Global Scaling Up Rural Sanitation Project

Research on the Sustainability of Rural Sanitation Marketing in Vietnam

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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. While 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 marketing approach could improve access to toilets in rural Vietnam, International Development Enterprises (IDE), with funding from DANIDA, conducted a pilot project from 2003 to 2006 in 30 rural communes in the coastal provinces of Thanh Hoa and Quang Nam (Illustration 1). This project assessed the rural sanitation market; offered four low-cost toilet models; and trained local leaders (village heads, Women’s Union leaders, and community health workers), and providers (i.e., 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 percent to 46 percent.²

PROBLEM STATEMENT

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 in other countries? Answers to these questions had potential application for sanitation projects worldwide.

ACTION

In 2009, the Water and Sanitation Program (WSP) embarked on a study to investigate the sustainability of sanitation marketing introduced during IDE’s pilot project. The study was conducted in collaboration with IRC International Water and Sanitation Centre and ADCOM, a Vietnamese consultancy firm.

The primary focus of the study was to determine whether outputs and

Key findings

- Three years after the cessation of a sanitation marketing pilot project conducted by IDE, service providers and demand for sanitary toilets continued to develop.
- The trend of increased access to sanitary toilets was sustained, with average access growing to 44 percent in 2006 and 59 percent by 2008.
- Government-directed scaling up was noted in one pilot district. Nui Thanh district used its own funds and resources to scale up the sanitation marketing approach. By 2008, the average sanitation access in the district had reached 63 percent.
- The pilot project would have benefited from a simple sanitation monitoring system.
- Long-term sustainability is not assured. 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, are essential to future sustainability.

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 via their Web site: http://www.ide.org/GetInvolved/Inquiries.aspx
outcomes had been sustained three years after the cessation of IDE’s pilot project. Additionally, the researchers sought to determine if:

• the approach had spread to neighboring communes (“spill-over effect”)
• the districts had extended the approach district-wide (“scaling-up effect”), and
• there were signs of spontaneous marketing developments (“parallel development”).

Research took place between June and August 2009 in communes located in the two pilot provinces. Through a purposively selected sample design, eight communes in four of the six districts became the focal point of the study. The comparative group consisted of four non-pilot communes located in various parts of the pilot districts. Research methods included collecting local sanitation statistics from 30 pilot communes and four comparable non-project communes; conducting focus group discussions (FGDs) with 121 households both with and without access to sanitary toilets; interviewing 23 promoters, 25 providers (Illustration 2), along with non-governmental organizations, donors, and government authorities; and observing 28 installed toilets for quality and hygiene.

KEY LEARNINGS

The study provides valuable insights to practitioners working on projects related to sanitation marketing. A complete report is available (see Related Readings). A few highlights:

• Access to sanitary toilets in the pilot areas continued to increase after the pilot. When the pilot concluded in 2006, access to improved sanitation in the pilot communes had grown to 44 percent. Post-pilot, sanitation continued to rise, reaching 59 percent by 2008. After factoring in population growth, coverage in the non-pilot sample communes grew much more slowly, flatlined, or even declined.

• Promoters remained active, albeit at a lesser intensity. The sustained increase of access to sanitation post-pilot was attributed in part to the promoters who, even without incentives or ample support materials, continued promoting sanitary toilets as part of their daily routines.

• Service providers of sanitary toilets continued to thrive after the pilot project. Relying mainly on referrals and their reputations and without formal promotion, four out of five providers expanded product ranges and increased customer bases. Two-thirds of providers saw increases in revenue, and almost all granted some form of credit. Provider networks expanded businesses to neighboring communes. Construction quality and customer satisfaction remained
Evidence of government-directed scaling up was noted in one pilot district. Nui Thanh district used its own funds and resources to scale up the sanitation marketing approach from the five pilot communes to all 17 of its communes. By 2008, the average sanitation access in the district had reached 63 percent.

Parallel development occurred on a large scale in one district. In communes close to the Nghi Son Economic Zone (in Thinh Gia district), the rapid expansion of demand and supply and the limited capacities of the local authorities to guide this development led to inconsistent construction quality and lower customer satisfaction.

None of the pilot areas were open defecation free (ODF). Three-quarters of the FGD participants without a sanitary toilet reported open defecation using the “cat method,” suggesting a need for sanitation marketing to integrate community-based approaches such as CLTS to help eradicate open defecation.

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 carried out by promoters, providers, and supply-chain networks. For example, this strategy could include more detailed information on potential cost reductions; more evaluation and sharing of different ways to finance households and providers; and a more detailed roadmap for staged construction, including bulk buying and storage of materials. The study also revealed that long-term sustainability of the sanitation marketing approach in Vietnam—and elsewhere—seems to depend upon several factors (Box 1).

**WHAT ELSE DO WE NEED TO KNOW?**

Given the good results on the sustainability of the approach in rural Vietnam, rural sanitation marketing deserves to be made part of the national sanitation marketing strategy and program. Furthermore, the provinces, which function as the program implementers, could be encouraged to include the approach in their strategies and action plans. Two provinces have already done so.

The approach may be replicable in other countries. However, much will depend on the local conditions. The numbers and locations of households to be reached by the local promoters, their willingness to participate in and their experiences with working as a team, local transportation issues, and the familiarity with and trust of the local promoters and leadership all may play a role.
While women served an integral role as sanitation promoters during and after IDE’s pilot project, the providers trained were, with one exception, all men. Previous studies indicate that poor women who work as unskilled labor (e.g., as road workers and mason helpers) benefit greatly from opportunities to work as trained toilet masons, and prove to be highly committed promoters and skilled craftswomen with a strong eye for neat work.

In addition, rural sanitation marketing programs need to include an integrated strategy to end open defecation. Indeed, organized visits to common open defecation areas and participatory observations on evidence of open defecation may well further stimulate demand for sanitary toilet construction and use and could reinforce the cost-effectiveness of sanitation marketing.

—By Christine Sijbesma (IRC), Truong Xuan Truong (ADCOM), and Jacqueline Devine (WSP)

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