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EXPANDING USE OF HOUSEHOLD WATER TREATMENT IN SOUTH KIVU, DEMOCRATIC REPUBLIC OF CONGO

RESULTS AND LESSONS LEARNED

PROGRAM CONTEXT

One of the largest countries in Africa in both size and population, the Democratic Republic of Congo (DRC) is one of the poorest in the world. According to the 2010 UN Development Index, it ranks 168th out of 169 countries, ahead of only Zimbabwe.¹ For DRC's 71 million people, life expectancy is a relatively short 48 years, due to continuing civil conflict and high rates of poverty, disease and famine.² This high level of conflict has led to a humanitarian crisis in the country, especially in the eastern regions.

According to the 2010 Multiple Indicator Cluster (MICS) survey, only 47% of the population has access to improved water sources.³ There is also a significant urban/rural disparity in water access. About 83% of people in urban areas versus 31% of people

in rural areas have access to improved water sources. Even then, water from an improved water source may not be safe. Transport and storage of water can be major periods of re-contamination. The urban/rural divide carries over into access to sanitation as well: only 4% of households in rural areas have access to improved sanitation compared to 36% in urban areas.

The lack of safe water, adequate hygiene, and sanitation negatively impacts child health and adds to the high mortality rate (148 per 1,000 live births). In 2007, 16% of children under age five had diarrhea during the two weeks preceding the Demographic and Health Survey (DHS).⁴ According to the 2010 MICS survey, this has grown to 18%.⁵

In 2007, the United States Agency for International Development (USAID)-funded Social Marketing Plus for Diarrheal Disease

¹ UNDP 2010

² From 1996 - 1997 and from 1998 - 2003, DRC suffered two civil wars (IDMC 2010).

³ Ministère du Plan, Institut National de la Statistique, UNICEF 2010

⁴ Ministère du Plan et Macro International 2008.

⁵ Ministère du Plan, Institut National de la Statistique, UNICEF 2010



Control: Point-of-Use Water Disinfection and Zinc Treatment (POUZN) project was invited by the USAID Mission to DRC to expand the water disinfection program in DRC. The POUZN program, implemented by Abt Associates Inc. and Population Services International (PSI), engages the private and NGO sectors in marketing and promoting POU water treatment products. The DRC program ran from late 2007 through December 2009 with program evaluations occurring in early 2010.

In DRC, building on an existing program implemented by PSI's affiliate, *Association de Santé Familiale (ASF)*, POUZN focused on expanding the marketing and promotion of the Procter and Gamble (P&G) point-of-use (POU) water treatment product, *PUR Purifier of Water*, in South Kivu. South Kivu was chosen due to its high levels of diarrheal disease, tendency for cholera epidemics, and USAID prioritization of this conflict zone.

South Kivu, along with North Kivu, continues to be the center of the conflict resulting from the Second Congo War (1998 to 2003). This tropical region possesses lush natural resources and borders Rwanda, Burundi and Tanzania. However, in contrast to its beauty, South Kivu has become known for conflict and human rights abuses perpetrated by the Congolese military.⁶ The war uprooted communities, destabilized social structures, and negatively impacted the provision of basic social services. Millions lack access to safe drinking water, food, tools, clothes, or basic supplies for farming.⁷ In 2009, 1.9 million people

remained internally displaced across DRC, of which over 1.5 million were in North and South Kivu.⁸

POUZN collaborated with USAID's bilateral health project AXxes, which provides basic health services, to increase access to PUR by leveraging community networks and integrating water treatment messages into AXxes' primary health care work. The POUZN project covered 28 health zones of the AXxes project in South Kivu focusing in particular on the four major cities of Uvira, Bukavu, Minova, and Fizi as well as their associated health zones: Uvira, Kadutu, Bagira, Ibanda, Fizi, Kalehe and Minova. Of the 4.7 million people in the region, the POUZN project sought to meet the water treatment needs of households with children under the age of five who make up approximately 20% of the population.

