



# The IKARE impact journey

20 years enabling  
systemic change  
in access to health  
services and  
disease control

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RAMON LLULL UNIVERSITY

Center for  
Social Impact

 **IKARE**



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Where not captioned otherwise, photos shown herein have graciously been provided by IKARE, Shifo and SSPP. Some photos from the SOS Uganda and the 3 V Vets section have been provided by Pierre-Loup Lesage.

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# Foreword

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**THIS IS OUR, AND OUR ENGAGEMENT PARTNERS’** story of our joint impact journey and learnings. While we at IKARE may have started out as “Happy Amateurs” back in 2006, learning by doing, we gradually developed a strategy and a toolkit that could be put to use also in our other engagements. As our resources were reasonably limited (funding 2.7M EUR (3.3M USD) to date), we had to be problem-focused but solutions-oriented. From initially mainly dealing with symptoms, we gradually, as our understanding of the complexities involved in improving health outcomes and livelihoods grew, dug deeper to address root causes in a way that could lead to systemic change. When we talk about our funding as being catalytic, we see this working in two ways. We see ourselves as an early-stage funder, not afraid of piloting, testing and iterating innovative solutions that hold the potential for scaling. Thanks to our de-risking, other more risk-averse funders (public or private) can come on board when there is proof of concept, and fund continued rollouts in different contexts or countries, thereby leading to systems change. But our catalytic funding has also been used to kick-start local businesses that show promise of becoming financially self-sustaining, in serving markets where we jointly identified gaps. The 3 V Vets franchise is an example, which has also inspired us in our exit thinking.

With two out of the three main initiatives which we have supported over the years now standing on their own feet, and our donor IK Partners’ wish to move its philanthropic engagements closer to their own offices in Europe, I have over the last 18-24 months, together with our engagement partner SSPP worked on different scenarios for providing a “soft-landing” for them. These discussions have led the IKARE board to approve an exit grant of 80,000 USD to be the cornerstone or catalytic investment/working capital facility into a grain Bulking and Trading venture. This will provide small-scale farmers with better access to markets and storage opportunities, as and when needed, while providing a steady supply of good quality grain to millers and other customers in the area. A training center and garden on the grounds will be used to disseminate information around WASH and improved farming techniques, like use of fertilizer and better yielding seeds. If things go well, the center, through addressing one type of market gap, should be able to use part of its profits to fund SSPP’s continued WASH activities. The same thinking lies behind the exit grant of 32,000 USD to the



3 V Vets to start a poultry rearing business to meet the increased market demand for proteins as livelihoods improve and more nutritious meals are sought.

These are still very early days for both ventures. True to our operating procedures we have jointly undertaken small pilots of both and incorporated these learnings into the gradual building of these businesses. I will continue to provide mentoring and other non-financial support over the coming 2-3 years as part of our soft-landing. These ventures may sink or swim, but as we have seen over these last 20 years, they will in either case generate further learnings and ripple effects.

With these words I would also like to take the opportunity to thank all of our engagement partners, donors and networks, as well as those in the broader impact funding community for the amazing learning and serving journey that I have been part of in my capacity as Executive Director of IKARE. None of this would have been possible without all your engagement and support.

Thank you!

And do let me hear your thoughts!



**Anne Holm Rannalet**

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# Executive summary

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**THIS REPORT MARKS THE CLOSURE OF THE ACTIVITIES OF IKARE** (IK Aid and Relief Enterprise Ltd.). For 20 years, IKARE has improved access to quality health care services in Sub-Saharan marginalized communities. Over this time, the organization has provided a total of 3.3M USD – including direct grants and loans as well as governance costs and non-financial support – to a number of different initiatives, the three main ones being: the SOS Uganda consortium plus the 3 V Vets, the Shifo Foundation and the Students Support Philanthropy Program (SSPP).

## The IKARE investment strategy

IKARE’s venture philanthropy approach has been characterized by the provision of flexible funding together with intensive (own and procured) non-financial support over a long-term horizon, which had catalytic effects in the organizations supported.

IKARE started each initiative understanding a social problem and co-developing a solution. This implied continuous testing, piloting and iterating solutions. The flexible nature of the funding required for such type of projects, however, would not go against ensuring effectiveness: IKARE provided grants when needed, based on detailed budgets and discussions. The high engagement and constant dialogue with partners ensured that money was being used effectively.



## Main learnings

IKARE has demonstrated that, with a focused investment strategy and patient capital, it is possible to change systems with a relatively small budget.

...

Moving “from donor to partner” requires finding local champions with in-depth knowledge of the community affected by the problem and willing to pilot and test innovative solutions, and building long-term equal relationships based on mutual trust and respect.



Ultimately, IKARE's investment strategy was based on de-risking innovative solutions to complex problems, and in so designing also financial and non-financial support that responded to the identified needs, instead of merely understanding the impact of its investments. This approach led IKARE to finance the inception and iteration of solutions that would later be sustainable and scalable.

The strong focus on achieving impact and business outcomes helped IKARE to be more perceived as a business partner than a donor. Instead of expecting pre-determined results from a grantee, IKARE would become part of the journey to develop workable and scalable solutions as an equal partner and jointly own both the successes and failures of each project. IKARE would always work in a collaborative way with the supported organizations as well as other grant-makers, the public sector, civil society leaders and other partners.

## **SOS Uganda and the 3 V Vets**

Human African trypanosomiasis (HAT), popularly known as sleeping sickness, has for centuries posed a significant health threat in Sub-Saharan rural areas. In 2006, Uganda faced an emergency crisis when two variants of the HAT (*t.b. gambiense* and *t.b. rhodesiense*) were close to converging in a region poorly equipped in terms of medical services.

Research done in Zimbabwe, where the veterinary pharmaceutical company Ceva Santé Animale also had a presence, indicated that cattle sprayed with the "right" type of insecticide would then act as "live bait" for the tse tse fly, which in turn would die from contact with the spray as they landed and prepared to take their blood meal.

A team at the Royal (DICK) School of Veterinary Studies at the University of Edinburgh, which had studied the parasites causing the disease and its vector, the tsetse fly, discovered that tsetse flies were mainly feeding on the legs and belly of the cow. Thus, one would only need to spray the lower part of the animal body, dramatically reducing the volumes needed, and hence the cost of spraying, making it farmer affordable. This was known as the Restricted Application Protocol (RAP), but this was yet to be tested on a larger scale.

### **The SOS consortium**

Thanks to the mutual interest for addressing the issue in a more sustainable way, different actors came together in 2006 under the Public Private Partnership "Stamp Out Sleeping Sickness (SOS) Uganda consortium". The organizations of the consortium were:

- COCTU – representing the public sector and engaging the District Veterinary Officers (DVOs).
- The Makerere University – providing human capital (final year veterinary students would undertake the mass treatment and initial spraying of cattle, led by the dean Professor John David Kabasa, and by the then assistant professor Charles Waiswa).
- The University of Edinburgh –providing research, lab capacity and PhD students to do cattle sampling in the field, analyzing and monitoring results.
- Ceva – providing the drugs, insecticides and technical knowledge.
- IKARE – providing funding and contributing with project management. The initial grant provided by IKARE to fund the in-field and lab activities was 190,000 USD.



After a first intervention in 2006-2007, the consortium realized that, while the prevalence of the parasites decreased by 85.7% three months after the sprays, it was building up again and increasing after 9 months. Subsequently, the consortium repeated the same process in target populations during 2008-2009.

### **The 3 V Vets initiative**

The first phase of SOS Uganda concluded with two main learnings. First, while RAP was a successful mechanism, regular spraying by farmers was still not taking place as needed and intended. Second, the consortium had underestimated the challenges of sharing with farmers and communities how the disease spread and could be controlled. The DVOs, due to lack of resources and incentives, were unwilling to travel far into their districts and engage with farmers on how to protect their animals.

Hence, the consortium partners realized that they had to build a long-term solution: farmers and communities would need to own this work. After mapping farmers and cattle populations, drug stores, active veterinarians and existing NGOs, the partners incepted the “3 V Vet initiative”. Five graduate vets set up veterinary businesses in the SOS districts, while IKARE and Ceva provided non financial support to develop business plans and understand basic business operating procedures, like stock management and cash-flows.

The vets would sell their products and services to farmers, demonstrating the benefits but also showing how to apply the different treatments and take better care of their animals, hence demonstrating the change that RAP would bring in reducing sleeping sickness. Getting the community buy-in was a gradual process as effects were seen by the farmers. IKARE provided a first-loss grant to fund premises, licenses necessary to operate, working capital to procure the initial stock as well as set up the spray person network and a gradually declining salary. The vets were to source their own spray persons and to decide who they trusted with the initial loan to fund one liter of spray and a hand pump. 50% of these loans were repaid by the spray persons.

Throughout the years, the vets continued working in and with their communities, ensuring an alignment between communities and local governments so that the most suitable products would be provided and deployed to control, and eventually eliminate, sleeping sickness.

### **The 3 V Vets franchise**

When the 3V Vets initiative was incepted in 2009, the small company of Charles Waiswa, High Heights Limited, provided a backbone and acted as local coordinator between IKARE and the individual businesses. With time, however, they realized that to ensure the sustainability of the businesses, they needed to work as a franchise, pooling resources. The 3V Vets Franchise Ltd was incorporated as the jointly owned purchasing company, supplying each of the vet shops and a few others. With loan funding from IKARE, a small van for procuring and distributing products could be bought. The vets also received continuous non-financial support to improve cash flow and bookkeeping.

By 2015, the vets started seeing the value of acting as a company. They got working capital from suppliers (not having to pay upfront for the products), signed agreements, put proper prices to products and started being more conscious about stocking.



Once the different shops were up and running, High Heights stopped acting as an intermediary. However, Charles Waiswa and John David Kabasa continued engaging with the vets and leveraged their positions to bring them to conferences, international cultural exchange programs and other events to expose them to other actors. The African team of Ceva continued the partnership with the vets. IKARE was the main actor providing capacity building at that stage: they leveraged their networks to provide additional mentorship and advisory services on business growth, product placement and marketing.

As Charles Waiswa became the Executive Director of COCTU in 2013, he continued replicating the 3 V Vet experience. COCTU picked the RAP technique and catalytic spraying to complement the control of the tsetse fly across the country, and the 3 V Vets model provided a roadmap to Ugandan authorities to create a nation-wide network of vets and spray persons/ARKs working together to first control and subsequently eradicate sleeping sickness.

The model of the 3 V Vets has proven to be sustainable, where a business thrives it can also support low or no margin products/activities for the public good. This new ecosystem has led to a dramatic drop of the prevalence of sleeping sickness. Uganda has reported no case of the *t.b. gambiense* strain of sleeping sickness since 2018 and no case of the *t.b. rhodesiense* strain has been detected in the SOS area since August 2021.

## Improving livelihoods through poultry businesses and WASH practices

With the acute burden of disease lifted, in 2019 IKARE and the 3 V Vets realized that, while sleeping sickness had set families back financially, it was not the only cause for their poverty. The families surveyed not only suffered from regular DCT outbreaks and often contracted malaria. The connection between contaminated water and diarrhea was not clearly understood.



### Main learnings

The SOS consortium represents a good example of how public-private partnerships can work: it requires different actors to adopt an open and creative mindset. The public sector had to be comfortable working together with private partners to design a workable approach. International actors had to listen to those with local knowledge to understand what would be culturally acceptable and workable in the field. Universities had to see the value of engaging with the communities around them and build trust with them. And, most importantly, all actors understood the need to focus on the problem and shared vision before the opportunities for their own organizations.

...

De-risking solutions entails not only understanding the gaps and addressing them, one by one, but also building sustainable, locally adapted business models and well-trained teams. And getting the buy-in from the community. If push and pull can be combined in a trust-based way, then matters start moving.



Thus, they worked with the Students Support Philanthropy Program (SSPP) to design a WASH intervention, integrating Solvatten units and supporting families to improve their WASH practices. They then provided access to poultry and eggs, which enables families not only to add proteins to their diets but also to earn additional income through the sale of “excess production/yield”.

## Main results : SOS Uganda and the 3 V Vets

In 2005, the year before the SOS intervention began,

**257** cases were reported from the SOS area

By 2018,

**2,550** cases could be assumed to have been averted

At an average cost of treatment of 300 USD per person, this implies **savings of**

**772,800** USD

As most of those affected are young people, it can be cautiously assumed that **an average loss of productive life of**

**20** years was avoided

This converts to

**51,000** DALYs (Disability adjusted Life Years),

which at an average GDP income of 1 USD per day converts to

**18.6 M** USD of avoided human productivity loss

## Main learnings

Organizations should continuously try to understand what works and not and why, and then look jointly at how to bridge the gaps, and what (financial and/or non-financial) support may be needed. The development of sustainable solutions is characterized by constant iteration and adaptation, particularly in unstable environments. Change takes time and systemic sustainable change takes even longer, so patience and trust are needed.



## The Shifo Foundation

It is estimated by UNICEF that 3.5 to 4 million children die annually of preventable or easily curable diseases. This is not due to lack of vaccines or medicines, but due to, for example, children not being registered when they are born and/or followed up from health services. This, in turn, is caused by the inefficient data collection, management and reporting, resulting from the Health Management Information Systems (HMIS) used in most Low and Middle Income (LMIC) countries.

After some iterations together with IKARE, the Shifo Foundation has developed the Smart Paper Technology (SPT) to address this problem. This is a hybrid paper/digital solution to replace the existing old ledger-based systems. Data is collected on paper forms, each patient given their unique ID. Forms are then scanned to digitize the data. Then, data is compiled within a database that generates reports for health centers to have updated information, and generates follow-up actions – for example, the solution sends reminders to families by SMS to ensure children are followed up and receive their vaccines when due.

Initially focused on Child and Maternal Health, this technology is administration-wise less time-consuming for health workers than the previous system, and at the same time it incentivizes effective patient follow-up and immunization.

IKARE – with an initial grant of 59,000 USD – and Shifo piloted the first versions of SPT in the Dokolo and Mukono districts of Uganda (the latter with an IKEA Foundation grant) from 2015 to 2019.

### An innovative business model: pay for success

The Smart Paper Technology solution incentivizes governments to pursue improved health performance. A donor could, for example, donate an amount of money per each additional child immunized. Then, once the government would see the benefits of this way of financing clinics, it could take over the payment using the same scheme, allowing the piloting donors to exit the investment, thereby securing sustainable long-term impact.

At the same time, if donors and NGOs would channel their money through the ‘incentive donation’, they would also be working hand in hand with the government and not creating parallel structures.

### The scaling strategy of Shifo Foundation

Shifo Foundation realized quickly that their solution had the potential to replace outdated and inadequate health information management systems worldwide. With a starting 156,000 USD grant from IKARE – followed by additional grants from the Swedish Postcode Foundation and the af Jochnick Foundation and matching funds from GAVI –, Shifo implemented for the first time SPT at the national level in The Gambia.

The country-wide implementation of SPT for EPI was realized by 2021, with more than 137,000 children fully immunized in the process and the health workers having reduced their administrative time burden by 60% – time which could instead be spent caring for patients.



The Gambia became the first [African] country to replace its health management information system for EPI.

Following the success of the pilots in Uganda, as well as the implementation of EPI across The Gambia, the Shifo Foundation secured additional funding from donors such as the Children Investment Fund Foundation (CIFF), GAVI, the Global Fund and the World Bank, thus expanding their solution also to other countries such as Honduras, Haiti, Zambia and Kenya, as well as to all of the primary healthcare covered sectors.

Adapting their solution and business model to the local needs, working closely with donors and expanding to new health areas, the Shifo Foundation continues working to improve health outcomes through upgrading HMIS, and thereby, over time, reducing the number of children dying of preventable or easily curable diseases in the Global South.



## Main learnings

The Shifo Foundation is an organization dedicated to save lives and improve health outcomes through changing Health Management Information Systems (HMIS) in the Global South, but also to repurpose grant-making in health, channeling funding to the improvement of health outcomes.

...

Implementing a new solution requires replacing an old system step by step with something that is sufficiently similar to the old system, but with obvious improvements and benefits to the users and end-beneficiaries. Changing systems, and thus behaviors, often entails understandable skepticism or even resistance by stakeholders. Innovative social ventures need time to get the necessary buy-in by different stakeholder groups.

...

Shifo has developed a solution that can be adapted to different contexts according to their respective infrastructures, cultures and working processes. The long-term objective is always to 'exit' the country with the government taking over the new solution. Shifo also realizes that it cannot be present everywhere. Shifo thus works with implementing organizations, like ActionAid in The Gambia, "training the trainers". These organizations have often been in the country for years, and are well known and respected by the Ministries of Health. This also allows Shifo to focus on what they do best – develop solutions.



## Main results : The Shifo Foundation

In Dokolo – by 2017, when the pilot was halted:

**12,560** children had been registered in the system  
**35,327** children's visits were recorded  
**3,829** SMS reminders had been sent  
**4,423** children were fully immunized

Uganda – at the end of 2023:

**80,924** newborn children were registered and followed up in the 11 districts to receive their vaccinations. In total, 1.343.534 doses of different vaccines were administrated.

Fully immunized children coverage in the 11 districts reached **91%**

In The Gambia – by end of 2024

**72,539** newborn children were registered and followed up to receive their vaccinations.

Fully immunized children coverage at a national level reached

**96%** (up from 93.7% in 2023). This includes children receiving OPV (Oral Polio Vaccine) at birth (70,491) and children receiving MR1 (Measles and Rubella) at 15 months or older (68,333).

## The Students Support Philanthropy Program (SSPP)

More than one third of the global population (3.5 bn people) lack access to proper sanitation. More than one fourth (2bn people) lack access to safely managed drinking water services. Many young people in rural areas, not wanting the harsh life of their subsistence farming parents, move into cities with the hope of finding a job and a different life. Lacking financial means, they typically end up living in informal settlements, where WASH (Water, Sanitation and Hygiene) conditions are rudimentary and water-borne diseases like diarrheas thrive and spread.

The Students Support Philanthropy Program (SSPP) has, with the support of IKARE from its inception in 2014, worked to improve WASH conditions in Uganda, mainly in Bwaise, a neighborhood in the north of Kampala characterized by overpopulation, lack of access roads, poor housing systems and lack of basic infrastructure. SSPP piloted different capacity building initiatives, engaging with community leaders, capturing data, identifying problems, and doing sensitization activities such as door-to-door campaigns.

From these combined learnings, SSPP conceptualized the *See11 elements*, which are identified as critical for a household to have in place in order to be able to sustain good WASH practices and reduce the risk of diseases like diarrhea, cholera and typhoid (DCT).



