Sanitation & Hygiene Promotion in Lao PDR

Learning from the National Water Supply & Environmental Health Programme

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March 2000
Introduction

In Lao PDR, as in many other countries, the provision of safe and reliable water supply and appropriate sanitation services, based on community-focused and sustainable approaches, remains a challenge.

One of the main focus areas in Lao PDR’s National Water Supply and Environmental Health Programme (NW SEHP) is sanitation and hygiene promotion. To this end, participatory hygiene analysis has been the entry point for initiating a key strategic principle - the community dialogue process.

Following a brief description of the programme background, this Learning Note describes the step-wise approach to community dialogue, with an emphasis on hygiene promotion initiatives. It defines the lessons learned thus far, based on field experience from operationalising the Lao PDR Rural Water Supply and Sanitation (RWSS) Sector Strategy in 7 selected ‘spearhead’ provinces, and on the nationally implemented School Sanitation and Hygiene program.

Lao PDR at a Glance

<table>
<thead>
<tr>
<th>Total population</th>
<th>4.6 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land area</td>
<td>236,800 km²</td>
</tr>
<tr>
<td>Rural/urban population %</td>
<td>85 / 15</td>
</tr>
<tr>
<td>Number of Provinces, excluding Vientiane municipality and Saysomboune Special Zone</td>
<td>16</td>
</tr>
<tr>
<td>Municipalities/ Special Zone</td>
<td>2</td>
</tr>
<tr>
<td>Total number of Muangs (districts)</td>
<td>138</td>
</tr>
<tr>
<td>Number of ethnic groups: Lao Loum/lowland - 60%, Lao Theung/mid-level - 30% and Lao Soung/highland -10%</td>
<td>&gt; 60</td>
</tr>
<tr>
<td>Access to water supply rural and urban</td>
<td>&lt; 51 %</td>
</tr>
<tr>
<td>Access to sanitation rural and urban</td>
<td>&lt; 32 %</td>
</tr>
<tr>
<td>Adult literacy rate (male/female) %</td>
<td>58 (64/42)</td>
</tr>
<tr>
<td>Infant mortality rate (IMR), per 1,000 live births</td>
<td>113</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>51.3</td>
</tr>
<tr>
<td>Main causes of morbidity/mortality</td>
<td>Malaria, diarrhoea, respiratory infections</td>
</tr>
</tbody>
</table>


Past Approaches, New Beginnings

In the past, rural water supply and sanitation interventions mainly focused on locations with relatively easy access. The technology and level of services offered were limited, with little scope for community dialogue.

Poor communities were used to decisions being handed down to them by projects. Their input was limited to the provision of labor and local materials. The traditional top-down approach, with minimum community participation in decision-making, has proven to be the source of unsustainable investments, in Lao PDR and elsewhere.

This motivated the lead sector agency Nam Saat, to successfully launch the Sector Strategy and Guideline National Framework in November 1997. The government prepared the strategy with technical support from the World Bank’s Water and Sanitation Program for East Asia and the Pacific (WSP-EAP), UNICEF and other sector partners. The strategy was the result of a 30-month policy reform and institutional strengthening process supported by Swedish International Development Cooperation Agency (Sida).

With the Strategy and the National Guidelines in place, the NW SEHP was launched to ensure a smooth transition from the target or coverage-oriented approach to a community-oriented process. Sida, the World Bank, UNICEF and WSP-EAP have subsequently supported a number of projects in line with the new sector strategy.

What is especially encouraging, is that newer donors in the sector such as JICA and AusAID, as well as some international NGOs, are increasingly following the Lao PDR RWSS sector strategy.

Turning Strategic Principles into Practice on the Ground

The demand responsive approach forms the basis of the new community focused rural water supply, sanitation and hygiene awareness activities. Communities are involved from the very early stages of the project through participatory hygiene analysis in:

- establishing their needs (and building demand);
- selecting the right technology option for water supply and sanitation improvements (informed choice), based on their ability & willingness to pay for these services;
- the physical implementation of the interventions;
- addressing the operation and maintenance needs for water supply and/or sanitation facilities.

To promote the demand responsive approach, Nam Saat developed the “12 Steps Participatory Approach for Applying the Lao PDR RWSS Sector Strategic Principles”. This has proven to be a valuable tool for Nam Saat.

