

Scaling Up Rural Sanitation

Research on the Sustainability of Rural Sanitation Marketing in Vietnam

November 2011

INTRODUCTION

In the 1990s, the Socialist Republic of Vietnam formulated a new policy, strategy, and program to meet the Millennium Development Goals (MDGs) and national targets to improve rural water supply and sanitation. Although progress in water supply increased rapidly, progress in sanitation lagged behind. By 1998, just 24 percent of rural Vietnamese households had sanitary toilets, placing the achievement of MDG targets for sanitation by 2015 at risk.

To test whether a sanitation marketing¹ approach could improve access to toilets in rural Vietnam, the Water and Sanitation Program, with funding from Danish International Development Assistance (DANIDA), contracted the International Development Enterprises (IDE) to conduct a pilot project in 30 rural communes in the coastal provinces of Thanh Hoa and Quang Nam (see Figure 1). The project, which ran from 2003 to 2006, assessed the rural sanitation market and offered four low-cost toilet models. In addition, the project trained village heads, Women's Union leaders, and community health workers to serve as promoters, and strengthened the capacity of local suppliers, including shopkeepers, producers, and masons. In turn, these leaders and providers promoted sanitary toilets and helped households to build the toilets they wanted and could afford. After 3.5 years, average household access to improved sanitation had grown from 16 to 46 percent.²

When the IDE pilot concluded in 2006, the rural sanitation marketing approach seemed to be effective overall. However, many questions remained. Would sanitation marketing be sustainable long-term? And if so, how could the approach best be replicated and implemented elsewhere? Answers to these questions had potential application for sanitation projects worldwide. Three years after the pilot project ended, WSP contracted with the IRC International Water and Sanitation Centre and ADCOM, a Vietnamese consultancy firm, to design and conduct a case study to address these questions. Research questions included whether the outputs and outcomes were sustained after the external support ended; whether the approach

KEY FINDINGS

- **Three years after the conclusion of an IDE-led sanitation marketing pilot project, the number of sanitary product providers and the demand for sanitary toilets continued to develop.**
- **The trend of increased access in pilot study communes to sanitary toilets was sustained, with average access growing from 44 percent in 2006 to 59 percent by 2008.**
- **Progress may be less sustainable over a longer term. Among other factors, ongoing budgeting for promoter and provider training, market research, production of promotional materials, expanded sludge removal services, and development of a more poor-specific marketing strategy, which all contribute to sustainability, are missing.**
- **Tracking sanitation access would be greatly assisted if a simple monitoring system had been developed at commune, district, and provincial levels.**

had spread to neighboring communes; whether the districts had extended the approach district-wide; and whether there were signs of spontaneous marketing developments.

PURPOSE AND METHODOLOGY

The case study was conducted in a sample of eight communes in four districts of the two provinces selected for a mix of high and low performance. 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 study took place between June and August 2009. The study team collected local sanitation statistics from 30 pilot

¹ The authors define sanitation marketing as "the use of social and commercial marketing best practices to scale up demand and supply for improved sanitation, particularly among the poor."

² For more information about the pilot project conducted by International Development Enterprises, contact IDE at www.ideorg.org/GetInvolved/Inquiries.aspx.

Figure 1: Location of IDE Pilot Project, 2003–2006

communes and the four comparable non-project communes. The team held semi-structured interviews with 23 promoters, 25 providers, and relevant government authorities at all levels. Team members also held interviews with the non-governmental organizations (NGOs), national authorities, and donors involved in rural sanitation. With the help of participatory tools, focus group discussions were held with 61 householders who had built sanitary toilets or upgraded their unsanitary ones, and 60 householders who had either no toilet or an unsanitary one. Finally, the study team visited a very small and nonrandom sample of installed toilets to observe the quality of construction and hygiene as per the national standards of the Ministry of Health.

KEY LEARNINGS

Access to sanitary toilets continued to increase. Average access, which in the study sample was 15 percent in 2003 (one percentage point lower than in the pilot area as a whole), grew to 44 percent in 2006 and to 59 percent by 2008 (see Figure 2). The average annual growth rate of 7.5 percent equaled that of the pilot project as a whole, and in the study villages was even one percentage point higher. After factoring in population growth, coverage in the non-pilot sample communes grew much more slowly, flat-lined, or even declined. Financial concerns were the primary reason householders in the pilot area cited for not installing a toilet or upgrading an unsanitary one. These householders reported sharing a toilet with relatives or neighbors or practicing open defecation. In the latter case, many reported using the “cat method” (i.e., defecate in a small hole and then cover the excreta with soil).

