

Household Water Management: What motivates external support?

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Assumptions...

- Objective is large-scale uptake, use, impact amongst those at greatest health risk from unsafe drinking water
- External support is required, i.e. beyond resources of the public sector, private commercial sector, and households/users themselves

Questions...

- What context for HWM will most effectively motivate external, especially donor, support?
- How should limited external support be best focused to support large-scale impact?
- What are key challenges to increasing external support for HWM?

What matters to programmers/donors?

- Proven technology (efficacy)
- Proven benefit (water quality; health) in field settings under conditions of actual use (effective)
- Proven program strategy (sustainable, scaleable, affordable, cost-effective)

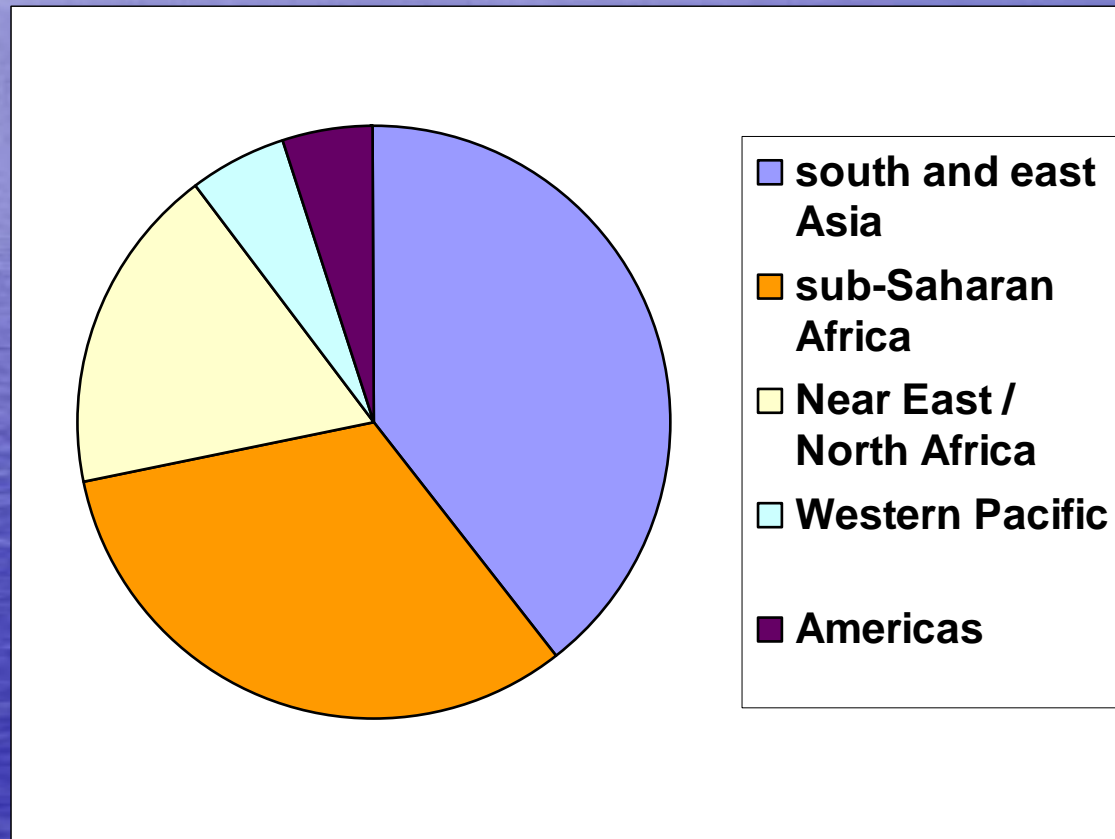
Context

- HWM is fundamentally about local actions, in a supportive national and international enabling environment (e.g. policy)
- HWM is best viewed as a public health intervention, rather than a water supply intervention

Public Health Context for HWM

- Child health and survival – esp. diarrhea in children aged 6-24 months
- HIV/AIDS – care/support, PMTCT
- Nutrition
- Emergency / humanitarian response – e.g. cholera outbreaks, disaster response

Distribution of global deaths from diarrhea for children < 5 years



(based on WHO, 2000)

Hygiene Promotion

Communication methods
Social mobilization
Community participation
Social marketing

Access to Hardware

Improved water supply
Improved sanitation
Household Technologies
– Soap
– Water containers
– Chlorine solution

**Hygiene Improvement
for
Diarrheal Disease Prevention**

Enabling Environment

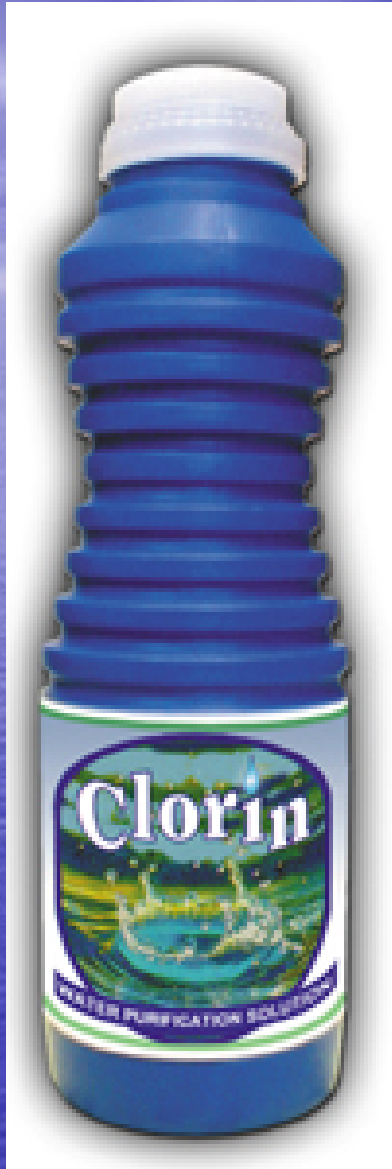
Policy improvement
Institutional strengthening
Community organization
Financing and cost-recovery
Cross-sector & PP partnerships

