



## Water and Sanitation Program

An international partnership to help the poor gain sustained access to improved water supply and sanitation services

# Rural Poor Choose Their Water and Sanitation Services in Lao PDR

Water and Sanitation Program  
for East Asia and the Pacific

## Field Note

Dr. Nouanta Maniphousay  
Nilanjana Mukherjee  
Michael Seager

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## Overview

Preparation for the World Bank-financed Provincial Infrastructure Project for Oudomxai and Phongsali provinces in northern Lao PDR, was carried out during the larger part of 1997.

In a radical departure from the usual practice of hiring specialized international consultant firms, the preparation for the Rural Water Supply and Sanitation sub-component was entrusted to the National Water Supply and Environmental Health Program<sup>1</sup> (NWSEHP or Nam Saat) of the Government of Lao PDR. They accomplished their task working in partnership with related sector personnel and representatives from mass organizations of Lao women and youth.

In a never-before-attempted approach, the project preparation teams drove, walked, climbed, and rowed to more than 30 villages in the two provinces - to consult women and men at length about their water and sanitation preferences, beliefs and practices. Technical and capacity building support for the work was provided by the Regional Water and Sanitation Group for East Asia and the Pacific, of the UNDP-World Bank Water and Sanitation Program.<sup>2</sup>

The result of this intensive collective learning process was a sub-project that the Government of Lao PDR has named HASWAS, for Hygiene Awareness, Sanitation and Water Supply.

## Demand and Informed Choice

Central to the preparation process was an exercise in *'listening'* to rural Lao communities about the types and levels of water and sanitation services they want, are willing to pay for, and sustain. It was also an attempt to understand *why* communities are making the choices they are, since an accurate estimation of demand is possible only when those choices are

adequately *'informed'* ones. Thus, the preparation involved community dialogues that did **not** begin by asking, *"what are you willing to pay for?"* or *"how much are you willing to pay?"* Dialogues began, instead, with participatory assessments of existing health and hygiene awareness and practices within the communities.



*Mapping of existing water and sanitation facilities and identifying locations for new ones.*

The results were used to jointly identify what water and sanitation related behaviors they would like to change, linking these with the water and sanitation services they want to buy.

In the process, the communities gained insights about how they could maximize the impact of services on their quality of life, while the external facilitators of the dialogues (service providing agency and partner agencies) gained deeper understanding of what would sustain the services, once provided.

<sup>1/</sup> Nam Saat is the Lead Government Agency for Rural Water Supply and Sanitation (RWSS) in Lao PDR. Nam Saat also stands for National Centre for Water Supply and Environmental Health Program.

<sup>2/</sup> Now RWSEHP is known as "WSP-EAP" (Water and Sanitation Program for East Asia and the Pacific).

## Community Dialogues

Villages were selected to represent the population targeted by the project, according to criteria such as:

- Location in terms of distance from the district centers. (*Zones 0, 1, 2 and 3, where Zone 0 is near the district Nam Saat office; Zone 1 is within easy access of several hours; Zone 2 can be reached only after an overnight half on the way, and Zone 3 needs 2 to 3 days of travel, often on foot or by riverboats. Sampling was biased towards Zone 3, which contains a disproportionately larger number of potential project target villages*);
- Reflecting major economic and ethnic groups in each district;
- Having no external assistance for water and sanitation services to date; and
- Within the districts' "development focus" area.

In each village, the sub-teams facilitated community dialogues for jointly assessing:

- Local water and sanitation situation/problems
- Local hygiene practices/rationale for these practices;
- Economic demand for services based on information on feasible options and costs, and;
- the community's development history as an indicator of social capital.



*Women sorting community hygiene behaviors as "good for health", "bad for health", "irrelevant".*

## Building Capacity, Confidence, Ownership

The key feature of this nationally led work was the joint quest for ways to recognize and facilitate the expression of demand. In a spirit of mutual learning by the 25-member team, it was recognized that there was no single expert guide, nor a step-by-step manual available for the task.