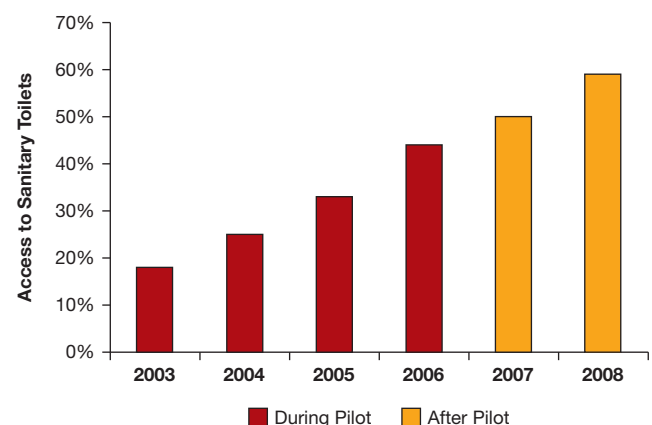
Promoters continued to be active, albeit at a lower intensity and with fewer methods. Promoters had not received new promotional materials and two-thirds reported running out of pilot project brochures. Although interest in toilets remained high, especially

among women, the sustainability of promotion might 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 (see Figure 3).

Providers of sanitary toilets continued to thrive after the pilot project. While government promotion continued, albeit at a lower level of effort, four out of five providers expanded their product ranges and increased their customer bases, relying mainly on referrals and their built-up reputation in the sanitation business. Two-thirds of providers saw revenue increase, and almost all granted some form of credit (see Figure 4). There were no agreements or collateral; the decision to grant credit was based on acquaintance and trust. Provider networks expanded businesses to neighboring communes. Construction quality and customer satisfaction remained high; however, none of the providers offered sludge removal services, despite a prevalence of septic tanks. The popularity of septic tanks raises a concern for the future as villagers commonly empty full tanks directly into the environment.

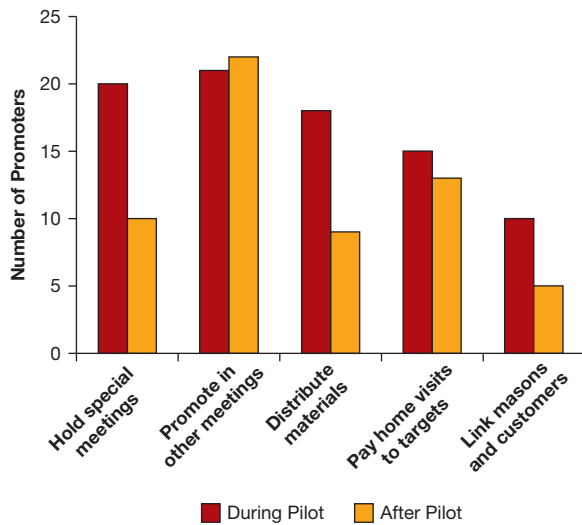
Only half of the providers trained in marketing as part of the pilot continued this practice. None had developed its own leaflets or catalogs. To attract new business, providers relied on local relationships, networks, and their reputations. Provider networks formed during the pilot project to cooperate on production, procurement, sales, transport, construction, and after-sales services were sustained and new ones had been formed.

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, 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 subsidies were not a real solution as project duration was short and only a small number of households could be assisted. The commune governments that continued to support sanitation marketing 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

Figure 2: Increase in Sanitation Coverage in the Study Sample During and After IDE Pilot Project

Source: Commune statistics for eight study communes, this study

Figure 3: Number of Promoters Mentioning Activities Carried Out During and After Pilot



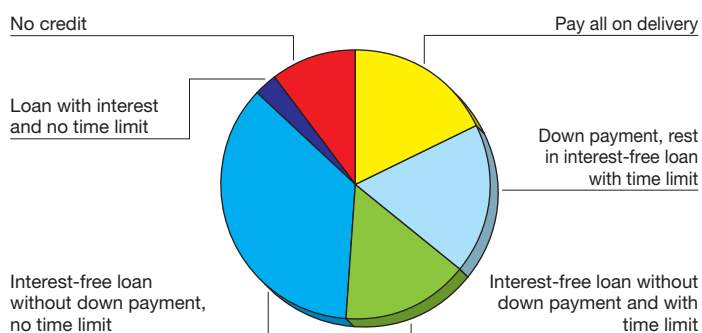
Source: Promoters' interviews, this study

defecators, or turned their attention to more urgent problems such as the absence of land title deeds or industrial solid waste problems.

A poor-specific strategy is vital to sustainability. The study findings indicate a need to develop and test a special rural sanitation marketing strategy for the poor, which would be conducted by promoters, providers, and supply-chain networks. For example, this strategy could include more detailed information on potential cost reductions; more information on and evaluation of ways for households and businesses to finance investment costs; and a more detailed roadmap for staged construction, including bulk buying and storage of materials by groups of households until all can build their toilet.

