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AMAN TIRTA



# HWTS

**from Household Chore  
to National Policy**

LESSONS LEARNED FROM AMAN TIRTA 2005 - 2010



Securing high level political support has been shown to result in programs at scale that are sustainable. This high level support, generally at the policy level creates an enabling environment whereby the Household Water Treatment and Safe Storage (HWTS) activities are supported, promoted, and implemented by national and local governments.

In Indonesia this support and political will was necessary to not only help eventually institutionalize HWTS, but also to open the dialogue about alternative technologies and provide confidence to households to try new treatment products. In the end, any program needs to recognize that it is the role of government to support healthy habits. In Indonesia, the government has taken this role decisively over time.

With the STBM policy, they have gone a step further continuing to promote boiling and endorse new technologies but also incorporate other behaviors that reinforce each other (Community Based Total Sanitation). This strong political will and action, creates also favorable conditions for the producers of the technologies and for the partners and organizations working in HWTS, as they also receive the stamp of approval for their activities thus enhancing sustainability of the supply side of HWTS.

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When Aman Tirta started the Air RahMat product was approved and registered by the Ministry of Health. This was tacit approval/endorsement from the government. However the MOH was not engaged in the direct implementation of the program. Aman Tirta focused its activities at the community level and since it was a Private Public Partnership, the program took a more commercial approach and worked with the private sector partners. While Aman Tirta had the Ministry's approval through the registration, the local jurisdictions wanted more evidence and information

from the MOH to ensure the product was safe and that it was OK to tell people not to boil when using the Air RahMat. Just having the official registration of the product wasn't enough. The district health offices saw the MOH's role as the standards and norm setters; thus they wanted their explicit approval. There was a need for the MOH to create an enabling environment that would provide the "approval" of Air RahMat and similar technologies so the local governments could buy in easier.

Aman Tirta developed a true partnership with the MOH so that there was mutual support and endorsement. The end result was formal approval and endorsement by the government of not only the Air RahMat product but HWTS overall with all the technologies. Setting national level policies, the Ministry of Health not only approved new water treatment technologies but openly endorsed and took over the role of champion for HWTS in Indonesia. Aman Tirta has identified four lessons that have contributed to ensuring Political Will and Support for HWTS here in Indonesia.

## Lesson 01. Engage Ministry of Health as a partner from the beginning:



The Aman Tirta program was a commercial model that used a Public Private Partnership approach. On the private sector side, Aman Tirta worked with PT Tanshia who developed, produced and with an identified distributor, distributed the product. The Aman Tirta program had no product subsidies and needed to develop a full product cost recovery strategy. On the public side, Aman Tirta engaged NGOs and local leaders.

Since the program had a commercial orientation, Aman Tirta chose not to engage the MOH beyond the registration and overall endorsement of the product and program. The MOH did not directly engage in the implementation of activities or the program itself; HWTS was not a priority nor a component of their programs.

In its first year, Aman Tirta worked on the development of the product and the promotional materials. When the Air RahMat product was launched in March 2006, the Minister of Health launched it at an official ceremony.



This was due to the line, "...water ready to drink..." This line referred to being able to drink the water treated by Air RahMat. YanFar insisted that the MOH policy states that only water that had been boiled was ready and safe to drink. This incident showed that there was a disconnect between the departments in the MOH, where some were supporting Aman Tirta and new water treatment technologies, and others thinking that boiling was the only way to go.

Aman Tirta had the endorsement of the MOH for the Air RahMat product, however they were only superficially involved with the program itself.

An example of the strong MOH support for boiling as the only approved method to prepare drinking water happened toward the end of 2006. Just a couple of weeks after The TV ads to promote Air RahMat went on the air at a national level, YanFar (Directorate of Pharmaceutical Service), the product registration division of MOH, asked Aman Tirta to stop airing the ads and to change the language in the promotional materials.

After the first eight months of the program it was becoming clear that to be successful, Aman Tirta would need to get more active and explicit support from the MOH in terms of policy and advocacy. At the local levels from Posyandu to the Health Centers and Hospitals, one of the main barriers to continue to use of Air RahMat was the ingrained practice of boiling water as the only MOH approved and sanctioned way to make water safe to drink.

