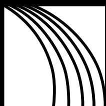

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# Promoting Options for Cleaner, Healthier Lives:

# Translating Sector Strategy into Better Hygiene Practices in Lao PDR

From Strategy Into Practice


Water and Sanitation Program
for East Asia and the Pacific

National Water Supply and Environmental
Health Programme
Ministry of Health



Lao PDR
November, 2001


## A Situation Report

# Promoting Options for Cleaner, Healthier Lives: Translating Sector Strategy into Better Hygiene Practices in Lao PDR

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# Preface

Nam Saat Central[1] has prepared this Situation Report on 'Promoting Options for Cleaner, Healthier Lives' on the basis of a series of consultations, starting from January with the Hygiene Sector Forum to June 2001. The Forum was organized by the National Centre for Environmental Health and Water Supply (Nam Saat) together with Water Supply Authority (WASA), Department of Hygiene (DoH), Ministry of Education (MoE), Lao Women's Union (LWU), Lao Youth Union (LYU), Centre for Information and Education on Health (CIEH), World Bank Water and Sanitation Program (WSP-EAP), United Nations Children's Fund (UNICEF), Japan International Cooperation Agency (JICA), World Health Organization (WHO) and an International Non-Governmental Organization.

This is the first attempt by the Government to map out the existing situation on Hygiene Promotion and Behavior Change activities in Lao PDR, as well as to provide a snapshot on hygiene promotional activities in the Rural Water and Sanitation Sector (RWSS). This Situation Report is expected to help local and other partners involved in hygiene-related activities to overview the whole RWSS Program and tailor their own activities accordingly.

Any feedback on this Situation Report should be addressed to Nam Saat Central and its supporting partners (UNICEF and WSP-EAP).

# Acknowledgments

Nam Saat received support, overall guidance and funding for compiling this Situation Report related to Rural Water Supply and Sanitation Sector in Lao PDR from the World Bank Water and Sanitation Program - East Asia and the Pacific (WSP-EAP).

Valuable inputs also came from the Department of Hygiene, Ministry of Education, Lao Women's Union, Lao Youth Union, Centre for Information and Education Health, local partners of the Spearhead Provinces, United Nations Children's Fund, Swedish International Development Cooperation Agency, Japan International Cooperation Agency, World Bank, World Health Organization and Save the Children Australia.

Photographs by Chong Kham and Thomas Meadley.

Nilanjana Mukherjee, WSP-EAP, facilitated the Hygiene Sector Forum organized in January, 2001.

Jennifer Graham (WSP-EAP) prepared the initial draft report and facilitated the consultation process.

Report finalization, edit and layout by Nam Saat Central with support from WSP-EAP Lao PDR and Jakarta Office.

1 the government agency within the Ministry of Health responsible for rural water supply and sanitation in Lao PDR.

## Background to Hygiene Promotion in Lao PDR

Nam Saat Central devised a sector strategy in 1997, paving the way for increased hygiene promotion and hygiene education opportunities. In the past decade there were many positive developments in the RWSS sector in the Lao PDR. However, despite improved latrine and water supply coverage, health remains a serious problem. The top three causes of mortality among children under 5 are malaria, diarrhea and respiratory infections.

The RWSS Sector Strategy was a catalyst for a transition from top-down approaches to bottom-up, demand driven methods. Creating demand requires that the process be community-led and participatory. This approach can carry over into hygiene promotion as well.

From experiences in the field, Nam Saat has realized that a focus only on technical issues is ineffective for the sustainability of water supply and sanitation systems. Without hygiene promotion, health improvements will be minimal. Without behavior change and increased awareness, improved water and sanitation services will not have a significant impact. Worldwide experiences in the RWSS sector show that hygiene is a fundamental part of any program. The three parts of the RWSS Program in Lao PDR are: water supply, promotion for latrine construction, and hygiene - all are equally important to achieving Nam Saat's goals.

The first goal of Nam Saat's RWSS program is to improve access, use and sustainability of new and existing water supply and sanitation facilities in rural areas. Without proper use and motivation to maintain sanitation and water services, there will not be a sustainable impact. Hygiene promotion can be the key to identifying and promoting motivational factors for local people to operate and maintain their services effectively. Without maintenance, systems will fall into disrepair and, consequently, people will revert to their old risky practices. Thus, hygiene promotion is a necessary intervention to stimulate demand.

The second goal of Nam Saat is to maximize the health and socioeconomic impact of water and sanitation facilities in the context of rural development and water resources management. Without hygiene promotion only few health benefits will result from water services and latrines. If no one uses the facilities or if clean water collected is contaminated in the home, the health situation will remain the same. Hygiene promotion is as important for health as it is for infrastructure.

The final goal of Nam Saat for RWSS is to reduce infant mortality and morbidity rates in rural areas. Drinking from improved water sources and reducing the incidence of open defecation are two ways of reducing the incidence of diseases. However, providing the infrastructure only will not have a great effect on health. Local people must be motivated to use their improved services (i.e. not use the latrine to lock up their bicycle but to encourage their children and members of the family to use it!). The key to motivating people to adopt healthy hygiene practices is through hygiene education and promotion.

The goals of Nam Saat are closely linked to the need for hygiene promotion. Consequently, hygiene promotion is a topic for review and improvement at Nam Saat. The focus of Nam Saat's work in the RWSS sector is holistic and requires the presence of the three important components of RWSS – hygiene, water and sanitation, as reflected in Nam Saat's sector goals.

