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PEOPLE-CENTRED APPROACHES TO WATER AND ENVIRONMENTAL SANITATION

New ways of looking into health and hygiene promotional activities in Lao PDR

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Lao People's Democratic Republic (Lao PDR) is one of the poorest countries in South-East Asia and is trying to move from a land-locked country to a land-linked country. Rural water supply, sanitation, health and hygiene promotion are principal focus areas for Lao PDR for her National Growth and Poverty Eradication Strategy. The National Centre for Environmental Health and Water Supply (commonly known as Nam Saat) is responsible for the rural water supply and sanitation (RWSS) sector in Lao PDR, which includes facilitating for planning and implementation of the RWSS programme. Many major steps have been taken to put forward the agenda. However, many more steps need to be taken. This paper briefly highlights the background of health and hygiene promotional activities in Lao PDR, including lessons learned on new ways of looking into health and hygiene promotional activities that have been undertaken in Lao PDR.

Background

The National Centre for Environmental Health and Water Supply (commonly known as Nam Saat) under the Ministry of Health is the responsible for the Rural Water Supply and Sanitation (RWSS) Sector in Lao PDR. The first goal of Nam Saat’s RWSS Programme is to improve access, use and sustainability of new and existing water supply and sanitation facilities in rural areas. Without proper use and motivation to maintain sanitation and water services, there will not be a sustainable impact. Health and hygiene promotion can be the key to identifying and promoting motivational factors for local people to operate and maintain their services effectively. Without maintenance, systems will fall into disrepair and consequently, people will revert to their old risky practices. Thus, Nam Saat gives health and hygiene promotion an important focus in stimulating demand.

The second goal of Nam Saat is to maximize the health and socio-economic impact of water and sanitation facilities in the context of rural development and water resource management. Without health and hygiene promotion only a few health benefits will result from improved water services and latrines. If no one uses the facilities or if clean water collected is contaminated at home, the health situation will remain the same. Hygiene promotion is as important for health as it is for infrastructure.

The ultimate goal of Nam Saat for the RWSS Programme is to reduce morbidity and mortality rates, especially for infants in rural areas. Drinking from improved water sources and reducing the incidence of open defecation are two ways of reducing the incidence of water and excreta-related diseases. Therefore, providing the infrastructure only will not have a great impact on health. Local people must be motivated to use their improved services (i.e., not use the latrine to lock up their bicycle but to encourage their children and members of the family to use it!). The key to motivating people to adopt healthy hygiene practices is through hygiene education and promotion.

Therefore, Nam Saat gives a special emphasis on health and hygiene in RWSS Programme in Lao PDR. However, in spite of progressive attention towards health, hygiene and improved RWSS services, the water supply and sanitation sector is facing regular outbreaks of cholera and dysentery, especially in remote provinces. Water and excreta-related diseases, such as, Malaria, Dengue, Diarrhea, Cholera, Typhoid Fever come at the top of the highest incidence diseases in Lao PDR (refer Box 1).

Box 1. Highest incidence diseases in Lao PDR


Health and hygiene

The bad situation for water and excreta-related diseases made Nam Saat focus on developing health, hygiene and behavioral changes as instruments to stop the transmission of diseases. In 2001, Nam Saat in collaboration with sector partners (line agencies, ministries, external support agencies and INGOs) organized a 3-day workshop to map-out the current situation on hygiene and health promotional activities, and also to develop comprehensive guidelines for a hygiene promotional approach in line with the Lao PDR RWSS Sec-
tor Strategy for better health and hygiene.

The major outcomes that came out from the workshop were as follows:

Positioning: Hygiene promotion in Lao PDR is to be considered an instrument for initiating demand-responsive approaches in RWSS (which includes promoting measurable and sustainable improvements in key hygiene behaviors and effective use of services by all).

Place in the RWSS Program: Hygiene promotion is to be fully incorporated into all required steps of the Field Methodology for the application of the Lao PDR RWSS Sector Strategy into action.

Action Implications: There is a need to re-define and agree on the roles and responsibilities of major stakeholders, their capacity building needs and types of supporting materials (communication materials) needed for the sector.