The See11 elements			
1	A hand washing facility	7	House cleaning equipment
2	A clean utensil stand	8	Making water safe (boiling or cooking it)
3	An accessed properly ventilated latrine / toilet	9	Disinfected and maintained pit latrine, (regular cleaning)
4	Clean source of water	10	A bathroom
5	Proper and clean water storage facilities	11	Elements that contribute to climate change mitigation
6	A garbage bag / collection point		

## Improving access to safe water and WASH sensitization

To improve access to safe water, SSPP have collaborated closely with Solvatten, a Swedish company which develops and distributes a special jerry can (the Solvatten unit). The Solvatten unit is a tool that purifies contaminated water into safe heated water for drinking, cooking, washing or cleaning. It uses heat and UV rays from the Sun to treat the water, and it is easy to employ for any type of user. It has an average life span of at least 7 years. SSPP identifies which are the households with most need and engages with neighbors of unit holders to improve their WASH habits. These habits include collecting, heating/boiling and storing water in clean receptacles, as well as washing their hands after using the toilet, before serving food or breastfeeding.

To date, SSPP has distributed Solvatten units to 648 households in Bwaise/Mulago and to 266 households in Dokolo, Kaberamaido and Kalaki in the North. With each household on average consisting of 7 people, around 6,400 people have been able to benefit from improved WASH conditions. SSPP have become ‘ambassadors’ of the solution in Uganda, providing trainings also for other organizations acting across the country.

Responding to new needs from the Covid pandemic, SSPP developed Radio Talk Shows, which became a big success in Bwaise and beyond. Post Covid, Menstrual Health and Hygiene (MHH) and Sexual and Reproductive Health (SRH) were also integrated into the WASH sensitization programs.

## Improving sanitation

The lack of infrastructure to take care of the water and sewage in Bwaise poses serious threats to proper sanitation and thus health. Latrines in Bwaise are typically constructed as a large pit in the ground. As these are not properly lined, feces mix with ground water. During the periods of heavy rainfall, the slum gets flooded and bacteria spread out, causing diseases among residents.

SSPP, with the support of IKARE, has also worked to improve sanitation conditions beyond sensitization, partnering with other organizations to improve sanitation infrastructure. SSPP



participated in the “Paid-to-Poop” initiative, incepted by the MAD Foundation and funded by the Swedish Innovation Agency Vinnova, through which different organizations from Sweden and Uganda worked together to best implement sanitation systems where water-based sewage is not an option, for example in areas such as Bwaise. For SSPP, this project was an opportunity to start troubleshooting what solutions could work best in Bwaise and other informal settlements.

SSPP has also worked with the Swedish company Harvest Moon, a company of engineers who develop cost-effective waterless toilets, which are sold for vacation homes in developed countries. Thanks to this revenue stream, they can also innovate and think around Container Based Sanitation (CBS) solutions for sanitation in developing countries, addressing the trade-offs in their development. Together with the Royal Institute of Technology (KTH), SSPP, IKARE and Harvest Moon partnered to offer two graduating students of the industrial engineering and design program, as part of their Master Thesis, the task of finding out whether and how the CBS toilets developed by Harvest Moon for the Swedish secondary home market could be adapted financially and culturally to a low resource setting like Bwaise.



## Main learnings

Improving WASH conditions requires providing communities with the proper enabling tools to manage their own safe water supply. It also requires building community capacity and trust, sharing information and changing behaviors towards improved hygiene habits.

...

To implement complex, systemic solutions at scale, different types of actors with different types of expertise are required to work together. In such a context, one organization typically needs to act as the translator or mediator between the product development and the community needs.

...

SSPP's value lies in their in-depth understanding of the community where they work and the trust they have built there. Even if they did not themselves possess or design an innovative solution/tool for water, sanitation or hygiene other than defining the See11 elements, their position enabled them to amplify the impact of Solvatten and the Paid-to-Poop consortium.





## Main results: The Students Support Philanthropy Program (SSPP)

555 Solvatten units are deployed in Bwaise 93 in Mulago, and 266 in Northern Uganda, for a total of

**914** serving around  
**6,400** people.

Household income increase for Solvatten unit holders between 2023 and 2024 was from

**200,000 to 300,000** UGX (from 57 to 85 USD).

Expenditure on treating DCTs has on average gone down to below

**10,000** UGX for the whole year.

Some results in Bwaise include:

Reduction of diarrheas of between **60% and 70%** once Solvatten units are used

Reduction of UTIs by **42%** as of 2025

Other output indicators on WASH and MHH/SRH awareness:

**350** attendees across 6 schools in School WASH debates in 2024

**2** Slum Sanitation Days and 11 Community Days held

**1,173** participants at WASH Days in 2024

**11,530** listeners to the Radio Talk Shows in 2024

**+3,000** students reached through MHH/SRH Campaigns as of 2025





# Introduction

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**THIS REPORT MARKS THE CLOSURE OF THE ACTIVITIES OF IKARE** (IK Aid and Relief Enterprise Ltd.). Since its inception in 2006, IKARE has operated to improve access to quality health care services for marginalized communities, mainly in Sub-Saharan Africa. Over the years, the organization has generated learnings and knowledge on the health and WASH sectors, as well as on financing for long-term, systemic change. This report showcases the learnings of the 20 years of activity of IKARE, marking the end of the activities of the charity.

Long-term vision, high engagement, flexibility and provision of different types of (concessionary) capital have been some of the attributes of IKARE's investment strategy. IKARE has always strived for understanding interconnections among actors, local dynamics, connections between outcomes, and, overall, the complexity of financing social change. This approach, initially known as 'venture philanthropy', would come to also be referred to as 'catalytic capital' or more recently as 'system change investing'.

Over 20 years of activity, IKARE has deployed "only" 3.3 M USD including direct grants and loans as well as support and governance costs (IKARE has no employed staff, so it did not have personnel costs). This capital has largely been deployed to support three main initiatives and their corresponding organizations: the SOS Uganda consortium plus the 3 V Vets, the Shifo Foundation and the Students Support Philanthropy Program (SSPP).

The SOS Uganda consortium, which led to the formation of the 3 V Vets franchise, embodies an example of how to tackle a root problem through a collaborative effort between different types of actors. This intervention was incepted to stop the convergence of the two strains of sleeping sickness disease in Northern Uganda: not only did the approach succeed (there are no known cases of HAT-r since 2021) but it is also contributing to the improvement of overall cattle health, household income, better nutrition or even more regular access to education.

The Shifo Foundation is achieving systemic change by replacing ledger-based health management information systems (HMIS) with an innovative solution called Smart Paper Technology (SPT), a hybrid solution based on paper forms that can be scanned and the data thus digitized and easily searchable. This solution has led to more effective capturing of patient data in low-income countries, leading to more efficient follow-up and improved immunization outcomes.



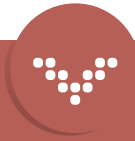
**The IKARE impact journey**

20 years enabling systemic change in access to health services and disease control

Finally, the Students Support Philanthropy Program (SSPP) is working to improve WASH awareness and thus conditions, Sexual and Reproductive Health (SRH) and economic resilience in Ugandan marginalized communities. The SSPP achieves change through providing capacity building to the communities as well as testing and iterating products and solutions in the communities, in collaboration with many different organizations.

This report explains how each initiative has developed thanks to the support of IKARE, and gathers the main findings and learnings from each initiative. First, we explain in detail each of the three initiatives. Then, we conclude by looking at how IKARE has enabled systemic change over 20 years with a relatively low budget.





# How did it all begin?

WHILE INDUSTRI KAPITAL (TODAY IK PARTNERS, “IK”), a Nordic rooted private equity firm, had from its inception back in 1989 engaged in philanthropy, it had been more ad hoc. Just as strategic as we were when we invested the investors’ funds under our management, knowing what geography, industry, sector and size of company we were typically looking for, we were totally un-strategic when it came to our philanthropy. Somebody would walk into one of our offices with a cause, a Partner was in a benevolent mood, and funds would be donated. There would be no follow-up nor even communication with our own staff around the initiatives supported. This all changed in 2006. I, Anne Holm Rannaleet, at the time Partner and Head of Communication, Legal Control and Knowledge Resources at IK Partners had started thinking about ways to do our philanthropic activities more strategically, contributing more than “just” passive funding through putting also our skill sets to use in a similar way that we did when helping our portfolio companies develop to their full potential. Christopher Masek, Head of our French Team and on the board of our then portfolio company, Ceva Santé Animale, was asked at a board meeting whether IK could consider donating funds to an emergency situation in Uganda around sleeping sickness.

This we could, and after undertaking “Due Diligence Light”, we decided to incorporate IKARE Ltd (IK Aid and Relief Enterprise Ltd), a UK company limited by guarantee and a registered UK Charity) and pool IK’s donations to supporting SOS Uganda. In so doing, also communicating around it with staff, portfolio companies and investors. I became a Trustee and the Executive Director, continuing to serve in those positions after I retired as Partner in 2008. Chris joined the Board as one of two IK Partners’ representatives. The other one was IK’s Founder, Björn Savén. IK staff, over the years, also contributed with accounting, IT and communication services pro bono. Another ex-partner and IKARE board member, Gerard de Geer, contributed with his operational expertise.

Approaching the sleeping sickness situation and doing things intuitively, one year later, in 2007, I ran into Doug Miller, one of the Founders of the EVPA (today Impact Europe) and realized there was not only a name for our approach – Venture Philanthropy – but also a group of people working in the same way, supporting social entrepreneurs with innovative ideas for solving old problems. I learnt so much from them in those early days.

So, why SOS Uganda and where did that initiative take us? Turn the page and join our journey!

Anne Holm Rannaleet





# SOS Uganda and the 3 V Vets

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## Sleeping sickness – a threatening epidemic in 2006

Human African trypanosomiasis (HAT), popularly known as sleeping sickness, has for centuries posed a significant health threat in Sub-Saharan rural areas. More than 60 million people are at risk, as are their livestock. Pigs, sheep, goats and cattle are often reared by subsistence farmers in areas where the tsetse flies (the vector) thrive and take blood meals from both. Sleeping sickness is a parasitic, zoonotic (affecting both humans (HAT) and animals (Nagana)) and Neglected Tropical Disease (NTD), which can be lethal if not treated in time, and for which there are no vaccines. HAT has two main variants, known as *t.b. gambiense* and *t.b. rhodesiense*. Cattle, while not affected by HAT (only by the Nagana variant), also act as a reservoir for *t.b. rhodesiense*.



Back in 2006, Uganda was the only country in Africa to host both HAT variants and there was a serious threat, as noted at the WHO Addis Ababa HAT Round Table held in 2005, that they would converge. This would make surveillance and control even more difficult and likely lead to a health emergency situation due to the fragile health services available in the affected area and limited resources to correctly diagnose between the two. A must for proper treatment. The regions most threatened by this development were the areas in the north of the Lake Kyoga, in Northern Uganda.

In Northern Uganda, the Lord's Resistance Army (LRA) rebellion had for many years, until a truce was finally reached in 2006, caused many internal displacements of

humans and cattle, leading to inability to restock and serious loss of animals. The massive internal displacements of cattle were among the reasons for the spread of the disease, and the territorial nearing of the variants was the result of people moving back to Northern Uganda from *t.b. rhodesiense* infected areas.

Both the Ugandan government and the international veterinary medicinal community were aware of the urgency to prevent the spread and convergence of the two variants in a region poorly equipped in terms of medical services.

In the absence of a vaccine, the existing techniques to control sleeping sickness were expensive and ineffective. Early on, the most used technique was spraying vast areas with highly toxic chemicals to kill off tsetse flies, which would affect both humans and animals, as the chemicals typically ended up in the food chain. Alternatively, large so called dipping tanks were used to wade cattle through insecticide. Another option was cutting down vast areas of vegetation. This had adverse environmental effects and was thus unsuitable in the long term. Other techniques like setting traps and baits, or insect sterilization techniques were promising but difficult to



**Having discovered that tsetse flies were mainly feeding on the legs and belly of the cow, one would only need to spray the lower part of the animal body. This was known as the Restricted Application Protocol (RAP).**

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scale and sustain. Research around pheromones which attracted the tsetse flies had been conducted in Zimbabwe, where the veterinary pharmaceutical company Ceva Santé Animale (Ceva) also had a presence, and led to the development of pheromone baited traps, which in Uganda were mainly used in *t.b. gambiense* infested regions. From this research came also the concept of “Live Bait”, i.e. using sprayed cattle to attract the tsetse which would then die from contact with the insecticide before biting the animal.

A team at the Royal (DICK) School of Veterinary Studies at the University of Edinburgh, led by professors Ian Maudlin and Susan Welburn, had also studied the parasites causing the disease and its vector, the tsetse fly. They collaborated with veterinary pharmaceutical

companies, like Ceva, around the use of insecticides to reduce tsetse fly populations by preventatively spraying cattle with a type of insecticide known as synthetic pyrethroids, killing both ticks and tsetse. Cattle would act as “Live Bait” to attract the tsetse, which would then die upon contact with the spray.

Having then discovered that tsetse flies were mainly feeding on the legs and belly of the cow, one would only need to spray the lower part of the animal body, dramatically reducing the volumes needed, and hence the cost of spraying. This was known as the Restricted Application Protocol (RAP).

Treating already infected cattle was done through an injection which killed the parasites in the cattle blood. To avoid reinfection, research indicated that spraying cattle once per month – especially during the rainy season – would suffice. If 20% of cattle in an area were sprayed on a regular basis, this should then also provide herd immunity.

## How to respond to the emergency?

The Veterinary Faculty at the University of Makerere, led by the dean Professor John David Kabasa, had contacts and international partnerships with different organizations, including the Edinburgh University, where professors Ian Maudlin and Sue Welburn were developing the RAP protocol.

Importantly, the Ugandan government had set up an office – Coordinating Office for Control of Trypanosomiasis in Uganda, or COCTU –, which included representatives from several ministries including human and public health areas as well as agriculture and animal industries, tourism and sports. This was an innovative idea at the time (no other country had the same) that allowed cross-governmental discussion and planning.

Martin Mitchell, at the time Regional Director of Ceva in Africa, knew well Professors Maudlin and Welburn, having cooperated on research and testing. When he spoke with Ceva’s CEO in France, they decided that this was an opportunity for them to contribute to the solution, as





## Main learnings

COCTU was in fact a very early adopter of the One Health approach, long before most people had even heard of the term.

3 out of 4 emerging human diseases come from animals (zoonotic), with a significant proportion of them coming from Africa. Therefore, it is critical that all conversations around One Health translate into meaningful cross-sectoral cooperation.

they had developed both effective injectables and sprays and were willing to donate these to the discussed intervention.

The main shareholder of Ceva at the time was the IK 2000 Fund, managed by IK Partners (IK). Ceva shared the problem with IK, indicating that while a Public Private Partnership was emerging to counter the threatening convergence, there was a lack of funding for Makerere veterinary students and Edinburgh PhD students to do the treatments, spraying and samplings in the field. IK decided to get involved in the intervention and development of the solution, putting research into practical use. This led to the inception of IK Aid and Relief Enterprise Ltd (IKARE), a philanthropic vehicle (set up in the UK as a company limited by guarantee and registered as a UK charity) to act in response to the emergency in Uganda. Their objective was to go beyond providing “passive” funding, transferring also key business concepts from the private equity active ownership model to the initiative.

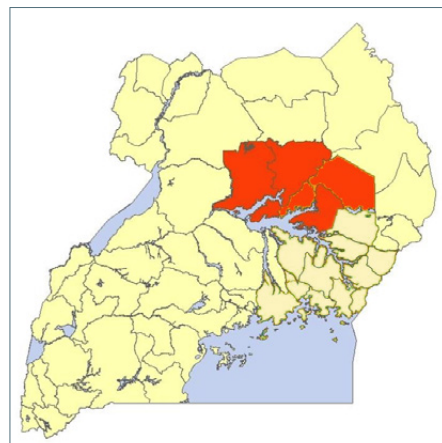
### Building the SOS consortium

Thanks to the mutual interest for solving the problem, and each holding a piece of the solution puzzle, the different actors came together in 2006 under the Public Private Partnership “Stamp Out Sleeping Sickness (SOS) Uganda consortium”. It would be focused on the districts of Dokolo, Kaberamaido, Amolatar, Apac and Lira – where approximately 1.5 million people lived.

Although some smaller tests of the RAP methodology had been run in other countries, it had never been applied in Uganda and never at the scale needed to stop the threatening epidemic. The complementary and coordinated work of the different members of the consortium was key:

- COCTU represented the public sector and was to engage the District Veterinary Officers (DVOs) to be part of the work, also after the emergency intervention.
- The Makerere University would provide human capital: they would engage the final year veterinary students to undertake the mass treatment

**Map of Uganda (as of 2006). In red, the 5 Districts targeted by the SOS Consortium.**



and initial spraying of cattle. Up to 46 vet students participated along with supervisors and professors. They were led by the dean Professor John David Kabasa, and by the then assistant professor Charles Waiswa.

- The University of Edinburgh would provide research, lab capacity and PhD students to do cattle sampling in the field, analyzing and monitoring results.
- Ceva would provide the drugs for initial treatment of cattle and insecticides for three rounds of spraying plus technical knowledge.
- IKARE would provide funding and contribute with project management. The initial grant provided by IKARE to fund the in-field and lab activities was of 190,000 USD.

IK also involved two additional portfolio companies to contribute to the solution. Gardena (a garden tools company) donated “back-pack sprayers” and Kwintet (a workwear company) donated protective boots to the graduating vets.

In joining the consortium IKARE had two main goals, one short-term and the other longer term:

- 1) Stop the convergence of the two HAT strains through the emergency intervention.
- 2) Leave something sustainable behind and not just “fly-in and fly-out”.

The latter was to be achieved through the DVOs and Makerere students sensitizing the farmers, who brought their cattle for treatment and spraying, on how HAT and Nagana spread, and how farmers, through affordable monthly RAP sprays, could avoid re-infections. With the value of a cow being around 250 USD and the cost of a monthly spray approximately 3-5 cents/cow, this was a cheap insurance cost for protecting both livestock and communities. Cattle infected with Nagana give less milk, have spontaneous abortions, are too weak to plough and eventually die. In addition to the human suffering caused by HAT, Nagana has serious negative effects on livelihoods and economic growth.

“

**As a young dean, I was looking at opportunities to collaborate with communities in education and research, but also to bring solutions to the community. This was a perfect opportunity – I was lucky!**

”

*John David Kabasa, Makerere University*

During 2006, the consortium partners were able to quickly mobilize resources to provide the rapid intervention needed to stop the spread of sleeping sickness. A first sampling of cattle and a baseline questionnaire were developed and undertaken by the University of Edinburgh in June 2006, followed by the intense emergency response between September and November 2006. By April 2007, three spraying rounds had been carried out to more than 225,000 cattle. Sampling, to monitor the prevalence of the parasites, would be undertaken after 3, 9 and 18 months.





communities, as and when the mass-treatments took place. The DVOs, due to lack of resources and incentives, were unwilling to travel far into their districts and engage with farmers on how to protect their animals.

