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<tr>
<td>ADRA</td>
<td>Adventist Development Relief Agency</td>
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<tr>
<td>AusAid</td>
<td>Australian Assistance for International Development</td>
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<td>BEP</td>
<td>Basic Education Program</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>DEB</td>
<td>District Education Board</td>
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<td>DHO</td>
<td>District Health Office</td>
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<td>DRDO</td>
<td>District Rural Development Office</td>
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<td>DRDPRO</td>
<td>District Rural Development &amp; Poverty Reduction Office</td>
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<td>DWTs</td>
<td>District WASH teams</td>
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<td>ECED</td>
<td>Early Childhood Education and Development</td>
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<td>EU</td>
<td>European Union</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>GFWS</td>
<td>Gravity Fed Water System</td>
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<td>HH</td>
<td>Household/s</td>
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<td>HP</td>
<td>Hygiene Promotion</td>
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<td>HW</td>
<td>Hand Washing</td>
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<td>IEC</td>
<td>Informational and Educational Communications</td>
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<td>INGOs</td>
<td>International Non-Government Organizations</td>
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<td>LRC</td>
<td>Lao Red Cross</td>
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<td>LWU</td>
<td>Lao Women's Union</td>
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<td>LYU</td>
<td>Lao Youth Union</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MHV</td>
<td>Model Health Village</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>Ministry of Health</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>MTR</td>
<td>Mid Term Review</td>
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<td>NCA</td>
<td>Norwegian Church Aid</td>
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<td>NGO</td>
<td>Non-Government Organization</td>
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<td>O&amp;M</td>
<td>Operations and Maintenance</td>
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<td>OD</td>
<td>Open Defecation</td>
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<td>ODF</td>
<td>Open Defecation Free</td>
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<tr>
<td>PADETC</td>
<td>Participatory Development Training Centre</td>
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<td>PED</td>
<td>People's Democratic Republic</td>
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<td>PES</td>
<td>Provincial Education Service</td>
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<td>Provincial Health Department</td>
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<td>PRDPRO</td>
<td>Provincial Rural Development &amp; Poverty Reduction Office</td>
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<td>RWSS</td>
<td>Rural Water and Sanitation Strategy</td>
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<td>S&amp;H</td>
<td>Sanitation and Hygiene</td>
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<td>Swedish International Development Agency</td>
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<td>School Led Total Sanitation</td>
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<td>School of Quality</td>
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<td>School Sanitation and Hygiene Triggering</td>
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<td>ToT</td>
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<td>TWG</td>
<td>Technical Working Group</td>
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<td>United Nations Children’s Fund</td>
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<td>World Health Organization</td>
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<td>Water System</td>
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<td>Water and Sanitation Project (World Bank)</td>
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Executive summary

Background

Lao People’s Democratic Republic (Laos), has about 6.5 million people, composed of 49 ethnic groups, dispersed unevenly across the country. Most people live in valleys of the Mekong River and its tributaries. In terms of Health, infant mortality rate is at 70/1,000 and life expectancy is at 67.5 years (2011, UNDP). Laos is a Communist State with a the Lao People’s Revolutionary Party (LPRP) as the only political party. In the last decade, the economy has maintained rapid and sustainable growth, low inflation rate, and increase in national reserves. In rural areas, coverage of improved sanitation is estimated at 38%, according to JMP figures (2008). Poor sanitary conditions and hygiene practices, especially in rural areas, cause the three million disease episodes and six thousand premature deaths annually, according the World Bank. Children under five are particularly at risk for whom diarrhea is the third highest cause of mortality and responsible for sixteen percent of all deaths. The World Bank has estimated the economic impact of the WASH-related disease burden to be approximately 6% of gross domestic product or USD200 million per year. 1

Bokeo, a northern province bordering Thailand and Myanmar, comprises of five districts and 354 villages. Bokeo is home to 34 of Laos’ ethnic groups. In the three target districts where Plan is working, the Khmu (31%) are the largest group, followed by Lamed (14%), Lao (13%), Lue (12%), Hmong (11%) with Lahu, Akha, Tai-Dam making up smaller proportions of the population. 2 These ethnic groups each follow their own individual traditional cultural practices. Before the province was considered remote but is now facing economic and social pressures of rapid change.

The Project works in the poorest districts (Meung, Paktha, and Phaoudom) of Bokeo where terrain is generally mountainous with a poor road network and which have large number of ethnic groups, mainly the Khamu, Leu, Hmong and Lamad. These districts suffer from low primary school enrolment and completion, very few people with secondary education, poor hygiene and sanitation, and reportedly the worst child malnutrition in Laos. At the start of the Project in 2010, there was no consolidated data on water and sanitation coverage in the target districts but local officials' estimated 10% sanitation coverage with open defecation widely practiced. In December 2011, the Bokeo Provincial Health Department (PHD) reported an average toilet coverage rate of 52% in the 3 districts.

The Plan Laos WASH Project

The Project design was done April 2011 when the national RWSS strategy was in its finalization stage and approaches were linked to the draft Strategy. The Project goal is improved health of children by eliminating open defecation and ensuring they practice healthy hygiene behaviors. The objectives are: to eliminate open defecation and promote good hand washing practice with soap while encouraging safe water treatment and storage and keeping school and village environment clean in 35 targeted schools and villages; to demonstrate best-practice community management for three community water supply schemes; and, to increase the adoption of non-subsidized approaches within the Lao national and provincial WASH policy and practice while preparing Lao government staff to address sanitation issues accordingly.

Project underlying approach is a “School First Strategy” and includes participatory approaches to construction; team approach to hygiene promotion in schools and communities; and, formation of school clubs. Cross-cutting issues include child focus; gender equity; disability; and, ethnic minorities. To sustain outcomes, the design is aligned with government’s key education and health polices and indicators, and works through government; school and village WASH facilities are built through cost and labor sharing arrangements; and behavior change is promoted and sustained. The main activities are, upgrading sanitation and water systems in 18 schools in the 3 districts and in 3 villages, HP and SSHT in schools and CLTS triggering in 40 new villages, and WASH advocacy. The Pilot Project is supported by Plan International Australia and funded through AusAid.

1 Based on 2006 figures. Water and Sanitation Program (WSP) World Bank, (2009) Economic Impacts of Sanitation in Lao PDR, A five-country study conducted in Cambodia, Indonesia, Lao PDR, the Philippines, and Vietnam under the Economics of Sanitation Initiative (ESI)

2 Plan Laos village activity tracking sheet (updated on 31 July 2012)
At the national level, Plan and the Project play an active role in the national sector Technical Working Group (TWG), an informal group of organizations involved in the Lao PDR WASH sector. The Project is implemented through the DWTs at the district level and through regular provincial coordination meetings with relevant provincial agencies. At the community and school level, the Project engages lead students/student clubs; the school administration; and, village leaders and health staff. The villages were initially selected using secondary data in consultation with government partners. Forty potential target villages were then selected using developed 12-point criteria, updated further with the government authorities, and adjusted to accommodate the target villages of the Lao Red Cross (LRC) project. In January 2012, at the request of the District WASH Officers, the number of villages in Phaoudom was reduced by 5, resulting to the current target of 35 villages.

Project monitoring comprises of internal monitoring; HP and CLTS process monitoring; school level monitoring of activities; community level monitoring of CLTS post-triggering processes; and, construction monitoring of WASH facilities. Monitoring is done by Project staff, together with district authorities and village committees, and by students, teachers and appointed community members. Monitoring of progress towards the first two objectives utilizes the “Star” Topics monitoring system while progress for objectives 3 and 4 are done through specific quantitative and qualitative indicators.

In January 2012; an internal mid-term review was held. The review concluded that capacity building was challenging among target districts but the latter were starting to appreciate the importance of community capacity development as part of the overall process; that many lessons can be drawn from capacity building and service delivery processes; that a concerted effort is needed to sustain the benefits that have been achieved; that changing attitudes, behaviors and habits requires longer intervention time-frame; and, that project duration should be extended and expanded to other villages in the district with a strategic plan for transforming interventions from project approach to project approach of regular system with assurance of sustained change and improvement.

Project Evaluation

The purpose of the final project evaluation was to facilitate a reflective and participatory evaluation of the pilot phase, feeding into the design of the next phase of the Plan Laos WASH project. The evaluation covered HP, CLTS, hardware interventions, project team structures and working approaches, monitoring and review processes, and working relationships of the Project where each was assessed by its relevance, effectiveness, efficiency, impact, sustainability, and how gender and social inclusion had been addressed. The evaluation was based on an agreed work plan. Prior to field work, relevant Project documents were reviewed, data collection tools developed, an evaluation workshop agenda prepared, and a draft outline of the report prepared. Primary data was collected from 4 – 10 July, in 8 purposively-selected villages of Phaoudom and Paktha, by a team comprising of Plan WASH staffs, members of the DWTs (from three districts) and the consultant. Field data processing took place on 11-17 July, and the findings were then presented to a larger group of Project stakeholders coming from national, provincial, and district offices. Report writing commenced on the 23rd of July and the draft evaluation report submitted on 30 July 2012 to WASH Program Manager.

Limitations experienced in the conduct of the evaluation were the following: data gathering was limited to 8 villages in 2 districts and lack of in-depth training on the use of data gathering tools among surveyors.

Evaluation findings

Status of Project Objectives

In schools at the start of the Project, the average across 3 districts in terms of star topics rating was at 7.3%. At present, the average rating in 3 districts is at 76% or nearly a 70% change over the project time frame. There has been significant progress towards improved sanitation and hygiene conditions in school environments and children’s sanitation and hygiene practices in schools appear to be moving towards target. With the Project at its completion phase, it is unlikely that the targets will all be reached within the Project time frame. A major factor affecting the faster achievement of targets in schools, has been the lack of functional WASH facilities and in where they are operational, the lack of water. The other key issue is that behaviors are not sustained in majority of communities with only 23% ODF and most villages reporting seasonal water supply shortages. In the 18 target schools, the Project should continue its planned and committed rehabilitation and construction of WASH facilities. However, in villages adjacent to or containing these schools and where school water supply is scarce, the Project should find alternative means to improve such water supply systems to ensure regular functionality of school WASH facilities.

In communities, 23% of villages are ODF and latrine/ toilet coverage rate has risen to 68% from 42%. At the start of the project, effective water coverage rate was at an average of 54% in the 3 districts overall.
These improved conditions imply that sanitation and hygiene practices should also have improved considerably. In terms of Project monitoring through the star topics, on average none of the target districts have reached the Project targets. However, there appears to be significant achievements as regards HW with soap, treating and drinking safe water, and proper disposal of wastes, with all indicators near the targets. Lack of water appears to be a key factor in sustaining HW washing (especially among children) and in safe drinking water practices. For drinking water, observations indicate that storage facilities need improvement to lessen risks of contamination. On waste disposal practices, there are some disparities between Project monitoring with FGD findings with several villages, especially those not having achieved ODF, still disposing of wastes indiscriminately and without clear disposal steps after wastes are put in trash bins, lack of solid waste segregation and general emptying of wastewater to household surroundings.

In terms of demonstrating best practice on community WS management, the Project has had very little progress with only preparatory activities for construction/rehabilitation done at present. The main factors that appear to have caused this situation is the lack of clear planning and agreements with village and district authorities, including on contributions from communities, implementation arrangements with district authorities, and the logistical needs of bringing construction materials to target communities. Given this current situation of community WS interventions under the Project, progress towards desired changes in terms of women and girls’ roles in water access and management have not yet been established.

In terms of advocating for less dependence on subsidy and greater focus on demand-driven approaches in WASH, the Project has contributed to the development of the draft RWSS Strategy; conducted and shared two studies on WASH in Bokeo; supported the collaborative development of a WSP planning toolkit; disseminated information on CLTS training and triggering and on observations of world WASH events; and, contributed to national forums regarding WASH in schools. Plan is also an active member of the WASH sector group at the national level. To date, while the Project has worked well to support other initiatives in Government, particularly the development of the RWSS Strategy, there has been no non-subsidy method or approach that has been included in development plans of government at provincial or district levels.

A key approach of the Project was that by working through schools, Project approaches and activities would scale up faster in the target districts. From an over-all perspective, this has not yet happened. Over-all results indicate that the Project has to remain in the current 35 villages to ensure completion of interventions and to reach the main outcomes of ODF in schools and villages and sustained behavior change among beneficiaries. However, this does not preclude expanding CLTS to other villages once a projected 50% of current target villages soon reach ODF. Some key factors have contributed to this current situation were design alignment to the RWSS Strategy which is still at draft stage pending approval at the national level; incomplete WASH infrastructure in selected schools and villages resulting from several factors; lack support from government partners and other organizations in Bokeo in terms of resources; lack of a formal understanding with key government agencies on Project roles and responsibilities; and, Project design issues not considered thoroughly during the MTR and lack of follow-through of MTR recommendations during this pilot stage.

The approach of schools and villages with interventions starting at schools is still sound and should be continued. Health benefits can only accrue to children when both environments where they grow-up and develop are safe and healthy – that is, sustained ODF, and perhaps improvements in other health aspects as well. Programmatic and implementation issues and challenges greatly hampered the Project from reaching its goals. However, current achievement is still considered significant in view of such challenges and of the relative novelty of CLTS approach and SSHT model and existing prevalence of subsidized household sanitation facilities.

Relevance of Project components

For HP, there are already significant changes in knowledge and behaviors of beneficiaries but much remains to be done, particularly in terms of hand-washing among children. The objective of ODF in schools and villages should be reached for health benefits to accrue to children. At present, only 23% of the target villages are ODF, hence a large segment of target population is still constantly exposed to diseases that originate from human wastes. Government and its partners that support subsidy do not have the capacity to provide for all households in their target villages. Hardware interventions bridge the gap between knowledge and practice change to sustained behaviors and as such can be externally supplied,

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3 Households typically use insulated, plastic storage containers with lids that are available in local markets and use a scooper cup for drawing water
4 MTR recommendations will be further embedded in revised Program design.
facilitated by creating access to low-cost latrines or building materials, and providing access to improved latrine designs responding to local conditions. Reliable hardware facilities including constant supply of water is critical to sustain changed behaviors, particularly hand washing among children. Project team structures are a necessity in the political framework of Laos for INGOs where such a framework demands that the Project work closely with relevant agencies from national level down to the district and village level. There is still a lack of appropriate WASH monitoring information within government and among NGOs and much needs to be done towards harmonizing Project systems with those of government. Linked to project team structures, working relationships especially with government in obtaining technical inputs, advocacy support, cooperation and implementation support for activities, and recognition for the improvements will contribute to a more cohesive approach in addressing WASH issues in the Project area.

Effectiveness of project components
HP has been highly effective in raising awareness and increasing knowledge and promoting practice change among target beneficiaries on appropriate sanitation and hygiene practices at schools and in communities. Effectiveness of CLTS is clearly seen in having 8 of 35 target village achieve ODF status in a period of 6 – 7 months after triggering with potentially 10 more on the path to ODF. Effectiveness of Project hardware interventions in schools and communities is hampered by the fact that most are not yet operational, particularly in villages where rehabilitation of 3 water supply systems is just starting. Project team structures particularly the DWTs will be more effective when a formal agreement with the lead government agency at provincial and district levels is obtained and when capacities are further improved. While complex, time-consuming and perhaps prone to bias, the star topics monitoring system has proven effective in informing and guiding the Project as to what activities and approaches need to be strengthened to achieve targets. Internal reflections as an M&E tool was effective as it allowed Project staff and partners to assess together the accuracy of Project data and to analyze the implications of Project status and of emerging challenges. At all levels of government, the Project has been effective in establishing and maintaining collaborative working relationships. However, working relationships at district and province has to be formalized to ensure the smooth implementation at all levels.

Efficiency of components
The implementation of HP activities was according to the planned schedule and well within planned budget. To further increase efficiency, HP can be done in conjunction with CLTS sessions and can also be integrated with other Plan Programs by improving the IEC materials and engaging village cluster heads (Kumbans) for monitoring work. At first glance, when compared to the HP activities, CLTS did not appear to be as efficient, timely and cost-effective. However, given the potential effectiveness of CLTS in facilitating ODF status in at least 50% of target villages, the increased work-load, implementation time-frame, and costs may be well worthwhile with the approach proven cost-efficient in the long-term. The implementation of hardware interventions of the Project was not efficient. Activities were planned for implementation in 2011 but at present, hardware interventions in schools in all districts have not yet reached 100% while those in selected villages were still in preparatory phase. The efficiency of team structures and coordinated work approaches is limited by the required planning, reporting, and coordination activities. Costs are substantial as group work in the Project requires repeated visits to target sites particularly for monitoring and technical oversight. A focal person from government and from the Project appears to be the most efficient alternative set-up but would require formalization with the District Authorities. Formalization can also include the roles and tasks of village cluster heads for monitoring purposes. The monitoring system in place, though a time and resource-intensive process, appears to provide data that is representative of actual Project progress. Reflection processes are also expensive. However, if the process leads to agreement on all key issues and plans move forward effectively, then such desired outcomes produce a more cost-efficient result in the long run.

Sustainability
For HP, there is enough capacity in government, schools, and communities to continue with soft activities of the component but no so far for maintaining WASH facilities. At present, CLTS committees and district authorities can already perform continuous follow-ups (critical to sustain CLTS) among households with established village regulations recognized by district authorities, serving as a foundation for follow-ups. However, a critical factor that must be considered is the use of dry-pit latrines which are structurally unsustainable especially in challenging geographical conditions. Improved latrine designs addressing the existing risks and encouraging conversion to durable pour-flushed toilets are necessary. The latter requires that HH are economically-capable to convert to such type of toilets and/ or that low-cost durable toilets are accessible to these HHs. The sustainability of hardware interventions in schools that are

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5 School toilet and handwashing rehab and construction was not completed before the end of the second semester in May 2012 while water system rehabs in three communities did not start until after the evaluation period.
completed can be assured in terms of structural integrity but without adequate training on the maintenance of these structures to relevant partners, the likelihood of extended functionality of the structures is diminished. DWTs and CLTS committees promote good cooperation and good team work at district and village level but the sustainability of these structures depends on their formalization. CLTS committees can be sustained due to the formalized village regulations but at district level, a MoU at provincial and/or district level is needed. The latter also is important for sustaining good working relationships with government counterparts.

Impact of components

Over all, HP and CLTS have contributed to a situation in some villages, especially in ODF villages, where movement towards impact conditions is positive. At present, there is no indication that the DWT structure or the CLTS committees will be carried on by government. However, there is no better alternative at present. Hence, the practical approach is to establish new structures at provincial level and keep DWTs until their capacity is built up to function independently of Project WASH staff. Likewise, the current status of working relationships has not yet led/ contributed to government policy changes, particularly at national agency level in the WASH sector. Gender has been considered in toilet facilities in schools but the needs of PWDs have not yet been included in school toilets and in households. Monitoring and review processes in the Project’s original design cover gender equality and gender issues but, while encouraged among vulnerable groups, the latter’s situations are not yet reflected in monitoring records and reports. Participation of women in the different activities and mechanisms implemented and established by the Project still needs improvement based on documented lower proportions of women on village committees and focus group discussions. Participation of ethnic groups is reported as higher in homogenous ethnic villages while that of the poorest was reported as enough, voluntary, and that this group had the opportunities to participate actively.

Recommendations on Project Strategy

a) The Project should reinforce and build on the principle of having a more integrated school and village CLTS and HP interventions.– improving sanitation conditions at school or at home exclusively limits the potential impact of the interventions.

b) Re-alignment of Project design to be more consistent with government WASH improvement approaches by harmonizing M&E indicators with the SoQ and MHV indicators of government; studying the potential use of “smart” subsidies using on transparent baseline-informed selection criteria and process that are aligned with that of government, for the poorest and other vulnerable households; and, introduce the sanitation marketing approach based on a comprehensive assessment of the local supply chain for water supply and sanitation products and materials.

c) Greater focus on both school and village development in terms of water supply systems, hand-washing facilities, and toilet facilities in schools and CLTS-driven sanitation hardware improvement in villages supported by improvement of village water systems and school WASH facilities. Project should continue to focus on and prioritize the 18 schools and villages (where school WASH facilities were done), to ensure that WASH facilities and supporting water supplies are serving the needs of the community before expanding to other schools. Future targeting of villages needs to consider functionality of water supplies that can support both schools and villages through a systematic functionality review process.

d) Continue with CLTS monitoring in current 35 villages supported by sustained implementation of HP activities and introduction to and training on emerging improved sanitation technologies that are local resource based and adaptable to local geographical and physical conditions. Expand CLTS to other villages in Bokeo based on selection criteria that is prepared in consultation with government counterparts.

e) Include interventions targeting watershed/ water sources protection issues and mobilize resources from other water supply improvement oriented donors and NGOs for rehabilitation or construction of water supply systems in target villages outside of 18 schools and in new villages as informed by functionality studies.

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6 Evaluation findings showed that women’s participation could vary according to ethnic group, where their roles in village life are subject to social and traditional norms.
f) Increase, improve, and monitor gender-related interventions in the Project including gender parity in committees, student clubs and government teams established as part of interventions and approaches. Attention of the Project should focus on participation of women in activities and trainings as well as promoting of needs of women, girls, and vulnerable groups (PWDs, widows, elderly) through appropriate school and household toilet construction and amenities as well as other new activities of the Project.

g) Ensure implementation guidelines of school and village activities of the Project have specific guidelines addressing participation and needs of ethnic groups particularly in mixed ethnic groups villages, and, of the poorest and other vulnerable HHs in target villages

h) Implementing partners’ staff and duty-bearers at schools and villages/ communities serve as “role models” of sanitation and hygiene

i) Clarify and improve the Project objective on advocacy considering the potential support from other Plan programs such as BEP, MNCHN, ECCD and key partner agencies such as UNICEF and WSP. There is also a need for an integrated monitoring and evaluation system among the Plan programs that can cover or include all indicators in Government’s SoQ and MHV set of indicators.

