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Demand, Informed Choice, Behavior Change: Basis For Participatory Water Supply and Sanitation Project Design in Rural LAO PDR

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¹ This paper is in many ways a sequel to another paper from Lao PDR at the RWSS Conference: **"RWSS Strategy Development in Lao PDR: Nationally-Led Policy development and its Progressive Application"** by Soutsakhone Chantophone and Michael Seager. The present paper is an example of application of the Strategic Principles in the context of mainstream investment planning, in the World Bank financed HASWAS sub-project.

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Lao PDR at a glance:

Total population: 4.6 million
Rural/urban population: 85%/15%
Coverage for rural water supply: 57% (1996 estimate)
Coverage for rural sanitation: 20% (1996 estimate)
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



Overview

Preparation of the Provincial Infrastructure Project for Oudomxai and Phongsali provinces in northern Lao PDR was carried out during the larger part of 1997, for financing by the World Bank. In a departure from the usual practice of preparation by specialized (and usually international) consultant firms, the preparation of the Sub Component on Rural Water Supply and Sanitation was entrusted to the National Water Supply and Environmental Health Program (NWSEHP or Nam Saat) of the Government of Lao PDR.

The NWSEHP accomplished its task over May - October 1997 through a team of district, province and central level staff of several related agencies, working in partnership with 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, practices and willingness to pay and sustain water and sanitation services that they choose from a locally feasible menu. Technical and capacity building support for the work was provided from the Regional Water and Sanitation Group for East Asia and Pacific of the UNDP-World Bank Water and Sanitation Program.

The end result of this intensive collective learning process was a sub-project that the Government of Lao PDR has named HASWAS, wherein it makes a statement about what it sees as the crux and the entry point for water and sanitation i.e. Hygiene Awareness, Sanitation and Water Supply (HASWAS) sub-project.

This paper is an attempt to document the process and the lessons learned along the way.

Objectives of HASWAS

A three-pronged overall objective emerged, by strong consensus among all involved in the preparation process, from communities to the level of policy makers.

In selected districts of Phongsali and Oudomxai provinces, HASWAS objectives are :

I To contribute (i) to improvements in quality of life, productivity and living standards and (ii) to reductions in hygiene/sanitation/water related disease mortality and morbidity, through measurable hygiene improvement, sanitation and water supply interventions;

II To build and strengthen the capacity of Provincial and District personnel and institutions responsible for hygiene promotion and service delivery and support in clean water supply and sanitation in remote rural areas;

III To establish a learning-based pilot that can act as a vehicle for the application, review, analysis, and

- improvement of the principles of the Lao National Strategy for Rural Water Supply and Sanitation, and
- act as a model for adaptive learning and wider scale application.

These objectives translate into corresponding Activity Groups, consequent Result Areas and Key Performances Indicators that are designed to afford verifiability of progress made in operationalization.

What Was Different About This Project Design Process

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 the communities are making the choices that they are, since accurate estimation of demand is possible only when communities make choices that are adequately "informed" ones. Thus, the preparation involved dialogues with communities that did not begin by asking "what are you willing to pay for?" or "how much are you willing to pay?" Instead, community dialogues began with participatory assessment of their existing health and hygiene awareness and practices.

The results were used to jointly identify **what Water and Sanitation related behaviors they would like to change** linking it with **the Water and Sanitation services they want to buy**. In the process the communities gained insights about how they can maximize the impact of services on their quality of life. The external facilitators of the dialogues (service providing agency & partner agencies) gained deeper understanding of what will sustain the services once created.

This was done in two parts. For the first, an usual reconnaissance mission was undertaken by Nam Saat in May 1997, to make approximations about potential communities, identify possible partnerships and get initial insights into capacity building needs for a participatory process that expected the districts to take the lead in shaping the component. A province level workshop at the end of this mission helped identify possible field teams and orient them for the next, intensive field study phase that was to make the difference.

Community Dialogues

The second part of preparation involved training of field teams, followed by intensive dialogues with sample communities. 25 intersectoral personnel were drawn from Nam Saat (district, provinces & central) Lao Women's Union, Youth Union and District Rural Development Committees. After their field-based training in the use of a set of specially designed participatory analysis techniques, the group divided themselves into six sub-teams and traveled to 32 villages spread over six districts. Women played a prominent role in the teams and constituted 40 per cent of the whole team.

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

- a) Location in terms of distance from the district centers (Zones 0, 1, 2 and 3)
- b) Reflecting major economic and ethnic groups in each district
- c) Having no external assistance for water-sanitation services to date, and
- d) Within the districts "development focus" area.

The zone system was adapted from a system used for the Immunization Program. Zone 0 is near the district Nam Saat Headquarters. Zone 1 is within easy access of several hours. Zone 2 can be reached only after an overnight halt on the way. Zone 3 needs 2 - 3 days of travel, often on foot or by river boats. Sampling was biased towards Zone 3 which contains a disproportionately larger number of potential project target villages.

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

- i. Local Water and Sanitation situation/problems
- ii. Local hygiene practices /rationale for these practices
- iii. Economic demand for services based on information on feasible options and costs, and
- iv. The community's development history as an indicator of social capital

Apart from the critical insights gained for enhancing quality at entry of project design, the facilitation and synthesis of the community dialogue yielded a rich harvest of collective learning about institutional capacity building needs, and structural/organizational issues to be addressed for implementing HASWAS and operationalizing the Lao Sector Strategy.

Development of Capacity, Confidence, Ownership

The key feature of this entirely nationally-led work by Nam Saat, its partners and advisors, 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 from different levels, several sectoral agencies and mass organizations. It was recognized by all concerned that there was no single expert guide, nor a step-by-step manual available for the task. The task itself was rather new. 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's on available option and costs. To communicate effectively about the options, a set of techniques and visual tools were available. Training on their application was also provided. Their appropriate application, however, depended on many extraneous factors, such as the team members' past knowledge and experience with the communities, the communities' past experience with development projects, language and cultural barriers to be overcome, and the like. Skill in applying the techniques could only be developed through actual practice and reflection. It was obvious that the district level Lao field teams were the most qualified to undertake the actual practice, 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 free dialogues with women, men and different ethnic groups in villages.

At the end of field work by sub-teams, the whole team synthesized its findings, made suggestions about the menu of technological choices to be offered, organizational structures/coordination and management of the HASWAS Project and pointed out difficulties and special provisions needed for working in remote areas. Their inputs have been integrated in the HASWAS proposal prepared by Nam Saat. The team building and bonding resulting from the collaborative preparation experience has led to inter-agency partnerships being incorporated into all aspects of project design. Another significant outcome has been the development of a cadre of potential trainers out of this pioneering team - who can help replicate the process and build capacities of colleagues in other districts and provinces.

