



BỘ Y TẾ MINISTRY OF HEALTH

CỤC QUẢN LÝ MÔI TRƯỜNG Y TẾ

HEALTH ENVIRONMENT MANAGEMENT AGENCY

# **RURAL SANITATION IN VIETNAM**

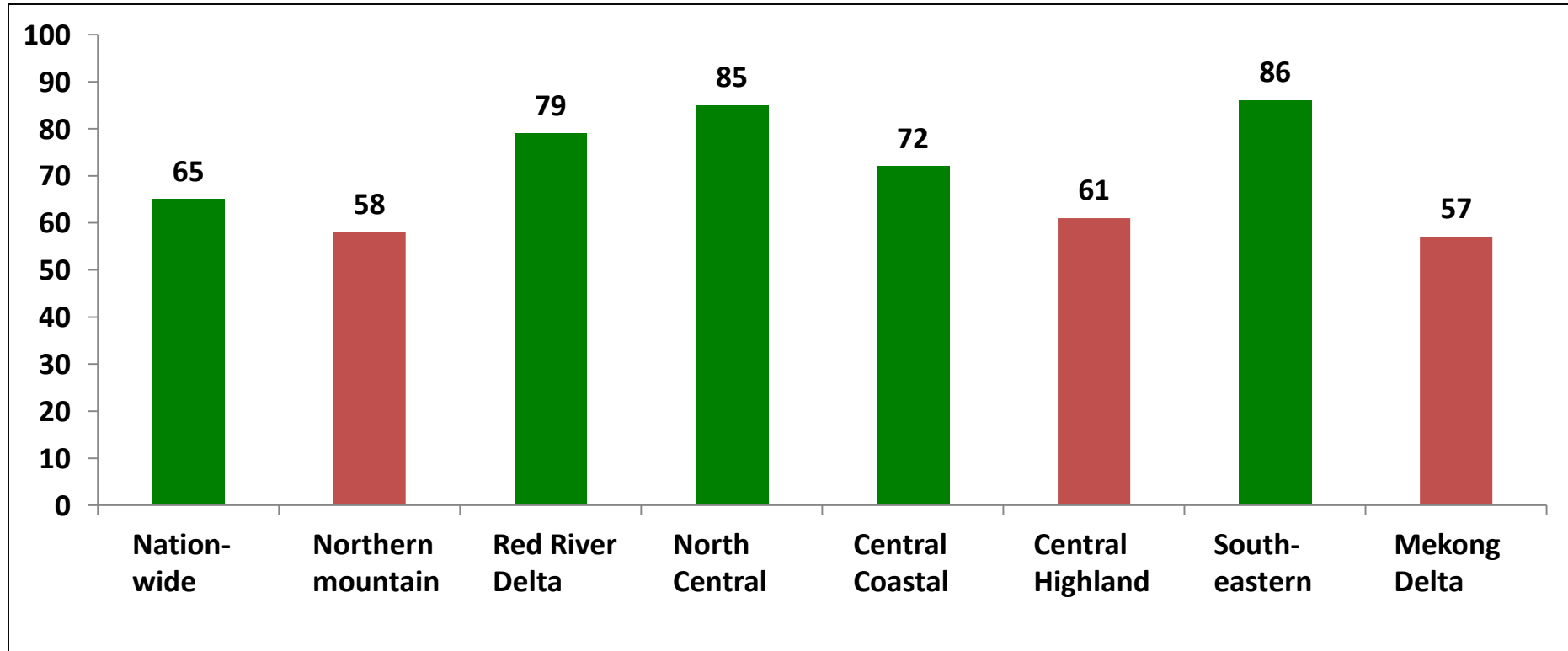
**Hanoi, 12 July 2016**

# **CONTENT**

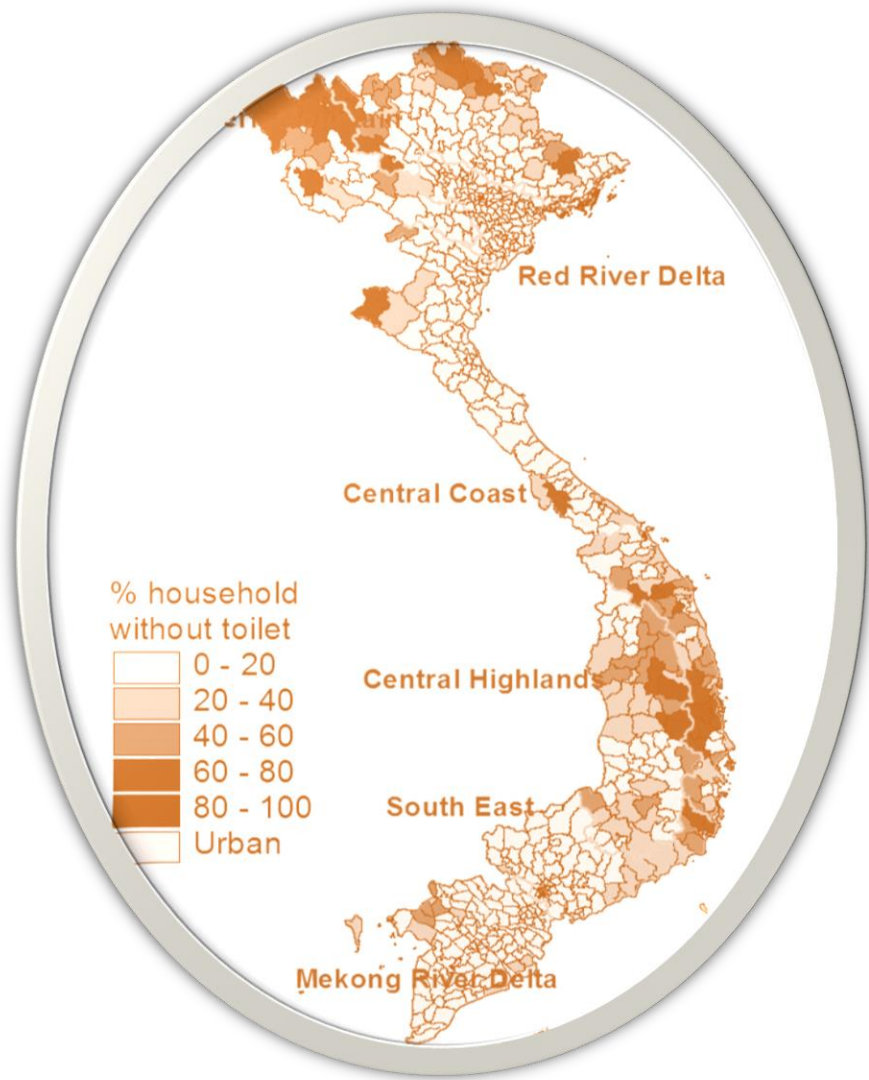
- 1. Current status of rural sanitation**
- 2. Barriers and challenges in rural sanitation**
- 3. Ministry of Health (MOH)'s orientation in the coming time**

