> > PROJECT BRIEF

This is part of a series of project briefs discussing the activities, research findings, and field experiences of PATH's Safe Water Project.

JULY 2011

Bicycle model yields rich learning despite limited results:

Microentrepreneurs try to sell new water treatment product in rural India

PATH

During PATH's bicycle entrepreneur pilot project, salesmen emphasized the importance of treating water in the home.

Background

With nearly 400,000 children dying each year from diarrheal diseases—more than twice that of any other country—India alone accounts for more than 20% of the worldwide mortality associated with diarrhea.[1] The problem is particularly acute among low-income populations with poor sanitation and distant or unreliable water supply.[2] To help address the problem, the World Health Organization has encouraged the development and use of improved point-of-use water treatment at the household level,[3,4] as these treatment options are an effective and cost-effective means of preventing diarrheal and other waterborne diseases.[5,6,7]

Over the past four years, PATH has been identifying and testing new ways to stimulate a more robust and sustainable commercial market for household water treatment and safe storage (HWTS) products for low-income consumers. The bicycle entrepreneur model is the first of a number of pilot projects that PATH and its partners undertook in India and other countries to overcome distribution and marketing barriers that make it difficult for HWTS

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manufacturers to reach lower-income households and rural markets.

Overview of pilot

In this pilot, a team of eight local entrepreneurs were hired to serve as a mobile sales and marketing force for a water purification product, called Aquatabs®. When added to water, Aquatabs® water purification tablets dissolve to release a measured dose of Hypochlorous acid that is recognized as a safe and effective water disinfectant. The tablet size for this pilot was designed to treat 10 liters of water (the most common container size in the region) and was sold in a box containing three 10-tablet strips, enough for one month. The price started at 0.50 Indian Rupees (INR) (about US $0.02) per tablet and increased to INR 1.00 per tablet in the last four months of the pilot to increase margins.

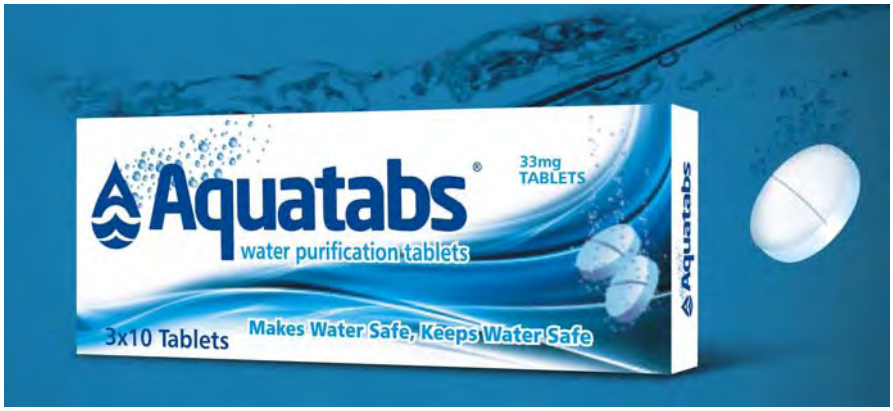
Each salesman covered a wide territory of 20 to 30 villages in Pratapgarh, Uttar Pradesh (population 410,000), initially reaching two villages per day by bicycle (see Table 1 for typical journey plan). Soliciting assistance from local leaders, entrepreneurs were expected to sell the tablets at village weekly markets (haats), retail kiosks (kirana shops), households, and to community groups. Bicycle entrepreneurs were provided product and sales training and given branded promotional items to generate brand awareness. Each was paid a monthly stipend of INR 1,500 plus commission.

Table 1. Typical journey plan for bicycle entrepreneur

Time	Activity
9:00 am	Leave home village (travel up to 10 km)
10:00 am	Plan group meetings for the afternoon
10:30 am	Door-to-door sales
2:00 pm	Group meeting
3:00 pm	Set up at haat
4:00 pm	Haat sales
5:00 pm	Return home (travel up to 10 km)

The model was designed to address several major challenges at once. It could provide a low-cost, high-quality product to consumers with few—if any—choices for household water treatment, provide necessary demonstration and explanation of a new, completely unfamiliar product, provide employment and training to local entrepreneurs, and offer reliable resupply for the product.

The pilot ran for 12 months, and generated data and learning to help commercial partners assess the outcome and decide whether to expand the model in other areas using the same strategy. Most significantly, the pilot continues to provide useful ideas and information to PATH's other commercial partners that are piloting new distribution and sales models for reaching low-income communities in India, Cambodia, Vietnam, and Kenya.