A support team of senior central Nam Saat personnel and RWSG-EAP offered technical guidance and capacity building assistance through the process and helped ensure timeliness of preparation. Their own learning through this process was no less than that of the team they supported.

What Made This Process Possible

In November 1997 the Government of Lao PDR has launched a National Sector Strategy for Rural Water Supply and Environmental Health, which was developed through a two and half year long process of participatory policy analysis and consensus building among stakeholders about policy reform. The work was financially supported by Swedish International Development Cooperation Agency (Sida) through the UNDP-World Bank Water and Sanitation Program.

Some of the keynotes of this Lao-led, visionary Sector Strategy are:

- Sustainability and impact of services rather than coverage alone;
 - Decentralized planning and implementation;
 - Community-based management and financing , including cost recovery;
 - Behavioral change through participatory hygiene promotion;
 - Demand-driven approaches;
 - Informed community choice;
 - Wider range of technologies for choice;
 - Sensitivity to Gender issues at all levels for planning and management of services;
 - Access to services for the poor and equity;
 - Emphasis on Process;
 - Continuous Learning and Adaptation
-
- The HASWAS sub-project was seen as an opportunity to pilot the key elements of the new Sector Strategy and learn what it will take to translate it into large scale operation the participation of through sector agencies, their partners and other stakeholders - including poor rural Lao communities.
 - The HASWAS sub-project preparation process began the translation of Strategy ideas into action as it involved communities and district level personnel in defining local Water and Sanitation challenges and shaping the component. It initiated an intersectoral team-mode of functioning at the field level, bringing sector agencies into partnership arrangements with mass organizations of women and youth. It provided an opportunity to sector personnel to experience the role-reversals needed of them as they interfaced with communities. For the first time it cast community

members into the role of clients with the power to express their economic choice for services. It also exemplified the modes of collaboration and external support needed for fostering nationally-led development. These and other innovations were made possible due to the umbrella-for-transformation now available in the form of the Sector Strategy and Guideline National Framework in Lao PDR.

Glimpses Of Field Experience

What Constituted the Community Dialogues

Community dialogues were initiated with groups on 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.

- a) Community history profiling (Time Line)
- b) Wealth classification (Criteria for identifying the poorest)
- c) Gender analysis of task-roles: household and community level
- d) Gender analysis of control of resources: household and community level
- e) Social and natural resources mapping
- f) Community participation profile in past development projects
- g) Priority problems of villagers
- h) Health awareness assessment
- i) Hygiene awareness; Rationale for existing Hygiene behaviors
- j) People's perception of routes of fecal-oral contamination in the community
- k) People's perception of ways of blocking contamination routes
- l) Water Supply Ladder (existing Water Supply system & menu of options with increasing levels of services and costs)
- m) Sanitation Ladder (existing defecation practices & menu of options with increasing levels of services/facilities and costs)

(Examples of tools used are in Annexure A)

Kinds of Learning that Emerged

1. Field investigators reported that the exercises took about 6-7 hours to do, with simultaneous facilitation of separate groups for women and men. They found the quality of information produced by the community to be very high and exciting. Men and women in general appreciated the opportunity for dialogue and participated spontaneously with high levels of

enthusiasm. The total time cost per community consulted varied between 2-4 days depending on the location of the community, since it included preparation and travel time. It was possible to estimate, based on this experience, that 4 to 6 days will be required in each village during project implementation for: community dialogues, verification of water sources and measurement of flows; design of schemes as per community choice; working out and agreeing cost-sharing for construction and community costs for operation / maintenance / possible replacement; agreeing option for management of finances and services; preparing Village Plans of Action both for Phase 1 (community organization and hygiene promotion) and Phase 2 (hardware implementation).

2. Gender-segregated dialogues improved women's participation greatly and produced clearer gender differences. It was realized that during project implementation special strategies will be needed for situations where barriers to participation were identified. Some ethnic group such as 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", "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, fuelwood 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 child care with women. Although most assets are said to be jointly owned, men control major financial assets and 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. It was not clear how women are actually consulted, however.

HASWAS will utilize these insights to develop strategies and capacities in districts level implementation teams, for ensuring adequate "voice"

for both women and men in community investment decisions for Water Supply and Sanitation.

3. Both men and women showed a distinct preference for Gravity Feed Systems for Water Supply, although for different reasons. Women consider flowing water (e.g. in spring and river) 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". Rain-water harvesting is a relatively new concept, not familiar to most people. Those interested in latrines are mostly in Zone 0 or Zone 1 villages (closer to urban areas). One or two pit pour-flush-toilet is the most preferred option. 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 per cent of operation and maintenance costs for both water supply and sanitation facilities.

Demand for Sanitation varied directly with the communities' exposure to the world outside their village. 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 and demand for water and sanitation improvements could be related to their low radius of development exposure. It is difficult for them to want what they have never seen. The languages of some ethnic group did not seem to include words that can mean "cleanliness" "latrines" or "sanitation", which made community dialogues on sanitation rather difficult.

This initial exploration reveals a high level of interest and economic demand, which will have to be verified through detailed participatory planning and resource mobilization with interested communities. Also, the cost figures used in the dialogues are tentative, and accurate costings will have to be worked out on the basis of detailed micro-planning of services with the interested communities. Economic demand will have to be reassessed at that stage.

Major lessons for HASWAS are:

- a) eligibility and exit criteria need to be explicitly defined along with the criteria and strategies to pilot subsidy options for the poorest communities.
- b) a larger number of cheaper water supply options need to be worked out, to maintain the maximum allowable subsidy of 35 per cent of

hardware costs (see *subsidy-related rules*, page 9), which has been established in order to maximize access to services for the yet-unserved communities.

- c) strategies and interventions are needed to keep community enthusiasm and interest alive during the normal time lag (about 1 year, notionally) between the dialogues and launching of project activities at village level.
1. 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, 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 frequent health problems but popular perceptions do not connect them with water and sanitation.

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 is closely tied to the quantity of water that is/can be made available within reasonable access.

The lessons from this experiences are that:

- a) HASWAS will have to greatly strengthen the capacities of field level personnel for understanding the rationale for existing community hygiene behavior and building on it, by identifying culturally sensitive and practically feasible behavior change strategies suited to specific communities.
- b) 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. Identifying 1 - 2 keys behaviors to promote rather than a package, is essential. What exactly those key behaviors are to be will emerge from the joint analysis of water-sanitation-hygiene practices and beliefs prevalent in specific communities.
- c) Promotion of behavior change should target men, women and children strategically since behavior change can have significant costs in terms of several kinds of household and community resources (money, time, materials, energy, opportunities) - which will require everyone's compliance with a decision for change.

