PSI/VIETNAM

Social Marketing for Improved Water, Sanitation and Hygiene

WASH RESULTS

PSI/Vietnam is a non-profit organization dedicated to improving the health of poor and underserved Vietnamese populations through evidence-based social marketing of health products, services and behaviors in collaboration with the Government of Vietnam, commercial partners and civil society organizations. In support of the Ministry of Health’s (MoH) national goals, PSI uses social marketing techniques to address both supply and demand-side barriers to healthy WASH behaviors. In 2013 PSI achieved the following WASH results:

- **Behavior change.** rural families exposed to PSI social marketing activities are nearly 2 times as likely practice healthy WASH behaviors compared to those not exposed.

- **5,200** rural families in 7 provinces were protected with safe household drinking water.

- **1,300** rural commercial outlets were motivated to stock and promote WASH products and behavior change communication materials.

**Improved Water Treatment & Handwashing Practices**

Among rural households exposed to PSI interventions

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<thead>
<tr>
<th></th>
<th>Exposed to PSI interventions</th>
<th>Not exposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water treatment</td>
<td>28%</td>
<td>43%</td>
</tr>
<tr>
<td>Hand washing with soap</td>
<td>60%</td>
<td>75%</td>
</tr>
</tbody>
</table>

The Centers for Disease Control and Prevention (CDC) recommends that rural households without access to safe drinking water treat their water with a chlorine-based safe water solution (SWS) product. To improve rural access to safe drinking water, PSI partnered with the MoH, CDC, and local private manufacturers to develop an effective, locally-produced, affordable SWS product that met international standards and local needs: SafeWat.

**PROBLEM: UNSAFE WATER, POOR HYGIENE AND LIMITED SANITATION IN RURAL COMMUNITIES**

Despite Vietnam’s recent macro-economic gains, water, sanitation, and hygiene (WASH)-related diseases continue to limit improvements in health and socio-economic development, particularly among underserved rural communities. Diarrheal disease is the seventh highest contributor to Vietnam’s national communicable disease burden, translating to over 50,000 healthy years of life lost annually. Limited sanitation services, unsafe water and poor hygiene practices are leading causes of pneumonia and diarrhea, which account for nearly one-third of deaths among children under five-years-old in Vietnam. This burden is highest among rural and ethnic minorities—an estimated 17 million rural people in Vietnam live on less than VND 400,000 (USD 19) per person per month.

**Unsafe Water:**
An estimated 90% of Vietnam’s rural population is not serviced by piped water supply systems, necessitating the regular collection and storage of potentially contaminated water from multiple sources including rivers, canals, wells and rainfall. Despite the widespread use of boiling and other traditional methods, less than half of all families have access to water that meets Ministry of Health (MoH) quality standards. Major factors limiting access to quality water in Vietnam include insufficient water treatment and re-contamination during water collection and storage. One study conducted among rural households found high levels of fecal contamination in boiled water—a finding that highlights the potential for recontamination in cases where water is not treated with chlorine with its residual disinfectant attribute to prevent recontamination. Boiling is a widely accepted method among rural families, though it has several disadvantages compared to other methods, including environmental damage, safety—including increased risk of respiratory illness when boiling occurs in confined spaces—time required and microbiological effectiveness.
Poor Hygiene Practices:

Despite peer-reviewed sources confirming handwashing with soap as one of the most inexpensive and effective ways to save children’s lives, only 16% of rural populations in Vietnam report washing their hands after defecation; 12% before eating. Additionally, only 40% of rural families have access to sanitation facilities that meet hygiene standards. The MoH, UNICEF and other partners have called for increased investment in innovative approaches to improving WASH behaviors, with a specific focus on Vietnam’s rural poor families. Lessons from a World Bank-funded handwashing campaign highlighted the importance of targeting vulnerable populations with low access to improved water and sanitation infrastructure in order to maximize health impact; and the importance of improving convenient access to soap and water in relevant locations to motivate consistent handwashing with soap at the critical junctures. Data collected in 2013 suggests that programs aiming to motivate rural families to consistently and correctly treat household drinking water should focus on i) promoting water treatment as a way to prevent common child illnesses; ii) generating new social norms for water treatment; and iii) addressing the misperception that it is only necessary to treat water that appears or smells unclean.

PSI’s uses social marketing techniques to generate sustainable improvements in WASH behaviors utilizing three key strategies: i) targeted distribution and promotion of SafeWat household water treatment solution using commercial and community channels accessible to rural households; ii) identifying and filling gaps in the commercial supply chain for improved sanitation products and services; and iii) behavior change communication to motivate improved water treatment, handwashing with soap and improved sanitation behaviors.

CUSTOMER FOCUS

WASH progress within Vietnam and other countries has been limited by insufficient efforts to understand and respond to the needs of rural consumers and traders. Drawing on commercial marketing techniques similar to those employed by the private sector, PSI conducts practical research to identify actionable insights regarding barriers and opportunities to motivate healthier behaviors. Insights are then used to design effective social marketing interventions designed to address both supply and non-supply side barriers to behavior change. These insights are used to inform the development of an archetype for a typical WASH target beneficiary—such as rural caregiver ‘Mai’ described above—used to guide the design of social marketing activities to ensure they are relevant to Mai’s needs and preferences.
SAFEWAT HOUSEHOLD WATER TREATMENT

To date: PSI’s WASH program has treated more than 136 million liters of water - enabling rural families without access to piped water to prevent common household illnesses including diarrhea.

