



The Sanitation Upgrade Pathway: Why Improving Existing Facilities May Be Key to Better Sanitation



A mason buys a SATO pan at a sanitation hardware store

Sanitation improvement is often framed as a construction challenge: where households lack an improved facility, the solution is to build one. But that framing misses an important part of the sanitation challenge. Many households already have a facility; the problem is that it may lack a washable slab, a roof, a door, adequate walls, or other features needed for a safe, usable, and improved sanitation service.

Globally, this distinction matters. The [WHO/UNICEF Joint Monitoring Programme \(JMP\)](#) tracks sanitation through a service ladder that distinguishes between open defecation, unimproved facilities, limited services, basic sanitation, and safely managed sanitation. The JMP defines basic sanitation as the use of an improved facility not shared with other households, while safely managed sanitation adds the requirement that excreta are safely disposed of in situ or removed and treated off-site.

The global picture shows why moving households up this ladder remains important.

According to [WHO and UNICEF \(2025\)](#)¹, 58% of the world's population (1.2 billion people) used safely managed sanitation services in 2024, up from 48% in 2015, while the number of people practicing open defecation declined by 429 million. In Africa, the challenge is considerably greater: [WHO and UNICEF \(2023\)](#)² estimated that only 31% of the population had access to safely managed sanitation in 2022.

These global and regional gaps have made the sanitation ladder increasingly important as a way of thinking about progress. The question is not simply whether a household has a toilet; it is:

Where does the household sit on the sanitation ladder, what prevents it from moving to the next level, and what type of intervention can help it make that transition?

Uganda's Results-Based Financing (RBF) Programme on Improved Sanitation and Hygiene provides an opportunity to explore this question at the household level. Funded by the United Nations' (UN) [Sanitation and Hygiene Fund \(SHF\)](#) and implemented by [Water For People Uganda](#), the programme links incentive payments to independently verified sanitation and hygiene results. The program designed two pathways: Disbursement Linked Indicator (DLI) 1 for newly constructed basic sanitation facilities with functional handwashing facilities, and DLI 2 for upgraded basic sanitation facilities with functional handwashing facilities.

The independent verification provides an important signal. The upgrade pathway generated more fully verified results than new construction in every participating district. This pattern is particularly notable given that the baseline identified a larger pool of households with unimproved facilities than households with no sanitation service. What does this tell us about how households move towards improved sanitation?



A mason constructing a washable floor in a pit latrine

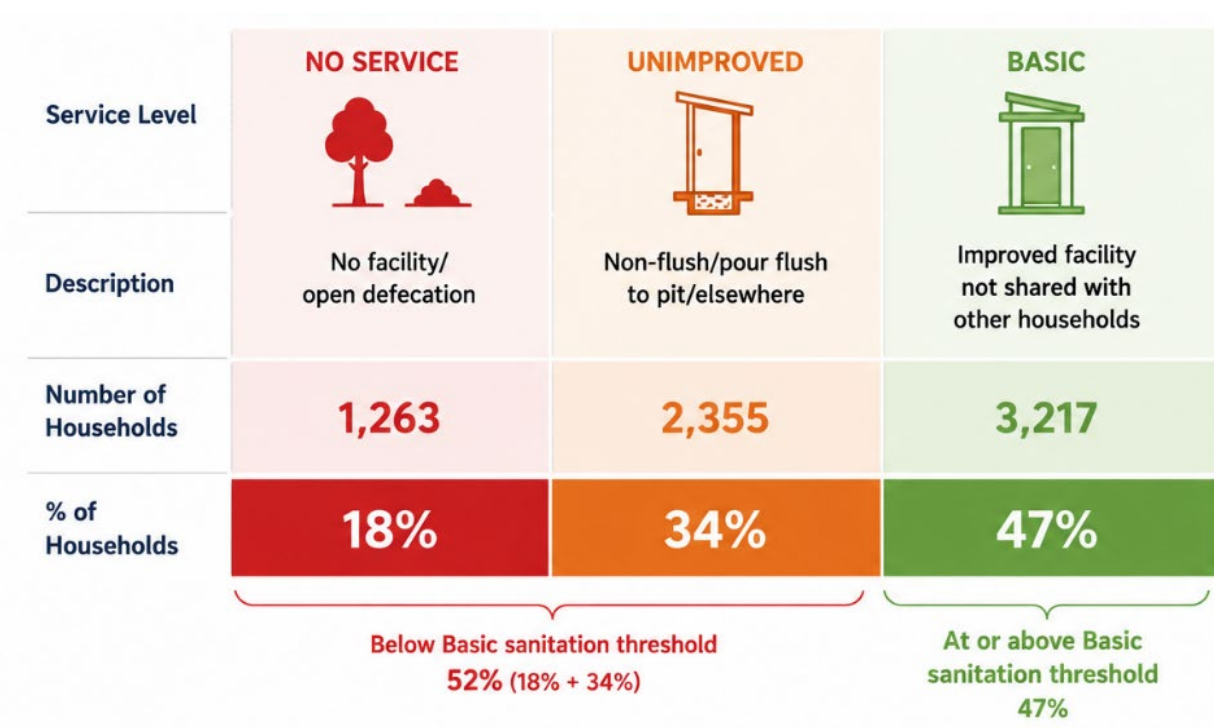
¹ *Progress on household drinking water, sanitation and hygiene 2000–2024: special focus on inequalities*. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2025. Licence: CC BY-NC-SA 3.0 IGO. <https://data.unicef.org/resources/jmp-report-2025/>