1. Facilitation of informed choice was done through the use of two visual 'ladders' for Water Supply and Sanitation, whereby increasingly higher levels of service options were displayed, with approximate price tags. (See Annexure B). The 'ladder' was first explained very simply and briefly to community groups. Questions were then invited and clarifications/additional information provided only in response to questions. Villagers then identified the level of service/facility they currently have and where that fits on the ladder. They were then helped 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 personnel on the teams faced a challenging barrage of questions from the villagers and sometimes had difficulties in satisfying their demands for information.

The experience provided valuable lessons about technical 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 the optimal local solutions - without sacrificing technical feasibility and quality. For Nam Saat personnel it was a major role-change to learn and apply.

Apart from such specific learnings, the community dialogue experience identified examples of structural procedures and norms needing to change, the degree of decentralization of decisions needed, the extent of strengthening of field level technical capacities and kinds of guidance materials needed for field level decision-making.

Lessons Learned And Reflected In Project Design

Nature of Current Demand for Water Supply and Sanitation

Oudomxai and Phongsali provinces currently have water supply service coverage rates of 24 and 11 per cent, Latrine coverage rates are 5 and 3 per cent respectively. Discussion were held with community groups in villages in Zones 0, 1, 2 and 3, using visual communication aids depicting a range of feasible options and costs for Water Supply and Sanitation. In 80 per cent of the villages where community dialogues were held, communities evinced a high level of demand for water supply services, with readiness to contribute labor, sand, stone, gravel as well as cash. Cash contributions offered for constructions

of water supply facilities in different villages amounted to 20 - 70 per cent of the total cash required. There is also a high level of readiness to form Community Management Committees, establish monthly water fees and meet 100 per cent of the Operation & Maintenance costs, all of which were discussed as a part of the dialogue. The most preferred Water Supply option is Gravity Feed Schemes with 3-8 communal tap stands, in different villages. Women feel that the flowing (river/spring) water is of a better quality than water in ponds, boreholes with pumps and wells (which do not flow). The most preferred source is a flow from a high point, i.e. mountain springs, and therefore the preference for GFS systems. Men too are partial to GFS systems as they are considered "more modern". In several villages women discussed ideas for raising cash to pay for construction of facilities by selling vegetables, small animals and cloth woven by them.

Demand for latrines was highest in villages near urban and semi-urban areas (Zone 0), with gradual decline through villages in Zones 1, 2 and falling to almost zero in villages of Zone 3. Those interested usually prefer pour-flush latrines because it is seen as a high quality option. A smaller proportion asked for the lid-latrine. Those interested are ready to pay 100 per cent of the estimated cost, which included labor, sand, stone + Kip 10,000 for cement, latrine pan and transportation costs. (one US \$ = Kip 1620 at the time of dialogue) No gender differences were seen in demand, within households. Some Zone 0 villages (near urban areas) also asked for waste water management and low-cost water treatment facilities along with water supply, offering to pay the extra cost. (See summary of preferred options in one district in Annexure C)

In reflection of the above, the project design incorporates the following elements.

Range of Options to be Offered and Costs

Historically in Lao PDR external support has subsidized about 40 - 60 per cent of hardware and installation costs and application of subsidies has tended to be on an ad-hoc basis. In view of the above findings and the principles espoused by the new Sector Strategy, HASWAS will pilot several approaches for reducing and eliminating subsidies for externally supplied hardware for water supply and latrine systems.

These approaches will be based on:

- a. Technologically feasible options and
- b. Equity criteria related to remoteness of communities, their Quality of Life Index and size.

Some examples are:

- Subsidies to henceforth be applied only for the poorest, remote, difficult-to-access, upland, largely

ethnic minority areas. Lowland, better-off areas where people can afford to pay will no longer receive subsidized hardware.

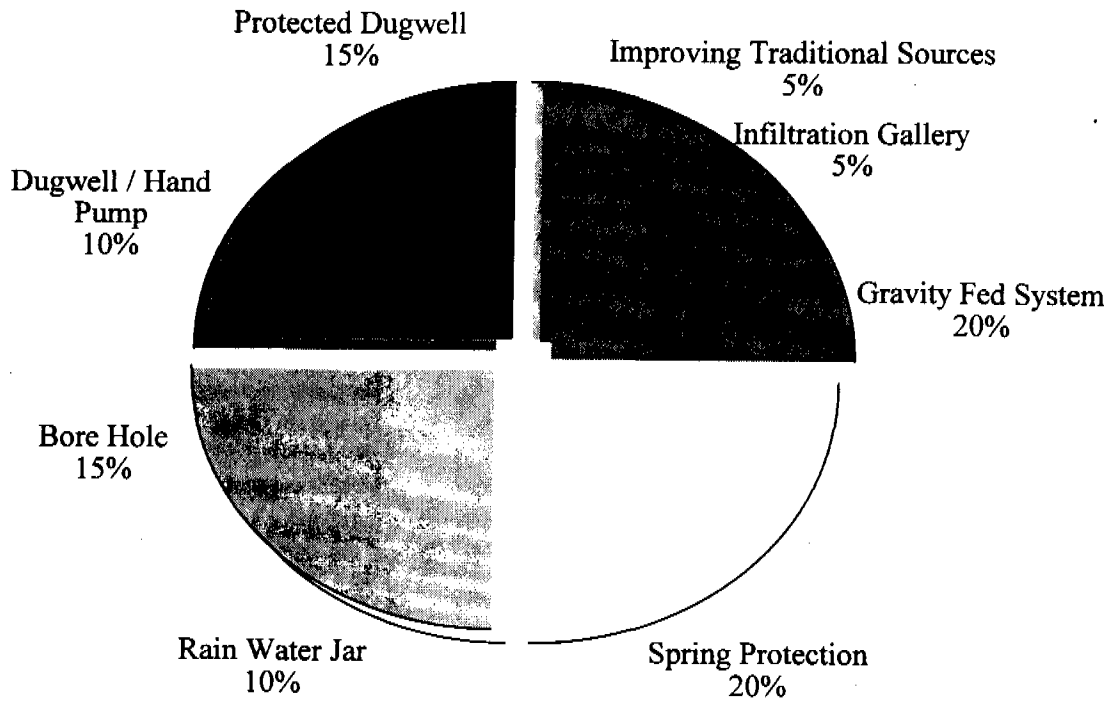
- Overall subsidy towards hardware costs limited to 35 per cent for water supply, 25 per cent for sanitation , 30 per cent for school water supply and sanitation.
- Subsidy only for the **minimum technologically feasible** option, with the community paying full additional cost of a preferred higher level option.
- Graduated subsidies , whereby depending on poverty and remoteness criteria, subsidies could rise from \$2.50 to a maximum of \$10 per person served.
- No subsidies under any circumstances for recurrent costs of operation and maintenance, rehabilitation , repair and upgrading.