Hence, the consortium partners realized that they had to build a long-term solution: farmers and communities would need to own this work. While many farmers were already spraying their animals against ticks (carriers of many animal diseases) with an amidines-based insecticide, they now needed to use a pyrethroid-based one, effective on both ticks and tsetse flies.

To be able to encourage farmers to “do it for themselves”, IKARE and Ceva together with Makerere professor Charles Waiswa, realized that they needed to have more data and a better understanding of each of the districts. Thus, in 2008, five of the then graduated veterinarians were given a six-month paid assignment. Equipped with motorcycles, they were tasked with traveling down every road in each of their allocated districts, “mapping” these and engaging with farmers. Data to be collected included numbers of drug stores, active veterinarians, farmers and their cattle populations and other NGOs addressing HAT/Nagana.



IK Partners had in the meanwhile exited Ceva, through a sale to its management backed by financial investors, but continued, through IKARE, to cooperate with Martin and his colleagues on SOS Uganda.

“

**In our experience, most externally funded (aid) projects failed: everything would be fine for a few years, then the funding would dry up and everything would fall away. We were really keen to avoid that and not end up with one slowly rusting sign, with the project name as the only evidence of our presence. That’s why we never referred to SOS as “a project”, it was always an intervention to get things done.**

”

*Martin Mitchell, Ceva Santé Animale*



## An enabling structure for lasting change

Even if farmers, after engaging with the vets, would see the benefits of regular spraying and would be willing to pay for the product, they would still have to travel up to 90 km to the nearest town or place to buy drugs or insecticides. And this, with a bus that departed only once a day. That was a blocking point. Unless SOS would be able to get those drugs to those areas and make them available commercially at affordable prices, it was clear that the whole initiative would eventually fade out. But, as the vets also noted after the 6-month mapping, reporting back to IKARE: *“We believe there is a market out there which we could serve!”*

With this idea, the partners inceptioned the “3 V Vet initiative”, the Vs initially referring to the names of the two drugs and the insecticide donated by Ceva, but coming to stand for Village Value Veterinary services. It was decided to support the five graduate vets to set up veterinary businesses in the SOS districts. Understanding that the vets had no previous experience of running a business, and to reduce its own risk in start-up funding these businesses, IKARE enlisted a former INSEAD MBA graduate, Pierre-Loup Lésage, to help the vets develop business plans and understand basic business operating procedures and controls, like stock management and cash-flows. To help the vets reach further into their respective districts, the idea of self-employed so-called spray persons, offering to spray cattle for the farmers not wanting to do it themselves, became an integrated part.

Patrick Opondo, Ronald Wangwe and Ronald Were were among the five young vets selected to configurate the 3 V Vet initiative. In 2009, they opened their small shops in the districts they had traveled across. Although they were well trained vets, none of them was originally from that area, they didn’t know the language, nor the local “going ons”. To facilitate their integration, they each recruited a local shop assistant who spoke the local language.

Even more important was that they saw this as an opportunity to put their skills into work, get into the labor market and take their futures into their own hands, thereby also contributing to a long-lasting solution. As students, they had seen the potential of RAP during the first phase of the intervention. They had also seen the general needs and challenges of farmers in keeping their animals healthy and productive, beyond controlling sleeping sickness.

The vets would sell their products and services to farmers, demonstrating the benefits but also showing how to apply the different treatments and take better care of their animals. At the same time as they opened their outlets, the vets devoted a lot of effort to raise awareness and establish connections with the local community, engage with farmers and the few existing drug sellers, and collaborate with government appointed DVOs to spread the solution. IKARE provided a first-loss grant to fund premises, licenses necessary to operate, working capital to procure the initial stock as well as set up the spray person network and a gradually declining salary. The business plans indicated financial viability of the businesses after

**The vets would sell their products and services to farmers, demonstrating the benefits but also showing how to apply the different treatments and take better care of their animals.**





18-24 months. The vets were to source their own spray persons and decide who they trusted with the initial loan to fund one liter of spray and a hand pump. Much to the positive surprise of IKARE, 50% of these loans were repaid by the spray persons. These were typically animal health workers, but could also be farmers, or teachers whose salaries were paid irregularly, while they regularly needed to pay school fees for their own children. The spray persons, or Animal Resource Key (ARK) persons as they later also came to be called, would become essential in spreading the solution across each district. They also acted as an intermediary between farmers and the 3 Vs, reporting on needs and suspected disease occurrences.

Believing that the vets would take better care of their motorcycles if they owned them, an amortizing schedule of the loan granted to purchase the motorbike so necessary for the business' reach was also put in place by IKARE.

### **Setting up the business model**

IKARE and Ceva quickly also concluded that they needed an organization, and somebody the vets would trust, on the ground. This in order to help mentor the vets, coordinate purchases and supplies of products from different distributors and manage payments from and to IKARE. Charles Waiswa came up with the suggestion to use his small private company, High Heights Limited, through which his wife ran a small hotel, to provide the backbone and act as local coordinator. In 2011 six additional graduate vets were recruited to set up additional practices and shops in neighboring districts, bringing the total 3 V Vets to 11. To train Charles Waiswa for this engagement, IKARE covered for a 1-week course on Social Entrepreneurship provided by INSEAD at their Singapore campus.

Ceva continued providing the drugs and insecticides, but this time they would sell them at a reduced price, through their local distributor, instead of donating them. Providing these products to the Ugandan market and the technical support around them was a different way to engage in a philanthropic activity for the company: even if Ceva would not see important financial benefits, as the Ugandan market and sleeping sickness products were a very small part of their overall business, they were contributing to lasting impact.



The start-up funding provided to the five vet shops in 2009/10, plus to an additional six set up in neighboring districts during 2011/2012, including coordination fees to High Heights Limited, amounted to 312,000 USD.

“

**We have all started and legalized our businesses which have changed the lives of our farmers and ourselves. We now feel more relevant and have addresses. I have particularly liked the whole venture because it has kept me awake, busy and a lot more responsible.**

”

*Emmanuel Isingoma, ex-3 V Vet*



## Main learnings

Sub-Saharan Africa is characterized by uncertain, constantly shifting environments. For a project to drive long-term change, actors need to be prepared to iterate their solutions multiple times, understanding as they go what works and what doesn't, and keeping a flexible approach.

### Engaging with the community

At the time, the area had access to very few veterinary services, provided mainly by the DVOs residing in the major towns of each district and some “under the bed” vet shops. The 3 Vs took care to complement the DVOs, working together with both them and COCTU, rather than competing. The new outlets had the track record from phase 1 of the SOS Uganda consortium. However, there was much work still to do to build trust and become engrained in the communities served.

Proper engagement with the different stakeholders in the local communities was key to establish the outlets. Farmers didn't know that animals could be treated and sprayed as part of controlling sleeping sickness, and there was also a need of deworming cures, vaccines and antibiotics. Thus, while the early work of the vets was focused on demonstrating the change that RAP would bring in reducing sleeping sickness and Nagana, they needed to rapidly expand into providing a broad range of sought after veterinary services in order to also be able to support the costs of providing the “public good” part of low margin, sleeping sickness related, products and sprays. Getting the community buy-in was a gradual process as effects were seen by the farmers. For the farmers and local community leaders, hearing that the Makerere University was behind the project was an important positive element to welcome the new





vets and their proposed solution. Additionally, providing catalytic sprays (“pay one-get one for free”) and affordable drugs to farmers who could not initially afford to buy them was also seen as a positive sign.

“

**Products don't sell: benefits sell the products. When we talked about the benefits farmers would understand. They would not look at the price but at the benefits of the product.**

”

*Ronald Wangwe, 3 V Vet initiative*

At the beginning, vets got into the community through community leaders. Each district is divided into sub-counties, which in turn are divided into parishes that comprise different villages. The vets engaged with leaders at every level: district council officers would need to see what was brought to the community and the district, while subcounty chiefs and local councils would mobilize community members in the villages. Along with the track record, the key for getting this buy-in was that the community would see that the vets were genuine, with an honest intention to bring positive change to the community.

At the same time, the few existing vets and drug sellers quickly indicated interest in also procuring and selling these products.

Throughout the years, the vets continued working in and with their communities, ensuring an alignment between communities and local governments so that the most suitable products would be provided and deployed to control, and eventually eliminate, sleeping sickness.





## Main learnings

De-risking solutions entails not only understanding the gaps and addressing them, one by one, but also building sustainable, locally adapted business models and well-trained teams. And getting the buy-in from the community. If push and pull can be combined in a trust-based way, then matters start moving.

### Consolidating the 3 V Vets franchise for long-term sustainable change

The 3 V Vets businesses were initially set up as individual shops and businesses, as the vets did not really know and trust each other that well. As part of their exit preparation thinking, IKARE in 2014 brought in EY Enterprise Growth Services (EY EGS; later named EY Ripples) to assess how the 3 V Vets businesses were doing financially and what could be done to help them consolidate and grow their businesses. IKARE was also constantly looking for non-veterinary products which might improve farmers' lives, and which could be supplied through the vet shops, providing more sales. Solar lamps which could also charge mobile phones were tested but never took off.

Access to clean and warm water is not only important for humans, but also important when rearing animals for consumption or yield. If the udder can be washed with clean water before milking, this reduces the risk of the milk getting contaminated. To reduce losses in poultry rearing, vaccinations, clean drinking water and a hygienic environment are necessary.

In 2012, IKARE organized a workshop in Kampala to introduce the Solvatten jerry can, which uses UV rays and solar heat to clean and heat water, to the 3 V Vets and other parties, as



suggested by Professor Waiswa. Professor Waiswa also invited his son, Ian (see SSPP section on page 62).

Alasdair Reid, the EY EGS consultant, went to Uganda from September 2013 to March 2014 to support the vets in building sustainable business models. By the time, cases of sleeping sickness in the five districts had already dropped substantially. The vets had amortized the motorcycle loans and were busy running their individual businesses.

However, the sustainability of the project would only be achieved through the sustainability of the businesses, which were still very vulnerable. The businesses weren't really taking off and the partners wanted to understand why.

The work from EY EGS helped realize that the problem was not on the demand side of the services, but more on the cost as well as cash flow and accounting side. Purchasing volumes for each vet were low, meaning no discounts could be obtained, and the vets were often last in line to get products when the distributors' stocks were low. Most vets were not doing proper bookkeeping, restocking and forecasting for their businesses. Hence, their shops were not generating sufficient profits. They would also not give too much importance to the sustainability of their ventures as they were more focused on their day-to-day activities rather than strategic thinking.

The work of EY EGS and IKARE was to understand what factors were hindering revenue and margin growth for each shop, as well as to fix bookkeeping and cash flow forecasting. In this work, IK's ex-Partner, Gerard De Geer, also contributed with his operational experience. It became rather obvious that if the vets pooled their purchases and moved to more centralized stockkeeping, they could increase margins. In addition, there could be an opportunity to also supply other drug shops through offering better pricing and services. By this time the 3 V knew each other better and some of them were ready to move into partnership. The 3 V Vets Franchise Ltd was incorporated as the jointly owned purchasing company, supplying each of the vet shops and a few others. With loan funding from IKARE, a small van for procuring and distributing products could be bought.

Another important work was on the leadership and internal organization of the franchise. EY EGS saw in Patrick Opondo natural leadership skills to act as director of the 3 V Vets franchise. An important work at the time was to convince him to take on this role.



## **Main learnings**

Organizations should continuously try to understand what works and not and why, and then look jointly at how to bridge the gaps, and what (financial and/or non-financial) support may be needed. The development of sustainable solutions is characterized by constant iteration and adaptation, particularly in unstable environments. Change takes time and systemic sustainable change takes even longer, so patience and trust are needed.



By 2015, the vets started seeing the value of acting as a company. They got working capital from suppliers (not having to pay upfront for the products), signed agreements, put proper prices to products and started being more conscious about stocking. Some of them used laptops for bookkeeping, and others still did it on paper, but they did it in a regular and well-organized manner. Once the different shops were up and running, High Heights stopped acting as an intermediary.

## **The role of mentorship and other forms of non-financial support**

Charles Waiswa and John David Kabasa continued engaging with the vets and leveraged their positions to bring them to conferences, international cultural exchange programs and other events to expose them to other actors. The African team of Ceva continued the partnership with the vets. IKARE was the main actor providing capacity building at that stage: they leveraged their networks to provide additional mentorship and advisory services on business growth, product placement and marketing.

“

**IKARE was always there to see that we'd be on the right track and seize the right opportunities.**

”

*Patrick Opondo, 3 V Vet Initiative*

## **The role of COCTU in scaling the solution**

Charles Waiswa became the Executive Director of COCTU in 2013, and he held this post until 2022. His involvement in and the successes of SOS Uganda and the 3 V Vets, with steadily declining numbers of sleeping sickness cases, led to his appointment.

In his new role, he continued replicating the 3VVet experience. COCTU picked the RAP technique and catalytic spraying to complement the control of the tsetse fly across the country, and most of COCTU directors took the SOS approach as a role model to control tsetse and other harmful populations of insects, like swarms of crop-eating locusts. This became an institutional



### **Main learnings**

Creating systemic change requires the involvement of the public sector: if the insights and learnings that take place in the development of an innovative solution are put at the disposal of public authorities, social entrepreneurship can provide experiences and learnings to help shape well-informed policy decisions.



framework that lasted until 2022, when vector control was integrated back into the Ministry of Agriculture. The 3 V Vets were also an integral part of the COCTU network and national system.

Thus, the 3 V Vets model provided a roadmap to Ugandan authorities to create a nation-wide network of vets and spray persons/ARKs working together to eradicate sleeping sickness.

## Working towards the elimination of sleeping sickness

The model of the 3 V Vets has proven to be sustainable. Where a business thrives, it can also support low or no margin products/activities for the public good – in this case helping to monitor and control a disease in the area. The three vets have grown from entry levels to senior positions. They are consulted by the authorities and engaged by various organizations to deliver different activities and results on the ground. They continue treating animals and providing knowledge on how to control and treat various diseases. They are respected and consulted by farmers in the area, who continue purchasing the products, even when there are price increases.

**The model of the 3 V Vets has proven to be sustainable. Where a business thrives, it can also support low or no margin products/activities for the public good.**

This new ecosystem has led to a dramatic change of the prevalence of sleeping sickness. Uganda has had no case of the *t.b. gambiense* strain of sleeping sickness since 2018 and no case of the *t.b. rhodesiense* strain has been detected in the SOS area since August 2021 – in 2024 there was one case of the *t.b. rhodesiense* strain treated in the SOS area, but it is believed to have been contracted elsewhere in Uganda. The 2023 sampling done by COCTU in the SOS area showed no prevalences of parasites in cattle blood, further affirming that regular spraying of 20% of the cattle in an area keeps the disease under control.



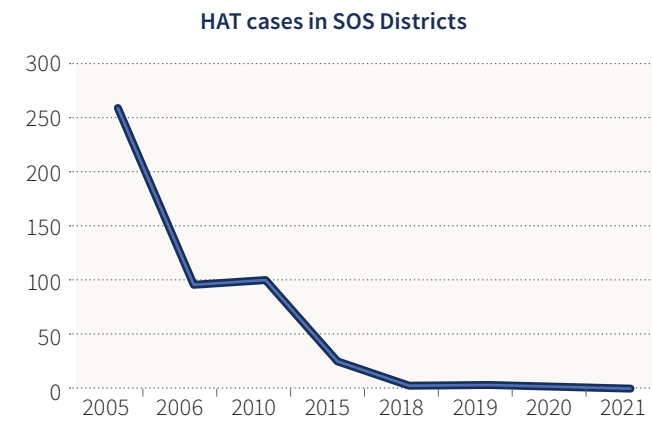
### Main learnings

In 2006, when IKARE entered the area of Zoonotic diseases, there was hardly any cooperation between WHO and FAO around sleeping sickness. Unfortunately, even since Covid19, limited progress has been made in this field of necessary cross-sectoral collaboration.



## Evolution of sleeping sickness cases in the 5 SOS Districts.

Year	2005	2006	2007	2008	2009	2010	2011*	2012*	2013*	2014*	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024*
Cases	257	96	110	90	103	99	62	64	43	69	28	10	13	4	5	2	2	0	0	0
Averted		161	147	167	154	158	195	193	214	188	229	247	244	253	252	255	255	257	257	257
Aggregated								1,175						2,550		3,057				4,083



Source: IKARE (based on numbers provided by WHO and/or COCTU)

## However, the story does not end here...

The objective of this venture has been to control – and ultimately eradicate – sleeping sickness in a target area. This, through putting in place an infrastructure to disseminate and make available the knowledge and products necessary. A robust and sustainable business model can also support low and no margin activities/products for delivering public good, to complement, as needed, farmers doing it for themselves. However, from such a long, collaborative effort, some unexpected outcomes also emerged.

### Improving livelihoods through poultry businesses

Sleeping sickness (HAT and/or Nagana) sets families back financially (selling animals or incurring debt to pay for medication or food during hospitalization; loss of cattle due to Nagana, etc.) and is often seen as the main reason for poverty in the affected regions. With the acute burden of disease lifted, in 2019 IKARE and the 3 V Vets began discussions on what possibly could be done to help these families improve their livelihoods. Handing out one month old chicks to families for rearing was discussed. Having access to poultry and eggs enables families not only to add proteins to their diets but also to earn additional income through the sale of “excess production/yield”.

Before launching such a project, however, it was decided that the 3 V Vets would first undertake a baseline survey of ex-sleeping sickness households, in order to better understand their financial situations and living conditions, ultimately better targeting the intervention to any identified gaps as well as needs expressed by the families.



SSPP (see page 62) was enlisted to, together with RHDCA, work with the 3 V Vets to design and undertake the survey. 61 ex-sleeping sickness affected households, out of 1,500 identified, were randomly chosen to represent different ages, sex, villages etc. Once Covid restrictions were lifted, this survey was concluded during 2021. While sleeping sickness had set families back financially, it was not the only cause for their poverty. The families surveyed not only suffered from regular DCT outbreaks and often contracted malaria. The connection between contaminated water and diarrhea was not clearly understood. Many families had 5-7 children, who often had to drop out of school, either due to illness or lack of money to pay the school fees or purchase the uniforms.

It became clear to IKARE and the 3 V Vets that without proper WASH in place, the poultry initiative could be jeopardized. SSPP were thus tasked with designing a WASH intervention. Solvatten units were an integrated component. The intervention built on SSPP's experience from Bwaise, but was adapted to the rural SOS areas of Dokolo, Kaberamaido and Kalaki (new district spun off from Kaberamaido). With 194 households reached during 2024, those families that quickly adapted the See11 "graduated" on to the poultry initiative<sup>1</sup>.

“

**Livelihood is a complex phenomenon:  
after a problem is solved, you realize there's another.**

”

*Patrick Opondo, 3 V Vet initiative*

These activities gained traction by the community as more and more neighbors demanded to take part, seeing the improvements at their neighbors, thanks also to the further incentives associated to participating in the poultry initiative. The community engagement efforts helped create a virtuous circle whereby community members have trained and encouraged other neighbors in improved WASH practices and the treatment of cattle, poultry or other animals.