Medentech

Aquatabs packaging design for the India pilot

Hypothesis

The underlying hypothesis behind the pilot (Figure 1) was that direct sales by bicycle entrepreneurs combined with supplemental marketing campaigns would teach consumers about water treatment, stimulate initial trials of Aquatabs as a water treatment method, and

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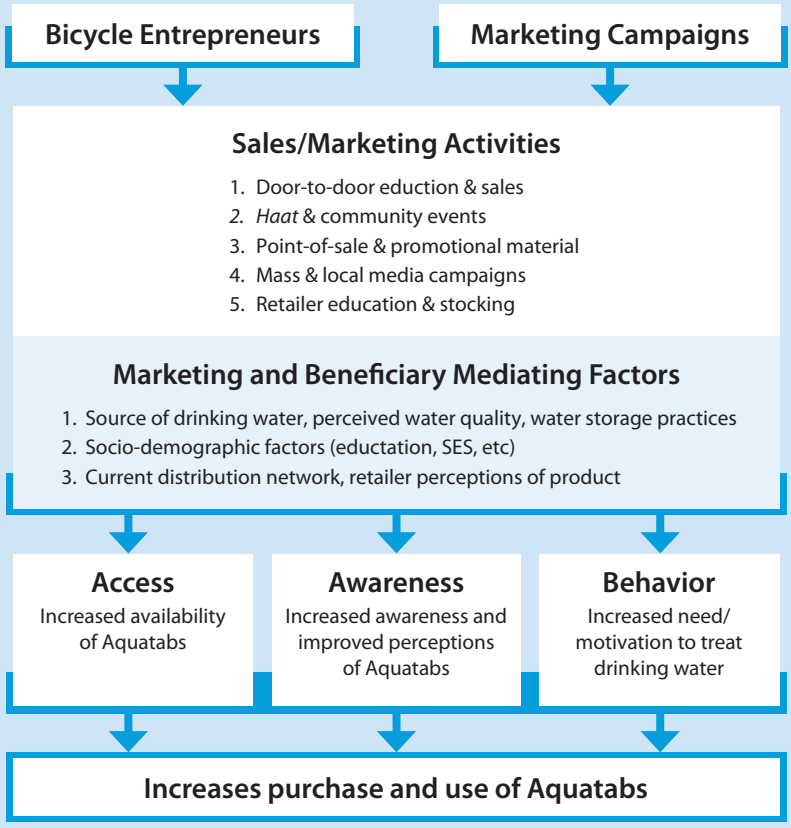
Bicycle entrepreneurs covered 20-30 villages per month

eventually convert a portion of households to regular users. For the pilot to work, bicycle entrepreneurs would play the roles of educators, salesmen, and distributors all at once. Educational activities were expected to teach households about the need for water treatment. Sales activities were expected to increase awareness of, and interest in, Aquatabs as both a trusted new brand and a safe and reliable method of treating water. Distribution activities were expected to increase availability of Aquatabs. Supplemental marketing and promotional activities would expand awareness and generate positive perceptions of the Aquatabs brand and reinforce messages given by bicycle entrepreneurs. The combined effect would result in initial trials and then longer term use among target consumers (see sidebar).

Target Consumers for the Safe Water Project

PATH's target consumer for its pilots is households that belong to the middle and middle-poor wealth/income quintiles in a given country. While households from the richest, middle-rich, and poorest quintiles could also be users of the HWTS products promoted by the SWP, the project pilots are designed to target primarily the middle-poor and middle quintiles in order to address a need for water treatment while achieving economic sustainability without subsidy. Measurements of the relative wealth or income status of populations involved in SWP pilots are country-specific and rely on the availability of nationwide data on the wealth or income distribution of households.

Figure 1: Framework of intervention activities and outcomes



Partners

The bicycle entrepreneur model was conducted in partnership with Medentech, the manufacturer of Aquatabs water purification tablets, and MART, a specialized rural marketing firm based in India. In seeking a commercial partner for the pilot, PATH was attracted to Medentech because the company shared a real interest in targeting very low-income consumers with its inexpensive and proven product. With a 25-year history selling water treatment products for emergency response in 60 countries, the company developed Aquatabs for direct consumer sales in countries with consistently poor access to safe drinking water. This pilot would be the company's first introduction of Aquatabs for direct consumer sales in India. In addition to well-aligned goals, the company was also collaborative and cooperative in sharing ideas and experiences from direct sales activities in other countries and was willing to share 100% of the sales and cost data with PATH.

Medentech worked with PATH to engage the assistance of a rural marketing and consulting firm, MART, to develop the distribution model concept and help manage the pilot.

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MART

MART recommended a bicycle-sales distribution model based on earlier success using the model in rural, low-income areas with companies such as Colgate Palmolive, H.J. Heinz, and Eveready Battery Company. MART describes the model as a generic rural distribution and sales model that is low cost, allows for greater interaction with community members, and establishes rapport quickly because the agent (bicycle salesman) is a local person and not an "outsider." In MART's experience, the model quickly becomes sustainable when the need for the product exists and the promoted brand is well known.