Neighboring communes had begun to seek services from providers and their networks after the pilot project and new providers and networks had emerged. However, without proper user information, training of providers and promoters, and monitoring of quality, the same quality of service as in the studied pilot communes was not assured. In Nghi Son Economic Development Zone,

Figure 4: Proportion of Providers Who Reported Providing Different Types of Credit to Customers



Source: Provider interviews, this study (N=21, more than one service possible per provider)

for example, which included some of the pilot communes, both the quality of construction of sanitary models and user satisfaction had decreased when demand burgeoned and untrained providers joined in.

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 did not provide training. Nui Thanh district in Quang Nam actually scaled up sanitation marketing to all 17 communes. The district encouraged the commune staff to promote sanitation and each commune sent some providers to the district headquarters for training.

IMPLICATIONS FOR PRACTITIONERS

From the conclusions and lessons learned from the case study, we can derive several recommendations for replicating the approach in Vietnam and elsewhere.

Government support should be secured to allow scaling up of successful programs. Because there was no 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,³ which are the implementers of the national rural sanitation program but were not involved in the pilot, 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.

Ongoing programming and funding should be secured before the project's conclusion. Although community health workers, women's leaders, and village heads continued to support sanitary toilets, the lack of budgeting for ongoing supply of promotional materials, training of new promoters and providers, market research, and development of a more specific marketing strategy for the poor might jeopardize future sustainability.

A sanitation marketing initiative should include a plan for measured growth. Service providers and demand for sanitary toilets continued to develop after the pilot project (see Illustration 1). As

Illustration 1: Providers Adjusted to New Demands



Service providers responded to new demands for products such as seat-type toilets and handwashing basins.

long as this growth was limited, peer learning, instruction manuals, and ongoing consumer information could ensure an acceptable construction quality and user satisfaction. In one Economic Development Zone where demand and payment capacity had expanded rapidly, there were not enough suppliers trained in sanitation marketing and construction of good quality products to keep up with increased demand. In addition, the community health workers could not check all new toilets under construction. In this expansion area, the good results from private sector involvement were not universally sustained.

Sanitation marketing can contribute to a poverty reduction strategy. Sanitation marketing 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. When women took part they enhanced income from sales. Thus, rural sanitation marketing has contributed to Vietnam's policy and strategy of rural poverty education, albeit without a specific strategy for gender equity in capacity development of the providers.

Future projects should include a poor-inclusive strategy. A more refined and comprehensive strategy than promoting loans and savings—especially in light of the high inflation level, estimated at 8 percent for 2009—is needed.

Long-term sustainability and expansion of sanitation marketing approaches such as that used in the pilot study require ongoing support. This includes advocacy among governmental officials and NGOs, institutionalized capacity building for promoters and providers, regular consumer studies, development of promotional materials and communication channels, and the design and testing of strategies for enabling the poor to install unsubsidized sanitary toilets.

A simple sanitation monitoring system is a key element of a sanitation marketing initiative. The case study revealed the lack of several important elements: no continuation of poverty-specific monitoring of toilet access; the combination of data from all the local sanitation projects; 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 data aggregation and integration into a single, easy-to-use computerized and comparative database at commune, district, and provincial level.

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³ Recently, the provincial sanitation program in Quang Tri has integrated sanitation marketing, and the MoH has recognized it as the pilot program for the Central Region. The MoH has also set up a reference group to assist replication with regional adjustments in the other four regions.

The Water and Sanitation Program (WSP) is a multi-donor partnership created in 1978 and administered by the World Bank to support poor people in obtaining affordable, safe, and sustainable access to water and sanitation services. WSP's donors include Australia, Austria, Canada, Denmark, Finland, France, the Bill & Melinda Gates Foundation, Ireland, Luxembourg, Netherlands, Norway, Sweden, Switzerland, United Kingdom, United States, and the World Bank.

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Full report

This Research Brief is based on a full report, *Case Study on Sustainability of Rural Sanitation Marketing in Vietnam*, available at www.wsp.org/scalingupsanitation.

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About the program

Today, 2.6 billion people live without access to improved sanitation. Of these, 75 percent live in rural communities. To address this challenge, WSP is working with governments and local private sectors to build capacity and strengthen performance monitoring, policy, financing, and other components needed to develop and institutionalize large scale, sustainable rural sanitation programs. With a focus on building a rigorous evidence base to support replication, WSP combines Community-Led Total Sanitation, behavior change communication, and sanitation marketing to generate sanitation demand and strengthen the supply of sanitation products and services, leading to improved health for people in rural areas. For more information, please visit www.wsp.org/scalingupsanitation.

Contact us

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