## **Main learnings**

Community engagement allows addressing challenges and utilizing opportunities that initially might have been considered out of scope, but that are deemed relevant for broader uptake. In Northern Uganda, the efforts to eradicate sleeping sickness initiated almost 20 years ago help understand how to promote economic development today. Community engagement has been the lever to move from a programmatic approach towards a holistic approach.

<sup>1</sup> For more context on SSPP's activity, see the section about the Students Support Philanthropy Program



Today, 3 V Vets more than ever stand for Village Value Veterinary services, demonstrating how the venture has gone from having a very specific end-goal (controlling and eventually eradicating sleeping sickness) to a more holistic approach for improving livelihoods (WASH, health and financial conditions) in their districts.

### **Cows against malaria – a “spin-off” from SOS Uganda**

Having followed the success of the SOS initiative, where cattle serve as ‘live bait’ for tsetse flies, a group of researchers from Liverpool University and the London School of Hygiene and Tropical Medicine approached IKARE and Ceva in 2013. They were interested in testing whether cattle sprayed with insecticide according to the same formulations as used in SOS Uganda, might also have a knock-down and mortality effect on Malaria parasite carrying mosquitoes prevalent in the Lake Victoria basin in Western Kenya.

Funding research (rather than bringing research into use as in SOS) is generally not within IKARE’s strategy, as there is very little, if any, additionality or added value IKARE can add as compared with other donors. Due also to the very long-term and complex nature of research it is typically difficult to demonstrate additionality, intentionality and measurability based on a Theory of Change. In this specific case, however, there was a strong link to the SOS Uganda intervention and “solution”. There is also a strong overlap between Malaria prevalence and cattle rearing regions in rural parts of sub-Saharan Africa. This is why IKARE did agree to fund the limited study as a one-off. The study was successfully completed during 2015 and its findings, conclusions and recommendations were published on January 2017 in the online journal *Parasites and Vectors*<sup>2</sup>.

The findings show that cattle sprayed with the same insecticide formulation as used for tsetse and tick control in the SOS area, have a knock-down effect also on Malaria vectors, but that the effect is only moderate and wears off quite quickly (within 1 week as compared to 2-4 weeks for



2 For more information, consult: <https://parasitesandvectors.biomedcentral.com/articles/10.1186/s13071-016-1957-8>



ticks and tsetse flies). The paper recommended that it would be wise to investigate alternative formulations as the research undertaken highlights that targeting cattle for mosquito control has potential. IKARE hopes that, with more and more species of mosquitoes – as also pointed out in the study – emerging as carriers of malaria, the potential of adding yet another tool in the toolbox for malaria prevention will hopefully be investigated further. Ideally, this additional research should be conducted through collaboration between researchers, veterinary pharmaceutical companies, NGOs and public bodies pursuing One Health strategies.

## Other unexpected outcomes

The collaboration with IKARE and the engagement in the SOS consortium or the 3 V Vet network has led to many other unintended positive outcomes for different stakeholders.

The University of Makerere integrated the notion of ‘learning by doing’ into its programs, including internships and community engagements in the veterinary degree, and incentivizing applied research that impacts the community. Most of Ugandan university students come from urban areas and do not know the rural reality – these programs also serve for this, and they are highly valued by students.

In his role as dean of the Veterinary Faculty at Makerere University, John David Kabasa also set up the Africa Institute for Strategic Animal Resource Services and Development (AFRISA). This would serve to translate the university knowledge into practice, ensuring it has an impact on the communities in need. Later, he also developed the Great Lakes Industrial Institute to promote transformation and social impact on the ground.

Ceva continued working with the 3 V Vets after Martin Mitchell stepped out of his position as Head of their Africa business to become Global Head of Communication. This experience served the company to run similar projects in other areas, collaborating for example with the Bill and Melinda Gates Foundation in Burkina Faso.

As the vets have been moving to senior roles and becoming part of the community, they could detect other needs and possible actions. By operating on the ground in the districts, they (and the spray person network) can easily be commissioned by the government or an NGO to undertake e.g. catalytic spraying or other activities at a much lower cost than if the government or the NGO had to set up the structure from scratch. Ronald Were worked as subcounty coordinator in two different districts in Northern Uganda, at the same time as running his 3 V Vet business.

**As the vets have been moving to senior roles and becoming part of the community, they could detect other needs and possible actions.**

Even for the consultants that collaborated with SOS Uganda/3 V Vets, the experience served them to develop professionally. Alasdair introduced the project at different conferences and kept in touch with Patrick and Anne. Pierre-Loup moved from banking to health and later became an entrepreneur related to public health, operating medical cargo drones to distribute vaccines in Sub-Saharan Africa.



**IKARE provided in 2025, as part of its exit strategy, a “working capital grant” of 32,000 USD to the 3 V Vets to kick-start a poultry rearing business.**

### Exit grant for poultry rearing venture

To further build on the increasing demand for poultry products in the SOS districts, and as a means of providing the 3 V Vets Franchise with a self-funding option for their public good activities, IKARE provided in 2025, as part of its exit strategy, a “working capital grant” of 32,000 USD to the 3 V Vets. This to kick-start a poultry rearing business. While the original veterinary businesses are commercially viable since years, working capital funding is hard to come about for SMEs on the Ugandan market, and thus also expensive. As demand for protein and thus for poultry

products steadily increases in the SOS area, it was decided to help serve this gap and build a commercial business. A business which in turn, from its future profits, could also fund the public good activities of the 3 V Vets, like the improved livelihoods initiative involving improved WASH and donations of chicks, as well as catalytic sprays, as and when needed to control sleeping sickness.

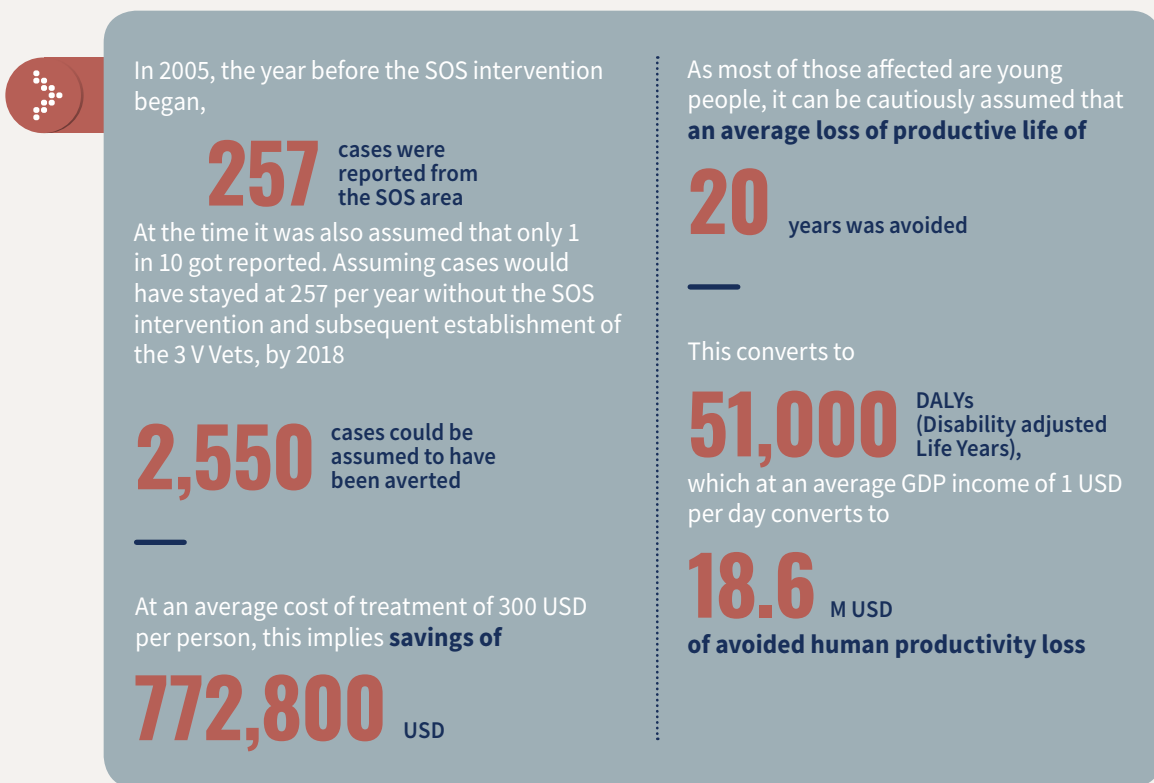


## SOS Uganda and the 3 V Vets Project summary and main results

To better understand the work and efficiency of the 3 V Vets network, alongside business indicators, IKARE looked at the number of self-employed “spray persons” being part of the 3 V Vets network as well as the number of cattle sprayed regularly and subsequent reduction of cases, the improvement of animal health and other WASH indicators.

### Evolution of cases

IKARE monitored the number of cases in each of the five districts intervened in, as well as (the reduction of) the total number of cases in Uganda as a spill-over effect of their approach.



### Animal health indicators

IKARE and its partners also looked at the number of parasites in cattle’s blood: as these results would require more resources (they would need researchers in the field and a subsequent lab analysis), this data was less regularly available, but occasional samplings became part of the government disease surveillance strategy. When cases suddenly increased again, as in 2014, actions were immediately taken to undertake targeted spraying in the affected areas and reinforcing sensitization messages, through e.g. radio jingles.

Cattle mortalities are estimated by COCTU at being 6-10% higher in tsetse infested areas. This would entail between 2,500 and 12,600 cattle saved, which represents savings between 630k USD and 3.1M USD. Reduction of parasites in cattle’s blood would also improve cattle



productivity (producing more milk, having fewer spontaneous abortions and being strong enough to plough).

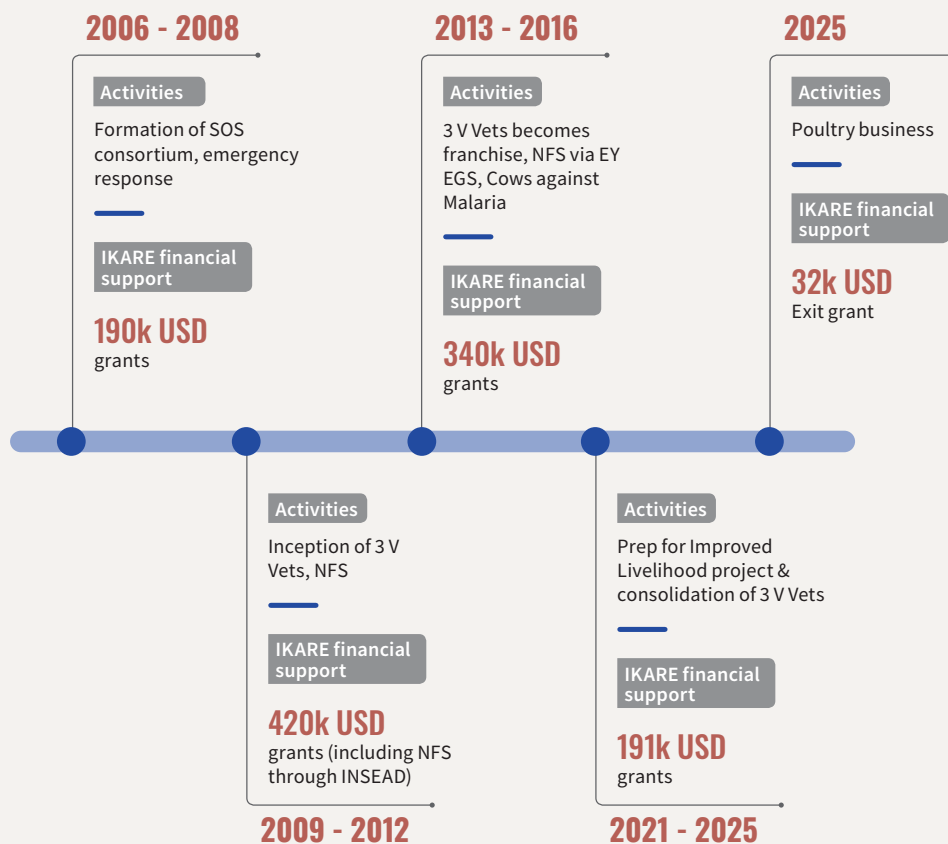
### Animal Resource Key persons

At most, 400 people worked as Animal Resource Key persons (spray persons) thanks to the 3 V Vet network. If they could make additional income, or even a living, from spraying cattle, it meant that products sold and paid for by spray persons and farmers were put to use in the control of tsetse and sleeping sickness.

### WASH indicators


Finally, IKARE and the vets, as and when additional activities were considered, undertook surveys to better understand the “lay of the land”. Through the WASH surveys (now undertaken by SSPP/RCDHA of the Solvatten households), IKARE can monitor how their interventions have improved families’ livelihoods as a result of the reduction of cases, fewer occurrences of diarrheas and the increases in disposable income.

### Project timeline



The total amount provided by IKARE to the SOS consortium and to the 3 V Vet business is around 1.1MUSD in grants and loans split over 16 years, with no grants given between 2017 and 2020. Cows against Malaria received a grant of 61,000 USD,



  
**The main  
learnings for  
IKARE**  
by Anne Holm Rannalet

### SOS Uganda and the 3 V Vets

It all began with SOS Uganda. Through that intervention, and working in a Public Private Partnership, we realized the importance of working together with different partners having complementing skills. We also discovered the importance of having locally grounded ears and feet. But there were also challenges as partners' focus and patience wore off.

As we asked ourselves why things were not working as anticipated we dug closer to the root problem: the lack of an enabling infrastructure to disseminate the know-how and tools needed to keep not only sleeping sickness under control but also to more generally reduce losses in animal husbandry. Being able to work both "bottom up" – with communities "pulling" for interventions as the benefits of spraying their animals with the most appropriate insecticide became better understood – as well as "top down" – through coordinated efforts and policy changes supported through COCTU –, firmed our belief that both are needed for sustainable change to happen.

It is also through SOS Uganda that we noticed the lack of reliable data and how critical it is for doing targeted interventions. This led us to the Shifo Foundation. In our endeavors to consolidate the 3 V Vets' businesses we looked at additional livelihood improving products which could be supplied through the vets, like Solvatten units. This eventually led us to work with SSPP in improving WASH conditions in some of Kampala's slums. Rural youth typically end up in these slums, in a quest to have a better life than their subsistence farming parents. We learnt how complex poverty is and that addressing one issue in isolation may not really get to the root cause.

We also learnt that through addressing one market gap and building a profitable business model, a business can also carry the cost of providing services which are typically considered as services provided by the public sector, ie the social contract. We also see the huge need for locally owned businesses and especially SMEs, as job providers, as wealth generators for future local investment capital, and as taxpayers to help fund the social contract. This is why we have provided "exit grants" to both 3 V Vets and SSPP to each start a local business: it is our ambition to provide a "soft-landing" for SSPP and to further strengthen the 3 V Vets business as IKARE winds down its venture philanthropy activities. These businesses will address different gaps in the market and, rather than paying us dividends or interests, the organizations can use those amounts generated to continue improving access to health and livelihoods in the communities they serve.

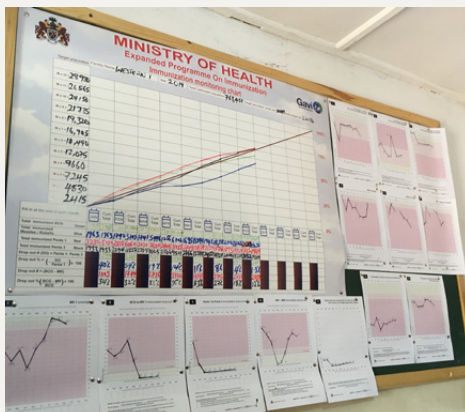
Only the future will tell us whether we and our engagement partners truly left positive change behind. But I do believe we did put some ripples into motion.





# The Shifo Foundation and Smart Paper Technology

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## Health Management Information Systems: a lever for systems change

It is estimated by UNICEF that 3.5 to 4 million children die annually of preventable or easily curable diseases. This is not due to lack of vaccines or medicines, but due to, for example, children not being registered when they are born and/or followed up from health services. This, in turn, is caused by the inefficient data collection, management and reporting, resulting from the Health Management Information Systems (HMIS) used in most Low and Middle Income (LMIC) countries.

LMICs' health systems rely heavily on foreign (public and private) aid. However, only small amounts of this aid trickle down to the public health clinics to close the gaps – instead, a lot of it ends up working in parallel structures. Foreign aid thus brings little incentive for health centers and health workers to improve their performance.

At the same time, appropriate systems for managing patients' information, follow-ups and routines are essential for ensuring well-functioning healthcare services. Countries with poor infrastructures for health, however, continue relying mostly on paper-based systems, like

ledgers where data is entered in chronological order. These systems are not only time-consuming for health workers to manage but also lead to the data reported being inaccurate and unreliable. They are inadequate for efficiently tracking patient data and following up, for example to ensure full immunization coverage. These systems are also unfit for collecting and storing continuously updated and reliable information on employees, drugs in stock, invoices, or any other indicators that enable understanding the health center's performance.

**Appropriate systems for managing patients' information, follow-ups and routines are essential for ensuring well-functioning healthcare services.**



This lack of infrastructure, performance incentives and public-private collaboration is directly tied to the continued prevalence of preventable and easily curable diseases worldwide.

In 2008, Karoline Beronius was working at The Swedish Program for ICT in developing countries, called SPIDER. On behalf of SPIDER, a delegation from Uganda was invited to Stockholm to learn how ICT is being applied to the healthcare setting of Sweden. Rustam Nabiev, from the Karolinska University Hospital, facilitated that visit. In 2009, a delegation from Karolinska traveled to Uganda, where they participated in an exchange on ICT technologies with the Ministry of Health, the Ministry of ICT and the Ugandan Parliament. They realized how much aid money was being spent creating parallel systems instead of responding to the needs of the health clinics. Realizing the need to develop mechanisms for ICT for health, they developed the idea to register children in the healthcare system, as and when they were born. And with a unique ID, to improve Child and Maternal Health services. The SPIDER Centre granted a 3-year project (2009-2012) funding to the Karolinska University Hospital, to better understand the underlying problems and develop a solution. The result of the 3-year project ended up in the creation of Shifo Foundation in 2013, in order to develop and scale this idea (as nobody else was interested in taking it on).

Their initial idea was to use tablets in local health centers to digitize patient records, making them easily searchable, improving health services in health centers with little infrastructure. They named that product “MyChild Solution”.

“

**Focus on achieving large-scale transformational and sustainable change was set already in the research project. This entailed frugal innovation and low-cost generic technology and the focus on open source to ensure that any learning could travel across sectors and countries without friction, and that the system could be maintained by anyone understanding the code.**

”

*Karoline Beronius, ex-Shifo Foundation*



## **Main learnings**

The Shifo Foundation is an organization dedicated to save lives and improve health outcomes through changing Health Management Information Systems (HMIS) in the Global South, but also to repurpose grant-making in health, channeling funding to the improvement of health outcomes.