PROGRAM GOAL AND OBJECTIVES

The **goal** of the POUZN program was to reduce morbidity and mortality of children under five by preventing childhood diarrhea.

The program objectives were:

1. To **improve access** to PUR water treatment in both the public and private sectors,
2. To **increase use** of the PUR water treatment solution, and
3. To **improve knowledge** of POU water treatment effectiveness and use, including knowledge of:
 - ▶ Diarrhea transmission and prevention, in particular the risks posed to children under five;

⁶ Sergrow 2007

⁷ IDMC 2010

⁸ OCHA 2009



- Proper hygiene techniques, including hand washing; and
- Proper water storage techniques

TIMELINE

PSI began working in DRC in 1987 through ASF, a locally registered non-governmental organization that successfully delivers HIV/AIDS, malaria, family planning, and maternal and child health interventions across DRC in 10 out of 11 provinces.

In 2006, with funding from P&G, ASF launched a POU water treatment program by marketing and promoting the use of PUR through commercial and non-traditional outlets in the 10 provinces, with a focus on urban areas.

Building on this foundation, the POUZN program in DRC developed and implemented a set of interventions to increase PUR use in the South Kivu region starting in October 2007.

To evaluate the impact of the program activities, POUZN executed a quantitative household survey in January 2010, followed by a qualitative study on water treatment and hygiene in Bukavu in May 2010.

In May 2009, with UNICEF funding, ASF launched Aquatabs nationally to offer consumers another household water treatment option. This chlorine water treatment tablet, manufactured by the Ireland-based company Medentech, is distributed through both commercial and emergency relief channels. Though the Aquatabs program was not funded by the POUZN project, it is referenced here to offer the broader context of the household water treatment market in DRC.

PROGRAM COMPONENTS

PRODUCT: ENSURING EVERY SIP IS SAFE WITH HOUSEHOLD WATER TREATMENT

Developed by P&G, PUR *Purifier of Water* treats water through a combined process of disinfection with calcium hypochlorite and flocculation with iron sulfate. PUR is packaged in four-gram powder sachets, each of which treats 10 liters of water within 30 minutes. It is effective in removing 99% of bacteria, viruses, and parasitic cysts like giardia and cryptosporidium, and also removes arsenic and DDT. Thanks to the flocculent component, the product is especially effective in areas or situations with turbid water.

Sachets of PUR are light and compact, easy to transport and store, and have a shelf life of three years. Because of the many logistical complications and costs associated with the distribution of goods in DRC, including the absence of roads and the high cost of air shipments, individually packaged sachets of PUR are a cost effective water treatment intervention.

PRICE: PRICING PUR APPROPRIATELY FOR MAXIMUM UPTAKE

PUR was priced in DRC to ensure affordability, recovery of the cost of goods sold (which includes the product, quality testing, and shipping and handling), and allowances for margins for those selling the product. With the support of USAID, ASF was able to import PUR tax-free into DRC. This resulted in more funds being made available for educational activities on the benefits of safe water, storage, and hygiene.



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TABLE 1: PRICE STRUCTURE FOR ONE SACHET OF PUR IN DRC

	Wholesalers	NGOs	Retailers	Consumers
USD	0.041	0.046	0.050	0.055
CDF*	38	41	45	50

* Exchange rate of US1\$=CDF900

As shown in the table above, a wholesaler price of \$.041 provides wholesalers a small profit margin of \$.009 and retailers a profit margin of \$.005 when sold to consumers at \$.055 per sachet. The margin motivates retailers to consistently stock and supply PUR, but it is unclear if such a limited margin is enough to provide adequate incentives to wholesalers and retailers.⁹ There is some anecdotal evidence that suggests that vendors are selling PUR at much higher prices (up to 200 Franc Congolese Democratique or CDF) in rural areas.

Building on the initial willingness to pay study in 2006, PSI/ASF executed further qualitative research in 2010 to explore issues of pricing. The majority of respondents agreed that 50CDF – 100CDF was an affordable price range for PUR, thus there may be some flexibility to revise the price structure.

