

# Sustainability of rural sanitation marketing in Vietnam: Findings from a new case study

JACQUELINE DEVINE and CHRISTINE SIJBESMA

*From 2003 to 2006, International Development Enterprises piloted a rural sanitation marketing approach in two provinces of Vietnam. During this period, coverage of sanitary toilets grew from 16 per cent to 46 per cent. Some three years after the project ended, the Water and Sanitation Program initiated a research study to investigate the sustainability of outcomes achieved. The study was conducted in collaboration with IRC and ADCOM and used a variety of methods including focus group discussion and structured interviews with community members, suppliers and promoters. The study found that coverage had continued to grow in pilot communes and had reached 59 per cent two years later. Promoters had continued their activities, albeit at a lesser intensity level. Many suppliers had expanded their product range and customer base and reported that their revenues from sanitation increased. Lack of tailored information on more affordable toilet construction and financing were the main barriers for those who had not yet built a sanitary toilet, despite having been reached by the pilot project.*

**Keywords:** sanitation marketing, sustainability, Vietnam, sanitation promotion, sanitation supply.

IN THE 1990s, the Socialist Republic of Vietnam formulated a new policy, strategy and programme to meet the Millennium Development Goals (MDGs) and national targets to improve rural water supply and sanitation. While water supply increased rapidly, progress in sanitation lagged behind. By 1998, just 24 per cent of rural Vietnamese households had sanitary toilets according to the National Bureau of Statistics.

To test whether a sanitation marketing approach could improve access to sanitary toilets in rural Vietnam, International Development Enterprises (IDE), with funding from DANIDA, conducted a pilot project from 2003 to 2006 using sanitation marketing approaches in 30 rural communes of the provinces of Thanh Hoa and Quang Nam (see Figure 1).

Within its Total Sanitation and Sanitation Marketing (TSSM) project, the Water and Sanitation Program (WSP) defines sanitation

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Figure 1. Location of pilot project

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Sanitation marketing is the application of social and commercial marketing best practices to improve sanitation coverage

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marketing as the application of social and commercial marketing best practices in order to improve sanitation coverage, particularly among the poor (Sijbesma, et al. 2010b). While other organizations and practitioners may use different definitions, most would agree on the need for products that meet user needs to be available, the need to strengthen the supply chain and the use of marketing principles to 'sell' sanitation in order to generate sustainable markets.

In the Vietnam sanitation marketing pilot project, IDE trained local leaders – village heads, community health workers and Women's Union members – to promote four low-cost sanitary toilet models. In parallel, masons, producers and small shopkeepers were also trained on how to produce, market and deliver these models. In total, some 2,000 promoters and suppliers were trained (IDE, 2006). During the pilot project, over 15,000 households out of the 32,000 targeted built an unsubsidized sanitary toilet and access went from 16 per cent to 46 per cent (IDE, 2006), representing an annual growth rate 2.5 times higher than achieved in the preceding 3 years under the existing programme with state subsidies.

Three years after the end of the project, WSP embarked on a study to investigate the sustainability of the outcomes achieved. The study was conducted in collaboration with IRC International Water and Sanitation Centre and ADCOM, a Vietnamese consultancy firm. It was hoped that lessons learned could be fed into WSP's own programme and shared with the wider water and sanitation sector. This article presents the key findings and discusses the possible implications for programmes wishing to maximize the sustainability of their sanitation marketing programmes.

### Study objectives and methods

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The study determined whether outputs and outcomes had been maintained three years after the cessation of IDE's pilot

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The main objective of the study was to determine whether outputs and outcomes had been maintained three years after the cessation of IDE's pilot project. Put more simply, what had happened since the end of the project: did coverage continue to grow, were the sanitation suppliers still in business and was there still demand for their products and services? The study also looked for signs of parallel market developments in other areas to see if similar outcomes had been obtained without the benefit of a supporting capacity building project. In addition, the study also sought to determine whether the sanitation marketing approach had spread to neighbouring communes or had been replicated district-wide.