In Central Java, Aman Tirta was not allowed to engage in community activities due to the District Health Office not wanting to promote chlorine based water treatment methods because they thought it was dangerous to the population. A similar problem occurred in South Sulawesi when discussing Air RahMat with health center staff; the doctor was very resistant to Air RahMat and said he had told his community that chlorine was dangerous to treat water.

It is clear from these examples that while the program was a commercial and private sector program, the MOH was critical to its success. Had there been a partnership in the beginning, these problems would have been avoided.



As Zainal Nampira, MOH stated, "we worked together, in parallel, we drafted technical guidance book, general regulations, options catalogue and have tried them out in several locations [in districts trainings]. We developed network with NGOs that have implemented, well, how to create a synergy."



According to Bupati of Trenggalek, “in 2007 we spent 130 million, and 350 million for 2008”. They committed to allocate 500 million of budget for 2009. The allocation is specifically for PAMRT, Open defecation Free and hand washing socialization, dissemination and implementation. Increasing awareness, understanding that resulted in budget commitment from their APBD (formal commitment budget for each fiscal year), also fully support by the parliament and political circle.

The outcome of this lesson was that the program was only able to get so far along without the explicit and active endorsement of the MOH. In the second year, the partnership formed and started working together. This helped alleviate problems down the road and it also created the sustainability behind the overall generic HWTS program for Indonesia. This partnership facilitated the HWTS work and engaged provincial, district and local governments.

## Lesson 02. Engage the MoH in Global HWTS agenda

One of the key approaches Aman Tirta used to create the partnership with the MOH was to engage them in the international Household Water Treatment and Safe Storage agenda. While they had been involved in water and sanitation agenda for some time, attending conferences and workshops internationally, their exposure to the international HWTS agenda was much more limited. Through Johns Hopkins Center for Communication Programs connection to the WHO’s International Network for the Promotion of Household Water Treatment and Safe Storage,

the MOH connected to the emerging international agenda for HWTS and was able to see what other countries were doing, especially how other governments and ministries were engaging. The MOH had been involved with the Community Led Total Sanitation programs, so hygiene issues were not new. With more and more HWTS programs coming online, it was a perfect time for the MOH to understand their role in endorsing and becoming involved with HWTS.

The first real involvement in the international agenda was with the WHO sponsored HWTS conference and the WHO Stakeholder Forum for HWTS in Nairobi, Kenya in 2007. There MOH representatives came in contact with other HWTS programs throughout Africa and Asia, and then participated in stakeholder meetings with Kenyan Government officials as they were planning how they as a government would support HWTS.

As Zainal Nampira, explains it, “where did we learn about it [HWTS]? Pak Wan [the director of environmental health directorate, MoH], Rieneke and Adelina went to Kenya [for a PAMRT conference]”.





After they returned from Kenya, the MOH fully engaged Aman Tirta in their development of a HWTS policy. They endorsed chlorine-based water treatment such as Air RahMat, and a range of other HWTS products and technologies. They had the goal of developing a HWTS national policy by the next International HWTS conference that planned for Ghana in 2008.

Zainal Nampira said, "In 2008 we sent people to Ghana, before the national conference in 2008 to learn about that [HWTS programs]. Through WHO funds, we sent Kristin and one more staff to Nepal. Then we developed the PAMRT [program] and prepared the national conference. Why is this important? Because the MoH has been advising people to boil their water. With the PAMRT concept, we open the possibility for methods other than boiling. That is what we developed with Aman Tirta - JHU."

**HWTS in INDONESIA**

**BACKGROUND**

Safe water use technologies being implemented in Indonesia that provide people with access to safe and affordable drinking water. Purification technologies approved for household use: Boiled (Hot, Cans, Chlorine, Aquasol, Air RahMat), PAM. These technologies offer considerable cost savings for getting safe drinking water (see cost comparison chart).

REASSESSING NATIONAL APPROACH TO RURAL SANITATION

- Presidential Decree on Drinking Water Supply and Household Toilet, 1973 introduced household sanitation and sustainable, did not raise awareness about behaviour change and could not be scaled up.
- Sanitation is a low priority for Legislatures and Executives.
- Independent use of equipment, knowledge and experience of people who can be part of the solution instead of being community and government dependant.
- Poor monitoring systems and inadequate sharing of learning.
- Few mechanisms for scaling up.