Based on existing water supply services, community preferences for spring/GFS systems where feasible, and other minimum feasible technologies where GFS is not feasible, the HASWAS project has come up with the following mix of Water Supply options to be offered to communities.

DRAFT

Remote / Hard to Access Areas

**Assumed Mix of Minimum Feasible
Technology Illustrated by % of People Served**



Based on NWSEHP field experience: Above figures relate to communities choosing a technology with minimal level of cost and with minimal level of service.

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 raised 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 such a permanent long-term option.

Implementation Process Beginning with Hygiene Awareness

The community dialogues led the preparation team to conclude that it is necessary to "preface water supply and latrine construction with promotion of hygiene awareness and facilitation of positive behavioral change", for lasting use, impact and Sustainability of interventions. Therefore, in HASWAS, hygiene promotion starts the entire process instead of being scheduled for the construction phase, as has been conventional practice in water supply and sanitation projects to date. HASWAS is founded on the conviction that uncovering and establishing demand with participatory hygiene assessments is the entry point to water supply and sanitation interventions in a community, and that hygiene-related interventions have to be woven into the process in such a way that they are integral to the creation of services.

The following proposed process for planning with communities in HASWAS illustrates this belief.

1. Focusing on Demand

Establish Demand:

Identify problems with the community, *develop hygiene-related dialogue to assess current situation and make links with problems identified*, share information on possible solutions (technical and behavioral), build confidence in self-help.

Re-Assess Demand:

Assess developing demand (due to *raised awareness of problem* and desire to do something about them, willingness and ability to contribute resources for solution)

2. Ensuring Choice

Cataloguing Options:

Develop feasible options through technical surveys, identify alternatives for types and levels of services and *behavioral changes required for maximizing benefits* of each option. Develop summary profiles of each option.

Facilitating Informed Choice:

Explore options with communities; work out community-specific estimates of costs, benefits, risks, potential for long term Sustainability and impact; discuss and agree roles and responsibilities for preferred options and *community behavioral changes to be effected*.

Detailed Design:

Expand selected option into actual plans for resources mobilization and implementation schedule for mutually agreed responsibilities; agree *monitoring indicators* for checking progress of plans for construction of facilities / capacity building / *behavioral change* promotion. Preparation of final village proposal incorporating all plans, responsibilities and schedules.

Implementation Phases and Rate

The community dialogues revealed unmistakable indications of fairly high economic demand for water supply services. Demand for sanitation (mainly latrine) facilities was far lower, along with markedly low level of hygiene and health awareness - which can be called the precursor of the demand for sanitation. HASWAS implementation phases and schedule reflect strategic responses to the situation as follows.

- a) Before any full-scale hardware-focused activities, HASWAS provides a preparatory phase (Phase 1) at least 12 months long, which is designed to build guarantees that Phase 2 investments in water & sanitation will be appropriate, community-based, demand-driven, locally sustainable and will lead to positive impact on the quality of community life. Phase 1 will consist of capacity building at all levels, building hygiene awareness and readiness for behavior change by working with communities, setting up institutional learning mechanisms, establishing and communicating project criteria and rules in target communities, facilitating community organization, resources mobilization / detailed action plans and agreeing commitments for long term management of facilities. Phase 2 follows for the next 36 - 42 months, when actual Water & Sanitation investments are made, constructions carried out, behavior changes monitored, learnings disseminated.
- b) During Phase 1, small scale pilot and demonstration facilities are to be constructed to keep up community interest and involvement in the process. These could be school or other institutional systems.

- c) Detailed implementation plans will be drawn up annually, depending on progress in Nam Saat's capacity development, degree of informed choice available to communities, degree of hygiene awareness and demand developed in communities. In Phase II, improvements are to be initiated in about 165 villages, averaging a rate of 7-8 villages served in each district, each year.
 - d) Wherever possible, every village proposal for a water-related intervention will be accompanied by a community agreement on parallel sanitation and behavior related change.
- Priority for the poorest, remote and largely ethnic minority villages
 - Ideally, communities that have not previously received external assistance for water and sanitation and a match between political/development priorities of districts and provincial administrations
 - The 32 communities covered during preparatory dialogues will be prioritized for project implementation, on the basis of the above filters. These are to serve as pilot learning sites for HASWAS.

Eligibility and Exit Criteria

HASWAS proposes a strategy to combine the principles of Equity and Demand responsiveness. The sub-project will use a set of filters to allow it to capture a variety of learning experiences for delivery of water and sanitation services, while focusing on increasing the access of the most disadvantaged communities.

Long lists will be drawn up based on first level filters such as:

- Small, remote, ethnic minority communities (Zones 2-3) accessible only by boat or walking, comprising largely rice-deficient, upland farmers.
- Villages where road and/or irrigation components of the Rural Infrastructure Project will be implemented, providing learning opportunities for integrated rural development and environmental resources sharing.
- Small district centers which do not yet qualify for urban Water Supply schemes and villages peripheral to district towns, which are not served by public works schemes.

Short lists will be developed from the above using the following main filters:

- Demand, based on willingness to pay the required portion of costs, assuming fully informed choice and awareness of responsibilities. Any village failing to meet this primary criteria will be replaced by another from the list.
- Degree to which communities respond to health awareness building interventions, as demonstrated by monitorable behavioral change.
- Need, based on assessment of Quality of Life indicators, remoteness, health conditions and development potential.
- Extent to which communities demonstrated willingness to participate in planning dialogues, to organize themselves and to undertake initial training activities.

Reaching the Hard to Reach

In a departure from past sector approaches focusing on increasing coverage alone, HASWAS aims to explore the most effective and efficient ways of reaching remote, underserved areas and disadvantaged communities. The multi-ethnic preparation team for the sub-project has brought the following lessons for the project design, from the community dialogues:

- District officials have no information of hygiene related knowledge, attitude, practices of many ethnic groups. They can plan and implement effective hygiene awareness raising interventions only when such information is available to them. Understanding and interpreting hygiene perceptions correctly will require minority language speakers and cultural familiarity with the ethnic groups. This capacity has to be built in district outreach teams.
- Development exposure being extremely low in these communities, even visual communication aids can be misinterpreted unless visual aids represent specific details which are characteristic to each community. Outreach teams will have to learn to adjust visual tools accordingly.
- Hygiene Promotion Teams (HPT) and Technical Teams (TT) planned in the HASWAS project will require small transportation, special equipment, medical kits and incentives to work in these difficult areas for long periods of time.
- If women's active participation in field teams is to be fostered, child care compensation should be provided in addition to per diem. Concerns and needs of women should be considered in deciding support needs of teams, e.g. *small motorbikes rather than heavy mountain bikes, . For reaching remote villages remote travel gear such as good walking shoes, rain gear, life jackets and boats are more critical than bikes.*

- Members of both HPTs and TTs need to be equipped to be able to facilitate community discussions on technology choices and costing.

