



EVALUATION OF SAFE WATER FILTRATION SYSTEMS PROVIDED TO FAMILIES IN ZAMBIA

July 2023



Training session for beneficiary families



Left: A demo in progress



Right: Sampling the clean water

About this Project

The provision of SFWS is pilot project that provided SWFS to 60 families who lack access to clean water. The goal of this project is prevention of water borne diseases and for the improvement in health of users of the SWFS. The SWFS were distributed by the Matero Care Center with the support of the Rotary Club Nkwazi in Lusaka, Zambia, Point Loma Rotary Club in California, USA, and the Power of Love Foundation, in California USA. There is a

huge need to for these SWFS as most families in Matero and neighboring compounds lack access to clean water. We are in the process of raising funds to provide more than 1000 SWFS in the next few months.

Beneficiaries: 60 families who lack access to clean water

Location: Matero Compound, Lusaka, Zambia

Program Activities:

Training: Safe Water Filtration Systems (SWFS) were provided to 60 families in the community of Matero. Before the provision of water filters one person from each family received training on how to use, care for, and store the SWFS. Beneficiary family members asked several questions and were confident that they will be able to care for their SWFS.

The training included how to assemble the filter, back flash, storage and cleaning the whole system as to make sure that it a kept clean away from germs.

Distribution: After the demo and training session, 60 families received the SWFS. The families agreed to provide feedback after 3-4 weeks of use and come back to the centre if they faced any problems. The distribution was completed in April 2023.

Evaluation of the SWFS: In June 2023, families were requested to complete a questionnaire regarding the use, back flashing, and prevention of diseases. For a copy of the questionnaire see pages 4-5 below.

Here is a summary of the responses from the questionnaire:

- 45 people said they refill the water bucket 3 to 4 times a week as due to a larger household size. The others (about 15 families), refill the water bucket once or twice a week.
- 52 beneficiaries are using the water filters daily while the rest are not.
- Only one family experienced recent diarrheal diseases which affected 2 children in the household.
- Some of the responses from families regarding the SWFS:
 - They now drink clean water as it is filtered before it is consumed.
 - It has prevented diarrheal diseases in homes.
 - Their costs have reduced in that no water for drinking is being bought anymore. Purchase of water expensive.
 - Some neighbors are admiring the filters as their friends are not experiencing diarrheal diseases anymore.
 - 25 families had some shortcomings. They shared that is a need to take good care when cleaning the filter and back flushing it as it may break when not properly handled. They were concerned that in case the filter gets spoiled there is no replacement for it.
 - 4 beneficiaries experienced leaking taps.
 - 50 beneficiaries shared that the organization should speed up acquiring more filters so that the whole community can be provided with the filters in order to reduce cases of diarrhea. Most families cannot afford to buy drinking water.

Overall, our ground team observed that:

- All the filters were kept clean.
- Families are happy with the filters that were provided to them.
- Beneficiary families are following the instructions on back flushing the filters.

The responses are summarized in the table below:

Summary of Results of the Evaluation Study

Number	Question	Number of families
1	Number of buckets filtered Weekly; 3 to 4 buckets a week	45
2	No of families using the filters everyday	52
3	Recent diarrheal diseases	1
4	Benefits of SWFS	<ul style="list-style-type: none"> ➤ They now drink clean water which is filtered before it is consumed. ➤ It has prevented diarrheal diseases in homes. ➤ Their costs have reduced in that no water for drinking is being bought anymore as this was an expensive venture for them. ➤ Some neighbors are admiring the filters as their friends are not experiencing diarrheal diseases anymore.
5	Shortcomings	<ul style="list-style-type: none"> ➤ Need to take very good care when cleaning the filter and back flushing it as it may break when not properly handled. ➤ Concerned that in the event that the filter gets spoiled as there is no replacement for it. ➤ 4 beneficiaries experienced leaking taps.
6	General assessments	<ul style="list-style-type: none"> ➤ All the filters were kept clean. ➤ FCGs are happy with the filters that were provided to them. ➤ FCGs and other beneficiaries are following the instructions on back flushing

Thank you.

Safe Water Filtration System (SWFS) Evaluation Form Instructions

1. Please fill in EVERY single space where information is requested. If no information please write in N/A which stands for Not Applicable. The number of adults and children in the household is very important as is all other information.
2. Write in BOTH the Household Surname and the full name of the person who signed the Household SWFS Agreement. We will use this information to create project end reports that help us in showing how well the SWFS works and track all SWS for the long term.
3. Write or print CLEARLY all information.
4. Sign your name fully and clearly on the last line. CYCW refers to the Child and Youth Care Worker

Safe Water Filtration System (SWFS) Project

Follow Up/Evaluation Form

Date: _____ Address/location: _____ SWFS # _____

Household Surname: _____

Full Name of Beneficiary who received the SWFS:

1. Number of adults _____ 2. Number of children under 16 _____

3. SWFS actively used? (Y/N) _____ 4. When was it last used? _____

5. SWFS complete with all parts? (Y/N) _____ If "No" list missing/damaged items: _____

6. Number of buckets filtered daily:

7. Reasons if SFWS not in use

8. Recent illness (typhoid, cholera, diarrhoea, malaria, hepatitis etc.) in the household?

9. Does the family appreciate the clean water from the SWFS? (Y/N) _____

List Benefits: _____

List Shortcomings: _____

10. Any other concerns or issue raised: _____

11. General Assessment by CYCW: _____

Signature by household member at visit _____ Print name: _____

Name of Follow-up CYCW: _____