DEVELOPING THE TOTAL SANITATION APPROACH

- Based on CTS experience, CTA developed a new paradigm for total sanitation which is pro-poor and supports faster scaling up.
- Total Sanitation is one application where a community:
  - Does open defecation
  - Manages faeces with care
  - Manages drinking water and food in a safe way
  - Manages domestic waste properly
  - Manages domestic waste water in a safe way
- Targets include behavioural and because of collective behaviour change.

**POLICIES**

Indonesia is the first country who launch the Ministry Decree regarding the HWTS in the world

DEVELOPING STRATEGIES AND POLICY HWTS

USAID

**GOAL**

1st NATIONAL HWTS CONFERENCE Jakarta, 8-9 July 2008

MILLENNIUM DEVELOPMENT GOAL 2015

INDONESIA SEHAT 2019

The direct result of the lesson was the development of the HWTS policy that included endorsements for a range of HWTS products and technologies; HWTS was made part of the national Community Based Total Sanitation strategy for improving hygiene and sanitation at the community level.

The Policy included the set of guidelines (petunjuk teknis) the policy (pedoman umum) and an options catalogue that covered information on the benefits of safe water and the different products and technologies.

Through this policy, the MOH promoted HWTS at the district level. The policy was launched at the national HWTS Conference in August 2008. Aman Tirta sponsored a district-level roll out of HWTS. Aman Tirta and MOH teamed up to train the MOH personnel in HWTS, and then co-sponsored events in 10 districts.



The MOH planned to roll out the activity to 210 districts in 2010 with their own budget. At a meeting one year following the National conference to discuss progress made with HWTS, 44 Districts reported implementing HWTS activities (STBM mapping result conducted by Water Sanitation Subdirectorate presented in technical coordination meeting in Bandung 2009.)

### Lesson 03.

## Become a resource and a partner with MOH and local governments in HWTS

Aman Tirta cultivated a unique partnership with the MOH through their engagement in the International HWTS agenda. The Aman Tirta program's focus was on developing a sustainable point of use water treatment product through the commercial sector. The program also partnered with MOH created a two-pronged program with a product side and an advocacy side.

Aman Tirta was the only program at the time that was focusing on safe water and water use at the household level. All of the other programs related to water focused on water supply. Aman Tirta was able to bring to the table the contacts and the information on safe water, how safe water integrates into overall hygiene interventions (there were already CLTS and handwashing programs). This also included being a liaison with organization such as WHO, World-Bank, etc. on the specific areas of safe water. Johns Hopkins Center for Communications was invited to Cambodia for a Regional WHO conference on HWTS that involved organizations around

the region. Through the presentation of the Aman Tirta program and the MOH's advocacy role, other countries saw what the Indonesian MOH was doing. Delegations from the Philippines and other countries visited the Indonesia and carried out information exchanges and looked at their hygiene and HWTS programs.

Once the policy started to take shape, Aman Tirta worked with the MOH to incorporate HWTS into the larger STBM (Community Based Total Sanitation) policy for hygiene improvement.

Zainal Nampira: "We started to discuss [about HWTS] intensively from 2007 to 2008, while developing the STBM strategy... and then we learned from a WHO study that environmental interventions need to be done from 4 to 5 pillars, with one of them being HWTS. So we discussed with Rob [Aman Tirta] and the team that we wanted to implement this strategy."



Aman Tirta provided contact information to other integrated hygiene programs and supported the MOH by hosting meetings and workshops with other stakeholders. Once these discussions started to take place, the STBM strategy was developed and Aman Tirta provided the launch pad with the National HWTS conference. Aman Tirta, through the MOH also acted as a resource for local governments.



Aman Tirta provided the information and training to the District in Trenggalek and they became one

Ubaidilah (the head of the District Health Office, Trenggalek), "...we were invited to the HWTS National Conference in Jakarta and the mayor and I....There was "Safe Water" Exhibition. The mayor saw [water treatment methods] there. Because in 2006 Trenggalek had a big flood, there were some thousands wells flooded..., the water was turbid, at that time we were lacking clean water. And there (at the exhibition) was water technology for household level.