Since 2007, over 10 cholera epidemics have occurred in South Kivu. In response, the UN and other relief agencies purchased PUR from PSI for free distribution. The free distribution of household water treatment helps mitigate the impact of this fast spreading disease. However, results from the 2010 qualitative research

⁹ The margins decreased from the beginning of the program due to the increased strength of the dollar. The margin question is particularly notable when comparing it with the 23 CDF margin from the sale of Aquatabs. This larger margin may motivate more retailers to stock and promote Aquatabs over PUR. As the Aquatabs program matures, it will become clearer if this is actually occurring.

indicated confusion over the fact that PUR was provided free at some times and had to be purchased at others. Retailers were particularly concerned since some consumers assumed that the retailers had received PUR at no cost and were then selling it at a much greater profit. Nonetheless, caregivers said that using PUR was less costly than collecting and burning firewood to boil their drinking water.

PLACEMENT: IMPROVING ACCESS TO PUR IN SOUTH KIVU

Nationwide, marketing and distribution of PUR was predominantly focused on 1) urban areas with more vibrant commercial sectors, 2) areas of higher need, including those affected by cholera outbreaks or those with large numbers of displaced people, and 3) areas where a significant portion of the population draws water from unprotected sources such as rivers or lakes. However, limited funding prior to POUZN's involvement hindered the program's reach and ability to deepen its distribution and educational efforts in rural areas. As a result, USAID, through POUZN, specifically targeted expansion of PUR distribution and marketing into rural areas of South Kivu.

POUZN worked through three major distribution channels: the commercial sector, community based distribution, and emergency distribution. By working closely with the Ministry of Health and other partners, the project secured strong local support for its safe water interventions.

Commercial Sector Distribution: ASF has a national commercial distribution system, supported by a team of 29 sales representatives and over 4,000 points of sale throughout DRC. POUZN funding supported the expansion of ASF's current

commercial sector distribution into rural areas by increasing the number of sales points in hard-to-reach communities and increasing visits to these zones by its 8 sales agents assigned to South Kivu. PUR is now available in 100 sales points, including pharmacies, street vendors, private health clinics, and markets. The majority of the sales points are pharmacies. Unfortunately, due to the on-going conflict in Eastern Congo and the resulting travel restrictions, resupplying PUR to these retailers was often difficult and frequently postponed until the situation improved.

Community based distribution: In South Kivu, POUZN expanded the relationship with community health workers (CHWs) and community clinics in rural areas through collaboration with Project AXxes. Project AXxes works in 57 rural health zones to improve the availability and quality of healthcare. This allowed POUZN to increase the rural reach of PUR.

TABLE 2: DISTRIBUTION OF TRAINED CHWS IN SOUTH KIVU

Health Zone Name	Number of CHWs trained
Ruzzi	24
Uvira	21
Minova	36
Kadutu	42
Fizi	30
Ibanda	38
Bagira	30

Working with Catholic Relief Services and Interchurch Medical Assistance, ASF integrated POU water treatment into AXxes' minimum package of health activities and pre-existing training programs for the 28 health zones within South Kivu.



Training CHWs on water treatment methods.

In addition, POUZN and CRS worked together to include water and sanitation in the national curriculum for CHWs. To kick off POUZN's work in rural South Kivu in October 2007, PSI/ASF and AXxes trained 4 staff members (a Health Zone Doctor, Supervising Nurse, Administrative Manager, and Community Liaison) from each of the 28 health zones on water treatment skills. In December 2007, the health zone doctors subsequently trained 220 CHWs (see Table 2). In September 2008, refresher training was held.

POUZN provided an initial stock of PUR to designated CHWs from each health zone who sold PUR within their communities and conducted product demonstrations. CHWs and public health officials were given communication materials and PUR demonstration kits to help promote PUR, disseminate information, and promote safe water and hygiene behaviors. From October 2007-December 2009, over 10,000 sachets of PUR were sold by health clinics and/or their CHWs.