## Developing and iterating a solution for Health Management Information Systems (HMIS)

In 2015, when Shifo had just started testing their solution in few health centers in the Mukono and Wakiso districts, close to Kampala, they met IKARE through a mutual connection. IKARE was interested in finding potential solutions that could be implemented in Dokolo to reinforce their work tackling sleeping sickness. To IKARE, Shifo seemed to have addressed the issues of lack of timely and reliable data at patient, health center, district and national level. Without such data, as IKARE had seen in SOS Uganda (see previous section), it is impossible to take informed decisions, undertake targeted interventions and drive improved health outcomes. Instead, without such data an organization needs to “paint with the broad brush”, extrapolating data and using more funding.

IKARE saw in Shifo’s first and digitized version, demonstrated during a visit to Mukono, an agile and entrepreneurial solution, and became rapidly interested in testing how the digitized MyChild Solution could be implemented and adapted in a low resource rural setting like Dokolo.

At the time, the Shifo Foundation was fundraising to develop the product, still in very early stage. They had just secured some grants from some private investors and the IKEA Foundation, while still iterating the solution. In 2015, IKARE provided a 59,000 USD (SEK 500,000) grant to Shifo to see what it would take to make the digitized solution work in Dokolo.

Working out their solution in Dokolo, as well in Afghanistan with the support of the Swedish Committee for Afghanistan, Shifo and IKARE quickly realized the many challenges associated with replacing an old paper-based system with a digitized one. Health clinics were comfortable using the ledger-based solution and their workers would typically lack computer literacy. Digitizing the data information system would require investing in basic IT-infrastructure that most clinics were lacking, especially in the rural areas, with very poor ICT and connectivity. For example, in Dokolo, only one out of the sixteen public health centers had electricity, and not necessarily 24/7. There were also, in conflict areas like Afghanistan, security concerns for health workers moving around with tablets and smartphones.

### Old ledger-based system



Source: af Jochnick Foundation



## **An in-depth understanding of the realities, needs and limitations of the health clinics and workers was what enabled Shifo Foundation to develop an innovative solution.**

A possibility here was to fundraise for developing these infrastructures, for example by acquiring solar panels, but this was very costly, and a solution relying on such investments would have little potential to scale, let alone be sustainable. Even if donors were to pay for the installations, the countries' health budgets could not cover and sustain the operating and maintenance costs.

An in-depth understanding of the realities, needs and limitations of the health clinics and workers was what enabled Shifo Foundation to develop an innovative solution that would fill the gaps of paper-based systems but remain adapted to the resources available, both

human and financial. Rather than continuing to use the ledgers, data would now be collected on paper forms, each patient having their unique ID. Forms which could be scanned to digitize the data, having one scanning device per district, in a health center or in the hospital where there is electricity, would enable health workers to upload all the data online within few minutes. Then, it would be compiled within a database that would generate reports for health centers to have updated information, and generate follow-up actions – for example, the solution would send reminders to families by SMS to ensure children were followed up and received their vaccines when due. This hybrid paper/digital solution was named Smart Paper Technology (SPT).

As the new version was taking form, IKARE agreed to pilot it in Dokolo, funding the pilot with a grant of 259,000 USD (SEK 2,232,000) to be paid out in tranches over four years, 2016-2019. When, due to political changes in Uganda 2017, the Dokolo pilot was cancelled, IKARE and Shifo agreed to repurpose the non-used residual grant (ca USD 199,000) plus an additional grant (ca USD 102,000) to Mukono to pilot the SPT version there.

Still initially focused on Child and Maternal Health, this technology would administration-wise be less time-consuming for health workers than the previous system, and at the same time it would incentivize effective patient follow-up and immunization. Thus, it was welcomed and adapted by health centers, thereby replacing the old system.

### **Smart Paper Technology system**



Source: af Jochnick Foundation





## Main learnings

Implementing a new solution requires replacing an old system step by step with something that is sufficiently similar to the old system, but with obvious improvements and benefits to the users and end-beneficiaries. Changing systems, and thus behaviors, often entails understandable skepticism or even resistance by stakeholders. Innovative social ventures need time to get the necessary buy-in by different stakeholder groups.

...

For Shifo, the North Star was always the problem, but never the solution. Being open to iterating and testing new ideas based on stakeholders' feedback was key to the development of the Smart Paper Technology.

### An innovative business model: pay for success

As the Smart Paper Technology proved to work well for public health centers, which would save time and money and at the same time increase effectiveness and performance, it had the potential to become a tool for changing the way grant-makers invest in health.

This solution would incentivize governments to pursue improved health performance through e.g. using KPIs and comparing health center performances. A donor could then, for example, donate an amount of money per each additional child immunized. Then, once the government would see the benefits of this way of financing clinics, it could take over the payment using the same scheme, allowing the piloting donors to exit the investment, thereby securing sustainable long-term impact.

At the same time, if donors and NGOs would channel their money through the 'incentive donation', they would also be working hand in hand with the government and not creating parallel structures.

“

**Ultimately, in systems change, what should happen is that big donors and NGOs active in those countries would channel their money through the incentives using a common channel.**

”

*Rustam Nabiev, Shifo Foundation*





## Main learnings

Rather than, as had often been done before, setting up parallel structures to ensure that data on outcomes and results of a specific intervention could be captured, Shifo went to the root of the problem – the low data quality delivered by the existing HMIS and the high costs related to Monitoring & Evaluation of such data. An innovative solution and its business model, with in-built incentives to drive improvements in health access, delivery and outcomes, also had the potential to challenge the impact strategy of the organizations funding the social venture, repurposing the way they finance a social issue.

### The Shifo Foundation ‘bottom-up/top-down’ scaling strategy

Shifo Foundation realized quickly that their solution had the potential to replace outdated and inadequate health information management systems worldwide. To scale their solution, they would combine a ‘bottom-up’ with a ‘top-down’ strategy: first, they would identify a series of health clinics in a country where to test and implement the solution, engaging from the beginning with the Ministry of Health to share the learnings and results (bottom-up). Once the governments see that this improves the cost-effectiveness of their systems, they would turn the SPT into a national policy (top-down).

The first time this national implementation happened was in The Gambia. With a starting 156,000 USD grant from IKARE – followed by additional grants from the Swedish Postcode Foundation and the af Jochnick Foundation and matching funds from GAVI – Shifo started evaluating the state of few health clinics and understanding how SPT could be implemented for the Extended Program of Immunization (EPI). ActionAid would provide the local implementation support, having worked with the Gambian Ministry of Health for 20 years. The results of this evaluation were key to get the buy-in from the Gambian Ministry of Health: they saw the potential of the system to allow people to have scheduled vaccination for their children (making also sure, through the stock management module, that enough vaccines were available as and when parents came on the scheduled days) thanks to also receiving reminders by SMS. Importantly, they saw that the solution was cheaper and less time-consuming than the existing system.

From there, SPT for EPI was expanded to one full region and then another. In collaboration with the Ministry of Health, SPT for EPI then became part of a country-wide policy. A big part of the process was devoted to understanding how the Ministry of Health – which was heavily reliant on bilateral assistance – worked, and what were the levers to trigger the ‘top-down’ approach.

Specifically for Child and Maternal Health, this process would entail identifying areas where there are high-risk pregnancies, non-communicable diseases or lack of vaccination, and showing the clinics that if patients and their carers are well taken care of and followed up, the clinics get an additional amount of money per additional patient. This amount can be spent on increasing salaries and/or improving the clinic’s own infrastructure like toilets and access to clean and safe water or tablets/smartphones.



**Shifo Foundation realized quickly that their solution had the potential to replace outdated and inadequate health information management systems worldwide.**

From the point of view of the Gambian public sector, the key factor to collaborate with Shifo was seeing how the solution was efficient, cost-effective and easy to adapt and operate. As it would build upon existing processes, health centers would not need very extensive capacity building, and patients did not suffer any unforeseen consequence during the transition period.

As the old information management process was replaced by SPT, Shifo Foundation and/or their implementing partners would provide trainings to clinics and health workers to use SPT. The donors supporting Shifo would pay for the 'incentives'.

The country-wide implementation of SPT for EPI was realized by 2021, with more than 137,000 children fully immunized in the process and the health workers having reduced their administrative time burden by 60% – time which could instead be spent caring for patients. The Gambia became the first [African] country to replace its health information management system for EPI.

“

**We had the vision to go digital to have more transparency and accountability to the people. We set the vision: Shifo helped us build on it.**

”

*Gibril Jarjue, Gambian Ministry of Health*

### **Aligning government and donor expectations**

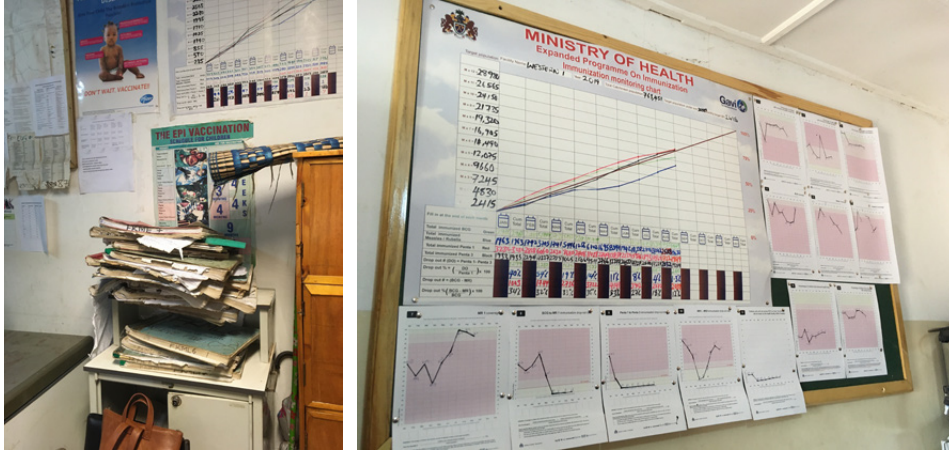
A key factor to the success of this implementation was the understanding between Shifo and the Ministry of Health, but also among the different donors.

The af Jochnick Foundation, focused on women, children and basic education, had been reluctant when they first came across the Shifo solution back in 2010, when they were still focused only on digitalization. However, after the SPT solution was developed and well proven thanks to the pilots and iterations funded by IKARE and others, they decided to participate in the Gambian country-wide implementation with a grant of 333,000 USD (3M SEK) distributed over three years. They valued Shifo's capacity to iterate and change their solution based on their learnings. The fact that Rustam was an Ashoka Fellow as well as IKARE's participation were also positive signals for the foundation to support Shifo.

Kajsa Åberg, Managing Director of the af Jochnick Foundation, continuously exchanged information with IKARE and the other donors during the process, including going on a trip to The Gambia, together with IKARE, in 2019 to visit health clinics and meet ActionAid as well as representatives from the Health Ministry.



## Health information management system before and after implementing SPT



“

Lots of people with means want to ‘brag about their success’ and their philanthropic commitments. That’s not the case of the family I work for. We and IKARE are more focused on ‘what’s in what we can contribute’, instead of ‘what’s in it for us’.

”

*Kajsa Åberg, the af Jochnick Foundation*

## Continued SPT implementation across health sectors in the Global South

Child and Maternal Health was the ‘entry point’ for Shifo Foundation, but the solution can be applied throughout the different health sectors: countries seeing the benefits, continue implementing it in health sector by sector. In The Gambia, the donors exited the EPI scheme as the government took over, but now Shifo is assisting the Ministry of Health, and its funders, in implementing the same process for all of primary healthcare delivered in the country. Two hospitals have already transitioned, replacing 30 different ledger books and numerous tally forms, and the rest of the country is ready to follow. As core financing is still difficult to raise for the Gambian government, they are now looking for new donors interested in scaling SPT to replace their paper-based national HMIS. Being a pioneer in the transition from manual to Smart Paper Technology, The Gambia is also sharing with other countries their learnings and successes.

In Uganda, due to political changes as mentioned earlier, Shifo Foundation stopped operating in Dokolo, and Tororo during 2017. At such time 4,423 children in Dokolo had been fully immunized and recorded in accordance with the SPT system. Shifo stayed in Uganda continuing the work in Mukono. When the IKEA Foundation funding for Mukono ran out shortly thereafter. IKARE



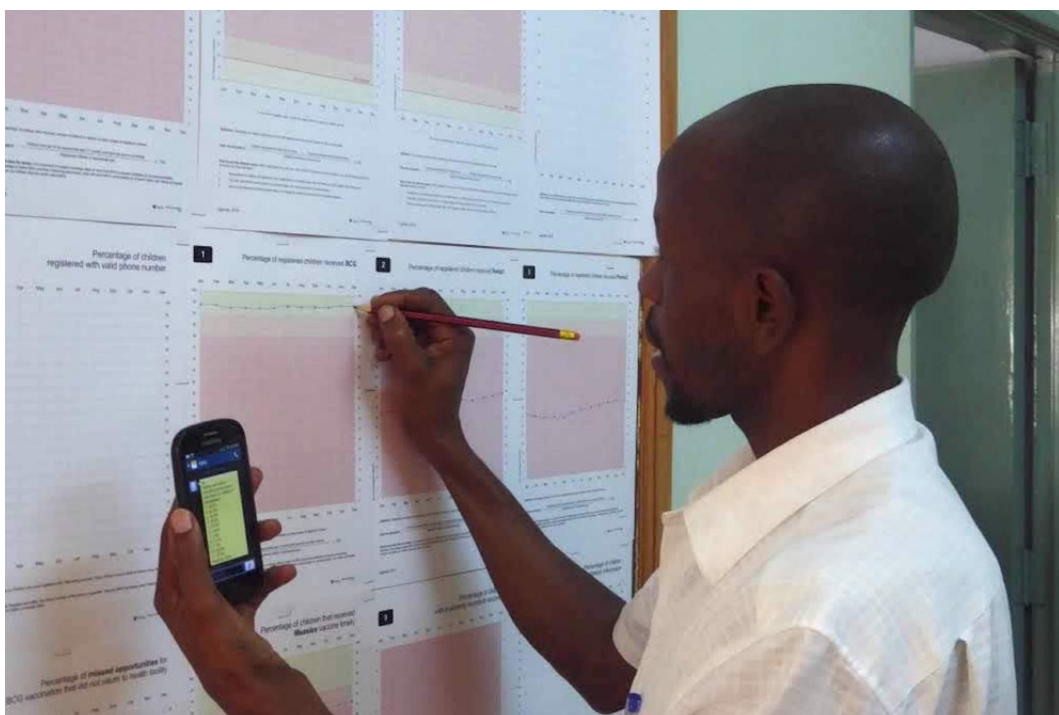
agreed to move what remained of the Dokolo grant (USD 198,686) to Mukono, adding an additional 101,829 USD for use until 2024 in implementing SPT for RMNCA. Shifo also began to work in the Western Region of Uganda, using SPT for RMNCA with the support of Cordaid. Cordaid was also interested in testing the RBF (Results-based financing) module. Based on the positive outcomes in Mukono and an external evaluation study published in 2018, the Ugandan government took a decision to scale SPT for EPI (Extended Program for Immunization) to 11 districts, including Dokolo and Mukono. Today, in Uganda, the SPT system is currently not only used for maternal and child health but also for recording Covid vaccinations (nationwide), yellow fever vaccinations (55 districts), Ebola vaccination campaigns (11 districts), and others.

The Mukono district is currently looking at expanding SPT to the entire Primary Health Care (PHC) chain of services.

Following the success of the pilots in Uganda, as well as the implementation of EPI across The Gambia, the Shifo Foundation secured additional funding from donors such as the Children Investment Fund Foundation (CIFF), GAVI, the Global Fund and the World Bank, thus expanding their solution also to other countries such as Honduras, Haiti, Zambia and Kenya, as well as to all of the primary healthcare covered sectors.

A pilot was also planned for Zambia, with a total grant from IKARE to Shifo of 200,000 USD. Due to political changes, this pilot was first postponed, and then cancelled in 2022. The residual non-used funds still with Shifo (around 155,000 USD) were instead transferred to The Gambia to fund the roll out of SPT along the full PHC chain at the Bandung hospital.

Shifo always follows a similar process as the one in The Gambia. Donors fund the countries based on indicators they'd like to improve, aiming at improving performance of the clinics, and then, once implemented, the countries take over the solution. As these foundations, grant-makers and implementing organizations typically have good contacts and good reputation in



the countries where they work, they do not only provide the necessary funding to start with the SPT and RBF (payment by results process or Results-based financing), but also provide the positive signaling needed to get the government buy-in.

At the same time, the SPT technology – and its gradual upgrade to a fully digitized solution – has become more accessible thanks to the widespread adoption of smartphones. Now, health workers just need to take a photo of the paper forms, and the data gets automatically uploaded to the database.

In Haiti, Shifo Foundation has been present for close to 7 years with the support of the World Bank, the Canadian government and the Global Fund. SPT is there used across the entire health system in certain regions, centralizing the process to reduce the cost of implementation. Shifo is currently working with the Haitian government to scale the solution at the national level.

In some places like Honduras, where Shifo is working together with the World Bank and GAVI, there is more advanced infrastructure, and thus they implement the fully digital version. The Honduran government is already devoting important efforts to implement and own the new model.

Using the ‘bottom-up/top-down’ strategy to enter new geographies, adapting their solution and business model to the local needs, working closely with donors and expanding to new health areas, Shifo Foundation continues working to improve health outcomes through upgrading HMIS, and thereby over time reducing the number of children dying of preventable or easily curable diseases in the Global South.



## **Main learnings**

Shifo has developed a solution that can be adapted to different contexts according to their respective infrastructures, cultures and working processes. The long-term objective is always to ‘exit’ the country with the government taking over the new solution. Shifo also realizes that it cannot be present everywhere. Shifo thus works with implementing organizations, like ActionAid in The Gambia, “training the trainers”. These organizations have often been in the country for years, and are well known and respected by the Ministries of Health. This also allows Shifo to focus on what they do best – develop solutions.



## Shifo Foundation Project summary and main results

### Administrative burden

At the beginning of the collaboration, IKARE and Shifo were focused on monitoring and understanding to what extent the new solution would provide timely and quality data at individual and health center level, while reducing the time spent on administration by health workers without increasing cost for health ministries and their funders. These changes were deemed to be the key turning factor to be able to implement the solution and get acceptance from Ministries of Health, local governments and health workers alike.

The first studies<sup>3</sup> showed that, with SPT, health workers would reduce their time spent on administrative tasks with up to 60%, which could be devoted to patients.

