



Impact Measurement Case Study

SARAYA EAST AFRICA



Target Beneficiaries:
Hospital staff
and patients

LOCATION:
Uganda

This publication is part of a series of case studies on BCTA Impact Measurement Services (BIMS), a Business Call to Action (BCTA) initiative that demonstrates how inclusive businesses can measure and apply impact data.

BIMS provides 21 participating BCTA member companies with technical expertise and technology to design and implement survey-based data collection for assessing their social and environmental as well as operational performance. BIMS is implemented by BCTA with support from implementing providers Arthify and Echo Mobile.

Sector: Health

Business model: Saraya is a Japan-based manufacturer of hygiene and sanitation products. The company opened its Saraya East Africa (SEA) subsidiary in 2012 following an assessment with Japan International Cooperation Agency (JICA), with the aim to reduce hospital infection rates by manufacturing, distributing and selling Alcohol-based Hand Rub (ABHR) in East Africa. Saraya has a local value chain designed to increase affordability and access through locally sourced ingredients, and it provides training to hospital staff through its Continuous Medical Education (CME).

THE OBJECTIVE

The company engaged BIMS to better capture the baseline state of hygiene awareness and practices amongst health providers, then track changes amongst customers over time and resulting rates of mortality and morbidity from infection and diarrhea. At the operational level, the company sought to introduce mobile technology to improve the efficiency of sales data collection, aggregation and analysis.

HOW IT WORKS

1 ASSESSING READINESS



Operational for five years, SEA is in the progressive stage. It remains focused primarily on the Ugandan market, but has begun exploring opportunities in Kenya and Tanzania. With limited local human resources, however, BCTA identified that Saraya has basic readiness of measuring impact.

43% of hospitals and clinics have hand hygiene practice as a part of the standard operating procedures and/or rules for health workers.

40% of organizations requested Continuous Medical Education (CME) from Saraya.

Over **10%** of hospitals use pharmacies to source general hospital products.

SEA built upon the existing Sales Log to create two sales tracking forms, one for new or prospective customers who had yet to purchase products or receive training from SEA, and a second for existing customers who had already made purchases.

2 PLANNING AND DESIGN



SEA sales tracking forms focus on measuring the hygiene knowledge, attitudes, and practices of healthcare workers and institutions, focusing specifically on compliance with recommended use of ABHR. The forms sought to identify hospital policies and recommended practices, as well as overall satisfaction with SEA or competitor products, and related staff habits.

4 ANALYSING DATA AND REPORTING

3 MONITORING IMPACT

RESULTS

- BIMS research found 40% of new customers requested SEA's Continuous Medical Education (CME). Based on this, SEA will expand its CME curriculum to include the full spectrum of Infection Prevention and Control (IPC).
- Research found that 10% of healthcare facilities buy their sanitation products from pharmacies. Saraya will pursue this new sales channel to increase impact.



About Saraya East Africa

Founded in 1952, Saraya is a Japan-based manufacturer committed to improving global sanitation and health with sustainably sourced hygiene and sanitation products. In 2010, Saraya began working to promote better hand washing and hygiene in Uganda, where an estimated 75 percent of childhood diseases are linked to poor sanitation practices, and postoperative infections are a leading cause of death in hospitals. In 2012, in collaboration with the Japan International Cooperation Agency (JICA) and local partners, the company initiated a pilot study to assess infection rates in hospitals receiving ABHR products and training for healthcare workers. The study found that the education and product bundling had decreased cases of infection, including post-cesarean sepsis and acute diarrhea in children.

To make its products more affordable and accessible in the region, the company established a local subsidiary inclusive business, SEA, in 2012.¹ The company now locally manufactures,

distributes and sells its products, aiming to improve the hygiene compliance rate of healthcare workers in Uganda and across the region in order to reduce mortality and morbidity rates. SEA strives for a fully inclusive value chain, procuring bio-ethanol, the active natural ingredient in its ABHR, from local providers, and training college graduates as sanitation instructors. The company is also now expanding into the hospitality industry, aiming to improve hygiene within food production and distribution at hotels and restaurants.

While SEA conducted an initial impact and feasibility assessment and regularly collects sales data through paper sales logs, it had not yet integrated systematic impact measurement efforts. The company was interested in measuring key outputs such as hygiene knowledge, attitudes, and practices amongst healthcare workers at hospitals receiving SEA products and training, and resulting compliance and behavioral outcomes, and impact on mortality and morbidity from infection.

