

**VIET NAM HEALTH ENVIRONMENT MANAGEMENT
AGENCY/MOH - UNICEF – DIEN BIEN PROVINCIAL CENTRE FOR
PREVENTIVE MEDICINE**

**ASSESSMENT REPORT ON THE
APPLICATION OF COMMUNITY-LED
TOTAL SANITATION (CLTS) FOR MONG
COMMUNITY IN DIEN BIEN PROVINCE**

CONSOLIDATED REPORT

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EXECUTIVE SUMMARY

The Assessment Research on the application of Community-Led Total Sanitation (CLTS) for Mong community in Dien Bien province aims to i) assess the results of CLTS implementation with a focus on knowledge, attitude and practice of Mong people at 3 communes where CLTS was applied, ii) find the causes for difficulties in the implementation process, iii) propose solutions for more effective application of CLTS among these ethnicity communities. The researching targeted areas combined of 3 communes where Mong people live. CLTS has been implemented here since July 2009, including Sa Long commune (Muong Cha district), Xa Dung commune (East Dien Bien district), Na Tau commune (Dien Bien district). Among these 3 communes, 3 Mong hamlets were targeted in June 2014, namely Sa Long 1 in Sa Long Commune, Na San A in Xa Dung commune and Hua Rom in Na Tau commune. The field trip research method was mainly qualitative one with group discussion and in-depth interview skills, in combination with secondary document data review including those from relevant reports and statistics at the central, provincial and communal levels.

1. Key findings:

a) CLTS implementation piloted at Mong community in Dien Bien province from end of 2009 to end of 2013 showed modest success compared to that in other communities. The field trip results at Mong hamlets revealed that, after CLTS triggering session, the percentage of households registered and committed to ODF and latrine construction remained low (an average of 50% of total households in the hamlet), the rate of households constructing latrines in reality was much lower (an average of 60-70% of those who registered), and open defecation still remained even at households which have constructed latrines (10-15%). At the surveyed hamlets, a common situation was that latrines built but shortly abandoned afterwards, and open defecation returned (over 90% at Na San A and Na San B hamlets, 70-80% at Sa Long 1 hamlet and around 50% at Hua Rom hamlet). Currently, the rate of households with latrines at Mong ethnicity densely-populated communes such as Xa Dung, Sa Long remains low (15.8% and 22.2% respectively), the rate of households with hygienic latrines at these communes is even lower (5.5% and 15%); the rate of households with latrines at Na San A hamlet (Xa Dung commune) and Sa Long 1 hamlet (Xa Long commune) is even lower (1.9% and 5.2%); Mong Hua Rom 2 hamlet (Na Tau commune) particularly is part of a highly-achieved commune in CLTS piloting implementation (5 hamlets in the commune were recognized as "The community with completion of ODF - household latrine construction" in 2014), so the rate of household with latrines is positively at 32.6%. Children at primary schools, lower secondary schools of the commune are yet to play the role of bridging knowledge and good examples to households for promoting, encouraging "Open Defecation Free", hygienic latrine construction and use.

b) Major causes for this situation:

- (i) Poor awareness, attitude and practice of defecation and latrine construction of the people and Mong community at the selected communes and hamlets.

Over 50% of the people who participated into the triggering yet to understand the purpose of CLTS and the background knowledge on sanitation; some misunderstood open defecation and the appropriate types of latrines for each household conditions and circumstances; most people in the hamlet yet to disagree or have an unfavorable attitude towards open defecation; people's support for the construction, use and preservation of latrines remained low, the driver for stopping open defecation remained weak; little knowledge, attitude and time for changes in awareness, custom and habit of open defecation; people yet to have the habit of latrine using, or were hesitant to use latrines with odours; limited in latrine use and practice skills; changes in knowledge and attitude of the people in open defecation and latrine use and practice were unsustainable, etc.

- (ii) Limited financial resources for latrine construction.

The Mong community in the surveyed communes and hamlets were generally poor communities. Some hamlets like Na San A, Na San B, Sa Long 1, the rate of poor households was as high as 50%, people have no money, no plan and no prioritized funding for latrine construction. The people have not actively sought for financial resources for latrine construction, such as loans from Bank for Social Policy and other credit resources.

- (iii) The implementation process of CLTS remained some unfitting points when applied to the Mong community.

There remained certain shortcomings during CLTS implementation process regarding the triggering method, language barrier, timing for triggering and duration of model enforcement. In general, the people's participation level remained low. The people and community yet to take initiative in the planning, implementation, communication, monitoring and evaluation of results. The role of charismatic person in the community have not been fully explored. Leadership and guidance of the local authorities were yet to be strong. Most schools at 3 Mong ethnicity communes surveyed have not applied CLTS, the students' access to hygienic latrines were limited and practice of hand washing with soap were poor. Since Mong ethnicity communities in mountainous areas, due to insufficient water, the construction of flushing and automatic latrines became unfeasible. Mong people usually do not fertilize fields, hence do not collect human feces and are not interested in building double-vault latrines and ventilated improved latrines.

2. Recommendations:

- a). Enhancing information provision, awareness and knowledge improvement for the Mong people, changing their awareness and habits in open defecation, latrine construction and proper latrine use, preservation.
- b). Facilitating disagreement and public opinions among the communes, hamlets against open defecation and zero latrines. Continuing the impacts on attitude change of Mong people in a positive way towards open defecation, supporting and honoring households who construct and use hygienic latrines, creating strong social driver for the community in stopping open defecation, latrine construction and proper latrine use, preservation.
- c). Promoting the termination of open defecation in an orderly, sustainable manner, enhancing the practice of latrine construction, use and preservation skills in accordance with MOH regulations.
- d). Providing technical support for poor households. For poor and near-poor households, in addition to provision of support in latrine construction under the State policies, it is also necessary to seek for the community support, mutual aid in latrine construction, loan borrowing from Social Policy Bank and other modes of credit loans, such as borrowing from the Women's Union rotating fund, etc.
- e). Improving and renovating the implementation of CLTS at Mong community in line with ethnicity features, educational background and economic circumstances.
 - CLTS implementation at Mong community (at hamlet level) needs to be renovated and improved so as to be more fitting with ethnicity features and custom, fixing the shortcomings.
 - Maintain the CLTS model among Mong communes that CLTS is piloted initially at 1 hamlet, and withdraw lesson learnt for replication to other hamlets. Integrate CLTS into the NTP on RWSS to promote synergy and cost saving.
 - Preparation for CLTS implementation needs to be done in a careful and thorough manner: establishing the Steering Committee at communes and hamlets; Communist Party committees at communes and hamlets to issue Directives on the implementation of indicators on stopping open defecation, latrine construction, use and preservation; providing training for communal and hamlet officers; hamlet leaders to make plan for implementation; selecting an appropriate point of time for triggering; informing the people with the purposes, aims and objectives of CLTS triggering; selecting local people as or hiring external interpreters/translators and providing them with full training on background information for better comprehension and transference of languages in an understandable and interesting manner. Providing training and consultancy for the clan chiefs, shamen, elders, Protestant leaders for them to become Collaborators, to disseminate the clan and Protestant regulations on stopping open defecation, latrine construction and proper use.

- Triggering session needs the participation of at least 80% households in the hamlets, family heads are most preferred. During the triggering process, it is necessary to maintain the participants' presence and promote their highest participation, minimizing the cases of non-comprehension, hence, leaving before the end. The commitment to stop open defecation, build and use latrines needs to be done on voluntary basis, with full understanding of the issue, not in a superficial, "credit mania" way which may distort reality.
- The Commune Steering Committee to assign collaborators in coordination with social/mass organizations and groups, the charismatic persons of the community with monitoring, consulting for target groups on frequent basis, with documentation and weekly handover during CLTS implementation process.
- Communal primary schools, lower secondary schools need to implement CLTS model among students, providing them with sufficient information, practicing skills in hygienic latrine using and hand washing with soap, so that they bring the good model to their families, becoming a factor in promotion of "open defecation free", latrine construction and proper use.
- By the end of the project, the hamlets should be appraised and certified with ODF certificates issued by the district people's committee. It is necessary to honor and award households, individuals and communities with good performance.
- District and commune health stations officers in charge of sanitation need to be provided with capacity building, reducing workload for the provincial Centre for Preventive Medicines in the direction and supervision of model implementation. Essential tools such as notebooks, forms, templates, etc. need to be provided.
- Donors need to provide full funding for capacity training activities for officers, people and the community as well as for monitoring and maintenance costs, so that the model is maintained for at least 2 years to ensure sustainability.

f) The Provincial Center for Preventive Medicine, district health centers and district local governments should focus on the "post-trigger" period to create an enabling environment for households to maintain the newly constructed latrines and build new hygienic latrines, striving for open defecation free communities.

I. INTRODUCTION:

1.1. Background:

Community-Led Total Sanitation (CLTS) is a comprehensive approach to reach and maintain ODF. CLTS creates favorable conditions for the community to analyse current sanitation situation, the people's defecation habits and their consequences, leading to the common action which aims at terminating open defecation without financial/physical support for households on latrine construction. CLTS is currently being implemented in more than 32 countries in the world, and at least 5 countries have had national policies on CLTS.

The results achieved from implementing 2 phases of the National Targeted Program (NTP) on Rural Water Supply and Sanitation (RWSS) revealed that: it is almost impossible, both in terms of finance and resources, to reach the target on the rate of hygienic latrine use in rural areas with traditional approaches². As a result, CLTS has been implemented, with support from Ministry of Health, UNICEF, NGOs and other mass organizations, in more than 30 provinces across the country. The results showed that CLTS is a direct model of communication with high effectiveness and low cost, that can be implemented in all regions and areas, should be replicated in numerous localities where pilot implementation has been done previously, as well as in other rural and mountainous areas of Vietnam³.

CLTS model implemented in some communes of Dien Bien province since July 2009 and the results have been assessed at the beginning of 2011. In general, as assessed by Dien Bien province Centre for Preventive Medicines, after one year of pilot implementation, CLTS is potentially an appropriate approach to sanitation. In many hamlets/hamlets, open defecation has been terminated, households have built hygienic latrines. CLTS has been considered an effective, sustainable approach that is implementable in areas of poor people, under difficult circumstances with low background knowledge, even remote mountainous areas⁴. However, the implementation of CLTS constrained more difficulties when conducted among Mong communities of Dien Bien province compared to other ethnicity communities⁵.

The situation has required further research on how to apply CLTS in the fitting manner to Mong communities of Dien Bien province. This is also part of the activities in the "Child Survival and Development" component under Child-Friendly project, Dien Bien province, funded by UNICEF in 2014.

² Nguyen Do Quoc Thong (2012), *A brief summary on CLTS*, Hồ Chí Minh city Institute for Public Health, 08/11/2012.

³ Department of Medical Environmental Management (2011), *CLTS implementation Assessment Report* (5/2011).

⁴ Điện Biên province Centre for Preventive Medicines (2010), *Report on CLTS performance in Điện Biên province*, Dien Bien Phu, 15/10/2010.

⁵ UNICEF (2014), *Terms of References: A study on CLTS application to Mong community (Act 9.4 – Child-Friendly Project Work Plan Điện Biên province, 2014)*.

1.2. Research target:

To assess the results of CLTS implementation, focusing on knowledge, attitude and practice of Mong people at 3 communes where CLTS was applied, to identify causes for difficulties in the implementation process, and to propose solutions for more effective application of CLTS among these ethnicity communities.

1.3. Research scope, objects and methods:

Research scope and objects:

- 3 communes with Mong people where CLTS has been implemented since July 2009: Sa Long commune (Muong Cha district), Xa Dung commune (East Dien Bien district) and Na Tau commune (Dien Bien district).
- 3 hamlets of Mong people" Sa Long 1 hamlet of Sa Long commune, Na San A hamlet of Xa Dung commune and Hua Rom 2 hamlet of Na Tau commune.

Research method:

The research used qualitative method with group discussion and in-depth interview skills, in combination with secondary document data review including those from relevant reports and statistics at the central, provincial and communal levels.

