SOCIAL MARKETING POINT-OF-USE WATER TREATMENT: Bringing Safe Water to Developing Countries at Scale

Sally Cowal November 2007

PSI's Partners in Water

- **Research and Development**
  - CDC
  - WHO/PAHO
  - Emory University
  - Hygiene Improvement Project
- **Donors**
  - PSI
  - USAID
  - UNICEF
  - DFID
  - Procter & Gamble
  - Abt Associates
- **Private Sector**
  - P&G **and** Medentech
  - Local manufacturers
  - Wholesalers
  - Retailers
- **Public / NGO Sector**
  - Water Advocates
  - UNICEF
  - CARE
  - Catholic Relief Services
- **Governments**
  - Ministries of Water & Sanitation
  - Ministries of Health
  - Political Leadership
  - Local authorities
- **Influential Intermediaries**
  - Medical Associations
  - Professional Associations
  - Schools

Partnerships In Action:
Safe Water Solution and Chlorine Tablets

Safe Water Solution: CDC designed sodium hypochlorite solution currently in 20 PSI countries

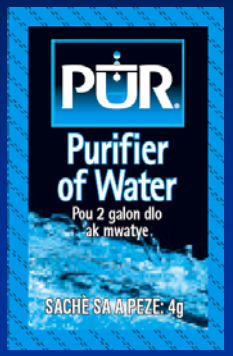
- **Encourages consistent use**
- **Low cost:** a penny a day for a family of 6
- **Effective** : Reduces diarrhea incidence in <5s by 50%
- **Builds Local Capacity:** Engages local private sector; thereby reducing production costs and increasing sustainability

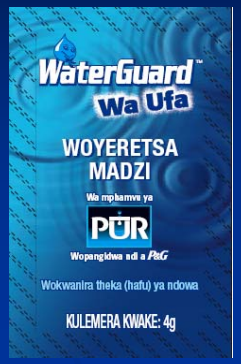
Chlorine Tablets: Chlorine tablets (Aquatabs brand) currently in use in 4 PSI countries

- **Easier Logistics**: Light and Easy to transport
- **Long product life:** Five year expiration date
- **Fairly Inexpensive**: About $US 0.005 penny/tablet which treats 20 liters of water
- **Individual sale possible**; facilitating purchase by consumers with little disposable cash

Partnerships In Action: PSI and P&G

- P&G developed the PUR purifier of water and worked with PSI to market it in developing countries
- Currently in 9 countries: Haiti, Uganda, Pakistan, Dominican Republic, Botswana, Ethiopia, Kenya, Malawi, Democratic Republic of Congo