Fieldwork took place between June and August 2009 in eight communes purposively selected for good and less good performance and district support from the 30 pilot communes in four districts in the two provinces. To learn what had taken place outside of this area, four comparable non-pilot communes were chosen located in the same districts but at some 10 km distance. The reasons for not visiting the original further control communities, which would have been preferable from the perspective of sound social research, were: limited time and budget for the study and the lack of data to determine the comparability of the original control villages. The new control villages were found to be comparable to the study villages, but had *c.* 6 per cent lower poverty levels.

Research methods included collecting local sanitation statistics from 30 pilot communes and the four control communes. Sixteen focus group discussions were conducted with a total of 121 community members (eight among those with access to a sanitary toilet and eight among those without). Semi-structured interviews were carried out with 23 promoters and 25 providers, as well as with various stakeholders and partner organizations such as non-governmental organizations, donors and government authorities. Fourteen toilets which had a high user satisfaction and fourteen with a high dissatisfaction

were visited to get an indication of quality of construction and hygiene preservation.

### Sustainability of increase in access

During the pilot, coverage of sanitary toilets in the sample communes grew from 18 per cent to 44 per cent

Coverage continued to increase after the pilot had ended, reaching 59 per cent by the end of 2008

During the pilot project (2003–2006), coverage of sanitary toilets in the study sample communes grew from 18 per cent to 44 per cent at an average annual growth of 6.5 per cent (Sijbesma et al., 2010a). Review of the study commune statistics revealed that coverage continued to increase after the pilot project had ended at an average of 7.5 per cent per year, reaching 59 per cent by the end of 2008 (Sijbesma et al., 2010a). Two of the eight study communes, My Loc and Tinh Hai, which had lagged behind the others in terms of growth during the pilot project, have caught up since the end of the pilot project (Sijbesma et al., 2010a). These findings can be seen in Figure 2.

Collecting sanitation access data over time was already hard in the study communes, because most local officials had discontinued poor-specific monitoring after external compensation for extra monitoring inputs had stopped. Collecting such data in the four control communes proved even harder. Data could only be collected for two of them, Minh Loc and Binh Minh. Here, coverage of sanitary toilets either slightly declined or mildly increased, and did not even keep pace with population growth, let alone surpass it, as was the case in the study communes (Sijbesma et al., 2010a). Figure 3 presents these findings. For the third control commune, data was only available for the previous year. The fourth commune did not have any sanitation access data available.

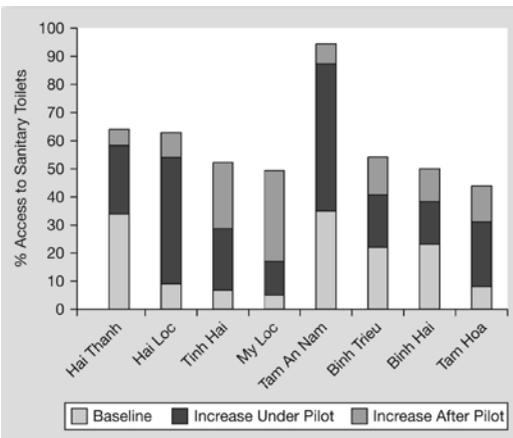


Figure 2. Incremental sanitation coverage in study communes during and after pilot

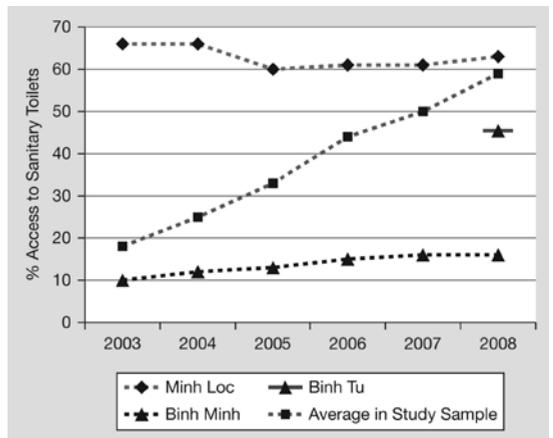


Figure 3. Evolution of sanitation coverage in the study sample and three comparative communes