- 4 Group discussion at each commune, with 6-8 people/group, including:
 - + 1 Group discussion at commune level consisting of 8 people: Representative of Party Committee, People's Committee (PC), People's Council, Fatherland Front (FF), Women's Union (WU), Youth Union (YU), cultural officers, head of communal health station.
 - + 1 Group discussion at hamlet consisting of 6 people: Representative from hamlet authority, party cell, WU, YU, FF officers, hamlet health officers.
 - + 1 Group discussion with people consisting of 8 people (4 males, 4 females), including poor households and non-poor households, households with and without latrines.
 - + 1 Group discussion with children consisting of 6 children aging 6-12 of Mong ethnicity learning at communal lower secondary school.
- In-depth interview: 5 people at each commune, including:
 - + 1 communal health station officer in charge of sanitation.
 - + 1 Head of hamlet of Mong ethnicity
 - + 1 elder person of Mong ethnicity
 - + 1 Clan Chief of Mong ethnicity

- + 1 Shaman/person holding religious position.
- In-depth interview in combination with observation at Mong ethnicity households: 6 households at each commune, including:
 - + 1 poor household without latrine
 - + 1 non-poor household without latrine
 - + 1 women-led (single) household without latrine
 - + 1 poor household with latrine
 - + 1 non-poor household with latrine
 - + 1 women-led (single) household with latrine

Total number of participants into group discussion and in-depth interview at each commune is 39 people, at 3 communes is 117 people.

The information and data collected has been processed, analyzed, compared, contrasted and consolidated for incorporation into the report.

1.4. Natural and social features of the area with relation to sanitation

Dien Bien province covers an area of 9569.2 km², borders in the north with Lai Chau province, in the east and southeast with Son La province, northwest with Yunnan province (China), has the Vietnam - China border line of 38.5 km, borders in the west and southwest with Laos and shares the Vietnam - Laos border line of 360 km long. The natural features of Dien Bien province are basically high hills, complex terrain, high steepness, water resource is mostly surface water. In terms of administrative units, by 2012 the province consists of one city, one town and 7 districts; 112 communes, wards and townships, of which 102 are rural communes; 1,725 hamlets / hamlets and population groups. The total population of the province is 530,308, of which the rural population accounts for over 80%. There is a total number of 106,751 households. The province has 19 ethnic groups living together, including the Thai ethnic majority which take up 38.4%, 34.6% Mong, Kinh 18.7%, the rest are other ethnicities (Kho Mu, Dao, Hoa, Ha Nhi, etc). Dien Bien is a multi-ethnic province with a variety of educational, socio-economic development levels among different peoples, in which some ethnic minorities sustain certain bad practices that significantly affect the overall province development. Mong ethnicity of Dien Bien province mostly reside in districts, especially Tua Chua district, East Dien Bien district and concentrating into 5 major groups: Mong Đâu, Mong Lenh, Mông Si, Mong Đu, Mong Sua. In the recent years, despite the State and the Party attention and investment, Dien Bien remains as a poor province with a number of economic difficulties, high birth rate, especially at ethnic minorities living in remote areas, most of which are Mong ethnicity.

Na Tau is a commune which locates outside Dien Bien district, with an area of 7442.69 ha, most of which is agricultural land (5676.67 ha). Despite difficult circumstances and being supported by Program 135 and many other programs and projects, Na Tau itself is a commune with large land area, low altitude, and abundant water resource for daily use as well as manufacturing with many small streams that can be divided and used as fishing ponds. By 2013, the commune has 1,236 households in total with 5,774 persons residing in 32 hamlets, including 4 main ethnicities of Thai (4,757 capita, accounting for 82.4%), Mong (531 capita, accounting for 9.2%), Kinh (392 capita, accounting for 6.8%), Chinese ethnicity (88 capita, accounting for 1.5%) and other ethnicities (6 capita, accounting for 0.1%). Poor households account for 28.5%. There is a sufficient number of communal officers and staff, yet some have limited professional qualifications, leading to low working effectiveness and efficiency⁶. Na Tau residents are allocated into 2 ethnicities, including 2 hamlets of Mong (Mong Den - Mong Du group) who live in higher area, near the forest, 1 hamlet of Chinese ethnicity, 2 hamlets of Kinh, and 27 hamlets of Thai; some Thai people live with Kinh people, but in general both ethnicities live in the low land areas of the commune.

Xa Dung is a remote commune of East Dien Bien district, which is 32 km away from the district centre, with natural area of 9118.55 ha, communal length of 18 km, width 16 km - most of which is hilly terrain slope, water shortage, especially water for daily use (the shortage has lasted 7 months so far). By the end of 2013, the commune has 985 households and 5,896 persons, including three ethnicities of Mong (763 households, accounting for 77.4%; 4,838 capita, accounting for 82%) - part of Mong Trang group (Mong Do) and Thai ethnicity (219 households, accounting for 22.3%; 1,049 capita, accounting for 17.7%) - Thai Den group, and Kinh ethnicity (3 households, accounting for 0.3%; 9 capita, accounting for 0.2%) residing in 19 hamlets (2 hamlets of Thai ethnicity in low land area and 17 hamlets of Mong ethnicities in higher area). Although having decreased by 5% compared with 2012, the number of poor households in the commune is now 548, accounting for 51%. The commune has been supported by Program 135 for years but the results of poverty reduction remained slow, educational level remained low, physical and spiritual lives of the people remained difficult, people's livelihoods mostly rely on agriculture; social evils and migration are still emergent issues⁷.

Sa Long is a high-land commune of Muong Cha district. The total area of the commune is 8538.6 ha commune, bordering in the east with Hua Ngai commune, in the west with Ma Thi Ho commune, in the south with Muong Cha town district, in the north with Huoi Leng commune. As reported by 31/12/2013, the commune has a total number of 541 households, 3,188 capita, including 471 households of Hmong ethnicity (accounting for 87.0% of the commune), 57 household of Chinese ethnicity, Xa Phang group (accounting for 10.5% of the

⁶ Nà Tấu communal people's committee (2013), *Performance Report on Home affairs of Na Tau commune*, 2013, Report No. 162/BC-UBND dated 28/8/2013.

⁷ Xa Dung communal people's committee (2013), *Year end review report on socio-economic development, national defence and security in 2013; task orientation and development focus for 2014*, Report No. 11/BC-UBND dated 15/12/2013.

commune's total households) and 13 Kinh households (2.5%). There are 7 hamlets in total across Sa Long commune, in which Mong ethnicity is distributed in all 7 hamlets, most crowded of which is Hang Lia hamlet; Chinese ethnicity people residing mostly in Then Pha hamlet. The Hmong people in Sa Long commune belong to 2 groups of Mong Trang (Mong Do) residing in Pu Ca hamlet, and Mong Do (Mong Si) residing in the remaining hamlets. Total number of poor households in the commune in 2014 is 304/546, accounting for 55.7%. The commune has been supported by Program 135 phases I, II and III, in addition to being supported by the Poverty Reduction Project for 5 Northern Mountainous Provinces (WB loans) for the 2010-2015 period, and Muong Cha development project funded by World Vision to 2020.

1.5. Traditional, cultural, social, economic features of Mong ethnicity.

Mong ethnicity is one of the minor ethnicities with high population in Vietnam. As reported by ethnographers in Vietnam, most Mong people in Northern mountainous areas of Vietnam were originally migrants from Guizhou, Guangxi and Yunnan (China). In Vietnam, Mong people are Mong-Dao-speaking ethnicity (together with Dao and Pa Then ethnicities); prior to 1979, they were called Meo people. Currently, Mong people in Vietnam consist of 7 major groups, namely Mong Do or Mong Dau (White Mong), Mong Du (Black Mong), Mong Si (Red Mong); Mong Sua (Green Mong); Mong Lenh (Flowery Mong); Mong Xua (Mong Lai); Ma Neo (Mong Nuoc). According to 2009 Vietnam Population and Housing Census, there are 1,068,189 Mong people living in Vietnam, residing mostly in provinces of Ha Giang, Dien Bien, Son La, Lao Cai, Yen Bai, Cao Bang, etc. In the community of 54 ethnicities in Vietnam, Mong ethnicity is one of those whose ethnic cultural identity still much remained.

Mong people usually reside in high-land areas, known as the skilful craftsmen in forging and casting. There is a saying of Mong people which goes that: "Wherever the fire goes, the Mong people follow". They are also always on the move, always migrating. Their main livelihoods are cultivation, planting corn, rice and livestock. The main agricultural products are corn, upland rice, potatoes, buckwheat, peanut, coix seeds (Job's Tears), sesame, beans and vegetables, etc. In Mong people's living area, there are usually market fairs where people exchange goods and express their emotion, affection and communication needs.

The Mong people attach great importance to the family, they conceive members of the family are of the same ancestor, who can live and die in each other's house, always help, embrace each other. Each family residences gather into a cluster, with a family Chief who undertakes common tasks. Emotional attachment between family members are profound. Chiefs are usually reputable, respected people in the family who have their own voices. Hmong people as well as many other minorities still maintain a Polygenetic religion, the home ghost system with specific worship rituals.

The Hmong people have some psychological characteristic as followed: small thinking in production and manufacturing, self-sufficiency, naturally honest, kind-hearted, simple living life, hardworking, industrious, ingenuous and persistent in traditional crafts. Their whole life is associated with cultivation, hunting and gathering, in harmony with the nature, mountains, trees, rivers, always enjoying living and singing⁸.

In contrast to the Mong ethnicity, the Thai ethnic group live in low-lying areas, near water resources, rivers and basins, have more advance human and socio-economic development.

Some features of Mong people in 3 communes of Sa Long, Xa Dung and Na Tau in relation to Sanitation:

Mong people in Dien Bien is the ethnic minority whose population ranks second in the province, followed by Thai people. However, Mong people differentiate in a number of features, from resident location, ethnicity culture and socio-economic development level. Such features have become factors of impact that pull back the implementation process of sanitation in Mong community, compared to that of Thai people. The surveys in 3 communes of Sa Long, Xa Dung, and Na Tau revealed that despite the differences in group/sector among these 3 communities, there remain a number of common features that can have (positive or negative) impacts on CLTS implementation:

- Residing in high-land, isolated areas with low population density.
- Frequent shortage of water for daily use.
- Livelihoods are cultivation, near the forest, far from home.
- High rate of poor households.
- Low people's background knowledge.
- High birth rate.
- Conflicts of languages.
- Not using human feces for field fertilization.
- Traditionally free migration, shifting cultivation.
- Long-rooted open defecation habits.
- Latrine access considered as a new issue.
- The roles of clan chiefs/hamlet elderly/shaman/people holding religious position remain high
- Strong community attachment, high solidarity and mutual support.
- Some people are Protestants.

1.6. Research limitations:

- Field trip data collection took time and accuracy was limited due to the fact that some objects did not recall what happened in the past (back to 2009, 2010).

⁸ Source: *Some psychological features of Hmong people as seen through production and life style (Parts 1 & 2)*, Institute of Psychology, 18th Nov, 2011.

- It was difficult to access to the people due to low population density, or the fact that some were not home, went to work.
- Language barrier constrained the information collection, especially in-depth interview with the elderly and women.
- Quantitative data from the reports of different levels remained inconsistent, especially the commune health station. Information were sometimes collected from new-comers/substitutes at provincial/district/communal levels, who did not understand fully the situation or updated information slowly.

Photo 1. Location of selected communes where Mong people lived



Source: Dien Bien province administrative map

II. RESEARCH OUTPUTS

2.1. Implementation situation of Sanitation models in Dien Bien province

CLTS implementation at 4 first communes in Dien Bien (2009-2010) :

CLTS was first piloted in 4 communes of Dien Bien province: Na Tau commune (Dien Bien district), Sa Long commune (Muong Cha district), Muong Luan commune (East Dien Bien district) and Quai Nua commune (Tuan Giao district). The model was conducted in accordance with general guidelines, including 6 major points and 10 major steps, which have been applied at the triggering session to mobilize the community participation at all hamlets. The monitoring and management mechanism applied to CLTS is community-managed, people-monitored. There were collaborator groups at each hamlet which consisted of active members who participated into the community encouragement and collected data from grassroots levels for reporting to the communal/district/provincial levels. Collaborators at communal level, communal health officers and district/province-level officers in-charge were responsible for frequent monitoring and supervision on monthly basis (once a month) but only at Na Tau commune with funding support from UNICEF. Post-triggering encouragement activities on the ground of the hamlet planning and people's registration to conduct. This is also one of the tools for performance monitoring and evaluation.