Human Resource Development Needs

The community - consultation - based preparation process brought into stark focus the human resources related constraints of , and challenges facing Nam Saat, the nodal agency responsible for rural water supply and environmental health services.

The Sector agency presently has medical skills and technical skills in water and sanitation but no community development related knowledge or skills. Also, it is overwhelmingly male at all levels. Although 40 per cent of the field teams were women - they all came from the Lao Women's Unions (LWU). Dialogues with communities and all ethnic groups would have been almost impossible in the absence of the LWU team members, who not only have well developed group facilitation skills but also include ethnic minorities and appropriate language skills for interacting with diverse ethnic language groups.

Plans for extensive improvements in Nam Saat's staff compositions and skills mix will be developed during the first year of the project, through a widely consultative process of analysis. However, it is recognized that institutional capacity building will not only come from structural and staffing improvements, but increasingly evolve out of collaborative hands-on work in intersectoral teams involving resources organizations such as Lao Women's Union, Lao Youth Union, Rural Development Committees and Lao National Front for Reconstruction (NLSS) , Departments of Health, Education, Nam Papa Lao , national and international NGOs. The organizational structure of HASWAS reflects this reality (*Annexure D*).

Team Modes of Functioning - Development of teamwork and mutual respect among partners will have to be given special attention, as was learned from the field work experience. Several LWU staff voiced concerns about being used as the toiling volunteer force by every development project, without ever being included in decision making and control of funds. They said : "We women do all the community development work. Then the male technicians come in and overrule us. We have had enough !" HASWAS recognizes the need to share authority and responsibility more equitably than in the past - through the use of team-modes of decision making at every level. It is recognized, however, that teamwork-

based approaches and horizontal coordination among sectors are both new and unfamiliar to all partners . There is much that will have to be learned all round, in terms of horizontal , non-hierarchical work procedures and wider sharing of information-responsibility-authority .

Decentralization of Decisions - District Intersectoral Coordination Committees will be the decision-making bodies for annual plans, budgets and work schedules. Provincial Intersectoral Committees will provide technical support as needed. Intersectoral teams of technicians and social motivators are to work in parallel for community level planning , implementation and monitoring.

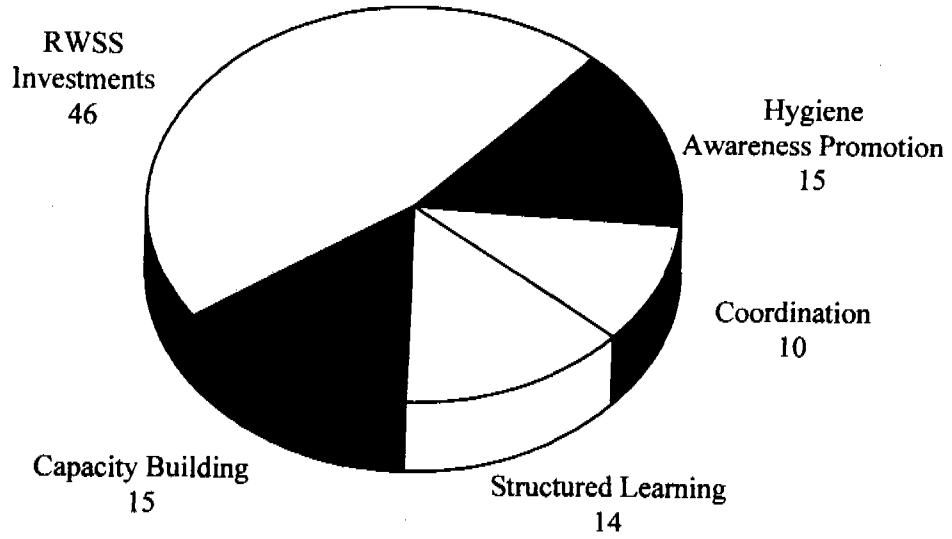
Capacity building interventions have been locally identified in the HASWAS proposal for communities, school teachers and students, Nam Saat personnel at various levels and their partners (*Annexure E*). These include formal training, information sharing, advocacy, social mobilization, structural improvements, equipment, and mechanisms for monitoring capacity development.

Fund Allocations to Match Project Emphases

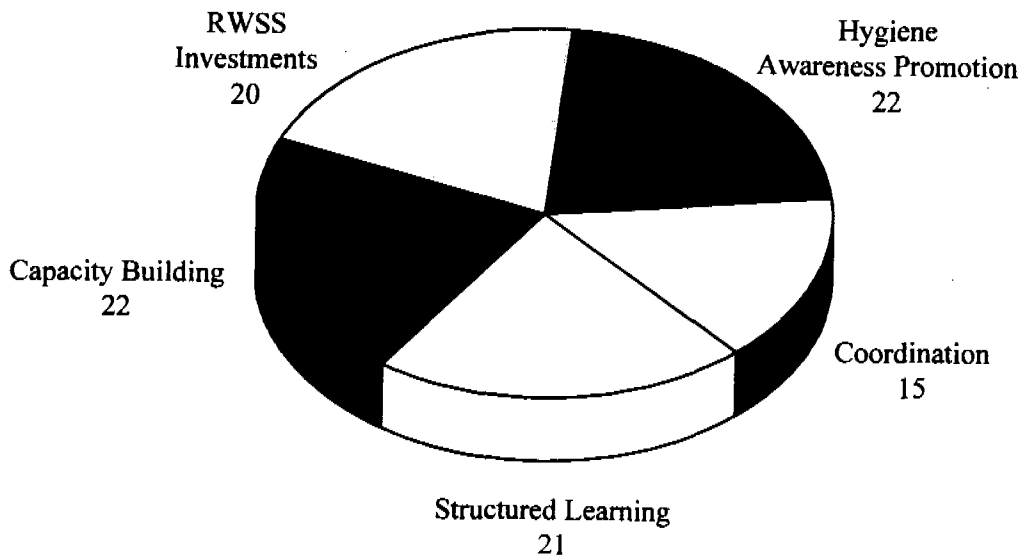
At this point of time only preliminary budget allocations have been made which are to be detailed and developed further. Nevertheless, Nam Saat's commitment to the directions for change stated in the Sector Strategy are clearly demonstrated in the proportional allocations shown in the following table and pi-diagrams. Major trends visible are:

- Construction of facilities (*RWSS investments*) are allocated less than half of the total sub project budget , and only 20 percent of the loan funds. 68 percent of *RWSS Investments* are expected to come from the communities.
- *Hygiene Awareness Promotion* is allocated a higher proportion of loan funds than *RWSS investments* .
- *Capacity Building, Structured Learning* and *Hygiene Awareness Promotion* together are accorded more than three times the loan funds allocated for *RWSS Investments*. The first three areas are accorded equal importance overall.