On the basis of the above outcomes, Nam Saat eventually took two major steps related to health and hygiene activities for the RWSS Programme in Lao PDR, such as:

- Re-defining the health and hygiene promotional activities, and
- Introduction and piloting of household chlorination.

By re-defining the health and hygiene promotional activities, Nam Saat was able to develop a matrix of options to facilitate the health and hygiene promotional activities. This is a dynamic tool – the aim is to keep on further developing the options on the basis of field application and learning. Figure 1 shows the original matrix of the health and hygiene promotional activities, which focus on:

- Option 1: Hygiene Education (Option 1) – a didactic instruction mainly to highlight what villagers should do for their better health and hygiene. Therefore, in this process, no opportunity exists for two-way communication and dialogue to understand how much of these instructions are perceived by villagers for demonstrating their behavioral change. This hygiene education gets more difficult when district and provincial Nam Saat staff visit villages with ethnic minorities, who speak different languages and their cultural background and beliefs are different from general Lao culture. This issue triggers the importance of the hygiene options, which have been developed but are not yet fully operational.

In this connection, Nam Saat also tried to map-out the existing IEC and promotional materials that are available for Nam Saat Programme related to health and hygiene promotion. Table 1 shows the out come of the mapping exercise for hygiene promotional IEC materials in Lao PDR.

Remoteness of rural villages
In Lao PDR, generally levels of hygiene promotion decline with distance from Nam Saat Provincial headquarters. Many

Figure 1: A Matrix to facilitate Informed Choice by Planners & Managers of Hygiene Improvement Programme in Lao PDR

Additional approach

As situation demands, an additional option was proposed (Option 4c) for hygiene promotion to promote locally produced hygiene materials. This option is now being piloted in Oudomxay, Phongsali, Luang Namtha and Bokeo Provinces by Nam Saat. (For further information please see the reference section).
rural communities in Lao PDR are located in remote, rural areas, where access (especially in the rainy season) is difficult. The lack of staff at district and provincial level adds an additional constraint to health and hygiene promotional activities. To resolve this constraint, Nam Saat is mostly relying on village volunteers, who are being trained by Nam Saat staff.

**Quality aspects**

The quality of hygiene and health promotional activities mainly depend upon the knowledge and skills of the facilitators who are engaged in health and hygiene promotional activities at village level. These facilitators are mainly district and provincial Nam Saat counter-parts who are already being trained by Nam Saat Central. The basic knowledge and skills of each Nam Saat staff are not the same and also there is no means to verify the performance of these staff in the field. As a result, the quality of facilitators is variable. This further re-stresses the importance of developing transparent indicators for measuring the impact of these health and hygiene programs at the field level.

**Monitoring system**

As mentioned earlier, it is important to develop indicators and an institutional mechanism on how to develop a regular monitoring and evaluation system and build that within the regular Nam Saat Program. In absence of a monitoring system it’s questionable how the hygiene strategy is actually being practiced at grass root level.

**Way forward – innovative solutions**

In addressing the above mentioned issues, Nam Saat is piloting some innovative solutions in a number of provinces.

**Process of development of innovative solutions**

The Provincial Nam Saats are applying the Lao PDR RWSS strategy into practice in all provinces, with support from various External Support Agencies, NGOs and others. A number of innovative solutions are being developed through dialogue with community, building on the emic view points of the community. In this process of development of IEC materials, lessons learned are given a top priority for further development of the scope and agenda of the IEC materials for hygiene promotion.

**Innovative solutions**

The following innovative solutions are being developed and applied. The process of application and learning are as follows:

**Introducing the champion family (Option 4c)**

This is the new addition in the matrix of options that has been referred as Option 4c in Figure 1.

