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**Scaling up rural sanitation in Vietnam:
a collective analysis and recommended actions**

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During last two decades, Vietnam has made tremendous progress in increasing access to improved sanitation in rural areas. The remaining rural sanitation coverage poses challenge to outreach inaccessible and poorest communities with limited resource. Deployment of community mobilization approaches by the provincial line departments has raised hope to scale up sanitation. This demands a series of policy, planning, financial and capacity development measures as identified by relevant ministries and provincial line departments, through a collective analysis of the subsector using a bottleneck analysis tool specifically developed for water, sanitation and hygiene. The participatory process facilitated a collective learning and helped defining a course of actions to eliminate identified bottlenecks. These activities are now being internalised by the line ministry in the national action plan.

Sanitation sub-sector overview

Participatory situation analysis is becoming popular as it helps stock-taking and planning interventions for development programme collectively. The water, sanitation and hygiene (WASH) bottleneck analysis tool (BAT), recently developed by UNICEF, is used across various developing and middle-income countries for collective sector analysis to define interventions for the elimination of bottlenecks hindering the development. Vietnam is the first country in East Asia and Pacific region to use this tool for the sanitation subsector investment planning. The analysis commenced with the sanitation subsector situation analysis.

Coverage trends

Viet Nam has made an overall good progress in increasing access to improved sanitation. The access to improved toilets in rural areas rose from 30 per cent in 1990 to reach 67 per cent in 2011. While WHO-UNICEF joint monitoring programme (JMP) suggest that Vietnam has already surpassed the rural sanitation MDG target of 65 per cent, the government's national target programme (NTP) monitoring data indicates significantly lower coverage (58 per cent) with stringent criteria of hygienic latrines (NTP, 2013)ⁱ. With the Government of Vietnam (GOV) target to raise the use of hygienic latrines to 85 per cent by 2020, it is necessary to outreach to the poorest quintile of communities. Multi Indicator Cluster Survey (MICS) data supports this argument, as 100 per cent of the richest quintile have access to improved toilets, whereas for the poorest quintile the coverage is only 42 per cent. Further analysis explains 52 per cent ethnic minorities are either using unimproved toilets or practicing open defecation as against 18 per cent amongst Kinh/Hoa groups (MICS, 2011)ⁱⁱ.

Programming approach

Rural sanitation promotion was marginalised under the first and second phases of NTP during 1998 to 2011. The programme was largely driven by subsidy with the hypothesis that coverage can be increased as long as households are financially supported. In the meanwhile, the success of community mobilization approaches by selected provincial centre for preventive medicines (pCPMs), with technical assistance from UNICEF, and INGOs, convinced the national government to bring in policy and programming shift. The ongoing third phase of NTP largely encourages investment from households; with subsidies provided to economically

weaker sections. This phase recognised community mobilisation as a way forward to promote sanitation at scale (WB, 2013)ⁱⁱⁱ.

Institutional overview

Unlike first and second phases, the third phase of NTP during 2012-15 has assigned the lead responsibility for rural sanitation to the Vietnam Health and Environment Management Agency (VIHEMA) under the Ministry of Health (MOH), while Ministry of Agriculture and Rural Development (MARD) retains overall responsibility for the delivery of the programme (WB, 2013). At province level, NTP activities are overseen by provincial Centre for Rural Water Supply and Environmental Sanitation (pCERWASS), with the Health Department managing sanitation through their Provincial Centre for Preventive Medicines (pCPMs). Mass organizations such as the Vietnam Women's Union coordinate community involvement in financing, construction and management of facilities. Vietnam Bank of Social Policy (VBSP) provides soft loans to economically weaker sections (NTP, 2012).

Programming capacity

Despite the recognition to the success of community mobilisation approaches, availability of subsidy and loans for the weaker sections, and modified institutional arrangements, much of the progress is dependent on the ability of the provincial line departments to make use of tools and techniques used for community mobilization and to develop sanitation market with low-cost options. There are concerns over number of staff and their capacity in pCPMs to manage programme with the changing approach. In the year 2013, VIHEMA initiated orientation and training for the managers in selected 30 provinces that resulted in the initiation of community mobilization approaches to sanitation. Much more support is needed to equip management staff in the pCPMs to internalise promotional approaches to sanitation. There are concern over the capacities of the mass organizations to support the process of community mobilization and other coordination efforts. The outreach and financial capacity of VBSP to support economically weaker sections also remains questionable.