Overall Percentage of Total Investments HASWAS sub-Project



Distribution (%) of Loan Component HASWAS sub-Project



Looking Ahead With Hope And Realism

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. It presents the exciting potential of being the vehicle to operationalize the Sector Strategy and begin transforming the Sector in Lao PDR. At the same time, all involved realize that it is a long journey just begun.. Nam Saat and its partners are fully aware that they are still far from being fully capable of implementing the approached embodied in HASWAS. Much learning is still to come. Success will hinge heavily on establishing and making learning/feedback mechanisms work well at all levels,

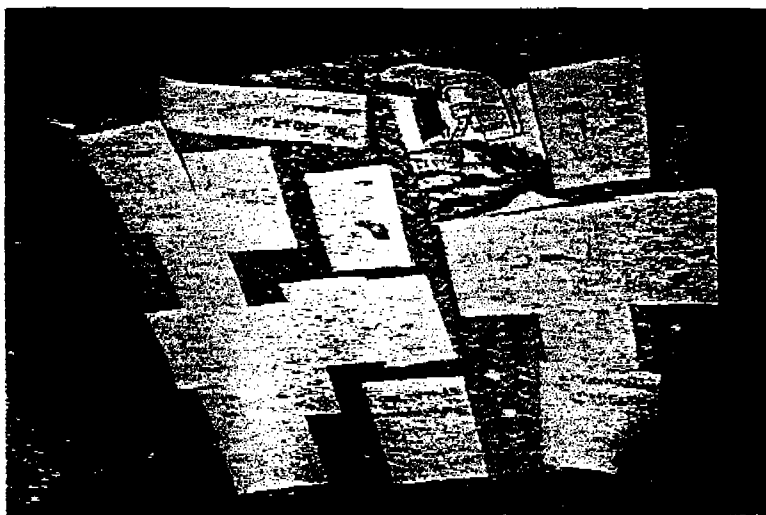
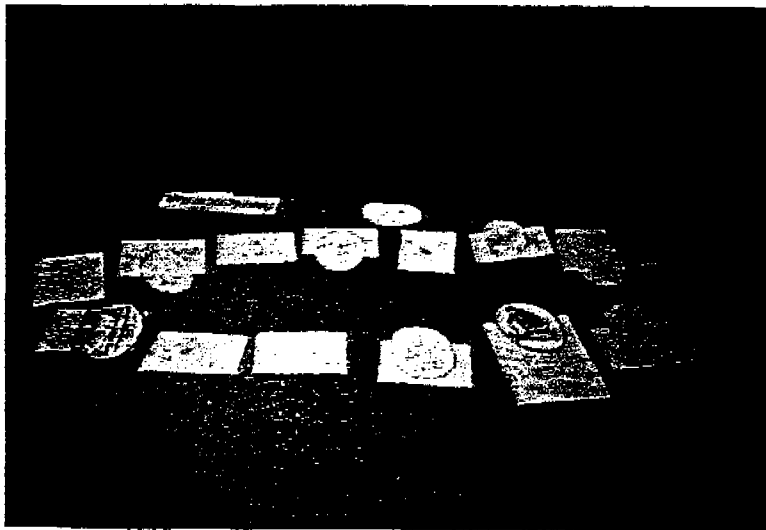
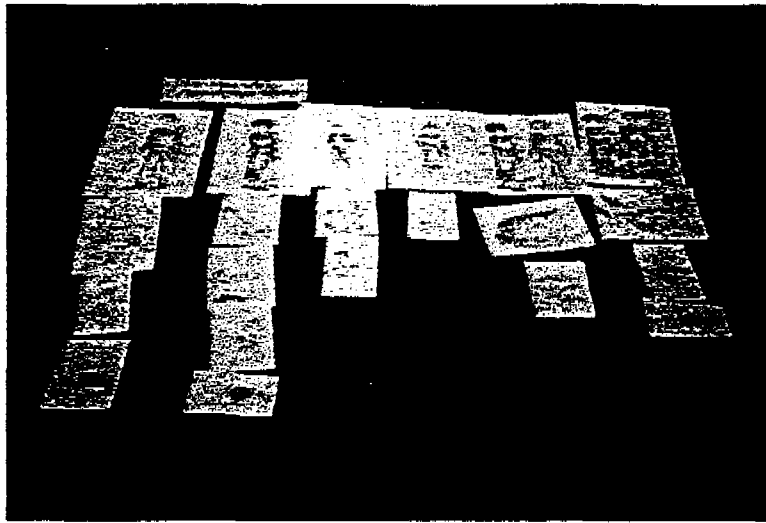
coupled with continued, intensive support and guidance, capacity, confidence and ownership building. At the closing of the Lao-led Preparation Team Workshop, Vice-Minister Bounkhouang Phichid's words reiterated this shared vision ,

".....You have been a 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"