Emergency Distribution: As a key member of the WASH cluster of the UNICEF-led emergency coordination body, PSI/ASF collaborated with NGOs, UN agencies, and the Congolese government to respond to emergency situations including cholera outbreaks, flooding, and the displacement of populations.

Over the program period, PSI/ASF responded to over 10 cholera epidemics with the support of POUZN and UNICEF. As part of its response, PSI/ASF provided PUR training and IEC materials to community health workers and disseminated information by radio in six health zones. In 2009, PSI/ASF received an award for its cholera work from the provincial government.

PUR was distributed for free to respond to emergency situations.



PROMOTION: IMPROVING CAREGIVER KNOWLEDGE AND USE OF PUR

The promotional component of the POUZN project had two principal areas of focus: mass media and interpersonal communication at health clinics, schools, and pharmacies through community health workers.

Mass Media: In collaboration with UNICEF, POUZN developed a comprehensive mass media communication package with generic and PUR-branded materials addressing safe water and improved hygiene. The key messages, such as “clear water is not necessarily clean water” and “treat your water every day with PUR”, were promoted via Swahili language radio spots, radio talk shows, and a tele-drama.



Promotional poster enhances brand recognition.

Given that radio is the most prominent means for people to get information in South Kivu, this was the major dissemination channel for the communication campaign. Both the generic and the branded radio spots were aired several times a day on different radio stations such as Maendeleo Community radio, Message of the People radio, Radio Mitumba, and Radio Bombandana. During the two-year period, over 250 radio talk shows were aired.

TABLE 3. NUMBER OF RADIO SPOT EMISSIONS PER DAY

Year	# of times per day	# of stations
2007	8 per day	3 stations
2008	20 per day	9 stations

Interpersonal Communication: The radio communications were reinforced with village sensitization sessions. By using a mobile video unit, the ASF team drew people into discussions on household water treatment and hygiene and to viewings of the tele-drama. Over the project period, approximately 130 village mobile video sessions were executed in the 7 health zones reaching thousands of people.

As mentioned above, POUZN-trained staff conducted product demonstrations at health clinics, schools, and pharmacies. This enabled the project to have an on-going presence in rural health zones.

During weekly pre-natal and school pre-registration visits at clinics, POUZN-trained nurses educated women on water, hygiene, and sanitation issues in clinic waiting rooms. Over the course of the project, trained staff held over 2,080 sessions across the 7 focus health zones reaching over 103,800 women. The results of the 2010 survey showed that over 38% of caregivers saw or heard a message about PUR in the last 6 months in a health center.

Every month, CHWs also conducted awareness-raising sessions. The number of these sessions varied dramatically based on the motivation of the CHW. Monthly supervising visits were made to the 7 health zones and their associated health workers and data on service provision was collected.

Schools: ASF launched a schools program in the provinces of Equateur and South Kivu in 2007 with support from P&G. School children in over 100 schools representing 6% of schools in the two regions were



Outreach to women in clinic waiting rooms focused on water, hygiene, and sanitation issues.

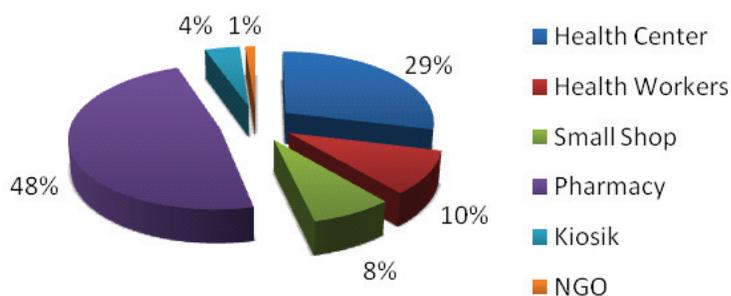
educated about safe drinking water, hygiene, and sanitation behaviors and provided with samples of PUR. The program sought to train school children to be behavior change agents in their homes, thereby improving safe water, hygiene, and sanitation practices in the general community and encouraging the use of PUR. An informational take-home packet of materials, including three sample sachets of PUR, were distributed to households through each student. Community sales agents were informed about the school program and encouraged to stock PUR and promote healthy behaviors within the community. The school program was integrated with POUZN project objectives to help deepen distribution by expanding the reach of PUR into rural areas, increasing awareness of water treatment, and expanding the promotion of household water treatment through multiple channels.

