Sanitation projects in Sekong

Lessons Learned & Recommendations

(Cover – Latrine for elderly/person with disability – Mo Village, Lamam District, Sekong Province)
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1. Executive summary

In 2009-10 CARE has been carrying out WaSH activities in Sekong Province, LAO PDR. Within this there have been two approaches to latrine provision.

The first approach to latrine provision has been part of an emergency response and recovery project following the advent of Typhoon Ketsana. This worked with 16 lowland communities where hygiene promotion was used to encourage households to voluntarily participate in the sanitation activities. The six-month emergency response WaSH component project provided some materials including the pour-flush slab whilst the communities provided digging and materials for the walls and part of the roof.

The second approach followed a modified CLTS (Community-Led Total Sanitation) methodology and was targeted in three upland villages. The team applied a number of participatory approaches to instigate demand-driven latrine construction with no subsidy.

Both methodologies have their positive and negative aspects. For example, the WaSH emergency project has resulted in provision of 214 well-constructed latrines. Participatory methods in the CLTS approach were instrumental in latrine demand creation. Meanwhile, the WaSH approach has not always enabled the targeting of the most vulnerable households particularly in the early stages of emergency response, and the CLTS approach has raised a number of technical concerns. Both projects have experienced challenges with regard to UXO clearance planning, there is little evidence of children using latrines, and open-defecation free communities have not resulted.

A full-review of the two approaches has led to a number of recommendations. This includes having a single approach to latrine provision in the future which includes considerations and lessons learned regarding UXO clearance, participatory methodology and community approaches, build quality, and targeting.
2. Background

2.1 Care in Sekong

2.1.1 Sekong

The Lao PDR is ranked 122 in human development terms (2010). While poverty levels are high across the country, identification of the poorest districts is indicative of the correlation between poverty and geography (highest in upland, remote, locations) and ethnicity (ethnic groups disproportionately poor).

Sekong Province is characterized by its remoteness, poor access to villages, steeply sloping lands and high proportion of Mon-Khmer ethnic groups. According to the most recent (2005) census, thirteen ethnic groups are present, including Katu (26%), Talieang (21%), Arak (17%), ethnic Lao (<5%; not Mon-Khmer), Kriang (9%), Yae (8%), Yrou, Ta-Oy, Shuay, Oy and Lavy. Across Sekong province, the female literacy rate is only 48%, with 46% of women having never attended school. Sekong experienced heavy bombardment along the three nations trail during the Second Indochina war and remains highly contaminated by UXOs. Defoliants were also used. Population densities are amongst the lowest in the country with some 15.1 persons per km² in Lamam district. Reported levels of UXO accidents in Lamam and neighbouring Dak Cheung districts, show some 235 persons reported killed or injured from 1998 to 2007. However, given widely acknowledged under-reporting of UXO accidents nationally, and specific additional factors in Sekong (most notably poor access), these figures are likely to under-report the scale of UXO related accidents.

2.1.2 CARE projects in Sekong

Since 2007 CARE has been working in Sekong with a 5-year LANGOCA project with the aim to link UXO clearance with livelihood development in rural areas.

In September 2009 Typhoon Ketsana hit the province resulting in extensive flooding and wide spread crop damage from the wind. CARE responded with emergency programming including food distributions, NFIs, WaSH, and livelihood support.

In 2010, in addition to ongoing emergency response programming, CARE started four new projects. This included a CLTS pilot project, and WaSH recovery project (following on from the emergency WaSH

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2 Lao Australia NGO Cooperation Agreement.
activities), a DRR\textsuperscript{5} project and also a 3.7 year livelihoods project as part of the on-going development programming.

![Household latrine built as part of the emergency response activities.](image)

\textsuperscript{3} Community-Led Total Sanitation
\textsuperscript{4} Water Sanitation Hygiene
\textsuperscript{5} Disaster Risk Reduction
2.2 Care’s sanitation intervention – two pilot approaches

2.2.1 CLTS

Community Led Total Sanitation is a specific project intervention designed by Kamal Kar (a development consultant from India). It aims to achieve open-defecation-free communities by encouraging communities to design and build their own toilets without outside subsidy and using methodology which includes ‘shaming’ techniques.