Financing sanitation

With the present target of government to achieve 85 per cent hygienic latrines by the year 2020, the World Bank estimates an annual investment need of US\$372 million that includes annual US\$221 million for the replacement of facilities. However only an annual investment of US\$ 15 million is made on rural sanitation, combined from domestic and external sources excluding from households, during the years 2009 to 2011 (WB, 2013). Thus mobilising household investment to rural sanitation is the only possibility to get closer to the set target. Currently available soft loan is high at US\$300 per household to build hygienic latrine. On the other hand limited fund available as loan will restrict VBSP to outreach numbers of aspiring poor households.

Historically the investment on rural sanitation was marginalised as compared to rural water supply. The majority of resource is spent on water supply because of: obvious demand for water, greater visibility for water infrastructure, and ability of water infrastructure to generate revenue to support maintenance. Moreover the provincial people's committee (PPC) and pCERWASS, who have control over allocating resource, prefer to invest in water subsector (ODI, 2011). With MOH now taking the lead responsibility for sanitation, it is likely that the funding for sanitation will increase in the third phase, though no such shift has happened in the first year of third phase of NTP (AusAID, 2012). Other continuing challenge in financing of rural sanitation include low emphasis on 'soft' activities such as on capacity building, community mobilization and business development. Ministry of planning and investment (MPI) traditionally prefer funding infrastructure development. Untimely release of fund for programming also hinders sanitation programming; there are delays in releasing fund that leads to spending resource in a limited number of months per year, leaving little room for the processes required for community mobilization and market development.

Market overview

Equity analysis from MICS explains further increase in sanitation coverage, much dependent on poorest quintile population. Thus there is a clear need for pCPMs to target poor communities, including ethnic minorities, mostly residing in hard-to-reach northern and central mountainous regions and in the Mekong Delta. However, with existing stringent technical standards for latrines, the cost of hygienic latrine that starts from US\$200 remains unaffordable for target population. There is a need for VIHEMA to review options

for hygienic latrines, irrespective of the construction materials used, with the prospective that a hygienic latrine helps: isolate excreta from human environment; impede groundwater contamination; block exposure of faecal matters to flies and other vectors; support 'easy to clean' and prevent smell within and outside the premise. With the technical assistance from UNICEF, VIHEMA has recently taken up the task to develop a range of cost-effective technology options that is going to support pCEMs to promote sanitation at scale. However the task of business development with low-cost sanitation options will continue to remain a challenge.

Political support

Prime Minister's resolution on health MDG in January 2014 is an encouraging step for the government to invest in sanitation, as open defecation free (ODF) communities are recognised as a step to secure improved health. Prior to this, President has promoted hygienic sanitation through patriotic sanitation campaign. Recently with the technical assistance from UNICEF, MOH-VIHEMA has introduced an ODF verification guidelines across seven provinces to assess and declare sanitised villages and recognise the leaders of the communities for their effort in promoting sanitation. This is expected to boost sanitation promotion across Vietnam as the leaders in communes are recognised.

Monitoring

During the last few years GOV has taken steps to improve the relevance, reliability and regularity of water and sanitation sector monitoring. During the third phase of NTP, the number of indicators for monitoring were streamlined and a monitoring and evaluation framework and system were launched in 2012, despite its differing definitions with JMP. This NTP monitoring system is now rolled out in selected provinces by pCERWASS. However apart from this monitoring system, Ministry of Health (MOH), Ministry of Education and Training (MOET) and General Statistics Office (GSO) continue to engage in monitoring sanitation coverage in communities and schools. As a result a widely different official figures are quoted in a range of government documents (WB, 2013). A recent UNICEF supported inter-departmental review suggest to streamline existing monitoring systems not only to improve the accuracy in reporting, but also to help line departments to institutionalise concurrent monitoring to assess sector performance in terms of: effectiveness of programming, functionality and sustainability of services, and expenditures across subsectors.

Collective analysis on rural sanitation

Purpose and process

A collective analysis was planned to develop common understanding among national and provincial government partners and to come up with suggestive priority measures to help accelerated progress in the sanitation subsector.

The bottleneck analysis tool (BAT) was used by VIHEMA ensuring participation of Ministry of Planning and Investment (MPI), Ministry of Finance (MOF), Ministry of Education and Training (MOET), Ministry of Agriculture and Rural Development (MARD) and eight provincial health department pCPMs.

