Methods A total of 96 households treating water at home, by boiling (n=15), filtration (n=6) or sodium hypochlorite solution (Safewat® n=75) in urban slums of Haridwar and Dehradun districts of Uttarakhand were studied. Respondents were administered a pretested semi-structured interview schedule for identification, measurement and valuation of all the resources involved in these three methods. The mean and 95% CIs of cost of treating ten litres of drinking water were estimated.

Results The cost of using Safewat, water filter and boiling was estimated to be INR 1.44[1] (1.29–1.50) INR 1.79 (1.31–2.27) INR 5.82 (5.24–6.40) per ten litres of water treated respectively. The cost of boiling was high because of the cost of fuel (69%) despite a subsidy by the government on the gas. The use of filter required an initial capital investment for purchase of filter (Approximately INR 500). Safewat solution accounted for 13% of the total cost of treatment by chlorination.

Conclusion Assuming similar effectiveness rates, Safewat use appears a more affordable alternative, with little initial investment. This makes a case for promotion, by the physicians, of water chlorination in place of the more costly option of boiling, which has been advocated for long.

Conclusion All aspects of the SAFE strategy are important in the eradication of trachoma. However, improving the supply and distribution of azithromycin is relatively easy to implement, fund and monitor. This study highlights the importance of continued focus on the delivery of azithromycin in the treatment of trachoma.