# **CURRENT STATUS OF RURAL SANITATION**

# Coverage of hygienic latrines in households 2015



- Rural households without latrines: 10%
- Hygienic latrines in households account for **65%**
- Uneven coverage of hygienic latrines across ecological areas; open defecation and fishpond latrines remain

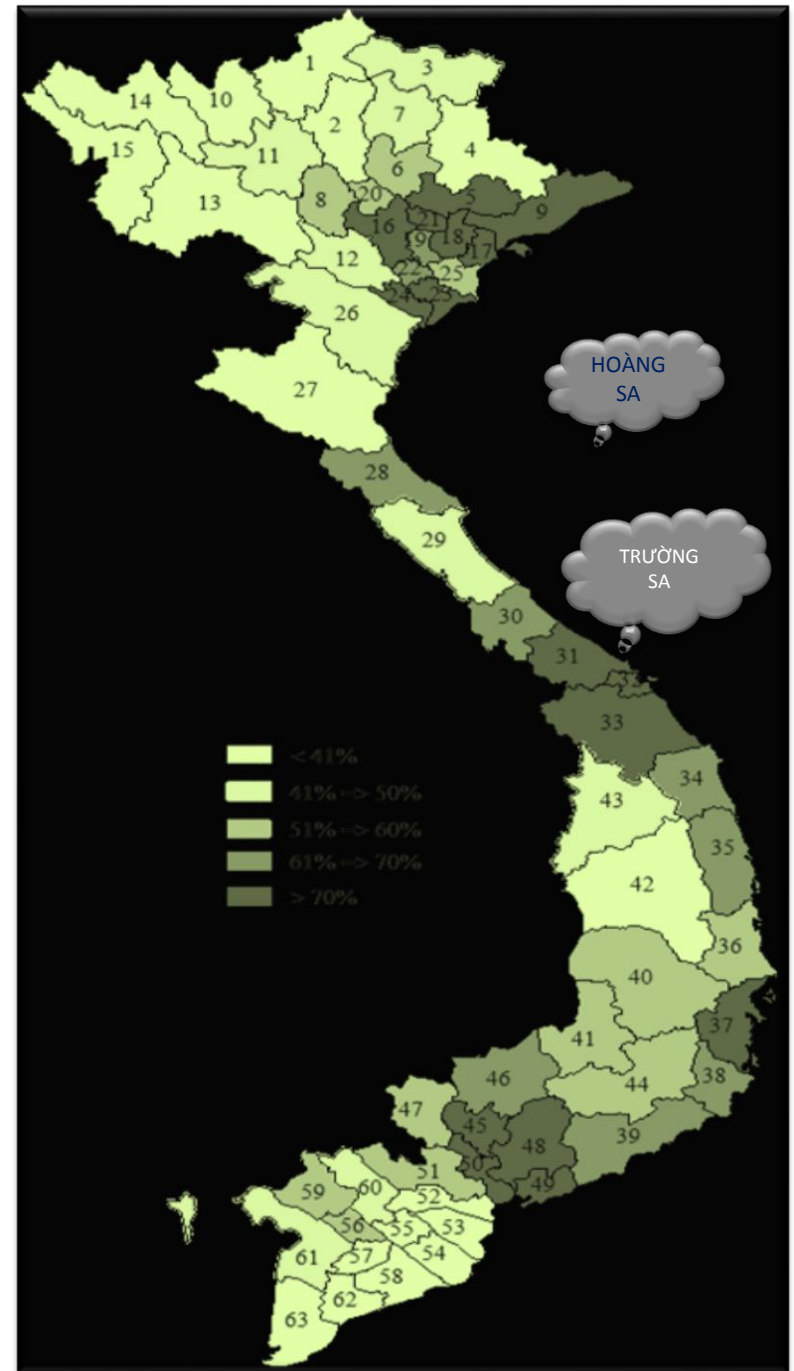


**20 MILLION**  
rural population without  
access to hygienic latrines.





**6 MILLION**  
open defecation





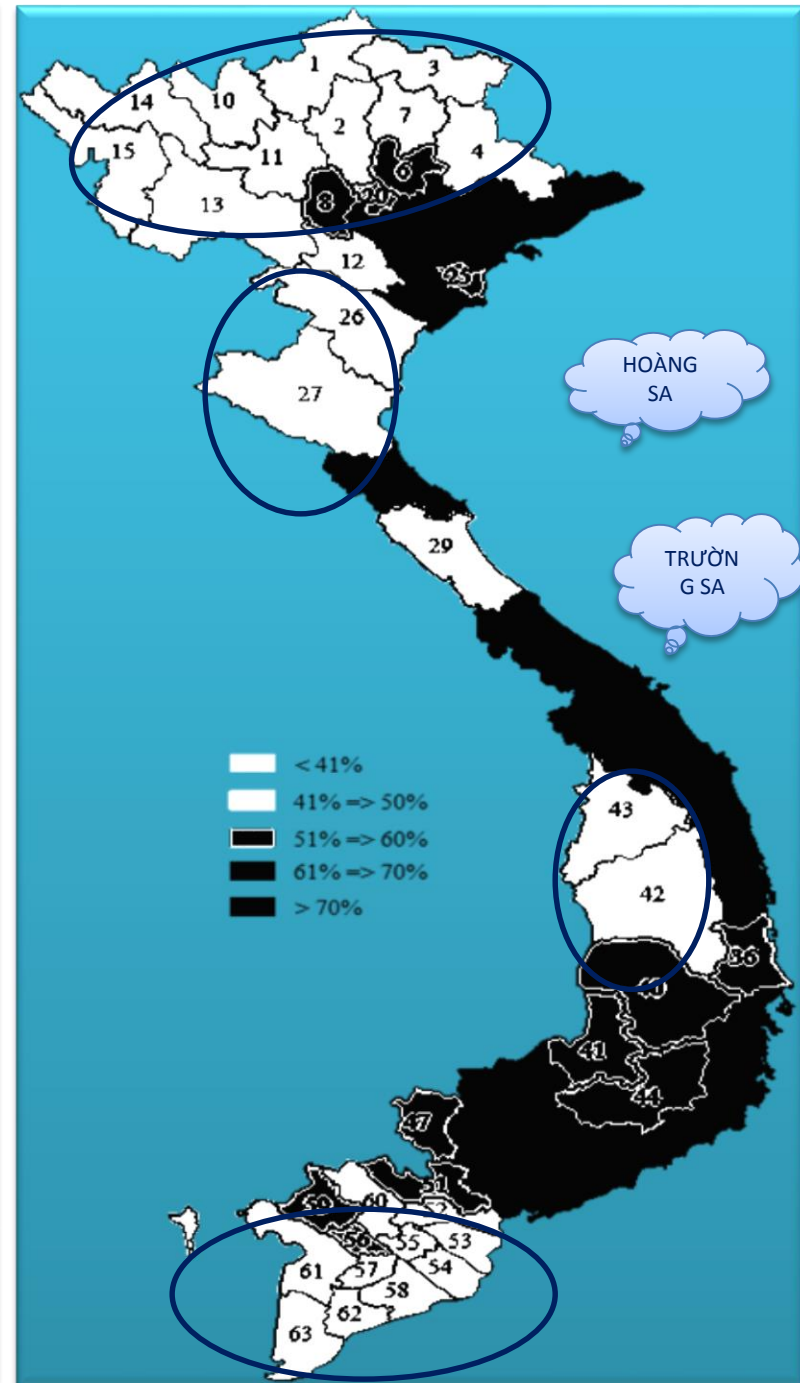
**Open defecation, or fishpond latrines remain popular**