RESULTS

Methodology: Due to the continuing conflict in the region and the difficulty of executing a survey under these conditions, POUZN was not able to carry-out its own baseline and instead used the 2007 Demographic Household Survey information from South Kivu as its baseline. This was followed by an endline household survey in January 2010 in five of the seven districts of South Kivu. Although the 2007 DHS included key indices for POUZN to measure program success, it was not comprehensive on the topic of water treatment and therefore comparisons between the baseline and endline are limited.

In May 2010, PSI conducted a qualitative study on water treatment and hygiene behaviors and attitudes among respondents in Bukavu to obtain a deeper understanding of the factors that supported and hindered the success of the program. During this study, ASF met with 130 people from five different groups including caregivers of children under five, community health workers, nurses, pharmacists, and retailers.

FIGURE I. SELF REPORTED PURCHASE OF PUR BY CHANNEL



1. Improving access to PUR in South Kivu

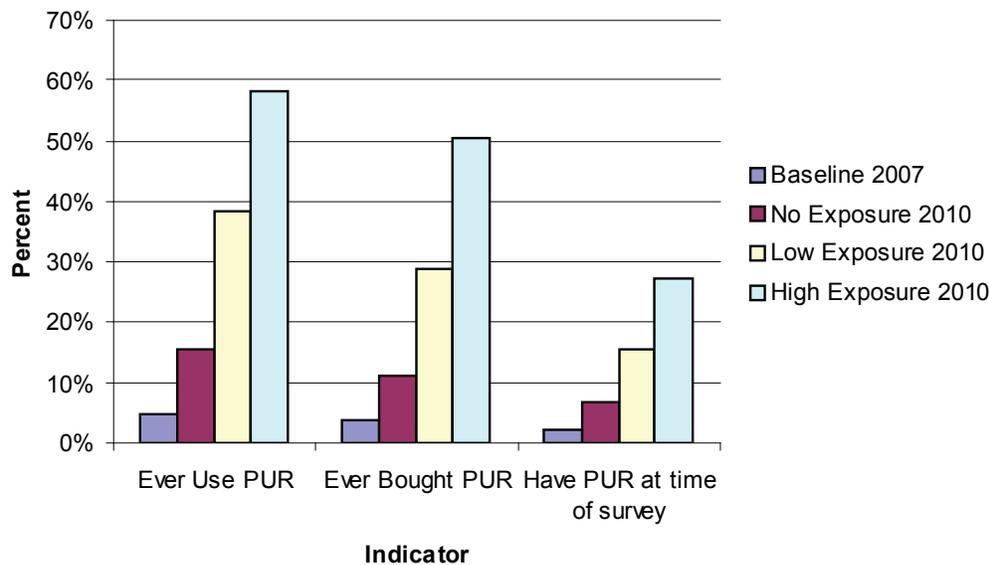
From October 2007 - December 2009, POUZN sold 526,846 sachets of PUR. The principal distributors of PUR were pharmacies (formal and informal), health centers, kiosks, and non-pharmaceutical retailers. Free distribution through NGOs was also a significant source of PUR, responsible for 32% of total distribution. Of the women surveyed, 48% indicated that they had purchased PUR from a pharmacy, while 29% of respondents had purchased PUR from a health center.

