



The Sanitation Profile of Vietnam and Possibilities of Scaling up of CLTS:

A Trip Report

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I visited Hanoi, Vietnam between 19th and 26th of June in connection with the review of practice of CLTS in Vietnam and consultation with the main actors of sanitation in the country. A two days workshop was also organized to discuss and plan on way forward for scaling up of CLTS in Vietnam. Overall the visit was very successful particularly from the point of view of understanding the present profile of CLTS in the country and meeting the stakeholders particularly PLAN Vietnam, Vietnam Ministry of Health Environment Management Agency(VIHEMA), UNICEF, IDE, SNV, World Vision, North Vietnam College of Agriculture and Rural Development (VCARD) and a few national and international NGOs. The details of the institutions visited and persons met are attached separately.



CLTS was first introduced in Vietnam in the year 2009. Although the overall access to sanitation in Vietnam was much higher than other countries in the region, there is a great variation of access to sanitation in different parts of the country to the extent of 5 and 65%. According to Professor Nguyen Huy Nga, Director General of

VIHEMA the practice of Open Defecation largely exists around the 3000km coastal line of Vietnam. He says OD also exists in the pockets of ethnic minority pockets of North and Central mountainous areas. According to Professor Nga historically people of North Vietnam have been using human excreta in agriculture. Although the Government's specification and directives of composting human shit is at least six months (best 1 year), farmers in the North often use it for agricultural crops much before. As and when farmers feel the need for manuring their crops (mostly vegetable crops) they apply almost raw shit in the field. Hence the handling of shit is quite a common practice in the north of Vietnam.

However the practice in the south is entirely differ where the people do not want to see shit. Immediately after defecation it is flashed into the water bodies for fish to eat. Pouring faeces in the fish pond is a very common practice in the Mekong region of South Vietnam.

It was very difficult to ascertain how many ODF villages out of more than 100,000 villages in 12000 Communes in 700 districts of 63 provinces in Vietnam exist. Although each of the 63 provinces has health centres which have designated staff preventive medicine, they also have staff for water and sanitation. At the commune level there are honorary health workers who also work for water and sanitation related issues.

Shit in Vietnamese is 'cut' (kit).

The act of open defecation is 'ia bay' (yabai)

Brief history of Sanitation in Vietnam

Ho Chi Minh started campaign on sanitation back in 1954 when Vietnam became independent. Since then there has been focus on 1. Toilets 2. Dug-wells 3. Bathrooms. Dry composting toilets are not uncommon in rural areas of Vietnam. After the withdrawal of American army in 1975 the unification of south and North Vietnam took place. From that time on water seal. Pour flush latrines were introduced. In late 80s and early 1990s san-plats were introduced in the rural areas in large scale with the support of UNICEF. However



there are many areas in the country where OD is still practised. According to professor Nga, cholera broke out within 30 km of Hanoi when it spread to 1500 people within 3 days. These are the areas where OD is still practised. A recent survey was carried out in south Vietnam by MOH found 80% of the households have toilets of which about 60% are hygienic toilets. Government of Vietnam is making all efforts to increase the percentage of households with hygienic toilets to at least 70% by 2015.

National Target Program

Vietnam has had 3 NTP's of 5 years duration each. At present the National Target Program (2011-2015) is emphasizing in increasing household latrines. Out of the 86 million population of Vietnam most of the problem areas of sanitation are located in the mountainous northern and central region. There is also emphasis on neglected zoonotic disease. According to Dr Phu, Deputy Director General of VIHEMA, the Prime Minister of Vietnam has ordered regular reporting of 56 communicable diseases of which the top 10 are related to water and sanitation. There is also a government order of removal of buffaloes and pigs from the dwelling houses.

Government of Vietnam is subsidizing household toilet, which is about US\$50 for latrine construction. This is specially directed to the poorest of the poor. The Communes select the poor people and recommend for subsidy. However it has been seen that the households contribute their own money on the top of the subsidy and construct toilets costing around USD 200 or more.

History of CLTS in Vietnam

CLTS has been introduced in Vietnam only 2 years ago. It was SNV who introduced the approach in 2009 for the first time in Vietnam. UNICEF applied it in later part of 2009. PLAN Vietnam adopted the approach in 2010.

PLAN Vietnam has got 9 program units spread over 9 provinces mostly in the mountainous areas. PPDP (Pro Poor Participatory Development Project) is one of the largest programs of PLAN Vietnam which is focussed toward overall livelihood development. Started in 2008, PPDP which is being funded by NORAD, EC, AusAid, PLAN Australia and PLAN Canada is at its



second phase and is working with mostly with the ethnic minority groups. There are 54 ethnic minority groups in Hanoi. PPDP is being implemented at the Commune level with a focus on developing infrastructure, livelihoods, agriculture, forestry and access to land. PPDP works in close collaboration with the local Government representatives.