Contrary to past experience of most team members, the task required no 'education' of the community. It took a while for them to accept that communities had to be helped to analyze their own situation and select their own options, given complete information on available options and costs.

A set of techniques and visual tools were developed, and training on their application was provided to communicate the options effectively.

It was obvious that the district level Lao field teams were *the* most qualified to undertake the actual facilitation, due to their depth of local knowledge and language ability for communicating with the client population.

The presence of high-ranking central level personnel and international consultants might ordinarily have been inhibiting- but the field-based training experience changed all that. District level personnel clearly saw why they had to take the lead and central Nam Saat members encouraged them. Locally appropriate visual materials were developed by a local illustrator, to facilitate the communication process. By consensus, the sub-teams were balanced in terms of gender and ethnicity, to foster dialogues with women, men and different ethnic groups in villages.

At the end of the field work undertaken by the sub-teams, the whole team synthesized its findings and made suggestions about the menu of technological choices to be offered. The team also made observations on the organizational structure,

coordination and management of the HASWAS Project and pointed out difficulties and special provisions needed for working in remote areas.

Their inputs were integrated into the HASWAS proposal prepared by Nam Saat. A support team of senior central Nam Saat and RWSG-EAP personnel offered technical guidance and capacity building assistance through out the process, and helped ensure the timeliness of preparation. Their own learning through this process was no less than that of the team they supported.

## Glimpses of Field Experience

### What Constituted the Community Dialogues?

Community dialogues were initiated with groups of women and men in each village, through the following set of thirteen participatory learning activities, drawn from the repertoire of Participatory Rural Appraisal (PRA) and Participatory Hygiene and Sanitation Transformation (PHAST) methodologies.



*Who does what? Identifying task/role divisions.*

- Community history profiling (time line);
- Wealth classification (criteria for identifying the poorest);
- Gender analysis of task-roles: household and community level;
- Gender analysis of control of resources: household and community level;

- Social and natural resources mapping;
- Community participation profile in past development projects;
- Priority problems of villagers;
- Health awareness assessment;
- Hygiene awareness; rationale for existing hygiene behaviors;
- People's perception of routes of fecal-oral contamination in the community;
- People's perception of ways of blocking contamination routes;
- Water Supply Ladder (existing water supply system and menu of options with increasing levels of services and costs);
- Sanitation Ladder (existing defecation practices and menu of options with increasing levels of services/facilities and costs).



*Output of task/role identification process*

### Learning that Emerged

- Field investigators reported that the actual exercise took about 6-7 hours to do, with simultaneous facilitation of separate groups for women and men. They found the high levels of enthusiasm generated and quality of information produced by the community extremely rewarding;
- Gender-segregated dialogues greatly improved women's participation and produced clearer gender differences. It was realized that during

project implementation, special strategies would be needed for situations where barriers to participation were identified. Some ethnic groups such as the Lao Ko, do not allow their women to talk to outsiders regardless of the sex of the outsider. Several others restrict women's participation in public affairs and training. In addition, many ethnic minorities do not speak, read or write Lao. With them, communication was difficult even with visual aids. These were often the more isolated communities, with the least development exposure and the most alarming (according to the field teams) hygiene practices. Sometimes it was not possible to find words equivalent to 'latrines', 'cleanliness', and 'sanitation' in the language of the ethnic minorities.

- Water collection was found to be primarily women's task, done with the help of children of both sexes. Women are also the forest foragers, rice and vegetable farmers, petty shopkeepers, fuel wood gatherers, cutters of thatch and grass, cooks and cleaners of home and yard. Men fish, hunt, plough fields, clear forests through slash and burn practices for agriculture, build houses, visit markets for buying and selling and share childcare with women. Although most assets are said to be jointly owned, men control major financial assets and make the decisions to buy and sell. When making decisions about community resources, the village chief is supposed to listen to all opinions and then decide, based on consensus. However, it was not clear how women are actually consulted.
- Both men and women showed a distinct preference for Gravity-fed Systems (GFS) for water supply, although for different reasons. Women consider flowing water (e.g. springs and rivers) to be of higher quality than that in wells, ponds or lakes. This is despite the fact that all kinds of washing, cleaning and ablutions are carried out in the river. Men prefer GFS, as it is 'more modern'. Rainwater harvesting is a relatively new concept, not familiar to most people.