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1 As set out in the National Rural Water Supply and Sanitation Sector Strategy
2 In 1996, service coverage for rural water supply and sanitation reached 31% and 20 % respectively during Phase I of NWSEHP.
3 Literally meaning ‘clean water’
at central, provincial and district levels in promoting a systematic approach in each target village in the spearhead provinces where the RWSS program is implemented. Increasingly other supporting donors and NGOs in other provinces are applying the “12 Steps Participatory Approach” too.

Sanitation and Hygiene promotion starts in the Village Level Demand Assessment phase when communities, with facilitation from trained members of the Hygiene Promotion Team, identify hygiene behavior patterns and changes by themselves. Sanitation and hygiene awareness activities are then integrated in a package of improved services at the household, community and/or school level.

Some of the key principles relating to sanitation and hygiene promotion in the Lao PDR RWSS sector strategy are:

**Emphasis on behavioral change leading to improved hygiene** as the major intervention supported by technically sound, feasible and affordable water and sanitation options.

**New impetus to a program of school sanitation, water and hygiene**, benefiting both pupils as future citizens and partners, and the surrounding communities.

These principles have not only been integrated in the “12 Steps Participatory Approach to apply the Lao PDR Sector Strategy”, but they also form an important part of the community dialogue process.

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### The 12-Steps Participatory Approach

<table>
<thead>
<tr>
<th>Provincial/District level activities:</th>
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<tbody>
<tr>
<td>1. Desk research</td>
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<tr>
<td>2. Verification of data and partnership linking</td>
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<tr>
<td>3. Consultation workshop</td>
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<tr>
<td>4. Establishing the Provincial and District Coordination Units (PCU/DCU)*</td>
</tr>
<tr>
<td>5. Training of field teams</td>
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<tr>
<td>6. Project implementation planning</td>
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</table>

<table>
<thead>
<tr>
<th>Local level activities:</th>
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</thead>
<tbody>
<tr>
<td>7. Implementation of capacity building plan</td>
</tr>
<tr>
<td>8. Conduct village level demand assessment</td>
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<tr>
<td>9. Development of village action plan</td>
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<tr>
<td>10. Approval/agreements</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Village level implementation:</th>
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</thead>
<tbody>
<tr>
<td>11. Implementation of village action plan</td>
</tr>
<tr>
<td>12. Monitoring, evaluation and learning/feedback</td>
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</tbody>
</table>

**Notes:**

- Hygiene Awareness Promotion activities continue in steps 7-12
- Monitoring, evaluation and learning/feedback actually starts from the very first step

* PCU/DCU means multi agency Provincial and District Coordination Units respectively.

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**“Towards a Strong Community Focussed Approach”**

**From: PAST PRACTICES**
- Top-down
- Focus on Lowland, easily accessible areas
- Driven
- Agency driven approach & technology preference
- Improved service selected by technicians alone
- High subsidy

**Communities as “OWNERS”**
- What communities want and
- What communities can afford - (need to contribute to large part of investment cost and full O&M/recurrent cost)
- Technical options based on feasibility & informed choices
- Demand based focussed on willingness to pay
- Poorest areas, based on real need
- Supported

**Communities as “RECIPIENTS”**

**To: CURRENT and FUTURE**
- Demand Responsive
Sanitation & Hygiene Promotion–A Vital Step in the Lao PDR RWSS Program

A set of thirteen participatory learning activities⁴ form the basis of the Community Dialogue⁷ process for participatory hygiene assessments, and the assessment of demand for water supply and sanitation services.

**Community Dialogue Activities**

- a) Community history profiling.
- b) Village mapping.
- c) Wealth classification: criteria for identifying the poorest communities.
- d) Gender analysis of tasks/roles: household and community level.
- e) Gender analysis of control of resources: household and community level.
- f) Community participation profile in past development projects.
- g) Prioritising of problems.
- h) Health awareness assessment.
- i) Hygiene awareness: rationale of existing hygiene behaviours.
- j) People’s perceptions of routes of faecal-oral contamination in the community.
- k) People’s perceptions of ways to block contamination routes.
- l) Water supply ladder– existing water supply systems & presentation of options with increasing levels of service and cost.
- m) Sanitation ladder— existing defecation practices and presentation of options with increasing levels of service and cost.

The basic fundamentals applied in the development of effective sanitation and hygiene promotion tools as presented in the Lao PDR Sector Strategy are:

**Assessing demand**

Participatory hygiene analysis is an entry-point for community dialogue to assess demand (or willingness to share resources) for Hygiene Awareness and Sanitation and Water Supply (HASWAS) interventions.