¹ Inclusive businesses are commercially viable business ventures that engage people living at the base of the economic pyramid – people with less than USD 10 per day in 2015 purchasing power parity – as consumers, producers, suppliers, distributors of goods and services, and employees.

Step 1: Assessing readiness

Assessing internal readiness for impact measurement is a critical first step in determining what data to collect, how to collect it, and how to use it.² A wide variety of tools are available for businesses to measure, manage and report on their social and environmental impacts, ranging from those generating quick feedback to those requiring longer time-frames for showing systemic impact. Any preliminary assessment should be based on the business’s maturity and capacity and identify how to meet business needs using available resources. BIMS determines the latter based on the company’s clarity of purpose, data driven culture, and resources available for data collection, monitoring and utilization.

After progressively scaling its operations for the past five years, SEA engaged BIMS to help improve its impact and operational data collection tools and processes and generate more actionable insights on customer knowledge, attitudes, and practices related to hygiene in order to improve sales operations and strategy. In 2010, the company conducted an initial impact assessment in Uganda with JICA, and remains focused primarily on the Ugandan market. However, its Uganda sales team

consists of just three people to cover a market of over 5,000 health facilities across the country, out of which over 200 facilities actively using SEA ABHR products, with all sales data analysis conducted by the Country Director.

While the team was highly trained and actively engaged with prospective and existing customers, the team’s small size limits the regularity and time with which they can visit specific customers. Combined with the lack of personnel assigned to processing and analyzing the data, SEA found it challenging both to meet its sample targets and to analyze and operationalize its data. Moreover, at the same time the company sought to integrate new data collection processes and tools, it was entering the **progressive stage of business maturity**, hiring sales representatives in Kenya and Tanzania to begin expanding sales to the regional healthcare market. It was also beginning to target the hospitality industry in Uganda for the first time. With limited sales staff, who were now focused on these expansion efforts, the company had a **basic level of readiness** to begin in-person impact measurement, as shown in the below matrix:



² In this case study, ‘impact measurement’ refers to the measurement of inclusive businesses’ social, economic and environmental performance.

Step 2: Planning & design

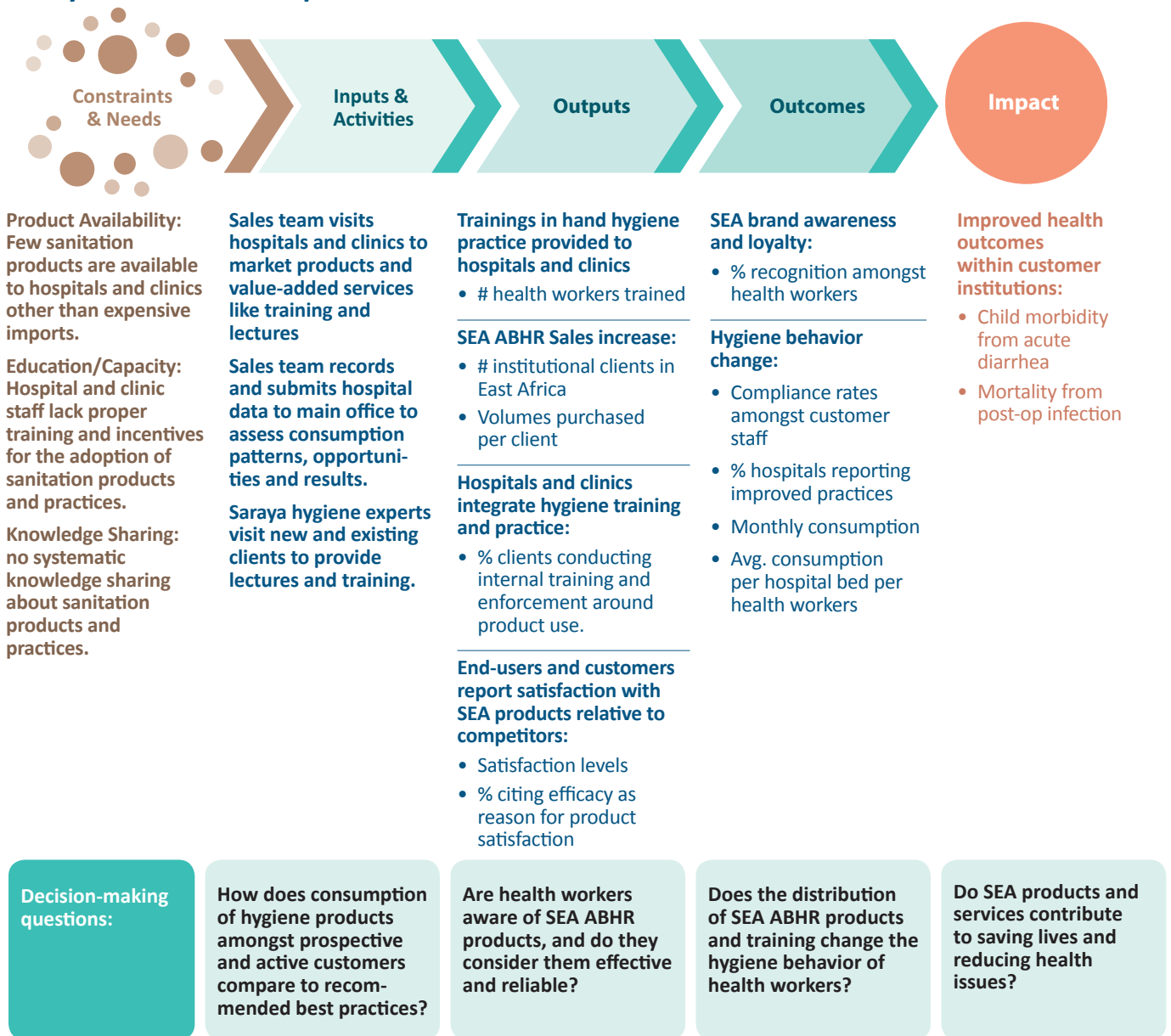
The planning step involves developing an Impact Value Chain³ that links business goals, strategies and operations to outcomes and impact related to the Sustainable Development Goals (SDGs).⁴ The Impact Value Chain is the basis for developing impact indicators that address the needs identified in the previous step.