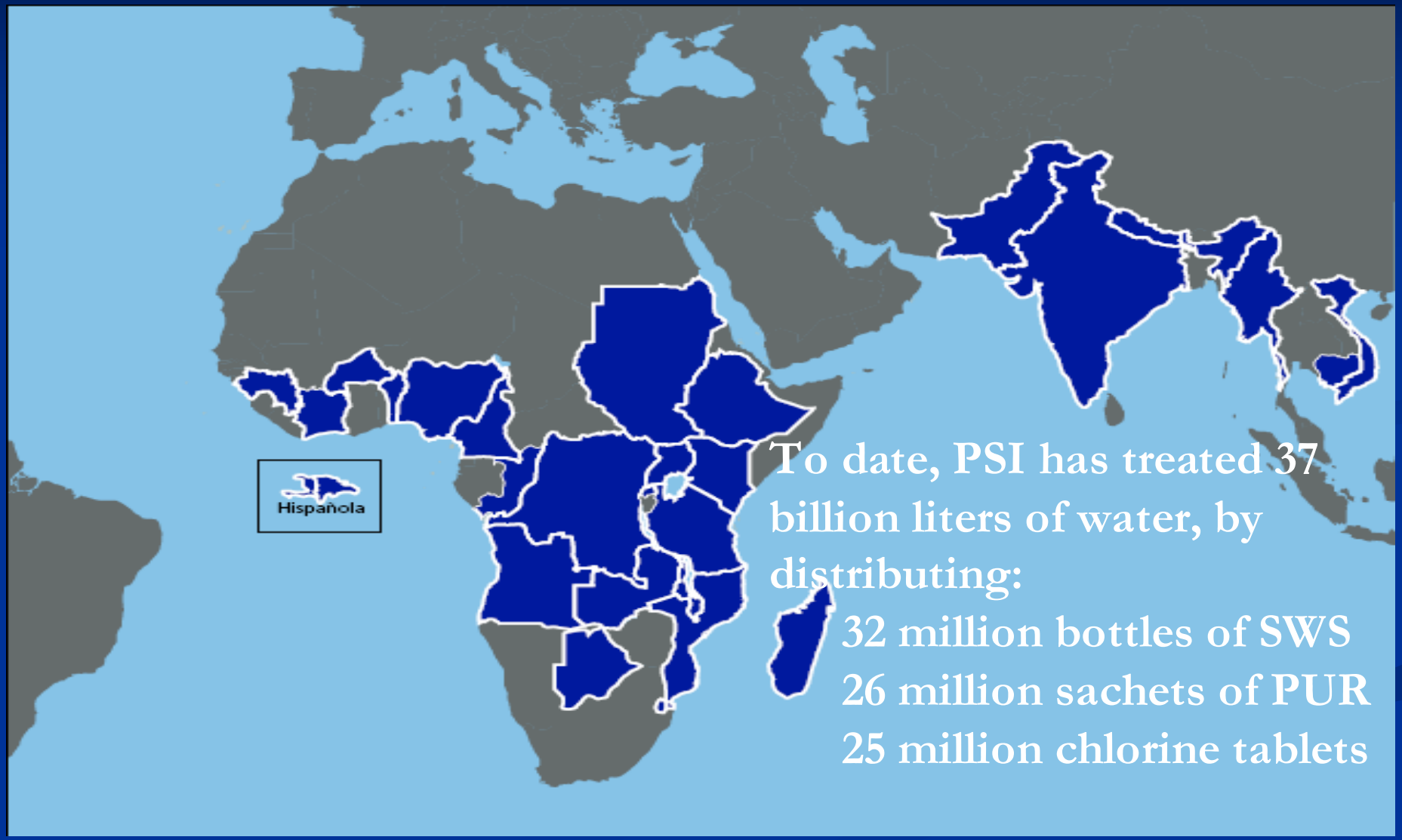
To Date:

over 26.8 million sachets sold

Why PUR ?

- Good for rural areas with turbid water: Removes turbidity through flocculent,
- Removes heavy metals
- Light and easy to transport
- Three year lifetime for product
- $0.10 - 0.20 USD per family per day

