Global Scaling Up Sanitation Project

Case Study on Sustainability of Rural Sanitation Marketing in Vietnam

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April 2010
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The task manager for the study was Jacqueline Devine of the Water and Sanitation Program (WSP), who also reviewed this report. The study was executed by IRC International Water and Sanitation Centre, The Hague, the Netherlands, and ADCOM Consultants in Hanoi, Vietnam. The respective international and national team were Dr. Christine Sijbesma of IRC and Dr. Truong Xuan Truong of ADCOM. ADCOM team members were Dinh Ngoc Bich, Dr. Ha Viet Hung, Le Duc Hanh, Nguyen Thi Hong Sam, Nguyen Kim Thai, Ho Thi Kim Uyen, Nguyen Nhu Trang, and Nguyen Tuan Minh. Joanna Rhodes of IRC edited the case study report and Amy Grossman of WSP edited the study for publication, with assistance from Kara Watkins.

The authors wish to thank Nguyen Danh Soan, Coordinator of the Rural Water Supply and Sanitation Partnership (RWSSP) in the Ministry of Agriculture and Rural Development (MARD), and Pham Bich Ngoc, also of the RWSSP, for their continued guidance. Nghiem Thi Duc, IDE’s manager of the pilot project, provided valuable documents and clarifications. Support from Vinh Thanh Nguyen of WSP is also gratefully acknowledged.

Peer-reviewers for this report included Eduardo A. Perez, Craig Kullmann, and Christopher Trethewey of WSP, and Pete Kolsky of the World Bank. Their comments were invaluable.

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Global Scaling Up Sanitation is a WSP project focused on learning how to combine the promising approaches of Community-Led Total Sanitation and Sanitation Marketing to generate sanitation demand and strengthen the supply of sanitation products and services at scale, leading to improved health for people in rural areas. It is a large-scale effort to meet the basic sanitation needs of the rural poor who do not currently have access to safe and hygienic sanitation. The project is being implemented by local and national governments with technical support from WSP. For more information, please visit www.wsp.org/scalingupsanitation.

This Technical Paper is one in a series of knowledge products designed to showcase project findings, assessments, and lessons learned in the Global Scaling Up Sanitation Project. This paper is conceived as a work in progress to encourage the exchange of ideas about development issues. For more information please email Christine Sijbesma, Truong Xuan Truong, and Jacqueline Devine at wsp@worldbank.org or visit our website at www.wsp.org.

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Executive Summary

Background
From 2003 to 2006, a rural pilot project was conducted in Vietnam with technical support from the non-governmental organization (NGO) International Development Enterprises (IDE) and funding from Danish International Development Assistance (DANIDA). The project tested whether a sanitation marketing approach could improve rural access to sanitary toilets in 30 communes in six districts of the coastal provinces of Thanh Hoa and Quang Nam.

The project trained promotion teams consisting of local health workers, Vietnam Women’s Union leaders, and village heads, as well as small providers (shopkeepers, producers, and masons). These teams, in turn, promoted sanitary toilets and helped households to build the type of toilets they wanted and could afford. The pilot project trained over 2,000 government staff, Women’s Union leaders, small entrepreneurs, and trainers. After 3.5 years, over 15,000 households had gained access to a sanitary toilet in the pilot area out of 32,000 households targeted. This number was 2.5 times the increase achieved under a conventional sanitation program conducted in the three preceding years. Average access grew from 16% to 46%.

Three years after the end of the pilot program, WSP contracted IRC/ADCOM to design and carry out a case study to investigate the sustainability of the rural sanitation marketing approach. The main research question was whether the outputs and outcomes had been sustained after the external support had ended. Other research questions were used to determine if the approach had spread to neighboring communes (“spill-over effect”), if the districts had extended the approach district-wide (“scaling-up effect”), and if there were signs of spontaneous marketing developments (“parallel development”). The case study was conducted in a purposively selected sample of eight communes in four districts of the two provinces. Four matched communes that did not participate in the pilot but were located in other parts of the same districts served as a comparative group.

Research for the case study took place between June and August 2009. Local sanitation statistics were collected in all study communes. Semi-structured interviews were held with the promoters, providers, and some local government authorities. Interviews were held with district and provincial authorities and at a national level with the NGOs, national authorities, and donors involved in rural sanitation. With the help of participatory tools, focus group discussions were held with sixty-one householders who had built sanitary toilets or upgraded their unsanitary ones, and sixty householders who had either no toilet or a still unsanitary one. Finally, the study team visited a very small and non-random sample of installed toilets to observe the quality of construction and hygiene as per the national standards of the Ministry of Health.

