CONSUMER ACTIVATION IN INDIA, PART 1

Safe WATER NETWORK

Understanding the Consumer

Consumer demand is critical to the financial sustainability of a water system. To increase adoption and use, we're developing a new consumer activation campaign that leverages the whole community's influence. In this first part of our consumer activation series, we'll describe how we used techniques from commercial market research to understand local knowledge, attitudes, beliefs, and practices.

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PROGRAM SUMMARY

- **Objective**: Understand which factors influence households' decisions to purchase safe water.
- **Intervention**: Focus group discussions, formal and informal interviews with key stakeholders, and field-testing of alternative messaging approaches. Work was conducted in eight sample villages in Andhra Pradesh.

KEY INSIGHTS

- In general, women take the lead in deciding household safe water use, while men take the lead in buying and collecting water from the Safe Water Station.

- For most, the first measure of quality is the water's look and taste.

- The aesthetics of the Station are also important, particularly in the early stages.

- While health is an important motivator, the understanding of the relationship between water and health diverges sharply between consumers and non-consumers.

- Key opinion leaders, such as health workers, are highly influential on consumer attitudes. However, different categories of opinion leaders have different strengths, incentives, and concerns, and so need to be engaged through a targeted approach.

- Messages that directly relate safe water consumption to improved health for children resonated more strongly with consumers than more abstract "aspirational" messages of a brighter future.

Safe Water Station customers in the village of Gorkothapally

Background: The Challenge of Building Sustained Demand

Safe Water Network currently operates 30 community-level Safe Water Stations in India, each of which provides reliable access to high-quality drinking water at a central location. To become sustainable, any water system must first achieve financial viability. The Safe Water Stations we establish operate at low margins in order to maintain affordable pricing (₹4, or $0.07, per 20L container[1]) and therefore each Station must sell high volumes of water to be financially sustainable. High levels of consumption are also needed

[1] As of this writing, $1 = ₹60 (August 2013)

Safe Water Network develops innovative solutions that provide safe water to communities in need. Our goal is to achieve sustainable service delivery and locally-independent operations through the application of local ownership and market principles.

In *Field Insights*, we provide a focused analysis of how we've approached a particular challenge and what insights have been gained.

For more information, contact info@safewaternetwork.org.

to achieve desired health benefits. For both of these reasons, in each community where we work our objective is to achieve 1) 75% of households registered as Safe Water Station customers; and 2) sales volumes sufficient to cover the plant's ongoing operating expenses (OpEx) and to build reserves for maintenance and capital replacement.

As shown in Figure 1, the adoption rate tends to rise over time; however, the rate of growth also tends to level off within a few months of launch, often reaching a plateau well below the target. At the same time, while sales at most sites rose to levels sufficient to cover their operating expenses, they continued to fall far short of the level required to accumulate the capital reserves needed to ensure sustainability (see Figure 2).

We sought to address both these challenges through a new consumer activation campaign[2] that would accelerate adoption to more rapidly reach the 75% target (particularly in the 3-4 month launch phase) and increase customer retention and purchasing frequency to enable sales to reliably cover costs.

Such campaigns could only be built on a thorough understanding of the factors shaping consumer behavior. This report reviews the work we completed over the past year to build that understanding. Parts 2 and 3 will describe how we built on the resulting insights to develop new, effective campaigns.

Rapid Assessment: Exploring Challenges With Misinformation

In Nizampally, where our first site launched in April 2010, adoption grew from 45% (at launch) to 66% in just three months, before plateauing at 81%. However, our ongoing consumer and sales tracking indicated that not all adopting households purchased regularly, and as a result, the growth in adoption did not translate into sustained growth in sales. To address this issue, Safe Water Network staff completed a rapid assessment, interviewing irregular and lapsed consumers to better understand the change in their behavior.

We were surprised to learn that many in the village had come to believe that treated water from the Station was responsible for a range of health issues, from sore throat to joint pains—a message that was apparently being spread by the local Registered Medical Practitioner (RMP)[3]. This finding underscored the critical influence of trusted local authority figures, and the need to ensure that key influencers spread the desired message. Having seen the value of this basic assessment, we sought to more systematically explore consumer attitudes in the next stage of our work.