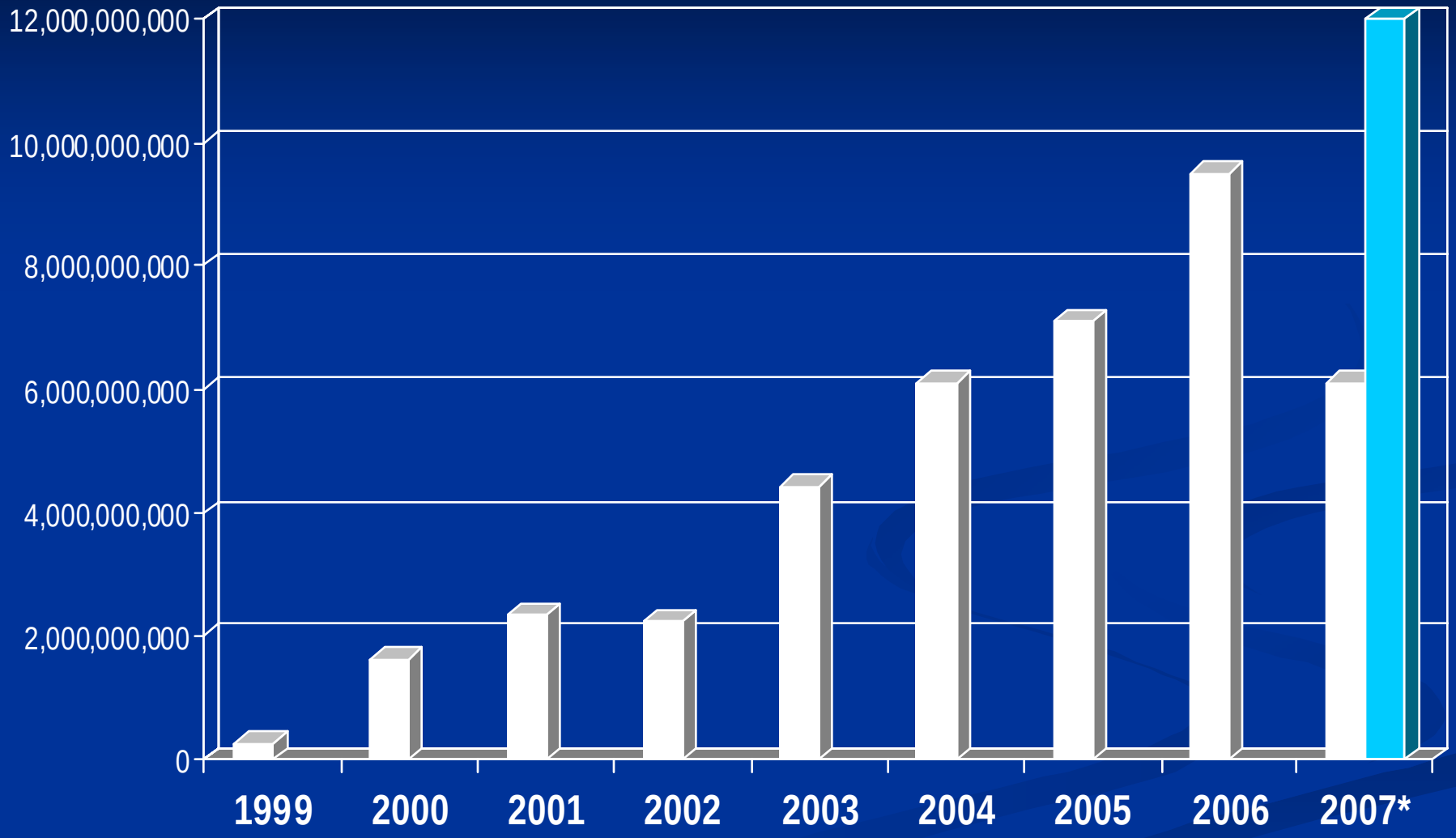
Reach of PSI's Safe Water Programs



To date, PSI has treated 37 billion liters of water, by distributing:

- 32 million bottles of SWS
- 26 million sachets of PUR
- 25 million chlorine tablets