*Then I had a discussion with Pak Bupati, "Pak Ubaid, take these samples, so we can promote it. Then we tried it and gained profit too. If people have access to healthy water, then the benefit is reduced use of gasoline, kerosene, and firewood. We have not calculated it yet but my feeling it's going to be hundreds of millions, if we promote it. That's why Bupati bought [water treatment methods]."* [Ubaidilah, the head of Health office Trenggalek].

of the first districts to roll HWTS out in the district and to actively promote and distribute water treatment products. They started with Air RahMat and PuR. They then added more technologies to the list and integrated the HWTS program into their district -wide health programs, and promoted it to all the different government departments, not just the Health Department. This site became a model for the rollout program.

**Result:**

**PAMRT ROLLOUT:** Once the policy was in place, the MOH wanted to implement the policy nationally through the districts. Aman Tirta worked in partnership to develop a plan to roll it out. This was not a regular donor-supported program activity. The MOH allocated a budget to the program and it was a cost-shared activity.

The objectives, goals and the geographic areas were decided together. This was the pilot phase, before the MOH scale-up. It started in 10 districts. The partnership included not only MOH and Aman Tirta, but also private and public sector organizations. The private sector was providing the products (Air RahMat and Aquatabs, and ceramic filters) and the NGOs provided support in the areas where they were working.

*"Now we are in the implementation stage, not just trying out. This year, our plan is to start implementing this [STBM] in 10 district, we expect to accelerate this year. We are doing this in a team with Aman Tirta, and producers ...,"* Zainal Nampira explained.



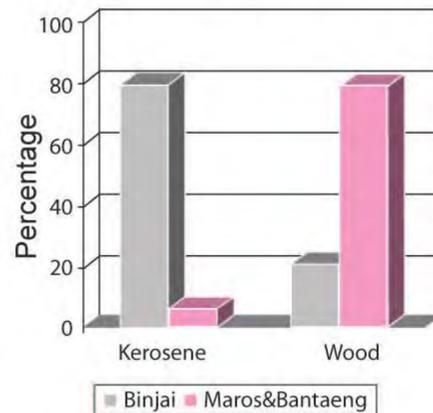
## Lesson 04.

### Produce and share data on HWTS

Credible data on the water situation in Indonesia and globally helped to provide context to the problem and justify action. Aman Tirta had been collecting data and implementing studies that shed light on household drinking water treatment and use. There was also global data and studies that were provided to the MOH.

The data collected provided information on levels of contamination between source and stored water, economic comparisons for treating water, diarrheal studies, etc. This helped convince the MOH of the benefits of point of use water treatment technologies. The MoH also adapted these data for their own presentations and reports. They used these data to advocate for safe water programs.

#### Fuel used to boil water



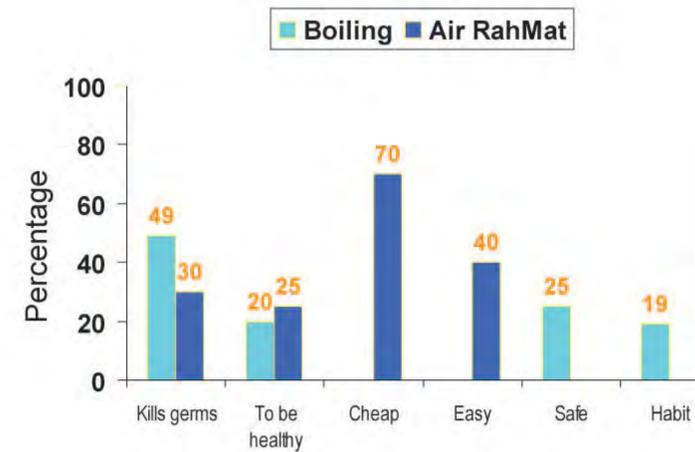
*Zainal Nampira: One of your presentations [Aman Tirta] an anecdotal example of the amount of firewood use for cooking]... showed us that there's also a connection between boiling and climate change. About the energy, that we use kerosene or firewood and produce carbon... this issue is important also and it will be in our next agenda .*

