

World Water Forum Topic Session FT3.29

“Sanitation, Hygiene, Education: Household Water Management”

Summary of Roundtable Response to Perspectives
Daniele Lantagne, PE
Centers for Disease Control and Prevention

- The role of CDC is evaluation of, and implementation support for, all point-of-use options. Personally, I have studied five different options in over 30 countries in the last six years, with a variety of different NGOs.
- I'd like to take this chance to summarize key points in the five presentations we saw, and frame the discussion here before the question and answer session.
- First, a key point raised by Tom Clasen and others is the relationship between research and practice. The evidence-base is crucial, as we need to know what is working, what isn't, and evaluate and prove what we are doing, and move forward with proven interventions. But, it is really important that the research is not “pie-in-the-sky” academic research, but supports the implementation, and assists us in implementing options at scale.
- Second, we need a consistent evaluation scheme, and I'd like to summarize one:
 - First, the intervention must work in the lab, and be a quality product that is effective, as John Borrazzo stated.
 - Second, that proven product must be accepted, as Camille talked about. The best product in the world doesn't get you anywhere if people are unwilling to use it or it is culturally unacceptable.
 - Third, the product must be proven to have health impact. We must be willing to learn from our mistakes, be willing to change, and prove that what we are promoting is effective.
 - Fourth, the product must be able to go to scale. I agree with Greg's comment when he said “product is necessary, but not sufficient”, and with Camille when she said “mass communication is necessary, but not sufficient”, and will add one statement: “pilot projects are necessary, but not sufficient”. As John mentioned, we need to be able to reach our end goal of health impact and scale with these interventions to really assist reaching the MDGs.

- These four evaluations aren't simply linear – they are a cycle, as we should be designing interventions we can take to scale, 4 informs 1, etc.
- I'd like to give an example from the Safe Water System of Camille and Greg's comments that "product is necessary, but not sufficient" and "mass communication is necessary, but not sufficient". In Zambia, PSI has a large social marketing program with the Clorin product, and evaluation by Johns Hopkins has shown that 14% of the population in a population-based survey has chlorine residual in the household at an unannounced visit. That is amazing, and that is the power of social marketing. However, we can reach more. In Kenya, we took that social marketed product and recommended to patients presenting with diarrhea to go and purchase WaterGuard – and found 67% and 71% of households with chlorine residual 2 weeks and 1 year after the recommendation by nurses. Combining a well known socially marketed product with recommendations by trusted community members is what leads to large scale adoption.
- Third, the next point I'd like to make is that there has been a load of information presented here. It's probably overwhelming to us, let alone our target market. I'd like to focus on the ENPHO presentation to highlight this. ENPHO currently promotes SODIS, a chlorine solution specifically for transient populations, the arsenic biosand filter, and there is the PSI chlorine solution meant for household water treatment. We need to educate our market about when each product is appropriate: if you have arsenic, people should be using the bio-sand filter; if the water is clear people should be choosing the chlorine solution appropriate to their household. We need to work together, as Martin says, to provide appropriate education to our users.
- I'd just like to summarize this by saying that we need to work together to provide effective, cost-effective, appropriate interventions and the education to use them to users that will reach the end goal of reducing diarrheal disease incidence in children and reduce childhood mortality and morbidity. We need to always keep in mind our target market: mothers whose children are dying of diarrhea.
- Thank you.