Key Questions

As the orchestrator of the pilot, PATH was interested in understanding the extent to which the model met the needs of consumers, entrepreneurs, and commercial partners. PATH enlisted the services of Abt Associates, Inc. to conduct baseline and end line quantitative surveys of the target population. These surveys were designed to answer six key questions:

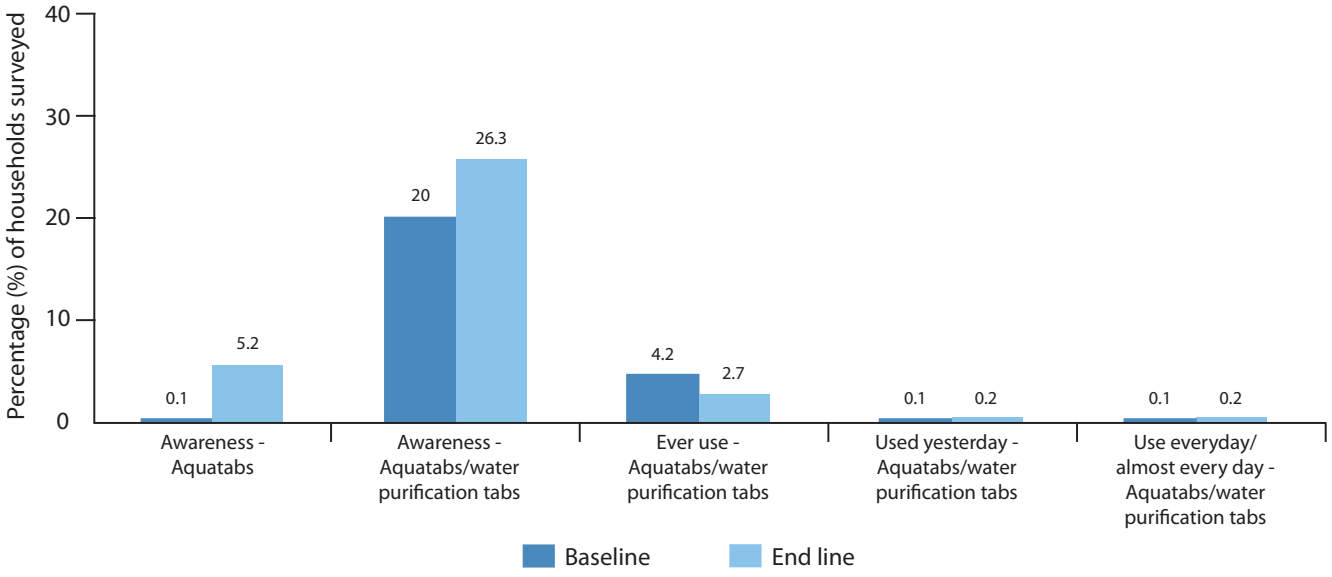
1. What is the uptake rate of Aquatabs among target consumers?
2. What is the extent of consistent and correct use of Aquatabs among target consumers?
3. What are the triggers and barriers to trial and use of Aquatabs?
4. Can commercial partners earn a profit from sales to target consumers?
5. Will commercial partners continue and/or scale up the SWP pilot business model to reach target consumers?
6. What other efforts/inputs/incentives are needed to stimulate supply and demand for Aquatabs among low-income consumers in rural India?

Abt addressed the key research questions through a mix of primary and secondary data sources, including baseline and end line household research, a qualitative research study, project data, and interviews with project partners. The target respondent for the baseline and end line quantitative surveys was the woman who takes most decisions related to cooking and the kitchen (and is thus considered a key decision maker on treating the household's drinking water). A required sample of 960 households was collected for each round of the survey.

Pilot outcomes

Findings from the monitoring and evaluation effort indicated that the bicycle entrepreneur model did not perform as well as expected, both from a commercial viability and a consumer uptake perspective. This section describes results of our analysis, while the next section examines some of the reasons why the model failed to achieve desired results. Nonetheless, the pilot yielded rich learning that has influenced PATH's other pilots and may add value to the work of other

Graph 1: Awareness, ever use, current use and regular use of Aquatabs and water purification tablets at baseline (February 2009) and end line (April 2010).



organizations that are trying to reach low-income households in similar communities.

Uptake rate

The pilot project resulted in total sales of 312,426 tablets over the 12 month period, or a monthly average of approximately 3,250 tablets per entrepreneur covering a sales territory of approximately 8,300 households each.

Graph 1 above shows how awareness, trial and usage changed over the course of the pilot. Awareness of Aquatabs among households surveyed increased from 0.1 percent to 5.2 percent ($p<0.01$) from baseline to endline. The awareness of any chlorine tablet/ liquid/powder including Aquatabs increased from 20 percent to 26.3 percent ($p<0.01$) during the same period. Though the overall increases in awareness are only about 5 percentage points, this appears to be consistent with the levels of recall of project activities. Levels of use did not change significantly over the intervention period and remained negligibly small indicating that while the intervention increased trial of Aquatabs to 2,200 households, it had no lasting effect on long-term uptake or regular use.

Table 2 below shows the association between wealth status and awareness and use (ever use) of Aquatabs. The findings indicate the highest level of awareness and use was found in the two wealth quintiles above the SWP target group.