Recommendations on Project implementation

a) Obtain a formal memorandum of understanding (MoU) with key government agencies at the national and/ or the provincial levels (MoH and/or PHD) and perhaps with other partner agencies such as the PESS, the PRDO, and the Provincial and District Governor’s Office.

b) Establish an inclusive and comprehensive baseline implemented according to the baseline needs of other relevant Plan programs in the same target areas. Further research into attitudes and perceptions among different ethnic groups towards WASH should be encouraged.

c) More emphasis and Project focus on ethnic needs through regular and routine programming with Plan interns, who represent a variety of different ethnic groups in each district and work with Plan programs at the village level.

d) Increased and improved capacity building for key Project staff, particularly frontline District WASH Coordinators and village interns.

e) Improved and increased capacity building activities for government counterparts which should be informed by capacity needs assessments. Initiate a provincial level structure similar to that of DWTs but whose role will be mostly capacity building, technical support to DWTs, and monitoring and evaluation at set intervals. Once DWTs and village mechanisms can function more independently of Project WASH staff (upon capacity assessments), consider phase-out of direct district and village implementation activities of Project staff with a view to formalize their functions at the provincial structure. Their role could increasingly take on those of technical advisors and coaches.

f) Add specific indicators on participation and status of activities with regards to women/ girls, the poorest, the PWD, and other vulnerable households as informed by the baseline survey.
1. Background

Lao People’s Democratic Republic (known as Laos), with Vientiane as the Capital City has an area of 236,800 sq. km. Situated in Southeast Asia, the population is about 6.5 million people dispersed unevenly across the country. Most people live in valleys of the Mekong River and its tributaries. Vientiane prefecture, the capital and largest city, is estimated to have about 853,000 residents in 2012. The country's population density was 27/sq. km. The population is composed of 49 ethnic groups, which is classified into 4 ethno-linguistic groups, namely Lao-Tai, Mon Khmer, Hmong-Imien, and Sino-Tibetan. Religion is Buddhism of around 67%, Christianity (1.5%), Baha’I and Islam (<1%), others 30%. The official Language is Lao, English, French, and various ethnic languages. The national Literacy is at 73%. In terms of Health, infant mortality rate is at 70/1,000 and life expectancy is at 67.5 years (2011, UNDP).

The Lao PDR has its first Constitution in 1991, and amended it in 2003 to meet the needs of the socio-economic development and regional and international cooperation and integration. The political system of Lao PDR is a Communist State. It has three branches. The Executive branch comprises of the President (head of State), the Chairman of the Council of Ministries (prime minister and head of government), the 11-member Politburo, and the 50-member Central Committee. The Legislative branch consists of the 132-seat National Assembly and the Judiciary comprises of the district, regional, and a national Supreme Court. There is only one party – the Lao People’s Revolutionary Party (LPRP).  

The economy, had maintained rapid and sustainable growth, low inflation rate, increased in national reserves. The poverty ratio has reduced from 33.5% in 2003 to 25.6% in 2009-2010. The Human Development Index (HDI) ranking of the country improved from 137 in 2007 to 130 in 2008 and GDP grew by 8.1% in 2010. The economy is mainly driven by the services, (37.2%), agriculture and forestry (30.4%) and the industry 26.1%) sectors. 

Bokeo is a northern province of Laos, bordering Thailand and Myanmar to the north, and close to China. Bokeo’s provincial capital is Houayxai on the Mekong River. The province is made up of six districts Houay Xai, Meung, Paktha, Pha Oudom, Tonpheung, and the special zone of Nam Nhou. The total area is 6,196 sq. km. The total population is 149,700 at a density of 24/ km2, living in 25,632 households in 354 villages. Bokeo is home to 34 of Laos’ ethnic groups. In the three target districts where Plan is working, the Khmu (31%) are the largest group, followed by Lamed (14%), Lao (13%), Lue (12%), Hmong (11%) with Lahu, Akha, Tai-Dam making up smaller proportions of the population. These ethnic groups each follow their own individual traditional cultural practices. 

Until recently Bokeo was considered very remote and isolated, but now it is facing the economic and social pressures of rapid change, including the effects of resettlement, land concessions for dams and other large enterprises, the widespread introduction of rubber planting and, in the near future, the arrival of mass tourism from China and Thailand. The provincial capital Houay xai and its surrounding lowland district are already prospering because of increasing business activity with China and Thailand. In two years a bridge will cross the Mekong, part of an international highway being constructed between Thailand to southern China through Laos, and a Chinese firm is constructing a huge casino complex. 

Bokeo has some of the poorest communities in Laos – for example, it has the highest level of child malnutrition in the country. Two of Bokeo’s six districts, Mueng Mung and Pha Oudom, are “poorest” and a third, Pak Tha, is “poor”. Poor communities in Bokeo are facing extraordinarily rapid change, hence social and economic stress. 

The Plan Laos WASH Project (the Project) locates in these poorest districts of Bokeo Province. Terrain is generally mountainous. The target districts have large ethnic groups, mainly the Khamu, Leu, Hmong and Lamad. These districts suffer from low primary school enrolment and completion, very few people with secondary education, poor hygiene and sanitation, and the worst child malnutrition in Laos. The Project supports the five-year Early Education and Development (ECED) Program and Basic Education Program, the initial focus for Plan’s work in the area.

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7 U.S. Department of State, Diplomacy in Action. [http://www.state.gov/r/pa/ei/bgn/2770.htm](http://www.state.gov/r/pa/ei/bgn/2770.htm)
10 Plan Laos village activity tracking sheet (updated on 31 July 2012)
The Project responds to poor WASH conditions, common in rural Laos where coverage of improved sanitation is estimated at 38%. Poor sanitary conditions and hygiene practices cause three million disease episodes and six thousand premature deaths annually. Children under five are particularly at risk for which diarrhea is the third highest cause of mortality is responsible for sixteen percent of all deaths. The World Bank has estimated the economic impact of the WASH-related disease burden to be approximately 6% of gross domestic product or USD200 million per year. At the start of the Project in 2010, there was no consolidated data on water and sanitation coverage in the three Project districts but local officials’ estimate that sanitation coverage is about 10%. Open defecation was widely practiced. In December 2011, the Bokeo Provincial Health Department (PHD) reported an average toilet coverage rate of 52% in the 3 district.

Diarrhea, skin and eye diseases, and worm infections are common illnesses. The poor health of children aged 5 to 14 – ages when they should be undergoing intense physical and intellectual growth – has negative effects on growth, nutritional status, physical activity, cognitive development, concentration, and school performance. Outside of the neonatal period, pneumonia is the leading cause and diarrhea the second leading cause of death for under-fives in the Lao PDR, indicating serious problems of access to clean water and adequate sanitation, and a lack of effective hygiene promotion. Young children are most vulnerable to disease from poor sanitation and hygiene. In 2006 almost three million cases of diarrhea were attributed to poor sanitation and hygiene in the Lao PDR (children under the age of 5 accounted for 41%). In the same year some 3,600 deaths were caused by diarrhea (children under the age of 5 accounted for 90% of the total number of diarrhea related deaths) and 2,456 deaths by indirect diseases related to malnutrition.

In schools, there are significant gender disparities in primary school enrolments and there are large disparities between rural and urban areas, and among ethnic groups; limited or no toilets facilities at schools and if they are available these are often poorly operated and maintained; toilets that may work are often padlocked since there is no water for flushing or because the students are not trusted to use them properly; no or inadequate water supply; no other crucial sanitation and hygiene facilities such as hand washing facilities, waste garbage pits, soak pits, drainage, etc.; non-existent, irrelevant or passive health and hygiene education curriculum for children; majority of teachers are not trained on sanitation, hygiene and health issues; and a lack of effective policy and guidelines for the promotion of sanitation and hygiene at schools.

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12 Plan CSP Situational Analysis  
13 UNICEF State of Asia-Pacific’s Children 2008  
14 WSP (2009v) Economic Impacts of Sanitation in Lao PDR  
2. Project Design

Project design was done April 2011 when the national RWSS strategy was in its finalization stage. Hence, with the expectation that the Strategy would be formalized soon after, the Project was designed to be consistent with the core proposed approaches of the Strategy such as introduction and scaling up of non-hardware programs for sanitation and increased community responsibility for improved sanitation and hygiene conditions and increased participation of the private sector in sanitation improvements.

The Project was built on Plan’s three years of experience in Bokeo, including 12 months conducting WASH training and pilot activities. The Project works in three districts responding to the request of the Ministry of Education (MoE) to include more focus in schools to utilize the approach in diverse ethnic contexts. The approach would allow faster scaling up as more district government staff will be introduced to CLTS and school hygiene promotion methodologies and will have the opportunity to put their new skills into practice.

The Project goal is improved health of children by eliminating open defecation and ensuring they practice healthy hygiene behaviors. Contributing to the goal, are four objectives: 1) Eliminate open defecation and promote good hand washing practice with soap while encouraging safe water treatment and storage and keeping school environment clean in 40 targeted schools; 2) Eliminate open defecation and promote good hand washing practice with soap while encouraging safe water treatment and storage and keeping village environment clean in 40 targeted villages; 3) Demonstrate best-practice community management for three community water supply schemes; and, 4) Increase the adoption of non-subsidized approaches within the Lao national and provincial WASH policy and practice while preparing Lao government staff to address sanitation issues accordingly.

The Pilot Project is supported by Plan International Australia and funded through AusAid.

Project Approach

The Project’s underlying approach is a “School First Strategy” which is line with the Plan Laos’s country strategy. The approach looks at increasing communities’ awareness of the Project through school activities in preparation for subsequent CLTS and HP activities in villages and on utilizing children’s influence on communities based on what they have learned and experienced in schools. The proposition assumes that children not only require hygienic toilet facilities at school, but at home, too. The Project’s other key approaches are: participatory approaches to construction (working with government and communities for WASH infrastructure construction and rehabilitation); team approach to hygiene promotion in schools and communities (raising health and hygiene awareness prior to any infrastructure development through DWTs); and formation of school clubs (peer-to-peer awareness raising in schools and communities guided by teachers).

Cross-cutting issues in the Project include child focus (focusing on improving the environments for children at schools and at home); gender equity (fostering greater empowerment of women and girls in relation to WASH); disability (focus on international standards and rights of people with disabilities (PWDs) with facilities designed to meet their needs as required); and, ethnic minorities (focus in staffing for local facilitation and targeted/ contextualized IEC materials).

To sustain outcomes, Project approach is developed to enable replication by government partners, is aligned government’s key education polices and strategies, conforms to the principles of the Model Village strategy, is consistent with provisions of the draft national rural water and sanitation strategy (RWSS), and works through government agencies and mechanisms (DEB, DHO, Women’s Union and Youth Union). Second, school facilities are built through cost and labor sharing arrangement with school communities to promote ownership. Schools are supported to develop the necessary O&M arrangements, including for recurrent funding, to ensure that facilities are kept clean and in good order. Third, community water supplies are constructed/ rehabilitated through cost-sharing arrangements and design and implementation will be based on an assessment of previous water supply systems to ensure learning from past design and management issues. Finally, through CLTS, behavior change is promoted and sustained by regular follow-up visits and support to communities.

Project key activities

To achieve the 4 objectives outlined previously, three high level activities were designed.

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16 Drawn largely from the Plan WASH Project Design Document
Working with district government partners, upgrading sanitation and water systems, is on-going for 18 schools in the 3 districts and in 3 villages. Construction/ rehabilitation activities will be supported by O&M training for caretakers, water quality testing before and after construction, research into production of local pour flush latrine production, and, research into community water supply management schemes in project area.

**CLTS triggering in 40 new villages**, through District WASH teams (DWTs) was intended to help communities eliminate open defecation and promote improved hygiene practices. School Sanitation and Hygiene Triggering or SSHT, a schools targeted module based on CLTS, activities commenced in schools and then CLTS activities were implemented in the communities, using the students and teachers to support the process. Critical steps here were: HP facilitator training and refresher training for DWTs; 1 CLTS facilitator training of trainers for DWTs; 8 CLTS training for village chiefs and community leaders; 40 HP trainings at schools; CLTS triggering at 40 villages and follow-ups by DWTs; ODF celebrations and awards for excellent school and community achievements; and, exchange visits; province to province, district to district and community-to-community. This target of 40 new villages was reduced to 35 (refer to ‘Target villages’ section below.

**WASH advocacy**, targeted at and working with government and other stakeholders at district, provincial and national levels, was intended to promote improved WASH outcomes. Critical activities included production of HP materials; national-level advocacy on rural water and sanitation policy; observation of global WASH days; and support to dissemination of WASH messages through other media like drama and puppet shows.

**Implementation arrangements**

The Project is implemented in partnership with government agencies at district and provincial level namely, the Health and the Education Departments, the Lao Women’s Union, the Youth Union, and the District Rural Development & Poverty Reduction Office which is under the District Governor’s Office. Roles of lines agencies and people’s organizations under the Project are consistent with their mandates, while the DRDO provides lead coordination among all partners at the district level since all Project activities are implemented through district agencies.

The Project also facilitated regular provincial coordination meetings under the Provincial Rural Development & Poverty Reduction Office (PRDPRO) to ensure conformity with government priorities. Government agencies involved in these meetings are PED, PHD, Women’s Union, and Youth Union while non-government organizations comprised of Lao Red Cross (LRC), Norwegian Church Aid, and Concern Worldwide. This mechanism ensures that interventions are reviewed and lessons learned from implementation are shared. At present, the Project coordinates only with the LRC as other NGOs, Concern and NCA, already completed their projects in the province.

At national level, Plan plays an active role in the national sector Technical Working Group (TWG), providing resources and technical inputs such as publishing the CLTS and SSHT training manuals in the Lao language. Plan continues to find a common approach to WASH in the country with focus on private sector involvement and sanitation marketing in community toilet construction, while discouraging use of broadly targeted subsidies. Further, Plan continues to support the approval process of the new rural water supply and sanitation policy in Laos and plans to play a key role in the implementation of the policy when it is officially adopted by the Lao PDR.

At the community and school level, the Project engages:

- Lead students who lead in school HP activities and teachers who in turn play an advisory role
- School Administration, where school directors establish a supportive environment for HP initiatives of student clubs, as well as providing school support for some activities.
- Village leaders and health staff (village cluster heads, VEDC, village chiefs, and village health volunteers) engaged in the HP process, the school and CLTS triggering processes, and supports school and community organization for infrastructure development.

**Target villages**

The villages were initially selected using secondary data in consultation with government partners (PED, PHD in Bokeo. Additional information was obtained through collaboration with Concern, Norwegian Church Aid (NCA), and Lao Red Cross. The first stage in identifying 40 potential target villages involved compiling available data against District government village lists in Phaoudom, Meung, and Paktha using 12 criteria listed below. Each village on the list was awarded one point for each criterion that fit and then ranked by the villages meeting the most criteria.
1) Village and/or school with very poor health and sanitation conditions
2) No toilets or hand washing basins at school or toilets in need of rehabilitation
3) No adequate school water supply
4) Community water supply system is needed or in need of rehabilitation
5) ECED site for toilet construction or classrooms (4 in Paktha, 7 in Phaoudom)
6) BEP school sites/village for toilet construction (7 schools in Phaoudom)
7) Sponsorship community
8) CLTS triggered villages (Phaoudom) and those recommended by DHO
9) No water and sanitation infrastructure projects planned or recently completed by Lao Red Cross, Lao PDR or other external organizations
10) Coordinated with district and provincial development plans
11) Village chief’s (and VEDC’s) willingness to work with PLAN on full WASH cycle (all 7 steps)
12) Classified as remote and isolated village

The initial list was shared and updated further with the government authorities at the district and provincial levels\(^\text{17}\). Then it was adjusted to accommodate villages where the LRC was providing toilet subsidies through an EU funded water and sanitation project. In May 2011, with their project implementation period shortened by a year, the LRC selected more villages in Paktha and Meung, resulting in Plan having to identify new villages in those districts. At that time, LRC stated that they preferred to implement their project independently\(^\text{18}\) despite a proposal by Plan to synchronize demand creation for toilets with their subsidy project coming in later. In January 2012, at the request of the District WASH Officers, the number of villages in Phaoudom was reduced by 5, resulting to the current target of 35 villages. They wanted to focus on only 15 villages instead of 20 since the process of post-triggering was more intensive than anticipated at the beginning of the project.

**Project monitoring and evaluation**

Project monitoring comprises of internal monitoring including reporting, internal reviews and project management; HP and CLTS process monitoring; school level monitoring of activities; community level monitoring of CLTS post-triggering processes; and, construction monitoring of WASH facilities. Project staff conducts monitoring via regular field visits and reporting. With district authorities and village committees, Project staff also monitors WASH facilities construction/rehabilitation. The Project engineer assists schools and communities in the technical monitoring of the school sanitation facilities and community water supplies. Monitoring will also be conducted by student and teachers in the schools and by appointed community members for sanitation improvements in villages.

An internal review was held in January 2012 amongst Project staff and government counterparts, which served as the mid-term review (MTR) of the Project. Some of the key findings\(^\text{19}\) of the MTR were that:

1. Target districts had come through a very steep learning curve in relation to project implementation and were starting to appreciate the importance of community capacity development as part of the overall process.
2. Capacity building and service delivery have formed major components of the processes to date and many lessons can be drawn from these processes.
3. A concerted effort is needed by everyone to sustain the benefits that have been achieved to date on school sanitation and hygiene and to improve on them. Capacity and partnership building at schools, communities, district and provincial level will be needed.
4. Targeting to change human attitudes, behavior and habits require more intervention time then just two years. The project duration should be extended and expanded to other villages in the district with a strategic plan for transforming interventions from project approach to program approach of regular system with assurance of sustained change and improvement.

**3. Final Project Evaluation\(^\text{20}\)**

**Scope**

The purpose of the final project evaluation (Evaluation) is to facilitate a reflective and participatory evaluation of the pilot phase of the Plan Laos WASH Project. The evaluation will feed into the design of

\(^{17}\) records from 3 March 2011 meeting with PHD and PES
\(^{18}\) According to LRC, they were tasked to implement the IFRC community based health program methodology and felt that introducing CLTS in the same communities would make village volunteers confused.
\(^{19}\) Mid-term Review Report, January 2012
\(^{20}\) Drawn largely from the Evaluation Terms of Reference
the next phase of the Plan Laos WASH project beyond the pilot phase, and hence recommendations need to be practical and appropriate for Plan to be able to incorporate immediately.

The evaluation will cover the hygiene promotion, CLTS intervention, hardware interventions (school WASH facilities and village water supply improvements), project team structures and working approaches, monitoring and review processes (qualitative and quantitative) employed by project, and working relationships with government partners and other external agencies components of the Project. Each component would be assessed by its 1) relevance, 2) effectiveness, 3) efficiency, 4) impact, 5) sustainability (with potential for scaling up), and 6) how gender and social inclusion have been addressed.

**Methodology and work plan**

The evaluation was based on an agreed work plan developed by the consultant, which was reviewed and approved by Plan prior to commencement of work (See Annex 1 for the final work plan as implemented).

**Preparatory phase**

a) Background reading/ review of Plan Laos documents relevant to the Project design and implementation.

b) Finalization of the draft work plan and submission to Plan Laos. This included the suggested field data collection design where Plan staff and partners would conduct data collection before the arrival of the consultant to ensure sufficient time for data processing and evaluation report writing.

c) Development of draft data collection templates and guidance notes comprising of key informant interview guides, FGD guides, and an observation guide. Tools were submitted to Plan Laos for consideration and approval. Draft outline of evaluation report was also submitted at this time to Plan Laos.

d) Evaluation workshop with Plan staff and selected government representatives. The evaluation workshop comprised largely of reviewing current Project results and reflecting on the Project’s strengths and opportunities for inputs to the succeeding phase.

**Data collection phase**

Primary data collection conducted from 4 – 10 July, in 8 villages of Phaoudom and Paktha, by a team comprising of Plan District WASH and Provincial Staff, Project Manager, Project staff, and the consultant. Selection of field visit sites was by the Program Manager in consultation with Project staff. Villages were purposively selected to be of two types – ODF or those villages that had progressed well and villages that were having difficulty in reaching ODF. Due to time constraints, target villages in Meung were not visited.

The consultant and the Program Manager with translation support from Plan staff, conducted semi-structured interviews with the District WASH Teams, with District Government and line agency officials, and with village leaders. Project staff conducted FGDs with men, women, and children’s groups in the 8 villages. Identification and organization of discussion groups in villages was facilitated by the village heads. At the time of the visits, many villagers were away for planting, but all villagers who were available were asked to participate. Given this situation, persons who may have been active in the community WASH initiatives (especially women) may have been in the fields, limiting the pool of potential respondents. Schools were not in session and were closed during the visits and some of the students were helping their parents in the field. Overall, all FGD groups had participants from 5 to 15 persons.

**Table 1 FGD respondents by village (to be added)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Village</th>
<th>Men</th>
<th>Women</th>
<th>boys</th>
<th>girls</th>
<th>totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Houykoun</td>
<td>9</td>
<td>6</td>
<td>8</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>2</td>
<td>Hat Hom</td>
<td>10</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>3</td>
<td>Peingtheung</td>
<td>7</td>
<td>12</td>
<td>5</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>4</td>
<td>Viengkhannoi</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>5</td>
<td>Houy Hao</td>
<td>18</td>
<td>21</td>
<td>17</td>
<td>14</td>
<td>70</td>
</tr>
<tr>
<td>6</td>
<td>Houychang</td>
<td>14</td>
<td>24</td>
<td>18</td>
<td>29</td>
<td>85</td>
</tr>
<tr>
<td>7</td>
<td>Houy ann</td>
<td>10</td>
<td>7</td>
<td>16</td>
<td>8</td>
<td>41</td>
</tr>
<tr>
<td>8</td>
<td>Houy Norkom</td>
<td>6</td>
<td>8</td>
<td>9</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>totals</td>
<td></td>
<td>82</td>
<td>91</td>
<td>84</td>
<td>77</td>
</tr>
</tbody>
</table>
The tools utilized in the field survey are found in Annex 2. Primary data gathering served to validate evaluation workshop findings and obtain direct feedback from Project beneficiaries as to Project results.

Data processing phase
Half of the survey team returned to Houay Xai on the 10th with the other half remaining in Paktha district to complete field work in two remote villages. Data processing commenced on the 11th and concluded on the 17th. Processing took time due to translation of results to English, processing of results, and re-translation back to Laos for use in the design workshop. Findings from the field survey were presented to a larger group of Project stakeholders coming from national, provincial, and district offices. Presentation to stakeholders served to validate findings and in some cases clarify/ invalidate findings.