In March 2010 CARE staff received training from IRC in a version of CLTS which they had adapted for the Laos context. This focused on encouraging communities to build toilets without subsidy, but with lower emphasis on the shaming techniques.

CARE then started pilot activities in three upland ethnic villages on the Lamam district - Dak Chueng district border. The steps in the approach used by CARE have included the following:

- Discussions with the villagers and village chief about the project
- Health and hygiene walk to observe any evidence of open--defecation
- Participatory community mapping of village defecation areas
- Making piles of sand to represent open-defecation to help villagers see the extent of the problem
- Encouraging villagers to make a household latrine for themselves
- When initial latrines have been built, CARE builds an example of an up-graded latrine in each village
- Villagers then copy these to up-grade (and CARE provides some materials)

Dry latrine – CLTS activity in Tangbrong, Dak Cheung.
2.2.1 WASH emergency/ recovery

In coordination with the government health department, following Ketsana, CARE WaSH emergency team provided support to 16 villages in Lamam District and 3 villages in Dak Chueng District in Sekong Province. This included the following:

- 30 Community water points (boreholes fitted with hand pumps)
- 7 community waterpoint rehabilitations
- 3 gravity-fed water systems in villages (Dak Chueng)
- 16 water committees in Lamam District. The water committees received general training in hygiene and maintenance of the pumps.
- Hygiene promotion activities targeted the general village population. (Drama, video presentation, songs, audience participation games, and specific targeting of school children at schools).
- 1,700 ceramic water filters were distributed to households and families
- 214 pour flush latrines were constructed for those who expressed interest, with in-kind support from communities for diggings, walls and roofing,
- Pilot latrines for people with disability and/or elderly
- 4 villages constructed 10 bathing rooms for women

In July 2010 the follow up 1-year WASH recovery project continued with the same methodology to provide a further support including:

- 10 waterpoints
- 200 latrines

This is to be carried out in Lamam accompanied by hygiene promotion and water committee support.
3. Progress by November 2010

3.1 CLTS (March 2010 – November 2010 (on going))

3.1.1 Target areas

Three upland ethnic villages on the Lamam district-Dak Cheung district border: Kailo; Tangbrong; Taoun.

3.1.2 Current progress

- Establishing rapport and Initial discussions with the villagers as to the purpose of the visit.
- Triggering activities:
  - Participatory analysis of defecation involved the community (including health walk)
  - Participatory mapping of village defecation
  - Calculation and projection of open-defecation (sand piling)
  - Estimated the cost of treatment of open-defecation related disease
- Villagers construct latrines
  - 37 new latrines in Kailo
  - 60 new latrines in Tangbrong
  - 30 new latrines in Taoun
- A constructor has started to build example latrines to help households to up-grade (2 examples in each village)

3.1.3 Successful aspects of the project

- 127 dry latrines have been built
- From observations, some are in use, for other it is less clear.
- Discussions show that women appreciate the latrines as difficult to go in the forest at night (fear of snakes etc.)
- Villagers demand for ceramic pour-flush pan to up-grade (demonstrating further demand for latrines)
- Concerns raised by team members regarding poor construction have not proven to be too problematic in the target areas which are forest areas and strong timber is widely available.
3.1.4 Problems and constraints

- The project is encouraging household-led demand for and construction of latrines in UXO affected areas and relies on villagers making a decision and using their own initiative to dig pits following the triggering activities. However, in higher risk areas where UXOs are prevalent, digging should be preceded by UXO detection activities. The methodology does not take this into account.
- There is question as to the degree to which the project is community driven. Village authorities also influence/tell people to act rather than the action resulting from individual personal decision making and genuine demand.
- Villages are not achieving open-defecation free status.
- It is not culturally acceptable to aggressively shame people into latrine use which is part of the CLTS methodology to ensure all households have some form of basic toilet.
- In various parts of the seasonal calendar people sleep away from their village near to the rice fields and will return to open-defecation habits—so this undermines objectives for regular latrine use.
- Children are not using the latrines—child faecal matter is still observed during monitoring visits.
- It is difficult for people to upgrade the latrines on their own. The main demand for up-grading is the provision a pour-flush ceramic pan which is expensive and not available in the villages.
- As the project has no technical input in the initial stages, people have built toilets close to water sources e.g. streams (probably to make it easier with regard to anal cleansing, cleaning and flushing) where as they need to construct pits at least 30m away to avoid contamination of the water.
- Chickens falling into the pits and are difficult to get our (loss of asset)
3.1.5 Other comments