Project activities in Sa Long commune (July 2010 to December 2010):

1. Establishing the Communal Steering Committee (CSC) which composed of representatives from the communal People's Committee – Head of Committee; Head of Communal Health Station – Secretary Member; Head of Communal Women's Union, Member; Youth Union Secretary – Member. The CSC functions are: planning, assigning targets/quota to the communes' and hamlets/hamlets' departments, sectors; consulting for the communal Party Committee, People's Committee on promulgation of directing documents for the project activities at communes; implementing the project activities at communes; reporting performance progress, periodical/ad-hoc financial accounting upon district/province requests.
 2. Training for communal and hamlet/hamlet collaborators at the communal People's Committee main hall, one class each commune, 4 days per class (14-17 July 2010): 20 learners including 4 officers from the communal project Steering Committee, 16 collaborators who were heads of hamlet/hamlets, women, health officers, youngsters. CSC selected from those who qualified: enthusiastic with sanitation work; receptive; capable of guiding households in the construction, use, preservation of sanitation projects; capable of communicating and transferring information, etc.
 3. Implementing the triggering (direct communication to each household): 1 day per hamlet/hamlet, from 18th to 21st July 2010. Collaborators went to each household to communicate, advocate, persuade, guide on the construction, use of hygienic latrines and other sanitation projects and encourage them to conduct hygienic activities.
 4. Meeting with the people at hamlet/hamlet heads' house, chaired by the CSC,
-

hamlet/hamlet collaborators, once a month for each hamlet/hamlet; participants were mostly household breadwinners who participated into the project.

5. Monitoring/supervision: Every month, the CSC in combination with the district medical centre, provincial centre for preventive medicines visited hamlets/hamlets for monitoring, reminding the people well perform and implement the project activities.

Sa Long commune project report by the provincial centre for preventive medicines, 2010.

A flashback summary of CLTS implementation activities during 2009-2013 period.

Reports, statistics by Dien Bien province Centre for Preventive Medicines and other relevant documents showed that:

- Since July 2009, Dien Bien was one of the selected provinces for application of CLTS access. At first, CLTS has been piloted at 6/32 hamlets and hamlets of Na Tau commune (Dien Bien district) and 9/22 hamlets and hamlets of Quai Cang commune (Tuan Giao district). The program implemented at Na Tau commune was funded by UNICEF, at Quai Cang commune funded by the NTP on RWSS of Dien Bien province, supported in terms of documents and consultants by SNV.

- Since September 2009, the provincial Centre for Preventive Medicines brought CLTS into the NTP on RWSS of Dien Bien province.

- In 2020, CLTS was continued to be applied at 26 remaining hamlets/hamlets of Na Tau commune and 4 hamlets/hamlets of Sa Long commune (Muong Cha district) and Muong Luan commune (East Dien Bien district); CLTS at Quai Nua commune (Tuan Giao district) was funded by UNICEF; CLTS implemented at 10 communes of Muong Ang district was supported by SNV⁹.

- Dien Bien province Centre for Preventive Medicines also implemented other projects on sanitation to support for NTP on RWSS, which aimed at raising the rate of households with hygienic latrines, changing awareness, attitude and behaviours of the provincial community: (i) Affordable sanitation marketing project and (ii) Handwashing with soap project. These projects was funded by UNICEF and SNV¹⁰.

⁹Dien Bien Center for Preventive Medicine (2011), Report on the implementation of CLTS model in Dien Bien, Dien Bien Phu, 21/02/2011.

¹⁰ Dien Bien Center for Preventive Medicine (2011), Report on the implementation of sanitation facilitating activities under RWSS NTP, Dien Bien province, 2006-2011

Diagram 1. The number of hamlets/hamlets where CLTS was implemented from 2009 to 2012 in Dien Bien province.

2009	2010	2011	2012
<ul style="list-style-type: none"> • 6/32 hamlets of Na Tau commune (Dien Bien district) • 9/22 hamlets of Quai Cang commune (Tuan Giao district) 	<ul style="list-style-type: none"> • 167 hamlets of 15 communes of Tuan Giao, East Dien Bien, Dien Bien and Muong Cha districts • 10/10 communes of Muong Ang district 	<ul style="list-style-type: none"> • 54 hamlets/hamlets of 5 communes: Muong Luan and Xa Dung (East Dien Bien district); Quai Nua and Phinh Sang (Tuan Giao district) and Hua Ngai (Muong Cha district) 	<ul style="list-style-type: none"> • Cummulative: 236 hamlets of 22 communes of 5 districts (East Dien Bien, Dien Bien, Muong Cha, Tuan Giao and Muong Ang)

Source: Dien Bien province Centre for Preventive Medicine report.

- In 2011, UNICEF continued to support for CLTS at Muong Luan and Xa Dung communes of East Dien Bien district, Quai Nua and Phinh Sang communes of Tuan Giao district and Hua Ngai commune of Muong Cha district. In general, in 2011, CLTS was continued to be implemented at 54 hamlets/hamlets of 5 communes.

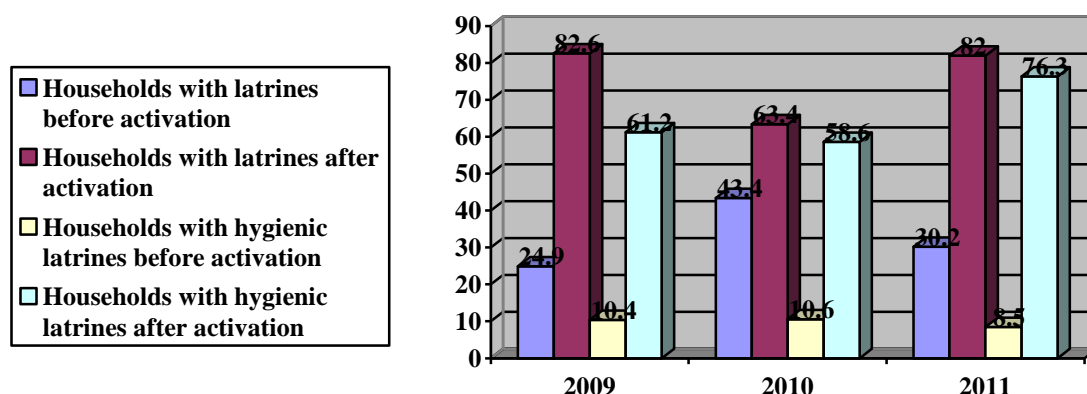
- By mid-2012, as progressive across the province, Dien Bien had been implemented CLTS at 236 hamlets/hamlets of 22 communes in 5 districts (East Dien Bien, Dien Bien, Muong Cha, Tuan Giao and Muong Ang).

CLTS implementation results showed that the rate of latrines and hygienic latrines after triggering have been improved compared to that of before triggering (See Chart 1).

- 2009: households with latrines was raised from 24.9% before triggering to 82.6% after triggering, in which households with hygienic latrines was raised from 10.4% to 61.2%;
- 2010: households with latrines was raised from 43.4% before triggering to 63.4% after triggering, in which households with hygienic latrines was raised from 10.6% to 58.6%;
- 2011: households with latrines was raised from 30.2% before triggering to 82% after triggering, in which households with hygienic latrines was raised from 8.5% to 76.3%¹¹.

¹¹World Vision - Plan International in Việt Nam (2012), Sharing of lessons learned at recommendations for CLTS in Vietnam, workshop in Da Nang, 23-24/8/2012.

Chart 2. CLTS implementation results of Dien Bien province (2009-2011).



Source: World Vision - Plan International in Viet Nam (2012), *Sharing of lessons learned at recommendations for CLTS in Vietnam, workshop in Da Nang, 23-24/8/2012.*

In addition to CLTS triggering at hamlets/hamlets, there were a number of other activities as part of the Child-Friendly project in Dien Bien province, implemented by Dien Bien province Centre for Preventive Medicines such as CLTS triggering at primary and lower secondary schools, training for collaborators at communes and hamlets/hamlets, advocacy communication, people’s meeting, CLTS implementation monitoring at the selected communes.

Initial results of CLTS pilot at localities were assessed as bringing good effectiveness in changing the people’s habits, awareness and behaviours on (no) open defecation, thereby reducing open defecation to the environment.

Successful achievements:

- People’s awareness at the communes participating into CLTS was raised, people understood more about sanitation, hygiene, family hygiene, knew how to wash hands before eating and after using latrines.
- Awareness, backward customs and practices of the community participating into the program have been changed. People and officers at different levels have changed their life styles and ways of thinking of open defecation.
- The number of households using latrines was increased, thereby reducing open defecation. The numbers of households with new latrines and hygienic latrines were much increased compared to before the project implementation. From temporarily-constructed latrines, gradually, the people have accessed and constructed more advanced and hygienic latrines.
- Introduce different types of hygienic latrines in selected communes, for replication to the whole commune and district.
- Inspection, supervision of the program activities at 3 levels (provincial, district, communal) were improved.
- Environmental sanitation was referred in hamlet’s norms to gradually reduce open defecation.

Report from the provincial Centre for Preventive Medicines, 2011.

Throughout the implementation process of CLTS, the provincial Centre for Preventive Medicines have found out the limitations and barriers from the people and the government, as well as implementing agencies.

CLTS limitations/barriers:

- Basic knowledge on health and sanitation among the people community was significantly limited, making it difficult to mobilize and encourage the people's participation into sanitation, prevention of open defecation, construction of hygienic latrines and other sanitation projects.
- The CLTS was piloted at mountainous communes where most residents were ethnic minorities mainly rely on agricultural work, with low background knowledge, backward customs, difficult economic circumstances, leading to a number of limitations in the implementation results.
- Many households tended to rely on the State support in latrine construction.
- Attention has been paid by governments at different levels, yet not fully and comprehensively; there was no close coordination among different departments, agencies and organizations during the pilot implementation process.
- Inconsistent capacity background of collaborators at communal, hamlet/hamlet levels, leading to difficulties in communication and advocacy work.
- No supporting documents for community advocacy such as: latrine design marquette that are simple, understandable and implementable to the community; leaflets, flipbooks on clean water, sanitation and hygiene.
- No measurement indicators for behaviour change, logging templates, templates for specific supervision over CLTS performance at the project locations of implementation.

Report by the provincial Centre for Preventive Medicines, 2011¹².

- In 2013, under the NTP on RWSS, the provincial Centre for Preventive Medicines have successfully implemented 4 CLTS pilot models at 4 districts of Muong Nhe, Dien Bien, Muong Cha and East Dien Bien. 1 commune was selected at each district, 4 hamlets/hamlets to implement the pilot models: Chung Chai commune (Muong Nhe district), Luan Gioi commune (East Dien Bien district); Muong Mon commune (Muong Cha district); Muong Phang commune (Dien Bien district). Among these communes, in Luan Gioi commune, most people were Mong ethnicity; 2/3 of people in Chung Chai commune were Mong ethnicity and 1/3 were Ha Nhi ethnicity; while most residents in Muong Phang and Muong Mon communes were Thai ethnicity.

Learning from the lessons of previous years, in 2013, the provincial Centre for Preventive Medicines implemented CLTS pilot models which consisted of 3 components: (i) Training classes; (ii) Direct communication at hamlets/hamlets (triggering and post-triggering) and (iii) People's meetings at the hamlets where CLTS was implemented;

¹² Dien Bien provincial Centre for Preventive Medicines (2011), CLTS performance in Dien Bien province, Dien Bien Phu, 21/02/2011.

The general results of 16 hamlets in 4 communes of 4 districts revealed that 2 months after CLTS was implemented, the rate of households with latrines has increased from 41.7% to 52.4%, the rate of households with hygienic latrines raised even more quickly, from 12.3% to 33.4%. This has proven the effectiveness of CLTS models on ethnic minority communities on high-land hamlets (See Table 1).

Table 1. CLTS implementation results of 16 hamlets in 4 communes of 4 districts, 2013

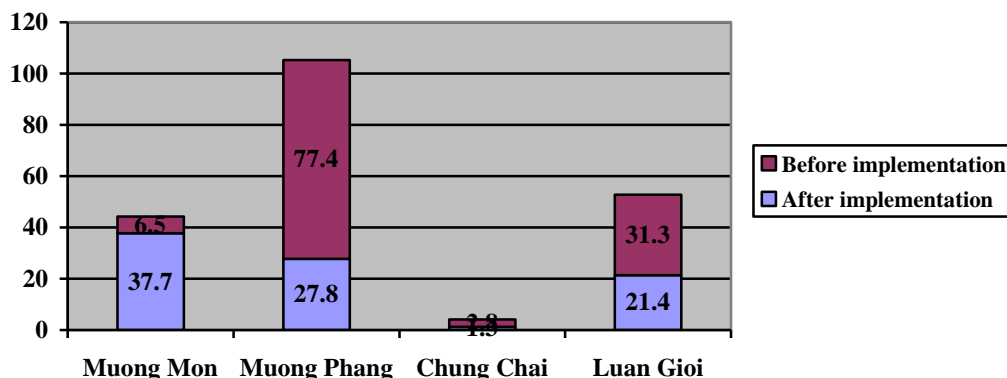
No	Commune	Before implementation					2 months after implementation				
		Total household number	Total No. of households with latrines	% of households with latrines	No. of households with hygienic latrines	% of households with hygienic latrines	Total household number	Total No. of households with latrines	% of households with latrines	No. of households with hygienic latrines	% of households with hygienic latrines
1	Mường Mươn	322	131	40.7	21	6.5	324	200	61.7	122	37,7
2	Chung Chải	386	23	6.0	5	1.3	386	36	9.3	11	2,8
3	Luân Giới	243	133	54.7	52	21.4	243	165	67.9	76	31,3
4	Mường Phăng	248	213	85.9	69	27.8	248	228	91.9	192	77,4
Total		1,199	500	41.7	147	12.3	1.201	629	52.4	401	33.4

Source: Dien Bien provincial centre for Preventive Medicine report.