# 10 PROVINCES

## with hygienic latrine

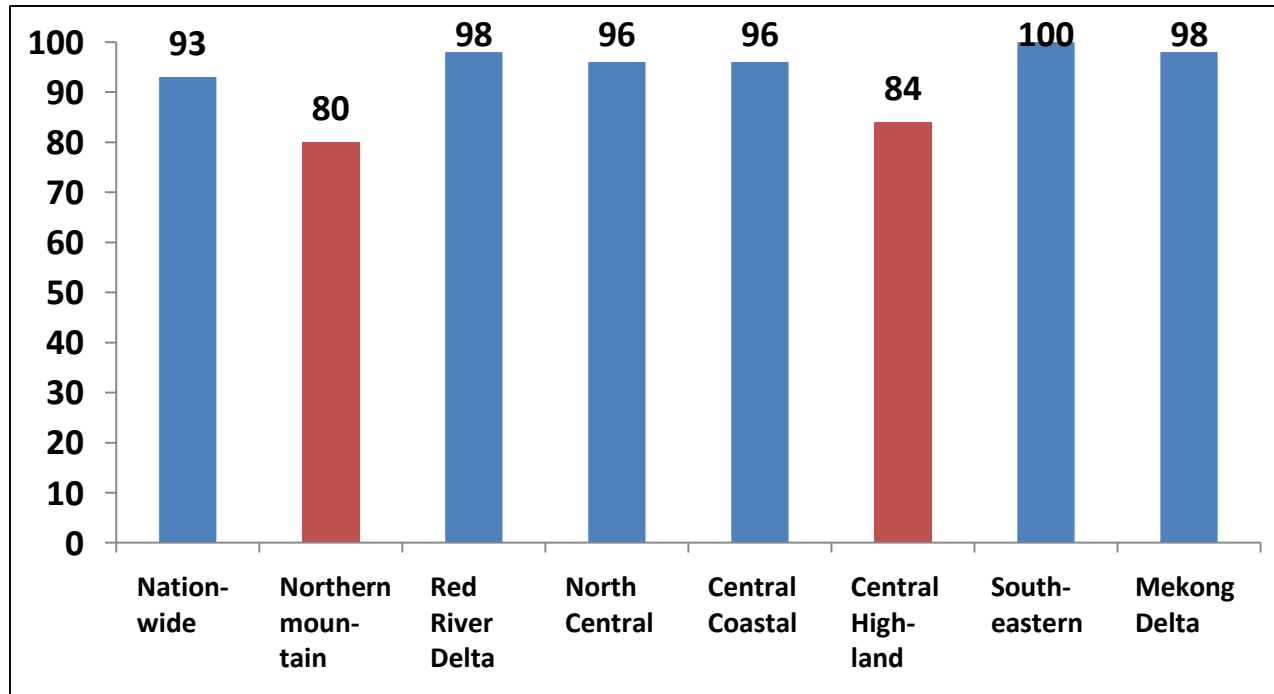
## coverage below

# 50%!





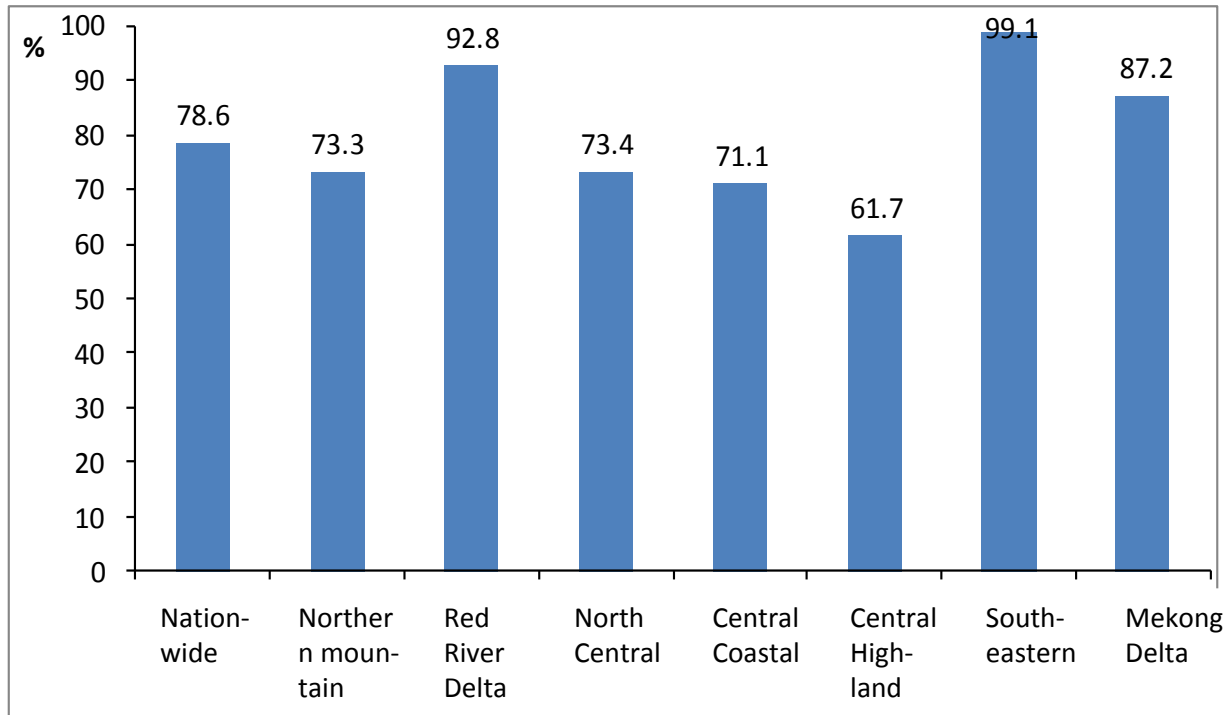
# Coverage of hygienic latrines at communal health centers (CHCs)



-By end of 2015, **93%** communal health centers have clean water facilities and latrines

-Need more focus on **sustainable maintenance of hygiene** of latrines in CHCs <sup>9</sup>

# Coverage of hygienic latrines in schools



-78,6% of schools having hygienic water sources and latrines.

-Need more focus on **sustainable maintenance of hygiene, hand washing with soap**



**CONSEQUENCES:**

# ANNUAL DIARRRHEA INCIDENCES



# 1.5



# million

**Children suffer from rickety or low height as a result of poor hygiene, and most of these reside in remote and rural areas (25% and 28-31% children with rickety in rural and mountainous areas respectively)**

# 3.7 cm shorter, 5-11 IQ points lower



among under-5s in communities with unhygienic latrines (including families with hygienic latrines in such communities) than their peers in communities with hygienic latrines