Commercial penetration of the project was principally limited to urban areas due to security concerns and logistical constraints. The majority of the retailers were pharmacies based in Bukavu and Uvira. During the 2010 qualitative survey in Bukavu, CHWs and urban retailers alike said that there had been few, if any, stockouts. This is not surprising as stock outs were more common in rural areas due to the conflict. However, the CHWs and retailers noted that clients were so dependent on PUR that they worried there would be massive disease outbreaks should the stock ever run out.

2. Increasing use of PUR

The 2010 quantitative survey results showed a significant increase in the percentage of caregivers of children under five using PUR. Of the 1,352 households surveyed in 2010, nearly a third of respondents said they had ever used PUR as compared to about 5% in 2007. In 2010, 25% had purchased PUR versus about 4% in 2007. Fourteen percent of caregivers of children under five could show an interviewer that they had PUR in the household at the time of interview (used as a proxy for current use of PUR). In 2007, this was true of only 2% of respondents.

FIGURE 2. EVER USE, EVER BOUGHT, AND HAVE PUR AT TIME OF SURVEY BY LEVEL OF EXPOSURE TO PROGRAM MESSAGES



Low exposure means exposed to one or two communications in the last 6 months. High exposure means exposed to 3-9 communication channels in the last 6 months.

Respondents who were either currently using or had ever used PUR were more likely to be employed and have higher socio-economic status than non-users ($p < .01$).

The endline also highlights a positive association between exposure to program messages and PUR use. The findings demonstrate that as exposure to program messages increased, the more likely respondents were to have ever used PUR, ever purchased PUR, or have PUR in the household at the time of interview ($p < .05$). Those with the highest levels of exposure to these messages were much more likely to have ever used PUR (58%) or ever bought PUR (51%), as compared to about 5% and 4% in 2007, respectively (see Figure 2).

With regard to psychological scale indices (which measure attitudes and beliefs), the research results indicated that those with greater levels of social support for treatment of drinking water and confidence in their own ability to treat drinking water were more likely to have PUR in

the household. The results also suggest that those with correct knowledge about the causes of diarrhea were more than seven times more likely to have ever used PUR compared to those with incorrect knowledge. Caregivers with higher self-confidence in their ability to treat their drinking water were more than twice as likely to use PUR compared to those with lower self-confidence.

The notion of social support was also highlighted during the qualitative survey, in which caregivers mentioned the importance of spousal support. A few caregivers reported having to convince their husbands that treating drinking water was a good idea. In general, when husbands saw diarrhea decrease in their children, they were supportive of water treatment. For the most part, however, the survey participants had husbands who supported water treatment. Some of the husbands even bought PUR for the family themselves. This idea was also reinforced by the CHWs.

3. Improving Caregiver Knowledge

POUZN's quantitative endline research offered further insights into people's knowledge and attitudes around household water treatment and hygiene. For example, 91% of people knew that contaminated water is a cause of diarrhea, 66% knew that PUR is a treatment product for drinking water, and 70% knew that clear water is not always safe to drink. In terms of hygiene, 94% of people surveyed knew that diarrhea can be avoided by washing their hands before eating and 86% knew that hand washing was important after using the toilet.

The qualitative research illustrated that the program effectively conveyed the idea that boiling water is not sufficient and should be treated before drinking. Some caregivers came to retailers for advice about a child sick with diarrhea who then spoke to them about the benefits of PUR and/or Aquatabs and their correct use. Caregivers surveyed noted that diarrheal cases dropped in their households when treating their water with these methods.

Caregivers, CHWs, and retailers seemed to agree on the benefits and disadvantages of water treatment. Overwhelmingly, respondents felt there were more benefits than disadvantages. Retailers surveyed understand the importance of using water treatment and stock PUR and Aquatabs regularly. However, there were some noted disadvantages about PUR when compared with Aquatabs. CHWs said that caregivers complain about the length of time they need to stir water after adding PUR (5 minutes).