## Key Partners in Hygiene Activities in Lao PDR

While Nam Saat Central oversees hygiene promotion, many different government departments are involved in hygiene.

Nam Saat Central is involved in the following hygiene activities:

- Provincial and district staff training on hygiene promotion and education methods.
- Proper use of water supply and sanitation facilities.
- Overseeing and coordinating the RWSS sector.
- Monitoring sector partners' hygiene activities at provincial and district levels.
- Organizing flow of information through regular meetings and sector forums.
- Reviewing and planning hygiene promotion approaches.
- Producing materials and manuals for use in the field.

Together with Nam Saat, the Ministry of Education is responsible for school hygiene education and sanitation. It also runs teacher-training courses. The Lao Women's Union works predominantly at the village level supporting the use of facilities, coordinating needs assessments with Nam Saat and conducting hygiene education seminars. The Lao Youth Union has recently started using 'the Pioneers' – a Lao youth group – to help spread hygiene messages to their communities. The Centre for Information and Education on Health (CIEH) produces posters, pamphlets and other educational materials used widely by other departments. CIEH also uses mass media for awareness campaigns. Their mandate covers activities other than hygiene, although hygiene is a big component of their work.

## What is Hygiene?

There can be many ways to define hygiene, including:

- "clean, good, safe behavior for health",
- "health awareness",
- "physical and mental cleanliness leading to better health and environment", and
- "those who keep themselves and their living area clean and avoid eating unclean food".

All of these answers are correct and point to a broader definition of hygiene, that is ***to encourage individuals to practice most of the time, behaviors that will allow themselves and others to live in a clean environment.***

The key to good hygiene (and therefore good health) is behavior change - changing from risky practices to good hygiene practices. Simple habits, like washing hands regularly with soap before eating and using a latrine, are important behaviors. Changing risky practices to hygienic practices to reduce disease transmission is the ultimate goal of hygiene education and promotion.

## Milestones of Hygiene in Lao PDR.

Hygiene promotion and educational approaches have changed considerably in the past few years in the Lao PDR. Rapid development and the changing situation of Lao PDR has forced Nam Saat to look forward into future hygiene promotion strategies. In the past few years there have been several achievements that have paved the way for improved hygiene promotion.

| Year | Achievement/Activity |
|---|---|
| 1990 | • Curriculum developed for national post-secondary hygiene college |
| 1991 | • First class opened at National Hygiene College to train hygiene workers |
| 1995 | • Information Training Workshop held for Hygiene Education (Provincial level) |
| 1997 | • Sector Strategy for Rural Water Supply and Sanitation Sector developed; hygiene education is now officially part of all RWSS activities<br>• 3 Regional Training of Trainers in hygiene education organized (Northern, Central and Southern regions)<br>• Government of Lao begins sending Central Level staff to study at regional hygiene promotion course (in Sri Lanka) |
| 1998 | • Participatory hygiene analysis introduced (used as an entry point for demand assessment) |
| 1999 | • School Sanitation tools prepared<br>• 10 Provincial Training workshops held for district staff (including Nam Saat and other government agencies)<br>• Training of Teachers program for school sanitation begins<br>• Study tour organized to exchange lessons in hygiene education/promotion regionally |
| 2000 | • Training of Trainers for School Teachers upgraded and continued |
| 2001 | • January: Sector Forum to develop a Hygiene Strategy<br>• March: IEC material produced in Phongsali for hygiene promotion<br>• April 23: Law on Hygiene, Disease Prevention and Health Promotion promulgated (49/PR)<br>• Periodic: Hygiene Training for Provincial staff organized<br>• May: IEC materials produced for 'Cholera Prevention'<br>• July: "Situation Report for Discussion" prepared to map out the hygiene promotion approaches for Lao PDR<br>• November: Situation Report finalized |

**Box 1**

**Insider's View (also known as Emic)**
What local people themselves see and think

Motivating factors are directly related to life in the community, e.g.

*Thoughts on hand-washing*
"If I wash my hands more often it means that I have to carry more buckets of water from the well".
"Clean hands smell nice – if my hands are smelly I feel embarrassed".
"I can't afford soap, so I like to wash my hands with slices of lime".

**Outsider's View (also known as Etic)**
The perception of outsiders,
such as scientist's, doctor's, or health staff's

Focus on Health – factors usually related to the prevention of disease, e.g.

*Thoughts on hand-washing*
"If people don't wash their hands more often they will get sick".
"Hands are a link in the fecal-oral transmission route and the key to breaking that is by frequent hand-washing with soap".
"The germs on people's hands can make them sick".

## Hygiene Promotion: The insider's and outsider's views

Anthropologists tell us there are two ways to view attitudes and beliefs.

1. The insider's, or 'emic' view, which comes from the community members themselves; and
2. the outsider's, or 'etic' view, which is from people outside the community.

Take a look at Box 1 for examples of the difference between emic and etic beliefs and motivating factors. If we focus our hygiene promotion messages only on etic beliefs, they may not be as effective for behavior change. The best way is to combine the best of both insider's and outsider's views. It is important to work with both local beliefs and scientific findings. A combined approach is usually the most effective (as shown by the arrow in Box 1).