Possibilities for use of external support

- General product subsidies – may be appropriate for emergency and humanitarian relief; market priming
- Targeted subsidies – e.g. vouchers
- Promotion – social marketing; CBD; schools; clinics
- Credit guarantees – for lending to manufacturers, distributors, consumers
- Technology verification
- Technical assistance
- Monitoring and evaluation

USAID's HWM Activities

- Social marketing of two products – CDC's Safe Water System (SWS) and P&G's PuR (w/ PSI) – e.g. Zambia, Madagascar, Nigeria, Pakistan, Haiti



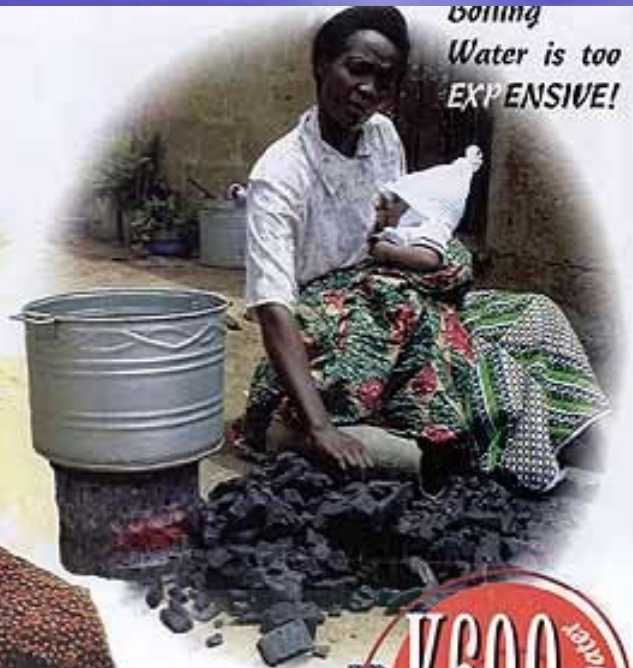
Use
Clorin

to Treat Our Water Because it is
Cheaper Than Boiling Water.

ONLY
K10
to TREAT 20 L of water



K600
to BOIL 20 L of water



Boiling
Water is too
EXPENSIVE!

Even Tap Water Can Have Germs

Treat your **WATER** with

DISTRIBUTED BY  **SOCIETY FOR FAMILY HEALTH**
P.O. BOX 50770 Lusaka, Zambia TEL: 260-1-253844
FAX: 260-1-253843 E-MAIL: sfh@sfh.org.zm

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USAID's HWM Activities

- Social marketing of two products – CDC's Safe Water System (SWS) and P&G's PuR (w/ PSI) – e.g. Zambia, Madagascar, Nigeria, Pakistan, Haiti
- Commercial partnerships (w/ JHU/CCP) – e.g. Indonesia (SWS)

Aman Tirta

“Air Rahmat”

“economical”,

“easy-to-use”,

“healthy”



USAID's HWM Activities

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- Design, monitoring, and evaluation (w/ USAID/HIP, CDC, others) – e.g. Nepal

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- Design, monitoring, and evaluation (w/ USAID/HIP, CDC, others) – e.g. Nepal
- Exploitation of diverse program entry points (e.g. schools, antenatal care) for HWM within broader hygiene improvement efforts (w/ USAID/HIP, CDC, UNICEF) – e.g. Ethiopia, Madagascar, Peru, Malawi

Case study: Sur'Eau in Madagascar:

(Phase 1: March 2000 – August 2004)

- **Product elements:** bottle, disinfection solution, label, brochure
- **Concentration:** 0.4% sodium hypochlorite
- **Capacity:** 500 ml → 2000 L treated water.



Phase 1 Challenges

- Highly subsidized
 - production price: US\$0.44
 - consumer price: US\$0.31
- High weight of product (box of 12 bottles=7kg)
 - high transportation cost
 - limited rural penetration
- Price too high for poor, rural communities

Product Improvement



March 2000



January 2004



August
2004

Sur'Eau case study: What was achieved?

- Substantial reduction in consumer price
 - production cost US\$0.27, retail price \$0.15
- Greater ease and lower cost of transport

But ... still waiting to see if this has been translated into large increases in sustained use, especially among rural populations.

Key HWM Challenges

- Achieving/demonstrating scale with multiple products and strategies
- Program targeting for maximum public health impact on children 6-24 months
- Developing reasonably (but not overly!) precise measures of programmatic effectiveness, cost-effectiveness, and cost-benefit for priority strategies
- Reaching agreement on a common indicator that can be rolled up for reporting at the policy level on what is being achieved – not sales or distribution, but something related to effective use

To sum up...

- Need to always talk about programs, not just technologies or products
- Need to talk to health and use the language of health
- Need to use limited external resources in a targeted way – geography, population, strategies
- Need a mix of interventions and products to achieve large scale use – but we need to be able to report what is being achieved in some cohesive way