The coverage levels on water and sanitation were input to the tool from the latest data from NTP monitoring system. The users were invited to move beyond technology classifications and describe current and desired service levels. The tool uses an exhaustive list of 18 enabling factors including: legal and policy environment, institutional leadership, programming and financing, social norms, equity, supply chain and services, and decentralisation. Each of the enabling factor is subjected to evidence based analysis through 6 criteria to understand what undermines the progress in the subsector. The process also used the result of the service delivery assessment carried out by WSP/WB as a background information.

The collective analysis categorised 54 as low performing criteria of the total 108 criteria; and then developed suggestive priority measures to remove the bottlenecks. The cost of proposed interventions is estimated and timeline for action is defined in consultation with all stakeholders, although this paper covers only identification of key bottlenecks and proposed action.

Bottleneck and removal actions

The first column in the table below provides a priority list of enabling factors and bottlenecks against selected criteria. Participants have analysed these bottlenecks to understand their root causes and proposed a

set of activities to remove them. The result of the process has been significant in influencing GOV in general and MOH-VIHEMA in particular; as VIHEMA has decided to take up a major set of activities in to their multi-year action plan 2014-15. GOV further committed to take up several more interventions through the statement of commitment for sanitation and water for all (SWA) partnership. The list also serves as a planning input to external support agencies like UNICEF and WSP-WB.

Table 1. Identification of bottleneck and proposed action for removal		
Enabling factors and bottlenecks	Root causes of the bottlenecks	Activities to remove bottlenecks
Legal framework: No firm decision to yet to organise and engage private sector in rural sanitation.	Sanitation subsector is inadequately equipped to encourage private sector participation.	Develop preferential policy directive and operational guidelines to involve private sector.
Legal framework: Environmental protection acts favour sanitation as a human right, however the enforcement process is weak.	Inadequate political priority.	Intensify advocacy for political prioritisation; and mandatory inclusion of sanitation in the public and private building codes.
Policy: Policy principles promote equity based programming. Equity analysis is undertaken in reports and joint annual reviews of NTP, but lack specific actions.	Lack of understanding over the means to achieve equitable sanitation – absence of clear guidelines and directive to translate policy principles to practices.	Develop directives/guidelines to support poor and vulnerable population. Support appropriate institutional development initiative and training for the provincial manager.
Equity analysis: Despite data per districts collected across several provinces, no specific provisions made for equity analysis in NTP., except for MICS survey providing coverage figures.	Inadequate emphasis over equity studies as its value addition to programming not perceived.	Carryout special study to understand equity issues on sanitation. Strengthen NTP monitoring system to have disaggregated analysis for the poor and ethnic minorities.
Target: Decision # 366 targets poor and vulnerable population. However there exists difficulties to operationalise the decision.	Absence of clear directive with well-defined actions to target poor and vulnerable.	Develop directives to operationalise programme with loans for poor and development of pro-poor sanitation market.
Target: Health protection strategy set universal latrine coverage, although it doesn't mention prudently over open defecation free status.	Inadequate political priority.	Issue administrative sanctions on open defecation and directive/ guidelines to monitor ODF status.
Institutional leadership: MOH-VIHEMA and provincial health department pCPMs lack capacity.	Provincial health department staff are not familiar with the community mobilization and market development approaches.	Assess provincial capacity to support sanitation promotion at scale and development of plan of actions.
Institutional leadership: MOH-VIHEMA don't have requisite control over financial resource; and don't have authority to self-prioritize to implement sanitation mandate.	Despite MOH-VIHEMA has been given more leadership role in sanitation promotion, the decision to allocate resources to sanitation lies with PPCs and pCERWASS.	Develop directive for appropriate allocation of fund to sanitation subsector to facilitate leadership role of VIHEMA at national and pCPMs in provinces.
Investment plan: VBSP have clear mandate to support poor households; but have the problem of outreaching poor. However VBSP is challenged to recover the loan.	With limited financial resource and recently increased threshold for loan on sanitation at US\$300, it is difficult to outreach all. The increased threshold is likely to affect the recovery further.	Review the contemporary loan policy of VBSP and develop directives as may be necessary.
Investment plan: Private sector investment to rural sanitation is new. MARD starting to promote PPP in RWSS – largely limited to water supply.	There has been little effort to assess and to mobilise fund from the private sector.	Develop an assessment mechanism of rural sanitation financing by private sector and develop a road map to raise private sector fund.