## Continuation of promotion

During the pilot project, the village health workers, village heads and Women's Union leaders (collectively referred to as promoters in this article) encouraged households to build sanitary toilets and informed them of the four main models and their associated costs. Promoters carried out these activities at general commune assemblies, during special meetings and through household visits, using various promotional materials developed by the project. All but one of the 23 promoters interviewed in the study claimed to have continued these activities after the pilot project ended, despite the cessation of the monthly incentive of 20,000 VND (equivalent to US\$1.20 at the end of 2006) (Sijbesma et al., 2010a). However, all reported that these promotional activities were taking place at a lower intensity, mainly through meetings organized for other purposes than sanitation and through home visits held on 'green days' when cleanliness is promoted at the commune level. Most interviewed considered promotion of sanitary toilets to be part of their job; other motivating factors included improving their village and competing for the title of 'cultured village'. The 'cultured village' definition includes sanitation as one of the criteria. Few promotional materials produced during the pilot project remained and no additional ones had since been developed.

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## Continuation of demand

Most promoters interviewed reported that interest in building a sanitary toilet among households had not dropped since the end of the pilot project and, in some cases, had even increased. This finding was corroborated by the focus group discussions with community members themselves and by the interviews with suppliers.

Some 27 women and 33 men without a sanitary toilet at home were interviewed as part of the study. Although nearly all reported to have been exposed to the pilot project's activities, most cited a lack of funds as the main reason for not having built a toilet. All but one were interested in building a sanitary toilet and a quarter reported already having set aside some funds to do so, but the high annual inflation lengthened the saving process. Half of them also knew how much they wanted to invest, suggesting that they may have looked into options and developed model preferences, an early stage in the decision-making process that has been documented through research among non-adopter households in Benin (Jenkins, 1999, 2004; Jenkins and Curtis, 2005) and Ghana (Jenkins and Scott, 2006). Asked how the toilets could be made more affordable, they gave a number of suggestions, indicating a need for more detailed information on how the toilets could be constructed and financed over time. While IDE had

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introduced three other sanitary models that were considerably cheaper than the common septic tank toilets, and promoters and providers explained that households could build temporary superstructures first, the poorer households also aspired to permanent toilet structures preferably including a shower. In the meetings, everyone got the same general information. It was not customary to give bills of quantities for x-year 'bathroom master plans' and provide storage advice so that poorer households could convert their savings into materials whenever they had some cash to spare. The main motives mentioned for wanting a sanitary toilet were, in order of frequency: cleanliness, protecting the environment, convenience, health, public interest for the commune and adherence to national standards.

In the meantime, three-quarters of those without a sanitary toilet admitted to defecating in the open even though the same proportion had access to some sort of toilet, whether unsanitary or on a shared basis.

### Continuation of supply

As stated earlier, 21 suppliers participated in semi-structured interviews; these included 10 masons, 5 contractors, 5 shop-keepers and 1 producer. Eleven of these reported having been directly trained by IDE. The others had been trained by proxy and/or through using the manual, facilitated by the fact that the providers all knew each other and had formed networks and referred customers to other network members. All offered the four models and used construction methods promoted during the pilot project, illustrating the horizontal learning model of IDE from those whom the village leaders and IDE had chosen to be trained, and others in their networks (Sijbesma et al., 2010a). Eight of the suppliers began their sanitation business during the pilot project period; the remaining ones had been operating earlier.

Since the end of the pilot project, 16 reported having modified their range of products, notably by adding new models (e.g. more colours and ceramic pedestals next to squatting platforms), new options such as hand-washing basins, adjusting the design of others and using more ready-made materials. Four suppliers had also started to build sanitation facilities in schools and hospitals. Two-thirds reported that they continue to follow market developments, mostly through contacts with producers, in order to decide how to adjust their offering. Six of the suppliers stated that they expanded sales to areas outside their communes (Sijbesma et al., 2010a). Almost all suppliers interviewed said that many other masons and shops had taken up sanitation since the end of the pilot. It should be noted that none of the suppliers

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surveyed offered sludge removal services, despite models with septic tanks being the most popular.