SafeWat is a locally-manufactured, VIHEMA-licensed household water treatment product originally developed by the CDC and World Health Organization (WHO) in 1990. SafeWat is easy to use. To kill germs that cause diarrhea, typhoid, cholera, and other waterborne diseases, add one bottle cap of SafeWat to 20 liters of water, mix and wait 30 minutes before drinking. In cases where turbidity is an issue, filters or other turbidity removal products can be used together with SafeWat.

One bottle of SafeWat provides quality drinking water to a family of six people for an entire month. Sold to rural consumers at a subsidized retail price of 10,000 VND ($0.50 USD), SafeWat is a cost and time-efficient water treatment option. Using SafeWat can save low-income families an estimated VND 24,600-39,000 (USD 1.50-2.40) for each 20-liter container in indirect costs associated with time spent boiling to purify water.\textsuperscript{v}

BCC TO MOTIVATE CONSISTENT HOUSEHOLD WATER TREATMENT AND HANDWASHING BEHAVIORS

PSI places billboards in rural areas with limited access to piped water, to address the common misperception that as long as water appears and smells clean, then it is safe to drink.

PSI uses multiple communication channels to engage rural families with innovative behavior change communication messaging and interactive activities. Channels used to date include commune loudspeakers, two-sided billboards near rural markets and schools, as well as illustrated print materials and promotional items—such as the SafeWat branded lucky money envelope distributed during the lunar new year holiday—designed to capture consumer attention at outlets where WASH products are sold.

REDUCING THE CARBON FOOTPRINT

Boiling is the most commonly used water treatment method in Vietnam, and has been practiced by rural families for generations. Unfortunately, this practical water treatment method is not always practiced correctly to ensure water safety.\textsuperscript{xvi} In addition, boiling can negatively impact indoor air quality, community greenhouse gas emissions and deforestation.\textsuperscript{xvi,xvii,xviii} PSI’s carbon-free SafeWat water treatment method eliminates the need for boiling, saving time, money and the environment. In 2013, SafeWat saved an average of two tons of carbon dioxide per household served, equivalent to taking 2,000 cars off the road for a year, in addition to significantly reducing deforestation and child mortality.\textsuperscript{xx}

Annual Sales of SafeWat 2010-2013

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<thead>
<tr>
<th>Year</th>
<th>Sales (in units)</th>
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<tbody>
<tr>
<td>2010</td>
<td>9,271</td>
</tr>
<tr>
<td>2011</td>
<td>12,593</td>
</tr>
<tr>
<td>2012</td>
<td>36,875</td>
</tr>
<tr>
<td>2013</td>
<td>62,545</td>
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600% increase
Engaging Caregivers

PSI uses participatory events—such as family karaoke days, women’s community events, family film nights and market booths—to engage rural communities in interactive discussion and activities designed both to entertain and to motivate commitment to practice preventive WASH behaviors among underserved communities. Rigorous monitoring of PSI market & community events reflects measurable improvements in knowledge and intention to practice WASH behavior post-participation, as well as cost-efficient coverage of an estimated USD 3 per rural caregiver reached. When interviewed by a local television channel about one of PSI’s WASH events, a female participant said: “This is the first time I have attended an event like this one – with mothers and children enjoying an entertaining atmosphere, conversations and games. Everyone who participated learned easy ways to remember how to wash their hands with soap at the important times and to treat their drinking water correctly.”

PARTNERSHIP

Since 2011, Unilever and PSI have partnered to prevent diarrheal disease by improving access to quality and affordable water treatment, and motivating improved handwashing with soap and water treatment behaviors. In 2014 this partnership will benefit 160,000 rural caregivers in Hau Giang and Vinh Long provinces. In addition, PSI collaborates with the Vietnam Health Environment Management Agency (VIHEMA), the Ministry of Rural and Agricultural Development (MARD), and other national and provincial WASH partners, and is an active member of the Rural Water Supply and Sanitation Partnership. At the provincial level, PSI partners with the Departments of Health, Women’s Union, commercial distributors and other implementing partners to increase coverage of underserved rural communities and motivate WASH behaviors.

PSI’S SOLUTION: SOCIAL MARKETING & BEHAVIOR CHANGE COMMUNICATIONS

Drawing on 40 years of global experience and best practices, PSI is a leading organization in social marketing and BCC. PSI utilizes established commercial outlets and distribution channels to improve convenient access to essential health products, services and information, including SafeWat. PSI also uses multiple communication channels to engage rural families with innovative behavior change communication messaging to increase the knowledge and motivation to treat water correctly and to wash hands with soap at the critical junctures. Inspired by PSI’s contributions to improved sanitation in other countries in Asia, PSI is currently conducting a market scan to identify gaps in the commercial sanitation supply chain as well as key factors limiting demand for improved sanitation which can be addressed by leveraging PSI’s core competencies in social marketing & behavior change communication.

For more information on PSI’s WASH programs in Vietnam, visit: www.psi.org/vietnam or email psi@psi.org.vn

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1 PSI. (2013). WASH Behavioral Survey
3 UNICEF. Pneumonia and Diarrhea: Tackling the deadliest disease for the world’s poorest children. 2012.
9 Clasen (2008)
14 PSI. (2013). WASH Behavioral Survey
15 Clasen (2008)
16 Ibid
17 Impact Carbon http://impactcarbon.org/impact
20 Impact Carbon http://impactcarbon.org/impact