## Changing beliefs – A Challenge Indeed

People in rural communities already have many different opinions and thoughts about good and bad hygiene behaviors. Some of these beliefs are based on what their parents and their ancestors have told them, others on life experiences. It will not be easy to change beliefs that have been around for a long time unless some other motivating factors are used. As we can see from the hand-washing example above, the reasons people in the community may not wash their hands are because soap is expensive or unavailable, or water is scarce. Going and telling people that more frequent hand-washing with soap is going to make them healthier, may not help solve the problem of insufficient water or unavailable soap. Notice that the local beliefs are all true and relevant to life in the community. Hygiene educators cannot discount local knowledge.

Past hygiene education efforts have been based on a number of perceptions in Lao PDR. These perceptions can lead to programs that do not improve hygiene practices. Some of the perceptions are as follows[2] :

1. *New ideas will replace old ideas:* People in every society have beliefs about what makes them sick. Hygiene educators often assume that the knowledge they are giving is all brand new. Often outsiders forget that people already have local understanding of disease transmission routes. People are *not* like empty jars that can be filled with water – they already have beliefs and understanding.

   Sometimes local people will listen but not accept the new information if it doesn't fit into their set of beliefs. To overcome this problem it is important for hygiene educators to learn about local beliefs and knowledge so that they can work *with*, not *against*, what people already know.

2. *They will respect me because I am medically trained:* There is no reason that advice from an unknown 'medical' person will carry more weight than advice from family members. It is important to have a relationship with the local community before respect can be earned. Just because someone is a doctor, nurse or trained hygiene worker, it doesn't mean that everything s/he says will automatically be trusted. People will not automatically trust hygiene workers (who may be outsiders with strange or foreign ideas); but tend to believe in their life experiences.

3. *Knowing means doing:* Even if community members are convinced that diseases are spread by poor hygiene practices, it does not mean that they will change their behavior right away. People resist change, even when they know logically that change is good for them. Good hygiene practices may be too expensive, take too much time or be too difficult. Fear of disease is not usually enough to motivate behavior change on its own. Clear benefits of certain action along with peer pressure (pressure to change from family, friends or community) can lead to change faster than the fear of poor health.

4. *One short session is enough for people to learn and understand germ theory.* Replacing old ideas with new ones is very difficult. Usually more than one visit to a community is required for people to learn about hygiene. Adults learn best when there are many opportunities to learn and review, especially when what people are learning is so different from what they have experienced.

In the past hygiene education has not been very effective at changing people's behavior because of these perceptions. Throughout the world, water and sanitation activities have proved much more successful when they are based on local knowledge, local beliefs and local targets. Now there is the understanding that the best practices are not based on any of these perceptions, but on working with local knowledge in a participatory way to find motivating factors for behavior change.

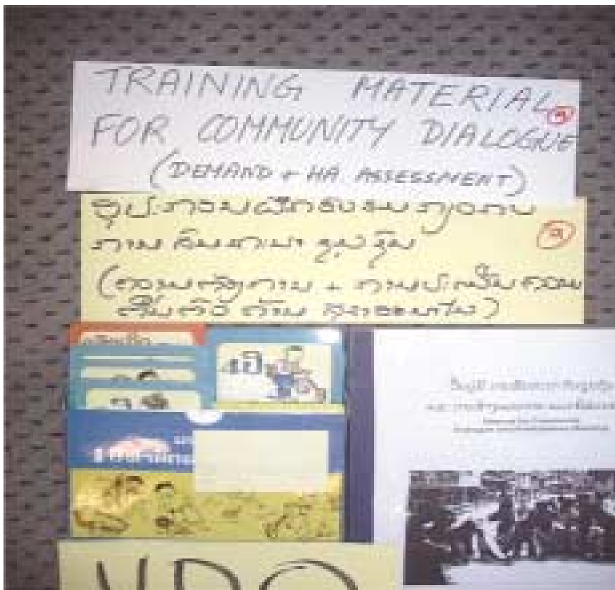
[2] Adapted from: Curtis, Valerie and Bernadette Kanki, *Happy Healthy and Hygienic* ,UNICEF, Burkina Faso, 1998.

## Reaching Consensus on Hygiene Promotion for Lao PDR

All partners reached consensus on the three key points during the Hygiene Sector Forum workshop in Vientiane in January 2001. The decisions were:

1. **Positioning:** Hygiene promotion in Lao PDR is to be considered an *instrument for initiating demand-responsive approaches* in the RWSS (which includes promoting measurable and sustainable improvements in key hygiene behaviors and effective use of services by all).

2. **Place in the RWSS Program:** Hygiene has been fully incorporated into all '7 Steps[3]' of the national RWSS Program.



3. **Action Implications:** There is a need to define and agree on the roles of major stakeholders, their capacity building needs and types of supporting materials needed for the sector.

## An Overview of Hygiene Promotional Materials Produced Nationally

In the same Hygiene Sector Forum, an attempt was made to map out the existing hygiene materials that are being used in the overall Nam Saat Program/RWSS Sector.

In this connection, Nam Saat collected all the available materials that have been prepared by NGOs such as Ecoles Sans Frontieres, Save the Children Australia, CIDSE, Champa Lao, Norwegian Church Aid and local training organizations such as PADETC. Also, materials produced by Nam Saat (in cooperation with Rural Development Committee, Urban Research Institute, Ministry of Education, Lao Women's Union and Department of Hygiene with support from UNICEF, Sida, WHO, WSP-EAP, WB and JICA) were displayed.