The project seems to be building on past government initiatives to encourage communities to have latrines. For example, In Tauon people already had an unused pour-flush ceramic pan from a previous NGO project provided several years before, and so all households used those in the construction of their new latrines. It therefore should not be seen as a stand alone intervention. This can be a good thing as it fits with a wider strategy and reinforces other messages.

A latrine built in Tauon village, (CLTS) using a pour-flush pan provided by a previous initiative.

Above is an example of an ordinance found whilst digging a pit for a latrine in Tauon.
3.2 WaSH Emergency Jan- July 2010, & WaSH-Recovery: July – Nov 2010 (ongoing)

3.2.1 Target areas

Sixteen villages in Lamam District (lowland) located along the river banks affected by flooding during the Typhoon Ketsana and three villages in Dak Cheung (water supply only).

3.2.2 Current progress

WaSH Emergency:
- 214 standard pour flush latrines
- 10 Pilot latrines for elderly and people with disability (design includes a seat)

WaSH Recovery:
- Baseline survey completed
- Need assessment completed
- 103 household to build latrines identified in 7 villages
- 2 pilot latrines for people with disability planned for each village
- UXO clearance agencies approached to get quotes for clearance before digging
- Identification for remaining 93 latrine sites is on going.

3.2.3 Successful aspects WaSH emergency

- The hygiene promotion campaign was able to target those that showed interest in latrine construction.
- The project was able to build on previous hygiene promotion activities carried out by local government and other NGOs.
- Most communities understood about latrines and their use, as they have seen pour-flush latrines when visiting the town centre for trade or business. (However, generally it is only this type of latrine they were familiar with, and preferred).
- Latrines were constructed to a good standard due to proper design, availability of materials and skilled construction workers.
- The in-kind support of the households assured their ownership of the project. It also reduced the cost; thereby increasing the number of latrine constructed.
- The additional hand pumps in the project (30) complemented the construction of pour-flush latrines. (Water for hand washing, anal cleansing etc.)
• The women appreciated the latrine constructed as they provide more privacy and safety for them especially during night time.
• The project introduced latrines for disabled people with a water closet seat.
• The logistical support during the emergency was appropriate to support the activity.
• There was good support and coordination with local government counterparts especially in immediate approval of latrine design and targeting for latrine construction.
• The WaSH emergency team benefited from existing WaSH training materials (books, manuals, videos, drawings, posters, etc.) in Lao language.
• The WaSH end line survey defined the appropriate response for the recovery phase.

3.2.4 Successful aspects WaSH recovery (in addition to the above)

• The project has identified possible agencies for UXO clearance to improve the safety aspects of the implementation
• The priority for beneficiaries will focus on households with widows, single mothers, elderly and people with disability. (In-kind support such as labour and materials are also expected from them).
• In addition to the hygiene promotion, formation and strengthening of WASH Committees includes trainings of local staff and local government counterparts, and women’s WASH focus group discussions.

3.2.5 Problems and constraints – WaSH emergency

• The project was not always targeting the most vulnerable, particularly in the early stages, since the process of selecting the latrine beneficiaries was on voluntary basis. The WaSH team gave priorities to early volunteers who showed greater interest by digging holes and willingness to provide in-kind support in terms of additional labour and materials for walls and roofing (during the emergency, this fitted with the constraints of time and budget). A rapid demographic assessment would have been helpful in targeting the most vulnerable beneficiaries.
• The intervention is not targeting the whole communities in terms of making each village open-defecation-free since not all community members could attend regular hygiene activities (project time and resource constraints).
• For communities with nearby forest cover, open-defecation remains a preference. (Although during rainy days and at night time they use the latrines).
• Some households had false expectations of receiving fully constructed latrines as they were misinformed by, or did not understand information from others in the community who had attended the meetings.
• Delays occurred in completion of walls and roofing (household contribution) because of other priorities and immediate needs following Ketsana.