Correct and consistent use

Longitudinal follow up to track correct and consistent use was not conducted because of the low uptake among target consumers.

Triggers and barriers to trial

Although the pilot attempted to reach both men and women through marketing and sales efforts, only women were surveyed in the end line study because they were seen

Table 2. Awareness and use of Aquatabs in different wealth quintiles at end line (April 2010)

	Demographic health survey standardized wealth incomes quintiles (%)				
	Poorest	Second	Third	Fourth	Richest
Awareness	18.6	18.2	24.9	34.4	37.0
Ever use	0.0	2.1	2.4	4.2	6.5
Regular use	0.0	0.0	0.0	0.5	1.1

as primary decision-makers at the household level. In the end line survey, those who were aware of Aquatabs but did not try it were asked why they did not do so. Main reasons for not trying the product (Table 3) relate to a perceived lack of need for water treatment, lack of availability, and lack of knowledge of the product.

A qualitative research study among those who never tried the product revealed barriers to trial of Aquatabs that are common among HWTS products:

- **Awareness and supply barriers.** Most non-triers were not aware of the place where they could purchase Aquatabs, and could not recall the promotional activities done in the past six months.
- **Attitudinal barriers.** Many did not feel a need for treatment, as untreated water was considered to be good enough as is, due to the ubiquity of deep borehole water sources.
- **Perceptual barriers.** Many associated the format (a tiny tablet) with medicine. Some perceived Aquatabs as a form of treatment to be used in case of illness.

"If I feel the water is looking good, then I boil it, if I feel the water is not looking good, then I use the tablets."

Table 3. Reasons for not trying Aquatabs (April 2010)

	End line (%)
Not available in the market	31
The water we get is clean	31
We never needed it	28
Do not know much about this product	19
There is no need to clean the water	10

- **Affordability/price barriers.** There were mixed reactions on the price of Aquatabs—some found it expensive, while others mentioned that price was not a barrier for purchase.
- **Functional barrier.** Some potential users felt challenged by the problem of ensuring exact or correct dosage of Aquatabs for their drinking water vessels, which were sometimes smaller than 10 liters.

Most lapsed users seemed to have purchased Aquatabs either to receive a promotional gift (e.g., an umbrella) or to experiment with a new method of water treatment for the sporadic and temporary occasions when they do treat.

Among lapsed users of Aquatabs, barriers that prevented continued use included:

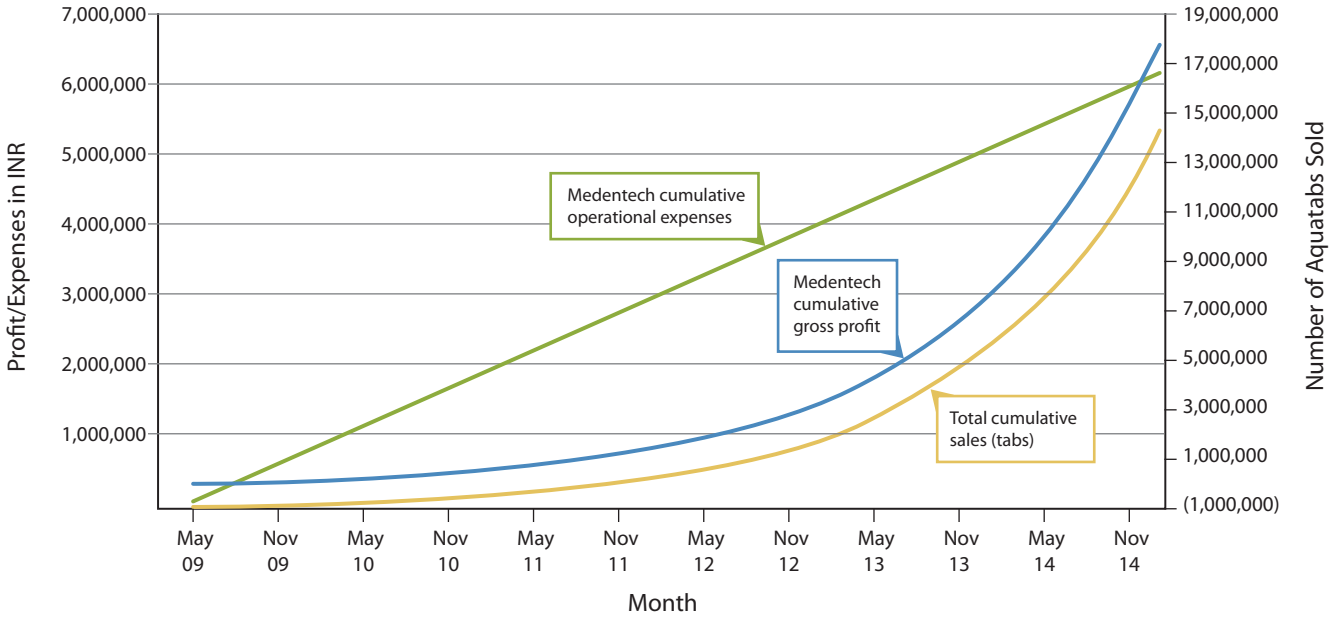
- **Taste/smell barrier.** Cited as a primary cause for lapsing, many users did not like the odor and taste of water treated with Aquatabs (potentially because 10-liter tablets were often used to treat smaller quantities of water). Some reported that elders in the family declined to have treated water.
- **The absence of tangible results.** Aside from effervescent bubbles during treatment, treated water looked the same as untreated water. This, coupled with social pressure to explain benefits of use, was another reason not to continue use.
- **Affordability/price.** Price was not considered to be a significant barrier to continued use. However, many did not perceive much value in the absence of a need to treat water.