² *Progress on Sanitation and Hygiene in Africa 2000-2022*. New York: United Nations Children's Fund (UNICEF) and World Health Organization (WHO), 2023. https://cdn.who.int/media/docs/default-source/wash-documents/sanitation/jmp-africa-snapshot_v3final_3nov.pdf

The starting point matters

Before asking what households built, we need to ask where they started. The baseline provides an important starting point.

Using a JMP-aligned sanitation ladder adapted to the programme's specific DLI definitions, the baseline found that 52% of households were below the Basic sanitation threshold: 34% had unimproved facilities, and 18% had no sanitation service. This starting point matters when interpreting the verification results. The baseline identified a substantially larger pool of households with unimproved facilities (34%) than households with no sanitation service (18%). The two RBF pathways were therefore responding to different-sized groups: DLI 1 addressed households requiring new construction, while DLI 2 addressed the larger group that already had a facility but needed to improve it.

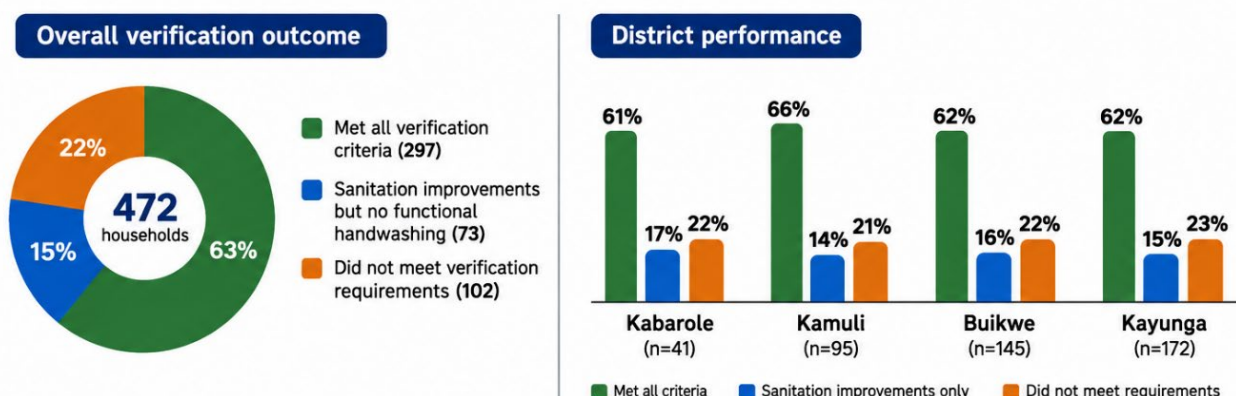


Source: Programme Baseline Survey 2025

The upgrade pathway was therefore not simply an alternative to new construction. It addressed a substantial existing gap in sanitation quality and provided a route for households to move from unimproved facilities toward the programme's basic sanitation standard.

What the first verification round tells us about the upgrade pathway

Across the four participating districts, 472 households were verified during Round 1. Overall, 297 households, or 63%, met all verification criteria. A further 73 households had sanitation improvements but lacked a functional handwashing facility, while 102 households did not meet the verification requirements.



Source: Program Round 1 Verification Report, 2025

A more revealing pattern emerges when DLI examined the fully verified households. DLI 2 generated 183 fully verified households, compared with 114 under DLI 1. The pattern was consistent across all four districts: Kayunga recorded 60 DLI 2 results compared with 24 under DLI 1; Kamuli 89 compared with 63; Buikwe 15 compared with 10; and Kabarole 19 compared with 17.