However, as seen in Table 1, the result of latrine construction in Mong community was much lower than that of Thai community, as shown in the rate of households with latrines and the rate of households with hygienic latrines after 2 months of implementation in 4 hamlets of Chung Chai community, which were much lower than the general results of 16 hamlets (9.3% compared to 52.4% and 2.8% compared to 33.4%), or, similarly, the rate of households with hygienic latrines in Luan Gioi commune (31.3% compared to 33.4%).

Also as seen from Table 1, there were 2 communes where a large number of Mong people lived (Chung Chai and Luan Gioi communes) yet differed significantly in the rate of households with latrines and the rate of households with hygienic latrines before and after implementation of CLTS, in which Luan Gioi always possessed higher rates. The reason might had to do with the starting point of the rate and resident areas of Mong people at different hamlets. For 2 communes of Thai people (Muong Mon and Muong Phang), there was a great difference in the rates of households with latrines and rates of households with hygienic latrines before and after CLTS implementation, in which that of Muong Phang were higher than that of Muong Mon. The reason was similar to the cases of two Mong communes mentioned earlier (see Table 3).

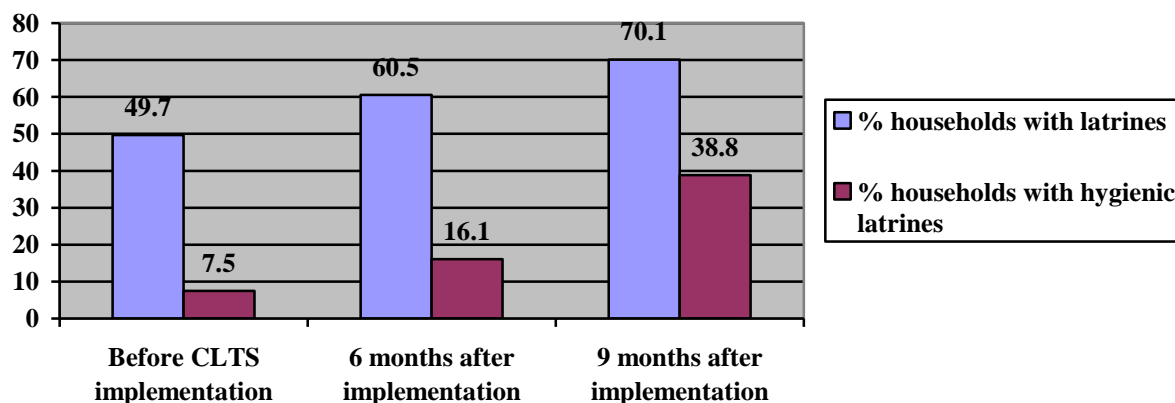
Table 1. The difference in % of households with hygienic latrines at 4 piloted communes, 2013



Source: Dien Bien provincial centre for Preventive Medicine report.

Also in 2013, with UNICEF support, the provincial Centre for Preventive Medicines have monitored, evaluated the change in quantity and quality of latrines after communication and people’s meeting on CLTS implementation at the hamlets/hamlets of 9 communes in Tuan Giao district: Quai To, Tenh Phong, Muong Thin, Chieng Sinh, Na Say, Toa Tinh, Ta Ma, Mun Chung and Muong Mun of Tuan Giao district. As reported, the rate of households with hygienic latrines in 9 communes has been raised remarkably by each monitoring phase; for example, after 6 months of implementation, the rate of households with latrines rose from 49.7% to 60.5% (1.2 times higher than that of before implementation) and the rate of households with hygienic latrines rose from 7.5% to 16.1% (twice higher than that of before implementation); after 9 months of implementation, the rate of households with latrines rose from 49.7% to 70.1% (1.4 times higher than that of before implementation) and the rate of households with hygienic latrines rose from 7.5% to 38.8% (5 times higher than that of before implementation).

Chart 4. The development of latrines after 6 months and 9 months of CLTS implementation.



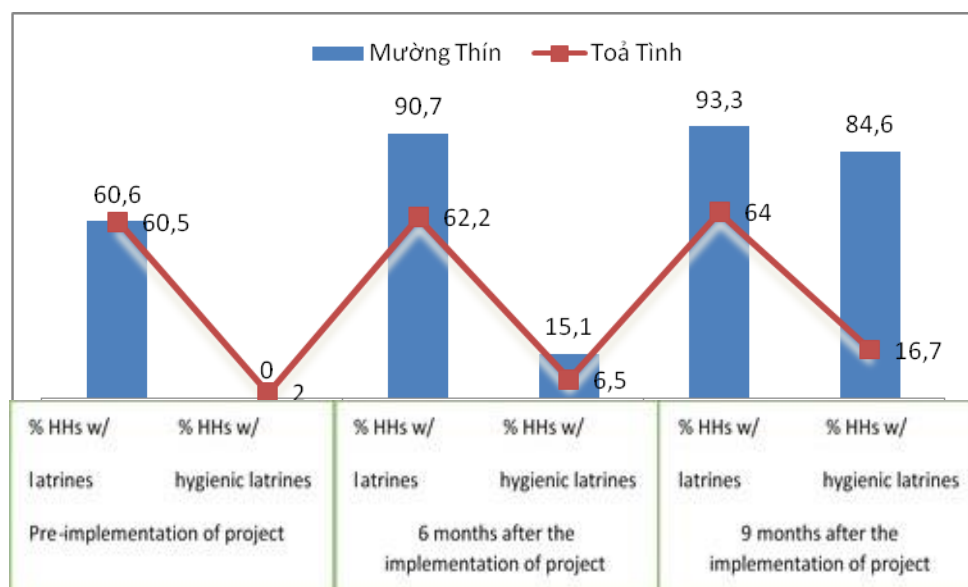
Source: Dien Bien provincial centre for Preventive Medicine report.

The result showed: (i) % of households with hygienic latrines has risen more quickly than % of Household with latrines; (ii) When CLTS implementation was extended to 9 months, the rates of Household with latrines and hygienic latrines have risen much higher and more quickly than that of before CLTS implementation (See Chart 4).

Other than general situation of 9 communes, when zooming into the specific ethnicities at the communes, there have been differences among communes with large number of Mong people and those with large number of Thai people. As reported, among 9 project communes of Tuan Giao district (as mentioned earlier), there were 3 communes with large number of Mong people: Ta Ma, Tenh Phong and Toa Tinh. The remained were communes with large number of Thai people, with lowest rate of hygienic latrines after 9 months of CLTS implementation.

Comparing between commune of Mong people (Toa Tinh commune) and commune of Thai people (Mường Thín commune), these 2 communes had similar numbers of Household at 4 communes where CLTS was implemented (443 vs 510 Household), the rates of Household with latrines were also similar (60.5% vs 60.6%) and the rates of Household with hygienic latrines were a little different (0% and 2%). However, with the same CLTS implementation, the increased rates seemed way far different after 6 months and 9 months, with the Thai community dominating: % of Household with latrines (90.7% vs 62.2% and 93.3% vs 64%), % of Household with hygienic latrines (15.1% vs 6.5% and 84.6% vs 16.7%).

Chart 5. Comparing the development of latrines between two communes of Mong people and Thai people.



Source: Dien Bien provincial centre for Preventive Medicine report.

Difficulties and constraints in the implementation of CLTS at 9 communes of Tuan Giao district:

- The rate of poor household among the communes was rather high (>40%), income relied mostly on agricultural work, limiting household funding for latrine construction.
- Slow access to lending from Social Policy Bank, plus some limitations since the communal authorities were hesitant in guaranteeing for household.
- Communal construction workers had not work at their fullest capacity in marketing and advertising for products. In some communes like Tenh Phong, Ta Ma, Toa Tinh, the Mong people still met with difficulties in accessing to sustainable conditions for latrine construction such as sand, gravel taken from low-land areas, while transportation cost of cement, iron, proofing were much higher than that of low-land areas. The rate of sustainable latrine construction therefore remained low.
- Concrete ring have not been fully used after being allocated to communes (Chieng Sinh, Ta Ma, Tenh Phong, Muong Mun communes).
- CSC have not been fully participatory in directing and executing activities that support, encourage Household to build new latrines (Chieng Sinh, Na Say, Mun Chung, Ta Ma, Tenh Phong communes).
- Hamlet/hamlet collaborators were not confident and skilled enough in communicating, advocating Household on construction of new latrines.
- Some hamlet/hamlet customs of the ethnic minorities, especially Mong ethnicity remained a huge barriers to the project.
- Some hamlet/hamlet officers, especially health officers were not exemplary enough in the construction of hygienic latrines.

Dien Bien provincial Centre for Preventive Medicines (2013), Quarter IV Monitoring report, 2013 on Child-Friendly project of Dien Bien province – Child Survival and Development component in Tuan Giao district.

2.2. CLTS implementation results at 3 studied Mong people communes

CLTS implementation results at 3 studied Mong people communes:

CLTS was first piloted in Na Tau commune in July 2009, in Xa Dung commune in June 2010 and Sa Long commune in July 2010. In Na Tau commune, CLTS was implemented at 6 hamlets, 2 of which were Mong hamlets (Hua Rom 1 and Hua Rom 2), 2 of which were Thai hamlets (Hua Pan and Na Lao) and 2 Kinh hamlets (Centre 1 and Centre 2); the pilot lasted for 6 months (July 2009 to December 2009). In Xa Dung commune, CLTS was implemented at 5 hamlets (Xa Dung A, Xa Dung B, Xa Dung C, Na San A and Na San B), most residents were Mong ethnicity; the pilot lasted for 7 months (June 2010 to December 2010).

Table 2. CLTS implementation at the hamlets of 3 communes (2010-2012)

Commune	Hamlets implemented CLTS	No. of Household	No. of latrines before triggering				No. of latrines after triggering				Latrines increased after triggering	
			Latrines		Hygienic latrines		Latrines		Hygienic latrines		n	%
			SL	%	SL	%	SL	%	SL	%		
Nà Tấu*	30	1,038	68	65,1			90	87,3			225	21.7
Xa Dung**	5	267	6	2,2	0	0	12	46,8	24	19,2	119	44.6
Sa Long***	4	289	14	4,8	14	4,8	50	17,3	14	4,8	36	12.4

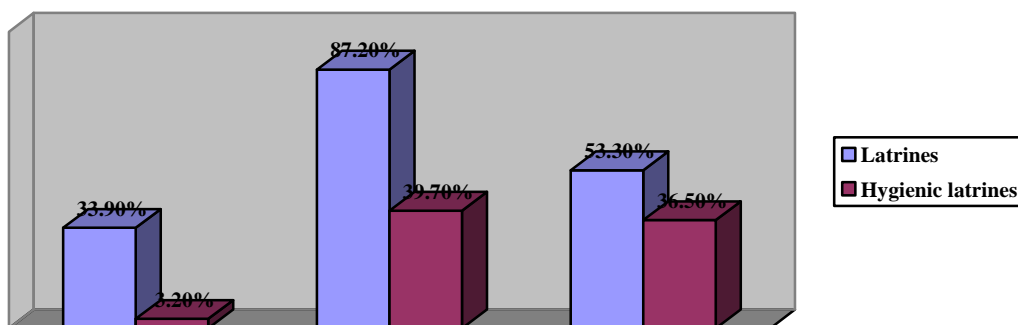
Source: Dien Bien provincial CPM * Project implementation progress report from Jan 2010 to December 2010; ** Provincial CPM report 27 Nov 2012; *** Project implementation progress report from Jan 2010 to Dec 2010.

