

## User-Managed Public Health Promotion Initiative in Mekong Delta of Vietnam

*P. Mondal, Vietnam*

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*The Mekong Delta of Vietnam is prone to slow onset of floods. As a result, men, women and children lose their lives, assets and livelihoods. The Government of Vietnam has adopted a policy of shifting them from low lying areas to specially developed residential clusters. More than 300 clusters have been built in the Mekong Delta and on an average 100-300 families live in each cluster. But in the residential clusters developed in Dong Thap Province, no safe water and hygienic sanitation facilities were provided; therefore they were obliged to drink canal water and were affected by water-borne diseases. Oxfam and Red Cross piloted a water-sanitation health promotion project in two such clusters. In addition to installation of watsan facilities, the project also created capacity for operation and maintenance of the facilities by the beneficiaries. This capacity building initiative has helped in ensuring the long-term sustainability of the watsan system.*

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### Introduction

The Mekong Delta area of Vietnam suffers from annual flooding. The typical phenomenon of flooding in this area is slow onset of flood, inundating large areas. The floodwaters stay for a long period – sometimes even two months – before receding slowly. The Government of Vietnam has rightly adopted a strategy of “living with floods” for disaster management in this area. Many residential clusters have been developed near highways and near river dykes. The longer-term strategy is to permanently move families living in low-lying villages to these residential clusters. However, many of these residential clusters lack important water and sanitation facilities.

Responding to the needs of such cluster residents in Dong Thap Province, Oxfam GB and Dong Thap Province People’s Committee agreed to implement a Watsan public health promotion project as a demonstration model. One of the major objectives of the project was to attract the National Government and donors to support setting up of similar Watsan systems in every residential cluster. Two residential clusters – Binh Phu Commune of Tan Hong district and Thanh Loi Commune of Thap Muoi district of Dong Thap Province – were selected for implementing the watsan pilot project. This case study describes the watsan system managed by the Watsan Users’ Association (WUA) of Binh Phu Cluster.

### The Project

Binh Phu is one of the clusters developed in Tan Hong District of Dong Thap Province. This cluster has been developed near a district road, about 6 km from the district town. Men and women who lived in many hamlets located in the flood plains have been shifted to this residential cluster,



**Photograph 1. Before Project Scenario**

since 1999. The watsan project was designed to serve 300 households, following Sphere Standards. The total number of beneficiaries is over 1900 including all households, government offices and schools catering to children coming from nearby communes.

The watsan project was implemented by a Project Management Board (PMB) led by Vietnam Red Cross of Dong Thap Province. The project activities included installation of a water supply system, installation of a sanitary system, public health promotion and setting up of a watsan management system. A baseline survey was performed in the beginning in order to collect data for subsequent use in impact assessment. Community participation was ensured in all activities of planning, implementation, monitoring and evaluation of the project through consultative meetings, workshops and direct participation.

### Water Supply System

A 300 m deep bore well was drilled and fitted with a sub-

mersible pump, with 10 cu.m/hour lifting capacity. A 10 m high steel water tower was erected and a 10 cu.m capacity composite tank was installed on top. Water from the bore well was pumped into the overhead water tank for delivering water by gravity flow. Public tap stands were provided in eight locations within the cluster. Individual domestic water connections were also provided to over 150 households that could afford to pay the fee. The quantity of water supplied to each household is measured by individual water meter and the payment is calculated based on the quantity of consumption and the water charge per cubic metre, fixed in consultation with the consumers.

### Sanitary System

The sanitary system consisted of providing household sanitary latrines, wastewater drainage and solid waste disposal. A locally made pour-flush composite pit latrine model was identified for household use. Composite pit latrines of 550-litre capacity were provided to 18 poor households. These recipients were selected by the Commune People's Committee since they did not receive box latrines provided through a Government loan programme earlier. The project contributed protective collar, vent pipe, composite pit latrine and labour cost. The beneficiaries took care of digging the pit and constructing the superstructure.