#### The case of Banjaran Wetan Villagers

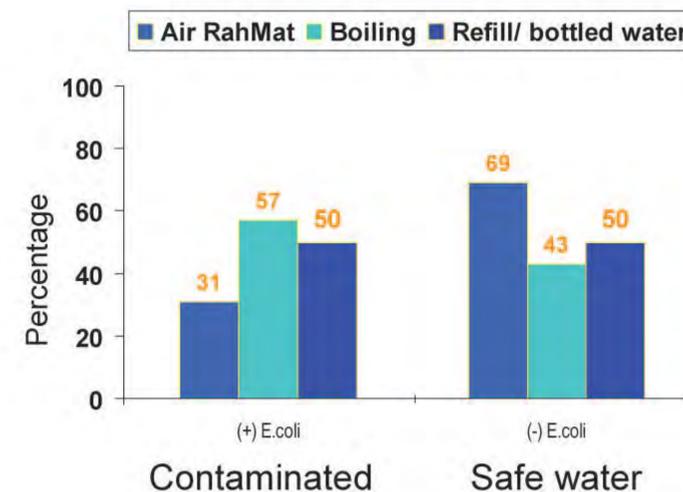
- Banjaran Wetan Village, Banjaran Sub-district, Bandung District
- 17 hamlets ≈ 5100 households.
- One household use three *Kaliandra* trees for 5 days
- If 4000 households use trees, then in a month there will be 72.000 *Kaliandra* trees cut down for fuel in a month (4000 households X 3 trees X 6 times a month)



#### Reason for Treating Water by Method



#### E.Coli Contamination in Household Drinking Water by Method



*Wan Alkadri: When we are talking today, how many millions of people have no safe water... Alhamdulillah, Indonesian people, when we asked whether they are willing to drink water with low quality, they will answer "no".. They have the motivation, but they only [know] boil, like that. The survey showed almost 90% people [boil their water, but]... still got diarrhea. People drinking boiled water can still get diarrhea." This information came directly from the Aman Tirta district-wide studies that were conducted in 4 different districts, and a field visit from a program where an environmental NGO was implementing Air RahMat activities .*

#### Result:

The Ministry used the data that Aman Tirta generated in their presentations because they were convinced and it supported their efforts. They also were able to access other data through Aman Tirta such as global studies on HWTS, impact studies, and the WHO studies on integrating different hygiene activities. They used the health and economic data on the costs of boiling compared to other technologies. These data convinced MOH to become the champion for HWTS for Indonesia and Aman Tirta

Having affordable water treatment products and services available is key to the overall adoption of new technologies and products. In the case of Air RahMat, this meant first developing and producing the product with a credible manufacturer. Aman Tirta used a commercial model (or manufacturers model) to ensure that the product would be in the market and produced after the program finished. The manufacturer had to be willing to produce and distribute a product that was non-subsidized with the plan to take over the brand.

Once the product and brand are developed, distribution networks that get the product to the target consumers, in this case low-income families needed to be established. This was a challenge from the beginning of the program, mainly because of demand. Because there was very low demand for the new product, it was hard to justify widespread distribution. Demand was limited as Indonesian people consider boiling the only option to treat water at home. To justify widespread distribution, people needed to understand water treatment technologies and the product itself. People needed to want to try a product before they will look for a product. Retail outlets do not like to take risks with new products, especially with products that they themselves do not use.

Getting people to be aware of the product and be motivated to try it and buy was similarly difficult. People did not know about treating water and they distrusted the chemical products like Air RahMat that they would need to drink. Aman Tirta worked with the manufacturer and distributor to ensure distribution that would ensure the widest possible access to the product. A number of approaches and channels were used including traditional retailers, mainly *warung* [small Mom and Pop shops]. Through the process of developing the product, packaging, and distribution, Aman Tirta identified 4 lessons that follow.



## Lesson 01.

### Partner with and engage a local private sector manufacturer that is committed to the product

Partnering with the private sector firm for the development, production, and distribution of the product was key in the sustainability of the program. The commercial model that we implemented required private sector controls and investment in the product side of the program.

The private sector partner was responsible for covering the costs for production and distribution. They covered those costs through the sales of the product. This ensured that after the program ended, the company would continue to manufacture the product. The market would be there, and the profits sufficient to keep it going.

Aman Tirta first partnered with a large Indonesia consumer goods company. This was seen as a good way to go since they had the capacity to add a product into their catalogue.