Sanitation and hygiene promotion takes an important place in the community dialogue process. Members of the Hygiene Promotion Team facilitate the community dialogue process, using mainly pictorial materials. Separate dialogues with men and women encourage women’s participation to ensure that their voice is heard too. Villagers themselves map out the local hygiene practices and the dialogue continues with a discussion on preventive measures, using the water supply and sanitation ladder as tools. Since the start of this process about 2 years ago, this process of community dialogue has been completed in 167 villages in 8 different provinces. These provinces represent various geographical locations in Lao PDR (from Phongsali - the most northern province to Sekong, - one of the most southern and poorest provinces).

**Villages with Community Dialogue**

<table>
<thead>
<tr>
<th>Supporting Donor</th>
<th>Province</th>
<th>Number of Districts</th>
<th>Villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sida Houaphan</td>
<td>2</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Sida Sekong</td>
<td>2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Sida Bolikhamxai</td>
<td>2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>WB IDA Oudomxai</td>
<td>2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>WB IDA Phongsali</td>
<td>2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>JICA Bokeo</td>
<td>2</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>WB IDA Luang</td>
<td>3</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>JICA Namtha</td>
<td>2</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>AusAID Sayabouri</td>
<td>3</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8</strong></td>
<td><strong>20</strong></td>
<td><strong>167</strong></td>
</tr>
</tbody>
</table>

Note: Sida funding through Nam Saat, UNICEF and WSP-EAP

**Responding to demand**

Where there is demand for improved services, promotion of hygiene awareness starts at the individual as well as household level. The promotion of latrines starts at household level with the introduction and discussion of various technically suitable sanitation options. Trained village volunteers, the village water and sanitation committee and teachers present these options in the form of a sanitation ladder. Primary schools and clinics are also targeted for sanitation and hygiene activities.

**Generating demand**

If there is no immediate demand for improvement of water supply and sanitation services in a particular village, the process is continued with only hygiene promotion activities by the village hygiene team, with monitoring and periodic support from the district hygiene promotion team. This raises the community awareness of health and hygiene issues. Hygiene promotion is continued till such time as the community expresses demand for improved services.

**Tools and Methodologies for Sanitation and Hygiene Promotion**

Some of the successful tools and methodologies that have been developed include the Sanitation Ladder, innovation in Sanitation and Hygiene Promotion, and School Sanitation and Hygiene Promotion.

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⁴ Drawn from Participatory Rural Appraisal (PRA) and Participatory Hygiene and Sanitation Transformation (PHAST)
The Lao PDR Sanitation Ladder

The Sanitation Ladder defines a number of technology options for sanitation improvements in rural communities. Using the sanitation ladder as a basis, Nam Saat has further developed the Information Kit for Community Dialogue on Rural Sanitation for use at community level. This summarizes various technically feasible options. Each option includes:

(i) a brief explanation of the main characteristics, using pictures and graphs;
(ii) the advantages and disadvantages;
(iii) the materials required for the construction - external and locally available materials; and
(iv) an estimation of the initial investment cost, operation and maintenance cost and requirements.

These options are presented to individuals and households through the community dialogue process. This facilitates discussion, and enables communities to make an informed and well-considered selection of the best technical solution to meet their own requirements, resources and local conditions. Apart from the Information Kit for Community Dialogue on Rural Sanitation, there is also an Informed Choice Catalogue for Rural Sanitation, which is a more comprehensive manual for use by field level facilitators. More detailed construction manuals prepared for each of the technically feasible options, for use by district/provincial level technicians, complete the series.

The Lao PDR Sanitation Ladder

Option 6: Septic Tank System

Option 5: Pour Flush Latrine

Option 4: Ventilated Improved Pit Latrine

Option 3: Lid/Cover Latrine

Option 2: Conventional Dry Latrine

Option 1: Improved Traditional Practice
An Example of Innovation in Sanitation and Hygiene Promotion

A provincial team, supported by JICA advisors, started the pilot water supply and sanitation scheme in Bokeo and Luang Namtha provinces in the north-west of Lao PDR. They used the community dialogue approach to develop a ‘show-case village’. As part of the community dialogue process and to add innovation to the sanitation and hygiene promotion process, this team used multimedia equipment to facilitate the community discussion and raise hygiene awareness. They used digital cameras to capture ‘a day in the life’ images of village activities in some of the target villages. By afternoon, the images were prepared and ready for use in discussion with the community. The team then used these images to highlight the existing positive and negative behavior patterns. They then discussed possible interventions for changing these behavior, such as improvement of the water supply and/or sanitation situation.