Profitability of the model

The graph below illustrates the cumulative gross profits on sales and the required investments in operational costs over time. In spite of optimistic assumptions (see sidebar below) sales revenue would not reach levels to recoup investment in operational expenses within five years. This clearly indicates that this model is unlikely to be financially viable for Medentech.

Since the break-even point was not achieved within a reasonable

Graph 2: Break-even time frame to recoup operational costs



time frame in this optimistic scenario, Abt did not explore the break-even time frame at lower growth rate assumptions (e.g., 3% compound monthly growth rate) or with marketing and promotional expenses included.

Will commercial partners continue and/or scale up the SWP pilot business model to reach target consumers?

Medentech's interest in continuing the model

Medentech proposed to extend the pilot at their own cost through a subcontract with MART, with a clearly set sales target (INR 3000 per month) and a gradual reduction in the stipend to the bicycle entrepreneurs. The proposal did not include intensive demand creation efforts undertaken in the original pilot project. The proposed targets are shown in Table 4 on the next page.

Bicycle entrepreneurs' interest in continuing with the model

Importantly, none of the bicycle entrepreneurs were interested in continuing with the model on the terms outlined by Medentech during the extension phase, so MART and Medentech discontinued the contract. There appear to be two reasons for bicycle entrepreneurs' lack of interest in continuing with the model. First was a perception that these sales targets were unrealistic (the sales expectations from Medentech were three to six times the average sales in the last month of the pilot project and would not be accompanied by supplemental marketing in the extended period). Second, during the pilot, a new employment scheme offered by the Rajeev Gandhi Water Mission was

Assumptions in the analysis of profit and cost

1. Medentech makes a gross profit of INR 0.30 for each tablet sold.
2. Operational expenses remain the same as in the pilot project: INR 1.0 million annually or INR 85,600 per month.
3. Total sales continue to grow at compounded monthly growth rate (CMGR) of 7%, and required marketing and promotion expenses are supported through other sources.

Table 4. Proposed sales targets and phased reduction of stipend by Medentech

	Stipend per bicycle entrepreneur (INR)	Sales targets per bicycle entrepreneur (tablets)
Month 1	1500	7,500
Month 2	1200	10,500
Month 3	800	15,000
Month 4	-	15,000

launched in neighboring districts, offering entrepreneurs a salary of INR 5,000 plus allowance for a two-wheele bicycle.

Other efforts, inputs, or incentives needed to stimulate supply and demand for Aquatabs

Although the pilot fell short of expectations, it yielded rich learning for all partners. The following is a description of some of the most relevant lessons learned that can be applied to future efforts by organizations working in partnership with the private sector.

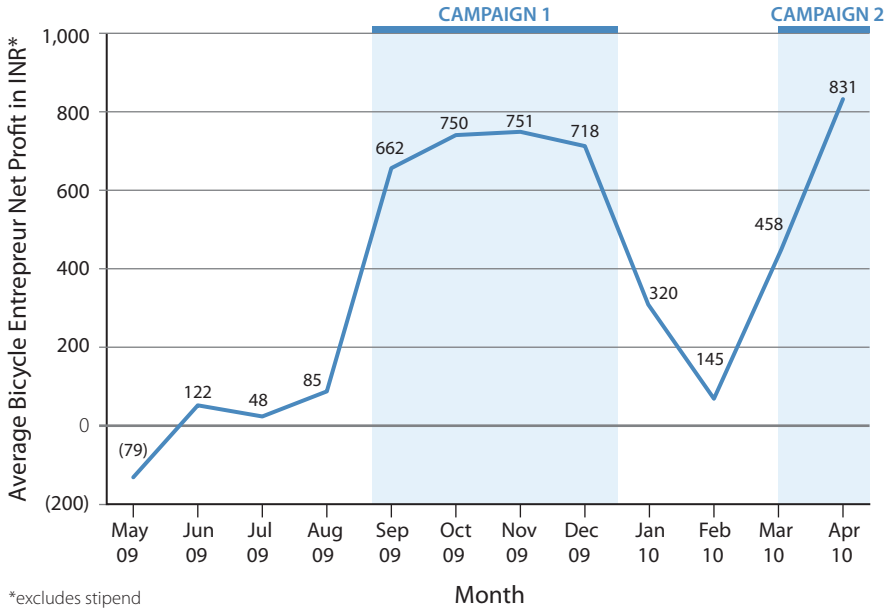
Marketing resources should be allocated strategically