Impact Value Chains guide companies in determining what to measure and where to collect data by mapping business goals, strategies and operations

against outcomes related to the SDGs. In the words of Yasuhiro Moriyama, SEA Sales and Marketing Manager: “SEA’s efforts to improve and expand data collection and impact measurement help us elaborate our marketing strategy by understanding products and practices being used, as well as the level of knowledge around hand hygiene”.

An abridged version of SEA’s Impact Value Chain, with a limited number of social impact metrics, is presented here:

Saraya East Africa’s Impact Value Chain



3 The Impact Value Chain integrates multiple approaches such as Theory of Change, Results Chain, logframes and business value chains.
 4 Adopted in September 2015 by all United Nations member states, the SDGs are a set of 17 global goals and 169 targets related to key development issues facing society today. Countries aim to achieve them by 2030.

Step 3: Monitoring impact

To monitor impact, BIMS recommends that companies continuously collect data on operations as well as social and environmental performance. Businesses can access data from individuals, or from secondary sources like invoices, inventories, customer registrations, market research reports, social media, surveys, and polls. Identifying sources of data is critical for developing data-collection plans using the Impact Value Chain.

Many companies have already collected data that can be used for impact measurement, so BIMS suggests that they first determine if they can analyse existing data. If additional data is needed, it is important for companies to consider how new sources and data sets can be integrated or merged with existing resources to improve the value of data collection by enabling more efficient analysis and knowledge sharing.

The SEA sales marketing team had two core interests: (1) to measure the knowledge, attitudes and practices of medical facility staff across Uganda in

order to assess opportunities to grow sales and impact, and (2) to track changes in these indicators amongst the staff of customer medical facilities using SEA's products and services, and the resulting impact on patients. Prior to engaging BIMS, much of the relevant market data was already being collected by the company's sales teams during their visits to active and prospective customer facilities. These were done on paper Sales Logs, which were submitted to the Sales and Marketing Manager daily, who manually input the date into Excel each morning. While the logs assessed total ABHR awareness or usage by each facility, as well as facility size in terms of patients and beds, they did not track staff behavior and awareness or patient outcomes.

While the three-person Sales Team was limited in its ability to collect data directly from staff and patients, the new digital sales tracking forms were designed for more efficient and entailed data capture, enabling the team to inquire with medical facility leadership about the details of staff hygiene awareness and compliance.

Survey implementation

During the first six months of piloting the new sales tracking forms, in keeping with sales targets, SEA sought to collect data from both new hospital customers and existing hospital customers. Having tested and refined the form and internal data processes, after the first six months, the company hoped to refine the forms and pilot the same in Nairobi, Kenya and Dar Es Salaam, Tanzania. The company then hoped to build its data collection efforts with new forms targeting the hospitality market, as the company expanded sales to hotels and restaurants. However, due in part to staff turnover, keeping the intended pace and hitting the targets proved more difficult than expected for the sales team.