Sixteen of the 21 suppliers interviewed said that their number of sanitation customers, including from neighbouring villages, had increased since the end of the pilot project and for 14 providers, profits and sales income from sanitation had increased. All but one provider also gave some kind of informal credit services to their customers. They said that repayment was not a problem in small communities where people know each other well. Sanitation alone was not enough to make a living, however: regardless of the growth, all but one supplier had to sell other goods or carry out other construction work (Sijbesma et al., 2010a).

Although sales and marketing had been included in the IDE provider training, none of the suppliers interviewed reported actively promoting their sanitation products. Providers acquired new sales passively, relying on their reputation and referrals from within their network. During the pilot project, providers were encouraged to forge informal working relationships with others in the supply chain and these networks appeared to have remained functional. Spread to neighbouring villages had occurred, but not to the extent to impact the two control communes that stayed in the study. The exception was Nui Thanh District, with five pilot communes. Here, the Vice-Chairman of the District People's Committee invited the other 12 communes to send trainees to the district. Three years later, the approach was used in all communes and the 12 had caught up in sanitation coverage with the five pilot communes in the district (Sijbesma et al., 2010a).

## Summary and discussion

The study shows that the sanitation market continued to thrive after the end of the pilot project. This is attested from the suppliers reporting a growth in sales and revenues and expansion of their product range and customer base as well. Promotion of sanitary toilets through the commune-level workers has continued, albeit at a lower level of intensity. One-quarter of those who do not have a sanitary toilet have already began setting aside funds, indicating further demand in the pipeline.

Despite these positive results, the findings suggest that if this study were to be repeated in several years, the same degree of sustainability might not be observed. Active promotion of sanitary toilets is mostly carried out through the village heads, village health workers and Women's Union leaders, and not through the suppliers themselves. Given the turnover of frontline workers in Vietnam and the depletion of communication materials, promotion may not continue in

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the long run unless new promoters are continuously trained to do so, which at present they are not. Because sanitation represents a small proportion of their business, smaller suppliers such as those interviewed, are unlikely to actively promote sanitation, even if trained to do so. This passive selling has been observed in all countries where TSSM is being implemented and documented in several studies such as one in Peru (Tobias and Fuertes, 2009) and one in Indonesia (Giltner and Surianingrat, 2010). Enlisting providers higher up in the supply chain (such as district-level wholesalers or manufacturers) to engage in promotional efforts may be required given that they may have a vested interest in developing the marketplace. Support from relevant administration levels is also important. In Vietnam, these are the district and provincial authorities and health services, and their support was not generally obtained.

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Though sanitary toilet coverage has grown from 44 per cent in 2006 to 59 per cent in 2008, it may eventually reach a plateau unless the main need expressed by those who want to build but have not yet – a finer tailored approach – is addressed. Though some sort of credit is offered by most suppliers and households can join savings clubs, these ad hoc measures may not reach all segments of the population. A poor-specific strategy needs to be developed and implemented as part of the market-based solutions with the support of the relevant authorities.

The market-based approach of the pilot was not effective in eradicating open defecation nor was it designed to do so in the first place. Promotion focused on the overall benefits, models and costs of sanitary toilets and not on stimulating fundamental behaviour change. Efforts to stimulate this level of behaviour change (also referred to as ‘category’ level promotion) are unlikely to come from the private sector. The experience from public health interventions such as condom promotion for HIV/AIDS prevention is that that behaviour change communication is led by the non-profit sector (public and non-government organizations) while the private sector focuses mostly on branded advertising. Results from this study strongly support the use of approaches such as community-led total sanitation to complement sanitation marketing.

The study found evidence of parallel market developments without the benefit of external support in the coast area of Tinh Gia in the communes close to the Nghi Son Economic Zone (Sijbesma et al., 2010a). Demand and supply for sanitary toilets in this area expanded rapidly, without the guidance of local authorities who face capacity limitations, resulting in poor quality of construction and low user satisfaction. This underscores the importance of setting and monitoring standards in sanitation marketing efforts in order to ensure sustainability of toilets as well as behaviours. Training and

monitoring for quality assurance purposes must accompany market-based approaches.

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