<p>Programming: Annual plans are based on medium term plans and also address the local needs. Plans are prepared without committed and timely budget.</p>	<p>Unrealistic programme planning without assured and timely funding from MPI and MOF that leads to cut down activities, adversely affecting the programme.</p>	<p>Develop guidelines and directives to support for planning, budgeting and monitoring with improved coordination and timely decision with MPI, MOF and MARD.</p>
<p>National budgeting and accounting structure and coverage: No specific budget line for sanitation, but allocation criteria to prioritise resource allocation for poor covered under circulars 48 & 80.</p>	<p>Lack of political commitment and inadequate monitoring of actions and fund flow to sanitation.</p>	<p>Develop directives to support specific budget for sanitation and monitoring utilisation progress.</p>
<p>Budget and expenditure adequacy: Insufficient fund-flow e.g. only 5 per cent allocation as against 30 per cent commitment to sanitation so far in the third phase of NTP.</p>	<p>MPI emphasises investment in infrastructure development and recurring investment for 'soft' interventions from MOF is limited.</p>	<p>Advocate with MPI/ MOF and develop directive for allocating budget for sanitation to support training, community mobilization, market development, and monitoring.</p>
<p>Decentralization: People's committees in the provinces decide budget allocation across sectors, but no preference for sanitation.</p>	<p>No clear directive to support sanitation promotion.</p>	<p>Develop clear directive for provinces to allocate fund for sanitation. Develop requisite agreement between Ministers and Member of PPCs. Advocate in favour of allocating committed fund for sanitation.</p>
<p>Decentralization: Inadequate skilled human resource for community mobilization, development of sanitation market and programme management in provinces.</p>	<p>Recently induced programming approaches demand trained management staff and field functionaries.</p>	<p>Support capacity assessment, develop plan of action, and engage trained personnel in the programme.</p>
<p>Supply chain and services: Availability of hardware and spare parts at affordable price is rare in mountainous regions although relatively better in Mekong region.</p>	<p>Lack of demand for sanitation and stringent definition of hygienic latrines are largely responsible poorly developed supply-chains and services.</p>	<p>Issue circular and guidelines for business development, engaging private sector, alongside demand creation for pro-poor sanitation. Exposure visit and training for national and provincial managers.</p>
<p>Promotion and scaling up services: Consumers have limited choice, as potential low-cost options are rarely available in the market.</p>	<p>Stringent technical standards prevented low-cost options to grow as a market product.</p>	<p>VIHEMA to develop low-cost sanitation options that will encourage local entrepreneurship to grow with increased choice of options.</p>
<p>Promotion and scaling up services: Inadequate attention to sustainability aspects of services and poor resource allocation.</p>	<p>Weak systems and procedures for the maintenance and repair of services and poor/ inappropriate institutional arrangements.</p>	<p>Invest in developing local management bodies and support private sector engagement with appropriate capacity development to support sustainability of sanitation services.</p>
<p>Sector service and monitoring: Regular monitoring of rural sanitation hardware coverage; that doesn't include functionality of services and programming performance.</p>	<p>Lack of understanding over the value of functionality of services and programme performance. Inadequately trained staff and poor resource allocation for monitoring.</p>	<p>Streamline monitoring system with appropriate understanding over the use of resultant information. Build technical capacity to carryout monitoring and allocate necessary resource.</p>

Conclusion

The bottleneck analysis process helped the participants to review collectively the sanitation subsector including its policy environment, institutional arrangement, market, and funding. The process of collective analysis, through 108 criteria spreading over 18 enabling factors, provided them an opportunity to develop

an in-depth understanding of the subsector and to define appropriate interventions. The ownership over the product is witnessed by the incorporation of identified activities in to the national plan of action for the upcoming years and in the statement of commitment for the global sanitation and water for all (SWA) partnership.

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Notes

ⁱ Joint Monitoring Programme (JMP) is a collaborative effort jointly instituted by WHO and UNICEF globally. National Target Programme (NTP) is a nationwide water, sanitation and hygiene programme taken up by the Government of Vietnam.

ⁱⁱ Multi Indicator Cluster Survey (MICS) is instituted by the general statistics office (GSO) in Vietnam with technical and financial assistance from UNICEF.

ⁱⁱⁱ Water Sanitation Program (WSP) of World Bank (WB) carried out a service delivery assessment that served as a reference to the UNICEF supported bottleneck analysis.