CLTS in the Lao PDR
Outline of the presentation

Context: sanitation in the Lao PDR
- Where are we?
- What is being done?

CLTS in the Lao PDR
- CLTS pilots
- CLTS lessons learned

Future plans and initiatives
Context – where are we? (1)

**MDG #7: Access to improved sanitation**

**Current status**

- 48% of the total population has access to improved sanitation
  - Only 38% rural areas, compared to 87% in urban areas

**Prevalence of open defecation**

- 46% of the total population (~3 million people) are currently forced to defecate in the open
  - In rural areas this is 56% (~2.5 million people)

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Context - where are we? (2)

MDG #7: Access to improved sanitation

MDG 2015 targets

➢ Government of Lao target for 2015 is 70% of the population with access to sanitation
  ➢ ~330,000 households need to gain access to improved sanitation between 2006 and 2015

Even if the MDG targets are met ~340,000 households (~2 Million people) will still remain without access to improved sanitation
Context - where are we? (3)

Impacts of poor sanitation

*In 2006 poor sanitation and hygiene caused*\(^1\)

- An overall economic losses of US$ 193 million/year (~5.6% of GDP, a cost of US$ 34 per person/year)
- 6,000 premature deaths and at least 3 million disease episodes
- Countless others suffer from poor health, diminished productivity and missed opportunities

Annually an estimated US$ 130 million could be saved by improving sanitation and hygiene

\(^1\) WSP-EAP (2009) *Economic Impacts of Sanitation in Lao PDR*
Context - what is being done? (1)

Current ongoing activities\(^1\)

- Small scale and often integrated in livelihood projects representing a small fraction of investments and scope of works
- Approaches used are often a mix of hygiene education (such as PHAST) and subsidy support
- Focus is on partially increasing access to sanitation in target areas rather then on the complete eradication of open defecation practices
- Pour-flush latrines are the norm for most development actors – with in many cases no choice being offered to households

\(^1\) SNV (2009) *Overview of international organisations active in the rural WASH sector in Laos*
Current approaches

- Some of the approaches being supported:
  - Radio and television campaigns (e.g. UNICEF)
  - Developing appropriate IEC materials (e.g. UNICEF, WSP/CAWST)
  - A ‘Model Healthy Village’ Concept (MoPH and ADB)

- A lot of testing and piloting but nothing going to scale
- Little or no innovation and creativity that could give rise to real breakthroughs
- Limited sanitation expertise available in Laos
- WASH actors (national and international) remain within their own ‘comfort zones’
CLTS

CLTS in the Lao PDR
CLTS in Laos - CLTS pilots (1)

How did it start?

- During 2008 a number of study tours were organised:
  - WSP took a team of national and provincial level government staff to Indonesia to learn from the Total Sanitation and Sanitation Marketing Project (TSSM)
  - Concern Worldwide took a team of provincial level government staff to Cambodia to visit the Royal Governments/UNICEF CLTS programme
  - SNV took a team of national and provincial government staff to Cambodia to visit MRD and Swiss Red Cross CLTS programmes
  
- In September 2008 Plan International invited Kamal Kar to give a presentation on CLTS to a mixed WASH actor audience in Vientiane
CLTS in Laos - CLTS pilots (2)

Two CLTS pilots to date

- **Concern Worldwide**: Houaphan province (north Laos)
  - CLTS facilitators training for 17 government and project staff in November 2008 – trainers from MRD in Cambodia
  - As part of the facilitators training CLTS triggering was conducted in two villages
  - Between February-March 2009, CLTS triggering done in a further 22 villages

- **WSP**: Champasak and Sekong province (south Laos)
  - CLTS facilitators training for 18 Government staff, 21 village representatives in December 2008 – trainers from WSP Indonesia.
  - As part of the facilitators training CLTS triggering was conducted in two villages
Results of the CLTS pilots

**Concern Worldwide**

- CLTS triggering in a total of 24 villages across two districts.
- 100% latrine construction targets achieved in 8 villages; overall latrine coverage is now 73% (1,011 latrines).
- Peer review by SNV in 12 out of the 24 villages reported:
  - An overall latrine coverage of 86% versus 13% at start of the pilot.
  - Three out of twelve villages have 100% latrine coverage, and two of those were ODF at time of review.
  - An significant reduction in OD, from 87% at the start to 21% at the time of the review.
Results of the CLTS pilots

**WSP**

- CLTS triggering in 2 villages in two provinces
- Overall latrine coverage is 66% (148 latrines), versus 47% at the start of pilot
- One trained village chief in Champasak took it upon himself to introduce CLTS in his village: 100% latrine coverage was achieved without any outside support
## CLTS pilots: summary

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<th>Province</th>
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<th># of HH</th>
<th># of latrines</th>
<th>As % of # of HH</th>
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<td>After CLTS</td>
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<td>Houaphan</td>
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<td>180</td>
<td>1,210</td>
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CLTS pilots – lessons learnt

- Triggering is an effective approach to create initial demand
- Start in easy villages (e.g. try to avoid villages that have received subsidy support in the past)
- Role of local formal and informal leaders is crucial to kick-start actions and to maintain momentum
- Effective post-triggering support and guidance is crucial to enhance sustainability and to avoid slippage
- CLTS can be cost-effective if done through existing channels
- CLTS works well within existing government structures
- Focus primarily on behavioural change
- Newly established supportive village regulations can reinforce community action
CLTS in Laos - CLTS pilots

CLTS pilots – challenges

- Prevailing attitudes of involved and responsible actors - need to convince them that CLTS works and is the right starting point
- Attitudes and beliefs of government facilitators
- Competing with interventions by other actors in neighbouring areas often applying subsidy approaches
- Plenty of alternatives for defecation - too much cover available for open defecation
- Insufficient competent human resources:
  - For developing and applying appropriate sanitation technologies
  - For drawing and sharing lessons, innovation and continuous adaptation of approaches and technologies
  - Applying facilitation techniques for active participation versus teaching/instructing
CLTS pilots – recommendations

- Focus on igniting a change in sanitation behaviours and practices rather than on latrine construction
- Encourage more local innovation by drawing on local culture and conditions to strengthen triggering
- Pay greater attention to the post-triggering phase
- Invest more time and resources to advice individual households to construct hygienic latrines
- Encourage existing formal and informal community structures & community members to play a more active role
- Improve the skills and competences of existing CLTS facilitators
- Develop and objectively verifiable system for certifying ODF status in villages

1 Abstrected from SNV and Concern Worldwide (2009) CLTS Pilot Programme Review
CLTS

Future plans and initiatives
Plans for the future

Who is planning to do what

- Concept paper prepared for scaling up TSSM approach in four southern provinces as part of a global project

- Continuing to scale up CLTS in Hua Meuang district to cover a total of 81 villages

- CLTS program to start early 2009 in Bokeo province
- CLTS, ToT by Kamal Kar planned for early 2010
- Funding proposal developed for Savannakhet: 150 villages
- A CLTS facilitators training and testing of materials and tools in Houaphan to start in December 2009
Plans for the future (2)

Other plans and ideas

- SNV and WSP are presently adapting and testing CLTS materials and tools for the culturally diverse Lao context.
- SNV, supported by WSP, will organise a CLTS Training for Trainers and Facilitators before the end of the year to start building up in-country training capacity.
- A number of like-minded organisations are considering to set up a community-of-practice.