CHWs communicated the message about water treatment through demonstrations and home visits. CHWs saw their key task as "making the population aware of the

importance of hygiene, safe water, and the role of Aquatabs and PUR in making water clean." CHWs often followed radio programming and encouraged POUZN to expand its presence on the radio. Caregivers interviewed during the survey thought CHWs and nurses were personable and instructive, and their instructions easy to follow. CHWs appear to be respected and trusted by caregivers.

CONCLUSIONS

POUZN made significant gains in POU water treatment use in South Kivu. Even though supplying retailers, particularly in rural areas, was hindered by continued conflict in the region, POUZN increased access by making POU products available in 100 outlets in South Kivu through health clinics and community health workers. In 2010, nearly a third of the 1,352 respondents in the quantitative survey said they had used PUR, and one-fourth had purchased PUR. In addition, 14% of caregivers of children under five could show they had PUR in the household at the time of interview. These results showed dramatic increases from 2007, when less than 5% of respondents reported ever using or buying PUR and only 2% had it on hand during the survey.

In 2010, POUZN found that people with higher knowledge, greater perception of social support and greater self-confidence in treating drinking water were more likely to have PUR in the home. Those with correct knowledge of the causes of diarrhea were more than seven times as likely to have used PUR compared to those without.

Exposure to POUZN campaign messages helped drive this increase in knowledge and use. As seen in the evaluation in 2010 the

more channels to which a caregiver was exposed, the more likely the respondent was to have used PUR. Those with the highest message exposure were much more likely to have ever used PUR (58%), ever bought PUR (51%), or be currently using PUR at the time of the study (27%) than those who had no exposure. Even those hearing only one or two safe water messages in the last six months (low exposure) demonstrated significantly higher usage rates, indicating the program's success in educating caregivers.

LESSONS LEARNED

Diversify distribution channels.

POUZN distributed POU products through a wide array of channels, including health clinics, pharmacies, boutiques, and kiosks, while leveraging the reach and influence of community health workers among caregivers. POUZN learned that households were more likely to report ever using POU products if they were available in a wide variety of distribution channels.

Target messages and communication channels to reach the most vulnerable populations.

Using 9 different communications channels, POUZN chose messages and media tailored to its audience: educating mothers at health clinics, teaching hygiene to schoolchildren, and conducting outreach sessions in villages. It is important to deliver messages in the local dialect and through community radio stations to ensure that less educated people are exposed to key messages.

Communicate the time period and reason for free distribution of water treatment products.

As South Kivu is a location where free distribution and commercial sales may occur simultaneously, it is important for consumers to understand why they might receive the product free at one time and why they might need to buy it at other times. The 2010 qualitative research illustrated that people did not always understand the price structure and the reason for free distribution.

Set a product price point that appeals to both consumers and retailers.

ASF undertook market research to determine prices for POU products that caregivers deemed affordable. Future efforts should explore other pricing options, as the profit margin for retailers may be too low for PUR, reducing their motivation to actively promote it.

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ACKNOWLEDGMENTS

This report was authored by Albert Chikuru, Megan Wilson, Justin Buszin, and Gode Ilunga Mpanya. The authors would especially like to acknowledge the contribution of the Population Services International and ASF teams in DRC. They would also like to thank USAID for the support throughout implementation of this program. This issue was designed and produced by Maria Claudia De Valdenebro, Abt Associates Inc.

RECOMMENDED CITATION

Chikuru A, M. Wilson, J Buszin, G Ilunga Mpanya, October 2010. *Expanding Use of Household Water Treatment in South Kivu: Democratic Republic of the Congo Results and Lessons Learned*. Bethesda, MD, USA: Social Marketing Plus for Diarrheal Disease Control: Point-of-Use Water Disinfection and Zinc Treatment (POUZN) Project, Abt Associates Inc. and Population Services International.

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ABOUT POUZN

Social Marketing Plus for Diarrheal Disease Control: Point-of-Use Water Disinfection and Zinc Treatment (POUZN) Project

Contract No. GPO-I-00-04-00007-05

POUZN is led by Abt Associates Inc. in collaboration with Population Services International

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October 2010