# Annual economic losses in Vietnam due to poor hygiene/sanitation

= **780** m US\$

= **9,26** US\$ p.c.

= **1,3**% GDP



2 m US\$ p.d. loss

# Why invest in hygiene/sanitation (H/S)?





**6. INVESTMENT IN H/S  
IS VIETNAM'S  
POLITICAL WILL**

**1. INVESTMENT IN H/S  
IS TO ENSURE  
ACCESS TO HYGIENE  
FOR ALL**

**2. INVESTMENT IN H/S  
IS INVESTMENT FOR  
DEVELOPMENT OF AN  
EQUAL, FAIR AND SAFE  
SOCIETY.**

**3. H/S IS AN AREA OF  
INVESTMENT WHICH  
GREATLY BENEFITS THE  
COUNTRY**

**5. INVESTMENT IN H/S  
IS INVESTMENT FOR  
SUSTAINABLE LIVING  
ENVIRONMENT**

**4. INVESTMENT IN H/S  
IS INVESTMENT FOR  
THE HEALTH OF THE  
NATION AND FUTURE  
GENERATIONS**



# **BARRIERS AND CHALLENGES IN RURAL SANITATION**



# MAIN BARRIERS

- 1. Believe they can't afford.** Lack of information on costs of latrines.
- 2. Lack of knowledge of regulations/no social pressure.** Unhygienic latrines still acceptable.
- 3. Lack of knowledge** of benefits from hygienic latrines.
- 4. Don't want to borrow.** Investment in latrines does not generate returns.