School Sanitation and Hygiene Promotion

The Primary Schools sub-project also applies the Lao PDR RWSS Sector Strategy Principles. Supported by UNICEF, and led by Nam Saat, the Ministry of Education and several pilot communities, have successfully developed Information-Education-Communication Tools suitable for primary school students in Lao PDR. This Field Kit for Hygiene Promotion at Schools consists of a series of pictorial information sheets, and three stories. The approach followed is similar to Participatory Hygiene and Sanitation Transformation (PHAST) and Participatory Rural Appraisal (PRA) techniques.

A core group of four Central Nam Saat staff trained 19 other Nam Saat staff from 11 Provinces in the first national Training of Trainers (TOT) workshop on Hygiene Promotion towards the end of 1999. The new ‘trainers’ will go on to train 25 teachers of primary schools, where water supply and sanitation facilities have been provided.

The Capacity Building Challenge

The shift to a Demand Responsive Approach poses a challenge within Nam Saat, in terms of staff capacity at the central, provincial, district and community level. This requires preparation and adaptation of various training and promotional materials, as part of the on-going learning-by-doing approach. Nam Saat has therefore initiated the preparation of a series of Training Manuals/Users Guides on Hygiene Awareness, Community Based Dialogue Planning, Sanitation Improvements, Community Based Financing and Management and Water Supply Improvements. Each manual consists of a series of publications for use at the community level, for Field level Facilitators and for District/Provincial Level Support and Management staff.

Training in community dialogue processes and management training has been provided to members of the Provincial Coordination Units and District Coordination Units (PCU/DCU) in the spearhead provinces. Community Dialogue training is planned in the remaining 11 provinces. These efforts will have to be continued to further strengthen Nam Saat’s capacity at all levels to effectively facilitate the demand responsive approach and the community dialogue process.

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Sections from an article in the local newspaper “The Vientiane Times” of February 22-24, 2000.

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PCU and DCU consists of representatives from Nam Saat, Lao Women’s Union, Youth Union, Rural Development Committee, Department of Public Health, Department of Education and other line agencies.
The Results So Far

In line with the sector strategy, Nam Saat continues to actively promote ‘learning-by-doing and feed back’ as one of its key principles, with a strong emphasis on a nationally driven ‘step-by-step’ approach. Although the transition from target driven top down approach to a stronger community focused demand responsive approach is still in its early stages, and field level implementation is ongoing in the spearhead provinces, the results so far are encouraging.

The spin-off effect to other provinces is already noticeable. The participatory hygiene analysis as an entry point in the community dialogue process progressively finds wider application from initially 7 selected ‘spearhead’ provinces, into the remaining 11 provinces in Lao PDR. On request from these provinces, Nam Saat has prepared community dialogue training to actively involve these provinces in the strategy implementation process, earlier than anticipated.

The results are encouraging not just to Nam Saat, but also to the supporting partners and external support agencies, from the initial supporting partners (Sida, WSP-EAP, UNICEF and the World Bank) to newer RWSS donors such as JICA and AusAID.

Lessons Learned

Although the implementation of the national sector strategy is still in its early stages, a number of key lessons have emerged from the selected Spearhead Provinces, and from the national Primary School Sanitation and Hygiene Program:

• Participatory Hygiene Analysis with a strong community focus is recognised as a successful approach for achieving sustainable changes in sanitation and hygiene-related behaviors. With the sector strategy in hand, other partners and donors are now using the community dialogue approach in their program support work.

• The community dialogue process provides a framework for district/provincial and village level facilitators to sequence the critical steps necessary to raise a community’s awareness and to assess its real needs and willingness to contribute.

• The failure of past ‘hygiene educational’ approaches shows that communication for hygiene promotion needs more than just better knowledge on the part of the communicator. It requires improvement of the communication skills through on-going capacity development activities, supported by an appropriate set of training manuals and guided practice.

• Behavioral change does not happen by just ‘providing information that is missing and describing exactly what people must do’.

• The greatest challenge always remains in identifying the 2 or 3 key behavioural changes to most effectively promote in each community, based on locally prevalent routes of disease transmission, identified and recognised by the community themselves.

Acknowledgements:
Kanna Baran, Caroline van den Berg, Michael Seager, Nilanjana Mukherjee, Finn Nielsen, Malin Krook and Rafael Diaz for their contributions and review of this Field Note.

Photographs by Chander Badloe (WSP-EAP) and Dr. Izumi Atsuta (front and back cover page pictures)
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