Report writing phase
Report writing commenced on the 23rd of July due to work done on processing of design workshop results. Draft evaluation report submitted on the 26th of July 2012 to WASH Program Manager.

Limitations
Constraints and limitations encountered and experienced in the conduct of the evaluation were the following:

a) With limited staff to work with, the field data gathering was limited to 8 villages in 2 districts. Data gathering was done only in villages; hence some important information from school-based beneficiaries (students and teachers) was not captured. However, it should also be noted that schools were closed during the field visits.

b) Prior to field visits, a discussion on the tools was conducted with the Program Manager and the Provincial WASH Officer. This served to clarify questions on tools administration the Provincial WASH officer had before translating the tools and providing instructions to the other members of the survey team. At Phaoudom, a de-briefing/ feedback session was conducted after the first day of field work. The session was led by the Provincial WASH officer with the Program Manager and consultant assisting. Questions and clarifications from the team were discussed and some changes were made in the FGD guides. However, there was no formal training process on the use of the tools prepared by the consultant. These preparatory processes may have not been enough to obtain good results from the field survey. This was revealed when data from FGDs were processed – where inconsistencies in responses were observed. Such inconsistencies can be a result of several factors: discrepancies in translation from English to Laos and then back again to English for the tools and for the results; absence or limited probing during interviews and discussions i.e. directly recording responses without determining if responses are pertinent to the questions posed; and, inexperience with the types of questions being asked. Perhaps the single key factor that limited the effectiveness of field data gathering was the lack of a formal training exercise on the content and administration of the data gathering tools.
4. Evaluation findings

4.1. Project Results

School and community activities of the Project are implemented through a 7-step process. These steps are 1) School HP ToT and establishing District WASH teams; 2) Community orientation and school HP trainings; 3) Construction of sanitation facilities at schools; 4) CLTS triggering in villages; 5) Household toilet construction; 6) Improvements to community water supplies; and, 7) Operation and maintenance training for schools and communities. In all of these activities, the lead implementers are the DWTs together with Plan District WASH staff. Details of this 7-step process are presented in Annex 3 Project Design Summary.

Tools and approaches used in the 7-step process were the UNICEF Blue Box\textsuperscript{21}, the SSHT Manual and toolkit\textsuperscript{22}, and the CLTS Manual and toolkit\textsuperscript{23}. Other materials used were soap making, games for hand washing. A mascot was also developed for the WASH HP component to help disseminate key messages on proper hygiene practices at home and at school.

Monitoring of progress towards Project objectives uses a simple “star topic” based methodology. Five star topics are monitored and measured by target schools and communities with support from the DWTs. DWTs certify when the star status has been reached\textsuperscript{24}. The star topics are 1) eliminating open defecation and using toilets, 2) hand washing with soap, 3) treating and storing safe drinking water, 4) proper disposal of waste water, and 5) proper disposal of solid waste. Targets schools and schools strive to reach the star status and awards for the schools that achieved their objectives would be decided during the quarterly VEDC meetings where the results from the District WASH teams would be presented. Monitoring of star topic status involves physical (e.g. “toilet functional, clean and well maintained”) and behavior (e.g. students are not defecating near school during school hours”) indicators which are monitored and measured through direct observations and surveys/ FGDs using prepared tools. Details of this monitoring process are also found in Annex 3.

   a) Eliminate open defecation and promote good hand washing practice with soap while encouraging safe water treatment and storage and keeping school environment clean in 35 targeted schools

Interviews with children as regards sanitation and hygiene practices when in schools were not done during the field visits. Hence, the main bases for looking at progress to achievement of Objective 1 were Project monitoring reports.

The main activities under this objective were School HP training of trainers (ToT) and establishing District WASH teams (DWTs); community orientation and school HP trainings; and ODF verification and celebrations. Cost items for these activities are shown below.

<table>
<thead>
<tr>
<th>District</th>
<th>Budget</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>POD</td>
<td>5,700</td>
<td>2,713</td>
</tr>
<tr>
<td>PKT</td>
<td>2,825</td>
<td>1,952</td>
</tr>
<tr>
<td>MM</td>
<td>2,825</td>
<td>2,760</td>
</tr>
<tr>
<td>total</td>
<td>11,350</td>
<td>7,425</td>
</tr>
</tbody>
</table>

As of June 30, WASH facilities in 11 schools have been completed. Completed facilities are in 4 schools in Phaoudom, 4 schools in Paktha, and 3 schools in Meung. In 7 schools WASH facilities construction,

\textsuperscript{21} Comprehensive toolkit developed for the Lao MoE that covers disease transmission related to poor hygiene practices along with interactive games and exercises dealing with personal hygiene, safe water storage, and clean environment as well as taking care of waterpoints and toilets.

\textsuperscript{22} Developed by the TWG for the Lao context, materials include a comprehensive set of activities and games aimed at triggering schools into improving sanitation and hygiene practices. A supplemental hand washing manual is included to place emphasis on hand washing with soap.

\textsuperscript{23} Adapted for use in Laos by the TWG, involves a strong hygiene promotion component which inspires community households to build or improve their own toilet facilities.

\textsuperscript{24} Percentages were used to record progress on each of the “star” topics. The same calculations were used for both schools and villages. For example, villages had 7 criteria for toilets, 2 for hand washing with soap, 3 for household water treatment and storage and 3 for solid and wastewater management at the household level. Each “star” topic was scored 1 point for every condition met and given an average figure. For overall progress on all 4 of the “star” topics, the averages for each topic were again averaged and divided by the 4, according to each category. The final averages were used for calculating “ODF” status where toilet access and use was 100% and the ranges for the other three topics was 80-100%. 


rehabilitation is still on-going. Table 2 below shows the over-all completion rate for toilet facilities in the 18 target schools in 3 districts. At the start of the Project, the effective WASH coverage was 50% in Mueng, 47% in Paktha, and 23% in Phaoudom. Project activities have contributed significantly to improving WASH facilities conditions in all target schools.

Table 3. School Toilet Construction Progress Update

<table>
<thead>
<tr>
<th>District</th>
<th>% completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>POD</td>
<td>97%</td>
</tr>
<tr>
<td>PKT</td>
<td>61%</td>
</tr>
<tr>
<td>MM</td>
<td>91%</td>
</tr>
</tbody>
</table>

Toilet facilities observed in 3 schools in Phaoudom were built well (cement and bricks), had separate rooms for boys and girls, had hand washing facilities just outside the door but had no soap during the time of visit. In 2 of the facilities, toilet doors were locked (because schools are on break) hence quality of inside the toilet rooms could not be assessed. In the third school visited, the toilet facilities were about 80% completed. Doors were not yet installed. A tap is present beside the pan. Build quality is also good.

To date, in all target schools of the Project, it is only in Star Topic 3 where the target has been reached i.e. in all schools drinking water is treated and kept safe. For proper waste disposal all schools in Phaoudom and Paktha have reached the minimum target. For all other star topics there is positive progress towards targets. Compared with monitoring at the start of the project, there appears to be very significant changes in school sanitation and hygiene conditions.

Table 4. Star Topic Update (schools) %

<table>
<thead>
<tr>
<th>Star Topics</th>
<th>POD</th>
<th>MM</th>
<th>PKT</th>
<th>Target</th>
<th>Current average for 3 Districts</th>
<th>Baseline (start of Project)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Star 1: Defecation free school and using toilets</td>
<td>73</td>
<td>30</td>
<td>74</td>
<td>100%</td>
<td>59%</td>
<td>26%</td>
</tr>
<tr>
<td>Star 2: Hand washing with soap</td>
<td>83</td>
<td>90</td>
<td>84</td>
<td>80-100%</td>
<td>85%</td>
<td>0%</td>
</tr>
<tr>
<td>Star 3: Treating and storing safe drinking water</td>
<td>83</td>
<td>90</td>
<td>85</td>
<td>80-100%</td>
<td>86%</td>
<td>4%</td>
</tr>
<tr>
<td>Star 4 &amp; 5: Proper disposal of solid waste and waste water</td>
<td>85</td>
<td>68</td>
<td>86</td>
<td>80-100%</td>
<td>79%</td>
<td>4%</td>
</tr>
<tr>
<td>Star 6: Active student clubs</td>
<td>71</td>
<td>61</td>
<td>78</td>
<td>80-100%</td>
<td>70%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Among the star topics, movement towards eliminating OD and using toilets appear to be affected by the lack of/ uncompleted toilet facilities in schools and by lack of water in schools where facilities are complete. For hand-washing, on average, none of the target districts have reached the target. Again this may be caused by the lack of uncompleted HW facilities and the lack of water.

Lack of water is the main issue in the functionality of these WASH facilities in schools and consequently, the regular practice of improved hygiene and sanitation practices. In the 18 schools, 9 report water shortages and in 14 schools the water system is not functioning. Further in 7 schools where water is adequate, the system is not functioning. An observation from the DEB Official in Paktha presents clarity to the water issue “there are some toilets in schools but water is the problem, sourcing of water from villages to schools is also an issue since some WS systems in villages have deteriorated from lack of maintenance”. Without or inadequate, use of hand-washing stations will still require fetching water before HW can be done, pour-flushed toilets won’t be used effectively, and for drinking water, children may still have to bring water from their homes. Evaluation visits to target schools in Phaoudom was done when school was out and hence, hygiene practices of children could not be observed. However, taps in HW stations were tested and toilets visited for presence of water. None of the facilities visited had water. Likewise, soap was not observed in the HW stations but this could be due the fact that schools were on break at the time of the visit; hence no soap was placed for use in the stations. All schools rely on community water systems in the village where the school is located. This was the case in the schools visited. The outcome of improved health among school children cannot be reached if the means to perform improved hygiene and sanitation practices is absent or inadequate.

Table 5. Status of water systems in target schools

<table>
<thead>
<tr>
<th>No.</th>
<th>District</th>
<th>Village</th>
<th>school toilet and H/WB identified (new or rehab)</th>
<th>Shortages reported</th>
<th>functional</th>
<th>issue for functionality</th>
<th>comments on community water system (water quantity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MM</td>
<td>Huaithat</td>
<td>new toilet and hwb facilities</td>
<td>no</td>
<td>no</td>
<td>under construction</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>MM</td>
<td>Monleam</td>
<td>school water supply, hwbs</td>
<td>yes</td>
<td>no</td>
<td>pump and pipeline to school</td>
<td>adequate source but need higher reservoir tank for school</td>
</tr>
<tr>
<td>No.</td>
<td>District</td>
<td>Village</td>
<td>school toilet and HWB identified (new or rehab)</td>
<td>Shortages reported</td>
<td>functional</td>
<td>issue for functionality</td>
<td>comments on community water system (water quantity)</td>
</tr>
<tr>
<td>-----</td>
<td>----------</td>
<td>--------------</td>
<td>-----------------------------------------------</td>
<td>--------------------</td>
<td>------------</td>
<td>----------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>3</td>
<td>MM</td>
<td>Namhork</td>
<td>new toilet and hwb facilities</td>
<td>yes</td>
<td>yes</td>
<td>verify</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>MM</td>
<td>Phakhao</td>
<td>new toilet and hwb facilities</td>
<td>no</td>
<td>no</td>
<td>need to hook up to water</td>
<td>adequate</td>
</tr>
<tr>
<td>5</td>
<td>MM</td>
<td>Salieuang</td>
<td>rehab of 3 unit toilet, hwb</td>
<td>yes</td>
<td>no</td>
<td>need to hook up to water</td>
<td>verify</td>
</tr>
<tr>
<td>6</td>
<td>MM</td>
<td>Xiengdao</td>
<td>new toilet and hwb facilities</td>
<td>no</td>
<td>need to check</td>
<td>adequate</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>PKT</td>
<td>Houay Meng</td>
<td>rehab toilet facilities, hwbbs</td>
<td>no</td>
<td>yes</td>
<td>verify</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>PKT</td>
<td>Houay Khod</td>
<td>rehab toilet facilities, hwbbs</td>
<td>yes</td>
<td>no</td>
<td>under construction, check</td>
<td>verify</td>
</tr>
<tr>
<td>9</td>
<td>PKT</td>
<td>Houay Hao</td>
<td>new school toilet, hwbbs</td>
<td>yes</td>
<td>no</td>
<td>- need connections, gate</td>
<td>adequate source but pipeline rehab needed</td>
</tr>
<tr>
<td>10</td>
<td>PKT</td>
<td>Houay Nok Aen</td>
<td>rehab toilet facilities, hwbbs</td>
<td>yes</td>
<td>no</td>
<td>under construction</td>
<td>verify</td>
</tr>
<tr>
<td>11</td>
<td>PKT</td>
<td>Houy maisang</td>
<td>new school toilet, hwbbs</td>
<td>no</td>
<td>yes</td>
<td>adequate</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>PKT</td>
<td>Houy nor khom</td>
<td>rehab toilet facilities, hwbbs</td>
<td>no</td>
<td>no</td>
<td>under construction</td>
<td>adequate</td>
</tr>
<tr>
<td>13</td>
<td>PKT</td>
<td>Hua nam</td>
<td>new toilet, and rehab, hwb</td>
<td>yes</td>
<td>yes</td>
<td>verify</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>POD</td>
<td>Hathom</td>
<td>new toilet and hwb facilities</td>
<td>no</td>
<td>no</td>
<td>need connections, gate</td>
<td>adequate</td>
</tr>
<tr>
<td>15</td>
<td>POD</td>
<td>Hatsone</td>
<td>new toilet and hwb facilities</td>
<td>no</td>
<td>no</td>
<td>need connections, gate</td>
<td>adequate</td>
</tr>
<tr>
<td>16</td>
<td>POD</td>
<td>NamYao</td>
<td>new toilet and hwb facilities</td>
<td>no</td>
<td>no</td>
<td>need to connect</td>
<td>adequate source but need rehab</td>
</tr>
<tr>
<td>17</td>
<td>POD</td>
<td>Mokso</td>
<td>new toilet and hwb facilities</td>
<td>yes</td>
<td>no</td>
<td>verify</td>
<td>not adequate</td>
</tr>
<tr>
<td>18</td>
<td>POD</td>
<td>Kaenkham</td>
<td>new toilet and hwb facilities</td>
<td>yes</td>
<td>no</td>
<td>under construction</td>
<td>cws not adequate now, using groundwater now</td>
</tr>
</tbody>
</table>

Note: All school WS systems except KaenKham in Phao udom are sourced from village WS which are all GFWS

Over-all, based on Project monitoring indicators for schools, there has been significant progress towards improved sanitation and hygiene conditions in school environments and children’s sanitation and hygiene practices in schools (except for stopping OD and using toilets) appear to be moving towards target. However, with the Project at its completion phase, it is unlikely that the targets will all be reached within the Project time-frame.

b) Eliminate open defecation and promote good hand washing practice with soap while encouraging safe water treatment and storage and keeping village environment clean in 35 targeted villages

The key activities under this objective were CLTS triggering and post-triggering training done over 11 days for an average of 26 persons and triggering, post-triggering, monitoring, and ODF verification and celebrations. Cost items for these activities are shown below.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Budget</th>
<th>Actual</th>
<th>USD balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainings</td>
<td>10,000.00</td>
<td>14,000.00</td>
<td>(4,000.00)</td>
</tr>
<tr>
<td>For 35 villages - CLTS triggering, post-triggering, monitoring, ODF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POD</td>
<td>5,550</td>
<td>8,095</td>
<td>(2,545)</td>
</tr>
<tr>
<td>PKT</td>
<td>2,975</td>
<td>7,972</td>
<td>(4,997)</td>
</tr>
<tr>
<td>MM</td>
<td>2,975</td>
<td>3,750</td>
<td>(775)</td>
</tr>
<tr>
<td>total</td>
<td>11,500</td>
<td>19,817</td>
<td>(8,317)</td>
</tr>
</tbody>
</table>
Project monitoring

Figure 1 below shows the current sanitation coverage rate in the 35 target villages in the 3 districts. Meung (77%) has the highest coverage followed by Phaoudom (69%) and then Paktha at 58% coverage rate. Over-all, the average access rate in the 3 districts is at 68%.

Thus far, 8 villages of the 35 targeted have reached ODF status or a 23% ODF achievement rate for the Project (Figure 2). Of these 8 ODF villages, 5 were under subsidy programs prior to the Project while 3 were not. Most of rural villages have been targets of subsidy programs of government and by non-government organizations where toilet materials provided are for pour-flushed toilets. In Phaoudom, two of the ODF villages had recently been relocated from previous settlements and hence, sanitation coverage was at zero at the time of Project intervention, not having been targeted yet with subsidy programs. Likewise, the third ODF village also had zero coverage when Project intervention started. Perhaps, this was the main reason why the village reached ODF with all household building pit latrines with slab.

Based on Project monitoring data, 77% of completed and toilets under construction (after the CLTS interventions) are pour-flushed types, with only 22% being pit latrines with slabs, and 1% as offset pit latrines. All these types are considered improved sanitation facilities but majority of households appear to favor pour-flushed types. Majority of the pit latrines are also located in Phaoudom where 11 of 15 villages are nearing or at 100% coverage.

In 12 FGDs in the 8 visited villages, reasons given for not building toilets were not enough money (in 6 of 12 FGDs), not enough time to build (in 3 of 12 FGDs), not enough water (2 of 12 FGDs), and newly settled in village (1 of 12 FGDs).

Before the Project, the effective coverage with toilet use was 47% in Mueng, 48% in Paktha, and 31% in Phaoudom or an average of 42% across the 3 districts with no villages having 100% coverage and with open defecation a generally accepted practice. With the current coverage rate of 68%, this means that the Project was able to increase sanitation access by an average of 26% in the 3 districts, including having 8 villages at ODF status.

25 WHO-UNICEF JMP (Laos): Improved sanitation facility: Flushed/ pour-flushed to (piped sewer system; septic tank; pit latrine; and unknown place); VIP latrine; pit latrine with slab; and, composting toilet. Unimproved sanitation facility: flush/ pour-flushed to somewhere else; pit latrine without slab/ open pit; bucket; other; and, open defecation
26 Project Formative survey in 9 villages, October 2011
At present, on average, none of the target districts have reached the monitoring targets set for Objective 2 in villages (Table 6). In individual villages, movement towards star topic targets have progressed further such as star topic 1 “defecation free and using toilets where 8 of the 35 villages have reached ODF including having a 100% sanitation coverage.

Table 7 Star Topic Update (villages) %

<table>
<thead>
<tr>
<th>Star Topics</th>
<th>POD</th>
<th>MM</th>
<th>PKT</th>
<th>Target</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Star 1: Defecation free and using toilets</td>
<td>65</td>
<td>68</td>
<td>72</td>
<td>100%</td>
<td>68%</td>
</tr>
<tr>
<td>Star 2: Hand washing with soap</td>
<td>84</td>
<td>86</td>
<td>71</td>
<td>80 - 100%</td>
<td>80%</td>
</tr>
<tr>
<td>Star 3: Treating and storing safe drinking water</td>
<td>70</td>
<td>69</td>
<td>78</td>
<td>80 - 100%</td>
<td>73%</td>
</tr>
<tr>
<td>Star 4 &amp; 5: Proper disposal of solid waste and waste water</td>
<td>75</td>
<td>81</td>
<td>75</td>
<td>80 - 100%</td>
<td>77%</td>
</tr>
<tr>
<td>Average</td>
<td>73%</td>
<td>76%</td>
<td>74%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comparison of baseline conditions with Results of Field Visits

Summaries of the FGD findings are found in Annex 4.

FGD results on toilet ownership and use appears to be consistent with the 68% rating for star topic 1. In the villages visited, 75% had toilets. On toilet use, while men reported consistent toilet use among HH that have toilets, only 2 of 8 women's groups reported the same. However, with effective toilet use at 42% before the project, current coverage and reported toilet use is a significant change.

FGD results on HW practices do not show clear consistency with the star topics rating of 80% for HW with soap. Always HW with soap is reported low among men and children although high among women. HW at critical times was high among men and women but low among children. There were also inconsistencies in responses of children and men in some HW related questions. Baseline conditions established that 42% wash hands after defecating, 24% with soap; 42% wash hands before eating, 18% with soap; and, 22% wash hands after touching or handling something dirty or animals, 16% with soap. Assuming reliability of FGD results, men and women now always wash hands after defecation and all men and nearly all women wash hands before eating but children do not practice these behaviors consistently and at low rates. Among adults the current situation supposes a very significant achievement but concludes to greater need for children’s knowledge and practice change.

Regular or accessible water supply is one aspect to consistent hand washing practice with soap. FGD results show that while there is water in most of the 8 villages visited, streams are the common sources, and shortages persist in 6 villages while 2 villages do not have water supply systems. In these latter two villages, household members walk about 15-20 minutes down and up a steep path to fetch water from a stream.

Results also show that in villages with water, water supply management is lacking and has not yet been addressed adequately in the Project. To date, only preparatory activities for water supply interventions have been completed, and water safety planning and community management sessions will only be conducted once the rehabilitation activities are completed. A noteworthy finding here is that women and children frequently collect water and that men do not like fetching water. Comparing current situation to baseline conditions cannot be performed as rehabilitation of water systems in 3 villages is not complete hence, effects of such is undetermined. Absence of water supply improvement activities in other Project villages also negates potential changes from baseline conditions.

FGD results on water treatment and safe storage while clearly showing that HHs treat their drinking water mostly by boiling and storing such in containers, the nature and condition of containers used was not determined. Hence, likelihood of stored water contamination cannot be assessed. However, from few observations obtained in field visits, it appears that most drinking water containers do not have taps, are covered but taking water requires removing the cover and using short or no-handle cups. These conditions increase the chances of drinking water contamination from unwashed hands and from dust. Baseline conditions established that “almost all of the adult focus group members reported having closed containers for storing their water and that 8 of the 9 villages reported boiling their water at home on a

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27 Ibid.
regular basis". Current conditions as determined by the FGDs conclude that drinking water treatment and practices have generally remained the same.

FGD results on disposal of solid and liquid household wastes do not appear to be consistent with the near-target rating of 77% for star topic 4&5 for villages. FGD results clearly show that there is still a large gap as to proper disposal of solid and liquid wastes. While some groups practice accepted (?) solid waste disposal techniques such as burning and burying, a similar number indiscriminately dispose of solid wastes in the environment. Further, no segregation is practiced for non-biodegradable items, resulting in such waste being disposed of in the environment. Lastly, very few respondents practice proper drainage of HH wastewater.