### Public Health Promotion

IEC materials were developed in Vietnamese language for public health promotion activities after analysing the existing materials in the country. The IEC materials developed for disseminating health messages consisted of posters, flip charts (six sets of exercises) and one "snakes and ladders" game. Public health volunteers were selected and trained for disseminating public health messages among the beneficiaries.

### Watsan Management System

For the operation and maintenance and long-term sustainability of the watsan system, the project promoted the concept of community management. The project encouraged the formation of a Watsan Users' Association at the cluster level. Binh Phu Watsan Users' Association was formed at the beginning of the project implementation, after orientation training was conducted for the provincial, district and commune level authorities. A national consultant with experience of implementing a similar commune managed irrigation water system in the north of the country supported by Oxfam facilitated the orientation training.

The project helped the community to develop Constitution of Watsan Users' Association (WUA) and facilitated its formation. The WUA participated in supervising construction, management of watsan systems, operation and maintenance, finance management, health promotion, and regular monitoring. The WUA of Binh Phu cluster formed their "Association" in February 2003 consisting of 156 general members. A Management Board of WUA was formed with 11



Photograph 2. Water Supply System

members consisting of Head, Vice Head, Accountant, Cashier, 2 Operators, and 5 public health team members. In addition, a Supervisory Board was formed with 7 members, headed by the Vice Chairman of Commune People's Committee. The Management Board is responsible for day-to-day management of the WUA, while the Supervisory Board has the overall control on the Management Board.

### WUA Activities

#### Construction Monitoring

The members of the Management Board were involved in monitoring the construction of the water supply system. They communicated with the contractor, monitored the quality of construction, quality of materials, and progress of construction works. They were involved in selecting beneficiaries and monitoring latrine installation.

#### Public Health Promotion

The public health promotion team (public health volunteers) prepared a monthly message dissemination plan and submitted it to the Management Board; and then disseminated messages under guidance of the Board. The Public Health Volunteers (PHVs) organized group discussions, house-to-house visits and provided health messages using IEC materials. In subsequent visits, they monitored the application of the public health knowledge.



Photograph 3. Members approving constitution of WUA

### Water Distribution

A participatory approach was followed in decision-making in respect of water distribution time schedule, water consumption charges, repair and maintenance of the system and financial management.

### Financial Management

An Accountant and a Treasurer manage the WUA's finance under the financial system defined by the regulations of district and commune. They monitor all expenditures and incomes of the WUA. Every month, the Accountant and the Treasurer have to reconcile books/records and submit a report to the Management Board. The WUA is responsible for collecting the water charges. The WUA also holds regular meetings with all its members to disseminate financial and other information.

### Sewerage and Garbage Management

The WUA divided the cluster into five blocks and gave the responsibility to PHV to make drainage arrangements in their respective blocks to dispose off household wastewater and rainwater into the main drainage system. The public health volunteers organized campaigns for constructing and maintaining open sewerage canals.

### Gender Focus

WUA activities focused on providing equal participation for both women and men in all programme activities. During the formation of WUA, detailed discussions were held in which both men and women participated. However, out of 11 members of the Management Board, only 3 are women members, as it was not possible to find more women who could take up management responsibility. During the training course for PHVs, the following issues were covered: definition of sex and gender, difference between sex and gender, gender roles, gender values, gender gaps, equality and gender integration. This helped the attendants understand the value of women's contribution to the family and to the society even if they do not have money; and is the importance of discussing, sharing jobs, sharing responsibilities, difficulties and benefits in the family.

One set of IEC materials named Gender Roles was developed, produced and introduced to the Public Health Volunteers. The main messages communicated by the IEC materials are: Both men and women can do house cleaning, taking children to the clinic, going to the market, collecting water, gardening, children anal cleansing, preparing food, cleaning latrine, harvesting paddy, being a hygiene promoter, etc. There is therefore no activity, which only men or women can do. The important thing here is the sharing of activities in the family and in the society. Focussed group discussions led by PHVs using this set of IEC materials were performed with the participation of both men and women.