On the basis of possible future options in hygiene, an attempt was made to categorize and map out the existing hygiene materials for the overall RWSS Program.

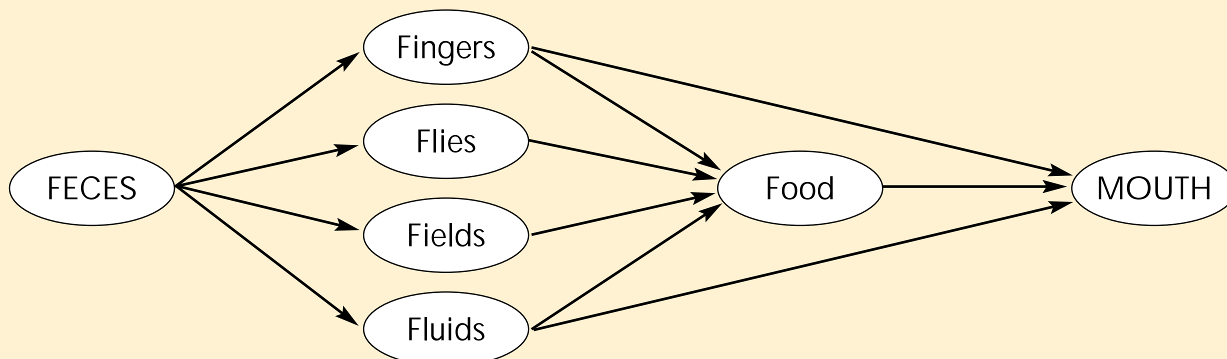
3 Now the 12 steps has been reduced to 7 steps as per June Methodology Workshop

**Box 2: A Matrix to Facilitate Community Choice for Hygiene Improvement**

Demonstrated and discussed at Sector Forum, Vientiane, January 2001

The matrix presented in this box is a key component of the participatory hygiene promotion approach. The activities leading up to the completion of the table below enable local people to identify and prioritize the risky behaviors which will be targeted in a hygiene promotion program. Decisions are made at the village level, and answers come from the people themselves. This method can be done with a few simple steps:

1. With pictures, using questions and answers, help the group of local people trace the fecal-oral transmission which may happen in their village, using the F-Diagram (feces to fingers, flies, fields, fluids, food to mouth).




2. Discuss ways to block fecal-oral transmission. Get people to position the blocking methods (people can write, draw or choose symbols to place over the diagram). Collect as many as possible. We now have a list of target behaviors developed by the community.

3. Using a clear space on the ground, have people sort all the blocking methods into "has a big effect", "has a small effect" and "has no effect" on disease transmission. Keep these three piles separate.

4. Keeping the three piles in order, have people sort each pile of blocking methods into "easy to do", "possible to do" and "difficult to do". We have now made up a matrix ranking target behaviors.

5. Plan out the next steps. Communities can draw or use local materials to symbolize the next steps. Who will be responsible for what? Using pictures and symbols helps people see the logical progression to reaching their target.

| | Little or No Impact | Medium Impact | Large Impact |
|---|---|---|---|
| Easy to do | | | |
| Possible to do | | | |
| Difficult to do | | | |

Better to avoid these activities since they are hard to do and have little effect.

These activities should be targeted first because people say they are easy and have a big effect for reducing fecal-oral transmission.

The outcome of the mapping exercise was as follows:

| Type of Material | Availability in Lao PDR |
|---|---|
| *Centrally produced IEC materials*<br>– pamphlets, booklets, games, posters | **YES**<br>(most of hygiene materials produced in Lao PDR falls under this category) |
| *Informed Choice kit for RWSS services* | **YES**<br>(recently developed and being piloted in Spearhead Provinces – under piloting) |
| *IEC materials specially aimed for ethnic minorities and special localities* | **YES / limited**<br>(developed by a few NGOs for specific purposes) |
| *Hygiene Promotion materials for School Sanitation Program* | **YES**<br>(developed centrally for all schools in Lao PDR and by INGOs for project support) |
| *IEC materials developed for Community Dialogue* | **YES**<br>(recently developed and being piloted in Spearhead Provinces – under piloting) |
| *Informed Choice for Hygiene Promotion* | **NO materials so far developed** |
| *Training materials for participatory monitoring and evaluation of sustainability, effective use and impact of behavior changes* | **NO materials so far developed[4]** |

## So what is the best way of doing hygiene promotion in the Lao PDR?

Just as communities and households need to be able to choose the most effective and feasible behavior change options for their ways of life (Box 2, Page 7), program managers and planners need to be able to choose program options for hygiene promotion that best suit their project areas. The question above is best answered by looking at the range of available methods. Each method has strengths and weaknesses, and all should be part of the hygiene promotion strategy in Lao PDR.

The level of awareness among different regions, provinces and districts can vary considerably. Whereas one province could benefit from hygiene promotion through social marketing, another requires that people get basic disease transmission training first to increase their awareness.

## Menu of Hygiene Promotion Options at Program Level[5]

As with water supply and sanitation ladders used at community level, provinces and districts could consider how they will promote better hygiene from a range of options called the "hygiene ladder" (see Box 3, page 9). Rather than a list of prescribed options, this hygiene ladder provides a range of options for communities who can choose combinations from all of the options. The farther right and higher up on the matrix, the method becomes increasingly participatory, and the more effective for long-term behavior change.