Nam Saat assisted communities to develop this option as a response of the desire of communities to develop posters that represented these local beliefs and practices. This community-led process developed during community dialogue with many villagers in Oudomxay, Phongsaly, Luang Namtha and Bokeo Provinces. This IEC material has the following main features:

- It is a post-construction activity that links with earlier activities, such as, Community Dialogue and the consultation on RWSS Informed Choice.
- The community selects the ‘champion’ family (demonstrating best attitudes, knowledge and practices in their community), who are then assisted to design the poster as IEC material for hygiene promotion in their local area.
- The emic view point of communities is encouraged.
- The printed materials are only for use in the local area of the designing community, so that nearby communities can recognize and discuss with the ‘Champion’ family about health and hygiene issues.
- The process builds on the benefits of the improved latrine services as perceived by the users themselves, which is ‘comfort and convenience’ rather than ‘health benefit’.
- The posters promote innovative latrine design linked to community dialogue and informed choice.

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**Table 1: Mapping of Health and Hygiene Tools**

<table>
<thead>
<tr>
<th>Type of Material</th>
<th>Availability in Lao PDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrally produced IEC materials – pamphlets, booklets, games, posters</td>
<td>YES (most of hygiene materials produced in Lao PDR fall under this category)</td>
</tr>
<tr>
<td>Informed Choice kit for RWSS services</td>
<td>YES (recently developed and being piloted in Spearhead Provinces – under piloting)</td>
</tr>
<tr>
<td>IEC materials specifically designed for ethnic minorities and special localities</td>
<td>YES / limited (developed by a few NGOs for specific purposes)</td>
</tr>
<tr>
<td>Hygiene Promotion materials for School Sanitation Program</td>
<td>YES (developed centrally for all schools in Lao PDR and by NGOs for project support)</td>
</tr>
<tr>
<td>IEC materials developed for Community Dialogue</td>
<td>YES (recently developed and being piloted in Spearhead Provinces – under piloting)</td>
</tr>
<tr>
<td>Informed Choice for Hygiene Promotion</td>
<td>NO materials so far developed</td>
</tr>
<tr>
<td>Training materials for participatory monitoring and evaluation of sustainability, effective use and impact of behavior changes</td>
<td>NO materials so far developed</td>
</tr>
</tbody>
</table>

• The methodology supports other forms of hygiene promotion.

This option was first initiated in Oudomxay Province and is now being disseminated to other provinces due to cross visits, dialogue and consultations in various meetings, sector fora and conferences. This option is gaining in popularity and has received a good response at the grass roots level.

New option: Introducing health notebook (option 5):
In the matrix of options, a new option (Option 5) is being developed. This is the introduction of the ‘Health Notebook’ that has been piloted recently in Oudomxay Province. The field level staff of Nam Ngaat and Provincial Health Department of Oudomxay Province in collaboration with the International Medical Centre of Japan (IMCJ) developed the concept of introducing a Health Notebook for village volunteers. This Health Notebook serves as a record book for each family to keep a track of their health status, what treatment they took to cure their disease, and how long they suffered from the disease. This helps in a number of ways:

• This gives reliable data of the health situation at village level that will be easier to summarize at the district and provincial level.
• This Health Notebook acts as a constant reminder to each household and the community as a whole about what disease occurred. This book can then be used as a tool for hygiene and health promotion.
• The Health Notebook clearly shows the villagers’ beliefs and perceptions. For example, it shows to whom villagers consult during sickness; for example, whether they go to spiritual healers, traditional doctors, or to health clinic doctors (Refer Figure 2). This helps to understand the existing perceptions and beliefs of the households and community. Additionally, this helps village volunteers and other health workers to use the information and tailor their hygiene messages and IEC materials accordingly, particularly for linking with the ‘Champion Family’ posters or other IEC materials designed by the communities themselves.

So far, this method has been introduced in only two villages of Oudomxay for a period of 28 weeks. The results have been positive on behavioural changes towards better hygiene and health.

Concluding Remark
The above two innovations show a clear departure from traditional hygiene promotional activities. These innovations provide more opportunities to communities themselves to take the lead for hygiene promotional activities and thus creates more ownership and impact on behavioural change for better hygiene and health. These innovations are at early stage, initiated through piloting in a few villages. The remaining challenge is how to bring other partners on board for scaling-up these innovations and replicate the process in Lao PDR and elsewhere.

References


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