After a few months, the company backed out saying the program was too small for them to work with. Aman Tirta then engaged PT Tanshia, a local manufacturing firm that was producing the leading bleach consumer product in Indonesia. PT Tanshia saw the possibility of Air RahMat not only as a social beneficial product for Indonesia, but also as a long-term investment that would eventually be profitable for the company. We felt confident that PT Tanshia would continue to produce Air RahMat. PT Tanshia became an active partner in the program and provided input in all aspects of the product development and program implementation. They invested their own capital in the product.

PT Tanshia from the beginning collaborated with Aman Tirta at all levels through the production, testing, distribution, and sales and marketing. Aman Tirta looked to PT Tanshia for the commercial operation, and they relied on Aman Tirta for the promotion, mobilization, outreach and government advocacy.

Robert Purnamabagya from Tanshia said, “We didn’t know how to market it... with Air RahMat, good... we expected support from USAID, a credible agency. I saw this as a good project, to help Indonesians, I didn’t really think about the profit, we could still run it, why not? Because USAID support us in marketing and other things, and we supply with the product. We expect that this will be commercially self-accelerating. But we never thought that there would be a problem in acceptance. We continue... so we started with NTRs, no matter how small their demand was we tried to fulfill it.”





Aman Tirta learned a lot from introducing and promoting Air RahMat. Dos Ni Roha was the first distributor to work with the Tanshia. After 2 years, PT Tanshia became the brand owner and principle for the product. They changed distribution companies to Ultra Salur. Through taking over the brand and owning it outright, they solidified their commitment to HWTS and the product to keep it going in Indonesia.

The transfer of the brand (Air RahMat) occurred at the end of the second year and the complete take over started at the end of year 4. Without this type of commitment, and ability, production could not have been sustainable. The demand for the product is very slowly building and PT Tanshia is still committed to producing it.

They are looking for way to ensure supply gets to where it is needed. This is also evidenced in the work Tanshia did to develop a new line of Air RahMat in a sachet. They invested in the development and testing of the product.

It is key that the manufacturer be involved from the beginning of the project in the planning their role. Due to the later start of PT Tanshia in the program, many of the program planning and decisions had been made and were in the process of being implemented. Had they started in the beginning of the program, their input would have been key to the launching of the program.

The partnership needs to have equal participation of the members, especially the manufacturer since they are the ones putting their capital on the line for the product. While this was a truly commercial product, the goals and objective of the program were responding to the donors needs. These don't always overlap, especially when you are asking people to buy a new product.



The end result of the partnership was Air RahMat that was available in a 100 ml. bottle and a 3ml. sachet, distributed after program funds had ended. Tanshia is now doing sampling, promotion, and advocacy with the government, and is part of the national HWTS network.



## Lesson 02.

### Define a strategy that ensures appropriate distribution mix

Promoting a new product and category has many challenges. Retailers don't know about the product, and like consumers, they may be reluctant and distrust novel products. The original plan for the project required it to be nation-wide and sustainable in two years due to the funding for the program. Choosing the distribution network was a bit tricky due to the necessity to go to scale quickly.

Ensuring that the product is available where people can easily see and access it is key to product uptake. While the marketing component is charged with creating the awareness and demand, if the product isn't available no one can try it. As any commercial venture knows, identifying and establishing distribution networks can be challenging.

Matching the distributor with the target retailers helps to ensure that consumers can find it. The first Air RahMat distributor had most of their distribution networks with pharmacies because their main products were pharmaceuticals. They were the only distributor willing to work with the program when it started. The target consumers were poor mothers who used traditional markets and small stores (warungs).

It took considerable time to engage the warungs in the areas where Aman Tirta worked. Warungs also tended to go to larger stores to stock items, called provisional stores. We attempted to stock those stores with Air RahMat. They usually had agreements with the distributors with credit terms for product. This also was not successful because warung owners did not want to stock a product people were not asking for. They tended to stock items that moved quickly.

As Robert Purnamabagya from Tanshia explains, "...and also about the product category, we thought because this is a chemical solution, we put it in drugs counter, but those that are put in the shelves with drinking water are sold faster. In one supermarket in Surabaya, they didn't let us put AR in drinking water shelf. They wanted it to be in the drug counter. So we don't know whether the sales in that dept. store will be better if we put AR in the drinking water shelf."





Different approaches were tried that included wet markets, larger warungs, and direct distribution through non-traditional retailers. Non-traditional retailers were volunteers, usually local women, who promoted and sold Air RahMat. This was successful in some areas.