The first three options in Box 3 (in yellow) are educational – they are based on the premise that knowledge is the first step toward behavior change. The focus of options 1-3a is on health and disease transmission. This type of approach is currently very common in Lao PDR. As the menu progresses, the level of community involvement and input increases.

Options 3b – 4b (in green) are methods that spend a lot of time understanding the motivating factors to adopt good hygiene behaviors. The last three options are not necessarily solely focused on health, instead they may use motivators such as prestige, comfort and personal safety to "sell" a good hygiene behavior to the target population. Usually options 1-3a can reach wider audiences with less effective long-term behavior change whereas options 3b – 4b reach initially smaller audiences but affect more long-term behavior change. Both short and long term approaches can be effective in Lao PDR.

4 Just initiated and under piloting in some provinces

5 These options were developed by Nam Saat Central in consultation with Line Agencies at Central level on the basis of 3 consultation meetings.

## Snapshots of Each Options

### Option 1: Hygiene Education

This method assumes that people are lacking knowledge. The motivating factors are based around health messages (for example "if you use a latrine you will reduce diarrhea in your village"). The focus is to teach local people about disease transmission and showing them different ways to change their behavior to prevent disease. Common methods include giving interactive lectures, talks and presentations. Despite the use of different two-way communication tools for this approach, it is based on the assumption that the outsider knows more (and knows better) than the insider. Information is collected from the field and planning is done in the office.

#### Lao PDR Case study: An NGO working in Sekong[6]

This NGO works in very remote villages, with different ethnic minorities – many of whom do not speak the national language of Lao. Their project constructs water supply systems and includes a large hygiene education component. The NGO and Nam Saat project team of hygiene educators starts with a KAP (knowledge, attitudes and practices) evaluation to see what knowledge the local people already have about hygiene behavior and disease transmission.

From the KAP, the team develops a series of education sessions (usually 5) for the district. Each village, therefore, gets five or more visits from the hygiene education team. Each session (one session per visit) focuses on a specific topic (such as clean water or malaria). The project team has found that having someone on the team who speaks the local ethnic minority language is very important to get messages across to local people. The team tries to make the lectures interactive so that people are able to learn actively so that there is a better chance the local people will remember the lessons, long after the team has left the village. The team has realized that the most important skill for hygiene educators is effective communication, as well as medical training.

This project works with village volunteers as part of its training team so that there will be a resource person in each village. These volunteers receive additional training before the sessions start, and they become a local source of information and a role-model for the rest of the community.

**Promoting Change in Environmental Health Behavior**

"Although health education is promoted as a major factor in preventing ill health and disease, there is little evidence of its actual impact in terms of changing people's behavior… Environmental health program planners need information about the effectiveness of health promotion activities on behavior change and on ways in which its impact can be maximized. Behavior change intervention ideally involves the repeated delivery to target groups of a limited number of attractive messages using appropriate channels… The design of interventions and evaluations should include the development of feasible and practical replacement behavior; removing any constraints to behavior change prior to intervention and predefining explicit, measurable behavior change outcomes from the outset".

Ben Cave and Valerie Curtis, WELL Technical Briefs (wwww.well.co.uk)

### Option 2: Mass Media Campaign

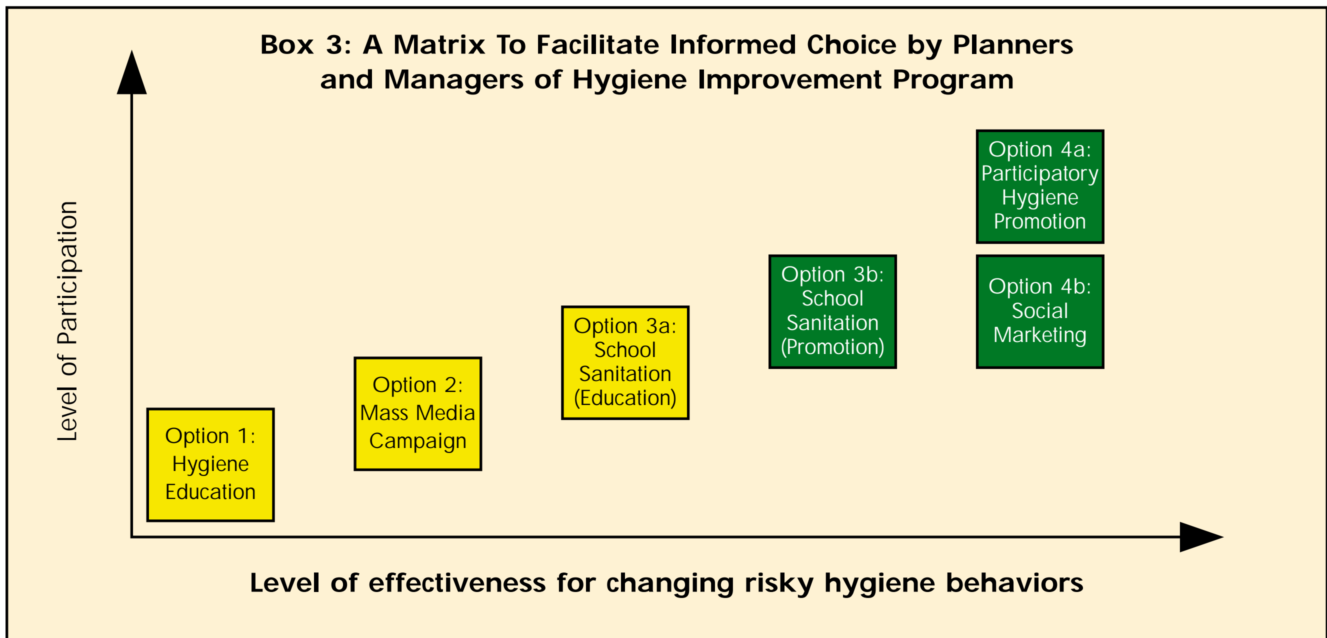
Mass media campaigns usually focus on a few key messages for the public in general. Using communication channels like television, radio, posters and newspapers, simple messages are disseminated to a wide audience. Educational messages usually tell people what they should be doing. Usually messages can be timed so as to have the greatest impact in the short term. The content of the messages is usually decided at the central level by a small task group of people, not by communities. As in option 1, the assumption is that once people know what to do, they will do it.