In Sa Long commune, CLTS was implemented at 4 hamlets (Sa Long hamlet – later divided into Sa Long 1 hamlet and Sa Long 2 hamlet, Cong Troi hamlet, Pu Ca hamlet and Hang Lia hamlet), most residents were Mong people; the pilot lasted for 6 months (July 2010 to December 2010).

At Na Tau commune: At first, CLTS was piloted at 6 hamlets in July 2009. Later on, in 2010, CLTS was continued to be implemented at the remaining hamlets (26 hamlets). Monitoring by the provincial Centre for Preventive Medicines from Jan 2010 to Dec 2010 showed that: across the commune, there remained 261 household without latrines, 987/1,038 communes registered for latrine construction after the triggering, all have constructed/used hygienic latrines after the triggering. However, monitoring from Jan 2011 to October 2011 showed a different result: 724 household across the commune had no latrines, 967/1,157 household who registered for latrine construction after the triggering and 906 household have constructed/used hygienic latrines after the triggering. What confusing is the higher number of Household without latrines in 2011 than that of 2010. Does it simply mean that in 2011, some household have stopped using the latrines that they built in 2010?

CLTS triggering at 30 hamlets of Na Tau commune (not taking two Kinh hamlets of Centre 1 and Centre 2 into account) with 1,038 Household, most of which were of Thai ethnicity (only 2 of which were Mong hamlets) showed that the % of Household with latrines and hygienic latrines rose remarkably after the triggering (See Chart 6).

Chart 6. The increase of latrines after triggering at 30 hamlets of Na Tau commune.

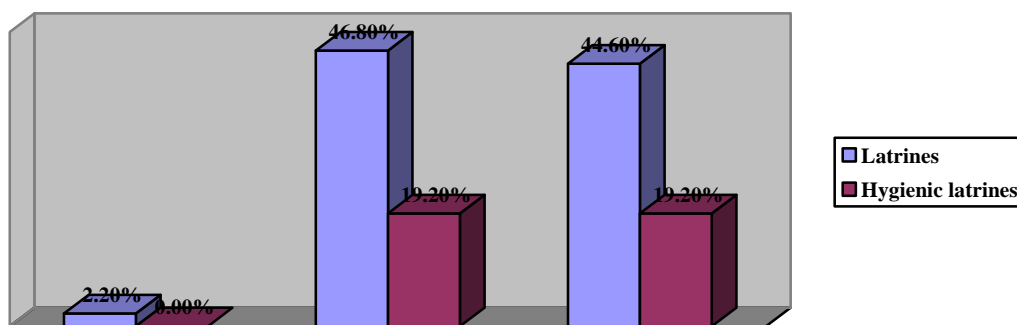


Source: VIHEMA (2011), CLTS implementation Assessment Report (May 2011).

In Xa Dung commune: as reported by the provincial Centre for Preventive Medicines, 173/267 Household of 5 hamlets participated into the CLTS triggering. Before triggering, only 6 Household had latrines (equivalent to 2.2%); after triggering, 127 Household registered to stop open defecation and build latrines. After CLTS implementation, the number of Household with latrines is 125/267 (accounting for 46.8%), increased by 119 latrines compared to that of before triggering; the number of Household with hygienic latrines/Household with latrines is 24/125 (19.2%). Monitoring result from Jan 2011 to Oct 2011 revealed that among 5 hamlets, 100% of the Household had no latrines; after triggering, 165/282 Household registered for latrine construction (58.5%), but only 37 have built/used latrines (13.1% of the Household in 5 hamlets and 22.4% of the Household registered for latrine construction). Ignoring the data inconsistency, it can be seen that the number of latrines has reduced in 2011, which was explained by the locality that some Household who have built latrines before have then stopped using due to degradation/out of order.

The results after triggering at 5 hamlets of Xa Dung commune where most residents were Mong people showed that the increasing rate of latrines and hygienic latrines compared to that of before triggering was much lower than that of Thai community in Na Tau commune (See Chart 7).

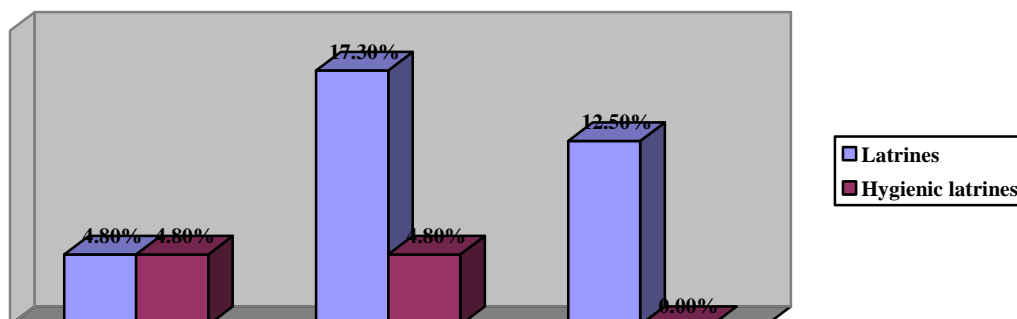
Chart 7. The increase in latrines after triggering at 5 hamlets of Xa Dung commune.



Source: Dien Bien provincial Centre for Preventive Medicines, 2014.

In Xa Long commune: As reported by the provincial Centre for Preventive Medicines, 4 hamlets of Sa Long commune implemented the project from July 2010 to December 2010 including Sa Long, Cong Troi, Pu Ca, Hang Lia hamlets with 289 Household, 1595 capita. Triggering was conducted within one day in each hamlet, from 18th July to 21st July 2010. Among 289 Household of 4 hamlets, before triggering, there were only 14 Household with automatic-flush latrines, the rest had no latrines (accounting for 95.2%).

Chart 8. The increase of latrines after triggering at 4 hamlets of Sa Long commune.



Source: Dien Bien provincial Centre for Preventive Medicines.

After triggering, there were 250 Household registering for latrine construction (accounting for 90.9% of the total Household without latrines), but only 50 Household have constructed/used latrines (accounting for 20% of the total Household registered and 18.2% of Household without latrines).

The difference in the results of having latrines and having hygienic latrines after CLTS triggering between Mong community (In Xa Dung and Sa Long) and Thai community (most of Na Tau) was not exceptional or particular, rather, it was typical at the communes in Dien Bien where CLTs was piloted.

Monitoring results by different levels during the time of CLTS implementation at communes of Mong people in comparison to that of other ethnicities showed that CLTS implemented at Mong community constrained more difficulties than that of other communities, and was not as successful as expected.

Following the implementation of CLTS model, Na Tau and Sa Long communes were also supported with low cost sanitation marketing development project funded by UNICEF, the Department of Health Environment Management (Ministry of Health) directed the PMC of Dien Bien province in coordination with the Center for Applied Water Supply and Sanitation (Thai Binh University of Medicines) to implement the program from April 2012 to end of July 2012. As a result, 3 training classes were organized (21 learners) for latrine construction workers, construction material and sanitation accessory sellers, district health centre and communal health station officers; in Na Tau commune, 1 shop of construction material and sanitation accessory was opened, 8 sample latrines were constructed (including flush latrines, automatic-flushing latrines, double-vault latrines and underground latrines with vent pipe) at Sa Long 1, Sa Long 2 hamlets (Sa Long commune), Hong Liu 1 and Hong Liu 2 hamlets (Na Tau commune); successfully organized 3 sanitation marketing campaigns to 380 participants, 44 household registering for latrine construction; organizing people's meeting at 3 hamlets in each commune, some Household have registered to be consulted with latrine construction and expected to borrow from the Social Policy Bank; by the end of July 2012 there were 25 Household who have constructed new latrines, repaired, upgraded, completed and used hygienic latrines, including 4 Household in Sa Long commune (automatic latrines), 21 Household in Na Tau commune (9 automatic latrines, 11 flush latrines and 1 double-vault latrines). Compared to the plan, the rate of newly-constructed latrines, repaired, upgraded latrines during the project implementation at Sa Long commune has reached 5%, and 10.5% in Na Tau commune. Two types of hygienic latrines most selected by the people were automatic latrines and flush latrines¹³.

Table 3. HOUSEHOLD latrines in 3 surveyed communes, 2014

No	Commune	Population	Total No. of Household	Total No. of poor Household	Household				Poor Household			
					With latrines	%	Hygienic latrines	% Hygienic	With latrines	%	Hygienic latrines	% hygienic
1	Nà Tấu	5,953	1,235	298	1,199	97.1	1,180	95.5				

¹³ Dien Bien provincial Centre for Preventive Medicines (2012), *Summary Report on Affordable Latrine market development project* from May to July 2012, Điện Biên Phủ, 30/7/2012.

2	Xa Dung	5,909	992	553	157	15.8	55	5.5	29	5.2	0	0
3	Sa Long	3,207	550	304	122	22.2	82	15.0				

Source: Dien Bien provincial Centre for Preventive Medicines, 2014.

Support from this project also contributes to change awareness of people in Na Tau and Sa Long in the construction of affordable and hygienic latrines, increase the number of latrines and hygienic latrines in the community.

According to 2014 statistics by the provincial Centre for Preventive Medicines, the rate of Household with latrines among the total number of Household of two communes with large number of Mong people (Xa Dung and Sa Long) remained low (15.8% and 22.2% respectively), while in Na Tau where mostly Thai people lived, the rate of Household with latrines accounted for 97.1%. The rate of Household with hygienic latrines among total Household in Xa Dung and Sa Long were also low (5.5% and 15%), while that of Na Tau was 95.5%. For poor Household, the rate of Household with latrines was very low, 5.2% in Xa Dung and none of the poor Household had hygienic latrines (See Table 3).

Table 2. Types of Household latrines across the commune in all 3 surveyed communes, 2014.

Commune	Total No. of Household with latrines	Composite flush toilets			Flush toilets			Double-vault latrines			Pit latrines with vent pipe		
		Total	Hygienic	Degraded	Total	Hygienic	Degraded	Total	Hygienic	Degraded	Total	Hygienic	Degraded
Nà Tấu	1.199	402	402	0	503	503	0	19	14	0	275	261	0
Xa Dung	157	4	4	0	51	51	0	0	0	0	102	0	0
Sa Long	122	14	8	6	46	46	0	0	0	0	62	52	10
Tổng	1.478	420	414	6	600	600	0	19	14	0	439	313	10

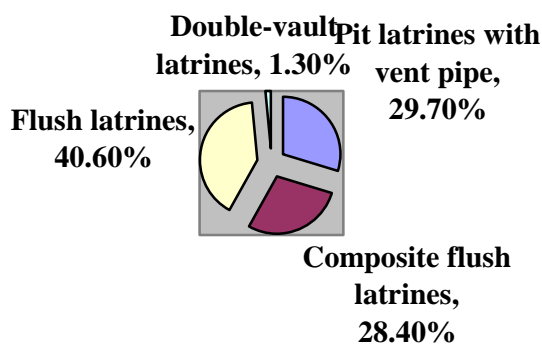
Source: Dien Bien provincial Centre for Preventive Medicines, 2014.

Also as reported by the provincial CPM, there were 4 types of latrines being used by Household at Na Tau, Xa Dong and Sa Long communes. Data in Table 4 showed that the rate of Household using flush toilets across 3 communes was the highest (40.6%), in which Na Tau ranked 1st (41.9% among total No. of Household with latrines), followed by Sa Long (37.7%) and Xa Dung (32.5%); ventilated improved pipe latrines were the second-mostly used type of latrines across the 3 communes (29.7%), in which Xa Dung ranked 1st (65% among total Household with latrines), followed by Sa Long (50.8%) and Na Tau (22.9%); flush toilets took up 28.4% among total No. of Household with latrines across the 3 communes, in which Na Tau ranked 1st (33.5%), followed by Sa Long (11.5%) and Xa Dung (2.5%); double-vault latrines accounted for 1.3%, but only at Na Tau (1.6%) while people in the other two did not use this type (See Table 4 and Chart 9).

The highest rate of hygienic latrines occupied by flush latrines (100% for the 3 communes). Hygienic composite flush latrines also had a high rate of use (98.6% of total composite flush latrines), in which the rate in Sa Long was lower than that of Na Tau and Xa Dung (57.1% compared to 100%). Ventilated pipe latrines had a lower rate of hygienic latrines (71.3%), in which Na Tau had the highest rate (94.9%) and Xa Dung had the lowest (0%).