Non-traditional retailers helped reach people who saw the health benefit of HWTS. They did not reach entrepreneurs concerned with profit. There was a considerable dropout in the non-traditional retailer program because Air RahMat is inexpensive and not very much could be made per bottle sold. In areas where there were combined mobilization programs, there was a higher level of continuing non-traditional retailers.

Direct distribution with sampling activities was the most successful type of distribution-sales. Mobile teams would go to communities and stage an event where people could try Air RahMat treated water, see demonstrations and ask questions to resolve their doubts.

They could get up to 20 liters of treated water for free. This created initial trials and sales, but the repurchase rates lagged. In the last year of the program, Tanshia started to distribute at local mini-marts. This has created a steady stream of re-purchase, though in relatively small amounts; however it shows that the product is gaining some momentum.

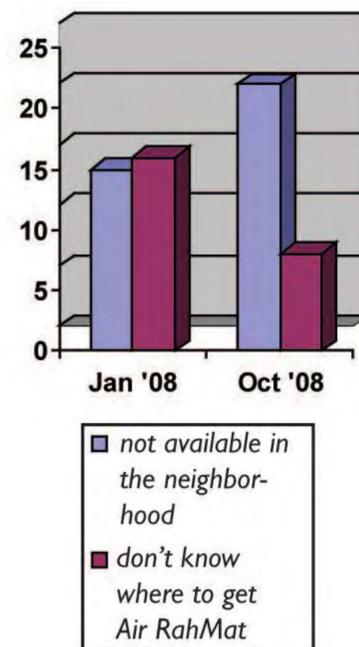
*“When we started, we assumed that we had to start with traditional market because we couldn’t list our product in minimarket or supermarket chain. But it failed, distribution worked but we were not selling out. We learned from Surabaya, from our distributor, they entered local supermarket like Kurnia or Sinar, because consumer can smell, and touch Air RahMat, and ask...while in traditional market, the sellers are very busy, no time to tell people about the product”, Robert Purnamabagya said.*

The sustainability of the product will rest somewhat on the correct distribution networks. Currently the Ministry of Health is rolling out the HWTS program at the district level. A component of this is developing local supply chains within cooperatives. One of the main lessons from this experience is that where there is very low demand for HWTS products, there needs to be support from donors and government to promote and develop innovative strategies to ensure proper distribution in the beginning.

Private sector companies usually need to cover the costs, and when the demand is low there is no economies of scale. This is where you see the crossing of the needs of the donors and that of the commercial market. In a true commercial sense, private sector companies could only continue for so long if the demand is not meeting the bottom line. Where as the donors/implementers perspective of the health outcomes more than the bottom line.

Early on, people who were aware of the product but never tried it admitted that they didn’t try the product because they didn’t know where to get it. This may have been because Air RahMat was not available in their neighborhood, and they didn’t know how to get it.

A good sales record can drive distribution. Retailers needs should match their expectations for the product selling out. When Air RahMat did not sell out quickly retailers lost interest in stocking the product.



Aman Tirta used a variety of approaches to distribution. Product awareness was high, but consistent use was a struggle. Even in markets where we had community mobilization efforts, people were not consistently using the product because they did not trust the chemicals, the taste, the product was not easily available.

Air RahMat was a relatively unknown brand. Market identification and pre-testing can help us understand how consumers will react to the product. In this case, pre-testing might have been rushed in an effort to roll out the program quickly.

## Lesson 03.

### Conduct tests to define the optimal distribution strategy

Market pre-testing can provide a good idea of potential consumer response. This is important with novel products. Ideally, marketers focus their activities to create demand, identify market outlets, marketing approaches, and understand the retailers and the consumers questions about the product. Scaling-up the Aman Tirta program was hurried.

Initially the program had two years to develop, produce, distribute, and market the product, and then make production sustainable with a large market base.

Pre-testing surveys and focus groups gave insight into people's perceptions of the product, and their willingness to buy and use it. We found that in reality, however the product was less enthusiastically received.