Case Study Findings
The trend of increased access to sanitary toilets was sustained. Average access which in the study sample was 15% in 2003 (one percentage point lower than in the pilot area as a whole) and grew to 44% in 2006 and to 59% by 2008. The average annual growth rate of 7.5% equaled that of the pilot project as a whole, and in the study villages was even one percentage point higher.

Growth in three of the comparative communes was much lower. In one it was even negative, as the population grew more rapidly than sanitation access. In the fourth no statistics could be obtained.

At the end of the pilot project, 16% of the poor households had built a sanitary toilet, while their proportion in the pilot population was 19%. However, the poor-specific monitoring was not sustained. In the case study it was impossible to get commune statistics specified for poor and non-poor households. It was only possible to note that overall, access to sanitary toilets increased steadily while the percentage of poor households remained the same or varied over time.

All but one promoter had continued to promote sanitation along with their job duties, albeit at a lower intensity and with fewer methods. The promoters had not received new promotional materials and two-thirds said they had run out of pilot project brochures. Interest in toilets had reportedly remained high, especially among women. However, the sustainability of promotion may drop in the future because...
local women leaders and village heads change after three or four years and training for their successors was not institutionalized.

Local providers had continued to develop their services and customer base and other entrepreneurs had joined when they saw the growing sanitation demand. All but one provider had continued to expand their range of goods and services. Septic tanks were the most popular option with both customers and providers, raising a concern for the future as it is common practice for villagers to empty full tanks directly into the environment.

Virtually all entrepreneurs gave some form of credit to customers and some shops also gave credit to masons. On average, one-third of the customers bought on credit. There were no agreements or collateral; the decision was based on acquaintance and trust.

Three-quarters of the providers said that they now had more customers and over half reported a greater business volume. Two-thirds said that they made more profit and had higher incomes in the last three years. However, all also provided other goods and services and worked seasonally and often part-time in sanitation: the toilet business alone was not enough to live on.

Although trained in marketing as part of the pilot, only half of the providers had continued this practice. None had developed their own leaflets or catalogs. To attract new business, they relied on local relationships, networks, and their reputation. As part of the pilot, IDE had encouraged the formation of provider networks to cooperate on production, procurement, sales, transport, construction, and after-sales services. These networks were sustained and new ones had been formed.

Satisfaction with services and toilets had remained high among householders. The few dissatisfied householders reported clogging, allegedly due to using regular paper instead of toilet paper, and poor quality construction. The small number of toilets observed and built either during or since the pilot all met the standards of Ministry of Health.

Those householders without a toilet cited financial concerns as the primary reasons they had not installed or upgraded. They reported sharing a toilet with relatives or neighbors or practicing open defecation. However, many said that in the latter case they used the “cat method” (i.e., defecate in a small hole and then cover the excreta with soil).

Local authorities in the study communes, districts, and provinces varied in their willingness and actions to sustain rural sanitation marketing after the pilot. In some communes, the authorities continued the sanitation steering committees, annual sanitation plans, toilet loans, etc. without going back to subsidizing toilets. Other communes had accepted NGO projects with toilet subsidies since the pilot, but said that this was not a real solution as project duration was short and the number of households that could be assisted was small. The supportive commune governments had been convinced by the good results of the pilot. The less supportive authorities were doubtful about being able to convert the poor and hard-core open defecators, or faced other more urgent constraints—no land title deeds, industrial solid waste problems, and absence of a proper cemetery.

In three of the four study districts (no interview could be conducted in the fourth) the district authorities had sustained their positive attitudes. They praised the project strategy; the demand for district commitment; the organization of the program; the professionalization of the communication approach; the increase in awareness, knowledge and skills of promoters, providers, and consumers; the capacities developed in the private sector; the lower cost and better cost-awareness; and the greater access at higher speed that had resulted in less open defecation and better living environments. Nevertheless, the districts had not continued their support to the study communes after the pilot. They mentioned in particular the absence of funding for new promotion materials and training. However, as discussed below, two study districts had supported scaling up.

While provincial authorities had not been directly involved in the pilot, they praised the project and its good results in a coastal environment, where poverty and open defecation habits are serious constraints to improving sanitation. They saw two problems for strategy adoption and support province-wide. The first was paying an incentive for sanitation
promotion to three promoters in all communes. The second was promoting no-subsidy toilets and training local masons and shops in the mountainous areas with high rates of ethnic minorities.