Baseline conditions established that “villagers’ most common practice was to throw trash into a bin or pit and burn it, leftover food scraps were given to pigs, and that 50% of the villages reported plastic, tin and glass were left around their compounds”. Further, “men in one village throw these in the river” but “respondents in three villages said they sold these products to vendors for recycling”. On HH wastewater, “water from cooking or washing dishes is generally thrown into the compound”. Compared to current conditions/practices on HH solid and liquid waste disposal, not much has changed except the current practice of putting solid waste in trash bins. However, it was observed that in the ODF villages, the villages also required domestic animals to be kept in enclosures, resulting in improved conditions in the villages. This provision was adopted with the other “star” topic areas into village regulations.

FGD results for HP reveals a widespread understanding of key topics and issues related to improved sanitation and hygiene practices within and outside the household. There is a consistency among different respondent groups in terms of recalling the appropriate sanitation and hygiene practices promoted by the Project, what is important for the household and the community, and what such practices mean for better health. This high level of knowledge could be a key factor in the current levels of ratings for the 5 star topics for villages. Baseline conditions in terms of awareness and knowledge of appropriate sanitation and hygiene practices was not clearly established. Hence, it is difficult to determine changes from before Project situation. Suffice to say that at present, awareness and knowledge is widespread and relevant to the prevailing sanitation and hygiene conditions in the visited villages.

**Gender and Social Inclusion**

As of May 2012, the Project directly reached 11,000 adults and 4,000 children of which half were women and girls (Table 7). However, in terms of actual numbers, females are actually less than males (Figure 3). The disparity may be due to the double or even triple counting of female participation in estimating project reach.

In school (HP) activities, over-all in 2 districts (no data for Meung district), more men participated than women but the difference was negligible. Among children, more girls participated in Phaoudom but twice as many boys participated in school activities in Paktha. See Figure 4. In CLTS activities, over-all in 3 districts more men participated than women and it was only in Phaoudom that the disparity was marginal. Among children, more girls participated than boys. See Figure 5.

Overall, in terms of gender equity and based on Project monitoring, more men and more boys participated in Project activities. In terms of ethnic groups participation, Project monitoring indicates that interns comprise about 1% of the total Project beneficiaries.

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28 Ibid (observations section)
29 Ibid
FGD results show that there was enough participation by women and children in village Project activities and that such participation was voluntary. In cases where few women and children participated, main reasons provided were shyness among women, not invited to participate, and busy in the field. Among children, non-participation reasons were at school, shy and lazy, not invited, and go to field with parents. The opportunity to voice out concerns by women and children however, was low.
Among ethnic groups, participation in village activities was reported as low as well as their voluntary participation. No clear reason was given for this situation but in one village, ethnic groups were reported to be at work in the field during activities.

Participation by the poorest and other vulnerable HH was considered “enough” in majority of the villages visited. Likewise, voluntary participation was reported in most of the villages. Generally, participation in activities was described as “better than before” but only in 3 of 8 villages. Generally, the poorest and other vulnerable HH were given the opportunity to voice out their views/concerns.

The functionality survey in 7 villages done in June 2011 provided some insights to the gender situation at the start of the survey. The survey indicated that “women and children were not involved in the management of the water system”, “women and girls were the ones most likely to carry water to the HHs”, “not much involvement of women in the decision making”, “in all villages, water committee members were men, and that there was “less attendance of women in meetings of the committee”. Comparing this with current situation, while the Project has reached an equal or almost equal number of women and children, and their numbers in village activities is considered enough, women had less opportunity to raise their concerns or contribute their views. This implies no change from baseline conditions. Likewise, FGD results indicating that women and children frequently collect water and that men do not like fetching water, leads to the same conclusion. This situation also suggests that women and children may be doing more in terms of fetching water now that there are 26% more toilets in target villages, 77% of which are pour-flushed i.e. requiring water. In terms of village committees’ gender composition; however, it appears that there is some positive change as CLTS committees now have at least two women as members.

Based on feedback from the survey team members, it is the family or the household that decides to build toilets. Village leaders interviewed also indicate that the decision to build is made by the household. In ODF villages and in those that are nearing 100% coverage, it appears that the CLTS committees supported by their village regulations are strong motivations for toilet building. Village regulations which were prepared by CLTS committees with assistance from the Project require that all HHs have toilets and includes guidelines on penalties for non-compliance. CLTS committee members monitors compliance and assesses a fine ($0.5 for first non-compliance, about $1.0 for the second non-compliance, and about $2.5 for the third non-compliance – this can be higher in other villages) every time the household is visited and the toilet has not yet been completed. From interviews with village leaders in 3 villages (2 in Phaoudom and 1 in Paktha), these penalties have not yet been fully enforced but were always mentioned to households that still did not have toilets.

Visits to 3 schools and observations of toilet facilities indicate that these are easy to use for children and ensure privacy since there are separate rooms with doors. Likewise, there are water taps inside the toilet for flushing purposes and hand-washing stations are just outside the toilets, encouraging hand-washing right after toilet use. See Annex 5 for photographs of visited facilities.

Households’ satisfaction with their toilets can be gleaned from their perceived benefits from the sanitation facilities. From FGDs, most of the men’s groups indicated that the sanitation situation has improved compared to before the Project started while most women’s groups mentioned that incidences of diseases and diarrhea has decreased and that the sanitation situation has improved. These responses suggest that both men and women are satisfied with their toilets and with sanitation practices in communities.

c) **Demonstrate best-practice community management for three community water supply schemes**

To date, none of the 3 planned rehabilitations of community water supply systems have been completed. The planned and projected actual expenses for the community water supply improvements are shown below.

<table>
<thead>
<tr>
<th>Districts</th>
<th>Budget USD</th>
<th>Actual USD</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>POD</td>
<td>8,500</td>
<td>12,426</td>
<td></td>
</tr>
<tr>
<td>PKT</td>
<td>8,500</td>
<td>1,893</td>
<td></td>
</tr>
</tbody>
</table>

30 Discussions with Village Leaders in 2 villages in Phaoudom and 2 villages in Paktha
31 Formative survey October 2011. This topic was not covered in the FGDs.
32 Satisfaction with toilets was not discussed in the FGDs as a stand-alone topic
<table>
<thead>
<tr>
<th>MM</th>
<th>8,500</th>
<th>12,993</th>
</tr>
</thead>
<tbody>
<tr>
<td>totals</td>
<td>25,500</td>
<td>27,312</td>
</tr>
</tbody>
</table>

Note: including materials and labor

Preparatory works done so far are:

1. Eight surveys with water quality testing conducted in 3 target districts
2. Workshop on community water supply planning at Provincial Health Department with provincial and district counterparts
3. Water safety planning
4. Revising water committee guidelines
5. Development of water safety planning toolkit – with Provincial NamSaat, WHO
6. Selection of the 3 villages for water system rehabilitation (Donmun villages in Meung; Houay Hao villages in Paktha; and Houay Khun village in Phaoudom)

The selected villages have also provided their contribution for local materials and labour. Water system materials are already on site in Phaoudom and Paktha but still pending in Meung because of shipping delays on river. Rehabilitation works is expected to commence in July and finish in August 2012. Communities with technical oversight from Provincial and District NamSaat will undertake construction. Water safety planning and community management sessions will be conducted once the rehabilitation activities are completed.

d) Increase the adoption of non-subsidized approaches within the Lao national and provincial WASH policy and practice while preparing Lao government staff to address sanitation issues accordingly.

Advocacy and coordination

Plan was involved in advocacy at the local and national levels, promoting the approaches outlined in the revisions to the Lao PDR Rural Water and Sanitation Strategy. Plan Laos together with Plan Australia provided inputs into the final document. Consistent with the provisions of the Strategy that applied to the situation in the target districts in Bokeo, Plan conducted two surveys which were shared with the WASH sector group in Vientiane and with Bokeo government officials. These surveys were: a functionality survey of 7 community water supplies, and a formative survey that explored sanitation practices in 9 sampled villages.

Plan developed a Water Safety Planning Toolkit for government facilitators working with community water supply committees. The format and content was aligned with the provisions of the draft Strategy and presented to the Bokeo Provincial Health Department as part of its initial development. Plan has collaborated with WHO and NamSaat in this effort in coordination with complimentary work done by SNV and World Bank’s WSP.

Plan also pursued advocacy through local media with four articles published in the Vientiane Times over the last year covering CLTS training and triggering, World Toilet Day and World Water Day. The latter two events were also celebrated with schools and communities in Bokeo together with District authorities to mark the occasion.

In terms of coordination, Plan has been an active member of the “informal” WASH sector group in Vientiane and has hosted several meetings to date. In Bokeo, Plan organized two sector meetings in 2011. By 2012, only LRC and Plan were active in the sector and kept each other informed of their activities. Plan has also contributed to other national forums regarding WASH in schools, most recently with inputs into the revised School of Quality standards for schools in Lao PDR.

Capacity building

The Project has conducted 8 non-subsidy sanitation and hygiene trainings with key partners in Government at the provincial and district levels (Table 6). Trainings were conducted starting from 2010 up to March of 2012.

Training notes or “school booklets” were also provided to DWTs. These booklets contained outlines/guides of the key methodologies used in schools HP activities including the UNICEF Bluebox, the SSHT model and other additional materials for the schools as well as the roles and responsibilities of the student clubs, teachers, and school committees (VEDC). The Project intends to revise and update these booklets for the next phase.
By number of trainees from Government partners, the key partners present in the District WASH teams comprised the most in the trainings (Figure 4). Mostly technical staffs of government partners were trained in the different approaches.

Trainers and resource persons came from Plan Laos, ADRA organization, Save the Children NGO, and the PADETC.

Figure 5 presents the current composition of DWTs in the Project. Of the original 41 government staffs trained, only 15 staffs are currently part of the DWTs. This situation shows a retention rate of about 37% or that more than half of those trained are not working with the Project anymore. Reported reasons for changes were: changes in assignments; leave for study; maternity leave; and reassignments to project by District offices in 2012 (for POD and MM districts).

Another negative development is that DWT members who were trained at least 5 times (presumably the most capable in the teams) have largely not been retained in the teams, particularly in the POD and MM DWTs. It was only in PKT that government counterparts who received at least 5 trainings were retained. Reported reasons for this situation were: lack of formal agreement with Plan regarding assignments; staff reassigned to other tasks with district department; a key member was sent for one year study program; and, some members felt that work was not theirs and did not continue once the District Governor officially assigned postings.

Table 10. No. of government staff training in non-subsidy sanitation approaches

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>men</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>15</td>
<td>9</td>
<td>17</td>
<td>4</td>
<td>2</td>
<td>52%</td>
</tr>
<tr>
<td>women</td>
<td>2</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>10</td>
<td>3</td>
<td>6</td>
<td>48%</td>
</tr>
<tr>
<td>total</td>
<td>5</td>
<td>20</td>
<td>18</td>
<td>25</td>
<td>18</td>
<td>27</td>
<td>7</td>
<td>8</td>
<td>48%</td>
</tr>
</tbody>
</table>

Figure 6. Number of Trainees by Government Partner

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33 Unconfirmed report
To date, there has been no non-subsidy method or approach that has been included in development plans of government at provincial or district levels. It is expected that forthcoming approval and formalization of the RWSS Strategy would serve as the trigger in having non-subsidy approaches integrated in government policy from national to district levels.
4.2. Evaluation of Project Components

In the implementation of the 3 high level activities of the Project towards achievement of objectives, 6 key delivery components were utilized. These approaches (hygiene promotion, CLTS, hardware interventions, project team structures and working approaches, monitoring and review processes, and working relationships with government partners and other external agencies) served as the means to realize the conditions in target schools and communities and with government and non-government partners for Project objectives to be achieved.

a) Hygiene promotion

4.2.a.1. Relevance

The table below compares baseline situation in the target districts done in October and December of 2011. Plan studies generally show higher hand washing rates except for hand washing before eating. However, if hand washing with soap is considered, then the difference between both studies is not that much. Plan studies did not establish diarrhea incidence rates and HH knowledge on how to prevent diarrhea.

<table>
<thead>
<tr>
<th>Practices</th>
<th>Plan studies** (FGDs)</th>
<th>LRC Baseline Study*** (HH interviews)</th>
</tr>
</thead>
<tbody>
<tr>
<td>wash hands after defecating</td>
<td>42% (24% with soap)</td>
<td>13.5%</td>
</tr>
<tr>
<td>wash hands before eating</td>
<td>42% (18% with soap)</td>
<td>94.7%</td>
</tr>
<tr>
<td>wash hands after touching or handling something dirty or animals</td>
<td>22% (16% with soap)</td>
<td></td>
</tr>
<tr>
<td>Before food preparation</td>
<td>-</td>
<td>10.9%</td>
</tr>
<tr>
<td>effective coverage with toilet use</td>
<td>42% (average in 3 districts)</td>
<td>17%</td>
</tr>
<tr>
<td>Most common disease (recall from past 3 months)</td>
<td></td>
<td>63.5% (diarrhea and dysentery)</td>
</tr>
<tr>
<td>Knowledge on preventing diarrhea</td>
<td></td>
<td>25.2% (boiling water before drinking)</td>
</tr>
</tbody>
</table>

Both studies present a low level of knowledge and actual practice of appropriate sanitation and hygiene practices especially hand washing in 2011. At present, in Project target areas, through HP this knowledge and actual practice has been improved among men and women but not so much among children as indicated by the FGDs in 8 villages. Practices on drinking of safe water in Project target has largely remained the same – boiling and storing in a closed container. On toilet use, the coverage rate in Project target districts has risen to 68%. It is assumed that these toilets are consistently used particularly in the ODF villages.

Specific to HP messages, FGDs indicate that (in descending order) communities recall most drinking safe water, HW with soap, keeping environment clean, and using toilets from HP activities in villages. In descending order) building and using toilets, drinking boiled water, keeping environment clean, and HW with soap were the messages considered most important. Further, both women’s and men’s groups cited better health as benefits of improved hygiene and sanitation practices which are consistent with the practices considered most important. The latter suggests better health as the main motivation among households for sustaining improved practices.

Changes in Project target villages are positive but still present a challenge considering the objectives of ODF in villages and schools and 80-100% hand washing rates among beneficiaries, particularly children. HP in schools and villages has to be continued and perhaps even strengthened to ensure that these objectives are met. HP under the Project has proven to be effective in increasing knowledge and promoting behavior changes (see below) and at present, there is no better alternative that is supported by and aligned to government approaches and to further increase knowledge and practice rates among beneficiaries.

Feedback from DWTs, District Officials, and village leaders points to the same conclusion. These Project partners while acknowledging the progress made, also realize that the HP activities has reached only a small portion of poor villages in the 3 districts so that activities have to be expanded.

4.2.a.2. Effectiveness

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** Project Formative research, October 2011
*** LRC Baseline Study among 488 HHs in Meung and Phaoudom, Written by Annett Weidner, Project Manager, Austrian Red Cross
Based on the Star Topics monitoring in schools and in villages, HP has been highly effective in raising awareness and increasing knowledge and promoting practice change among target beneficiaries on appropriate sanitation and hygiene practices at schools and in communities. Changes as monitored through the Star Topics achievement criteria are progressing towards set targets with a few topics already reaching targets in schools. However, looking at results of the FGDs in 8 villages, it appears that in villages, it seems that HP has been less effective.

The component has built awareness of HP in target schools where HP has not been covered systematically before. This is exemplified in observed differences in the school environment and among the attitudes and practices of students.

Construction/ rehabilitation of WASH facilities have also contributed to the effectiveness of HP in schools as the facilities (where functional) provide beneficiaries in schools with the means to adopt and practice the recommended S&H practices.

Tools and approaches used in promoting hygiene and sanitation such as the Bluebox, the SSHT toolkit, and the CLTS toolkit – all recognized and accepted tools by the Government – and the puppet shows from the Project appear to be effective means to convey messages in a permanent way to beneficiaries, particularly children.

Other initiatives in target villages have also contributed to this positive change. The ECED and BEP programs have also made positive impacts on children and have seen an overall increase in enrollment.36 The Government through the DHO conducts yearly S&H promotion activities in villages, and through village cluster heads, encourages improved behaviors, and the DEB checks whether school-aged children are enrolled and encourages them to be in schools.37

Over-all, based on limited timeframe of the project monitoring, there are trends indicating that hygiene behaviors has improved, particularly in schools, with considerable contribution from the Project. However, as there was no clear baseline on S&H knowledge and behaviors in the target villages, measuring/determining specific knowledge and practice changes is difficult and has had to rely on estimated targets for improved behavior based on village and school surveys with similar data from other areas.

4.2.a.3. Efficiency

Based on Project monitoring, implementation of HP activities was according to the planned schedule and well within planned budget, achieving a savings of about $3,000. Given the positive progress so far, the obvious conclusion would be to continue with HP activities as before. However, activities can be made more efficient as suggested by Project staff.

HP can be done in conjunction with CLTS sessions instead of separately. HP activities can also be integrated with other Plan Programs (such as Education and Health) where the target villages are the same. Joint visits and monitoring will contribute to reduced Programs costs. For these changes in implementation, however, the challenge will be monitoring for results and attribution of such to the different Plan programs. Other suggested changes are improving the IEC materials that have been used repeatedly for some time now and by introducing drama shows as a means of ingraining good sanitation and hygiene messages and practices. Similar to suggested improvements to the DWTs, village cluster heads could be mobilized for monitoring work. All these possible changes to increase efficiency would require intensive planning and coordination within Plan and with government partners.

4.2.a.4. Sustainability

Before Project implementation, government partners (DHO and DEB) were already visiting schools and villages to promote government’s vision of village development through the 3 Cleans and Model Health Villages approaches. These approaches promote similar individual, household, and community practice and behavior changes to of the HP component of the Project. Government’s promotion activities also involve the village cluster heads and the village leaders. Feedback from DWTs and village leaders indicate that when the Project completes and exits, government will continue on with such activities as this is their mandate. From this perspective, there is sustainability of HP in terms of similar activities with government’s approaches.

36 Feedback from WASH Program Manager
37 Discussions with DWTs
In terms of keeping HP messages relevant and ingrained as knowledge in schools and villages, sustainability is possible given the improved capacities of teachers, village leaders, and even within households. This potential is shown in the high level of knowledge of correct S&H practices in schools and villages.

In terms of maintaining the WASH facilities that the Project has established in schools, government’s capacity to do so is still very limited. Government does not have the technical capacity or the resources to maintain such facilities to a functional level over time. At schools and villages, there is much less capacity to maintain these structures. Maintaining and keeping these facilities is critical to sustaining changed behaviors among children and in the community.

In terms of other organizations in the sector, aside from LRC which, follows-up toilet construction among beneficiaries and trains village health volunteers, there is no other active NGO in Bokeo that undertakes comprehensive HP activities in the target villages.

4.2.a.5. Impact

Hygiene promotion, triggering in schools and CLTS in villages have resulted to reported improved/ cleaner household, school, and village environment in most of the target villages. Likewise, these approaches have led to increased practice of appropriate sanitation and hygiene practices such as elimination of OD in 59% of target schools and in 23% of target villages, increased HW practices and drinking of safe water.

The combination of these practices in schools and in communities particularly among children should result to improved health (from reduced incidences of diseases), increased productivity from improved health, and hence, perhaps improved incomes. CLTS, because of the need for united community action and support to poor and vulnerable households, can result to greater social cohesion in communities.

Visits and FGDs in 8 sample villages show that there is indeed movement towards these impact conditions:

- Improved environmental conditions (cleaner school and village environments from reduced/ eliminated solid and liquid wastes, including keeping animals outside of village premises.
- Reported improved health among households and among children particularly in ODF or 100% sanitation coverage villages. However, there is no government data that validates such change in the target villages and the time span after completion of Project activities is too short to expect widespread health improvements.
- Reports of improved incomes but upon probing, such positive changes were not attributable to Project activities and approaches. In a few cases, households reported increased income from reduced health expenditures (reduced purchase of medicines and visits to health centers).

Village Regulations developed under the CLTS intervention and supported by District authorities exhibits policy improvement and contributes to sustainability of Project activities/approaches. However, there is no apparent higher government level formalization of these village regulations which would (as policy) then be replicated in non-target villages.

Over-all, it can be said that HP and CLTS have contributed to a situation in some villages, especially in ODF villages, where movement towards impact conditions is positive. However, there is a risk of reversion of practices even in ODF villages. Project aside, no other similar interventions exist to sustain changes in the target villages. Government and LRC have stopped providing subsidies for toilet construction and there are no other NGO interventions that would encourage households to maintain and build toilets. While Government does conduct monitoring visits to villages as part of its MHV campaign, ODF status is not part of its indicators. Impact can only be achieved over the long-term if ODF is achieved and sustained greatly reducing human wastes related diseases, hence improving over-all health conditions.

4.2.a.6. Gender and social inclusion

The Project encourages gender equity in HP activities. However, in school activities, the general trend is that more men and more boys have participated in activities. In villages, the trend remains the same. Among teachers and among trainees in government, more men participated in activities (See 4.1.b).

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38 Concern Worldwide completed its program in September of 2011 while. NCA has also finished its project and is now preparing for the next phase of it program.
There is no Project monitoring information on participation of ethnic groups or individuals as well as that of the poorest and other vulnerable HHs in villages in HP activities.

From FGD results, “enough” participation of ethnic groups was reported only in 3 of 8 villages and voluntary participation was reported only in 2 of 8 villages. Reasons given for low/ lack of participation were: in the field working, not interested, and poor. In Paktha, the DWT indicates that more Khamu women participate in school activities but among the Hmong, more men participate.

From FGD results, majority of villages report “enough” and “voluntary” participation of the poorest and other vulnerable households and that these groups were given the chances to voice out their views and concerns.

Among village leaders, the reported general trend is that HH including women and children participate in activities if they are invited. In Houay Khun and Houay Chang villages, lack of women’s participation is due to household work while in other villages, lack of understanding of Laos, household work and field work were the given reasons. According to village leaders in Phaoudom, invitations for meetings are targeted to HH head and do not include women. Some ethnic groups are excluded since they stay in the villages and the Project does not have specialized activities for these groups. In Meung, if the poorest are identified and invited then they may attend village meetings.