#### Lao PDR Case Study: Radio Competition

In cooperation with the Centre for Health Education, Lao National Radio has been broadcasting information about good personal hygiene and prevention of diarrhea diseases across the country. Every week, following an informative talk, a question is given. People write in their answers, and the correct answers are put into a draw. Every week the names of winners are announced and prizes are sent. The radio quiz competition gets hundreds of answers from all over the country. They are making good use of a small amount of money.

The organizers are very pleased with the response that they get from listeners. Some of the answers are very strange, giving the radio people feedback on how clearly they gave the information. Nevertheless, they realize that there is no way to see if people's behavior is changing, although their knowledge is increasing and they are certainly interested.

[6] Danielle de Knocke, Director of ACF Laos, personal communication 2001 with Jennifer Graham (WSP-EAP).




## Option 3a: School Sanitation – Educational Approach

Not only does school sanitation involve teaching students about good hygiene practices, it involves teaching teachers as well. The educational approach incorporates hygiene messages into the standard curriculum. Children are told how and when to wash their hands and they learn about personal hygiene. The assumption is that if children know what to do they will do it, and this will spread to the rest of the family. Good health is still assumed to be the main motivational factor for behavior change by the trainers and hygiene workers.

### Lao PDR Case Study: Nam Saat's School Hygiene Program[7]

Working through the Ministry of Education, and in partnership with Central Nam Saat, international donors have developed a primary school hygiene program. The program is covering between 140 and 150 schools a year, out of the 8,000 primary schools across the country. The Ministry of Education has training teams of "master trainers" who train rural teachers.

The training workshops last for three days. During the first day of the workshop, the master trainers discuss with teachers about basic hygiene, disease transmission routes and the importance of good hygiene behavior. The second day teachers are trained to use the materials and games for students. The final day of the workshop is for organization and maintenance of school hygiene programs. Teachers are encouraged to develop their own plans for implementing hygiene education in their classrooms and schools. Right now all the motivational messages are built around health and disease prevention.

By using existing structures for training teachers, and institutionalizing hygiene education into the curriculum, this initiative has managed to reach wide audiences. Encouraging good hygiene practices from a young age is important because behavior patterns are just forming. It is harder to change behavior that has been practiced for a long time, whereas it is easier to change a newly acquired behavior.

## Option 3b: School Sanitation – Promotional Approach

Unlike educational methods, the focus of promotion at schools is to change behavior. Rather than using "good health" as a motivator, motivational factors identified by the students are used to promote behavior change. Peer pressure and competitions with prizes are two examples of possible motivators. Behavior change is monitored using clear indicators, by teachers and students alike. The focus is not only on teaching about good behavior; but adopting good behavior too. Once good hygiene habits are formed at school, they may be taken back into homes.

This method targets schoolchildren. By starting to instill good behavior at a young age, it is hoped that when the children become adults the good hygiene behaviors will have already become routine. Children can also monitor and influence the behavior of the rest of their family.

[7] Maliphone Virachith, UNICEF Program Staff, Personal communication 2001 with Jennifer Graham (WSP-EAP).

Training of teachers has typically been done through the 'cascade' approach (where one training workshop is held to train provincial trainers, who will in turn run workshops to train district trainers, who will then organize training workshops for schools in their districts). The cascading approach results in the dilution of training effectiveness. Every time a trainee becomes a trainer some of the information is lost. To avoid dilution, Nam Saat is thinking about working through local training institutions, which would provide training directly to teachers. Coordination with private training institutions could result in more effective teacher training.

### Lao PDR Case Study: World Water Day School Competition

A number of partners, led by Central Nam Saat and the Ministry of Health, came together to organize events in commemoration of the World Water Day in Lao PDR on March 2001. Rather than holding informative seminars, the organizers decided to draw the information from school age children in Vientiane municipality.

One of the key events leading up to the commemoration was a school drawing and slogan competition. School age children from 36 primary and secondary schools in Vientiane competed for the best slogan and drawing. The winners of different age categories received prizes and their artwork was published in a desktop calendar of the Lao calendar year (from April 2001 until April 2002). The drawing and slogan competitions were based on the 'hand washing for health' theme of World Water Day celebrations, and aimed to raise awareness and reinforce learning for children and youths who participated in the competitions.