Out of the 9 PUs the only one is an urban PU being implemented in Hanoi. According to Dr Ms ThuyAnh, Coordinator of Health and WASH, CLTS should be spread to all the PUs of PLAN Vietnam. There is a great potential of introducing CLTS as an entry point strategy for other programs like livelihood development and other programs as well. At present the IEC methods used by PLAN Vietnam use 4 key messages: a. Hand washing with soap b. boiling water for drinking c. keeping toilets clean.....According to Dr Ms ThuyAnh the least developed component is the toilet component where the community participation is least.

That is why she felt that CLTS could play a very important role in enhancing community participation.

MOH criteria for hygienic Toilets

The ministry of Health has set up the following criteria for hygienic toilet.



1. Construction of latrines with septic tanks.
2. Water seal latrines are must
3. Hygienic VIP latrine
4. Dry composting hygienic latrine, minimum composting time allowed is 1year.
5. Pit latrines are not considered as hygienic latrines.

The Government of Vietnam has started a massive campaign on hand washing. WSP is a major actor of hand washing campaign which would be over by the end of this year.

Strong farmers union and women's union

In general there is a very good inter institutional coordination amongst the major sector players of sanitation in Vietnam. The farmers union and the women's union are very strong informal social institutions spread all over rural Vietnam. Many institutions work through these women's union. In some areas of course there are problems related to landlessness.

Triggering Experience in North Vietnam College of Agriculture and Rural Development (VCARD)

VCARD is the main institution offering hands on training on CLTS. A team of 5 faculty members headed by Professor..... is deeply engaged in rendering training to students and any other interested extension workers. The TOT offered by the college is 5 days duration of which 4 days are spent in classroom learning and 1 day in field work. While there was very high level of enthusiasm noticed by the faculty a number of gaps in training have been identified. Some of these include:



- Only one day of field work do not provide adequate opportunity to the participants to learn the skills of facilitation and triggering.

- Participants do not get a chance to rectify the mistakes made in triggering process in day one of field exercise and improve upon that in second triggering.
- All the 25-35 participants are taken to one single village for triggering which creates a total imbalance between the insiders and outsiders' deteriorating the quality of triggering and eventually the outcome.
- There is no mechanism of post triggering follow up has been noticed.
- It seems 100 TOTs have been organized which triggered 100 villages of which no one knows how many are ODF.
- After triggering toilets constructed by the households are counted and considered as the major criteria for ODF declaration rather than total elimination of open defecation.
- When asked the trainer's reported that 60% of these villages have constructed latrines.

From the discussion with different actors of sanitation the following constraints related to smooth scaling up of sanitation/CLTS across the country emerged:

- Some programs (VVSP) still focus on lending on sanitation, where giving money out and getting it back is the main focus. Often the better off benefits from such programs and the poor are left out. There is no clear description to explain how these approaches differ from each other neither there is no special focus on Government sanitation strategy on any particular approach. SLTS, PHAST, TSSM, CLTS are all used haphazardly. There is no clear understanding on the sequence of use. Some people think that it could all be put together.
- Household sanitation subsidy is given all throughout the country
- Numbers of latrines are still considered as major indicator for measurement of progress.
- National Sanitation strategy does not clearly specify the approach to be taken in the scaling up. As a result there is confusion and mix up of different approaches contradictory to their basic principles.



Two Day Orientation Workshop on ‘Experiences with Innovative WASH Approaches in Vietnam and the Way Forward’

A two day workshop was organized in Hanoi to review the practise the different WASH approaches and the possibilities of adapting the best possible approach towards a speedy sanitation coverage in Vietnam. The detailed report of the workshop is being prepared by PLAN Vietnam.

An in depth discussions and large group presentations were made by the participants. The most important 4 approaches discussed were: **CLTS, Sanitation Marketing CHC, PAOT.**

The Workshop had the following objectives:

- a. PLAN International in Vietnam to share WASH experiences.
- b. To enable sector stakeholders to share, discuss and draw lessons learnt from recent experiences with innovative sanitation and hygiene promotion pilots, including Community Led Total Sanitation (CLTS), Sanitation Marketing, Community Health Clubs (CHC), Participatory Action Oriented Training (PAOT) and Participatory Hygiene and Sanitation Transformation (PHAST).
- c. To facilitate a dialogue among sector stakeholders regarding best practices in sanitation promotion and recommendation for scaling up over the next five years.



Please find in the detailed workshop report the comparative strength and weaknesses of different approaches and recommendations of the Way Forward.

Major Actors of sanitation in Vietnam

1. PLAN Vietnam
2. SNV
3. East meets West Foundation
4. Lien Aid
5. UNICEF
6. World Vision
7. CARE(in the south of Vietnam)
8. IDE(sanitation marketing)
9. BORDA(German NGO)
10. HELVITAS
11. CRS

12. World Bank
13. WSP(Hand washing with soap)
14. VVSP (mostly work through women's union)