Over-all, women and girls participation in HP activities is lower than that of men and boys. Participation of ethnic groups is limited and the Project does not yet have activities designed to encourage their participation. Participation of the poorest and other vulnerable HHs is reported as enough but may require direct invitations to meetings/ activities.

In terms of over-all practice of improved hygiene behaviors, FGD results indicate that women do practice such behaviors more (or better) than men.

<table>
<thead>
<tr>
<th>Hygiene practices</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of toilets</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>HW with soap</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>HW at critical times</td>
<td>6</td>
<td>0*</td>
</tr>
<tr>
<td>Always treat drinking water</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Solid waste disposal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>throw in rubbish bin/ rubbish bin and burn/ rubbish bin and bury)</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>separation of food scraps (4 to 3)</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>separating tins, glass and plastics</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>No HH waste water management</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>46</td>
</tr>
</tbody>
</table>

* men say they don’t worry about critical times

b) **CLTS Intervention**

4.2.b.1. **Relevance**

Based on Project monitoring, sanitation coverage rate in the target villages is now at 68% or an increase of 26% from Project starting point. While this increase is notable, only 23% of the target villages are ODF. This means at the at least 75% of the population in the target districts are still constantly exposed to diseases that generally from human wastes. This does not yet consider the situation of villages that are not targeted by the Project. Government and its partners that support subsidy do not have the capacity provide for all households in their target villages. Hence, other approaches are required to ensure ODF benefits are realized in Project villages and in other villages. CLTS has proven to be effective and therefore should be continued and where resources and government policy will allow, expanded to other villages that have low sanitation coverage.

4.2.b.2. **Effectiveness**

The CLTS process utilized in the Project omits one key step in the original CLTS procedure which is the “hair in the glass of water” step. This step is considered a critical stage of the CLTS triggering process (as it can substantially magnify the sense of disgust among the audience). However, using the localized CLTS approach, the Project was able to have 8 of 35 target village achieve ODF status in a period of 6 – 7 months after triggering. Potentially, 10 more villages are on the path to ODF. Currently, ODF rate is at

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39 In all 35 villages targeted by the Project where subsidy was implemented, not one was able to reach 100% coverage.
23% but if 10 more villages reach ODF status, the rate would be at about 50%. If this is indeed reached, then CLTS can be considered as significantly effective given the short time frame of actual Project implementation.

A key factor in the seeming success of CLTS in target villages is the establishment of formal village regulations that “encourage” participation and compliance amongst villagers i.e. building of toilets and use of such. The regulations (prepared with support from the Project) include guidelines on keeping the environment clean; keeping animals in pens, etc. is approved and supported by the office of the District Governors and in consequence by the key district agencies such as the DHO, the DEB, and the DRDO. Village regulations are to be enforced by CLTS committees who are normally headed by the village head and/or by village deputy heads with other deputies as members. Together, both regulations and CLTS committees ensure compliance to guidelines in the regulations.

Feedback from District Officials indicated that to government CLTS is working in terms of increasing people’s knowledge about the about dangers of OD and motivates them to construct toilets on their own. Officials also observe that the delegation of authority to village leaders can facilitate reaching and maintaining ODF.

In villages where CLTS has not been more effective, the cause has been attributed to lack of leadership/influence by the village head and the CLTS committees and in a few villages (such as Houay Aen and Houay Norkom), the reliance of people without toilets to potential external support or subsidy, and general lack of concern for village level improvements.

While CLTS has proven generally successful, previous efforts by government/external organizations (e.g. LRC, SIDA) have contributed to extensive presence of toilets in the target districts. Prior to the Project, toilet coverage is estimated at a low of 42% and at a high of 47%. This meant that in most villages, nearly half of households already had toilets to begin with and that over-all the subsidized approaches used before did not deter most of the communities from building their own toilets during Project implementation.

Given this trend where many of target communities are moving towards having increased sanitation, the challenge is how to sustain this movement with the current Project at its end phase.

The issue of dependence on subsidy may become unlikely as government and its partners involved in subsidy approaches will be ending their activities by 2012. While it is not yet clear whether subsidy approaches will be implemented in the future, village selection would be a critical activity for the next phase of the Project. In constant coordination with relevant government agencies and organizations supporting subsidized approaches, the selection of villages should prioritize current villages where ODF has not yet been reached and for new targets (expanding from villages that have reached ODF), villages that will not be targeted for future subsidy programs and villages that have had subsidy but not in the recent past, should be prioritized.

The Project should also consider the use of “smart” subsidies particularly in villages that “refuse” to reach ODF. A good example of this is Houay Aen and Houay Nor Kom villages in Paktha district which at the start of the project already had high coverage rates but could not reach ODF. These villages are difficult to access – riverside villages with very poor access roads. A 2011 WSP report stated that “well-targeted hardware subsidies can provide a critical safety net for the poor. Such subsidies should not be used as a substitute for hardware investments by households. Hardware subsidies that were most effective were provided after demand was created - and especially after outputs and/or outcomes were achieved”.

Subsidizing the transport of toilet construction materials to these types of villages could encourage more toilet-building. In villages near each other, subsidies through local masons/entrepreneurs could also promote greater toilet-building as costs are lower. Subsidies to the poorest or other vulnerable households are more difficult, requiring a very transparent targeting process recognized by government authorities. While not yet proven to be effective, targeted subsidies are utilized in rural Cambodia, where government in partnership with NGOs or with development partners provide the poorest the materials to build

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40 Discussions with District Government and District Agencies in Paktha and Phaoudom
41 Financing Household On-Site Sanitation for the Poor, WSP Sanitation Global Practice Team, April 2011, WSP-WB.
42 MRD-DRHC pilot project in Prey Veng province, Cambodia where poorest are selected using Government’s ID Poor system.
43 ADB Cambodia Second Rural Water Supply and Sanitation Project. Subsidies to the poorest are coursed through local businesses and targeting is based on the Government’s ID Poor system.
latrines – the approach consistent with the provisions of the country’s rural water, sanitation and hygiene Strategy 44. In the Project, delivery mechanisms can be shared with Government where the Project provides the training/technical support to subsidy intermediaries and demand creation in target villages and Government provides the financial support through its partners such as LRC/ARC to subsidy intermediaries. Other delivery mechanisms can be explored but selection is anchored on Plan’s core principles with regard to use of subsidies.

Aside from the above described types of subsidies, the Project should also explore other means to encourage uptake of toilet-building. In Cambodia, sanitation marketing has proven effective in reaching the non-poor but was less effective in encouraging sanitation improvements among the poorest. Micro-finance can also be encouraged especially in target villages where there are regular and cyclic income sources – borrowers having a regular source for repayment of loans.

4.2.b.3. Efficiency

Time-wise and cost-wise, the implementation of the CLTS component of the Project has not been efficient. Increased number of activities, particularly follow-up visits to communities for post-triggering work, establishing community monitoring and regulations, among others have pushed the implementation time-frame to a scale well beyond the design. CLTS began monitoring of previously triggered villages in July 2011 and activities including new triggerings and follow-up visits have extended to date so far. Overall implementation has been extended by some 6 months. In consequence, the cost of the component has also risen well beyond the planned budget – from the planned budget of $11,500 to the actual component cost of $19,817. This translates to about $566 per village for the 35 villages targeted or about $17/toilet built and under construction45. There is no other official available data on cost of CLTS per village in Laos to compare with; hence CLTS under the Project cannot be assessed as being cost-efficient and/or cost-effective except in comparison to original plans46. However, given the previously described potential effectiveness of CLTS in facilitating ODF status in at least 50% of target villages, the increased work-load, implementation time-frame, and cost may be well worth it and the approach proven cost-efficient in the future.

The school and village approach of the Project bodes well for future replication of CLTS and consolidation in current villages. CLTS can be more efficiently done if certain similar activities in school HP can be merged and implemented together. An example of this is iterative awareness-raising and knowledge strengthening among children and adults. The school or the village can be the venue for such activities. Training on emerging latrine design for challenging conditions such as hillside environments can be done in schools.

Another option in terms of project design that could reduce the cost of CLTS in future programming is by mobilizing village cluster heads to conduct the bulk of monitoring and follow-up activities. As village cluster heads regularly visit villages, the number of visits required of DWTs and Project can be reduced.

4.2.b.4. Sustainability

One of the keys to sustainability of CLTS (i.e. sustained ODF from sustained consistent use of toilets) is follow-up by external facilitators and in conditions where governance is strong and committed, by government staff at relevant agencies. In the Project, post-triggering follow-ups has become a norm among Project staff and government counterparts and should be sustained. Village regulations that are supported by district authorities can serve as a stern encouragement when disseminated properly and implemented vigorously. CLTS committees have voiced out their capability and commitment to continue with the encouragement and monitoring activities required to keep people maintaining and using their toilets consistently. These conditions imply sustainability of the intervention.

A critical factor that must be considered in sustainability of CLTS is the nature and type of toilets used. Experience from other countries, (notably in Cambodia where conditions are similar (lack of water, high rainfall during the wet season, high poverty rates)) show that dry-pit toilets are not sustainable from a durability perspective especially in the wet season. In project target areas, some villages are located in hills and toilets are built on slopes at the fringes of the village. Where toilets are dry-pits, there is a constant and high risk of toilet structure collapse and pit-overflow from rainfall. In flat-land villages, the risk

45 This cost is only for direct project costs and does not include the cost of materials and labor of households. 1133 toilets have been built and under construction in the 35 villages.
46 Based on unofficial communication and sharing of data with SNV Laos, CLTS per village cost of the Project is lower than that of SNV Laos (Plan, $566/ per village and SNV Laos, $810 maximum per village).
is pit flooding and over-flow. Both consequences present an unpleasant dilemma for HHs and may result to OD during the wet season – repairing their dry-pit toilets in the dry season. Improved latrine designs addressing the existing risks in target villages would address these issues in the short –term. However, for the long-term and for villages that are not at risk of relocation, encouraging conversion to durable pour-flushed toilets is the ideal response. This however, requires that HH are economically- capable to convert to such type of toilets and/ or that low-cost durable toilets are accessible to these HHs.

Villages visited in Phaoudom and Paktha districts were difficult to access particularly in the wet season. For villages in the mountains, it takes at least 30 minutes by steep and muddy road to reach the villages while those accessible via boat-ride require 45 minutes or more to reach. Bringing toilet building materials to these types of villages is very challenging and would likely cost more if delivered to villages. Such situation also deters households from buying materials in district centers and bringing such back to the villages. If there is sufficient demand for toilet materials, then most likely, the private sector would find the most cost-effective way of meeting such demand and maintain such supply as long as there is demand. On the other hand, supply can be stimulated by providing potential suppliers (local entrepreneurs and construction shops) information about the potential demand in CLTS villages and by providing them the technical skills and materials to develop low-cost affordable toilet materials that household can access. At present, demand for toilet materials is slowly increasing from CLTS activities in villages but supply is not yet accessible especially for the poor households.

4.2.b.5. Impact
As discussed in the HP section above, CLTS (with HP) have contributed to a situation in some villages, especially in ODF villages, where movement towards impact conditions is positive. Taken as a stand-alone intervention, impact of CLTS is emerging in ODF villages. As long as HHs continues to maintain and consistently use their toilets in these villages, there is higher likelihood that health benefits will accrue to the community, particularly among children, over the long-term.

4.2.b.6. Gender and social inclusion.
In CLTS committees, more men are engaged. CLTS village regulations have a condition that at least two members should be women. However, in 4 of the village leaders/ CLTS committees met during the field visits, all respondents were male. The Project encourages equal participation of women (and girls) in CLTS activities in villages such as meetings on village regulations and monitoring activities. But actual situation is that more men and boys participate in these activities. While women are reported to be equally participating in village activities (4.1.b)), this appears to be only in general village meetings.

In (mixed) ethnic villages visited (3 villages), men respondents often mentioned that women were more likely to be at home (doing home chores) or at the field working. In homogenous ethnic villages, particularly in ODF villages, reports indicate that most participate in activities. But regarding participation of the poorest and other vulnerable households (PWD, female-headed households, etc.,), CLTS does not appear to consider this issue yet. CLTS also has to consider promoting the needs of PWD in the construction of household toilets.

c) Hardware interventions

4.2.c.1. Relevance
Project design proposition is that children can practice improved sanitation and hygiene behaviors in schools and communities/ homes, particularly use of toilets. However, use of toilets in schools and communities is not enough to create health benefits. Such practice must include the sustained behavior of hand-washing with soap. Therefore, there is critical need for the Project to support water supply improvement in both schools and communities. Similar to the use of toilets in both locations, hand-washing should be consistently performed in both schools and communities. Project monitoring and FGD results and site observations all lead to the conclusion that water supply is an issue in many of the schools and in most of the target villages. To achieve the goal of improved health of children, the outcomes of sustained behavior changes among children and their communities must first be reached. The Project must support the critical need to create or provide the means for beneficiaries to sustainably practice improved behaviors that they have adopted or are starting to adopt as a result of the other Project activities.

4.2.c.2. Effectiveness
Effectiveness of Project hardware interventions is hampered by the fact that most are not yet operational, particularly in villages where construction is just starting. For those operational WASH facilities, regular and consistent use is constrained by lack of or limited water supply. For hand washing it is reported that
schools have installed tippy-taps as stop-gap measures until WASH facilities are fully operational. Likewise, from Plan’s BEP program, ceramic water filters have been installed in all target schools to facilitate safe drinking water access. However, even with these valuable measures, regular access to water is still the main concern. As mentioned previously, the desired outcome of improved health among children cannot be reached without the means to consistently practice recommended sanitation and hygiene practices at schools and homes.

Other than the Project, LRC has contributed significantly to water supply coverage in the target districts although not in the same schools and villages as the Project’s. Likewise, FTI has helped increase coverage of new classrooms and toilets but without water supplies and hand washing facilities. To date, even with FTI and Plan support, the percentage of schools without WASH facilities is over 30% in the three target districts.

4.2.c.3. Efficiency

The implementation of hardware interventions of the Project has been less than efficient. Time/schedule wise, construction/rehabilitation of facilities in schools was planned in 2011 but to date, hardware interventions in all districts have not yet reached 100%. The same is observed for community hardware support which was planned to start at the onset of 2012. Activities were still at the bidding and selection of suppliers stage as late as May with supplies only delivered to project sites in early July. Construction/rehabilitation activities are expected to commence from July-August 2012. On an over-all Project resource usage rate, delays in the implementation of hardware interventions have caused an abnormal disbursement pattern for the Project.

Cited main reasons for the delays were the slow process of identifying of beneficiary schools and villages, lack of clarity in terms of roles and responsibilities of selected schools and villages, and limited support from government authorities. Another issue that has caused the delay in this intervention was the sourcing of materials particularly for villages that become difficult to access during the wet season. Clearly, better logistics planning was necessary to ensure that construction materials are in place during the dry season and hence, construction can also take place during the dry season.

4.2.c.4. Sustainability

The sustainability of hardware interventions that have already been completed such as toilets, hand-washing stations, and water tanks in some schools can be assured in terms of structural integrity. Observations of these facilities in 3 schools in Phaoudom show good construction quality that would assure functionality of the structures in the next several years. However, without adequate and appropriate training on the maintenance (including the provision of basic tools and replacement sets) of these structures to government, school, and community, the likelihood of extended functionality of the structures is diminished. A potential factor in sustaining this hardware is the presence of the LRC. This organization supports water supply improvements in schools and villages. However, the evaluation is not privy to the future plans and activities of LRC as regards hardware facilities in the target schools and villages of the Project.

4.2.c.5. Impact

Hardware interventions (school WASH facilities and village water supply improvements) of the Project have not yet been fully completed. In some schools, while the structures have been finished, water supply is constrained which will result to limited effectiveness as a means to perform recommended sanitation and hygiene practices. At this stage, hardware interventions of the Project cannot yet contribute to Project impact. As mentioned above, completed hardware interventions were observed to have good build-quality assuring structural functionality for many years.

4.2.c.6. Gender and social inclusion

WASH facilities have separate rooms for boys and girls and for men and women. This design was verified in visits to 3 schools where WASH facilities were already completed and in one instance, still under construction. However, design of school toilets have not considered the needs of PWD who may need to use such facilities. Hand rails (for support) and sloped ramps for wheeled access are not present in the current designs.

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47 At present, Project monitoring does not yet include documenting the numbers of and addressing the needs of PWD.

48 Children were not interviewed as regards their satisfaction with facilities and if such facilities meet their needs.
Water systems are still under construction in the selected target villages and would appear to be accessible to both genders and to households who reside in the fringes of villages. WS taps are strategically located within the main village cluster and would be accessible to all.

In villages, households have only one room for toilets and do not consider the needs of disabled members of households. In Phaoudom it was reported that if a household is well-off, then they can build toilet for visitors but normally, the family shares the same toilet. The individual needs in terms of toilet structures in both schools and communities were not addressed in the Project.

d) Project Team Structures and Working Approaches

4.2.d.1. Relevance

International NGOs such as Plan Laos, are encouraged by Government to work within the Government’s development framework. As such, establishing and maintaining good working relationships with relevant government agencies would be a requisite of an INGO if it wants to implement its interventions successfully in the country. This policy requirement aside, the political structure of the government and the hierarchical nature of activities implementation and services delivery, recommends that the Project work closely with relevant agencies from national level down to the district and village level. Likewise, working closely with government at all levels provides the opportunity for the Project to highlight and showcase the successes and advantages of new approaches introduced under the Project thereby encouraging and convincing key decision makers to further expand the coverage of such approaches. Such a development could increase the likelihood of these new approaches being integrated into a wider policy for rural water supply, sanitation, and hygiene improvement. From an over-all standpoint, it is to the interest and benefit of the Project and Plan Laos to continue with the established structures and perhaps further strengthen such structures.

4.2.d.2. Effectiveness

District WASH teams, comprising of representatives from DEB, DHO, DRDPO, LYU, and LWU, working together with Plan WASH officers is a new initiative. The approach is an attempt to respond to the shortage of available staff by drawing from a wider potential pool, while utilizing the reach of the respective departments to implement project components under their respective jurisdiction. The DWTs are the key delivery mechanisms for the Project activities and interventions. Based on progress towards reaching Objectives 1 and 2 of the Project, this team structure and work approach appears to be working well. By being linked to the hierarchical structure of governance and services delivery, the Project and its interventions (while not yet formally endorsed by Government) is perceived by lower level delivery structures and target beneficiaries as part of government activities and services. The working approach facilitates well activities of the Project in schools and communities.

Feedback from DWTs members are positive with most agreeing that the structure and approach works and is a more efficient way of delivering services i.e. in an integrated manner rather than individually by each district government office. However, DWTs also indicate that there are coordination and planning issues and that assigned work among team members is not clear. DWTs suggest improved planning and coordination between Plan and the teams and within the teams. The DWT in Phaoudom suggested that a terms of reference (ToR) would greatly clarify the team assignments, roles and responsibilities of members, and the schedule of work to be done. The ToR would also facilitate reporting to provincial level challenges. DWTs further suggest that the Project structures be extended to the village cluster level for closer monitoring of activities at the villages and schools.

Feedback from District Officials generally mirror that of the DWTs’ especially in terms of the need for regular planning and coordination involving all concerned agencies including the office of the District Governor, and a strengthened reporting system. There is a further suggestion to have a single coordinator at each district assigned from the office of the Governor. The suggestion includes having Plan and DWTs meet regularly to discuss progress of activities implementation then to report to the Governor so that the Governor can facilitate and coordinate the implementation of planned activities.

Feedback from Plan staff points to a similar conclusion. While work is effectively done from an over-all perspective, there is a need for a formal agreement which would include clear and specific ToRs for each of the partner agency with the lead government agency at provincial and district levels. Such a formal agreement would facilitate improved working relationships and at the same time limit the need for frequent follow-up with government partners on status of implementation and results of Project activities.

49 Discussions with District Officials in Paktha and Phaoudom
A major consideration as regards the DWTs is the low retention rate among DWT members especially among those who have been trained at least 5 times in Project activities and approaches (See 4.1.d). This development will greatly affect the effectiveness of the current DWTs as capacity has been substantially decreased with the departure of the well-trained government staffs. As a consequence, the Project needs to find replacement staff and conduct new trainings for these replacements.

Working at the district level with the relevant agencies through the DWTs is the most appropriate approach at present. First, Districts are the direct implementation units of government overseeing the functions of village cluster heads and of village heads. Second, Project design requires regular monitoring visits to target villages and working at Districts facilitates these visits and is more cost-efficient. Third, while many of the well-trained district staffs are now not part of the teams, a good number has been retained with whom Project staffs have worked well and are well-acquainted with. Replacing this current structure with another, perhaps at provincial level, would result to losing investments in capacity building, team-building and perhaps prolong the start-up phase of the next project. However, this continued structure does not preclude establishing another structure with relevant agencies at the provincial level. With the proposed integrated approach for all Plan programs in the province, such a structure is clearly necessary for planning, reporting and coordination purposes. In relation to this, the current DWT is already a good entry point for coordination by other Plan programs which will also cover the current target villages. Further, Plan’s Education and Health programs will also work with the same District offices that provide staff to the DWTs.

In the future, when capacities of the DWTs (or relevant district staff in the event DWTs are dissolved) are deemed sufficient to work more independently from Project WASH staff and there is more permanence in terms of staffs who work with the Project, then Project WASH officers can be pulled back to provincial levels and their role reduced to technical support. Focus can then be expanded to streamline Project approach at provincial or multi-province scale with (now) provincial WASH staff providing training and technical advice rather than regularly being at the field with DWTs.

At the village level, the CLTS committees were another new structure established by the Project. CLTS committees report to the Village head and the village development committees. Positions are voluntary but often, committees comprise of village leaders such as deputy village heads and the elderly. The committees have proven effective, particularly in villages that have reached ODF status. It was also observed that where the village head is a member of the committee, the committee seems to be more effective in encouraging compliance to village regulations. Delivery of Project activities at village level appears to be proceeding well especially when the village head and the CLTS committees are supportive of and committed to the activities. This implies that in villages where CLTS is not facilitating progress towards ODF, village authorities are not strong or are not supportive of Project activities. In such cases (Houay Nok Aen and Houay Norkom in Paktha), increased follow-ups from the DWTs to village authorities should be encouraged by the Project as well as other responses that addresses specific issues in such villages.