Nielsen survey on water hygiene conducted in Tangerang and Mauk (2004), and a formative qualitative study by Aman Tirta conducted in Jakarta, Surabaya, Klaten and Sukabumi (2005). Showed that when introduced to the SWS concept, 40% of respondents (AC Nielsen) were receptive to the SWS product. Most of those who are receptive are:

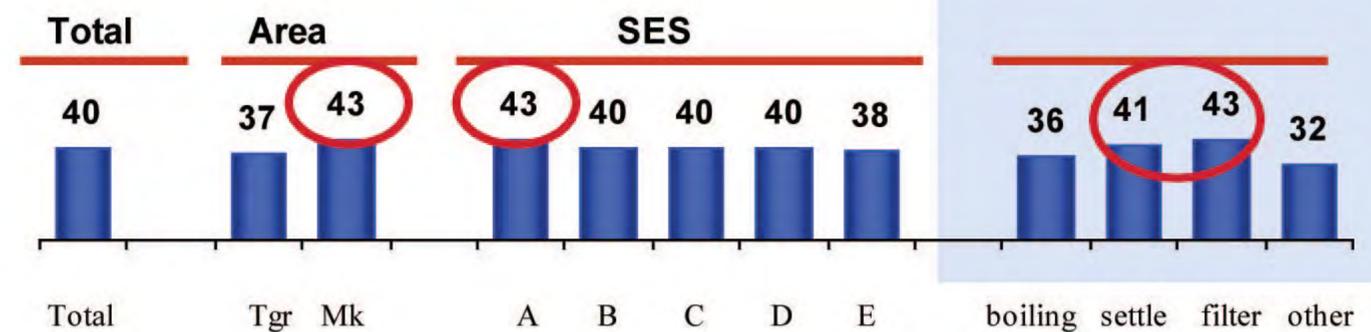
1. The more affluent segments (A,B class);
2. Those who don't use boiling;
3. Those who are currently using public water source;
4. Those whose water is low in quality.

The positive aspects non users of the product (from the qualitative study) included:

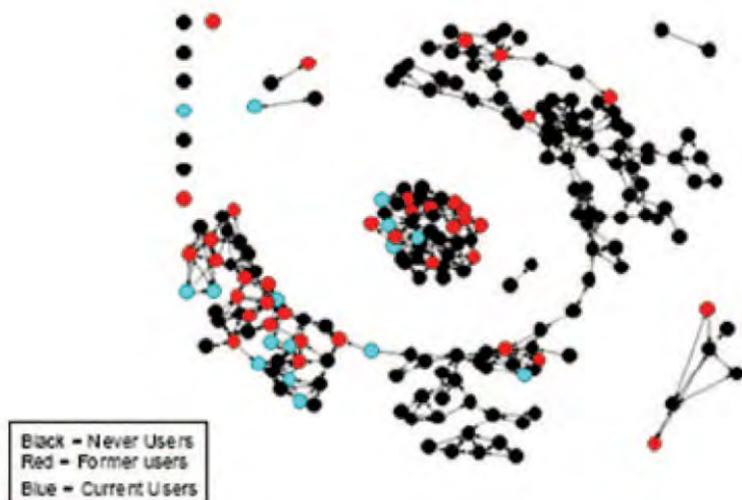
1. Most people see the product as a practical/ simple way to get safe water;
2. It is economical in that you save in buying kerosene and/or buying/collecting wood to boil the water;
3. A third attribute was the issue of better health (less sickness) though was as strong as the other two.

Barriers to uptake for SWS (AC Nielsen) identified were:

1. Aversion to the addition of chemicals (39%);
2. Attachment to current practice of boiling (22%);
3. Belief that their drinking water is already clean (14%); and,
4. Skepticism about the product (8%).



Social network of Women in Bojong Renged,  
by use of Air RahMat



As Rob Purnomo from Tanshia explains, “ Our market, at first we thought about the poor but we now think that [our target market is] more educated people, those who dare to take the risks.” This target market is not the audience that the original proposal focused on, low income families with young children.

However it became clear that people willing to try new products tended to be richer and better educated. This group tended to have less water-borne disease; they were not generally seen as the target for development programs.

In a social network study conducted in Tangerang, there was evidence that people were more likely to treat water if others in their social network used Air RahMat. This was true whether they talked about the product or not.”

Having a well-planned, small, and manageable test market would have helped identify barriers to purchasing the product. Aman Tirta started in seven districts in two provinces. The seven districts had a total population of 10.4 million people. This was too large of an area to cover throughly.