### Children registered and followed- up

IKARE followed a number of different indicators including number of children registered at the health center and thus in the HMIS, number of children being vaccinated, and number of children followed up through SMS reminders:

In Dokolo – by 2017, when the pilot was halted:

**12,560** children had been registered in the system  
**35,327** children's visits were recorded  
**3,829** SMS reminders had been sent

In The Gambia – during 2023:

**72,539** newborn children  
were registered and followed  
up to receive their vaccinations.

In Uganda – during 2023:

**80,924** newborn children  
were registered and followed up in the 11 districts to receive their vaccinations. In total,  
1.343.534 doses of different vaccines were administrated.

### Children immunized

IKARE and Shifo tracked child immunizations – counting as fully immunized only when the children have received all the vaccinations as set out in the protocol (the old protocol assumed that when a child receives the last of the vaccines prescribed, they will also have received the previous ones). Child immunization eventually translates into reduction of preventable diseases and child mortality.

<sup>3</sup> These studies are available at: <https://www.shifo.org/knowledge-hub>





In Dokolo – by 2017, when the pilot was halted:

**4,423** children were fully immunized

Uganda – at the end of 2023:

Fully immunized children coverage in the 11 districts reached **91%**

The Gambia – by end of 2024

Fully immunized children coverage at a national level reached

**96%**

(up from 93.7% in 2023). This includes children receiving OPV (Oral Polio Vaccine) at birth (70,491) and children receiving MR1 (Measles and Rubella) at 15 months or older (68,333).

## SPT and RBF applicability

To better understand the potential of the solution for systems change, Shifo, as supported by IKARE, would look both at SPT applicability throughout the entire primary health care chain, and whether the Results-based financing mechanism would lead to more efficiency and better quality in the delivered health services. Both features should spark interest from countries and donors.

The Ugandan Ministry of Health, based on the findings and conclusions from the first external evaluations of the 2018 SPT pilot in Mukono, decided to scale up the SPT, first on a regional and then on a national level, to replace their current HMIS solution for Mother & Child. Dokolo was among the 11 districts eventually chosen for the first scaling of the EPI (Extended Program of Immunization) component, which was funded by Gavi and concluded during 2022.

A further external evaluation study of the full RMNCAH implementation in 19 health centers in Mukono, which had initially been put on hold due to Covid-19, was published in March 2021, supporting a country-wide scale-up of the full RMNCAH chain of health service delivery.

Finally, the Ugandan Ministry of Health, at the beginning of 2022, turned to Shifo to see if SPT solutions could be used to administer Covid-19 vaccinations and the issuing of vaccination certificates in the 146 districts. Shifo faced up to the challenge and SPT is now used for Covid-19 vaccinations in Uganda. This paves the way for moving all routine immunizations to SPT, and also for implementing SPT solutions along the full Primary Health Care value chain.

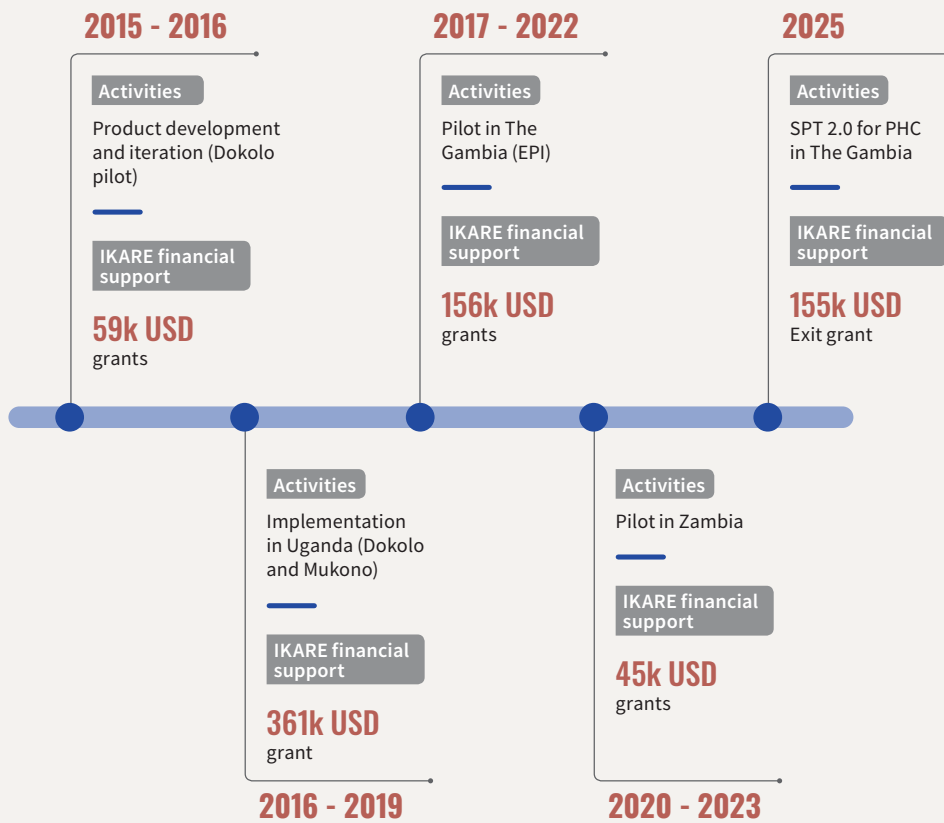
In The Gambia, the SPT 2.0 solution (successfully piloted at the Bundung Hospital during the first quarter of 2024, when all PHC data was digitized), was expanded to Fajikunda Hospital, further supporting the scale up strategy. A publication on the use of SPT for maternal health at the Bundung Hospital and its suitability was released in February 2025<sup>4</sup>. Additionally, the national evaluation of SPT used for the EPI was completed in October 2024.

4 This publication, titled “*Toward an Electronic Pregnancy Registry in The Gambia: Linking up Maternal and Newborn Health Data Using Smart Paper Technology*”, was published in The Pediatric Infectious Disease Journal in February 2025



The solution for RBF programs has been fully developed and adapted to the needs and context of The Gambia and is now ready for implementation. The implementation of RBF 2.0 is currently planned towards the end of 2025 or early 2026 at Bundung Hospital.

## Project timeline



The total amount provided by IKARE to the Shifo Foundation amounts to 776,000 USD in grants (including the 45,000 for Zambia) for different pilots in 3 different countries, with the different pay-outs split over 8 years.





## The main learnings for IKARE

by Anne Holm Rannalet

### Shifo Foundation

With Shifo and SPT we were again reminded of the risk of getting caught up in addressing symptoms, rather than root causes. And that sometimes, as a starter, “a good enough” solution is easier to implement than the most technically advanced one. This does not mean that you lose sight of your end vision, but you go step by step, learning and adapting as you go. For sustainability of new solutions/processes, these need to be culturally and financially suitable for the context in which they are to be implemented. Even if donors could be found to pay for setting up the new system, if the market to be served (be it the public or private) is unable to pay for the operating and maintenance costs, the new system will collapse. Change takes time, and systemic change takes even longer. One needs to understand who you need to have on board, and from where resistance may come. But as long as an understanding can be reached among those concerned as to which criteria any new system needs to meet in order to bring about the intended change, then a first step towards the end vision has been taken.





# The Students Support Philanthropy Program (SSPP)

and the challenges for WASH in Uganda

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## The inception of the SSPP and the See11 elements

More than one third of the global population (3.5 bn people) lack access to proper sanitation. More than one fourth (2bn people) lack access to safely managed drinking water services. Many young people in rural areas, not wanting the harsh life of their subsistence farming parents, move into cities with the hope of finding a job and a different life. Lacking financial means, they typically end up living in informal settlements, where WASH (Water, Sanitation and Hygiene) conditions are rudimentary and water-borne diseases like diarrheas thrive and spread.

Ian Waiswa – son of Charles Waiswa – was a student at the Makerere University when he formed the EUNISCA network, a pan-Ugandan network of students engaging in voluntary activities united by the will to change their communities. They started by collecting clothes for communities in need, and with time they got to understand communities and diverse social needs across Uganda. Many dormitories were situated close to slum areas, where students would pick up food and drink. Ian also realized the need to form discussion groups at the universities to discuss Sexual and Reproductive Health (SRH) and how to avoid Sexually Transmittable Diseases (STD).

After a while and further inspired by a Solvatten jerry-can workshop initiated by IKARE in 2012, they realized that improving WASH was not only a must, but also a reasonably low-hanging fruit for improving living conditions.

They formalized this group under the Students Support Philanthropy Program (SSPP) and, in 2014, they started engaging with IKARE. The first support from IKARE came to build internal capacity and to start looking at sustainable solutions related to water management. With that premise, they were incubated under Charles Waiswa's community service program, High Heights Initiatives, part of High Heights Limited.

After a pilot in the Kikoni slum in 2014, focused on cleaning water sources and providing WASH sensitization, their main area of action has been the Bwaise slum, close to the center of Kampala, where around 100,000 people live.

It is in this community that the students started engaging with households to improve WASH conditions at household level. They piloted different capacity building initiatives, engaging with community leaders, capturing data, identifying problems, and doing sensitization activities such as door-to-door campaigns.

After registering as a separate independent charity, they also set up the Research Hub and Data Center Africa (RHDCA), to both sell data collection and analysis activities to external parties as well as conduct more independent monitoring and evaluation of SSPP's different projects. This would add more credibility and consistency to their activities and hopefully provide an additional income stream. In 2017 IKARE also brought in EY EGS to help with SSPP's internal capacity building, improving accounting and reporting infrastructures.

**The first support from IKARE to the SSPP came to build internal capacity and to start looking at sustainable solutions related to water management.**



“

When we started, as we didn't have many resources, we realized that whatever we would do should be based on the biggest asset we had as students: the access to information and knowledge.

”

*Ian Waiswa, SSPP*

From these combined learnings, SSPP conceptualized the *See11 elements* (initially 8 WASH elements were chosen and called C8). These were the elements initially identified as critical for a household to have in place in order to be able to sustain good WASH practices and reduce the risk of diseases like diarrhea, cholera and typhoid (DCT). As many of these elements are easily visible, like a hand-washing stand, a shift from C to See8 was made. Over time additional elements were added, expanding to See11. The See11 list would become a 'checklist' to guide the SSPP's activities.

The See11 elements	
1	A hand washing facility
2	A clean utensil stand
3	An accessed properly ventilated latrine / toilet
4	Clean source of water
5	Proper and clean water storage facilities
6	A garbage bag / collection point
7	House cleaning equipment
8	Making water safe (boiling or cooking it)
9	Disinfected and maintained pit latrine, (regular cleaning)
10	A bathroom
11	Elements that contribute to climate change mitigation



## Main learnings

Improving WASH conditions requires providing communities with the proper enabling tools to manage their own safe water supply. It also requires building community capacity and trust, sharing information and changing behaviors towards improved hygiene habits.





## The WASH conditions in Bwaise

Bwaise is a neighborhood in the north of Kampala (within the administrative area of Kawempe) characterized by overpopulation, lack of access roads, poor housing systems and lack of basic infrastructure. Its population is very mobile, as people come and go looking for jobs in the city center of Kampala.

It is located in a swampy area: when it rains, the homes and schools tend to flood due to lack of urban infrastructure and planning, as well as to poor garbage disposal. Due to the lack of a proper water and sanitation infrastructures, fecal waters are not properly collected and treated, hence water acts as transmitter of diseases. Residents may drink untreated water and even items sold in shops are often unsafe. As result of flooding, poor infrastructure and lack of sensitization, the population is vulnerable to diseases such as diarrhea, malaria and typhoid.

## The Solvatten unit: a tool for improving water safety and hygiene

A key component of a dignified life is having access to safe water for drinking and personal hygiene. To improve access to safe water, SSPP have collaborated closely with Solvatten thanks to an introduction made by IKARE. The first contacts took place when the SSPP were still a group of students and thought it would be interesting to test the Solvatten jerry can units also in urban areas in Uganda.

Solvatten is a Swedish company set up by Petra Wadstrom. She developed a special jerry can (the Solvatten unit), in the early 2000s, which was first tested in 2011 in Nepal and since then widespread in rural areas and refugee camps in Kenya, Uganda and Tanzania. The Solvatten unit is a tool that purifies contaminated water into safe heated water for drinking, cooking, washing or cleaning. It uses heat and UV rays from the Sun to treat the water, and it is easy to



employ for any type of user. It has an average life span of at least 7 years. To date, more than 800,000 users across 40 countries have benefitted from a Solvatten unit.

The Solvatten organization is split between a company and a charitable foundation. The company is partially financed through the carbon emission compensation schemes: as the units can be used to cook, the users avoid the use of charcoal/firewood and thus help protect the environment. On an annual basis, each unit can in this way help reduce 1 – 1.5 CO<sub>2</sub> tones. Companies and individuals can purchase Solvatten units to compensate their own emissions, and at the same time improve living conditions of underprivileged communities through donating these. The foundation has been created to channel donations from grant-makers.



Even if Solvatten units provide a very effective and reasonably affordable technology for sanitizing and heating water, the company does not have the capacity to implement them in communities. For that reason, they work with community-led organizations who become ‘champions’ of the tool and distribute the tool in the neighborhood and teach community leaders and dwellers how to use it.

That also became the role of SSPP. While entering the community, SSPP would first identify areas of action, talk to community leaders, and identify the baseline situation. Through comparing this with secondary data such as the amount of diarrhea cases recorded at health centers, they would identify which were the households with most need.

**To date, SSPP has distributed Solvatten units to 648 households in Bwaise/Mulago and to 266 households in Dokolo, Kaberamaido and Kalaki in the North.**

They would engage also with neighbors of unit holders to improve their WASH habits. These included issues such as collecting, boiling and storing water in clean receptacles, as well as washing their hands after using the toilet, before serving food or before breastfeeding.

As an additional incentive to those who would show signs of commitment, SSPP would provide a Solvatten unit. Mothers with young children are especially prioritized as the Solvatten units are very useful to avoid infections and preventing hygiene-related diseases for the first years.

To date, SSPP has distributed Solvatten units to 648 households in Bwaise/Mulago and to 266 households in Dokolo, Kaberamaido and Kalaki in the North. With each household on average



consisting of 7 people, around 6,400 people have been able to benefit from improved WASH conditions. SSPP have become ‘ambassadors’ of the solution in Uganda, providing trainings also for other organizations acting across the country.

“

**There are many factors influencing the health of people. SSPP looks at the ‘big picture’, and Solvatten is one part of the solution.**

”

*Petra Wadstrom, Solvatten*

## **Learnings from Covid**

The Covid induced lockdowns in Uganda hit the slum communities like Bwaise extra hard. Communities living hand to mouth, mostly earning daily wages, were exposed to depending on food hand-outs. Domestic violence increased. Rumors of all sorts circulated. There was a need for facts and access to information on how to avoid infection. Building on the WASH sensitizations and best practices, SSPP rapidly added also Covid related information to its information packages. Unable to hold physical meetings and gatherings, to bridge the information gap, SSPP with additional support from IKARE, pivoted to holding Radio Talk Shows. This turned out to be a huge success as people, calling in anonymously, were not afraid to ask “stupid questions” which they might have refrained from in a physical meeting. Assisted by medically trained people in the SSPP Network, all questions were answered, and listeners grew to communities beyond Bwaise.

When the Solvatten units were first introduced in Bwaise, there was a rapid and steep decline in the number of diarrhea cases, but they never completely disappeared. IKARE attributed this to people, when at school or at work, accessing water from other sources than their Solvatten units. One of the positive side-effects of the lockdowns was that occurrences of diarrhea



reduced further, proving the point. This helped to cement users' trust in and reliance on the unit, even bringing it along when visiting family in other areas.

None of the SSPP supported families reported losing a household member to Covid, even if most knew of somebody who had succumbed.

Post Covid, both Menstrual Health and Hygiene (MHH) and SRH were also integrated into the WASH sensitization programs.

## Assessing options for implementing safe sanitation solutions

While Solvatten units gave households agency over their own supply of clean and heated water, and the capacity building initiatives sensitized the population on hygiene habits, they still did not solve the problem at its roots - ensuring that water sources in Bwaise were not contaminated in the first place. The lack of infrastructure to take care of the water and sewage in Bwaise poses serious threats to proper sanitation and thus health. Latrines in Bwaise are typically constructed as a large pit in the ground. As these are not properly lined, feces mix with ground water. During the periods of heavy rainfall, the slum gets flooded and bacteria spread out, causing diseases among residents.

Bwaise neighbors live in very simple constructions, and many people share the same public latrines – some of them being used by 500 to 1,000 people daily, which not only increases the risk of disease spreading but also leads to serious intestinal and other problems, such as health conditions caused by not being able to relieve oneself, as and when needed due to long queues. Furthermore, the use of these latrines is not for free – people without means for paying for their use, would instead use a plastic bag and just throw it away (a so called “flying toilet”). An additional problem is that it's an unsafe area, especially at night, and for females, but there is no safe alternative to the use of the public latrine.

Having been invited to a “hackaton” – or brainstorming meeting – on sanitation organized by the MAD (Make a Difference) Foundation in Sweden, IKARE suggested that SSPP join this group of different actors to explore sanitation solutions. Incepted by MAD and funded by the Swedish Innovation Agency Vinnova, from 2019 to 2023 this group came together in the project named “Paid-to-Poop”, conceived to understand how human waste could be used as a resource, such as briquettes for energy or fertilizers, rather than seen as a problem. Alongside the MAD



### Main learnings

SSPP's value lies in their in-depth understanding of the community where they work and the trust they have built there. Even if they did not themselves possess or design an innovative solution/tool for water, sanitation or hygiene other than defining the See11 elements, their position enabled them to amplify the impact of Solvatten and the *Paid-to-Poop* consortium.



Foundation and SSPP, different organizations from Uganda and Sweden worked together, such as Harvest Moon, Sanitation Africa, SLU University (Swedish University of Agricultural Sciences), Inclusive Business Sweden, and SIDA funded Forum Civ. The reason behind bringing these organizations together is that Sweden and Uganda share the challenge to implement sewage systems: while Sweden has challenges with water-based sanitation in its vast coastline and archipelago, Uganda has many areas without basic infrastructure.

For SSPP, this project was an opportunity to start troubleshooting what solutions could work best in Bwaise and other slums. SSPP discussed innovative ideas, engaging with community leaders, assessing how realistic they were. This was accompanied by capacity building sessions around advocacy for WASH. As a result of these sessions, community leaders in Bwaise founded a recyclers cooperative to inspire waste management at community level.

### What's the best latrine system available?

There is a fundamental trade-off in sanitation. On the one hand, there are low-cost, simple solutions, which rely on single bags with chemical treatments that need to be deposited at collection stations. These solutions are, however, so far unscalable. On the other hand, to implement a long-standing solution that works at scale and in the long term, a structure is needed. Pit latrines need to be constructed with concrete linings to prevent feces mixing with ground water. Further, they need to be accompanied by collection and post-treatment processes. Designing and constructing such structures requires heavy investment. So, how to develop a sanitation system that is durable and functional without incurring the high costs associated with traditional sanitation infrastructure? How to develop an effective and scalable at-source-separating system?

