WebEx Conference Series on Monitoring and Evaluation of HWTS

Topic: **Three C’s: Correct, Consistent, and Continued Use of HWTS**

**Date and Time:** Wednesday, October 8th, 2014 at 9:00-10:00 EST/New York Time

**Presenters/Guest Panel:**

*Ryan Rowe, The Water Institute at UNC*

- Focused on behaviors surrounding HWTS and recontamination, emphasizing collection, transportation, handling, and storage of the water.
- Referenced indicators from the HWTS WHO & UNICEF Monitoring and Evaluation Toolkit to help measure Correct, Consistent, and Continued Use of HWTS products
- Sustained behavior change is difficult to measure due to lack of studies, but understand training, social influence and support, and cultural norms do have an influence on behaviors.

*Michael Ritter, Deep Springs International*

- Use Community Health Workers as champions of safe water and chlorine distribution.
- Daniele Lantagne and Michael Ritter developed a Conceptual Framework Model in 2007 to evaluate behavior change in communities. The interaction of social constructs (i.e. opportunity, ability) and behavioral determinants (i.e. attitudes, knowledge) to achieve behavior change objectives (i.e. create repeat purchases).
- In-person follow-up and increased household visits, effective people, training, and motivation help to increase consistent usage rates.

**Hosted by:** Triple Quest, Grzybowski, Megan, [megan.grzybowski@triplequest.com](mailto:megan.grzybowski@triplequest.com)

**Question and Answer:**

1. **R. Rowe Question to audience:** Has anyone in the audience working on HWTS been able to achieve one of the Three C’s or are partway there, and can share some of their experiences?

   - “Correct Use” is considered a challenge for Hydraid users in their long-term projects. Referencing M. Ritter’s discussion on follow-up with end-users, Triple Quest is finding that people stop using the product and repurpose it for alternative means (i.e. storage) when follow-up is insufficient, as users are oftentimes unfamiliar in who to contact. Presence and interactions/communication help establish groundwork for the project.

2. **What types of devices are most successfully used in these situations? (i.e. BSF, chlorine, ceramic, etc.)**

   - **Response from M. Ritter:** Research done with multiple technologies by D. Lantagne in Haiti, provided conclusions suggesting that the type of technology doesn’t lead to higher adoption rates, but that existing awareness of the technology being implemented had a larger effect. Using a technology that communities have a familiarity with helps increase adoption.
3. How do we get people to take the first step in understanding that these technologies are for positively impacting their health and increasing their livelihoods?

- Response from R. Rowe: Two steps: 1) How do we get people to take the first step to actually treat water, irrespective to what type of technology is being presented? 2) What types of technologies are available and who is promoting a particular product?
  - Not too many examples of government-preferred technologies, but in some areas there is a high awareness of certain water treatment technologies.
  - Chlorine has emerged as a preferred method for: Haiti and Malawi.
  - If no preferred method or if the community is technology agnostic, look at the water source to identify the most appropriate water treatment technology.
  - If there is more turbid water, chlorine may not be the most appropriate water treatment system for the community.
  - It needs to be context specific.

4. What defines success? Is there a certain percentage of consistent use or are there other metrics used to define it? (Specifically, would a 52% success rate for a project be considered successful, or would you like a higher rate?)

- Response from M. Ritter: 52% would not be considered a successful percentage. 75-85% with consistent, long-term program before considering successful health impact. (However, the 52% example from Michael Ritter was a one-time cholera response and complete M&E could not be performed.)

5. Has anyone ever taken a system away from a family after there is proof of misuse, as a motivational measure (as opposed to punitive)?

- Response from M. Ritter: Previously, buckets offered on credit were removed from households not using the product, but that process has since been discontinued due to resulting conflict and complications in implementation.
  - Currently, where buckets are distributed, subsidies for the buckets are created and then adjustments are made accordingly.

- Response from audience: Hydraid BioSand water filter projects have had Implementing Partners previously attempt to remove the product, but conflict arises from the community members’ contribution and investment in the product (either through sweat equity or monetary).

6. What is the cost for M&E to continue reporting on household use? How deep should you go and how do you cover all of the end-users/beneficiaries?

- Response from M. Ritter: M&E costs are one of the largest program costs.
  - Similar to social marketing: Try to make a big splash when entering a new region and then scale back.
    - Timeframe is longer, but less frequently over time.
  - Identify usage rates: One of the ways to try to continue doing household visits (at smaller costs to your program) is by identifying who is using and who is not. Try to complete more visits with those not using the technology as frequently.
  - Where and how? Focused on rural and urban areas (Haiti, specifically), but still experience challenges with cost of product and convenience for end-users.
7. *We are campaigning HWTS in slums of Delhi, but due to frequent migration, the impact lasts only a few months (not even allowing time to complete the intervention cycle). What strategy do we need to adopt?*
   - **Response from R. Rowe:**
     - Where are they going after they leave the slums? (i.e. rural area? Another slum?)
     - If people are migrating to the same area, there is a possibility to coordinate with other HWTS organizations in the area.
     - What products are the most portable?
     - BSF or ceramic may not be most appropriate technology, due to weight alone. Chlorine treatment strategy may be best option.
     - Is chlorine available in areas the live in and migrate to?
     - Emphasize importance of continuing safe drinking water habits.
     - Drinking water situation doesn’t change with location change.
   - **Response from audience:** TARA (entrepreneur branch of Development Alternative) has developed 5ml chlorine flask (0.6%) and is distributing it all around the country now (rural and urban).
     - Email Fanny Boulloud at fboulloud@antenna.ch, for more information.

8. *How do you check if the chlorine dosing is correct to give residual chlorine but not an over dose creating taste issues?*
   - **Response from M. Ritter:** Pool test kits aiming for 2mg/L.
     - During the household visits, it is possible to determine if overdosing is occurring. Field supervisors are not selling and have no incentive for overdosing.
     - However, fewer issues with correct use and overdosing.
     - Natural barrier there, because people do not like taste of chlorine.
   - **Response from audience:** Have chlorine test strips ever been used instead of pool kits?
     - **Response from M. Ritter:** No, they have not.

9. *Do you have a problem training them to use the chlorine to maximize the contact time?*
   - **Response from M. Ritter:** Training is a big issue, and needs to be included with the distributions.
     - Messaging surrounding the cholera outbreak have been keys to knowledge, understanding, and awareness.
     - Fairly high level of awareness of how long you need to wait for chlorine to be effective.

10. *Can you describe the training and follow-up in one of your most successful communities? And have you measured the “Three C’s” in that community? What is the “Consistent Use” like?*
    - **Response from M. Ritter:** Area running longest in Haiti has rates of 75-85%.
      - Follow-up visits are more where the work happens, as the trainings are more focused on sharing knowledge.
      - Household visits emphasize developing relationships, discussing social norms, and identifying that pressure and influence within the community.
• Response from audience: Are those families still being visited and have you seen those rates increase as time goes on?
• Response from M. Ritter: Have been doing visits that entire time, but decreased in frequency. However, usage rates have not changed.
  • Have seen a core group from the beginning, that do exhibit consistent use.