These results do not, however, establish that households preferred upgrading; the verification exercise did not measure household preferences. Rather, they show that upgrading existing facilities was the more common pathway through which households achieved verified sanitation outcomes during Round 1. This makes the upgrade pathway worth understanding.

What Does an Upgrade Actually Look Like?

The verification findings show that upgrading was not simply about making minor repairs. Common improvements included washable slabs, improved walls and superstructures, doors and privacy screens, roofs, SATO pans and drop-hole covers. Many households made several improvements at the same time, suggesting that upgrading often involved bringing multiple elements of an existing facility towards the programme standard. This is important because sanitation improvement does not always have to happen through one major construction event.

A household may already have the basic structure and then progressively improve its cleanliness, privacy, durability and usability. The upgrade pathway therefore offers a way of moving an existing facility towards a higher sanitation standard rather than starting again from zero.

But an Improved Facility Is Not the Whole Outcome

Round 1 also shows why upgrading cannot be considered successful on infrastructure alone.

Of the 472 households verified, 73 had sanitation improvements but lacked a functional handwashing facility. These households had made progress, but they did not meet the complete DLI requirement. This is consistent with the baseline finding that only 12% of households reported having a handwashing station, making hygiene infrastructure an important constraint to achieving the programme's full sanitation and hygiene outcome.

The implication is straightforward: moving up the sanitation ladder requires more than improving the toilet structure. The RBF model makes this explicit by linking the verified result to both sanitation and functional handwashing. This creates an incentive to pursue a complete outcome rather than treating construction or upgrading as the end point.

Upgrading Should Complement New Construction, Not Replace It

The stronger performance of DLI 2 should therefore not lead to the conclusion that new construction is less important. The baseline identified 18% of households as having no sanitation service. These households cannot upgrade an existing facility; they require a new one. The lesson is instead about matching the pathway to the household's starting point.

For households with no sanitation facility, new construction remains essential. For households with an existing but unimproved facility, upgrading provides another route towards basic sanitation. And for both groups, functional handwashing remains part of the intended outcome. The strength of the two-DLI approach may therefore lie precisely in its ability to support different pathways towards the same sanitation standard.

What Should the Programme Learn Next?

Round 1 provides a clear signal, but it does not explain why upgrading generated more verified results than new construction. That is where the next stage of learning becomes important.

Are upgrades more feasible because households can improve existing structures incrementally? Do households with existing facilities require different forms of mobilization or technical support from those starting without sanitation? Which implementation practices help households complete all the required improvements, including functional handwashing? And do these improvements remain functional over time?

These questions align closely with the programme's learning agenda, which seeks to understand household investment, implementation practices, facility functionality, and variations in performance across verification rounds.

The first verification round therefore offers more than a comparison between DLI 1 and DLI 2. It points to a broader lesson about sanitation improvement:

Households may move towards better sanitation through different pathways. The task for RBF is not to identify one pathway as superior, but to understand what enables each pathway to work and whether the improvements achieved are sustained.

That is where the next rounds of verification can add value: moving from measuring what was achieved to understanding how households move up the sanitation ladder, what enables that movement, and where the pathway breaks down.

The United Nations Sanitation and Hygiene Fund (SHF) provided US\$6.3 million in catalytic financing and technical assistance to implement the “Accelerating Access to Improved Sanitation and Hygiene Services using Market-Based Approaches in Uganda” Project from April 2023 to 30 September 2026.

The Project was implemented by Water For People Uganda, working with the Ministry of Health as the Government lead institution, providing policy direction, oversight, coordination, and stewardship throughout implementation. Other implementing partners included the Ministry of Water and Environment, Ministry of Education and Sports, IRC, Uganda Water and Sanitation NGO Network (UWASNET), Kampala Capital City Authority (KCCA), Finnish Mondial, and participating District Local Governments.

The Project reached approximately 2.4 million people across seven districts: Buikwe, Kabarole, Kamuli, Kayunga, Luuka, Buyende and Kole, and five urban areas: Fort Portal City, Kamuli Municipality, Kayunga Town Council, Kampala Capital City and Kole Town Council. It focused on scaling household sanitation and hygiene services, strengthening sustainable WASH and menstrual health and hygiene services in schools and healthcare facilities, and promoting innovation for safely managed sanitation and hygiene.

For more information



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