3.2.6 Problems and constraints – WaSH Recovery

• UXO clearance teams are less interested in latrines, especially smaller numbers in each village as the workload and team requirements are high compared to the area cleared.
• UXO clearance agencies (particularly UXO-Laos) want new requests to be in their plans for the following dry season and so their timing does not always match project timing.

Examples of different structure built by the households as their contribution to the WaSH activities
4. Lessons Learned

4.1 CISS

- The CLTS process does not take into account UXO clearance coordination issues
- Health walks, community mapping, and sand piling have been good participatory activities to help create sanitation demand.
- There is a willingness to build latrines in ethnic upland villages
- There is a demand for latrines from women
- Latrines are not a totally new concept since there were previous hygiene promotion activities conducted by government and NGOs; and there is some demand for pour-flush latrines.
- The nature of the agriculture system means that open-defecation will not be stopped completely
- The approach does not address open-defecation by children
- Shaming as methodology to create demand needs to be carefully reviewed / adapted in these communities
- The absence of technical input in initial stages has led to inappropriate locations for latrines.

4.2 WaSH

- The hiring of registered UXO private companies should be considered at the start of activities in light of the limitations in flexibility of non-private UXO clearance - or a clear agreement is made with these agencies as part of the project design.
- A demographic assessment for targeting the most vulnerable should be carried out.
- Lowland communities are familiar with pour-flush latrines (so would not accept less)
- Trainings WASH IECs in Lao language were important in developing the WaSH team.
- A general hygiene campaign to assist communities with informed decision was sufficient to support the latrine activities.
- It is necessary to have written agreements with beneficiaries to avoid misunderstanding regarding their contribution.
- The WaSH survey conducted as the emergency response was finishing was useful in determining the water, sanitation and hygiene condition to define further intervention in the recovery phase.
- Logistical support to activities requires strong support staff.
5. Recommendations – a single flexible approach to sanitation

5.1 All sanitation activities should take the following approach

- There should be a single approach overall to latrine provision by CARE in Sekong in the future to maximize the strengths within the teams and combine the successful aspects learned from the different projects (demand and supply driven).
- There should be a full review of UXO clearance needs at the design stage of any WaSH intervention and a clear budgeted plan and identified partner (with prior consultation) for addressing those needs.
- Technical advice should be provided in the community early on during the planning phase regarding latrine position relative to water sources etc.
- Technical recommendation should be made in the community during the planning phase regarding material quality and minimum expectations of build quality.  
- Health walks, community mapping and sand piling have been good participatory activities and should be used in all WaSH projects
- A site visit of community members to nearby defecation-free villages, or at least with good sanitation practices, could be a very helpful learning experience.
- Hygiene promotion should be used in all WaSH projects to re-enforce the demand-driven approach
- The WaSH team should provide a very simple agreement for household regarding contribution expectations.
- The WaSH team should provide standard specification for design and construction of different types of latrine as a guide for future implementation.
- The latrine design needs to be such that the contribution expectation does not exclude the more vulnerable households from participating, whilst keeping the CARE subsidy to a minimum to help maximize the number of beneficiaries.
- Community training for operation and maintenance of latrines needs to be carried out
- A leaflet on how to operate and maintain the latrines should be designed by CARE for use in all communities.
- The sanitation approaches or methodologies (such as CLTS and PHAST), in case they are applied in the field, must take into consideration the local cultural context or situation.

6 The ceramic type seems to be the only available pour flush latrine in the market; but there is a need to explore, in and out the country, other types such as plastic (PVC) or concrete latrine which could be a lot cheaper. The most common septic tank is made of pre-fabricated round concrete; it’s also good to explore other cheaper options.
• The latrines should be monitored after construction and evaluated to see if the households are using the latrines and maintaining them. Also, CARE should monitor to see if households are upgrading from dry to pour-flush latrine.

• Latrine construction must be complemented with hygiene promotion that encourages washing of hands with soap after defecation.