*Hygienic latrines just built thanks to WASHOBA project in Thai Nguyen*



# KEY CHALLENGES

1. Lack of attention from local authorities to H/S. No strong sanctions and regulations to terminate open defecation, eliminate fishpond latrines, and encourage the construction and use of hygienic latrines.
2. People do not have high awareness of the construction, use and maintenance of hygienic latrines.
3. Construction works' sustainability affected by improper habitual use and maintenance.
4. NTP on RWS ended in 2015 → affecting sustaining and replication of sanitation initiatives.
5. Weak participation of private sector. Undeveloped sanitation market.

# **MOH's ORIENTATIONS IN THE COMING TIME**

# VIETNAM'S SANITATION GOALS

*Government's process to implement its commitments*

## 2015

- 1% VILLAGES TERMINATE OPEN DEFECACTION
- 65% HOUSEHOLDS USE HYGIENIC LATRINES
- SANITATION CRITERIA INCORPORATED IN SOCIO-ECONOMIC PLANS

## 2020

- 30% VILLAGES TERMINATE OPEN DEFECACTION
- 75% HOUSEHOLDS USE HYGIENIC LATRINES
- COMMUNE-WIDE SANITATION

## 2025

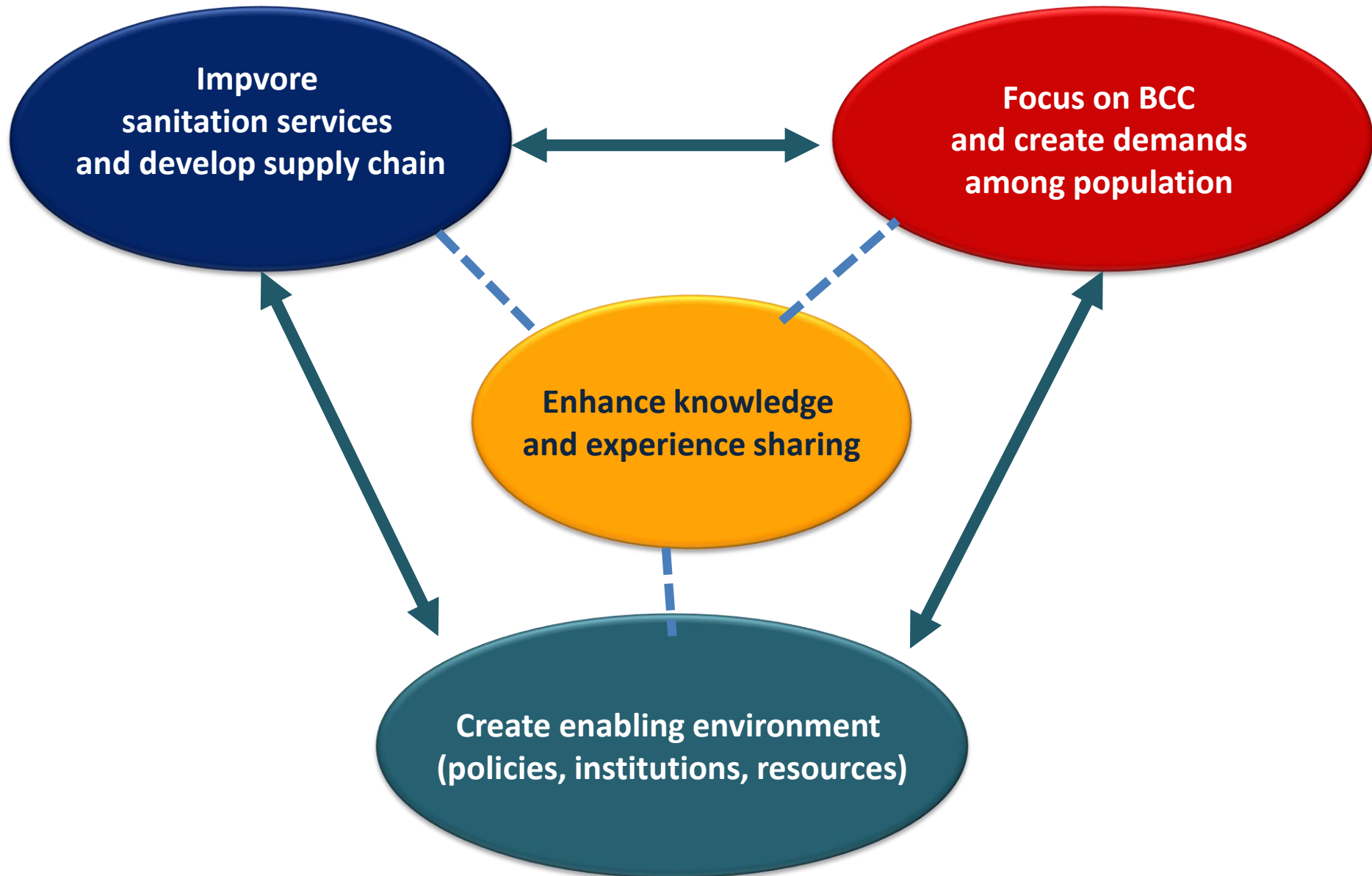
- 80% VILLAGES TERMINATE OPEN DEFECACTION
- 90% HOUSEHOLDS USE HYGIENIC LATRINES

