Dispensers for Safe Water

Delivering safe water to millions.

Providing safe water is one of the most cost-effective ways to prevent diarrhea and save children's lives.

About

For less than $1.50 per person, per year, Evidence Action's Dispensers for Safe Water program provides over 4 million people in rural Kenya, Uganda, and Malawi with free and reliable access to safe water.

OUR COST-EFFECTIVE SOLUTION

Globally, chlorine is the most commonly used disinfectant for the treatment of drinking water. Since chlorine can provide residual protection for up to three days, it not only disinfects but prevents the recontamination that often occurs when water is handled or stored in homes.

Dispensers for Safe Water provides on-demand chlorine to rural communities that aren't reached by municipal water systems and obtain their drinking water at wells and boreholes.

HOW IT WORKS: A community member goes to their usual water source, places their bucket under the dispenser, turns the valve to dispense the correct dose of chlorine, and fills their bucket with water as they normally would. The chlorine disinfects the water during their walk home; by the time they arrive, it is safe to drink.

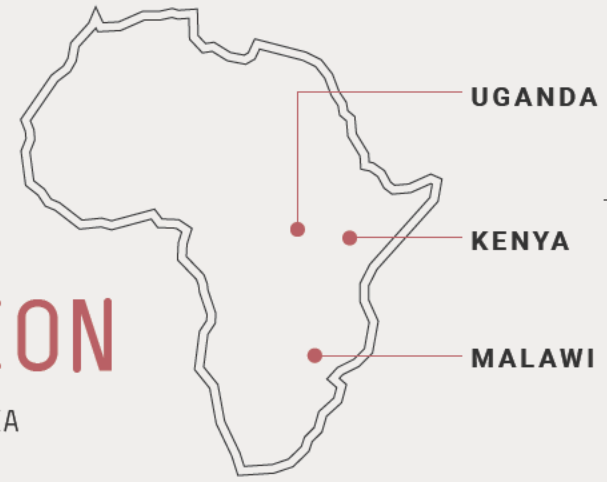
Our Impact

4 MILLION+

PEOPLE REACHED

1.3 MILLION

CASES OF CHILDHOOD DIARRHEA AVERTED BETWEEN 2013-2021



570,000+
CHILDREN REACHED

28,000+
DISPENSERS INSTALLED IN RURAL AFRICA

54,000+
COMMUNITY-APPOINTED VOLUNTEERS

60%
AVERAGE ADOPTION RATE

<$1.50
PER PERSON, PER YEAR

Why It Works

HUMAN-CENTRIC DESIGN: Our bright blue dispensers are installed next to water sources. This makes it easy for people to remember to use them and helps them build safe water practices into their routines. And because the water is treated during the walk home, there is a little-to-no lag time between treatment and use.

COMMUNITY PARTNERSHIP: We engage local leaders before a dispenser is installed to secure their buy-in, and communities elect a volunteer "promoter" who guides and encourages dispenser use and lets us know when chlorine refills or dispenser repairs are needed.

LAST-MILE SERVICE DELIVERY: Our maintenance and supply chain ensures dispensers are always stocked with chlorine and working. Local staff use motorcycles to reach remote locations to ensure issues are addressed within 72 hours.

FREE-TO-USE: Research shows the use of preventative health products declines with even marginal costs. By providing chlorine for free, we ensure people who need it don't have to make difficult trade-offs.

WHY SAFE WATER?

2 BILLION

PEOPLE GLOBALLY LACK ACCESS TO SAFELY MANAGED DRINKING WATER. MOST LIVE IN RURAL SUB-SAHARAN AFRICA.

8 IN 10

PEOPLE LIVING IN RURAL AREAS DO NOT HAVE ACCESS TO IMPROVED WATER SOURCES

525,000

CHILDREN DIE ANNUALLY FROM DIARRHEA, OFTEN DUE TO DRINKING CONTAMINATED WATER

We're Expanding!

Starting in 2022, we're installing 24,000 new dispensers in Uganda and Malawi – doubling our footprint by 2023 to reach a total of 9 million people, averting thousands of cases of diarrhea and improving child survival.

This scale up will see us providing over 10% of Uganda's population, and over 15% of Malawi's, with access to safe water. We will also continue to serve over 2 million people in rural Kenya.

DID YOU KNOW?

When Professor Michael Kremer was awarded the Nobel Prize for Economic Sciences in 2019, he contributed one of our dispensers to the Nobel Museum to represent his work!

About Evidence Action

Evidence Action scales evidence-based and cost-effective programs to reduce the burden of global poverty. We bridge the gap between research about what works and solutions for people in need to effectively serve hundreds of millions in the world's poorest places.

FOR MORE INFORMATION CONTACT:
Grace Hollister, Chief Engagement Officer
grace.hollister@evidenceaction.org

EVIDENCE-BASED AND COST-EFFECTIVE

+ A vast epidemiological literature suggests significant reductions in diarrhea — roughly 25% — in communities provided with a drinking water quality intervention.[1]

+ Michael Kremer (Nobel Laureate, Economic Sciences, 2019) and colleagues from Harvard University and UC Berkeley tested point-of-collection chlorine dispensers against other water treatment interventions. They found that a) dispensers had much higher usage rates and b) usage stayed high over time.[2]

+ A 2022 meta-analysis by Kremer and colleagues analyzed data from multiple randomized controlled trials and found that water treatment reduces all-cause child mortality by around 30%.[3]

+ These researchers also analyzed cost data from Dispensers for Safe Water; they estimate that the number of disability-adjusted life years (DALY) averted per dollar is more than fifty times greater than the WHO's cost threshold for "highly cost-effective" interventions.[3]

1 Clasen T F. et al. (2015). Interventions to improve water quality for preventing diarrhoea. Cochrane Database of Systematic Reviews

2 Ahuja A., Kremer M., and Zwane A.P. (2010). Providing Safe Water: Evidence from Randomized Evaluations. Annual Review of Resource Economics

3 Kremer M., Luby S., Maertens R., and Tan B. (Working Paper). Water treatment and child mortality: a