- **New Hospital Sales Survey:** The survey aims to get information from at least 100 new private hospitals and 20 new public hospitals in Kampala and Entebbe. After a year and a half, SEA's field team had collected 81 cases at the time of writing of this case study.
- **Follow-up Survey:** The survey aims to follow up with at least 100 private and 20 public hospitals actively using SEA products and services in Kampala and Entebbe. In all 83 cases were collected by the field team at the time of writing of this case study.
- **Restaurant and Hotel Survey:** This survey is for operational use that aims to get information from customers in hotels and restaurants. The company had only collected seven cases at the time of writing of this case study.

Step 4: Analysing data and reporting

While the purpose and usability of impact data varies for each inclusive businesses, the outputs of impact measurement are used to answer one or more of the following questions:

1. Who is being impacted?
2. How are they being impacted?
3. What are the drivers contributing to or limiting this impact?
4. How can this impact be scaled up and linked to the SDGs?

Who is being impacted?

SEA's primary end users are Ugandan healthcare workers, whose use of ABHR primarily impacts hospital patients by preventing infection and disease. Many Ugandan hospitals have limited access to water, making it difficult to achieve good hand hygiene practices without ABHR. Without proper hand hygiene amongst hospital workers (43 percent of hospitals and clinics have hand hygiene practice as a part of their standard operating procedures and/or rules for health workers according to BIMS survey responses), patients are at greater risk of disease and infection. With 22 percent of Ugandans living below the poverty line according to the household survey in 2012-2013 by Uganda Bureau of Statistics (UBOS), these health issues can have widespread consequences.

How are they being impacted?

SEA's sales forms also sought to assess the potential for sales and impact with medical facilities not yet actively using SEA products. After successfully selling medical facilities on purchasing SEA products and integrating SEA staff training and education, the forms would enable SEA to assess whether it was fulfilling that potential, measuring whether best practices for ABHR had been established as part of organizational culture. SEA believes that by facilitating access to affordable ABHR and guiding customers on the volumes of ABHR and dispensers required for their facility, combined with education and training, the company is positioned to improve staff knowledge, awareness, and practices. As staff behaviour changes, improved hygiene practices will reduce the prevalence of specific health issues such as acute childhood diarrhea and post-cesarean infection, impacting morbidity and mortality.

What are the drivers contributing to or limiting this impact?

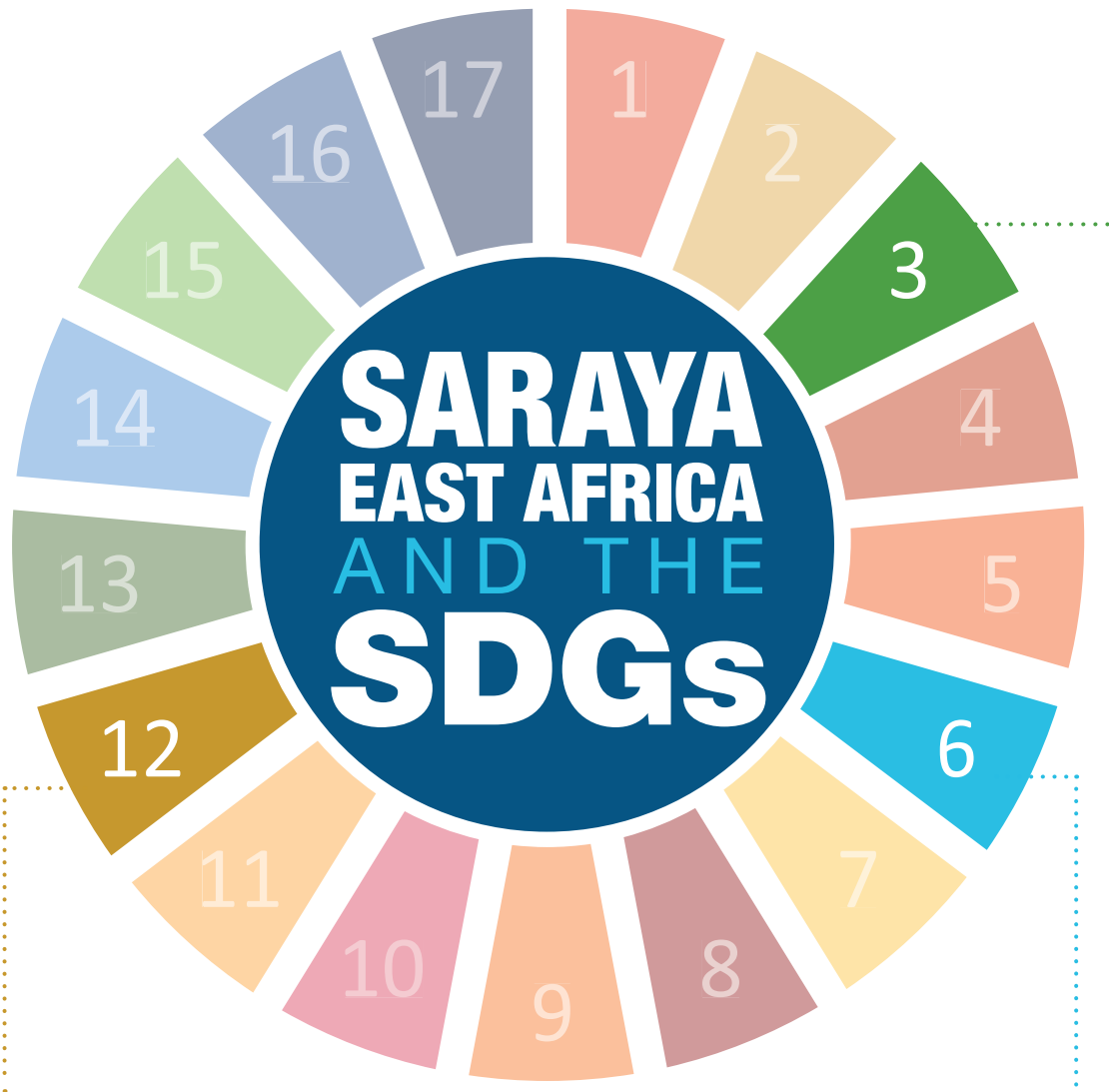
The primary driver contributing to SEA's impact is its sales and marketing, as SEA must sell medical facilities on the value of its products and value added services in order to impact their staff's hygiene knowledge, attitudes and practices. Data analysis revealed that 40% of organizations requested Continuous Medical Education (CME) from Saraya, while over 10% of hospitals use pharmacies to source general hospital products, so Saraya will adapt its approach to better meet these demands and thus increase impact.