Harvest Moon is a company of engineers who develop cost-effective waterless toilets, which are sold for vacation homes in developed countries. Thanks to this revenue stream, they can



also innovate and think around Container Based Sanitation (CBS) solutions for sanitation in developing countries, addressing the trade-offs in their development.

To implement sanitation solutions, it is essential to understand where problems lie and how communities work. Solutions need to consider not only how a sanitation structure can be designed but if and how residents will use it, how waste will be collected, transported and treated, and how all these “pipelines” will be managed. And at what cost.

“

**You will not find a silver bullet in sanitation. You need many iterations as it presents complex challenges.**

”

*Peter Thuvander, Harvest Moon*

Harvest Moon’s vision of alternative toilets is based on the separation of urine and feces, as this reduces the volumes to be handled, allows for the use of feces as an asset and reduces the amount of bacteria. Based on this vision, and after the MAD initiative ground to a halt due to lack of continued funding, Harvest Moon, IKARE and the Royal Institute of Technology (KTH) in Sweden in 2024 partnered to offer graduating students of the industrial engineering and design program, as part of their Master Thesis, the task of finding out whether and how the CBS (Container Based Sanitation) toilets developed by Harvest Moon for the Swedish secondary home market, could be adapted financially and culturally to a low resource setting like Bwaise.

### Prototype of public toilet



Source: John Bergevald and Jakob Kempe

### Unit developed by the students



Source: John Bergevald and Jakob Kempe



John Bergevald and Jakob Kempe were the two students who selected this master thesis subject with the objective to identify and implement an effective solution in Bwaise. First mentored in Sweden by Harvest Moon on the technical aspects of their CBS toilet, they then parted for Uganda. Working on the ground, under the guidance of Ian Waiswa and the SSPP members as well as community leaders, they understood the different existing challenges and the needs and concerns of the local population. An early finding was that the use of toilet units at household level was not feasible, as the houses simply did not have enough space to safely house them, particularly as many houses tended to get flooded in the rainy season. However, they saw that deploying smaller units, being used by up to 10 neighbors, was more desirable than reinforcing the large communal pit latrines. This would minimize the insecurity stemming from having to go to the public pit latrines – especially at night, and for women – and the risk of spreading diseases.

To minimize risks related to flooding, their prototype would be raised one meter from the ground and enclosed within a small structure. Waste would be collected in barrels and jerry cans for later disposal. Another risk was related to the availability of components in Uganda, such as jerry cans, fasteners, hoses and general building materials, some of which were imported from Sweden for the first prototype. Finally, even if the treatment of waste was out of the scope of their task and prototype, they also considered how the process of collecting and managing the waste could look like.

The students ended up building a single unit, with locally available materials (except the separator which came from Harvest Moon), which served as a prototype and could be the starting point for future iterations to understand how to best implement an effective sanitation system in Bwaise.



## Main learnings

To implement complex, systemic solutions at scale, different types of actors with different types of expertise are required to work together. In such a context, one organization typically needs to act as the translator or mediator between the product development and the community needs.

## Engaging international business students while broadening their understanding of the Global South

Another link from IKARE resulted in the partnership between SSPP and the Stockholm School of Economics (SSE). Professor Ciara Sutton, program director of the Master of International Business, has been organizing field trips to Uganda as part of the master program since 2016. Initially, SSPP was just one of many organizations visited during a two-week field trip. At the university, there was some knowledge on the context and needs of the country and communities, but students mentioned that they would have liked to further engage with the country and the communities visited. That's how Ciara and SSE had the idea of organizing 1-month internships in partnership with SSPP.





A risk of this alliance was that the engagement with students would hinder SSPP from focusing on its own activities as mainly funded by IKARE, even if the SSE would cover the students' expenses. However, as SSPP valued the importance of interacting with the students, IKARE encouraged the cooperation, seeing also the students as future ambassadors for SSPP and potential problem solvers. The SSE students now get assigned different tasks for their internship, such as how to integrate Sexual and Reproductive Health (SRH) activities within WASH programs, or how further develop the sanitation solutions; and more organic activities such as fundraising, improving the website and organizational management.

They spend one month with SSPP to work on the task. Even if all of the students' ideas don't take root, they are an additional support for the SSPP. The value of this exchange, however, relies more on the learnings for them than on the activities or ideas they bring to the organization: students claim that this event is a life-changing opportunity. Some students go back to volunteering or move their careers towards social entrepreneurship after this experience. More and more, the internship is becoming a key incentive for new students to enroll in this master. Most importantly, the university expects the students to take local communities into account when they enter (or re-enter) the business world.

The main learning for students is the understanding of the complexity of solving issues on the ground in low resource settings. While there is a limitation to the direct support on the ground that a business student from the Global North may be able to offer during a four-week internship to an organization in the Global South – especially an organization with 10 years of track record and in-depth community knowledge such as SSPP – the exchange of ideas and discussing their possibilities and limitations enriches both parties. This *humbling* experience is the most valued by the SSE and the students.





## Main learnings

The knowledge and expertise of leaders in the Global South is an asset that can bring value to educational programs worldwide. Additionally, students may end up working to solve issues and problems in the future.

The SSE Master's in International Business has recently been ranked by the FT among the top 10 master management educations in the world, and ranked number 1 in international course experience partially thanks to its investments in internships and exchanges.

### The SSPP today, and its future outlook

With IKARE's exit, SSPP faces a turning point to grow the initiative and sustain their impact over time. As Ian will need to focus on both developing the grain bulking and trading operation and transitioning SSPP into working with different donors, Caroline Kauda, SSPP's SRH programs lead, will gradually take on a broader role within SSPP, as head of operations. Start-up funding for the bulking and trading venture is provided by IKARE, as part of the soft-landing plan put in place for 2024 and 2025.

The track record built by SSPP will serve the organization to secure long term funding and gain sustainability. The organization will partner with Inclusive Business Partners (IBP) in the Inclusive Entrepreneurship & Civic Empowerment (IECE+) initiative, which aims at training and mentoring more than 600 youth and women entrepreneurs across Uganda between 2025 and 2028. This initiative has the support of the Swedish International Development Cooperation Agency (SIDA)<sup>5</sup>.

At the same time, the SSPP continues to strengthen community structures. For example, by supporting the community leaders in Bwaise to reinforce the Kawempe Recyclers Cooperative, which is successfully changing hygiene habits and improving WASH conditions in the community. Another structure reinforced is the Students Without Borders, who organize school debates on WASH and community clean-ups with the support of SSPP.

The SSPP will continue collaborating with Solvatten. The two organizations are exploring how to grow their projects and collect data from clinics to better identify water sanitation needs across Uganda. For example, through new grants, they want to explore how they can go beyond WASH activities by seeing how hot water can prevent skin-related diseases, or how Solvatten units could improve the living conditions in refugee camps.

The iterations made by Harvest Moon, the master students and the Paid-to-Poop consortium have set the basis for larger piloting phase that considers economic incentives to spread current prototypes in the community. At the same time, the Ugandan National Research Labs, which are a public facility, are piloting natural fertilizers on the market.

<sup>5</sup> For more information, consult: <https://inclusivebusiness.se/iece/>



**The track record built by SSPP will serve the organization to secure long term funding and gain sustainability.**

Finally, the SSPP will continue its work to strengthen the engagement and support to students. The work with Students Without Borders and with the Stockholm School of Economics already goes in this direction, but SSPP hopes over time to also collaborate with alumni from these organizations to leverage their connections in the business and NGO worlds. These efforts could be further leveraged through a resource center to support rural communities and slums by developing knowledge on technology and AI, providing further trainings to the community members on WASH, MHH/ SRH and improved farming practices.



## Students Support Philanthropy Program (SSPP) Project summary and main results

### WASH and MHH/SRH indicators

The WASH activities are the most closely monitored: these include, for example, the uptake of the C11, the reduction of diarrheas in the community, and the conditions of water sources. They also check how improved WASH awareness translates through to, for example, reductions in UTIs and the use of health center services, or other outputs like the participation at WASH days and the number of listeners to the Radio Talk Shows. They also look at the reach of SRH campaigns. Some results in Bwaise are:

Reduction of diarrheas of between  
**60% and 70%** once Solvatten  
units are used

A steady reduction of diarrheas slows down after a while, but continues to improve across cohorts. From January 2024 to January 2025, diarrheas reduced from an average of

**1 to 0,58** cases per household  
per year.  
**210** households self-reported not having had  
any case at all. Further, most of cases are  
contracted from outside home.

Reduction of UTIs by  
**42%** as of 2025

SSPP also keeps track of the Solvatten units awarded to households and which are still in use. These are used as the basis for the annual follow-up questionnaires covering for example disease occurrences, disposable income, and number of meals cooked/eaten per day. As of June 2025:

555 Solvatten units are deployed in Bwaise 93 in Mulago, and 266 in Northern Uganda, for a total of

**914** serving  
around  
**6,400** people.

Other output indicators on WASH and MHH/SRH awareness:

**350** attendees across 6 schools  
in School WASH debates in  
2024

**2** Slum Sanitation Days and 11  
Community Days held

**1,173** participants at WASH  
Days in 2024

**11,530** listeners to the Radio Talk  
Shows in 2024

**+3,000** students reached through  
MHH/SRH Campaigns as of  
2025

6 SSPP has lost track of the 20 units originally deployed in the Kikoni pilot. This is mainly due to the fact that in those early days, the data collection and follow-up procedures were not developed yet. Around 16 units of the 504 in use at the beginning of 2025 (before the latest hand-out) were reported as gone lost or having suffered damages in the recurring floodings.

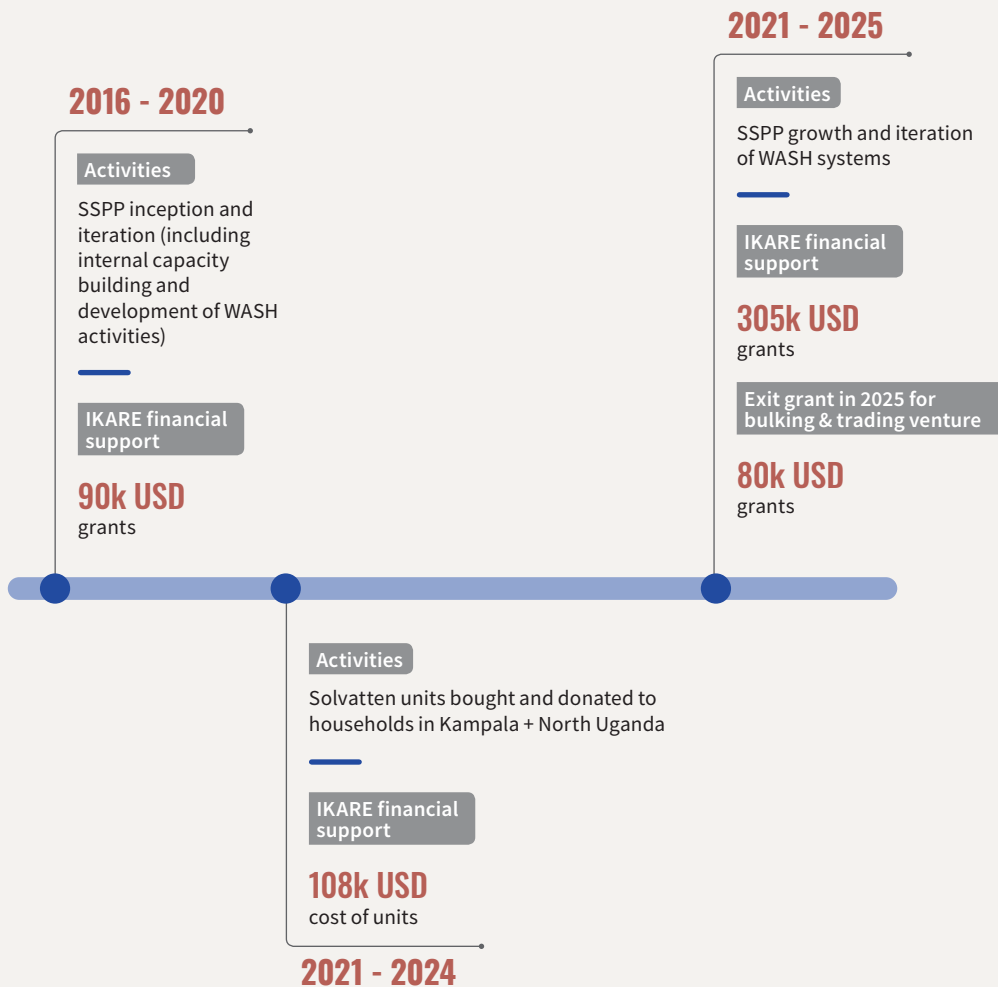


## Livelihood indicators

As Solvatten units have been deployed at different times, each cohort has a different baseline, which makes overall year-on-year comparison difficult. Looking at 505 users in Bwaise & Mulago, who used their units both in 2023 and 2024, we can infer that household income increase for Solvatten unit holders between 2023 and 2024 was from 200,000 to 300,000 UGX (from 57 to 85 USD).

Expenditure on treating DCTs has on average gone down to below 10,000 UGX for the whole year.

## Project timeline



The total amount provided by IKARE to the SSPP amounts to 504,000 USD in grants split over 8 years plus an exit grant of 80,000 USD to start the Bulking & Trading business. In addition, IKARE has bought and donated Solvatten units for 108,000 USD.



  
**The main  
learnings for  
IKARE**  
by Anne Holm Rannalet

### Students Support Philanthropy Program (SSPP)

As Solvatten often quotes, “Everything starts with clean water”. Children who suffer from malnutrition during their early years are at high risk of impairment to their brain development. This will affect their cognitive skills such as working memory, visual construction and learning. Building more schools is not necessarily going to reduce that problem, to put it bluntly, unless we in parallel improve access to clean water and improve sanitation for the billions who lack it.

Young people in rural areas in Africa looking for a different life than their self-sustaining farming parents, flocking into the larger cities looking for jobs, typically end up in informal settlements or slums where access to clean water and safe sanitation is basically non-existent. Teenage pregnancies are common, as are prostitution and STDs. Our surveys show that very few make the connection between unsafe water and water-borne diseases like DCTs.

Students, leaving home and lucky to be able to access higher education at the cities’ universities, have limited understanding of Sexual & Reproductive Health risks. Their dormitories in Kampala in many cases border slum areas, from where they often source water and food.

Slum communities, while all different, are typically suspicious of authorities and external interference. Building trust, as the SSPP has done over the years, is key to working together in developing community-owned and -led WASH models that have a chance of delivering the intended results: improving people’s health and livelihoods. If jobs can be created in the process, all the better!

Clean water is a pre-requisite for setting up safe coffee-shops, juice- or chapati-stands, and hairdressers, all of which are in demand. It is also an enabler for improved animal husbandry.

Lifting the burden of disease in the SOS districts was not in itself enough to help people improve their livelihoods financially. Simply handing out chicken to improve on protein intake and/or household income, without ensuring decent hygiene at homestead level and “user manuals” for poultry rearing, would not have stood a very good chance of succeeding. Understanding the “lay of the land” and piloting, while yes, typically prolonging an intervention timewise, saves costs and brings insights and valuable learnings, reducing risk and improving the chances of success and sustainable improvement.





# The role of IKARE:

enabling systemic change with 3 million USD deployed over 20 years

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**IKARE, THANKS TO THE DONATIONS FROM IK PARTNERS**, has operated from 2006 to 2025, supporting three main, and a few smaller, initiatives over these 20 years with long-term support. IK donated around 150,000 EUR per year until 2018, increasing that amount to 200,000 EUR per year until 2023. The total expenditure of IKARE has been of 3.3 million USD (2.7 M EUR) over that time, which can roughly be split between 2.5M USD in direct costs, 500,000 USD in support costs (including non-financial support, purchases of Solvatten units, travels and market-building activities) and 175,000 USD in internal governance costs.

The grant-making strategy of IKARE differs from most of grant-makers. In Europe, 75% of impact-focused grant-makers have an investment horizon of 4 years or less, according to Impact Europe<sup>7</sup>. IKARE's venture philanthropy approach<sup>8</sup> is based on the provision of catalytic and flexible funding together with intensive (own and procured) non-financial support over a long-term horizon.

In parallel with the activity of IKARE, the market of venture philanthropy and impact investing has also evolved: despite the current growth of the impact ecosystem and continuous push for mobilization of capital, the market is still a niche: only around 2,5% of total AuM in Europe are devoted to impact<sup>9</sup>. At the same time, SDG gaps have continued expanding despite the growth of impact investing. This raises questions on the effectiveness of the current impact investing approach for solving societal challenges.

In an attempt to broaden the discussion, this section explains the impact strategy of IKARE, breaking down the main elements of the organization's support that enabled the three supported initiatives to sustain and grow. This section also reflects on IKARE's strategy in parallel with the evolution of the impact sector through the "insights from the ecosystem", where impact leaders share their views on IKARE's impact strategy, and relate it with the main trends and challenges of the impact ecosystem.

## Grant-making for innovation and learning

A common starting point of the three main initiatives supported by IKARE is the initial need to develop a solution to an existing problem. This implies time to understand the problem, or issue at hand, and its local context, the proposed solution and its assumed market and uptake; test it smaller scale with rapid feedback from users and beneficiaries; iterate where necessary; and pilot again. Developing new solutions does not typically require big tickets, but it implies taking a long-term, flexible approach, without pre-established targets to determine success, but rather a "learning mindset" instead of expecting pre-determined results. Constantly asking themselves why matters did not work as expected, IKARE dug deeper into the issues and was

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7 For more information, consult Impact Europe's leaflet on foundations and engaged grant-making organizations (data of 2020): [https://www.impacteurope.net/sites/www.evpa.ngo/files/publications/EVPA\\_survey\\_2020\\_foundations\\_and\\_engaged\\_grant-makers\\_leaflet.pdf](https://www.impacteurope.net/sites/www.evpa.ngo/files/publications/EVPA_survey_2020_foundations_and_engaged_grant-makers_leaflet.pdf)

8 The terminology has evolved over the years, and concepts such as "investing for impact", "catalytic capital" or "additionality" are currently more used. For more information on current terminology, you can consult: <https://www.impacteurope.net/insights/5-ws-impact-investing>

9 Gianoncelli, A., Gaggiotti, G., Venturato, A., and De Felice, R., (2024) "The Size of Impact – Main takeaways from the European impact investing market sizing exercise". Impact Europe, GSG. Available at: <https://www.impacteurope.net/insights/size-impact>



focused on finding that solution that would get as close as possible to addressing the root problem, rather than its symptoms, and which had potential for scaling and changing a system.