Those interested in latrines are mostly the villages closer to urban areas (zone 0 or zone 1). One or two pit pour-flush-toilet is the most preferred option for the provision of sanitation services. These preferences are backed by a readiness to meet construction costs in terms of materials, labor and sufficient cash to cover 100 per cent of requirement for latrines and between 20-70 per cent of the requirement for community water supply systems.

- There is readiness to pay 100% of operation and maintenance costs for both water supply and sanitation facilities.



*The water supply ladder: presenting a menu of options to a potential client community.*

- Demand for sanitation varied in direct proportion to the communities' exposure to the world outside their village. In isolated communities in Zone 3 (many ethnic minorities fall in this category), women have often not ventured beyond 10 kilometers of their villages. They did not recognize the pictures of any kind of latrines. Their lack of interest in, and demand for,

sanitation improvements could be related to their low radius of development exposure. It is difficult for them to want something they have never seen.

- Levels of hygiene awareness were consistently low among both sexes in the villages visited, and seemed to decline steadily with distance from the district headquarters, i.e. highest level in Zone 0, declining through Zones 1, 2 and 3. Limited access to formal education, low exposure to the world outside the village and low access to mass media seem to be the major constraining factors. In many villages, practices like boiling water and fencing to keep animals out are known, but not practiced. Malaria, diarrhea, dengue, cough, stomach pains are the most frequently reported health problems, but popular perceptions do not usually connect them with water and sanitation (behavior).
- The effort and time needed to collect water, particularly in this mountainous northern Lao territory, has a profound influence on the use and re-use of water. Feasibility of hygiene practices that can be promoted are closely tied to the quantity of water that is or can be made available within reasonable access.
- Behavior change targets will have to vary with communities and be incremental in nature, i.e. in keeping with the level of hygiene awareness created. It is essential to identify 1 or 2 key behaviors to promote, rather than a package.
- It is essential for field-level personnel to understand the rationale for existing community hygiene behavior and build on it, by identifying culturally sensitive areas and feasible behavior change strategies suited to specific communities.
- Promoting behavior change should strategically target men, women and children, since behavior change can have significant costs in terms of several kinds of household and community resources - (money, time, materials, energy, opportunities) - which would require everyone's compliance with a decision for change.

- Facilitation of informed choice was done through the use of two visual 'ladders', one each for water supply and sanitation, whereby increasingly higher levels of service options were displayed, with approximate price tags. The 'ladder' was first explained very simply and briefly to community groups, after which questions were invited, and clarifications/additional information provided only in response to questions.



*Water supply ladder: the community discusses options presented.*

- Villagers then identified the level of service/facility they currently have, and where that fits on the ladder. They were helped to identify collectively (for water supply) and individually (for sanitation), where on the ladder they would like to be. Deciding this usually produced a rich discussion on costs, benefits, advantages and disadvantages of each option. The Nam Saat technical staff in the field teams faced a challenging barrage of questions from the villagers and sometimes had difficulties in satisfying their demands for

information. In terms of sanitation, the current range of options starts with no-cost behavioral options for safe excreta disposal, such as digging a hole in the ground and covering it up after use. Increasingly higher cost options include several types of dry latrines with or without platforms and lids, ending with a single pit pour-flush latrine. After the community dialogues, the menu has been expanded to include twin-pit-pour-flush latrines, as the majority of interested villagers demanded a permanent long-term option.