## 2030

- 100% VILLAGES ACHIEVE ODF
- 100% HOUSEHOLDS USE HYGIENIC LATRINES
- SANITATION FOR ALL

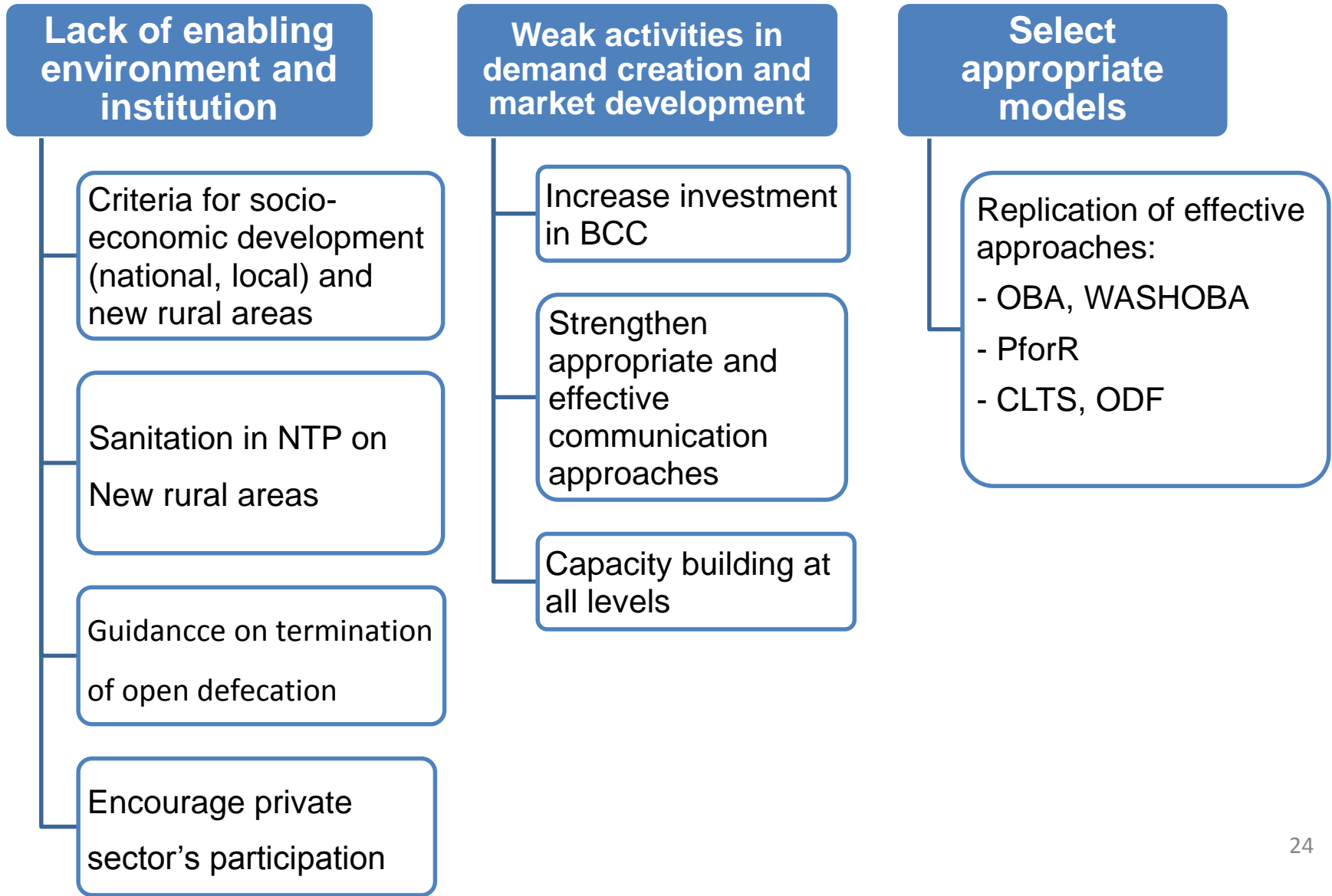
*Improved sanitation*

# APPROACHES IN SANITATION PROMOTION





# ORIENTATIONS IN MAINTENANCE AND REPLICATION OF MODELS FOR SANITATION PROMOTION 2016-2020







# EFFECTIVE APPROACHES FOR SANITATION PROMOTION

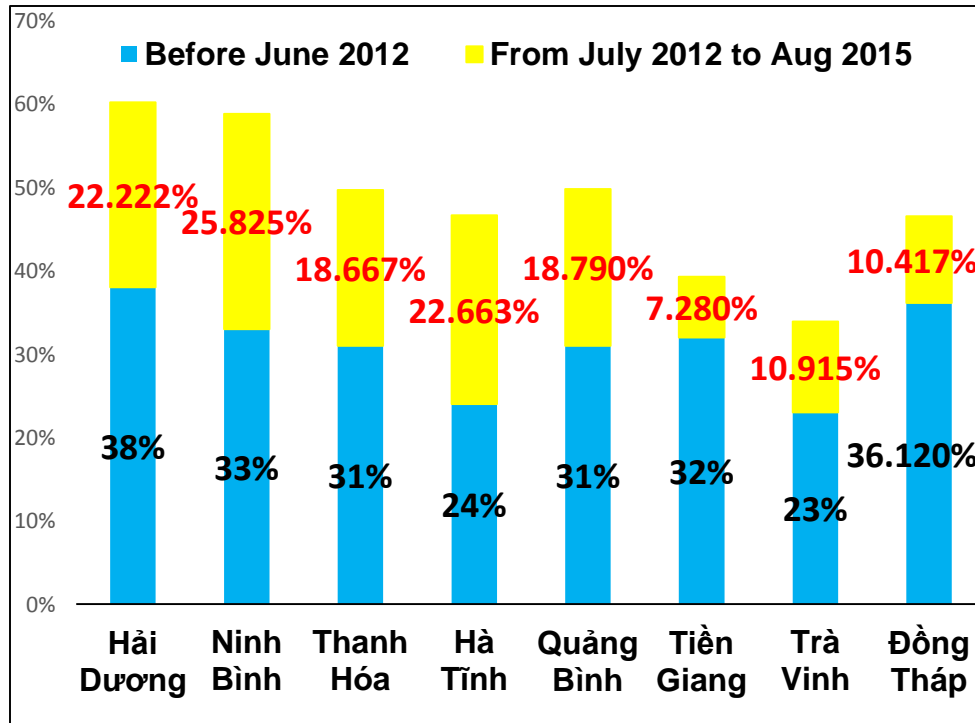
	Summary	Features	Focus
<b>CLTS</b>	Activate communities – extensive changes of sanitation conditions	<ul style="list-style-type: none"> <li>• Activate</li> <li>• Work toward termination of open defecation</li> <li>• Low cost solutions, local materials</li> </ul>	Create demands
<b>CLTS +</b>	CLTS + Strengthen sanitation supplies	<ul style="list-style-type: none"> <li>• CLTS</li> <li>• Training for masons and strengthen supply chain</li> </ul>	<ul style="list-style-type: none"> <li>• Create demands</li> <li>• Develop sanitation market</li> </ul>
<b>Sanitation marketing</b>	Make use of social and commercial marketing to promote sanitation	<ul style="list-style-type: none"> <li>• Market research</li> <li>• Develop appropriate products</li> <li>• Develop trade in private sector</li> </ul>	<ul style="list-style-type: none"> <li>• Create demands</li> <li>• Develop sanitation market</li> </ul>