A number of promotional activities were implemented to supplement the demand generation efforts of the bicycle entrepreneurs and to increase brand awareness and uptake. These included:

- Promotional material such as stickers and danglers.
- Two intensive rounds of campaigns promoting the Aquatabs brand (called van campaigns) and consumer education efforts via "video-on-wheels". The first cycle of this activity was conducted during the monsoon season from 16 August to 15 November 2009, and the second cycle during festival season from 15 February to 15 April 2010.
- Promotional schemes to encourage trial of Aquatabs, where consumers were offered an attractive branded umbrella with a 90-tablet purchase of Aquatabs.
- Street theater promoting water treatment and Aquatabs.
- Radio spot campaign promoting the benefits of water treatment and Aquatabs.

As shown in graph 3, average net profit from sales for bicycle entrepreneurs was much higher when radio and van-based promotional activities and give-aways were offered, and far lower without promotional activities (December 2009 to January 2010). Such spikes in sales during the promotional campaigns suggest that the investment required for awareness generation would have to be continuous until a few cycles of repeat purchases have happened and users become more interested in the product. MART projected that profit from sales would reach INR 800 per month by the end of the project, and the pilot met these expectations. However, this level of profit seemed achievable only when promotional activities were being conducted

Graph 3. Trends in bicycle entrepreneurs' net profit



*excludes stipend

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Group meetings proved to be important contacts for new trials, repeat trials, and total sales volume

and not in interim periods. Because the van campaign costs were high, total return on investment remained highly negative, despite a positive effect on brand recognition. Visibility campaigns like the van campaign did contribute to new trials, but there were diminishing returns with marginal increases in cost after a critical point.

Key opinion leaders have a strong influence

After analyzing sales results post-pilot, a PATH consultant discovered that salesmen were most efficient when selling in a group environment organized by a local opinion leader. Trends in unit sales volumes are highly correlated to contacts through ASHA (Accredited Social Health Activists) and Anganwadi* meetings, with 82% and 76% explanatory power for both respectively. Combined with the van campaign, direct contacts through groups explain 68% of the trend in repeat customers, thus contributing significantly to repeat sales. This finding highlights the importance of group contacts for new trials, repeat trials, and total sales volume.

Training should emphasize sales effectiveness and community engagement

In this pilot, bicycle entrepreneurs were hired from local villages and worked under the direction of a district coordinator, an employee of MART. Medentech provided initial product training and MART provided sales training and support in the form of regular meetings. End line assessments revealed that salesmen reported self-education through product information written on posters and pamphlets to supplement their training. When four entrepreneurs quit in the middle of the pilot, it was unclear whether newly recruited salesmen were properly trained in sales methodology or in the product itself. The contractual arrangement between MART and bicycle entrepreneurs appeared highly informal, and in hindsight would have benefitted from recruiting guidelines, job descriptions and contractual agreements to avoid misunderstandings and set clear expectations for performance. MART's district coordinator provided guidance and a venue for sharing best practices. However, since direct sales were key to this approach, additional training, guidance, monitoring tools, and mentoring support would have gone a long way toward increasing the productivity of bicycle entrepreneurs. For example, by calculating and monitoring the sales conversion rate, entrepreneurs may have been able to develop more targeted prospect lists and focus more on closing sales than making contacts. PATH is taking this learning forward by developing training and sales support materials for all our other pilots and sharing materials and tools publicly after they are validated in the field.

Pilot area should have a higher perceived need for water treatment

The baseline assessment indicated a low perceived need (around 30-35%) for water treatment among the target population and low current use of water treatment options. Only 3% of households reported boiling or using chlorine, alum, or advanced durable filters, and nearly 80% reported not doing anything to treat their drinking water. Considering

* Asha and Anganwadi workers are local women who interface between the community and public health system.

that households that currently boil are likely early adopters, these data suggest that the potential market was very small in the pilot area. Also, the proportion of those who reported boiling their drinking water was markedly higher in the highest socioeconomic classification (SEC) (and above the SWP target group) and relatively lower in other SECs.

Nonetheless, the baseline survey showed that 61% of respondents reported an intention to try the product* and more than 60% of the respondents perceived the quality of drinking water to be "average" or "bad." This perception was corroborated by water quality testing, which showed that drinking water in 61% of households sampled in the pilot area did not meet WHO minimum standards for safe drinking water. These findings, coupled with the lack of modern treatment options available in the area, made it easy to overlook the low perceived need.