Figure 1: Household Adoption in Year 1
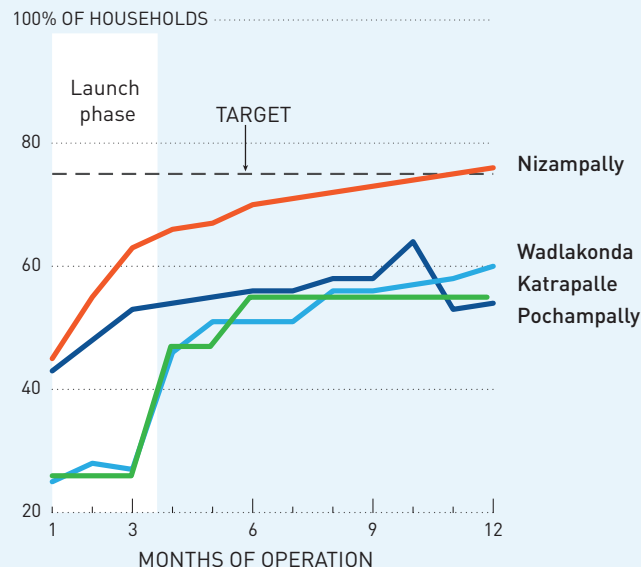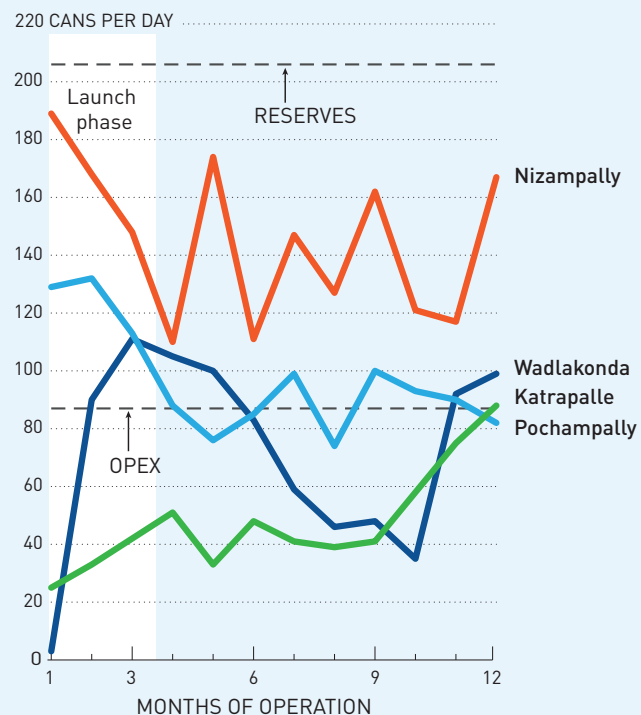(first four sites)

Figure 2: Sales Volumes in Year 1
(first four sites)

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[2] This report is focused on household-level demand; our related work at the community level to accelerate the acceptance of the Safe Water Station concept by communities will be described in Part 3.

[3] Despite the name, many of these health workers are not actually registered with any authority and most have no formal training in medicine.

Structured Investigation of Consumer Attitudes

Approach

With market research firm Prognosis, we conducted a structured, qualitative field investigation in three sample villages in Warangal district[4] to derive insights on knowledge, attitudes, beliefs, and practices. These villages included both new and more established Safe Water Stations, and are generally representative of the district (and the broader Telangana region of Andhra Pradesh) in terms of ethnic, economic, religious, linguistic, and cultural features.

Nine focus group discussions were completed, with participants selected based on user status (consumer, non-consumer, or lapsed consumer). This status was identified through Safe Water Network's ongoing consumer tracking and confirmed through personal interaction. We also conducted in-depth interviews with key local figures in each community, including sarpanches (elected leaders), water system operators, teachers, and health workers.[5]

INITIATIVE PARTNERS

This work included extensive collaboration with a variety of partner organizations:

- Merck Foundation, which funded the initiative and provided employee expertise in marketing through its Richard T. Clark Fellows program.

- Prognosis, a rural market research firm that conducted our initial round of consumer assessments.

- Dialogue Factory, a creative marketing firm that designed our new consumer activation campaign.

- The Indian Market Research Bureau (IMRB), responsible for assessing the effectiveness of the new campaign.

- Modern Architects of Rural India (MARI), our NGO implementation partner in Andhra Pradesh.

Findings

A number of important trends arose during the focus group discussions:

1 | In general, women take the lead in deciding household safe water use, while men take the lead in buying and collecting water from the Safe Water Station.