How can this impact be scaled and linked to SDGs?

The main objective of BIMS is to support inclusive businesses in adopting impact measurement practices that help them to plan, monitor, and deliver on their intended social and environmental impact and contribute to achieving the SDGs.



In 2017, SEA continued scaling across Uganda and began preliminary efforts in Tanzania and Kenya, while also moving into the hospitality industry. Across all of these markets, SEA is focused on aligning impact with the following SDGs:



SDG 12 RESPONSIBLE CONSUMPTION AND PRODUCTION

Saraya produces its ABHR products from bio-ethanol sourced from locally harvested and renewable sugar.

SDG 3 GOOD HEALTH AND WELL-BEING

SDG 6 CLEAN WATER AND SANITATION

Saraya seeks to improve hygiene practices amongst health workers in order to reduce mortality and morbidity from infections and acute diarrhea, and amongst hospitality workers to reduce food-borne illness.

Lessons learned from Saraya East Africa impact measurement

Data collection and impact measurement processes should be integrated into inclusive businesses early and should be flexible and able to scale with the business.

Saraya introduced mobile data collection and revised its sales logs to pilot new digital sales tracking forms just as it was scaling overall sales efforts in Uganda and across the region, and moving into new markets. Combined with an already lean staff and significant turnover, the piloting of these forms at this time presented challenges as sales staff were stretched thin, and the Marketing Manager was fully dedicated to the local operations. The company found it difficult to refine data collection tools and processes in real time. Therefore, to maximize the value of the data for operational action, impact measurement should be integrated into inclusive businesses early.

B2B inclusive businesses should include direct feedback from actual end-users and beneficiaries to measure impact, and not just rely on collecting indirect impact data from customers.

As a business-to-business (B2B) company, SEA does not have direct links with its end-beneficiaries (patients treated by SEA's customer hospitals) nor direct access to hospital staff. To work around this disconnect, the company sought to assess staff sanitation knowledge, attitudes, and practices indirectly - by surveying hospital leadership. This indirect approach was efficient and practical for piloting impact measurement. However, to validate the resulting data, BIMS recommends that SEA reach out to end-users directly once impact measurement capacity is improved.

Business Call to Action (BCtA) aims to accelerate progress towards the Sustainable Development Goals (SDGs) by challenging companies to develop inclusive business models that engage people at the base of the economic pyramid – people with less than USD 10 per day in 2015 purchasing power parity – as consumers, producers, suppliers, distributors of goods and services, and employees.

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