Feedback from Project WASH officers indicate that their effectiveness in terms of implementing activities is hampered by lack of capacity. Specific skills/ skill sets mentioned were conducting ToTs; community participatory development planning; problem analysis; community mobilization approaches; facilitation skills; and, on project activities and approaches [CLTS, SLTS, HP, and M&E (use of star topics monitoring system)]. Training received was also done together with government counterparts and did not have practical application on field or a feedback process to ensure correct learning was obtained. Project WASH officers are critical components as they directly interact with DWTs and with schools and communities. Their capacity level directly translates to the effectiveness of Project activities. They must be able to coach and support government counterparts on the job in all aspects of work – planning, reporting, field activities, etc. They must be confident with their skills and capacities to facilitate meetings, discussions, and other HP or CLTS related activities in villages and schools enabling them to convince beneficiaries of the importance and necessity of behavior change. At present, these attributes are not clearly apparent in this group. The Project should respond to this internal issue and allocate appropriate resources to further develop capacities of WASH officers.

Aside from District WASH officers who serve as the key conduit for partner capacity building, among others, Project staff structure includes the WASH Coordinator and the Project Engineer. The WASH officers...
Coordinator was primarily responsible for building good working relationships within the Project team and with government counterparts at province, district and village levels. The Coordinator’s role as leader is also magnified considering that two of the District WASH staff are new and require training and guidance in their work. It is critical to maintain and strengthen this role of the Coordinator, aside from the technical responsibilities, thereby further developing working relationships at all levels, with other NGOs, and with other Plan programs that will be implemented in the province. At present, the Project Engineer is a shared position with the ECCD and BEP programs. Because of this sharing agreement, the Engineer was largely unavailable to the Project until April 2012 and such situation could have contributed to the delay of completion of the school and community water improvement interventions. The Project requires a dedicated/ full-time Engineer focusing on functionality issues, school WASH, community water supply management, post-construction monitoring, O&M, water safety planning, among others.

As regards the learnings aspect, the Project, through several approaches, attempts to link local learning and experiences to that at the national level. In CLTS, the applied approach and developed training manuals are shared at national level with the NamSaat, the WSP, SNV, and with Plan’s country programme. As well, representatives from PHD Bokeo were supported to experience first-hand the project experiences of SNV in Savannakhet – where such experience and knowledge is expected to be shared at all Health ministry levels. The Project, consistent with learnings at the national level, has developed a water safety planning approach that is now being piloted in the target villages. Specific to the CLTS intervention, the Project supports and promotes PADETC (a well experienced local NGO that has worked with SNV, WSP and Childfund and World Education) as central provider for CLTS triggering and post-intervention, the Project supports and promotes PADETC (a well experienced local NGO that has worked with SNV, WSP and Childfund and World Education) as central provider for CLTS triggering and post-triggering trainings with other organizations to ensure CLTS trainings are done as consistently as possible with the original design and methods. As regards the draft RWSS Strategy, the Project/ Plan had incorporated many national level learnings from recent years with many aspects incorporated into the project design – such as focus on HP in villages and schools, CLTS and self-supply, water management improvements, functionality surveys, and formative research, among others. In connection with draft Strategy development, the Project/ Plan also worked closely with key non-government partners such as WSP, UNICEF, SNV, and others. The Project/ Plan also is a regular participant in WASH sector meetings in Vientiane where sharing lessons and approaches, among others, is done.

There was no opportunity to meet with and obtain perceptions from student clubs regarding their activities and results. However, at the current rating of 70% for star topic 6 (Active Student Clubs) which is just 10% below the target of 80%, it appears that student clubs are performing well and are effective with their activities especially on peer-to-peer awareness-raising.

4.2.d.3. Efficiency

Planning with, coordinating activities, and drawing inputs to reports with a group is not always an efficient activity. Cost-wise, a group activity would always cost more than a single committed individual consistently performing follow-up activities and reporting progress and issues to the district level. Time-wise, group work requires constant sharing of information, meeting to discuss activities progress and issues and planning appropriate responses to such issues and cycling back again to team implementation. Current alternative arrangements for the Project are: for the Plan staff to directly implement activities on their own, and for the Project to fund individual government agencies and for such agencies to implement activities. However, both alternatives create more challenges than that of having DWTs. At present, the Project has a focal person in the Provincial WASH officer. What is needed is a counterpart from the DWTs who has the authority to facilitate compliance to the agreed upon roles and responsibilities of the DWTs vis-à-vis the Project. As was suggested by District officials, such focal person can come from the office of the District Governor. Organizational efficiency is obtained through this arrangement while at the same time keeping the DWTs functional. This arrangement would need a formalization process with the District Authority including details on Plan and DWTs interactions, roles and responsibilities of the focal person, of the DWTs, etc.

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51 Student clubs are part of the different project structures established by the Project. Student clubs do not actually “implement” activities, but their peer-to-peer awareness building activities was expected to contribute to HP awareness and knowledge building and adoption of practice especially among children.

52 This observation cannot be accurately measured given the current lack of information on the real costs of utilizing the DWTs for activities implementation compared to other viable alternative delivery mechanisms such as singly through separate government agencies or by Plan staff only.

53 On its own, Plan staff would lack the authority to organize/ initiate activities at schools and villages and may even not be able to get access to schools and villages. On its own, Plan would have to bring in more resources to support activities rather than access those that are within government. Government would most likely appreciate having the funds and resources from Plan and implement activities the best way it sees fit. This approach would, however, most likely deviate from Project design resulting to issues in performance monitoring and evaluation, at the least.
At the village level, working with village cluster heads would also increase efficiency of Project services delivery. Such arrangement would mirror that of above and can result to minimized visits of both Project staff and DWTs to villages.

4.2.d.4. Sustainability

While DWTs and CLTS committees promotes good inter-departmental cooperation at the district level and good team work at the village level, the sustainability of these structures depend on the formalization of the structures. As experienced in many other NGO interventions, when the Project or intervention ceases, the structures created to deliver activities, ceases to be active. In the case of the DWTs, after the Project exits, members would just revert to former roles and positions in their respective agencies which they never relinquished. In the case of Paktha (and most likely in the other two districts), prior to the Project, the district had similar WASH teams comprising of the staff from NamSaat and Health officers. Hence, after Project exit, most likely, the same approach would be used at the district level. However, because of the team work experienced by DWT members in the Project and of the effectiveness of such teamwork, what could be sustained is the informal working relationships of the team members. If such informal teamwork persists into the future, then such would be attributable to the Project since it was the Project that initiated, trained, and supported this team. As discussed in the above section, the DWTs approach is currently the most appropriate at present and will facilitate implementation of the next project at district and village levels. The issue of retention of trained government counterparts within the teams can be resolved by having clear guidelines for government staffs in the proposed memorandum of understanding (MoUs) that will be formalized at provincial and district levels. MoUs should contain provisions on retaining Project trained staff in the teams and in the event such staffs need to be assigned elsewhere, then a suitable replacement is proposed. Capacity building for government can also be designed as "pool" training, where several staffs in a specific department are trained. This approach will limit (even eliminate) staffs transfers and reassignments within government partner agencies. As also mentioned previously, Project WASH district staffs can be moved to the provincial level when capacity is proven sufficient at district level.

At village level, the situation might be different as the CLTS committees have the formalized and recognized (by district authorities) village regulations. As long as the communities recognize and accept the authority/ validity of the regulation, the CLTS committees even if not formalized can continue with encouragements to households as regards maintenance and use of toilets, keeping the environment clean, and other guidelines contained in their village regulations.

4.2.d.5. Impact

While the DWT structure has had an overall positive effect on Project implementation and current results, there is no current indication that these structures will be sustained after the Project has finished. Sustaining these structures would greatly enhance the institutional capacity at the district level and would, to a certain extent, assure the continuation of monitoring and follow-ups in the target villages and schools for CLTS and HP. In Project terms, impact would be realized if these structures continue on with the tasks and responsibilities it had during project implementation, hence, contributing to the outcomes of ODF in schools and villages which are the conditions for improved health among children. For government, impact would be realized if the structures become models for other districts and in the long-term become part of policy in terms of delivering sanitation and hygiene services to communities.

4.2.d.6. Gender and Social Inclusion

The project encourages gender equality in the team structures and working approaches. However, in implementation, generally, this has yet to happen. According to DWTs, among student clubs, there are more boys than girls but this may probably due to the selection process by teachers. Among government counterparts, 37% are women, CLTS committees generally comprises of men while in Plan’s WASH provincial/ district team, there are also more men than women. No Project data was available for actual gender situation in terms of ethnic groups, the poorest and other vulnerable HHs in project structures and work approaches. However, as a response of addressing the cross-cutting issue of ethnic groups’ participation, Plan recruits and mobilizes interns in target villages who assist in local facilitation, data collection, and other work that deals directly with ethnic groups. To promote greater role of women in the DWTs, the proposed MoU can contain quotas in terms of numbers of women in the DWTs and other structures that are proposed for the village cluster level and at village level. Additionally, ToRs of DWTs can contain activities that require women’s involvement including that of the LWU.

54 Discussion with Paktha DWT
55 Discussed with PHD and other relevant provincial authorities during the design workshop. Plan is requested to draft the MoU for submission to and review by the PHD.
e) Monitoring and Review Processes

4.2.e.1. Relevance
There is lack of appropriate sanitation and hygiene monitoring information within government and among non-government Organizations such that the Project has had to rely on its own systems to monitor and measure progress. The Project uses both quantitative and qualitative information to monitor progress whereas government generally focuses on quantitative information. The Project has started to encourage and train government partners (starting with the mid-term review process) in the use of the Project’s systems particularly on behavior change monitoring. However, much still needs to be done to harmonize monitoring approaches of the Project and that of government agencies. A good example here is that Government does not monitor for or recognize ODF status (setting targets at 85 to 90% toilet coverage), which is the paramount indicator of the Project in 2 of its 4 objectives. Monitoring perspectives for both sides still is far apart and was recognized as such during the evaluation workshop.

4.2.e.2. Effectiveness
The Project developed a monitoring system for assessing the progress of the activities i.e. the Star Topics monitoring system. There is complexity in using the system as the indicators (star topics) have both physical and behavior indicators of achievement measured by both qualitative and quantitative means of verification. Monitoring of the star topics in schools and villages is time-consuming (particularly the interviews with children) and difficult to those not well-trained on the systems use. Such a situation can lead to bias and reporting errors especially as regards observations. This is observation comes from the disparity of star topics ratings with that of the findings from the FGDs in the 8 villages and from discussions with village leaders and DWTs. The effectiveness of the system should be based on the factuality of the information collected. If there are discrepancies with information from other sources, perhaps there is a weakness in the system or other information sources were not accurate.

The Project monitoring system was developed in February of 2012 and was not used by government partners initially. Without good training and constant support from Project staff (assumed to be well familiar with and experienced in using the monitoring tools), it is unlikely that at present government counterparts are now skilled and experienced in using the system. At present, district authorities are familiar with the system, but have not yet taken on the task of compiling the data on their own.

Assuming system data accuracy, the monitoring system of the Project can be considered effective as it has informed and guided the Project as to what activities (according to star topic) need to be intensified and strengthened to achieve targets.

Internal reflections were also utilized as an approach for monitoring and reviewing Project's progress. Internal reflections were used during the MTR and as a tool in the final evaluation (in the evaluation workshop and in the design workshop). This process is effective in that it allowed both Project staff and government counterparts to assess together the accuracy of collated data from Project documentation (evaluation workshop) as well as the data from field visits (design workshop). Further, the process allowed both parties to analyze the implications of Project status and of emerging issues/ challenges in terms of how these should be addressed in future activities.

4.2.e.3. Efficiency
As noted above, the monitoring system now in place is time-consuming to implement requiring both observations and interviews with beneficiaries in schools and villages. The efficiency of this process will be measured by the cost of its regular implementation and the quality of data obtained. Monitoring of activities and indicators are linked HP and CLTS activities hence; an actual quantification of monitoring costs is not available. The quality of data obtained is assumed to be high and is representative of actual conditions in terms of the physical and behavior indicators in the system. From this perspective, monitoring processes in the Project is efficient.

Reflection activities are also expensive. Bringing together a fairly large number of people together for a few days requires substantial planning, coordination, and budget. But the results of the process, especially if there is agreement among all or majority of participants on key issues/ challenges and plans forward are

56 Participants agreed that the “M&E system not yet fully established within Project and linked to systems of Government partners”  
57 Program Manager, KII form  
58 Ibid.
highly desired. Such agreements bring about clarity and focus for future actions and therefore facilitate implementation of activities.

The nature of monitoring and review is to obtain factual information that will shape future actions. This comes at a cost and should be appropriately allocated for in the Project.

Monitoring and review can also be more efficient if it is aligned and consistent with that of government. This means that Project monitoring can utilize government monitoring information thereby reducing the burden of data collection in the Project and consequently reducing costs and time spent for training government counterparts and for monitoring activities. At present however, the Project’s monitoring indicators are not yet aligned and consistent with that of government’s such as the School of Quality (SoQ) and Model Healthy Village (MHV) set of indicators (Annex 7). Potentially, at least two issues can be resolved if Project monitoring is aligned to that of government. First, it improves efficiency and second, it can improve working relationships with government counterparts.

The Project’s monitoring system (Star Topics) has to be expanded to cover and monitor relevant S&H indicators in the SoQ and the MHV (Annex 8). However, even by expanding Project indicators not all indicators can be covered by the Project. Having a single monitoring system across all Plan’s Programs (WASH, Education, and Health) in similar target villages will address this challenge. Indicators not relevant to WASH can be covered by the Education and Health Programs. Reporting within Programs is relevance-based while reporting to government is integrated i.e. according to SoQ and MHV. Where required by Plan’s internal monitoring system (e.g. ODF and other gender-based, poorest and other vulnerable HHs indicators), a separate set of monitoring indicators is kept and documented. Actual monitoring will be a challenge but Government partners can do the actual monitoring as they will be measuring their “own” indicators rather that of the Project or of Plan. Internal indicators monitoring will be done by Plan through field staff including interns.

Examples of gender related indicators in the MHV are pregnant women have access to MCH services in the local Health center, knowledge of TB and HIV but lack WASH gender indicators such as separate rooms for toilets in schools, burden of drawing/ fetching water, numbers in structures, quality of participation in structures and activities, among others. As mentioned above, these indicators that, at present, is not included in the SoQ and MHV sets needs to be monitored by Plan’s programs. It would be very challenging to influence changes in government’s monitoring systems at the district and provincial levels. These actions should be addressed at Ministry level, in direct consequence of the approval and implementation of the RWSS Strategy. As observed in several sections of this report, government structure is hierarchical and lower level government structures follow or implement what is policy or plans from national levels.

4.2.e.4. Sustainability

As discussed above, Project’s monitoring and review approach is still not yet fully consistent with that of government. Sustainability of project monitoring and review processes will not take place as long as this situation persists. Monitoring approaches including indicators of achievement within government is in place through high-level policy and would be difficult to change/ revise at district or at provincial level. The burden is on the Project to its monitoring approaches and indicators with that of government. But for internal Project purposes or for Plan organization monitoring, a separate set of indicators could be in place which would be monitored by Project staff only.

4.2.e.5. Impact

At present, the Project’s monitoring and review approaches has not yet been integrated/ aligned to that of government. Government still relies on its own systems to monitor and report on their activities. Impact would be evident when the Project’s monitoring approach or parts of it becomes part of government’s system and applied to far wider scope than just the 3 districts. Thus far, the Project has shown government a way to further systematize monitoring of WASH interventions and progress in the target villages.

4.2.e.6. Gender and social inclusion

Monitoring and review processes of the Project do monitor participation of women and men within Project activities. This is reflected in monitoring tools used which segregate gender information and monitors the roles of women and children in WASH. At present, Project monitoring does not yet monitor PWD.

Monitoring and review processes of the Project reflects the situation of project structures and working approaches with more men involved than women in school and villages monitoring activities. In these
processes, the Project encourages participation from vulnerable groups but as yet this is not realized in current implementation and monitoring information – i.e. participation of ethnic groups, poorest, and other vulnerable households are formally documented.

f) Working relationships with government partners and other external agencies

4.2.f.1. Relevance

In connection to 4.2.d.1., the Project works with government and other external agencies as a soft strategy contributing to the achievement of Project objectives. The Project established and maintains working relationships with the NamSaat department at the national level, with the PHD and PED at the provincial level, and with DWTs and the District Governor at the district level. With non-government organizations and donor partners, the Project actively participates in the TWG, providing technical inputs to proposed policy or approaches in the WASH sector, and also supports the regular meetings and reporting of the group. At the provincial level, among NGOs in Bokeo, at present, the Project only coordinates with LRC as there are no other NGOs working in the WASH sector.

All these working relationships are relevant to the Project's progress towards objectives. Through these relationships the Project obtains technical inputs, advocacy support for its approaches, cooperation and implementation support for activities at district and village level, and recognition for the improvements contributed to the WASH sector. Without these relationships, the Project could not be implemented at its current state.

Specific to LRC, the Project had regular meetings with its provincial representatives to exchange information about approaches, activities and targeting of villages and studies conducted in target villages. It is to the benefit of the Project to be aware of the plans and activities of LRC as the latter's subsidy-driven approach (which is supported by Government) can and will adversely affect the demand creation approach of the Project.

4.2.f.2. Effectiveness

At all levels of government, the Project has been effective in establishing and maintaining collaborative working relationships. Consequently, the implementation of the Project has been facilitated well at schools and villages.

To further improve working relationships with the provincial and district partners, the relationship has to be formalized. The Project's working relationships with the provincial government at present is based on a memorandum of understanding (MoU) between Plan's Education programs in the province with the PED. However, a large part of the Project deals with WASH issues which are under the mandate of the PHD. This situation, while not discounting the current good relationships with relevant provincial and district agencies, has affected the effectiveness of Project activities especially in terms of delivery of services by the different district level partners.

Feedback from relevant levels and partners (DWTs, District Officials, and Project WASH officers, PED and PHD) leads to the conclusion that a separate MoU has to be formalized between the Project and the relevant/lead provincial government agency. Likewise, at the district level, suggestions point to having a formal agreement with the office of the District Governor who would then assign a focal person for the Project. The focal person would take the lead in coordination work with the Project and facilitate activities implementation of the DWTs. Formal understandings at both levels would have specifics on schedules and number of meetings (planning and reporting) and on the roles and responsibilities of each of the different agencies involved in Project implementation.

Good working relationships with the government also depend on the relationships between Project staff and that of government. At national level, the Program Manager has worked well with the NamSaat while the Provincial WASH Coordinator has good working relationships with the provincial agency and district agency staffs. Project district WASH staff also has to have good working relationships with their counterparts in the different agencies at district level as they work closely and often. A formal agreement

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59 From design workshop feedback and suggestions for the next Program phase
60 Consultant's perception and observations from several discussions with the Program Manager. Unfortunately, the Consultant had no opportunity to meet with other WASH NGOs or other organizations working with NamSaat at the national level due to time constraints. The Consultant requested an interview with the NamSaat representative who participated in the Design Workshop but was reluctant to discuss these issues without explicit permission from the NamSaat Director.
between the Project and government would greatly clarify the roles and responsibilities of both parties, including those of the WASH officers and of the DWTs.

Aside from government at provincial and district level, the Project should also continue working closely with the LRC. While each Project supports different approaches, shared knowledge and plans will avert potential conflicts of approaches in target villages and will contribute to the success of both Programs. To date, the Program Manager has effectively communicated and coordinated with LRC project management. This relationship has to be continued and where possible, strengthened. To date, the Project has yet to convince LRC to review its approach and amend such in a way that would be synergistic with the Project’s approach and hence be sustainable in the long term\textsuperscript{61}. LRC remains steadfast in its belief in subsidy-based sanitation improvement and will likely continue with such in the future\textsuperscript{62}. This situation in LRC (which is actually a government supported organization) remains since government over-all policy for sanitation improvement still relies heavily on subsidized approaches. Feedback from key provincial government agencies recognizes this challenge and suggests greater coordination between LRC and the Project particularly in terms of village targeting and timing of activities\textsuperscript{63}. To this end, while the draft RWSS Strategy is pending, the Project should strengthen coordination at provincial level through the PHD with relevant agencies and NGOs, particularly in terms of village targeting and consistency of approaches.

At national level, advocacy for the Project’s new approaches being integrated to national WASH policy is the purpose. The Project and Plan has contributed to the drafting of the new RWSS Strategy which, if approved and formalized soon, would give the Project and Plan the platform to advocate for lesser reliance on subsidized approaches in sanitation and greater use of demand-driven approaches. Working relationships with key decision-makers at provincial and national levels of government and with the main donor agencies of Laos is critical in moving the Strategy forward.

\textbf{4.2.f.3. Efficiency}

Working relationships with government will become more efficient once there is formal understanding in place between the Project and the relevant agency and/or authority at provincial and district levels. Such understanding will reduce the need for constant meetings and other forms of communication that currently serve to follow-up activities, plans, and reporting. On the other hand, working relationships at national level with government and with NGOs and donors partners will remain as an informal process, more personal than organizational and grounded on long-term policy changes in the WASH sector. The Project should focus on working with partners that have similar or support similar approaches (i.e. CLTS) and have the same long-term vision in terms of government’s policy in the sector (more demand-driven and household and community responsibility for sanitation) such as UNICEF and WB-WSP.

\textbf{4.2.f.4. Sustainability and Impact}

At this stage of Project implementation, sustainability contribution of Project working relationships is not yet apparent. Streamlining Project implementation by having clear and formalized roles and responsibilities among government partners will greatly enhance effectiveness of Project approaches and activities at village and schools. Having such roles and responsibilities carried on and implemented beyond the Project life would in effect sustain Project activities.

No impact is attributable to current working relationships. Impact is attributable when and if Project working relationships contribute to government policy changes, particularly at national agency level in the WASH sector.