At the national level, authorities reported that Vietnam is currently not reaching its rural sanitation targets and that adoption of sanitation marketing could help. The Vietnam Women’s Union and donors cooperating in rural sanitation were ready to support with capacity development and further piloting. They also recommended the development of improved monitoring of access for the poor, and combining sanitation marketing with Community-Led Total Sanitation (CLTS) as piloted in other parts of the country.

The providers reported that households in neighboring communes had begun to seek services from them and their networks after the pilot project. They also said that new providers and networks had emerged, which copied their example and now offered the same services and goods. However, without proper user information, training of providers and promoters, and toilet follow-up, the same quality of service as in the studied pilot communes was not assured. In Nghi Son Economic Development Zone, for example, which included some of the pilot projects, the quality of construction of sanitary models and user satisfaction had both decreased. Reasons for the decline included: the rapid demand increase, the absence of organization and training of the promoters and providers, and monitoring of construction quality by the community health workers that was too little and too late without support from trained women leaders and village heads.

The research of sustainability at institutional levels also revealed that after the pilot project, two of the four study districts had encouraged all other communes in their districts to adopt sanitation marketing. In Hau Loc district in Thanh Hoa province, the District Steering Committee advocated the approach to the other communes through exposure visits, but without providing training. The district of Nui Thanh in Quang Nam actually scaled up sanitation marketing to all 17 communes. The district encouraged the commune staff to promote sanitation and each commune was able to send some providers for training to the district headquarters. As a result, the other 12 communes achieved similar coverage as the pilot study commune in a little over two years. The highest coverage achieved was 96%; the district-wide average was 49%. The two other study districts did not scale up.

Conclusions, Lessons, and Recommendations

The case study report includes a series of conclusions, lessons learned for replication of the approach in Vietnam and elsewhere, and recommendations. Some highlights:

• Although sanitary toilet promotion by community health workers, women’s leaders, and village heads had continued, the lack of budgeting for ongoing supply of promotional materials, the lack of training of new promoters and providers, the lack of market research, and the lack of development of a more specific marketing strategy for the poor may jeopardize future sustainability.

• Service providers and demand for sanitary toilets continued to develop after the pilot project. As long as this growth was limited, peer learning, instruction manuals, and ongoing consumer information could ensure an acceptable construction quality and user satisfaction. An explosion in demand combined with unguided and controlled supply meant that the good results from private sector involvement were not sustained.

• The strategy to target especially women through the women leaders and the health workers has worked well in the two provinces. From the interviews with the promoters, the providers, and the FGDs, it became clear that women were the most interested, but that the couple, and sometimes their children, made decisions jointly and harmoniously. However, this may be different for other regions in Vietnam and elsewhere, where agreement on a toilet or bathroom as an investment priority in rural households is lower.

• Sanitation marketing has enabled men who worked part-time in sanitation to move out of the agriculture and fishery sectors and obtain better jobs with more career prospects in small-scale enterprise. Thus, rural sanitation marketing has contributed to Vietnam’s policy and strategy of rural poverty reduction, albeit without a specific
strategy for gender equity in capacity development of the providers.

- Since there is not a formal recognition from the national government and its integration in rural sanitation strategies and programs is not institutionalized, not all commune, district, and provincial governments were ready to replicate the approach and scale it up. Provincial governments, which are the implementers of the national rural sanitation program, were especially not ready to shift funds now used for toilet subsidies in poor regions to building longer-term local toilet promotion and supply capacities.

- A financing strategy for the poor is missing. A more refined and comprehensive strategy than promoting loans and savings—especially in light of the high inflation level, estimated at 8% for 2009—is needed.

- In the long term, the approach used in the pilot study may not be sustained and expanded without further advocacy for a supportive political and administrative environment, institutionalized capacity building for promoters and providers, more regular consumer studies, further development of promotional materials and communication channels, and the design and testing of a specific strategy enabling the poor to install unsubsidized sanitary toilets.

- A key lesson was the lack of a good, but simple sanitation monitoring system. Missing were: (i) poverty-specific monitoring of toilet access; (ii) the combination of data from all the local sanitation projects of different government departments and NGOs; (iii) the participation of the people in assessing and monitoring the sanitation coverage in their own locations to raise awareness, motivate change, and enhance validity of the data and transparency of program performance; and (iv) data aggregation and integration into a single, easy to use computerized and comparative database at commune, district, and provincial level.