Working References

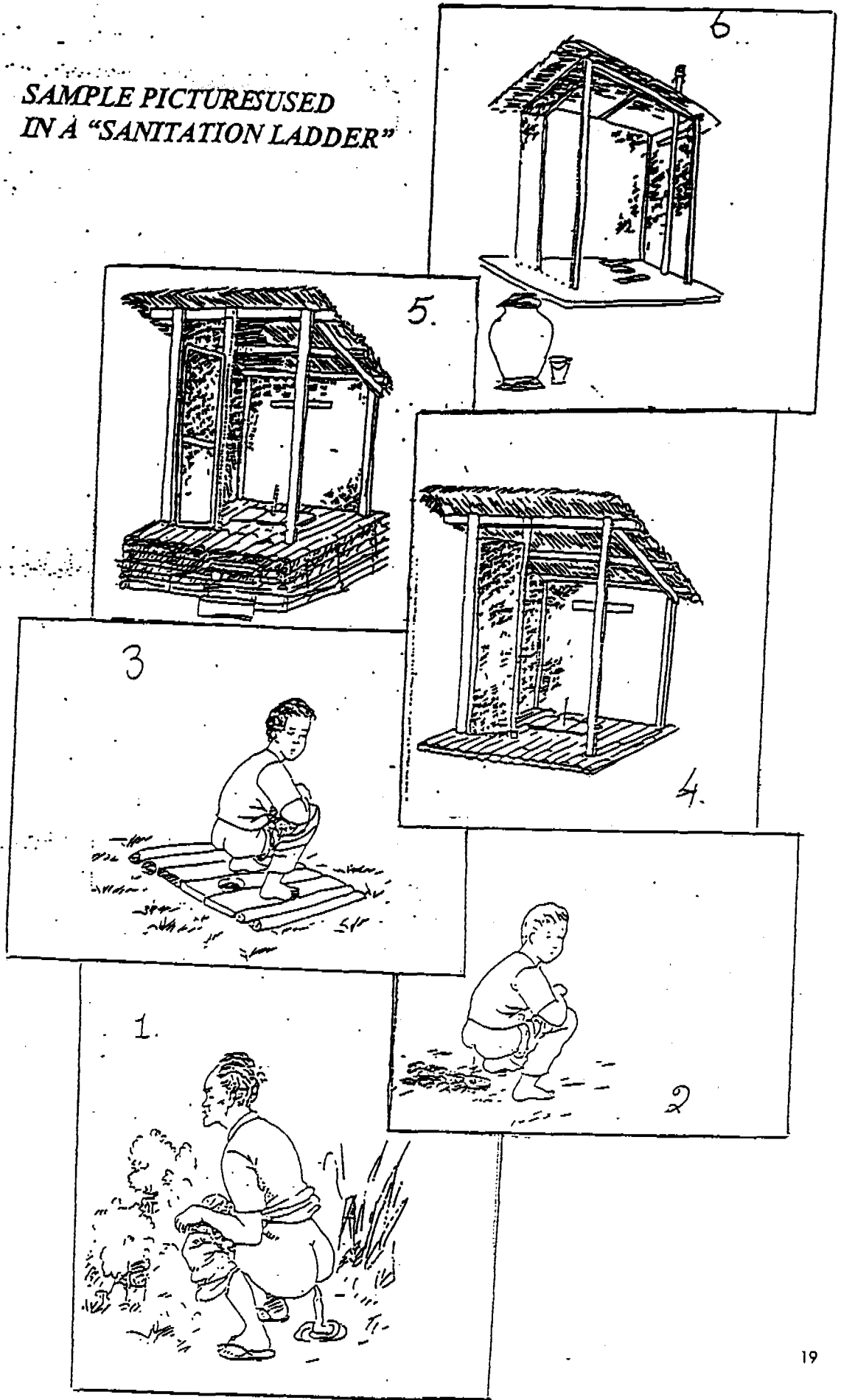
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ANNEX A

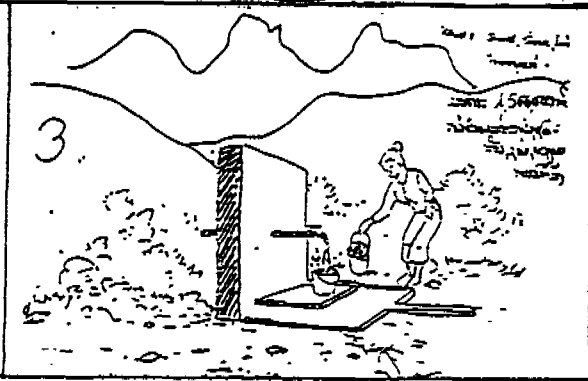
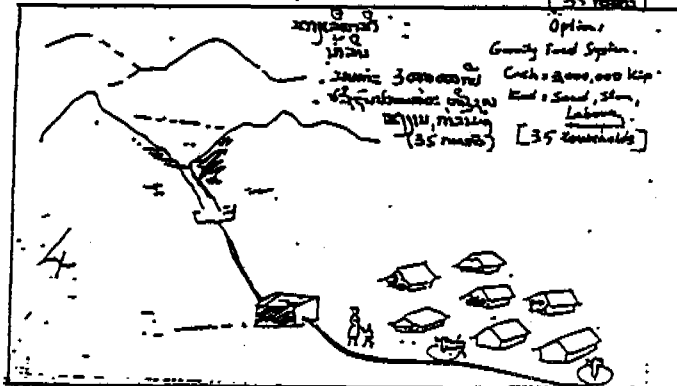
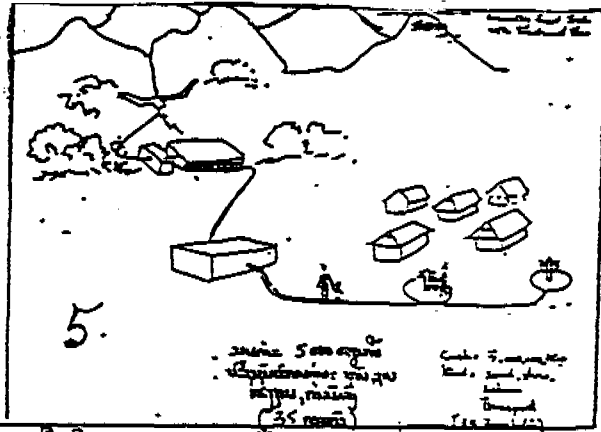


ANNEX B

SAMPLE PICTURES USED
IN A "SANITATION LADDER"



SAMPLE PICTURES USED IN A "WATER SUPPLY LADDER"