The experience provided valuable lessons about technical and participatory facilitation capacities needed among field teams for future implementation. A supply-driven institutional system trying to transform itself into a demand-driven one has to increasingly empower and enable its field level personnel to be creative, innovative and non-conventional in responding to local demands.

The challenge is to find optimal local solutions - without sacrificing technical feasibility and quality. The key to success lies in being open to listening and learning, using team-based approaches that combine technical and social process skills.

For Nam Saat personnel, it was a major role-change, to be learned and applied. For the External Support Agencies involved, it was a valuable lesson about the modes of support required for nationally-led development.

HASWAS is envisaged as a valuable learning opportunity for the Government of Lao PDR, its partners and other stakeholders involved in the country's development. At the closing of the Lao-led Preparation Team Workshop, Vice minister Bounkhouang Pichid's words reiterated this shared vision:

*"...You have been part of the first Lao-led Project Preparation Team in the history of the Ministry of Public Health. It is a pilot, our first opportunity, and of course we need advice from outside. But, gradually, that can be reduced with practice. If we do our work well, we can share this information and process with other Provinces, even other countries. Thus, I feel this process is a milestone and needs to be well recorded..."*

**For more information please contact:**

**Dr. Nouanta Maniphousay**, Director

National Water Supply and Environmental Health Program (NWSEHP)  
Ministry of Health  
Junction of That Luang / Nongbon Roads,  
Vientiane, Lao PDR  
Tel: (+856-21) 415 726 / 450 130 / 450 126  
Fax: (+856-21) 413 310  
E-mail: [soutch@laotel.com](mailto:soutch@laotel.com)

**Santanu Lahiri**, Lead Resource/WSS Specialist

Email: [slahiri@worldbank.org](mailto:slahiri@worldbank.org)

**Chander Badloe**, RWSS Specialist

Email: [cbadloe@worldbank.org](mailto:cbadloe@worldbank.org)

**Malin Krook**, Country Officer

Email: [mkrook@worldbank.org](mailto:mkrook@worldbank.org)

Water and Sanitation Program for East Asia  
and the Pacific

World Bank Office, Vientiane

P.O. Box 345, Vientiane, Lao PDR

Tel: (+856-21) 413 710 / 450 014 / 415 729

Fax: (+856-21) 450 015

Website: <http://www.wsp.org>

E-mail: [wspeap@worldbank.org](mailto:wspeap@worldbank.org)

**Nilanjana Mukherjee**

Regional Community Development Specialist

Email: [nmukherjee@worldbank.org](mailto:nmukherjee@worldbank.org)

Water and Sanitation Program for East Asia  
and the Pacific

World Bank Office, Jakarta

JSEB Building, Tower 2, 13th Floor

Jl. Jend. Sudirman Kav. 52-53

Jakarta 12190, Indonesia

Tel: (+62-21) 5299 3003

Fax: (+62-21) 5299 3004

Website: <http://www.wsp.org>

E-mail: [wspeap@worldbank.org](mailto:wspeap@worldbank.org)

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**Water and Sanitation Program  
East Asia and the Pacific**

Jakarta Stock Exchange Building

Tower 2, 13th floor

Jl. Jenderal Sudirman Kav. 52-53, SCBD

Jakarta 12190, Indonesia

Phone: (62-21) 5299-3003

Fax: (62-21) 5299-3004

Website: <http://www.wsp.org>

## Lao PDR at a glance

Total population:	4.6 million
Rural/urban population:	85% / 15%
Coverage for water supply (rural & urban combined) 1997:	under 47%
Coverage for sanitation (rural & urban combined) 1997:	under 32%
Infant mortality rate (IMR):	113/1000 live births
Life expectancy at birth (1993):	51.3 years
Main morbidity/mortality causes:	malaria/diarrhoeal disease/respiratory infection
Adult literacy rate:	58% (male 64%, female 42%)
Human development ranking:	138 (of 174)
Real GDP per capita:	\$1,458
GNP per capita:	\$280