\textsuperscript{61} Discussions with Program Manager
\textsuperscript{62} Ibid.
\textsuperscript{63} Suggestions from PHD Director during his closing remarks in the design workshop
5. Conclusions and lessons learned

5.1. Project results to date

In schools at the start of the Project, the average across 3 districts in terms of star topics rating was at 7.3%. At present, the average rating in 3 districts is at 76% or nearly a 70% change over the project time frame. This is appears to be a very significant achievement. In all target schools of the Project, it is only in Star Topic 3 where the target has been reached i.e. in all schools drinking water is treated and kept safe. For all other star topics there is positive progress towards targets but with Star Topic 1 (ODF in schools and use of toilets) the lowest rated. In the 18 schools targeted, WASH hardware interventions is at 83% completion and appears to have contributed greatly to the adoption and practice of appropriate sanitation and hygiene behaviors in schools together with HP activities of the Project. However, water supply functionality issues still persists in majority of the schools targeted.

Over-all there has been significant progress towards improved sanitation and hygiene conditions in school environments and children’s sanitation and hygiene practices in schools appear to be moving towards target. However, with the Project at its completion phase, it is unlikely that the targets will all be reached within the Project time frame. The main factor affecting the faster achievement of targets in schools, is most likely the lack of WASH facilities and in where they are operational, the lack of water. The other key issue is that behaviors are not sustained in majority of communities with only 23% ODF and most villages having issues on water supply.

In the 18 target schools, the Project should continue its planned and committed rehabilitation and construction of WASH facilities. However, in villages adjacent to or containing these schools and where school water supply is sourced, the Project should find alternative means to improve such water supply systems to ensure regular functionality of school WASH facilities. The pragmatic approach is to find other donors to support WS improvement in villages through the Project or work with/ convince partners such as ARC/LRC, and other NGOs (potentially WaterAid) to address these WS issues in the villages. At present, government does not have the resources for WS improvement to be a viable alternative to this challenge. While the 18 schools and villages should be prioritized, all other target villages should have WS improvement interventions. Given, the Project’s limited resources, the best approach is to seek collaborative work with donors and NGOs.

In communities, 23% of villages are ODF and coverage rate has risen to 68% from 42% with villages at 100% coverage rate from Project interventions. At the start of the project, effective water coverage rate was at an average of 54% in the 3 districts and at present, rural water access reported in Bokeo is at 77%64. This assumes that data is factual and that functionality rates are equal to that of coverage rates. These two improved conditions indicate that sanitation and hygiene practices should also have improved considerably.

In terms of Project monitoring through the star topics, on average none of the target districts have reached the Project targets. However, there appears to be significant achievements as regards HW with soap, treating and drinking safe water, and proper disposal of wastes, with all indicators near the targets. These would appear to be based on good understanding of appropriate sanitation and hygiene practices as disseminated by the Project and on the improved access to WASH facilities in communities. Similar to the situation in schools, lack of water appears to be a main factor in sustaining HW washing (especially among children) and in safe drinking water practices. For drinking water, observations indicate that storage facilities need improvement to lessen risks of contamination. On waste disposal practices, there are some disparities with Project monitoring with several villages still disposing of wastes indiscriminately and without clear disposal steps after wastes are put in trash bins, lack of solid waste segregation and general emptying of wastewater to household surroundings.

In terms of demonstrating best practice on community WS management, the Project has had very little progress with only preparatory activities for construction/ rehabilitation done at present. The main factor that appears to have caused this situation is the lack of clear planning and agreements with village and district authorities, including on contributions from communities, implementation arrangements with district authorities, and the logistical needs of bringing construction materials to target communities. Given this current situation of community WS interventions under the Project, progress towards desired changes in terms of women and girls’ roles in water access and management have not yet been established.

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64 Laos Social Indicator Survey (LSIS), WASH Tables, page 1, July 2012. Reported data does not include WS development under the Project since these are not yet functional in target communities.
In terms of advocating for less dependence on subsidy and greater focus on demand-driven approaches in WASH, the Project has contributed to the development of the draft RWSS Strategy and designed the Project to be in line with the spirit of the Strategy. The Project also conducted two studies on WASH in Bokeo that was shared with government and other stakeholders, supported the development of a WSP planning toolkit in collaboration with national agencies and development partners, disseminated its activities on CLTS training and triggering and on observations of world WASH events, and contributed to national forums regarding WASH in schools, including the revised School of Quality standards.

Coordination-wise, Plan is active member of the WASH sector group in Vientiane, has organized two provincial sector meetings in 2011 and in 2012, coordinated exclusively with the LRC.

Specific to capacity building, the Project with support from other WASH NGOs, has trained government partners at provincial and district levels on 8 non-subsidy sanitation and hygiene trainings. A key issue in this process, which has affected Project performance, is the low retention rate of trained government counterparts in Project activities, particularly among those that have at participated in at least 5 trainings. To date, while the Project has worked well to support other initiatives in Government, particularly the development of the RWSS Strategy and has there has been no non-subsidy method or approach that has been included in development plans of government at provincial or district levels.

A key approach of the Project was that by working through schools, Project approaches and activities would scale up faster in the target districts. From an over-all perspective, this has not yet happened. Over-all results indicate that the Project has to remain in the current 35 villages to ensure completion of interventions and to reach the main outcomes of ODF in schools and villages and sustained behavior change among beneficiaries. However, this does preclude expanding CLTS to other villages since a projected 50% of current target villages will reach ODF soon.

Some key factors have contributed to this current situation. First, the Project was designed with the assumption that the RWSS Strategy would be formally in place within the Project time-frame where the Strategy lays the bases for greater acceptance and support for Project interventions (particularly CLTS) especially from government. At present, there is still no acknowledged time-frame as to when the Strategy will be formalized; hence government policy on sanitation improvement remains the same.

Second, a critical component of the Project, WASH infrastructure in selected schools and villages were not completed within the planned time-frame and to date, are not yet fully complete in schools and just starting in villages. This was a loss in terms of demonstrating the effectiveness of having WASH facilities in schools that would provide the means for children to practice improved behaviors. The end result of ODF in schools and sustained appropriate S&H behaviors cannot be showcased and hence, replicated in other schools and villages. Likewise, non-completion of water supply interventions in selected villages and therefore lack of improved water supply management cannot be highlighted as a success intervention and as in schools, replicated in other villages. Delays in WASH infrastructure completion was the result of a a lack of good planning (including timely availability of the Project Engineer, sourcing of construction materials, timing of construction, internal contracting procedures, etc,) lack of skilled artisans in target villages, lack of clear understanding and planning with communities, and difficulties in accessing rehabilitation/ construction sites, and perhaps other issues.

Third, there was not enough support from government partners and other organizations in Bokeo in terms of resources so that all villages to be covered by water supply improvement. The design could have included clear resource commitments/ contributions from Government and perhaps from government-aligned organizations such as the LRC. The lack of a formal understanding with key government agencies is also a reason why support from government is lacking. As noted in this report, the hierarchical nature of governance and services delivery requires a clear and formal understanding at higher levels to ensure compliance to roles and responsibilities.

Fourth, Project design issues (particularly in terms of being able to complete the infrastructure interventions within the project time frame), efficiency and effectiveness of working structures, the status of the Strategy in terms of being the Project implementation lynchpin for obtaining greater government support, among others, were not considered thoroughly during the Project mid-term review. And where the MTR recommended appropriate actions (e.g. extending over-all project time-frame, strengthening capacity among district WASH staff, finding solutions to access issues for some villages, improved learning and planning processes) not enough follow-through was obtained.

The approach of schools and villages with interventions starting at schools is still sound and should be continued. Health benefits can only accrue to children when both environments where they basically grow-
up and develop are safe and healthy – that is, sustained ODF, and perhaps improvements in other health aspects as well. Programmatic and implementation issues and challenges greatly hampered the Project from reaching its goals. However, current achievement is still considered significant in view of the following:

- Current government policy on WASH sector development – reliance on hardware subsidies to households
- Relative novelty of CLTS and SLTS/ SSHT approaches in the province and in Laos and of the DWT structure among government partners
- Existing prevalence of subsidized household sanitation facilities even in target villages which have limited the effect of CLTS
- Lack of support in terms of resources from government and from other NGOs – in the past 10 months, basically it was only Plan and LRC implementing S&H programs in the province.

5.2. Project components

a) Relevance

All Project components remain relevant at this stage of Project implementation.

For HP, there are already significant changes in knowledge and behaviors of beneficiaries but much remain to be done particularly in terms of hand-washing among children. From FGDs, S&H awareness and knowledge of children is good but actual practice is still low. While children report “always” wash hands now, follow-up questions show HW is done sometimes before eating and after toilet and when hands are dirty. Always use of soap was reported only among half of the 8 children’s groups with laziness as the main reason for not using soap.

The objective of ODF in schools and villages should be reached for health benefits to accrue to children. CLTS has contributed to an increase of 26% from Project starting point. Only 23% of the target villages are ODF, hence a large segment of target population is still constantly exposed to diseases that generally from human wastes. Government and its partners that support subsidy do not have the capacity provide for all households in their target villages. Hardware interventions bridge the gap between knowledge and practice change to sustained behaviors. Such hardware interventions can be externally supplied (such as direct hardware or materials subsidy or indirectly through manufacturers) or facilitated by creating access to low-cost latrines or building materials as well as improved latrine designs responding to local conditions (including suitability to indigenous materials). Reliable hardware facilities including constant supply of water is critical to sustain changed behaviors particularly hand washing among children. Project team structures are a necessity in the political framework of Laos for INGOs. The political structure of the government and the hierarchical nature of activities implementation and services delivery, recommends that the Project work closely with relevant agencies from national level down to the district and village level. There is lack of appropriate WASH monitoring information within government and among non-government organizations. The Project has started to encourage and train government partners in the use of the Project’s M&E systems but, much still needs to be done to harmonize monitoring approaches of the Project and that of government agencies. Linked to project team structures, working relationships especially with government obtains technical inputs, advocacy support for its approaches, cooperation and implementation support for activities at district and village level, and recognition for the improvements contributed to the WASH sector.

b) Effectiveness of project components

HP has been highly effective in raising awareness and increasing knowledge and promoting practice change among target beneficiaries on appropriate sanitation and hygiene practices at schools and in communities. This is validated by Project internal monitoring and in the evaluation’s FGDs in 8 villages. CLTS effectiveness of CLTS is clearly seen in having 8 of 35 target village achieve ODF status in a period of 6 – 7 months after triggering with potentially 10 more on the path to ODF. A key factor in this is the creation of CLTS committees and of village regulations, both recognized and supported by District authorities. Effectiveness of Project hardware interventions is hampered by the fact that most are not yet operational, particularly in villages where construction is just starting. For those operational WASH facilities, regular and consistent use is constrained by lack of or limited water supply.

Effectiveness of Project team structures is obtained from the manner through which Project interventions and services are implemented and delivered to the beneficiaries. These structures utilize the mandate and
reach of the respective departments to implement project components under their respective jurisdiction. To further improve the effectiveness of this mechanism, a formal agreement with the lead government agency at provincial and district levels is required. Within the Project, capacities of the district WASH officers must be improved as they directly interact with DWTs and with schools and communities.

The star topics monitoring system is complex and time-consuming to implement and maintain, and may be prone to bias in reporting especially as regards observations. Assuming system data accuracy, the monitoring system of the Project can be considered effective as it has informed and guided the Project as to what activities and strengthened to achieve targets. Internal reflections are effective as it allows Project staff and government counterparts to assess together the accuracy of Project data and to analyze the implications of Project status and of emerging challenges.

At all levels of government, the Project has been effective in establishing and maintaining collaborative working relationships. This has contributed to the effective implementation of approaches and activities at schools and villages. However, working relationships at district and province has to be formalized to ensure the smooth implementation at all levels. Project staffs have also contributed to good working relationships with government and other organizations at all levels. This has to be continued and strengthened.

c) Efficiency of components

The implementation of HP activities was according to the planned schedule and well within planned budget, achieving a savings of about $3,000. To further increase efficiency HP can be done in conjunction with CLTS sessions and can also be integrated with other Plan Programs where the target villages are the same. Other suggested changes are improving the IEC materials, and engage village cluster heads for monitoring work.

On the other hand, CLTS was not implemented efficiently, time and cost-wise. Increased number of activities and increased monitoring visits have pushed implementation time-frame and costs well above the plans. However, given the potential effectiveness of CLTS in facilitating ODF status in at least 50% of target villages, the increased work-load, implementation time-frame, and cost may be well worth it and the approach proven cost-efficient in the future. CLTS can be more efficient if certain similar activities in school HP are implemented together. Further, mobilizing village cluster heads to do most of the monitoring would also reduce costs.

The implementation of hardware interventions of the Project was not efficient. Activities were planned for implementation in 2011 but at present, hardware interventions in schools in all districts have not yet reached 100%. The same experience is observed for community hardware support. At present, activities are still at preparatory phase and construction is expected finish by August 2012. Key reported issues that caused these delays were the coordination process with school, villages, and government authorities and sourcing of construction materials.

The efficiency of team structures and coordinated work approaches is limited by the required planning, reporting, and coordination activities. Costs are substantial as group work in the Project requires many and repeated visits to target sites particularly for monitoring. Current alternative arrangements for the Project are create more challenges than increase efficiency. A focal person from government and from the Project appears to be the most efficient alternative set-up. This arrangement would need a formalization process with the District Authority including details on Plan and DWTs interactions, roles and responsibilities of the focal person, of the DWTs, etc. At the village level, working with village cluster heads would also increase efficiency of Project services delivery.

The monitoring system in place is time and resource-heavy process requiring both observations and interviews with beneficiaries in schools and villages. Star topics monitoring data appears to be representative of actual conditions in terms of the physical and behavior indicators in the system. From this perspective, monitoring processes in the Project is efficient. Reflection processes are also expensive but if the process results to agreement among all on key issues and plans forward then reflection activities are highly desired becomes cost-efficient. Monitoring and review can be more efficient if it is aligned and consistent with that of government.

Working relationships with government will become more efficient once there is formal understanding in place between the Project and the relevant agency and/or authority at provincial and district levels.
For HP, there is enough capacity in government, schools, and communities to continue with soft activities of the component. Government’s and capacities of schools and villages to maintain WASH facilities in schools and communities is still very limited. Maintaining and keeping these facilities is critical to sustaining changed behaviors among children and in the community. The key to sustainability of CLTS are continuous follow-up among households to ensure maintenance of toilets and sustained use of such. This can already be done by local leaders/ CLTS committees and district authorities at present. Established village regulations that are recognized by district authorities serve as foundation for follow-ups. However, a critical factor that must be considered is the use of dry-pit latrines which are structurally unsustainable especially in challenging geographical conditions. Improved latrine designs addressing the existing risks and encouraging conversion to durable pour-flushed toilets are necessary. The latter requires that HH are economically- capable to convert to such type of toilets and/ or that low-cost durable toilets are accessible to these HHs.

The sustainability of hardware interventions that have already been completed can be assured in terms of the observed and reported structural integrity. However, without adequate and appropriate training on the maintenance of these structures to government, school, and community, the likelihood of extended functionality of the structures is diminished.

While DWTs and CLTS committees promotes good inter-departmental cooperation at the district level and good team work at the village level, the sustainability of these structures depend on their formalization. At village level, the situation might be different as the CLTS committees have the formalized and recognized (by district authorities) village regulations. Project’s monitoring and review approach is still not yet fully consistent with that of government hence, would not contribute to Project sustainability. Likewise, at present, sustainability contribution of Project working relationships is not yet apparent. This is linked to having a clear and formalized understanding with government partners at provincial and district level.

e) Impact of components

Hygiene promotion and CLTS have resulted to reported improved household, school, and village environments and to increased practice of appropriate sanitation and hygiene practices such as elimination of OD in 59% of target schools and in 23% of target villages, increased HW practices and drinking of safe water. The combination of these practices in schools and in communities particularly among children should result to improved health, increased productivity from improved health, and hence, perhaps improved incomes if sustained over the long-term. CLTS, because of the need for united community action and support to poor and vulnerable households, can result to greater social cohesion in communities. Village regulations exhibits policy improvement and contribute to sustainability of Project activities/ approaches but has not resulted to higher government level formalization of such regulations which would (as policy) be replicated in non-target villages. Over-all, HP and CLTS have contributed to a situation in some villages, especially in ODF villages, where movement towards impact conditions is positive.

At present, there is no indication that the DWT structure or the CLTS committees will be carried on by government. Impact from established structures can only be realized if these are sustained and result to enhanced institutional capacity that would, to a certain extent, assure the continuation of monitoring and follow-ups in the target villages and schools. However, there is no better alternative at present unless a new structure is created at province level or also at district level which can immediately (or within a short period of time) take over the work and responsibilities of the DWTs. As discussed previously (3.2.d.2 and 3.2.d.4), the pragmatic approach is to establish new structures at provincial level but to keep DWTs until their capacity is built up to function independently of Project WASH staff.

Likewise, the Project’s monitoring and review approaches has not yet been integrated/ aligned to that of government. Impact would be evident when the Project’s monitoring approach or parts of it becomes part of government’s system and applied to far wider scope than just the 3 districts. No impact is attributable to current working relationships. Impact is attributable when and if Project working relationships contribute to government policy changes, particularly at national agency level in the WASH sector.

f) Gender and Social Inclusion

The Project encourages equal participation of women and men in project activities. However, in school activities and village activities, the trend is that more men and boys participate than women and girls.
Among teachers, among trainees in government, in DWTs, and in CLTS committees, the trend remains the same.

In hardware interventions in schools, facilities have separate rooms for boys and girls and for men and women. In households, if toilets exist, one is shared by the whole family. School WASH facilities and sanitation facilities at homes have not yet considered the needs of the disabled.

In terms of ethnic groups’ participation, this is reported as higher in homogenous ethnic villages, particularly in ODF villages, but the opposite is reported in mixed villages or where ethnic groups are the minority. Participation by the poorest in target villages (based on FGD results) is enough, voluntary, and that they were given the chances to voice out their views and concerns.

Monitoring and review processes of the Project cover gender equality and gender issues. Such processes also encourage from vulnerable groups but the situation and conditions of these groups are not yet reflected in monitoring records and reports.
6. Recommendations

Recommendations are derived from the assessment of Project components and from the conclusions section above. Recommendations are also informed by the results of the Evaluation Workshop.

6.1. Strategy

j) The approach of working with schools and communities remains appropriate and effective.
   - Recommendation: The Project should reinforce and build on this principle – improving sanitation conditions at school or at home exclusively limits the potential impact of the interventions – focusing on having a more integrated school and village CLTS and HP interventions.
     - Include emphasizing similar or the same health messages so that parents and children are receiving the same messages and working to improve the same things.
     - Develop further materials and methodologies for school and community groups considering different ethnic groups, adult learning, among others, using clear photographs/ contextualized illustrations with information on the back to help village leaders convey messages more concisely to villages, households.

k) Project design was largely based on the premise that the draft RWSS Strategy would be formalized shortly after the draft was finalized in May 2011. As the Strategy has not been formalized and there is no clear time-frame as to when this will be done, the pragmatic approach is to hew as closely as possible to current Government policy and delivery mechanisms without sacrificing organization values and goals to ensure outcomes are realized within the Project time-frame and basis for goal and impact realization is established.
   - Recommendation: Re-alignment of Project design to be more consistent with government WASH improvement approach by:
     - Harmonizing M&E indicators with the School of Quality and Model Healthy Village indicators of government but keeping internal indicators relevant to Plan long-term visions such as ODF. To ensure coverage of both government indicators, it is suggested that the WASH, Education and Health programs of Plan have a common/ integrated M&E system.
     - Studying the potential use of "smart" subsidies (e.g. through local entrepreneurs and transport systems to reduce costs of sanitation hardware, and transparent targeting of the poorest for direct hardware subsidies) – using on transparent baseline-informed selection criteria and process that are aligned with that of government, for the poorest and other vulnerable households.
       - The use of smart subsidies assumes the potential links between Plan’s provision of scholarships to the poorest households in terms of selection process/ targeting. Scholarships can also serve as an incentive to poorest households to build and consistently use toilets.
   - Recommendation:
     - Introduce the sanitation marketing approach based on a comprehensive assessment of the local supply chain for water supply and sanitation products and materials.
     - While sanitation marketing as an approach is not yet a government supported approach, there appears to be a vibrant local economy in the target districts. Creating demand for new products would result to market forces taking shape and responding to local demand. Project’s facilitation through sanitation marketing can result to more accessible WASH products to target villages.

l) Project designed looked at improving WASH conditions in 18 villages but did not truly consider that the water sources of most schools are from villages, hence only having 3 community water supply development interventions. Project approach is built on having children practice improved sanitation and hygiene behaviors in schools and in villages/ communities to assure long-term benefits. The premise of WASH infrastructure is to provide the children (and their families) the means to practice these adopted and appropriate behaviors. This premise is defeated in schools where the water supply systems in connected villages are not part of interventions.
   - Recommendation: Greater focus on both schools and villages development in terms of water supply systems, hand-washing facilities, and toilet facilities in schools and CLTS-drive sanitation hardware improvement in villages supported by improvement of village water systems and schools.
Focus on and prioritize the 18 schools and villages during the next Phase for the school and village approach.

Expand to other schools and villages after WASH facilities and water supplies in each of the existing targets achieve sustained functionality (a minimum of sustained water supply during the school months).

Expansion to other schools and villages should be based on a good functionality survey of water supplies in target villages should target schools be dependent on village water systems.

m) Water supply is a critical issue in all target schools and villages. The issue varies from one village to the other but generally is present in all target villages and most likely in new target villages. As with CLTS, communities should take responsibility for the protection and sustainability of existing water sources.

- Recommendation: Include interventions targeting watershed/water sources protection issues. As water sources are mainly from villages, including that of schools, watershed protection is a necessity. Approaches on watershed protection can utilize water safety planning (WSP) strategy of the WHO which has been introduced in the country and already has draft guidelines for facilitators.

- Recommendation: Mobilize resources from other water supply improvement oriented donors and NGOs for rehabilitation or construction of water supply systems in target villages outside of 18 schools and in new villages as informed by functionality studies.

n) CLTS has worked well in the Project and has the potential of reaching at least 50% ODF status in all target villages. However, to sustain ODF and to promote reaching ODF in other current target villages, sustained monitoring and follow-up HP activities are required.

- Recommendation: Continue with CLTS monitoring in current 35 villages supported by sustained implementation of HP activities and introduction to and training on emerging improved sanitation technologies that are local resource based and adaptable to local geographical and physical conditions.

