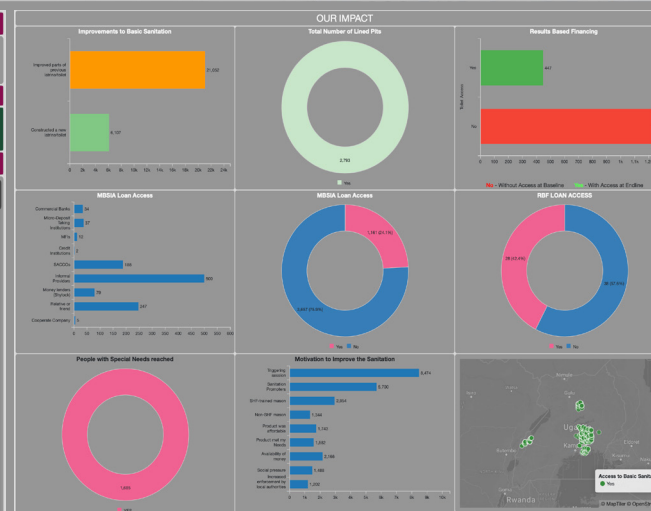
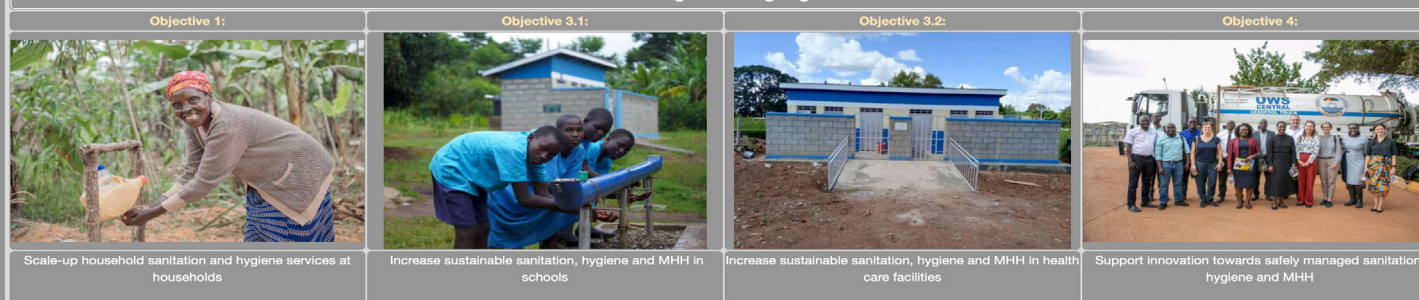


Continue strengthening the internal capacity of SMCs and HUMCs to ensure that 'software' changes (behavior and maintenance) outlast the project cycle.

Monitoring & Evaluation (M&E) Outcomes



SHF Uganda Highlights

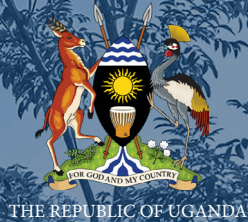


GIRLS' LATRINE



GROUP 3 BRIDGE LEADS UP LATRINE, NEW INCUBATOR, NAKURU
AND NEW INCUBATOR FACILITY AT
VICTORIA BASIN BRIDGE COUNTY, KENYA
CONTRACTOR: RNDI CONSTRUCTION COMPANY LTD
FINANCIAL YEAR: 2023/2024
CONTRACTOR: RNDI CONSTRUCTION COMPANY LTD





water for people
UGANDA



CARITAS
FORT PORTAL - HEWASA