The comparison among the 3 communes showed that most residents in Na Tau were Thai people, most Household used flush latrines and composite flush latrines, which were affordable to the Thai people’s living standards, as water was available in the hamlet and population residence was quite dense. In contrast, in Xa Dung and Sa Long, where mostly Mong people lived, with high topography and water shortage, ventilated pipe latrines seemed to dominate flush latrines and composite flush latrines, as it did not require water use. The differences were not only between Thai community and Mong community, but also between Mong people at 2 communes: only 57.1% of composite flush latrines in Sa Long were hygienic latrines, while that of Xa Dung was 100%; 83.9% of pit latrines with vent pipe in Sa Long were hygienic, while in Xa Dung non of the latrines met the hygiene standard; in Xa Dung, there were no degraded latrines, but 42.9% of composite flush latrines and 16.1% of ventilated pipe latrines in Sa Long were degraded.

Table 9. Current latrine structure in the 3 surveyed communes, 2014



Source: Dien Bien provincial Centre for Preventive Medicines.

Even in the same commune, of the same Mong ethnicity, there were differences in latrine situation regarding topography, population distribution and socio-economic development. For example, in Sa Long commune, there were 7 hamlets, 5 of which were located along the major transportation road, some of which have had latrines built, the other 2 hamlets were in the remote areas (Then Pha and Cheo Ly) where 100% of Household had no latrines.

Field trip survey at the selected Mong hamlets:

To study in-depth the difficulties, barriers and their causes in the implementation of CLTS in Mong community, we have conducted field trips at 3 hamlets of Na San A (Xa Dung commune), Sa Long 1 (Sa Long commune), and Hua Rom 2 (Na Tau commune).

Table 5. General information

No	Village	No. of Household	Ethnicity	% poor Household	Residence features	Water resource	Latrine	
							Household with latrines	Household with hygienic latrines
1	Nà Sản A	53	Mông	57,0	High-land area with low density	Insufficient	1	0
2	Sa Long 1	116	Mông	67,2	High-land area with low density	Nearly sufficient	6	2
3	Hua Rốm 2	49	Mông	24,5	Low-land area with low density	Sufficient	16	6

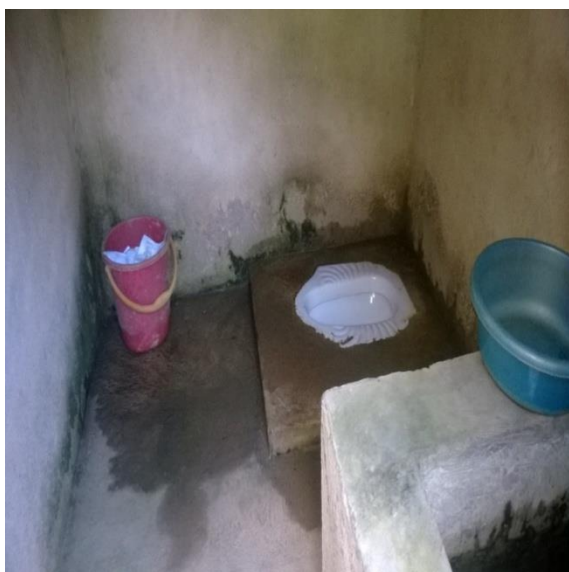
By the researching time (June 2014), the results found at Mong hamlets where CLTS was implemented showed a pessimistic picture of latrines.

- In Na San A hamlet (100% of Mong Household) of Xa Dung commune, only 1/53 of the Household had flush latrine but it did not meet hygiene and construction standard (1.9% of the total Household) and was not being used due to water shortage; similarly, in Na San B (100% of Mong Household) of Xa Dung commune, only 1/55 Household had dug latrines (hole type) (1.8%).



Photo 2. Flush latrines without water to be used in Na San A hamlet, Xa Dung commune.

- In Sa Long 1 hamlet (100% of Mong Household) of Sa Long commune, there were 6/116 Household with latrines being used (5.2%), including 3 types of latrines: composite flush, flush, and ventilated pipe latrine.



Pic 2. Flush latrine in Sa Long 1 hamlet



Pic 3. Dug hole latrine in Sa Long 1 hamlet

- In Hua Rom hamlet (100% of Mong Household) in Na Tau commune, there were 16/49 Household with latrines being used (32.6%) including 5 flush latrines, 10 dug holes and 1 pit latrine with vent pipe. As shared by the communal officer, in Hua Rom 1 hamlet (100% Mong Household), there were also 10/36 Household with latrines being used (27.7%).



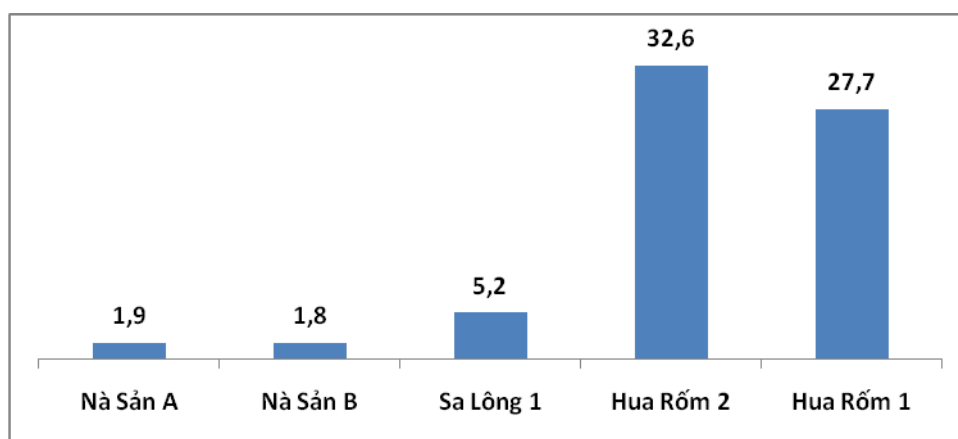
Photo 5. Flush latrines in Hua Rom 2 hamlet, Na Tau commune.



Photo 4. Traces of a pit latrine in Hua Rom 2, Na Tau commune.

- The rate of hygienic latrines in the Mong hamlets mentioned above was even lower, as zero in Na San A and Na San B hamlets; in Sa Long 1 hamlet, there were only 2/6 Household with hygienic latrines (accounting for 1.7% of total Household); in Hua Rom 2 hamlet there were 6/16 Household with hygienic latrines (12.2%).

Chart 10. The % of Household with latrines at the hamlets where CLTS was implemented, June 2014.



Source: in-depth interviews and group discussions with hamlet officers, 6/2014.

- In Household without latrines, everyday, people still defecated openly, mostly in the forest, on the field, along the stream (not directly into the stream, as it would prevent people from thriving and getting well-off, following the Mong ethnicity norm); children usually defecated in the house grounds, then adults would clean up and throw to the back of the house, or the chickens, dogs and pigs would eat.

2.3. Problems, barriers and the causes for difficulties during CLTS implementation process in Mong community.

2.3.1. Difficulties, barriers and their causes at Mong community.

After discussion with 3 officers of 3 communes (Xa Dung, Sa Long and Na Tau), officers and people of Mong hamlets (Na San A, Na San B, Sa Long 1 and Sa Long 2) on CLTS implementation, we have noticed the following difficulties and barriers:

No basic understanding on sanitation and hygiene as well as CLTS purposes.

Around 60% of the interviewed communal and hamlet officers did not understand the disease transmission from "human feces to mouths", the bad effects of human feces, how to isolate and composite human feces, etc. Around 80% of the questioned people were not aware of the necessity of stopping open defecation and having latrine construction, or the types of hygienic latrines under MOH regulations for selection of one that fitted in the household condition, did not know the techniques and costs of latrine construction, latrine use, washing, preservation, etc. As a result of the lacking basic knowledge, 80% of the Mong people interviewed showed no understanding of the importance of human feces isolation.

I thought defecation to the forest does no harm to anything.

Group discussion with people of Sa Long hamlet, Xa Long commune

I am the communal Women's Union Chairwoman, but I don't even know how to construct, use and preserve hygienic latrines correctly.

Group discussion with Xa Dung commune officers.

My family never leave ash into the latrine, latrine has no lid, no vent pipe. Every time we use latrine, urine and rainwater flow inside. Latrine is barely washed or cleaned up. This happens in any family of the hamlet.

Group discussion with people of Hua Róm 2 hamlet, Na Tau commune.

The direct reason for this situation was the poor communication, education and information.

70% of the interviewed people and officers did not remember the CLTS triggering event, partly because they did not participate and partly because it had been a few years. Only when being reminded by the story told by health officer where human feces and water bottles were brought along with communication trip did they remember.

Partly driven by the crowd psychology (or mob psychology), partly pushed by the hamlet heads and collaborators of the hamlets and hamlets, people still registered and signed into the commitment paper on Open Defecation Free and Latrine construction despite poor understanding on the CLTS triggering. As a result, after the triggering, only a few have turned their commitment into action. Some others did build latrines but closed the door tightly all the time and kept defecating indiscriminately.

During the triggering event, among those who participated, only 40% at maximum could understand what being communicated. Those who did not understand tended to get out or leave for home.

Group discussion with Sa Long commune officer.

After the triggering, 30 Household have had their latrines constructed, but after a short period of time, the latrines broke down, smelled badly, so were dumped by the people.

Group discussion with people of Sa Lông 1 hamlet, Sa Lông commune.

Head of a Mong hamlet in Sa Long commune interviewed shared that he has had many conversation, but the people still did not want to build and use latrines, as they have not been aware of the bad effects of human feces, claiming that "what not seen is what not feared" and "what does open defecation have to do or harm anyone?".

Low triggering participation.

During the triggering at hamlet, not all representatives from the hamlet Household were present: CLTS triggering at Hua Rom 2 hamlet was participated by as few as 50% of the household representatives, 40% of the Household at Sa Long hamlet, 40-50% in Na San A and Na San B hamlets. As a result, only around 40-50% of the Household were provided with information from the triggering event.

Another reason was that: as most triggering events at the hamlets were conducted in June-July, when Mong people had less field work to do, but still they were busy with upland rice caring and soybean harvest, etc. Therefore, if communication and advocacy were not well done, it was very hard to expect full people's participation.

Conflict of language, Vietnamese language incomprehension leading to failure to understand sanitation and CLTS knowledge.

Around 80% of the interviewed people admitted that they had no idea about the purpose and content of CLTS despite they participated into the triggering event and community meeting. The difficulties lied in the failure to listen, understand mandarin language, or little understanding but failure to express their ideas in Vietnamese language, as the CLTS triggering was executed by Vietnamese speaking facilitators.

When CLTS was activated, the facilitator spoke Vietnamese language and there was not translator/interpreter. Some people had left even before the end due to incomprehension. Only around 40% of the people understood the CLTS meaning. Women, the elderly did not understand, so they only smiled innocently.

Group discussion with officer of Sa Long commune, Muong Cha district.

In group discussions with the people, mostly aging 30-60, we realized that the rate of illiteracy was as high as 50% for women and 20% for men, the other only reached primary education. Low educational background, especially for women of 35 years old and above,

and men of 50 years old and above, was the indirect reason for difficulties in understanding the communication content of the triggering event.

The people's attitude towards open defecation, latrine construction and use has not been bold and decisive enough.

People considered open defecation a normal thing, but latrine construction is a new thing.

As many as 90% of the people asked revealed that open defecation was a normal thing in the hamlet, though not encouraged, but not obstructed by the government, authority and the public opinion either. The Mong people were also hesitant in criticizing each other's defecation habits, they did not want defecation alone to ruin the community relationship. Even communal and hamlet officers, Party members, the hamlet elderly, clan chiefs defecated openly as they did not have latrines, yet the people were also hesitant to criticize

Latrine is a new issue to Mong people at the surveyed hamlet, people have not been familiar with latrine building and using. More than 90% of the population assumed that if the officers and Party members had not done this, there was no reason why they should start first.

There are 98 members at the Party Committee, but only 40 household have had latrines. Many officers, Party members, Union members have not even had latrines, how can they persuade and advocate the people?

Group discussion with Sa Long communal officer.

The results of group discussion and in-depth interviewed showed that the Mong household who built and had clean, odourless composite flush latrines or flush latrines felt very proud, making the other 70% willing to follow and do the same thing. However, the problem was financial difficulties. Most household did not know when they can afford to build such latrines.

People's practice of stopping open defecation, latrine construction and use is new and not sustainable.

