

# Water and Sanitation Improvement in Rural Communities Through Capacity Building and Community Choices in Quang Ngai, Vietnam

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Ho Ha  
 SHWIP Manager  
 Plan Vietnam



## Background

### Plan Vietnam

- Operating since 1993; now supports 149 communes and 15 provinces

### Quang Ngai province

- Among the poorest in Vietnam
- Population is highly vulnerable to water-borne infections due to poor sanitation and hygiene practices and water scarcity.
- The rate of hygienic latrine coverage among the poorest was low (11%), and open defecation was identified as high as 60% - 80%.



## Project Overview

**Project Name:** Sanitation, Hygiene and Water Improvement Project (SHWIP)

### Project Scope

- 4.5-year, AU\$1.723 million project
- Funded by AusAID through the Vietnam-Australia NGO Cooperation Agreement

### Project Location

- 16 communes (83 villages) of three districts in Quang Ngai
- 23,868 households (including 665 ethnic minority households)

**Project Implementers:** Grassroots organizations, such as women's unions, and government authorities at provincial, district, and commune levels



## Goal and Purpose

**Project goal:** To contribute to improved health and greater gender equity

**Project purpose:** To enable vulnerable men, women and children to sustain year-round improvements in clean water, sanitation and hygiene conditions and to ease related burdens on women and other family members



## Objectives

**Objective 1:** To build capacity of partners to effectively plan and manage project outputs and apply project approaches in line with their own programs

**Objective 2:** To enable 10,000 households to invest in sanitation and hygiene-enabling facilities and 1,300 water-scarce households to improve water supply facilities

**Objective 3:** To ensure project activities are consistently planned, managed, monitored and evaluated to ensure timely achievement of overall project component objectives



## Methods (1)

### 1. Training and capacity building activities

- Training on WASH technologies and O&M for people at the village and commune level to be community trainers, who afterwards provided technical support and training for households within their commune
- Training for local masons and suppliers on WASH technologies
- Training for community communication motivators on PHAST, communication skills, bulletin-writing skills, WASH-borne diseases, disposal of waste, hand washing, water treatment, and WASH models
- Regular review and revision of WASH technologies



## Methods (2)

### 2. Pro-poor targeting approach

- Developed pro-poor targeting processes, including **poverty mapping and wealth ranking**, conducted in a participatory and inclusive way, involving women, men, girls and boys

### 3. Implementation of Gender, Communication and Participation (GCP) strategies to ensure:

- Gender equity is promoted and institutionalized.
- Information from project is comprehensible and accessible to all people.
- Participation in decision-making is fostered.



### 4. Low subsidy approach

- Administered small grants as a financial incentive to households that make a commitment to invest part of their own savings or take loans

## Results (1)

### Outputs

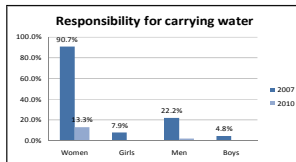
- 11,417 households reached, investing in sanitation and hygiene-enabling improvements, achieving 114% of the target of 10,000 households (objective 2)
- 2,069 water-scarce households reached, having improved access to water supply, achieving 159% of the target of 1,300 households (objective 2)
- 16,735 WASH improvements made from 13,727 grants awarded
- 115 community trainers, 100 local masons and suppliers, and 260 community communication motivators trained
- More than 10,000 households trained on technological options and models/O&M and given access to communication



## Results (2)

Women's burden of labor has declined due to increased access to WASH facilities:

- Women's role in carrying water for their household dropped from **90.7% in 2007 to only 13.3% in 2010**.
- Average and maximum times women spent managing waste in 2007 and 2010 **dropped 27% and 50%**, respectively.



**Times women spend managing waste daily (minutes)**

Year	Average	Max
2007	46	240
2010	33	120
<b>Reduction</b>	<b>27%</b>	<b>50%</b>

## Results (3)

### Outcomes

#### Health and awareness outcomes

- Diarrheal diseases in children and adults:
  - Morbidity decreased from 3.98% in 2006 to 1% in July 2010.
- Awareness of partners and communities on WASH increased through diversity of training and capacity building activities.

#### Financing outcomes

- 65% of households answered in a recent study they invested in WASH facilities because they received grants.
- The project grants stimulated demand for external funding such as family savings (79%) and loans from Vietnam Bank for Social Policy (9%).



## Most Significant Changes

"My family members have a safe and clean place for defecation. My old mother can be healthier and live with me longer."

Female beneficiary, 47 years old

"It was so disgusting to pass this cemetery formerly. It was littered with used toilet paper, looking dazzlingly white, like 'dropped leaflets,' extremely smelly. Now there is no problem any more, thanks to the SHWIP project."

Village project leader, during a joint field visit to project sites



## Discussion and Conclusion

- For households to prioritize WASH, they must not only understand the importance to health but have the options and opportunities to undertake improvement.
- Partner ownership and partner engagement was a significant challenge in the past. After the Mid-term Review in December 2008, the situation increasingly improved.
- Leverage motivated by the project grant:
  - More improvements than grants awarded; and
  - Project grant created demand for external funds (loans and particularly savings).



## Next Steps

During the next phase of the project (2010-2011), Plan International will consolidate lessons learned and link them to the National Target Program 3 (2011-2015) for Rural Water Supply and Sanitation.



# Thank you!

**Ho Ha**  
SHWIP Manager  
Plan Vietnam  
[ha.ho@plan-international.org](mailto:ha.ho@plan-international.org)