Not until midline qualitative assessments were conducted was it possible to understand why perceived need was so low despite perceptions of low to average water quality. Research participants did not perceive any health threat from existing drinking water. They believed that water quality could be determined by sight and smell, indicating that turbidity (which can be partially addressed by filtering with a cloth or sieve and decanting) influenced perceptions of water quality more than microbiological safety (which requires chlorine or advanced filtering). The study also provided a more nuanced explanation about drinking water sources, finding that the tube wells in the baseline quantitative survey were India Mark II pumps, which draw water from deeper levels and have a filter inside the pipe. These wells are popularly regarded as very safe source of water.

*It is common for commercial companies to require a minimum intention to try rate of 80% before introducing a new product.

Water storage behavior can impact choice of product

Our midline qualitative assessment revealed that many households did not store their drinking water for daily use, but collected and used it on demand because it was readily available from nearby bore hole wells and people thought stored water was stale and of less desirable temperature. This meant that the practice of collecting water and waiting 30 minutes for disinfection was out of the norm for many households living in the pilot area. Their interest in disinfection tablets, therefore, may have been lower than for households that regularly store water at home for drinking. Previous household research in India had not raised this issue as a possibility, but it turned out to be an important element that may have affected uptake and sustained use in this target population. Clearly, a deeper understanding of water storage practices would have aided selection

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Although it is common to store water in 20 L vessels throughout India, the practice was not particularly common in the pilor area.

Table 6. Intention to try Aquatabs at baseline (%)

Intention to try Aquatabs	Total	Among households that...		
		Do nothing to treat the water	Fileter with cloth/net/ sieve, or settle & decant	Boil, use chlorine, alum, or durable filters
Probably want to try	28.3	30.2	21.3	19.6
Definitely want to try	32.9	27.8	52.1	59.0
Total intention to try	**61.2**	**58.0**	**73.3**	**78.6**

of a more appropriate location for the pilot or product for introduction in this locale.

Real-time information should be used for constant iteration and learning

To extract nuanced and concrete learning from the pilot, PATH invested significant time and resources into evaluating many dimensions of activities. The project team discovered, however, that real-time monitoring with ongoing adjustment and iteration would have led to better decisions, more quickly. Data from salesmen were not collected in enough detail and with enough frequency and were not sufficiently analyzed to make strategic decisions about journey plans, sales strategies, and target customers. Data from baseline and midline surveys were available, but not analyzed quickly enough with the right partners around the table to make valuable changes in the pilot structure. Based on these findings, PATH has deployed weekly sales reports in several pilots and is analyzing them regularly to identify high and low performing sales agents and develop approaches that maximize sales.

Incentive structures should support realistic sales targets

When market leaders use this distribution and sales model in rural India, they come with several advantages, including a well-trained and supported sales force, a familiar brand, and often a range of product offerings. A salesman can spend 80% of time with customers on well-known brands and then introduce new brands slowly as part of the sales process. Familiar brands also make it easier for salesmen to convince retailers to carry the product. With only one product to sell, and an unknown one at that, MART's bicycle entrepreneurs were at a distinct disadvantage. Profit from sales did not reach a level where the stipend to bicycle entrepreneurs could be gradually reduced. Without retail support and with journey plans that limited sales calls to groups and individuals, bicycle entrepreneurs were inadequately set up to increase sales volume to a sufficient level. In a less artificial environment (than a pilot), a company like Medentech would have likely debuted its product in urban areas before attempting to reach rural consumers, and the incentive structure would be set up to support realistic sales targets.

Salespeople need to fit social roles and expectations

Recognizing that female heads of households are the primary decision-makers for water treatment solutions, particularly fast-moving consumer goods like Aquatabs, the pilot focused its direct sales efforts on women. However, because of the travel required for the job, all entrepreneurs recruited for the pilot were male. Having an all-male sales force may have been a liability when selling door-to-door in this conservative society. Sales calls took place during the day when the male head of household was often working outside the home, and bicycle entrepreneurs were put in the awkward role of introducing themselves, the product category, and the brand to women who could not invite them inside for a demonstration. Salesmen also found direct sales particularly difficult without an identity card that associated them with a prominent company or nonprofit organization. In midline interviews, several salesmen also expressed a low sense of pride in their work, explaining that they were seen as "peddlers" (thelewalah) rather than