"Old habits die hard"

Open defecation habit of the Mong people started long ago and has always been maintained. Therefore, triggering for 2-3 hours and communication in 1-2 meetings were not enough for the people to understand the bad effects of human feces to human health and the environment in order to change the awareness and stop open defecation. The Mong people's way of thinking is similar to that of most ethnic minorities in remote areas, which is visualization. CLTS has met this criteria to a certain extent, yet more visualization is required to illustrate the bad effects of human feces to the transmission of diseases and epidemics, so that people turn into detesting feces and ashamed of open defecation.

Open defecation has always been a habit that maintained throughout generations and is therefore difficult to be changed. Using latrines of other neighboring household is also not

common and not easy to be done. At the 4 surveyed Mong hamlets, many Household have registered/committed to stop open defecation and build latrines, but only a few actually built latrines after the triggering, and only used for a short period of time (3-4 months or 3 years) then went back to the old habit of open defecation.

My family have had dug hole latrines since 2010 and used for 4 months then we dropped it as the lid was blown away by the wind, the wooden counter was eaten by the termites. We have not been willing to repair it, so we went back to open defecation.

Group discussion with Hamlet officer of Hua Rom 2, Na Tau commune.

The major cause for this was that the initial construction of latrines was not meeting standards of hygienic latrines (not tight, no vent pipe, no feces isolation), or people did not know how to use latrines properly (not washing, cleaning frequently, letting urine flow inside, putting ash into latrines after using) or preserve latrines (not repairing timely).

Detesting the bad smells of human feces, therefore not willing to build pit latrines.

This is a common psychology of Mong people in particular and many other ethnicities in general. As a result, they prefer simple latrines to pit (underground) latrines. Some people with more advanced knowledge tended to be interested in composite flush latrines or flush latrines, despite knowing that they still had financial difficulties. As they detest the bad smells, when latrines degraded (even more bad odours), they tended to stop using, not repairing, plus the open-air living environment that made it easier for them to go back to open defecation.

Open defecation in the forest is clean, comfortable while latrine can not offer since faeces smell from the hole is so disgusting. Some latrines was constructed too small, which was not convenient for users.

Group discussion with Hamlet officer of Sa Long 1, Sa Long

My house has already got dug latrine, however, the smell is so disgusting, not as comfortable as open defecation. We therefore, stop using it

Group discussion with people in Na San A, Xa Dung

Even with support from NTP/135 Program for poor household (1 million Dong/HOUSEHOLD) for latrine construction, they refused to receive subsidy due to a number of reasons, including not being aware of latrine importance, or further, the bad impacts of human feces to human health and the environment; another reason was that the money was only sufficient for the construction of pit latrines with vent pipe, not enough for composite flush latrines or flush latrines.

Financial difficulties

As mentioned above, this is a problem that prevented or limited the construction and use of latrines among Mong ethnic community. In fact, they were just not prioritizing latrine constructions or have not saved enough for it, thinking that latrine construction cost a lot of money. Some wanted to build composite flush latrines, yet they did not have enough money to build and water to use throughout the years. Poor household always tended to rely on the state subsidy.

With high rate of poor household in remote areas (around 60% in Na San A and Sa Long hamlets), the household income are usually not prioritized for latrine construction, especially costly one. Some household refused to receive the state subsidy of 1 million Dong, as they cannot afford to advance (they have to advance to build latrines following the required specifications, if the latrines met standards, they will be reimbursed). Poor Household also did not want to borrow from Social Policy Bank as they were afraid not being able to pay the principal and interest. On the other hand, some people have actually borrowed from banks for doing business, and they had not been able to pay back yet, so the bank would not let them borrow another. As shared by the provincial CPM, the communal leaders were even not willing to guarantee for the people to borrow money for latrine construction.

Residence topography of Mong people made it more difficult for them to build composite flush latrines and flush latrines.

Most Mong people lived in high-land areas, which is far away from the district and commune centre with dangerous topography, water shortage in some months of dry seasons (7 months in a year in Na San A hamlet), making it difficult to use wet latrines. Some Mong people wanted to build and use composite flush latrines or flush latrines but met with water shortage in some time of the year. Low population density and obstructing transportation also led to difficulties in purchasing construction materials and sanitation accessories (more costly as well).

Dense forest but sparse population have been the favorable conditions for the development of open defecation. Some Mong people assumed that "Only when there are no more forests do we stop defecating openly".

The habits of not using human feces for field fertilization did not trigger the demand for the double-vault latrines.

Mong people perceived that upland field work will swipe away fertilizing feces, and also human feces are not enough for fertilization. Hence, they never collect human feces. Among all 4 surveyed communes, none of the Household had double vault latrines with on-site composition of human feces; those who used dug hole latrines also did not use feces but covered them up.

Farming and grazing practices limited the use and maintenance of latrines.

Mong people were usually busy with field work, leaving early in the morning and returning home late in the afternoon-evening, some even have to be far from home for days to stay on field works, giving them no other choice but to defecate openly on the field, in the forest, etc. Children at home also barely used latrines, they usually did it on the house ground or around the house. This all led to the speedy degradation of latrines, making the people use latrines even less and less and defecate openly more and more.

We do field work 10 months a year far from home, we did not go home in between for defecation. Even when sometimes we return home in the evening, we barely have to use latrines so it is of very little use.

Group discussion of people of Na San A hamlet, Xa Dung commune.

Many Mong hamlets still maintained the practice of free ranging cattle, except for just one month of a year for farming. At these hamlets, pigs usually destroyed temporary latrines. Children's feces were usually eaten by dogs, pigs, chickens, making them think that feces have been cleaned up without any impacts on human health and the environment.

After defecation, the dogs, pigs or chickens eat all the feces, leaving no odour left. On the other hand, if we build latrines, all feces are concentrated in the same place, leaving heavy odours. So we do not want to build latrines.

Group discussion of people of Sa Long 1 hamlet, Sa Long commune.

Inconvenient services of construction worker, supply of construction materials and sanitation accessories

I work at the hamlet medical centre, so I should be an example for others. I sold my cow for money, then I referred to some leaflets with latrine construction guidance, and called for help from some folks around. However, in the end, the latrine we built did not meet the construction standard as we did not install the vent pipe.

Group discussion with Na San A people, Xa Dung commune

Among the Mong hamlets surveyed, there have not been any team with experience in constructing composite flush latrines, flush latrines and double vault latrines. Some Household have built these 3 types of latrines under such a circumstance, meaning they had to do it intuitively based on their own judgment and experience with support from folks in the hamlet. This led to the cases of latrines that did not meet construction standards.

Construction materials and sanitation accessories were sold far away from home, taking time to travel and buy, roads and transport system were of bad quality, leading to difficulties in shipping and travelling back home. For example, people in Na San A hamlet had to travel 32km East Dien Bien district, people in Sa Long 1 hamlet or Hua Rom 2 hamlet had to travel around 10km to the district town or city to buy construction materials and sanitation accessories.

Inequity in Mong people family was also an obstacle to latrine construction decision.

Around 90% of Mong women asked at group discussions and in-depth interviews revealed that they did not have the decision-making role in the family, including on the construction of latrines. It is the husband's decision, who is the house breadwinner. This is what happens in Mong families. If the meeting/CLTS triggering participants were mostly women, then the chance of success would surely be less, as Mong women had low educational background/were illiterate, did not understand what was being spoken in Vietnamese language, and barely re-communicated the content to their husband; also, they were not the decision-makers anyway.

If my husband decides to build latrine, then I have latrine to use. If not, there is nothing I can do or decide on my own.

Group discussion with Na San A people, Xa Dung commune.



Photo 5. Free-ranging pigs in Xa Dung commune.



Photo 6. Composite flush latrines without water in Xa Dung communal People's Committee Headquarters.

Lower secondary school children were not aware, did not know the practice and, hence, were not confident enough to encourage their own families in stopping open defecation, latrine construction and use.

Group discussions revealed that the students were not fully aware of the bad impacts of human feces, did not fully understand the necessity of stopping open defecation and latrine construction and use, especially those in Na San A and Sa Long 1 hamlets. The reason was that they did not participate into the triggering event at school, did not have the chance to practice sanitation at schools, as well as wash hands with soap and use hygienic latrines, etc.

Most children in Na San A, Sa Long 1 and Hua Rom 2 admitted that they did not know how to encourage, propose, express ideas and opinions to their parents on open defecation and latrine construction and use. They felt embarrassed and hesitant to talk to parents, even though they wanted to have hygienic latrines in the house.

Mong community did not play the leading role in CLTS implementation.

CLTS required the community to take initiative in implementing, managing, which meant that people in the hamlet had to make plan, implement, monitor, examine by themselves and support each other. However, surveys at 3 Mong hamlets showed that people have not been able to make plan, implement, allocate labor force, communicate, advocate, monitor by themselves. They tended to maintain the passive working manner and way of thinking, relying on the senior levels and financial support from the state.

All who participated in group discussions (GP) and in-depth interview (IDI) admitted that in the Hmong communities, the hamlet chiefs were elected by the people and were reputed to people; others who were also respected in the community were family heads, hamlet elders, shaman, and Protestant leader. In each of Mong hamlet, there were usually 2-3 clan chiefs whose voices have always been well-weighting. Hamlet elders' roles are to maintain the customs and practices of the Mong and participate in resolving conflicts and disputes that arose among people; hence, they were trusted by people. Mong shaman were those with broad knowledge, understanding of treatment methods, were of great significance in the spiritual life of Mong people and were still being trusted by a large number of Mong people. Protestant leader (e.g. in Hua Rom and Hua Rom 2 hamlets were Mr. Giang A Xa, in charge of 12 Mong household, 80 capita; Mr. Lau A Phay in charge of 23 Mong Household in Na San A and Na San B) have mobilized Mong people in protestant group to quit drinking, quit smoking, quit healing rituals, not pickpocketing, not involve into drug addiction and drug trafficking, simplifying funeral procedures, etc. that were all very difficult to be changed. However, in the recent CLTS model, such reputable people of the communities were not encouraged to participate as collaborators to help their community, especially those who were respected and contagious to them.

Working for the community, hamlet elderly and clan chiefs have always been voluntary without pay, and they still did a good job.

In-depth interview with the hamlet elderly and clan chief at Sa Long 1 hamlet, Sa Long commune..

Mong people trust a lot in the clan chiefs. They listen to the clan chiefs just like they listen to the hamlet elderly. If the clan chiefs encourage people to build latrines, they listen, they do it.

Group discussion with Na San B hamlet officer, Xa Dung commune.

2.3.2. Limitations from the government, authority and technical agencies during CLTS implementation process.

When the model was implemented, Mong ethnicity features have not been paid sufficient attention to:

Dien Bien is a multi-ethnic province in which Thai and Mong communities have the highest population, whose ethnicity features differ between each other. However, during the process of CLTS implementation, the implementing agency remained the same general method without sufficient attention to Mong ethnicity features such as: Mong people reside in different hamlets, do not usually live in mixture with other ethnicities, sparsely distributed in the highlands; often lack running water; having a tradition of free migration, mainly shifting cultivation; indiscriminate defecating habits have been longstanding; low socio-economic development level; poor understanding of environmental sanitation and latrine; conflicting in languages; latrine construction and use considered a new thing; naturally honest, hardworking, skillful; self-willed, overcoming life difficulties with trust; institution of the old society still remains with significant impact on the community, etc.

If these ethnic characteristics of Mong people were properly considered and applied in all stages of the organization, implementation of CLTS, certainly better results can be achieved.

Slow institutionalization of sanitation into the resolutions by Party Committee, People's Council, Party Cell, Socio-economic development plan of the commune, hamlet and organizational resolutions:

Experiences in implementing a number of programs/projects show that it takes the participation of all Party Committees, government levels through leadership and direction by Resolutions, Decisions, etc and the smooth coordination of mass organizations. It also takes the active participation of Party Committees, government levels, organizations and groups, as well as political commitment of all communal and hamlet leadership. However, as the model was in pilot, none of the communes or hamlets made it to any decision or resolution on CLTS implementation. Generally speaking, none of the communes or hamlets have incorporated the indicators on stopping open defecation, latrine, hygienic latrines or any other content of sanitation into the Resolutions of Party Committees, Party Cells, People's Councils, and the communal, hamlet socio-economic development plans. The hamlets have not incorporate the content regarding such issues into the hamlet rules or conventions in written form.

Head of the hamlet has been communicating and speaking a lot to the people but they did not listen, they use their own arguments. So I got fed up, I went to see latrines of other people, they were clean, odourless, we can even sleep there, so I went back home, paid 4 millions Dong to do the same thing for my family. I want to set an example for the people to follow, which is a persuasive way of communication.