<b>OBA</b>	Financial assistance mechanisms through grant packages	<ul style="list-style-type: none"> <li>• Output-based assistance</li> <li>• Verification of performance</li> </ul>	<ul style="list-style-type: none"> <li>• Policies, institutions</li> <li>• Group meetings</li> <li>• Develop sanitation market</li> </ul>
<b>PforR</b>	Output-based disbursement mechanism (number of new latrines, number of communes with good sanitation, etc.)	<ul style="list-style-type: none"> <li>• Output-based assistance</li> <li>• Verification of performance</li> <li>• Disbursement indicators associated with water supply and sanitation</li> </ul>	<ul style="list-style-type: none"> <li>• Policies, institutions</li> <li>• Develop sanitation market</li> </ul>



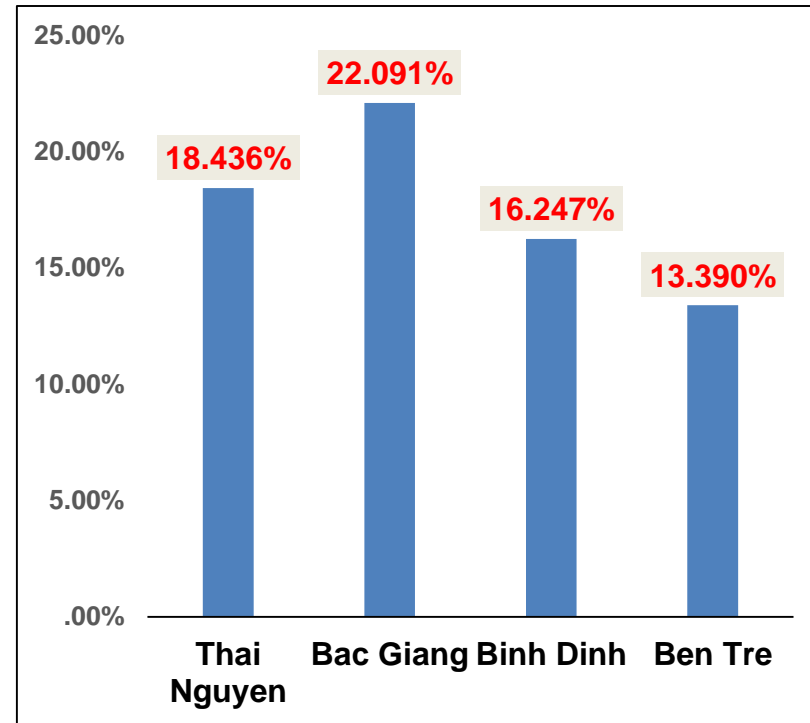
# CHOBA - WASHOBA

- Attention from local authorities at various levels; good mobilization of other local resources
- Increase proactiveness: planning, implementation, supervision and improved capacity of implementing agencies and officials
- Increase responsibility of implementing agencies: associate water supply indicators with sanitation → link responsibility of stakeholders → ensure high sustainability of programs
- Reach the poor (the most difficult target group)
- Rapid increase of hygienic latrines (*increase rates verifiable thanks to supervision system for output-based incentive payments being executed with transparency and accuracy*)