In many cases, organizations developing a new product or solution struggle to find funding even if a small grant or loan would have high impact potential: this is due to the risks involved, especially when this is addressing a complex problem in low-resource settings, such as was the case for controlling a zoonotic disease, changing how health workers collect, report and manage data in LMICs, or building WASH capacities in a slum.

“

**Innovation is relatively cheap if you have the right team to do it and patience.**

”

*Peter Thuvander, Harvest Moon.*

Importantly, providing flexible funding adapted to the needs of the social purpose organization and/or cause being addressed also entailed to be constantly responding to new problems and challenges and adapting solutions over time. But this approach would not go against ensuring effectiveness: IKARE provided grants when needed, based on detailed budgets and discussions. The high engagement in the activities and solutions and in constant dialogue with their engagement partners, ensured that money was being used effectively. Activities not providing the intended outcomes were disregarded or adjusted and others were added.

Ultimately, IKARE’s investment strategy was based on de-risking innovative solutions to complex problems, and in so designing also financial and non-financial support that responded to the



**IKARE’s investment strategy was based on de-risking innovative solutions to complex problems.**

identified needs, instead of merely understanding the impact of its investments. This approach enabled them to finance the inception and iteration of solutions that would later be sustainable and scalable.

Supporting organizations at the very early stage gives them the opportunity to build track record before accessing further funding. Piloting and thereby de-risking innovative solutions helps to bring other, more risk-averse funders to the table. There was a “positive signaling” effect: thanks to working with IKARE, organizations would later be more comfortable to

grow and partner with other funders or allies. Specifically, the business model and the mission of the Shifo Foundation imply a strong collaboration with both donors and health ministries and their funders. The early engagement of IKARE allowed them to then work with these donors alongside the different governments.

“

For every USD IKARE gave to Shifo, 10 more came their way from other funders.

”

*Rustam Nabiev, Shifo Foundation*



**Main learnings**

IKARE has demonstrated that, with a focused investment strategy and patient capital, it is possible to change systems with a relatively small budget.



## Insights from the impact ecosystem

### About venture philanthropy and the types of capital needed

The “venture philanthropy” approach comes from the application of some of the principles of venture capital and private equity to social purpose. Venture philanthropy pioneers’ background in private equity enabled them to apply the strategies for selecting investees with potential success and provide financial and non-financial support for growing their solution.

However, the experience from organizations such as IKARE tells that impact investors cannot “just replicate” the way of working of commercial investors if they want to achieve long-lasting change. The main difference here is that while a “private equity investee” looks at how to penetrate a commercial market, solving a gap or need of their customers, and thus providing financial returns to its investors, the “market” of a “venture philanthropy investee” is represented by a problem/issue negatively affecting people’s lives, and thus cannot solely, and definitely not initially, rely on commercial markets to provide the solution, especially for marginalized communities. Whereas in VC/PE the common denominator of success is the financial returns, in venture philanthropy and impact investing it is the impact generated, which is less tangible and more complex to understand and measure. It typically also takes longer, even a generation or more, to achieve and sustain. Few donors/funders have that patience.

To generate long-lasting impact, the experience of IKARE as a pioneer VP practitioner has shown the importance of understanding the context, creating a network around the solution and building bridges and partnerships. At the same time, the type and tenure of capital deployed – beyond the convergence of investment and grant-like capital in the market – matters. To grow societal solutions, it is particularly relevant to mobilize flexible, patient and catalytic capital which helps testing solutions and growing organizations with little track record.

“

Impact investing doesn’t work if you work as a classical investor, but it does if you start from the impact: and for that you need time.

”

*Olivier de Guerre, Phitrust Partenaires*



## The importance of non-financial support

The close engagement of IKARE with its grantees entailed extensive non-financial support to grow and sustain the organizations. For example, for the 3 V Vets franchise, non-financial support was geared towards building a sustainable business model that could also serve as a means for providing an infrastructure for the monitoring and control of sleeping sickness. This took place through communities, farmers and ministries working together to treat and spray cattle and other livestock.

The idea of setting up businesses in previously non-served areas raised a lot of attention in the first place and gave the young vets a chance to take their future into their own hands, in a country where jobs outside of farming are still few and far apart. Seeing they could make a difference encouraged the young graduates to stay and work in the affected areas. Even if they were successful in engaging with the local communities and convincing farmers about the win-win situation of paying for the products, they eventually needed capacitation to grow their individual businesses and pool them into a joint purchasing company and franchise, and thus a more sustainable SME, that would not need to rely on philanthropic support. The own expertise of IKARE – and contributions from their and their engagement partners’ networks, including that of IK Partners – in business development was key to the support the vets, although some of this support was also “bought in” or externalized through, for example, INSEAD Executive Education and EY EGS.

“

I have worked with different donors but when it comes to sustainability, IKARE’s approach is a completely different story. IKARE introduced the concept of starting small and growing steadily.

”

*Charles Waistera, COCTU*

A common characteristic of the solutions supported by IKARE is the **complexity**. Together with its partners, IKARE aimed at changing systems in the long term.

## The complexity of achieving systemic change

A common characteristic of the solutions supported by IKARE is the complexity of the underlying problem. Together with its partners, IKARE aimed at changing systems in the long term, albeit the limited budget. This entailed giving the time and space to innovation and iteration as well as to understand local communities and develop solutions with the horizon of not only building a sustainable business model to address gaps but changing the way problems are addressed. However, the experience of IKARE shows



that solutions related to improving health outcomes have different components that may need to be considered first, beyond the effectiveness of the solution itself.

A key component is the behavioral factor. In some cases, a key objective is to get the buy-in by the stakeholder that will be implementing the solution. This is the case of the health workers transitioning to Shifo's Smart Paper Technology or the farmers regularly spraying cattle thanks to the SOS Uganda consortium. In the latter example, a step beyond was convincing these farmers to become customers and pay for the products, as the RAP technology made cattle spraying affordable. In other cases, however, systems change occurs when a broad sector of the population change their behavior towards a specific issue: this is the change that the SSPP has been enabling by advocating for proper WASH and MHH/SRH practices. This change is even more complex and needs time to happen.

Changing behaviors is difficult and takes time but pays off in the long term: the 3 V Vets have seen how farmers have educated the new generations for spraying cattle to avoid tsetse bites. In the case of the Shifo Foundation, systems change occurs as governments become determined to change the paper-based systems used in clinics for SPT, and when donors decide to support health systems through the Results-based financing mechanism. Thus, Ministries of Health, health-workers at clinics, implementing organizations and grant-makers are key stakeholders and knowing how to work with them is key for the sustainability of the solution.

Another important learning from IKARE's experience is that health outcomes are interrelated. The experience of the 3 V Vets and the SSPP shows that change cannot happen by looking at isolated health outcomes: the 3 V Vets have engaged in WASH together with SSPP as a precursor to enable livelihood improvements through poultry rearing, and the SSPP worked simultaneously in the 11 WASH components as well as SRH. Recognizing the links between outcomes helps understanding better the potential of each solution: looking ahead, SSPP and Solvatten aim at exploring these connections further to grasp the potential of Solvatten



units. The learnings from SOS also pointed IKARE to better understand how critical data for targeted interventions could better be collected and put to use in order to deliver improved health outcomes.

Finally, it is important to highlight that health outcomes are closely linked to economic development outcomes, and even to environmental outcomes (as demonstrated by the eleventh WASH component of the See11 checklist). The 3 Vets and SSPP have been monitoring outcomes such as household income increase or improvement of educational level as result of their activities. The new poultry rearing business venture and the bulking and trading business venture reflect their will to change communities beyond health outcomes.

“

**IKARE devoted a lot of time to understand the problem, making sure we were grounded in reality and developing an understanding on how to implement, sustain and scale our solution. This is the biggest contribution that IKARE did to Shifo.**

”

*Rustam Nabiev, Shifo Foundation*



## Insights from the impact ecosystem

### About being “problems-focused, solutions-oriented”

There are several solutions dealing with societal problems, but to ensure they work effectively, one needs to really understand the problem and the stakeholders involved. In-depth knowledge of social issues, context-specificities and stakeholder groups is a key first step to start developing a solution. Being problems-focused and solutions-oriented requires that, when one spots a problem, one does not try to ‘apply its “off the drawing board” solution’ but takes the time to really understand the problem and its complexities, working in a creative and collaborative way to build, test or adapt a solution. This implies a different way of working within organizations.

“

**We should require all organizations, regardless of the type, to demonstrate a strong understanding of the problem they are addressing.**

”

*Alessia Gianoncelli, Impact Europe*





## Insights from the impact ecosystem

### Scaling broad or scaling deep?

Following the logic of venture capital, when a solution is successful, the next step is to expand it and replicate the model in other geographies. When working to achieve social solutions, scaling can happen through the replication to other places (such as the case of Shifo, or the replication by COCTU of the 3 V Vets model across Uganda) but also by leveraging partnerships, structures and knowledge to address interrelated outcomes. The latter is the case of the 3V Vets and SSPP working to go beyond sleeping sickness and eradicate poverty in a marginalized area.

There is a need in the impact ecosystem to align on what working for systems change means: addressing a specific challenge in many places or addressing many challenges in a specific place? IKARE shows that a capital provider can work on both strategies simultaneously.

### Beyond a donor, a partner

The strong focus on achieving impact and business outcomes helped IKARE to be more perceived as a business partner than a donor. Instead of expecting pre-determined results from a grantee, IKARE would become part of the journey to develop workable and scalable solutions as an equal partner and jointly own both the successes and failures of each project.

Starting the conversations from the question on how to solve a problem also led IKARE to act as a 'connector' of organizations. For example, IKARE connected Solvatten, the MAD Foundation, Harvest Moon and the Stockholm School of Economics with the SSPP. These connections have been key not only to the SSPP's own growth, but also for the other partners, who in turn found a network of local champions ready to prototype new products and solutions, without losing the focus on the specific problems at hand.

“

**Many partnerships fail because some partners think they know it all. IKARE approached us as an equal partner.**

”

*John David Kabasa, Makerere University*





## Main learnings

Moving “from donor to partner” requires finding local champions with in-depth knowledge of the community affected by the problem and willing to pilot and test innovative solutions, and building long-term equal relationships based on mutual trust and respect.



## Insights from the impact ecosystem

### Can IKARE’s strategy be replicated by others?

This report shows how the inception and evolution of IKARE is quite unique, which has led to a type of grant-making that is not common even in the impact space. As mentioned above, Impact Europe’s data<sup>10</sup> shows that 75% of European impact-focused grant-makers have an investment horizon of 4 years or less. This data shows that grant-makers have on average a budget of EUR 9.7 M, and 16 paid employees or collaborators alongside pro bono contributors and volunteers.

Grant-making foundations tend to have different structures, shorter mandates, personnel rotation, fundraising needs and reporting obligations that might de-incentivize learning, adaptation and eventually working with a long-term horizon. At the same time, grant capital is also risk capital and could be used to de-risk innovative solutions that show promise for scaling and systemic change and thus help bringing other, more risk-averse funders on-board.

## Building an ecosystem around solutions

IKARE not only acted as a connector with the 3 V Vets, Shifo and the SSPP. Understanding the need to build structures around social problems and their inter-connectivity, IKARE built strong relationships with other donors, investors, companies, universities and other actors addressing social issues.

Together with a few other individuals, in 2017, Anne and IKARE formed the Health Initiatives Group (HIG). This informal network brings together Swedish based organizations that work globally to improve health outcomes. Bringing together not only IKARE’s own engagement partners like Solvatten and Shifo Foundation, but also other actors from civil society, non-profit and commercial organizations like Swecare, Sustaid, Elekta Foundation and Hemocue, the HIG group meets to discuss challenges and solutions and sharing tips, networks and second opinions. IKARE is also a founding member of Föreningen Effektfullt, an organization dedicated to improving the cross-sectorial use of impact measurement and management in Sweden, and the Swedish National Advisory Board of Impact Investing.

<sup>10</sup> For more information, consult: [https://www.impacteurope.net/sites/www.evpa.ngo/files/publications/EVPA\\_survey\\_2020\\_foundations\\_and\\_engaged\\_grant-makers\\_leaflet.pdf](https://www.impacteurope.net/sites/www.evpa.ngo/files/publications/EVPA_survey_2020_foundations_and_engaged_grant-makers_leaflet.pdf)



## IKARE participation in Impact Europe events



Source: Impact Europe

Beyond Sweden, IKARE has also been a pioneer in their approach to building the broader investing *for* impact community: being one of the early adopters of the venture philanthropy approach, IKARE became a member of the European Venture Philanthropy Association – EVPA, later renamed as Impact Europe, back in 2007. IKARE has, through Anne, actively participated on their board. By taking part in their workshops and trainings and contributing to various reports, IKARE contributed to building an ecosystem to spread and develop these practices throughout Europe.





## Insights from the impact ecosystem

### The importance of ecosystem-building

In the first years of the European Venture Philanthropy Association (EVPA – later called Impact Europe), there were only few actors involved in the network. IKARE was one of the pioneers, sharing what was working and what wasn't with other investors and building what would constitute the practices of venture philanthropy / impact investing. A key development in the early days of the association was to build awareness of the need to support social entrepreneurship through tailored financial and non-financial support, as well as on the potential of impact measurement and management.

Anne joined the board of EVPA and brought the expertise from the European Venture Capital Association (EVCA – later known as Invest Europe). First discussions involved understanding what type of actors could join the association, positioning the organization in the European Commission and working in the Policy area.

Later on, Anne was also engaged with the community to shape the narrative and bring the ecosystem forward, sharing experiences for the best practices compelled and shared by the Knowledge Center and the Training Academy of the association.

Today, Impact Europe is a network representing more than 350 members in Europe, generating knowledge and data on the impact ecosystem for practitioners and policymakers and raising the bar for impact investing practices.

“

Anne's experience in IKARE was an inspirational story, different from the other experiences.

”

*Lisa Hehenberger, ESADE Center for Social Impact*





## Insights from the impact ecosystem

### What can impact funds learn from IKARE's strategy?

Even if the impact strategy of IKARE is based on grant-making, the ecosystem-building and best practice standardization efforts done by Impact Europe (and IKARE) prove that some elements can be adopted by impact funds.

A key component of the venture philanthropy approach is non-financial support. This is one of the logics 'imported' from venture capital/private equity since the start of the impact investing movement and remains seen as crucial by impact investors, grant-makers and social entrepreneurs alike.

Both grants and repayable financial instruments can serve the purpose of achieving sustainability of social projects, if done right. The common element here is to focus on solutions with potential sustainability that are not being able to attract capital prior to that stage. In that sense, there are many potential overlaps between grants and repayable instruments, which can work together to test, build, prove and scale solutions.

Another common component is the time expectation for obtaining financial and impact returns. A classical investor would assess an exit based on financial terms, but an impact investor might stay longer if it can continue adding value, for example. Funds can also get closer to root causes of a problem thanks to building up from the knowledge from previous investments or engagements with others, supporting thus organizations that address a root problem from various angles and favoring collaboration.

“

The real additionality is bringing money where money doesn't go.

”

*Luciano Balbo, Oltre Venture*

“

There are initiatives that are not investable where you need the '2 types of money'. We need more education on both sides to be able to work together.

”

*Pieter Oostlander, Shaping Impact Group*





**The main  
learnings for  
IKARE**  
by Anne Holm Rannalet

### **Our conclusions**

There are so many learnings from this 20 years' journey, so it is very difficult to single out one. However, looking back at these years of enabling systemic change, there are two conclusions that stand out. Just as I, Anne, am a firm believer

in the strength of the Nordic private equity model of active ownership in developing and building businesses to their full potential, I am after these 20 years with IKARE equally convinced of the positive workings of the venture philanthropy model in affecting positive and sustainable change.

There is also no way that we could have accomplished what we have, with the relatively limited resources we have had at our disposal, if it had not been for the partnerships built over the years. There have of course been hours and weeks of hard work invested into trying to understand the issues at hand and thinking around solutions, but luck has also played a part. Finding reliable partners is not a given. There have also been backlashes. But in most cases, these have been used to go back to the drawing board and think out of the box, digging yet a little deeper in our joint understanding of who/what needs to be on board for matters to move.

There is also a thin balancing act involved in being the longer-term funder and partner necessary to pilot, test and enable the scaling of solutions and the risk of developing donor dependency. Having some sort of exit strategy helps in maneuvering that balance.

It can also be lonely to be a change-maker, especially in challenging contexts, wherefore we have tried to bring our engagement partners together with one another, as well as introducing them to different networks – hopefully also bridging some silos in so doing.

So, to summarize with the help of an African proverb: To go faster – go alone. To go farther – go together.





# Annex: List of interviews

This report has been possible thanks to the interviews conducted with 29 partners, grantees and collaborators of IKARE. Our heartfelt gratitude goes to all the actors that have collaborated and shared insights on the impact journey of IKARE.

List of interviewees		
<b>SOS Uganda / 3 V Vets initiative</b>	John David Kabasa	Makerere University, former Dean
	Pierre-Loup Lesage	INSEAD MBA and health entrepreneur
	Martin Mitchell	Ceva Santé Animale, former Director of Group Communications and CSO
	Patrick Opondo	3 V Vet initiative
	Alasdair Reid	EY Enterprise Growth Services/EY, former Advisory Manager
	Charles Waiswa	Makerere University, Professor / COCTU, former Executive Director
	Ronald Wangwe	3 V Vet initiative
	Ronald Were	3 V Vet initiative
<b>Shifo Foundation / SPT</b>	Kajsa Åberg	af Jochnick Foundation, Managing Director
	Karoline Beronius	SPIDER/ Shifo Foundation, former Director of Communications and Development Cooperation
	Gibril Jarjue	Ministry of Health of The Gambia, Head of Department of Planning
	Rustam Nabiev	Shifo Foundation, CEO and Co-founder
	Nargis Rahimi	Shifo Foundation, Co-founder
	John Wesley Junior Poincy	Shifo Foundation, Operational Manager for RBF in Haiti



### List of interviewees

<b>The Students Support Philanthropy Program (SSPP)</b>	John Bergevald	Royal Institute of Technology, Master Student
	Fiona Hazell	MAD Group, Founder
	Caroline Kauda	Students Support Philanthropy Program, Head of Operations
	Jakob Kempe	Royal Institute of Technology, Master Student
	Ciara Sutton	Stockholm School of Economics, MIB Program Director
	Peter Tuvander	Harvest Moon, Co-founder
	Petra Wadstrom	Solvatten, Founder
	Ian Waiswa	Students Support Philanthropy Program, CEO and Founder
	Madam Zam	Community leader in Bwaise
<b>IK Partners and ecosystem players</b>	Luciano Balbo	Oltre Impact, Founder
	Olivier de Guerre	Phitrust Partenaires, President
	Alessia Gianoncelli	Impact Europe, Director of Knowledge and Insights
	Lisa Hehenberger	ESADE Business School, Dean
	Christopher Masek	IK Partners, co-founder of IKARE
	Pieter Oostlander	Shaping Impact Group, Founding Partner