PSI: Liters of Water Treated, 1999 – 2007*

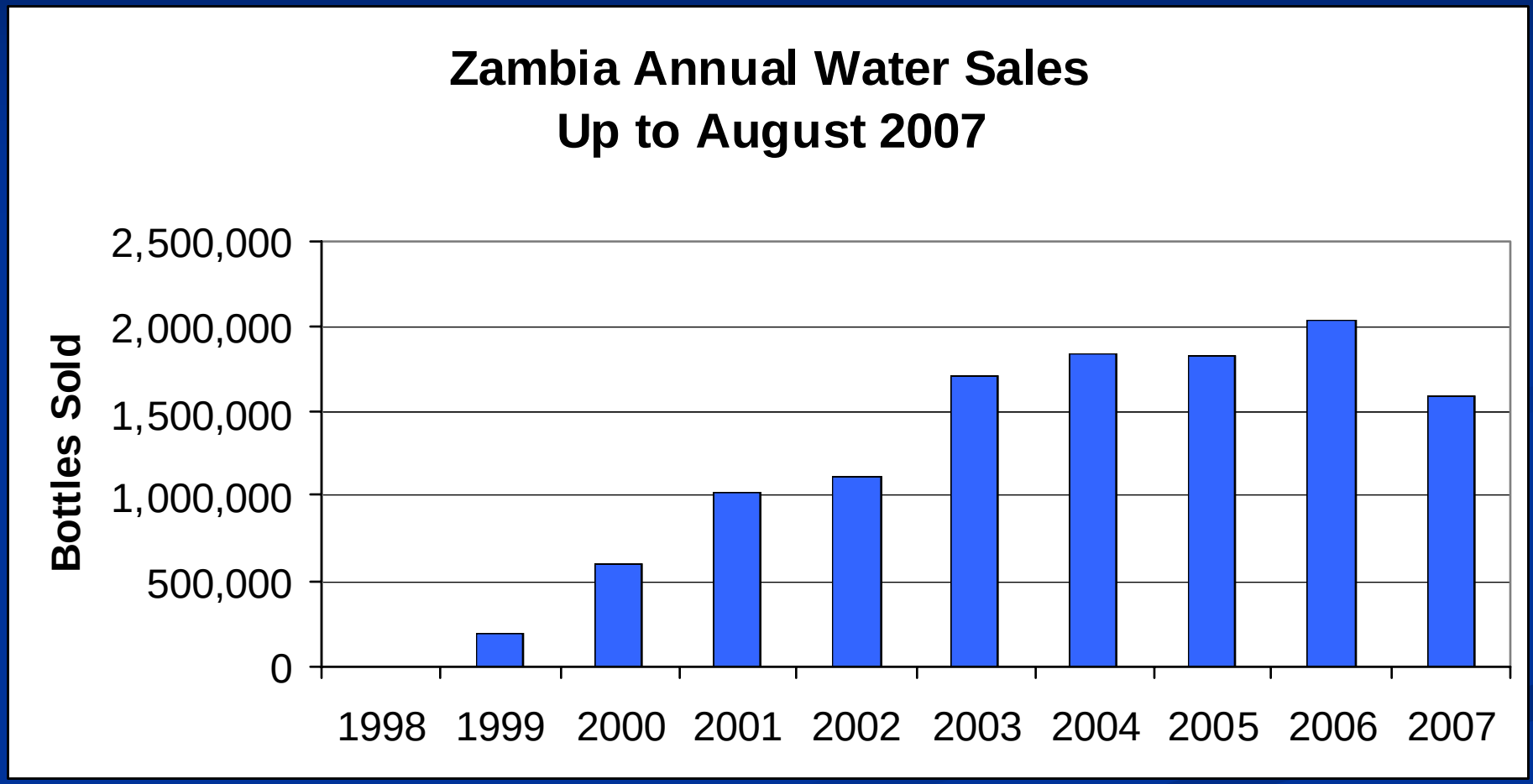


PSI Programs Provided 8.6 Billion Liters of Safe Water in 2006, 15% More Than 2005 and Continuing to Grow in 2007

Case Study: Zambia

- **Clorin safe water system program launched in 1998**
- **Behavior Change Communications have been used to improve hygiene**
- **Clorin has expanded in several phases to the national level**
  - Now available in clinics, pharmacies, supermarkets, drug stores and other non-traditional outlets
- **Clorin achieved its first million bottle year in 2001**
  - Due to mass advertising, strong distribution, drama, mobile video unit and peer education interventions

Program Profile: Zambia



Improvements in Water and Hygiene Indicators Between 1998 and 2000

- Increase from 53% to 92% of people believing that the quality of water can be improved
- Increase from 13% to 61% of people having ever done something to improve water quality
- Increase from 2% to 52% of people using chlorine for water treatment
- Increase from 10% to 28% of women who report always washing their hands with soap and water before preparing food
- Increase from 21% to 58% of men and women who report always washing their hands after using the toilet

SFH KAP study Oct 1998. 600 HHs each compound, 2 compounds in Lusaka district (Mandevu and Chaisa).
SFH KAP study Oct 2000. 1000 HHs each district, 2 districts (Lusaka and Kitwe), and 1000 HHs in Mandevu and Chaisa. The data reported here is for the 2000 HHs in Lusaka (oversampling of low income compounds Mandevu/Chaisa).

Lessons Learned

- Appropriate product segmentation according to local conditions is needed to ensure maximum health impact.
- Behavior Change Communications are important for product and behavior uptake, including:
  - Increase hand-washing and other hygienic behaviors
  - Increase in social norm of water treatment
  - Understanding of the need to drink "safe water"
- In-depth collaboration with host government is necessary for program sustainability and success.
- Stable funding for promotion and communication is critical for success.