# Efficiency in increase rates of hygienic latrines in provinces with CHOBA – WASHOBA



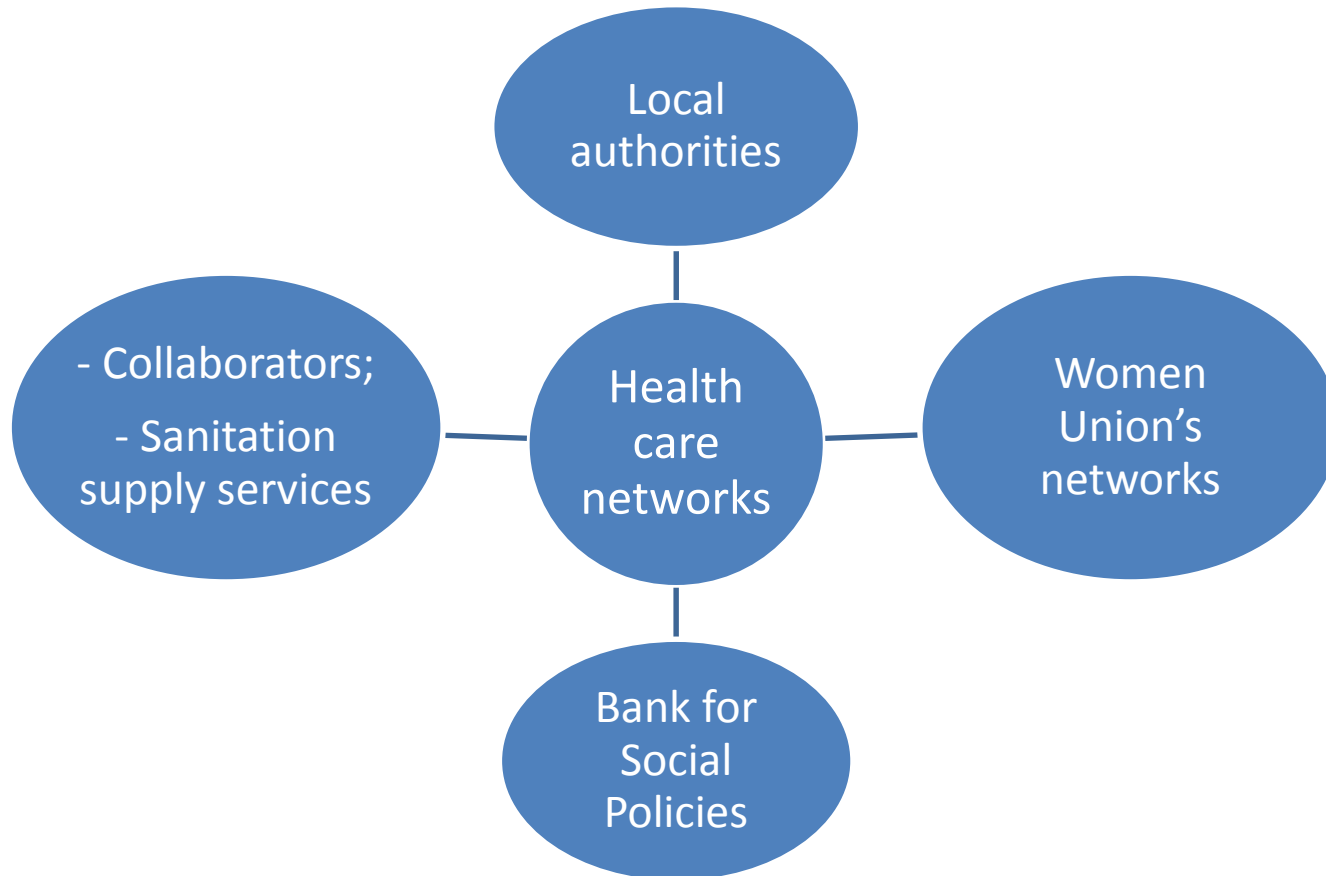
**CHOBA after 3 years' implementation**



**WASHOBA after 2 years (Jan 2014 – Aug 2015)**

# SANITATION NETWORK

Playing key roles in rural sanitation promotion through healthcare networks from national to village levels





# PRIORITY SOLUTIONS FOR SANITATION PROMOTION ACROSS LOCALITIES

	Localities with % of households having hygienic latrines			
	Under 30%	30-50%	50% - 65%	Over 65%
<b>Policies</b>	++++	+++	++	+
<b>Increase effective models of sanitation promotion</b>	++++	++++	++	+
<b>BCC + Sanitation market, loans from Bank for Social Policies</b>	++++	+++	+++	++
<b>Support of latrine technology</b>	++++	++++	+++	++
<b>Budget</b>	++++	+++	+	

- Top priority should be given to localities with <30% hygienic latrines, followed by those with 30 – 50%.
- For those with >65%: solutions to maintain and foster natural increase of hygienic latrines.

# DEMANDS

- Now that the NTP on RWS has ended, Government's resources for sanitation promotion mostly come from NTP on New Rural Areas, and the Program for output-based replication of water supply and sanitation in 21 provinces.
- Continue to maintain and replicate OBA and WASHOBA models in localities with low rates of hygienic latrines
- Apart from leadership in implementation, MOH needs to provide technical assistance to:
  - Develop sanitation policies and institutions in new contexts
  - Improve capacity of district, commune and grassroots healthcare officials for rural sanitation work
  - Monitor, supervise and sustain outputs that have been achieved.
  - Learn, share experiences and awards for replication.



**Thank you  
for your  
attention!**

**Supported  
Latrines**

**Self-constructed  
latrines**