Mothers report spending some 12-14 hours each day doing water-related chores, including collection (from sources other than the Station), cleaning, bathing, washing, cooking, and feeding. As such, both men and women agreed that mothers exercise primary influence over a household's choice of water source, including the decision to purchase drinking water from a Station. The responsibility for collecting this water—traditionally a female role—tends to shift to male earning members of the household after Station launch.[6]

2 | For most, the first measure of quality is the water's look and taste.

Discussions revealed a pervasive attitude that if water looks clean, it is probably safe to drink. Taste is also used to determine water quality, but preferences vary: while safe water consumers prefer water with as little salinity as possible, lapsed consumers and non-consumers typically report a continued preference for the more mineral taste of borewell water.

3 | The aesthetics of the Station are also important, particularly in the early stages.

Participants reported that the Station represents a source of pride and interest for the village, particularly at the time of launch. In Nizampally, consumers expressed a keen interest in understanding the entire process of water treatment, and its relation to health benefits, even after two years of operation.

4 | While health is an important motivator, the understanding of the relationship between water and health diverges sharply between consumers and non-consumers.

Safe Water Station consumers viewed groundwater sources as unsafe, particularly because many are marked with quality warnings by government health service officials. However, non-consumers often expressed a belief that treatment has harmful effects, and that their throat infections or body aches were related to the use of safe water or, in the very least, not solved by the use of safe water.

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[4] Nizampally, Rangapuram, and Kopula. To include a diversity of experience, the first two of these villages house a Station implemented by Safe Water Network, while the third houses a Station implemented by Bala Vikasa, a local NGO.

[5] A fuller description of the methodology appears in Prognosis's report of findings, which is available by request.

[6] The implications of this shift in gender roles will be reviewed in greater detail in a future Field Insights.

5 | **Key opinion leaders, such as health workers, are highly influential on consumer attitudes. However, different categories of opinion leaders have different strengths, incentives, and concerns, and so need to be engaged through a targeted approach.** As we discovered in Nizampally, a message spread by even a single trusted health worker can have a significant influence on the success of a Safe Water Station. It is particularly important to engage with Registered Medical Practitioners. Our experience demonstrates that if they disseminate damaging information, it can be very difficult to overcome the impact on the community's attitude.

Accredited social health activists (ASHAs) and Anganwadi workers—local women engaged in government programs for maternal and child health—have high credibility among community members. Working in partnership with these professionals represents a strong opportunity to spread key messages on water and health by word of mouth through a trusted source—provided this can be done without adding significantly to their already heavy workloads.

In addition to health workers, young migrants emerged as new opinion leaders with a significant ability to influence local opinions. Migrants are reported to introduce previously urban practices into rural areas upon their return, and are generally perceived as articulate and informed. Targeting this segment to act as volunteers in promoting safe water holds promise.

Field-Testing New Messaging

The revealed importance of aesthetics—of the Safe Water Station and of the water itself—reinforced some of our own earlier impressions that safe water consumers may often be motivated by "aspirational" goals of associating themselves with modernity and prosperity. We therefore sought to determine the role that such aspirational motivations should play in future messaging, particularly as compared to messaging focused more directly on health.

To explore this question, prototype messaging packages based on both approaches were developed for different audiences, including consumers and a range of key opinion leaders. These packages were then field-tested in six villages[7]. As before, villages were selected to include both recent and longer-established sites. Researchers presented information verbally and through electronic tablets—a

FIELD STORY

"The water was dirty with mud— sometimes even worms."

Name: Avula Laxmi
Age: 45

Avula lives in the village of Gorikothapally in Andhra Pradesh. Fearing the quality of her existing water sources, she purchased a container and registered with the Safe Water Station when it opened. But two years later, she had yet to actually purchase water from the Station. Consumer research is critical for helping us to understand how to convert potential safe water consumers, like Avula, into regular consumers.

new approach to engagement that will be described in detail in Part 2—gauging their reactions to the communication through stated and unstated responses to the content and format of the packages.

While the aspirational message was viewed positively by some respondents, overall the health messaging resonated better, particularly when it concerned the importance of safe water for the health of children. It was understood as more direct, and reinforced earlier messages from government and non-government programs. We therefore determined that aspirational messages would play only a secondary role in messaging, and that health-based messaging would retain its central role.

What's Next?

Our next *Field Insights* report, "Consumer Activation in India, Part 2: Designing and Testing the New Campaign," describes how we built on the insights of this early-stage work to develop a standardized consumer activation campaign that leverages the full range of local resources and relationships available to a Safe Water Station.

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[7] Wadlakonda, Rangapuram, Mulakapally, Rajole, Ammapalem, and Mulligalavedu.