### Project Immediate Impact

All households living at the cluster now have safe water for



Photograph 4. Training for Public Health Volunteers

drinking and domestic use. All recipients of sanitary latrines have improved family and individual health and enhanced general and specific health awareness.

There is significant decrease in diarrhoea and skin infection cases in the cluster. The diarrhoea cases have reduced from 31.3% in February 2003 (baseline survey) to 4.3% in August 2003 and further reduced to 3.3% in October 2003 (impact assessments). Skin infections reduced from 7.2% (August 2003) to 4.4% (October 2003).

### Lessons Learned

Though the WUA is involved in the management of the systems provided by the project, a bidding process for construction components was undertaken by the Project Management Board at the Provincial level with technical supervision by district officials. To ensure the implementation system is and remains transparent and accountable, the participation of the WUA was essential, and continues to be so.

Cooperation of other departments such as Women's Union, Health Department, Red Cross at the district and commune levels is needed for the WUA to continue maintaining the systems effectively.



Photograph 5. Improved public health

## Advocacy measures

The pilot project was found to be effective in setting up participatory management of Watsan system in the community. In order to advocate the methodology used in the pilot project, the following activities were undertaken in order to share the experience with other agencies so that the methodology can be replicated by many agencies in the Mekong Delta.

1. Dong Thap Province People's Committee (PPC) organised a workshop involving key stakeholders of Long An, An Giang and Dong Thap Provinces. The Vice Chairman of PPC invited the donors to invest more resources for replicating the Watsan Management Project in other areas. He also recommended the provincial authorities to convince the donors to replicate the knowledge of WUA. Oxfam GB is liaising with the provincial authorities in this respect.
2. The Vietnam Red Cross organised a workshop in Dong Thap on rural water and sanitation system in Mekong delta in which representatives of various provinces of Mekong delta participated. Oxfam and Red Cross gave a presentation on Watsan system being managed by WUAs. In the workshop a recommendation was made to replicate the experience of the WUA.
3. CARE International organised a workshop for sharing their research findings on resettlement clusters in which many Donors, UN agencies, INGOs, and senior officials of Long An, An Giang and Dong Thap Provinces were present. Oxfam and Red Cross gave a presentation on Public Health Promotion project in Dong Thap.
4. Dong Thap Province Foreign Affairs Department and Dong Thap Red Cross gave a presentation in the Disaster Management Working Group (DMWG) meeting held in Hanoi about the experiences of managing Public Health Promotion Project activities by WUA where the International NGOs, related Government department and donors were present.
5. The experiences of the project have been shared with Watsan Working Group in Hanoi, and on behalf of the INGOs the project experience was presented by Watsan Working Group as an effective model in the National Workshop on Rural Water and Sanitation System (RWSS) organised by the World Bank on 4-5 March 2004 in which major donors were present.
6. Oxfam is planning to organise bilateral meetings with major donors and related government departments to share the experience.
7. Currently CARE International; Plan International and AFAP have received funding from AusAID for implementing Watsan projects in the Mekong Delta and Central Coastal Provinces in Vietnam. Oxfam will share experiences of WUAs with these organisations.
8. Oxfam is developing two video documentary films for publicity as well as for advocacy and training.

## Conclusion

In this public health promotion project, Oxfam provided physical watsan facilities and public health awareness to two resettlement residential clusters in the Mekong delta on a pilot basis. The Watsan Users' Association formed at the cluster level is functioning effectively in managing both water supply and refuse disposal. District, provincial and national level officials feel that the project has made a good impact in the improvement of public health in these clusters. It is hoped that the national government as well as other donors will come forward to examine this experience and replicate the models appropriate and relevant in other areas.

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## Contact address

Provash Mondal  
 Humanitarian Programme Coordinator  
 Oxfam GB & Oxfam Hong Kong  
 218 Doi Can Street, Hanoi  
 Vietnam  
 Tel: (84-4) 832 5491  
 Fax: (84-4) 832 5247  
 Mobile: (84) 91 352 0770  
 Email: pmondal@oxfam.org.uk