IDI with Head of Sa Long 1 hamlet, Sa Long commune.

Some Party members, officers, staff of the communes and hamlets still defecated indiscriminately, or have not built and used latrines, have not been good examples for the people to follow, making it even more difficult to communicate and advocate effectively.

Have not promoted the leading role of the community in CLTS implementation:

CLTS Executive Board of the hamlet is consistently regulated, which consists of the Hamlet Head, Leader of Party Women Cell, Leader of Party Youth Cell, and hamlet medical staff. These are important components but not yet sufficient. Social organizations like party branch, farmers associations, veterans associations, VFF officials, etc. have not coordinated in close consultation with the Executive Board. The government have not encouraged, enlisted the voice and participation of those with high prestige in the Mong community (clan heads, hamlet elders, shamen, Protestant leaders) in the propaganda, mobilization, supervision the implementation of CLTS model. If there had been participation of such organizations and people, the implementation of CLTS would have been much more successful.

Poor preparation and implementation of CLTS at Mong communes and hamlets:

Translation/interpretation was not well prepared as well. This is an important part which decides the awareness of Mong people for behavior change. In fact, translators were usually not prepared in advance, not well trained to transfer the triggering key points in a smooth, creative, interesting way. They were also not paid, hence did not bear any responsibility. This has contributed to the problems during CLTS triggering at Mong community hamlets.

Communication materials on the bad effects of human feces, construction techniques, the use, maintenance of hygienic latrines, advanced latrine types with affordable prices have not been timely provided to the people during triggering event or CLTS implementation.

CLTS implementation duration at each hamlet usually did not last long (4-6 months) with one-off triggering by the provincial officers. This was not enough to provide necessary information that can change the behaviours of people in the hamlet.

Poor background knowledge on sanitation and latrines despite training:

Despite training provided, medical staff of the districts, communes and hamlets have not been able to execute CLTS triggering at the hamlets, still needed maximum support from the provincial CPM. The reason was that medical staff of the districts, communes and hamlets were not permanent holders of working positions, with constant changes and switches, different levels among communal, hamlet collaborators, which also affected the quality of monitoring, management, information and updating.

Medical staff of the districts, communes and hamlets could not do CLTS despite sufficient training, therefore required deliberate participation of provincial officers. Communication documents of latrines were cut and patched in a messy way, making it difficult to read and understand for everyone.

Overlapping of support resources, affecting CLTS implementation:

In Sa Long, after CLTS triggering, poor household were supported with 1 million Dong/household for latrine construction from the Ethnicity Committee, while CLTS originally only works on communication, advocacy for awareness change and capacity building for the people to construct latrines by themselves. Such financial support therefore became inappropriate, creating negative impacts among Mong community, i.e. people tended to rely on the state support.

Students have not been provided with sufficient knowledge and practices to promote the use of CLTS at their own hamlets:

In Xa Dung and Sa Long communes, representatives from primary and lower secondary schools were not part of the CLTS Executive Board of the commune. The school did not organize CLTS triggering for students, making students unaware of the purposes and necessary knowledge of CLTS in order to encourage their families, parents and relatives to implement. Usually there were latrines at lower secondary schools and centres of primary schools, which were constructed properly following standards of hygienic latrine construction, use and maintenance. However, as reflected by the students, latrines were sometimes locked due to shortages in water, toilet papers, or unhygienic conditions, etc. Primary schools which were locate far from the center only constructed temporary latrines. This gave the students no other choice but to defecate indiscriminately outside schools. The student-based communication work has not been successful as expected.

2.4. Proposed solution to apply CLTS effectively to Mong community.

1) To the people and the community:

Enhancing information provision, knowledge and awareness improvement, changing their awareness in open defecation, latrine construction and use, maintenance.

- In-depth and broad propagandizing, providing sufficient information, improving knowledge of Mong people on sanitation, the necessity of stopping open defecation, the necessity of hygienic latrine construction and use. Propaganda in a number of ways (collaborators to come directly to each household; hamlet/hamlet meetings; indirectly through mass media (radio, television, newspapers; VCD dubbed with Mong language; documents, leaflets, posters which are easy to be read and understood)... all should be appropriate to the customs and living conditions of Mong people (through post-triggering groups, inserting with entertainment activities of Mong people; propagandizing at Mong markets, clan meetings, religious activities) so that people understand the bad effects of human feces, the benefits of latrines,

costs and construction techniques of hygienic latrines, affordable latrines, know how to maintain, use and clean/wash latrines frequently, etc.

- Continuing to organize CLTS re-triggerings or post-triggerings with better preparation at Mong hamlets where CLTS has not been implemented successfully, from information provision, invitation, translation/interpretation, triggering, monitoring, supporting consultancy, etc.
- Actively advocating so that there are at least 80% of the Household participating into people's meetings and CLTS triggering events. For Mong people, both the husbands and wives should be invited to the triggering events or hamlet/hamlet meetings, or at least the husbands.
- Timing of the triggering/post-triggering should be well selected when many people are present at the hamlet. If it is obligatory to select at the time of agricultural season, then the event should be organized in the evening when most people are available.
- Mong people reside sparsely, so direct communication to each household or group of household seems to be the most effective way. Communication can be done by small groups of nearby household, or by group of typical features such as Protestants, clan, members of social groups/organizations, etc.

Continuing to change the attitudes of Mong people in the positive direction towards open defecation, supporting and praising the household who build and use hygienic latrines.

- Widespread communication, creating widespread opinion across the hamlet and commune through community meetings, family meetings, religious activities, considering open defecation into the environment as a bad behaviour that needs criticism and disagreement by everyone. Encouraging people to support positive actions and make proper use of latrines to stop open defecation. Community organizations to honour (competitions among the hamlets, clans, praising, rewarding, enrolment, etc.) household and communities who have terminated open defecation and constructed numerous hygienic latrines.
- Besides the hamlet chiefs, it is also necessary to enlist the participation of reputable people in the community such as hamlet elders, clan heads, teachers and shaman, Protestant leader; inviting these people to training to become collaborators, communicators, community supervisors and especially the groups of people affected by them (in the traditional social institutions, the family heads, hamlet elders work without allowance, so the government should make use of this feature). Advisory supporting the prestigious people in the community in building clan regulations, regulations of Protestant groups and put open defecation termination into the content, as well as construction of hygienic latrines together with appropriate sanctions. Mobilizing the participation of the entire mass/social organizations and people who have credibility in the community, closely coordinating with the Executive

Committee of the commune in the implementation of specific tasks assigned, not considering sanitation work as the task of the health sector only.

- Hamlets / hamlets should be given ownership and self-management on CLTS with consultancy support of the provincial, district, communal medical staff so that they can make plan, organize propaganda after triggering, monitor and evaluate the results. CLTS implementation, and further, sanitation work, should be put in writing conventions / rules of the hamlet. Party cells, organizations and unions need a resolution on the implementation of sanitation programs, CLTS model, where performance criteria are delivered, officers, party members and union members are required to be exemplary, to take the lead in ending open defecation and hygienic latrine construction. Appropriate regulation of the hamlets, families, clans, religious organizations need to be promulgated to handle those who do not terminate open defecation and construct hygienic latrines. Hygienic latrines should be among the criteria for the comments and recognition of honorable families and honorable hamlets.

Promoting the termination of open defecation in the orderly, sustainable manner that enhances the skills of latrine construction, use and maintenance under MOH regulations.

- Instructing the people in the construction, use and maintenance of household latrines under MOH regulations through support in terms of consultancy, documents, videos, VCDs, people's meetings, sample latrine model and direct communication at the household, etc
- Mobilizing the people not to defecate indiscriminately by the stream when working on upland fields or in the forests, as the feces will flow with the water, causing environmental pollution. In case of no other choice, people should know how to dig holes and cover the feces afterwards, and bring water bottles for handwashing. Children's feces at Household should be collected in time and thrown into latrines to prevent pollution. Do not leave for pigs and dogs to eat human feces.
- For poor and close poor household, it is necessary to select the ultimate poor household who have completely no opportunity to build latrines, seek for support from the hamlet folks in terms of human labor and finance for the construction of affordable latrines. Other poor household should be supported by the families and relatives, or members of the same groups, Protestant groups in the construction of affordable latrines. Non-poor Household can coordinate to make labor exchange, make use of each other's knowledge and experiences in the construction of hygienic latrines.
- Cattle should not be free-ranged in the hamlet to prevent pigs from eating human feces and damaging dug hole latrines. There should be regulations on compensation of Household where cattle damage latrines of other Household.

- The community should mutually support and monitor each other's implementation of CLTS model, striving to be recognized as hamlet/hamlet of Open Defecation Free.

2) For technical agencies and authorities at different levels:

- Technical agencies need to improve the organization and implementation of CLTS in Mong community on the ground of overcoming the causes for difficulties and obstacles to the Mong people; to fully enforce 12 steps of CLTS triggering as regulated in "CLTS implementation Guidance" issued by UNICEF and VIHEMA (MOH); building triggering scenarios, always paying attention to each particular feature of ethnicity, educational background, people's awareness in each step of triggering; preparation needs to be done carefully before triggering, from translation, visual aids to invitation and preparation for emergency cases during the triggering process, etc.
- Party Committees, government, organizations at different levels, from district to commune, hamlet need to institutionalize the indicators for open defecation termination, latrine and hygienic latrine construction into resolution documents, local socio-economic development plans, requiring the participation of the political system, officers, civil servants, party members, union members should play the leading and exemplary role in ending open defecation and properly using and maintaining latrines. Technical agencies and authorities at different levels should conduct appraisal on regular basis so as to timely recognize and certify ODF by different levels for the hamlets/hamlets that have successfully ended open defecation and implemented the construction of latrines and hygienic latrines.
- Changing the prejudice that the normal people are unable to manage by themselves, or Mong officers at communes and hamlets are not capable of executing CLTS triggering; on the other hand, creating favorable conditions for the people with high credibility in the community such as hamlet elders, clan chiefs, shamen, religious position holders to act as collaborators of the program at hamlet/commune.
- Continuing the organization of training on CLTS for officers at different levels, capacity building for the entire officers participating into CLTS implementation, especially members of the Executive Board and collaborators at communes and hamlets, so that they have the necessary knowledge and skills to execute a hamlet/hamlet meeting, manage CLTS implementation. Organizaing competitions/contests for collaborators, communicators at hamlet/hamlet/communal level, selecting the best ones in the community and assigning them into the execution of triggering/post-triggering at the hamlets/hamlets under most difficult circumstances.
- Providing sufficient documents for training, communication, mobilization and technical guidance on hygienic latrine construction to the people; renovating communication methods so as to be effective in Mong community, supplementing

visual aids relevantly to their way of thinking (movies, pictures, photos and Mong language) in addition to the traditional people's meeting; guidance documents need to be less in words and more in images, large fonts, nicely printed so that even people with low educational background can understand; inserting communication activities into ceremonious and religious activities of the people.

- Applying CLTS in a way that fits the Mong community's culture, manufacture, psychological life, language and particular circumstances.
- To overcome language constrains, it is advisable to select among the communal and hamlet officers a group of good interpreters, provide them with careful training so that they can present the key points of triggering in the most interesting, lively, smooth way, and pay them for their work, which is also a way to bond the responsibilities.
- The Programs/Projects need to be consistent in supporting for the people in sanitation, avoiding overlapped support, creating side effects.
- Primary schools, lower secondary schools at Mong communes need to continue CLTS implementation to the school children in consistence with the hamlets/hamlets in order to provide sufficient information to the students on CLTS, helping them to bring the knowledge and good models to their family. Organizing appropriate activities at schools, such as learning contest, drawing contest relevant to CLTS and sanitation so that they understand more deeply and be more confident. Guiding them with advocacy skills to families about CLTS.
- The Provincial Center for Preventive Medicine, district health centers and district local governments should focus on the "post-trigger" period to create an enabling environment for households to maintain the newly constructed latrines and build new hygienic latrines, striving for open defecation free communities.

3) For donors:

- Continuing technical and financial support for training for government officers, organizations, technical staff and the people in CLTS, especially more support for Mong community.
- Funding support to raise the number of triggering in each Mong community to 2 times/hamlet if participants in the previous time were few) and funding for monitoring and extension of the model (2 years if possible).
- Funding support to increase the number of collaborators in each hamlet (due to the increase in the respected and credible people in the community). Funding support for the officers and people to join in field trips, learn from experiences of Mong communities that have well done CLTS in and out of the province.