



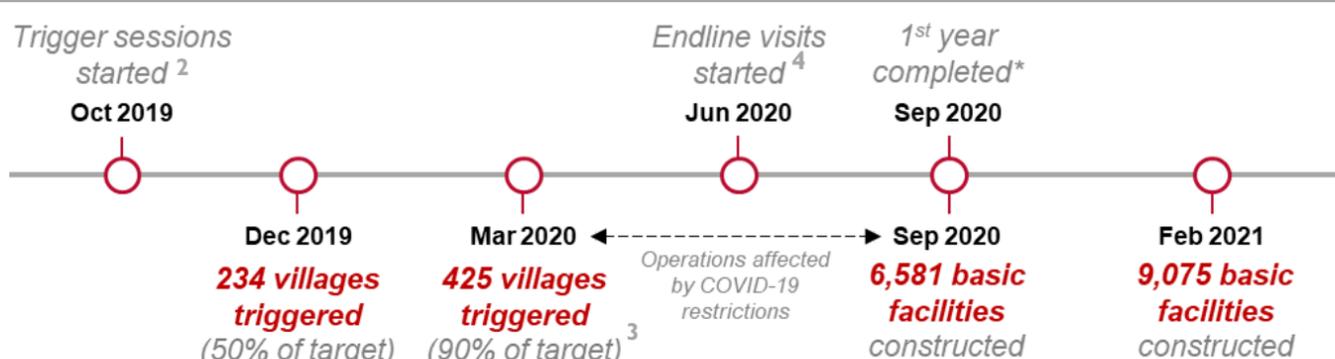
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# USAID Uganda Sanitation for Health Activity (USHA)

## Early Impact and Learnings from USHA's Market-Based Sanitation Pilot in Uganda

### Impact from the Pilot

Over **9,000 households** gained access to basic sanitation in the first 1.5 years<sup>1</sup>



\* Other successful MBS programs facilitated an average of 5,300 toilet constructions in the first year<sup>5</sup>

**Households exhibit a good willingness to invest in sanitation**



Households invested approximately **USD 1.73 million** across all sanitation levels with USD 1.37 million invested in basic sanitation (Grants from USAID: USD 0.5 million)



On average, households invested **USD 132** across all sanitation levels; equivalent to **over 77% of the value** of household assets

**Many households made significant enhancements to their earlier sanitation status**



**67% of households** that invested in basic facilities opted for the more expensive **double-stance** product



**1,226 households** who previously did not own a toilet **invested in a basic facility**; 558 of them invested in a double-stance toilet

### Key learnings across the customer buying process

#### 1 Information gathering



Community-wide trigger sessions and door-to-door promotions were found to be highly influential – Ensuring adequate incentives for sales agents can make door-to-door promotions even more effective

#### 2 Channel Selection



Most households did not hire USHA-trained masons – Identifying and training entrepreneurs that households are more likely to choose can help ensure uniform service quality

#### 4 Material purchase, construction



Masons who were not trained by USHA did not always inform households of the materials, quantities, and costs required to build a basic facility – Sharing relevant information through other influential touchpoints (e.g., trigger sessions) may help reduce drop-off

#### 3 Product selection



Households may be prioritizing investments in externally-visible features (e.g., plastered vs. unplastered walls) over internal features (e.g., cement slab interface vs. cement screed) – Tailoring product offerings accordingly may help increase adoption

### Notes

1 Basic sanitation classification is based on JMP definition of toilets with washable floor that is not shared with any other household

2 USHA started piloting the MBS model in October 2019. As of February 2021, target households had engaged with the model for an average of 15 months. Program activities were limited from March to August 2020 due to COVID-19 pandemic

3 Ninety-percent of the 480 target villages were triggered by end of March 2020. The remaining ten percent were triggered between March 2020 and February 2021

4 USHA started conducting endline visits in a phased manner from June 2020. There may have been delays between actual toilet construction and endline recording. As of 15th February 2021, USHA had visited 13,148 households of which 9,075 households had invested in basic sanitation (including new constructions, and upgrades to existing toilets). From February 2021, in order to shift focus to expanding operations, USHA reduced endlining efforts in the pilot villages. In the next phase of implementation, USHA intends to conduct endlining on a rolling basis

5 Calculated based on results of 3Si Bihar, SanMark Cambodia and SMSU Cambodia programs; data was obtained from FSG analysis conducted during the development of WASHPaLS 'Scaling Market-based sanitation' desk review (Agarwal, Chennuri, and Mihaly, 2018)

6 Of the 13,148 households, toilet spend was shared by 5,656 households (43%). Based on this sample, we calculated the average toilet costs for different product types for each grantee, and extrapolated to the overall dataset by multiplying these average costs with the corresponding number of households that invested in each of the product types. The actual investment figure may vary from the estimate provided

7 As a part of the research conducted by USHA during the development of the 'Uganda National Sanitation Market Guidelines for Basic Sanitation', households were interviewed about the type of assets they owned (e.g., motor vehicle, television, sofa set, etc.); market value of these assets were added up to arrive at the value of household assets

**For more information and insights from this pilot, refer to the learning brief titled "Early impact and learnings from USHA's market-based sanitation pilot in Uganda"**

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