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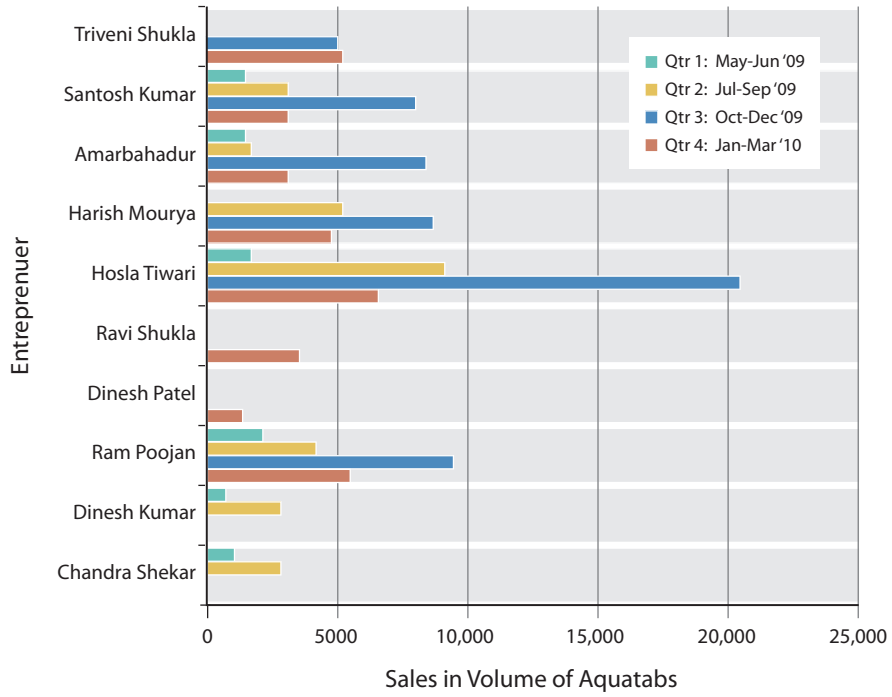
Male entrepreneurs had a difficult time selling to mostly female clients

health champions. This perception may have been reinforced by the lower social position of many salesmen by virtue of their young age or caste. A post-pilot analysis by PATH suggested that the bicycle entrepreneur model may have been more successful in leveraging trust and building relationships in these rural communities had the entrepreneurs focused on developing networks of local women to support the sales and distribution process. There are numerous examples of sales and distribution models that leverage existing social networks, such as self-help groups, to manage the sales process for a range of useful household goods, including water treatment products. Such a model may have been a better fit for introducing Aquatabs in rural India.

Graph 4. Sales by entrepreneur



Partner roles should exploit inherent capabilities

At the start of the pilot, it was envisaged that Medentech's marketing agent would supply an appointed distributor in Pratapagarh. The distributor in turn would supply the product to the bicycle entrepreneurs while retaining a margin. However, an assessment carried out by Medentech and MART determined that it would not be feasible to appoint a distributor for the low sales volumes that could be generated through the pilot project. Consequently, the actual distribution channel during the project period had MART playing the role of the local distributor, albeit without retaining a part of the margins for this service. As a marketing agency, MART is not set up for such a role, and the additional responsibility represented a distraction from core responsibilities. In succeeding pilots PATH has assessed partner roles more rigorously to avoid similar gaps.

Feedback from sales staff can be fruitful

Feedback from bicycle entrepreneurs revealed that several began experimenting with their own messages and strategies. One entrepreneur, for example, began using water quality testing as a sales tool. Although this sales technique was not formally measured, bicycle entrepreneurs felt very positive about the approach. Graph 4 above shows how sales varied dramatically by individual. Note in particular the high sales rates for Hosla Turawi, who made special efforts to record his sales, use credible references to health benefits, was older and more educated, and who had some existing relationships within the health provider community based on earlier experience with a polio campaign. If individual salesmen were given more opportunities to share successes and failures and were recruited based on existing social networks, they may have been able to reach higher targets over time.

Taking the learning forward

PATH has taken much of the learning from this model and applied it in other pilots currently underway in India, Cambodia, Vietnam, and Kenya. In particular, PATH has taken a significantly more hands-on role to strengthen our partner's approaches and ensure that monitoring data is collected and used in real time. This has resulted in constant iteration, real-time capacity building, and frequent learning opportunities with our partners. One of our pilots in Vietnam is again working with Medentech to sell

Aquatabs, but this time is using male and female health advocates as sales agents, and working in an area more familiar with chlorine treatment and a long history of purifying water through boiling. All our direct sales pilots have formalized contracts and recruitment guidelines, longer and more frequent trainings, and a growing set of sales and monitoring tools that help salespeople and managers be more effective at their respective roles.

Our goal in this pilot was to evaluate the potential of the bicycle-entrepreneur sales model when applied to a new water treatment product and transfer learnings to other projects and partners. Although the model did not work in this area with this product, it did generate valuable evidence that PATH is actively disseminating and incorporating in other pilots. PATH extends its gratitude to Medentech and MART for their transparency and frank sharing of learning with the global community. Disappointing results are difficult to report, but the model and the pilot generated rich learning. If anything, this pilot highlights the challenges, costs, and barriers, and risks companies face when introducing new products in new areas. By sharing this body of knowledge broadly, other companies and organizations can make more informed decisions, thus lowering some of the risks to entering new and unexplored markets.

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PATH is working with Medentech to introduce Aquatabs to households in Vietnam

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This issue was written by Heidi Lasher and designed by Dave Simpson and Jennifer Fox.

For more information about this program or detailed results of the program evaluation, please contact info@path.org.

www.path.org

PATH
A catalyst for global health

Mailing address
PO Box 900922
Seattle, WA 98109, USA

Street address
2201 Westlake Avenue, Suite 200
Seattle, WA 98121, USA