Conclusion: *POU interventions are*

Effective:

- Offer measurable reduction in diarrheal disease prevalence;
- Offer measurable increase in good hygiene practices and beliefs;

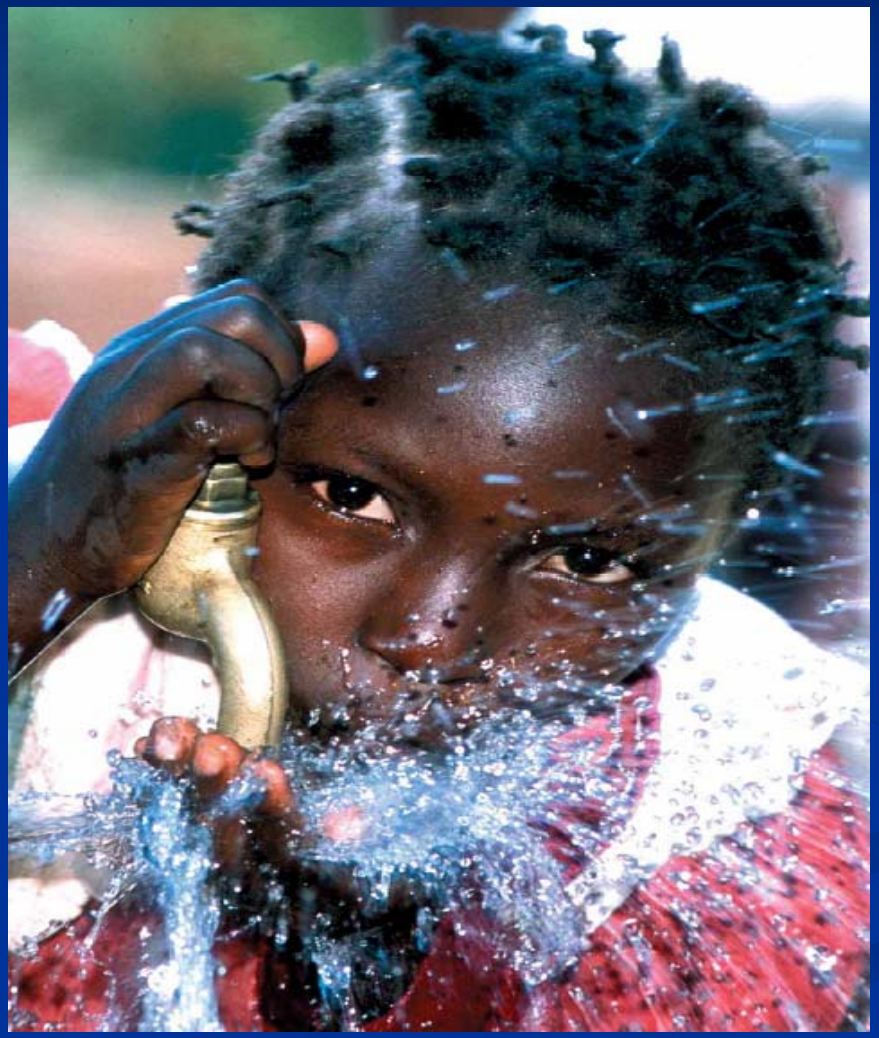
Affordable

- From a penny a day to $0.20 a day for a family of 6; and

Scalable

- Allow PSI to ensure that millions of people can drink a glass of clean, safe water every day.

Thank you



Links to Selected WSH Websites

- **WHO Household Water Treatment and Safe Storage Network (HWTS)**- http://www.who.int/household_water/en/
- **Centers for Disease Control (CDC)** - www.cdc.gov/safewater
- **UNICEF/Water, Environment and Sanitation** - http://www.unicef.org/wes/index.html
- **Environmental Health at USAID** – http://www.ehproject.org
- **Hygiene Improvement Project** - http://www.hip.watsan.net/
- **Population Services International (PSI)** - http://www.psi.org/