ANNEX C

**TECHNOLOGY INTERVENTION AND COSTS IDENTIFIED
FROM COMMUNITY DIALOGUES
IN MUANG KHOA DISTRICT**

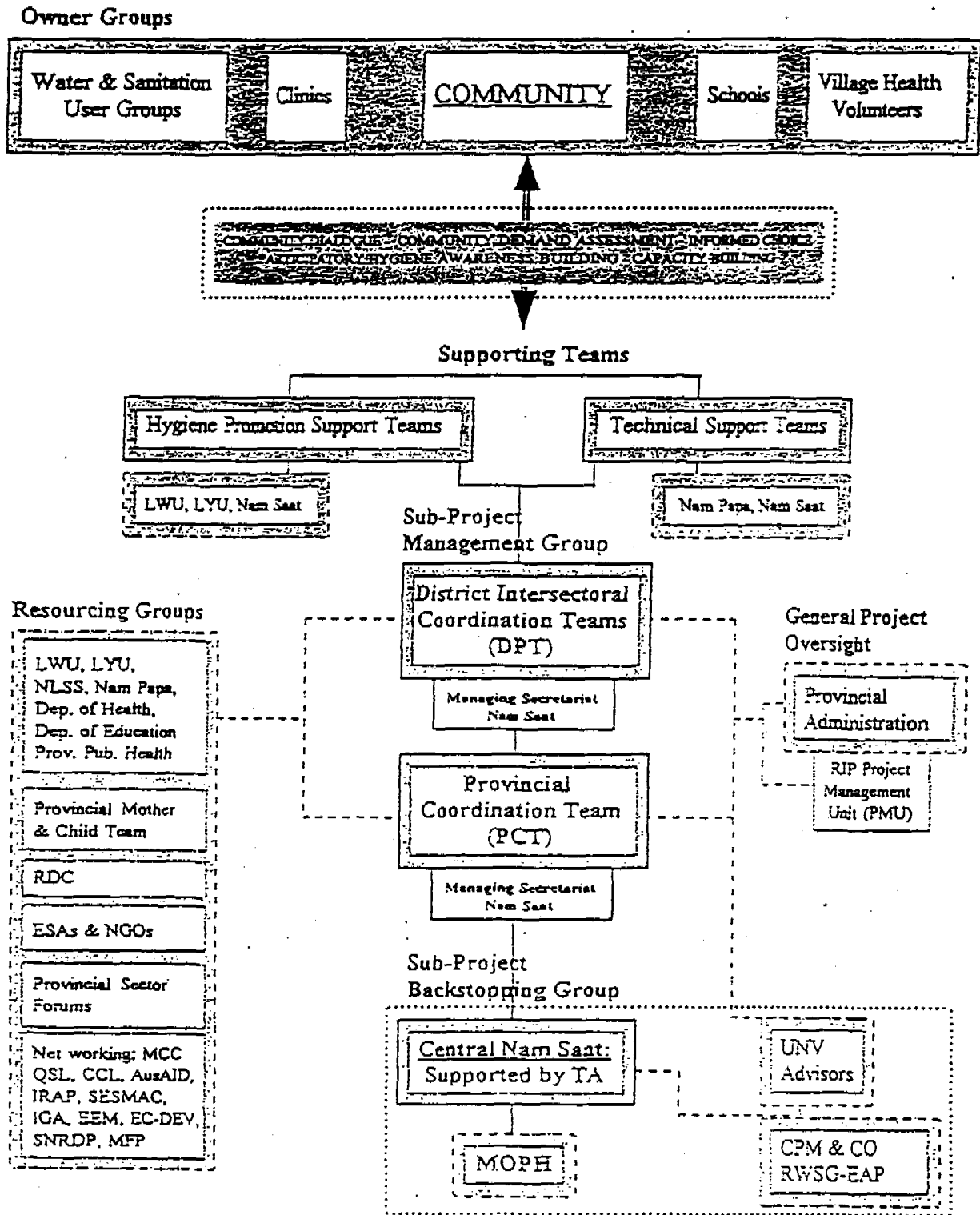
| Village Type | Priority for Water Supply Intervention | Costs and Management |
|-----------------------|---|--|
| Zone 0 & 1A | GFS with water treatment. Level of service through communal tap stand. | Costs: 6 million kip (mainly for pipe, cement, reinforcement, fittings) + labor + sand + stone + filter material + transport. Community ready to contribute: All kinds + (30% to 60%) cash of total cash required. |
| Others: Zone 1, 2 & 3 | GFS with communal tap stand (Source: river / spring) | Costs: 3 million kip (mainly for pipe, cement, reinforcement, fittings) + labor + sand + stone + filter material + transport Community ready to contribute: All kinds + (20% to 70%) cash of total cash required. Management: by organized committee O&M: 100% by community |
| | Protected Spring | Costs: 2 million kip (mainly for pipe, cement, reinforcement, fittings) + labor + sand + stone + filter material + transport Community ready to contribute: All kinds + (40% to 60%) cash of total cash required. Management: assigned person/s O&M: 100% by community |

| Village Type | Priority for Water Supply Intervention | Costs and Management |
|-----------------------|---|--|
| Zone 0 & 1A | Pour flush latrine 90% Lid latrine 10% | Costs: Pour flush latrine: Cash = Kip 10,000 (for cement, bowl and transport) + labor + sand + stone. Community ready to contribute: 100% Lid Latrine: Cash = Nil + labor + sand + stone Community ready to contribute: 100% Managed and O&M by individual households |
| Others: Zone 1, 2 & 3 | Pour flush latrine 60% Lid latrine 10% No intervention improvement = remaining | Costs: Pour flush latrine: Cash = Kip 10,000 (for cement, bowl and transport) + labor + sand + stone. Community ready to contribute: 100% Lid Latrine: Cash = Nil + labor + sand + stone Community ready to contribute: 100% Managed and O&M by individual households |

Annex D

HASWAS sub-Project in six Districts of Oudomxai and Phongsali

Proposed Organizational Structure



==== Main two way HASWAS Project Management
Feedback / Learning links

22

----- Two way Resourcing / Backstopping /
and Oversight links for HASWAS

ANNEX E

Proposed Specific Capacity Building Initiatives

Keeping in mind what has been said above about process and needs assessment, the HASWAS project will, amongst others, investigate the following interventions:

For Communities:

- Provision of information on technological choices, responsibilities and rights, together with promotion of community based planning and community demand-led process
- Training and support for the creation and operation of water and sanitation committees
- Training on operation and management of water and sanitation facilities
- Training on community self-financing and self-help process
- Training on community hygiene and behavioral change
- Advocacy for women and minority involvement at all levels of activities
- Studies and surveys of hygiene practices in culturally diversified communities
- Training of community hygiene promoters
- Publication of appropriate hygiene promotion materials

For School Teachers and Students:

- School hygiene assessments, surveys and pilot studies
- Hygiene curriculum development and integration
- Training in hygiene education for primary school teachers
- Equipment for hygiene education
- Monitoring and evaluation of hygiene education effort

For Nam Saat Province and District Officer, for Nam Saat Central, and within Collaborating Partner Agencies:

- Human resources and institutional needs assessment and plan of action
- Training and planning and management
- Training in monitoring and evaluation
- Training in community based dialogue, listening and demand-led response
- Training in health and hygiene awareness building based on dialogue
- Training in water supply techniques
- Training in sanitation techniques
- Training in promotion and social mobilization
- Training in gender awareness and ethnic cultural awareness
- Training on remote area work
- Development and training of Remote Area Unit and Local Mobile Teams
- Development of an affirmative action program for increasing the numbers of women and minorities on the Nam Saat staff
- Development of data collection and analysis units
- Development of hygiene education units in the Provinces
- Equipping Nam Saat District offices
- Development and training on the enforcement of standards, norms, regulations