### Option 4a: Participatory Hygiene Promotion

Facilitators work with groups of local people to identify key risky behaviors in the community. Communities themselves are empowered to make decisions about which behavior changes are most important and what methods can be used to change these behaviors. Participatory tools (such as the "fecal-oral route in pictures", "pocket-chart voting" and "story with a gap") are widely used[8]. By identifying and prioritizing behaviors themselves, people are then able to come up with solutions appropriate to the local context. The focus of this approach is to facilitate community-level decisions about which behaviors to target and the method for change. It is assumed that local people have ideas and knowledge on how to improve their hygiene behavior with the help of a facilitator. Planning is done in the community.

The target group in participatory hygiene promotion is the group most at risk and the people who influence their behavior the most (for example new mothers and their husbands). Activities, messages (communications and advertising) as well as trial behavior change and pilot projects will be aimed at the target populations.

### Lao PDR Case study: Luang Namtha and Bokeo Experiences

A provincial team, supported by advisers from an External Support Agency, started the pilot water supply and sanitation scheme in Bokeo and Luang Namtha provinces in the north-west of Lao PDR. They used community dialogue approach to develop a "show-case village". In order to add innovation to the sanitation and hygiene promotion process, the team used multimedia equipment to facilitate the community discussion and raise hygiene awareness. They used digital cameras to capture "a day in the life" images of village activities in some of the target villages. By afternoon, the images were prepared and ready for use in discussion with the community. The team then used these "real images" to highlight the existing positive and negative interventions to change these behavior.

Nam Saat has taken a step further. In some selected Spearhead provinces, the provincial staff are now well skilled to operate their own digital cameras. They are now planning to use these "a day in the life" images for community members to select their own priority "risky behavior" and to change it into more "hygienic" behavior. This process has just been initiated in Oudomxay and Luang Namtha provinces with support from an External Support Agency.

### Option 4b: Social Marketing

Social marketing is a method adapted from commercial marketing techniques for social goals (improved health). Products are "sold" to consumers through heavy promotion (for example promoting soap for hand washing).

Option 4b makes use of "focus group discussions" to find out how people feel about different products and behaviors. Motivations to change (convenience, status, prestige etc.) are identified by the target group and then hygiene behaviors are marketed using appropriate motivational messages. An example might be that people with clean hands are more respected in the village; therefore the message may be "wash your hands for respect of your neighbors". The goal of social marketing is to "sell" a hygienic behavior to the "customers". The focus is not on education, but on the adoption of good practices.

8 See 'resources' section at the end of this discussion note

## Hygiene Options At-A-Glance

| Advantages | Disadvantages |
|---|---|

### OPTION 1: Hygiene Education

| Advantages | Disadvantages |
|---|---|
| • Provides education opportunities (especially for women in remote areas)<br>• It is very easy to monitor knowledge (before and after)<br>• One set of lessons or lectures can be used for an entire area | • Does not usually lead to improved hygiene behavior (knowing is not necessarily doing)<br>• Risks alienating local people because of the "I know more than you do" assumptions of educators/trainers<br>• Often does not monitor behavior, so results are unknown<br>• Requires a lot of materials and usually based on the perception that good health is a motivator for behavior change |

### OPTION 2: Mass Media Campaign

| Advantages | Disadvantages |
|---|---|
| • Can reach wide audiences with minimal expenditures (per-capita costs of each person reached are minimal)<br>• Can focus on a few key messages (i.e. not too much information for people to grasp)<br>• Short & quick; requires minimal follow-up<br>• Can be very timely (i.e. just before the rainy season about cholera)<br>• Does not need a high number of personnel | • May only reach selected audiences (i.e. only better-off households will own a television or radio)<br>• Not very effective for long-term behavior change<br>• Not usually able to monitor behavior change<br>• Requires a lot of pre-testing<br>• Tends to be centrally produced and therefore may not be appropriate for the diverse ethnic/linguistic groups of Lao PDR<br>• Requires a lot of technical knowledge and materials |

### OPTION 3a: School Sanitation – Educational Approach

| Advantages | Disadvantages |
|---|---|
| • Can reach a large number of families through the children<br>• When children tell their families what they've learned at school it isn't as intimidating as when a stranger comes to "educate" the adults<br>• Could potentially reach an entire generation<br>• Monitoring of knowledge is simple<br>• Makes good use of existing institutions for a hygiene education forum<br>• Teachers hold a high position of respect in villages in Lao PDR | • Focus is on increasing knowledge (and therefore does not necessarily lead to improved hygiene behavior)<br>• Depends on the teacher: an enthusiastic person will carry it out but not every teacher is enthusiastic<br>• Requires monitoring of teachers which may exceed human resource capacities<br>• Requires a lot of materials (books, posters, pamphlets, quizzes etc.) |

### OPTION 3b: School Sanitation – Promotional Approach

| Advantages | Disadvantages |
|---|---|
| • A flexible method which is suited to each specific schools' needs (to better reach the children of that particular school)<br>• Focus is on motivating behavior change<br>• Monitoring systems are put in place as part of the program – indicators are developed by the students and teachers together<br>• Motivation to change focuses on the feelings of the target audience (rather than health)<br>• Students, teachers and community all monitor thereby reducing the burden on teachers alone<br>• Requires minimum equipment/materials<br>• Can create healthy habits in the long term | • Success of the program depends on the teacher and support set-up<br>• Requires time to assess each school's situation and modify the program accordingly<br>• Takes time and committed staff to find the real motivating factors for change in teachers', students' and communities' behavior<br>• May require considerable communication between community and school; school and private sector; school and different local government departments |

### OPTION 4a: Participatory Hygiene Promotion

| Advantages | Disadvantages |
|---|---|
| • Based on local beliefs and knowledge<br>• Builds on what people see as their own needs and their own priorities for behavior change<br>• Success of program is success of local people: high level of community ownership<br>• Very relevant to the village situation<br>• Can monitor behavior change<br>• Usually very effective at leading to specific behavior change<br>• Requires minimal equipment/materials<br>• Behavior change will be long term | • Requires time (many visits) by program staff<br>• Usually requires teams of program staff to go to each location regularly, and therefore requires a lot of human resources<br>• May not show quick results<br>• Reaches only small concentrated audiences (for example one village at a time) |

### OPTION 4b: Social Marketing

| Advantages | Disadvantages |
|---|---|
| • Uses marketing techniques which have proven effective for private sector<br>• Principles are to create a demand for services or products (e.g. for latrines or for hand-washing facilities), and based on what really motivates people<br>• Can reach large audiences or small target areas<br>• There are several national examples of successful social marketing in Lao to follow already – in other sectors<br>• Work (and costs) can be shared with private sector | • Focus-group interviewing techniques require trained facilitators<br>• May take time to find out motivational factors from the target populations<br>• Advertising campaigns can be expensive or require a lot of resources<br>• Initially, will be most effective with affluent people who can easily afford the product (e.g. soap) |

Usually governments leave social marketing to non-governmental organizations. NGOs, private sector companies and other organizations are in good position to do social marketing. Therefore, the government's role is predominantly that of monitoring. So far in Lao PDR, social marketing on hygiene promotion related to RWSS sector has not yet developed. Nam Saat, with the help of its supporting partners, is looking forward to exploring this option in the near future.

### Lao PDR Case study: Social Marketing of Condoms (PSI) in the HIV/AIDS sector

PSI launched its 'Number 1' condom campaign in April 1999 in cooperation with the National and Provincial Committees for the Control of AIDS, the Ministry of Health, and the Ministry of Information and Culture.

In just two years, the results of their social marketing campaign are impressive: more than 100% increase in condom use since the project inception. PSI conducts behavioral and market research in order to develop culturally appropriate marketing messages. From this research they develop a communications plan using mass media and a door-to-door campaign. The communications drive includes information on disease transmission and prevention, and a marketing effort to sell the product to their target consumers.

This two-pronged approach has been very effective. One of the focus areas of PSI has been to expand the availability of condoms in non-traditional outlets such as guesthouses, supermarkets and beer-shops.

## Looking to the Future

Looking to the future, options for Hygiene Promotion in the Lao PDR are as follows:

*Increased coordination will make hygiene promotion efforts more effective.* Holding more sector forums as well as pulling in more partners will make hygiene promotion more effective. This unifying national strategy for hygiene promotion through coordination with different governmental, international and private sector organizations will help Nam Saat to deliver effective hygiene promotion programs in Lao PDR. However, this requires intensive coordination from the central level.

*Private sector participation.* There is a need to explore and pilot different ways of coordinating and working with the private sector in the Lao PDR. Several options examined briefly in this document require working through channels established by private sector companies. Either hiring private companies to provide teacher training or working with soap companies to promote hand washing with soap, there is a need to explore these partnerships in a simple, controlled way.

*Monitoring in the past has not measured what it was intended to measure.* For hygiene promotion, the only purpose of monitoring is often to assess people's knowledge and understanding of the hygiene lessons. Although it is important to assess whether or not people comprehend hygiene education sessions, this does not tell us anything about their behavior. It is also important to recognize that during monitoring, simply asking people what they do will not tell us anything about their behavior, only their knowledge. People want to make visitors to their village happy, therefore often they may say one thing but do another. Indicators that measure behavior should be developed in cooperation with local people so that everyone is involved in monitoring, not just project staff.

*We do not know the costs of hygiene promotion initiatives.* Throughout the sector, the total amount of money spent specifically on health and hygiene promotion and education is unknown. There is a need to determine approximate costs for hygiene promotion activities in order to improve planning.

## Resources for hygiene promotion information

- Community Dialogue Manual (2000): Nam Saat, UNICEF and WSP-EAP, Vientiane, Lao PDR.
- Hygiene Promotion Field Note (1999): Nam Saat, UNICEF and WSP-EAP, Vientiane Lao PDR.
- IRC (International Resource Centre for Water and Sanitation Information), the Hague, Netherlands: www.irc.nl.
- PHAST (Participatory Hygiene and Sanitation Transformation Series), Sida, WSP, WHO, Sida etc.
- PHAST Step-by-step Guide: A participatory approach for the control of diarrhea disease. (1998): Wood, Sarah, Sawyer, Ron and Simpson-Hebert, Mayling. WHO, Geneva, Switzerland.
- Primary School Kit (2000): developed by Nam Saat and UNICEF, Vientiane, Lao PDR.
- Rural Water Supply and Sanitation Sector Strategy, (1997): Ministry of Health, Nam Saat, UNICEF and WSP-EAP, Vientiane, Lao PDR.
- Tools for Community Participation. (1990): Srinivasan, Lyra. UNDP, New York, US.
- Water Supply and Sanitation Forum 2000, Summary of Presentations, Investing in Sanitation, World Bank, April, 2000.

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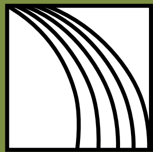


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