- Recommendation: Expand CLTS to other villages in Bokeo (and to another province as resources allow) based on a selection criteria that is prepared in consultation with government counterparts. Suggested criteria should at least include the following and considers the original selection criteria of the Project:
  - Should have none or low exposure to subsidized approaches and are not potential targets of future subsidized project of government and its partners.
  - As much as possible, homogenous communities particularly for ethnic groups
  - Include in a school and community water supply functionality survey for potential expansion of WASH and water supply improvements and where possible, have reliable or potentially reliable water supply
  - Villages are permanent i.e. not included in potential relocation plans of government

o) Gender equity is encouraged in the Project but there is a lack of activities that translate these objective into actual activities

- Recommendation: Increase and improve gender-related interventions in the Project including gender parity in committees, clubs and teams established/created as part of interventions and approaches, in participation in activities (ensuring that women and girls are also invited and not only the household heads) in opportunities in trainings, in promoting needs of women and girls and of the disabled in household toile construction and amenities, and other new activities of the Project – and actively monitoring these against Project outcomes.

p) There has been a lack of appropriate targeting and consideration of the needs of ethnic groups and of the poorest and other vulnerable HHs in the Project.

- Recommendation:
  - Ensure that guidelines for implementation of school and village activities of the Project have formal/document guidelines that encourage and have documented results of participation of ethnic groups particularly in mixed ethnic groups villages, and of the poorest and other vulnerable HHs in target villages
  - Activities in ethnic villages must be based on good knowledge of local customs/traditions and other social dynamics
  - Baselines and other activities planning information should include appropriate information these target sub-groups to ensure informed design of activities
  - Mobilize Plan interns in villages (as interns mostly come from ethnic groups) to ensure appropriate responses to language/dialect issues (verbal and written communication)
q) There is a lack or absence of “models” in schools and villages that would better promote the acceptance of appropriate sanitation and hygiene practices and the sustained practice of such. School teachers, to effectively convey messages across and convince parents and children to change, must have be “models” of improved behaviors. This necessitates that such “models” have the means to practice what they profess.

- Recommendation: Having the implementing partners’ staff and duty-bearers at schools and villages/communities serve as “models” of sanitation and hygiene
  - More capacity building for these selected “models” in schools (teachers) and villages (village leaders, health volunteers, Plan interns)
  - Potential initial targets of smart subsidies on hardware support for toilet and hand-washing facilities at homes

r) Plan’s country strategy looks at having more integrated approaches and activities across different Programs at the national, province and district levels

- Recommendation: Have cross-Project planning and coordination meetings to determine synergy areas particularly in terms of inter-activity support at school and village levels (e.g. Health, Education, and WASH programs in schools and villages) and in terms of coordination and follow-through with the same government agencies at district level.
- Recommendation: Clarify and improve the Project objective on advocacy considering the potential support that can come from other Programs and how each Project can contribute to advocacy activities, particularly at national levels.
- Recommendation: Developed and integrated monitoring and evaluation system among the 3 programs that can cover or include all indicators in Government’s SoQ and MHV set of indicators. The M&E system should also include indicators that are for Plan’s internal or for donor monitoring where such indicators will be monitored separately by Plan programs.

6.2. Project implementation

g) Project implementation effectiveness at provincial and district levels has been hampered by the absence or lack of coordination, planning, and reporting meetings; mis-placed expectations in terms of roles and responsibilities as regards activities implementations; and, a general lack of a common approach towards how activities should be implemented.

- Recommendation: Need for a formal memorandum of understanding (MoU) with key government agencies at the national and/or the provincial levels (MoH and/or PHD) and perhaps with other partner agencies such as the PED, the PRDO, and the Provincial and District Governor’s Office.
  - District level MoU with the Office of the District Governor should be explored if necessary, including having a focal person that will coordinate all activities at Government side with the Project’s Provincial WASH Officer.
  - Potentially include village cluster heads as part of the implementing teams
  - Develop and propose clear roles and responsibilities of different level counterparts as regards the approaches and specific activities of the Project
  - Have clear schedule for planning, reporting, and coordination meetings/interactions according to the Project activities work plan
  - To encourage greater roles and leadership for women in all work structures, define activities that should be women-led and set a minimum number of women members in structures that are to be re-organized or re-established.

h) Project design was not well informed as to the actual starting conditions in target schools and villages in terms of physical access, geographical conditions, water supply issues, sanitation and hygiene practices (particularly in schools), information on ethnic groups, the poorest, and other vulnerable households in target villages, among others.

- Recommendation: Establish an inclusive and comprehensive baseline implemented according to the baseline needs of other relevant Plan programs in the same target areas.
  - Baseline should cover measures of indicators at objective and activities level.
  - Where possible include socio-cultural assessment of ethnic and vulnerable groups (poorest, disabled, FHH, others depending on vulnerability criteria in Laos) in target villages, including gender roles according to tradition and other relevant traditional practices on sanitation and hygiene.
  - Baseline should also cover work/income-related limitations constraining participation among communities especially poorest and other vulnerable HHs (unavailability during
the wet season, migration during dry season, working in field at the same time as village activities)

- Include physical/geographical characteristics of some villages (in remote/seasonally accessible areas) and schools (elevated locations giving rise to WS delivery)
- As part of baseline or as a special study, investigate the issue of villages’ relocation and/or permanence. Several villages are currently in their present locations for 10 years or less. This situation and the possible relocation of the village in the future (depending on government policy and decisions) may be a deterrent to the building of permanent structures (such as pour-flushed latrines among households particularly the poor.

i) Project District WASH officers are the front-line staff of the Project. They should have the necessary skill set, confidence, and commitment to be “models” and “leaders” to DTWs and other Project-government implementation mechanisms of the Project. Where possible, they must have better capacities than that of government counterparts. Where resources allow, each District should have at least 2 dedicated Project staff.

- Recommendation: Increased and improved capacity building for key Project staff particularly frontline district WASH officers.
  - Capacity building should include cross and learning visits within and outside CLTS country experience and across Plan Programs
  - Challenge in keeping qualified and trained staff within Plan/Project that could be addressed by improved recruitment and selection criteria (from Project target areas and from ethnic groups) for new or replacement staffs.

j) Retention of trained government counterparts is low in the DWTs and many of the retained staffs are new and not fully-trained in Project approaches and activities.

- Recommendation: Improved and increased capacity building activities for government counterparts which should be informed by capacity needs assessment (where possible).
  - Capacity building should include:
    - Detailed briefing on Project approaches and activities following through the design workshop where government actively participated
    - Trainings and workshops on the Project key approaches (CLTS, HP, SLTS, Gender equity, focus and prioritization of the vulnerable households, etc.) including post-training evaluation questionnaires to determine level of learning
    - Field trials and applications of learned procedures and processes and group processing of results
    - Where possible (resource dependent), cross-visits to other Programs that employ similar approaches (such as the SNV and the WSP CLTS projects) for further learning and appreciation of approaches
    - With Project staff, hold regular (say quarterly) celebratory activities after planning and reporting sessions to build teamwork, camaraderie, and friendships.

- Recommendation: Initiate having a provincial level structure similar to that of DWTs but whose role will be mostly capacity building, technical support to DWTs, and monitoring and evaluation at set intervals.
  - Upon evaluation that DWTs and village mechanisms can function more independently of Project WASH officers, phase-out district and village implementation activities of such WASH officers and formalize their functions at the provincial structure.

k) Monitoring and review processes of the Project encourage and cover gender equality and gender issues. Such processes also encourage participation from vulnerable groups but the situation and conditions of these groups are not yet reflected in monitoring records and reports.

- Recommendation: Add specific indicators on participation and status of activities with regards to women/girls, the poorest, the PWD, and other vulnerable households as informed by the baseline survey
  - Monitoring data for villages should be periodically supported by qualitative notes and observations from interns
Annexes
Annex 2 Evaluation Data Gathering Tools

1. Key informant interview guide
   FGD guide for Project implementors
   - For provincial, district, school and village WASH team leaders or key members.
   - Also for Plan staff who have direct knowledge and implementation participation of all 6 project components
   - For village level teams, FGDs among key WASH members having similar rank/ duties (e.g. FGD with village chiefs). Maximum of 10 and minimum of 6 FGD participants. Number of questions for the community FGDs will be reduced, focusing on those that directly relate to household and community issues/ challenges/ changes.

<table>
<thead>
<tr>
<th>District</th>
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<tbody>
<tr>
<td>Village</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Start: Completed</td>
</tr>
<tr>
<td>Time:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Name of Interviewee/ Participants</th>
<th>Location/Place of interview/ discussion</th>
<th>Position / Office</th>
<th>Gender</th>
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<tbody>
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</table>

A. Relevance of project components

1. Please describe the children and environment related to children situation in your area prior to the Plan programme?
   a. What were the standing policies on children rights?
   b. What are the issues in the community regarding/ affecting children and family?
   c. Specifically, what WASH-related issues existed then?

2. What project component do you know of that were implemented in the area to respond to the issues?
   a. How did each of these components address the prevailing issues?

3. What was your role and responsibilities in the project?
   a. What support or training provided by Plan/partners?
   b. How did this support/training help you in the implementation of project?

4. What were the vulnerable groups in your area? (women, ethnic groups, children, very poor, trafficked women and children, child labour, etc. based on local nuances) before the project started?
   a. Were they specifically targeted as beneficiary of the project?
   b. How?
   c. What was their roles and responsibility in the different components of the project? (probe on a per component basis)

5. What do you think are the major achievements of the project in terms of addressing the issues you described in item 1? Are these issues still present/ existing today? Please explain

6. Is the project still necessary/ useful in consideration of the changes in conditions?

B. Effectiveness: Achievement of intended outcomes
7. What changes or results came about from the project components?

<table>
<thead>
<tr>
<th>a. Hygiene promotion</th>
<th>What is the current sanitation and hygiene situation in the target schools and villages?</th>
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<tbody>
<tr>
<td></td>
<td>Did these changes (positive or negative) come about from hygiene promotion activities of the project? Please explain</td>
</tr>
<tr>
<td></td>
<td>To what extent have project targets for hygiene promotion have been reached? Please explain</td>
</tr>
<tr>
<td>b. CLTS intervention</td>
<td>What are the current sanitation (defecation practices, construction and use of latrines, and ODF) situation in target schools and villages?</td>
</tr>
<tr>
<td></td>
<td>Did these changes (positive or negative) come about from the CLTS intervention component and activities of the project? Please explain</td>
</tr>
<tr>
<td></td>
<td>To what extent have project targets for CLTS intervention have been reached? (elimination of OD, construction of latrines, constant use of latrines, and ODF in villages)? Please explain</td>
</tr>
<tr>
<td>c. Hardware interventions</td>
<td>What is the current situation of water and sanitation hardware facilities (water sources/ water collection facilities, hand-washing facilities, drinking water treatment tools/ systems, and drinking water storage facilities) in target schools and villages?</td>
</tr>
<tr>
<td></td>
<td>Did these changes (positive or negative) come about from the hardware improvement component and activities of the project? Please explain</td>
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<tr>
<td></td>
<td>To what extent do you think these changes are if compared to your project targets school WASH facilities and village water supply systems improvements? Please explain</td>
</tr>
<tr>
<td>d. Project team structures and working approaches</td>
<td>What is the current situation of project team structures (Provincial and District WASH teams, VEDC in schools, and CLTS committees) and working approaches (regular meetings/ reporting, training of trainers, participatory data-gathering/ monitoring, project reflection activities)? How were these mechanisms different from before the project started?</td>
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<tr>
<td></td>
<td>Did these changes (positive or negative) come about from the project team structures established and the working approaches used? Please explain</td>
</tr>
<tr>
<td></td>
<td>Do you think the structures and approaches contributed or helped in reaching the objectives of the project? How? Please explain</td>
</tr>
<tr>
<td>e. Monitoring and review processes (quantitative and qualitative) employed by the project</td>
<td>What is the current situation of project monitoring and review processes (regular school and village monitoring, internal reviews/ reflections, MTR) How were these mechanisms different from before the project started?</td>
</tr>
<tr>
<td></td>
<td>Do you think the project monitoring and review processes contributed or helped in reaching the objectives of the project? How? To what extent or how much did these processes contribute to reaching project objectives? Please explain</td>
</tr>
<tr>
<td>f. Working relationships with government partners and other external agencies</td>
<td>How would you describe the working relationship of the project with government partners and other external agencies? Is it the same or better/ improved if compared to the time before project started? Please explain.</td>
</tr>
<tr>
<td></td>
<td>Do you think these working relationships you have described contributed or helped in reaching the objectives of the project? How? To what extent or how much did these relationships contribute to reaching project objectives? Please explain.</td>
</tr>
</tbody>
</table>
C. Efficiency

Please fill in the table below from a general/over-all perspective rather than from a detailed activity per component perspective. Components with hardware construction/provision activities may be easier to compare as these have specific values and quantities.

<table>
<thead>
<tr>
<th>Project Component</th>
<th>(1) Perceived alternative method for reaching project objectives instead of the implemented project components (Ex.: Direct HH subsidies or rewards schemes instead of CLTS intervention)</th>
<th>(2) Cost comparison of Project component against alternative method in Column 1</th>
<th>(3) Output/outcome quality comparison of Project component against alternative method</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Hygiene promotion employed by project</td>
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<tr>
<td>b) CLTS intervention</td>
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<tr>
<td>c) Hardware interventions (school WASH facilities and village water supply improvements)</td>
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<td>d) Project team structures and working approaches</td>
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<td>e) Monitoring and review processes (qualitative and qualitative)</td>
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<tr>
<td>f) Working relationships with government partners and other external agencies</td>
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</table>

Questions:

i. How would project objectives be reached using other approaches or methods instead of the 6 project components?
ii. What alternative methods are suggested?
iii. How would these alternative approaches compare (to project components used) in terms of cost and use of resources?
iv. How would these alternative approaches compare (to project components used) in terms of output or outcome quality?
D. Impact

Please fill in the table below according to your perception of project components’ most significant contribution to Project Goal based on your over-all knowledge of and experience with the Project implementation.

1. Perceptions on project components’ contribution to Project Goal

<table>
<thead>
<tr>
<th>Project Component</th>
<th>Most significant contribution to Project Goal: improve the health of children by eliminating open defecation and ensuring they practice healthy hygiene behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Hygiene promotion employed by project</td>
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<tr>
<td>b) CLTS intervention</td>
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<td>c) Hardware interventions (school WASH facilities and village water supply improvements)</td>
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<td>d) Project team structures and working approaches</td>
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<tr>
<td>e) Monitoring and review processes (qualitative and qualitative)</td>
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<tr>
<td>f) Working relationships with government partners and other external agencies</td>
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</tbody>
</table>

Please fill in the table below according to your perception of the project’s over-all and broad level effect based on your over-all knowledge of and experience with the Project implementation.

2. Perceptions on over-all broad level Project effect

<table>
<thead>
<tr>
<th>Impact areas</th>
<th>Perceived effect/ over-all contribution of the Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools and villages/ communities environmental situation</td>
<td></td>
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<tr>
<td>Household and community economic situation including among non-target groups/ communities</td>
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<tr>
<td>Community social situation – cohesion, support systems, inclusiveness/ participation of vulnerable groups</td>
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<tr>
<td>Household and community health situation</td>
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<tr>
<td>Political effects – increased support/ budget for WASH activities, greater planning focus on WASH at national levels</td>
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<tr>
<td>Over-all children’s situation/ well-being, particularly health</td>
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</table>
### E. Sustainability

Please fill in the table below according to your perception of Project/ project components’ sustainability (likelihood of interventions/ activities to continue after the Project has finished) based on your over-all knowledge and experiences with the Project. If possible, please provide **brief reason why response is Yes or No**

Shaded cells means sustainability test (column) is not applicable to the appropriate project component (row item)

<table>
<thead>
<tr>
<th>Project Component</th>
<th>Capacity/ skills of government staff, including school staff to continue activities/ maintain hardware facilities</th>
<th>Capacity/ skills of community leaders and other key individuals to continue activities/ maintain hardware facilities</th>
<th>Type and quality of technology/ hardware constructed/ established, particularly for water systems</th>
<th>Government (national, provincial, district) policy, technical and financial support and resources to continue with project components and activities</th>
<th>Community resources and motivation to continue project components and activities including maintenance of household and community hardware facilities</th>
<th>Individual/ household/ community behavior change sufficient to continue activities particularly on sanitation and hygiene</th>
<th>Other NGOs and other programs of government/ development partners) that will continue project components and activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Hygiene promotion employed by project</td>
<td>Yes = enough capacity No = not enough/ needs more training Not sure = explain</td>
<td>Yes = enough capacity No = not enough/ needs more training Not sure = explain</td>
<td>Yes = hardware will last long with enough maintenance No = hardware will not last long Not sure = explain</td>
<td>Yes = enough government support No = no/ not enough government support Not sure = explain</td>
<td>Yes = enough resources and motivation No = no/ not enough resources/ motivation Not sure = explain</td>
<td>Yes</td>
<td>Yes = other NGOs/ programs No = no other NGOs/ programs Not sure = explain</td>
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<tr>
<td>b) CLTS intervention</td>
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<tr>
<td>e) Monitoring and review processes (qualitative and quantitative)</td>
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<td>f) Working relationships with government partners and other external agencies</td>
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</table>
F. Gender and social inclusion

Please fill in the table below according to your perception of Project/ project components’ response to Gender and Social Inclusion based on your over-all knowledge and experiences with the Project. If possible, please provide brief reason why response is Yes or No.

<table>
<thead>
<tr>
<th>Project Component</th>
<th>Intervention and activities ensured equal presence and participation of <strong>Girls and Boys</strong></th>
<th>Intervention and activities ensured equal presence and participation of <strong>Women and Men</strong></th>
<th>Intervention and activities ensured appropriate representation/ presence/ participation of all <strong>ethnic groups</strong> in the communities</th>
<th>Intervention and activities ensured appropriate representation/ presence/ participation of the poorest households and other vulnerable groups</th>
<th>Type and quality of technology/ hardware constructed considers needs of women and girls and disabled persons</th>
</tr>
</thead>
</table>
| a) Hygiene promotion employed by project | Yes/ reason  
No/ reason  
Not sure = explain | Yes/ reason  
No/ reason  
Not sure = explain | Yes/ reason  
No/ reason  
Not sure = explain | Yes/ reason  
No/ reason  
Not sure = explain | Yes/ reason  
No/ reason  
Not sure = explain |
| b) CLTS intervention | | | | | |
| c) Hardware interventions (school WASH facilities and village water supply improvements) | | | | | |
| d) Project team structures and working approaches | | | | | |
| e) Monitoring and review processes (qualitative and qualitative) | | | | | |
| f) Working relationships with government partners and other external agencies | | | | | |
2. FGD guides for Women, Men, and Children (need the version used in the Field Work)

FGD for Women

Village Name:

Note to facilitators: Focus group discussions should have 6-10 women.

When asking about perceptions on over-all changes, provide a time reference (before the project, before activities in the villages, etc.)

Introduction:
“Thank you very much for meeting with us today. I am _____ and this is _______ and we are here to learn from you so that we can do our work better for you and your family. We would like to understand more about how you use water and toilet facilities and keep the environment around you clean. We appreciate your time in helping us so we can work better together. We have a series of questions to ask you. Some of the questions may be sensitive but we would like you to answer as honestly and openly as you can. I think we can learn a lot from each other!”

A. Water use and sanitation

General question: Tell us how you use water in your household…

1. Where do you get your water for
   a. washing/bathing –
   b. drinking –
   c. Cleaning dishes, clothes?

2. Do you go fetch water to use in the house?
   a. When is that?
   b. How many times during the day?
   c. Do you like doing it?
   d. Why?
   e. In the fields (farms), how do you get water?

3. If the water system is not working in the village, where do you get your water?

4. Who manages the water system in the community?
   a. When did the water system management start?
   b. Can you describe how the water system is managed?
   c. Do you participate in managing the water system? How?
   d. Do you pay for water? How much and how often?

5. Where do you keep your water for drinking?

6. Do you think it is safe to drink?
   a. Why?
   b. Do you treat drinking water in your house?
   c. How?

7. Where do you bathe generally?
   a. How often (in rainy season)
   b. How often (in dry season)

8. What do you do with your trash at home?
   a. Describe.
   b. What about food scraps?
   c. What about plastic, glass, tin containers?

9. Where does the water you use in your home for washing or bathing go?
   a. Does it form pools?
   b. Does it smell bad?
   c. What would you do about this?
10. Over-all, what do you think has changed in your house/household with regard to water use and sanitation?
   a. On water source and availability
   b. On community water management
   c. On safeness of drinking water and treatment done
   d. On solid and waste water management
   e. On perceived health changes/benefits

B. Toilets and toilet use

1. Do you have a toilet at home? -
   a. If no, why?
   b. If no, since how long?
   c. If yes, since how long?
   d. If yes, do you use it?
      i. If not used, why? -
      ii. Then how do you do?

2. How do you clean your bottom (with or without toilet)?

3. If no toilet, would you be willing to build a toilet at your house?
   a. If yes,
      i. How would you build your toilet?
      ii. Where would you get materials/resources to build your toilet?
      iii. When would you build your toilet?
      iv. What could you do to help?
   b. If no, why not build a toilet for your home?

4. Over-all, what do you think has changed in your household sanitation situation?
   a. On personal sanitation practices
   b. On family/household sanitation practices
   c. On perceived health benefits

C. Hygiene Promotion

1. Was hygiene promotion information provided to you in your village or homes?
   a. If so, what were these information?
   b. How were these information provided/disseminated?
   c. Who conducted these activities?
   d. When were these activities done?

2. What did you learn (or remember) from these sessions?
   a.
   b.
   c.
   d.

3. Did they speak your language?

4. Are these health messages still useful for you today?
   a. If yes, which ones are the most important?
      1)
      2)
      3)
   b. If not, why?
   c. What do you do instead?

5. Over-all, what do you think has changed in your household hygiene knowledge and awareness?
   a. On personal and household knowledge and understanding of proper hygiene behaviors
   b. On personal and household practices resulting from knowledge and awareness of proper hygiene behaviors
c. On perceived health benefits

D. Hand washing

1. Do you have a place to wash your hands at home?
   a. If yes,
      i. How do you wash your hands?
      ii. Do you use soap?
      iii. What kind of soap do you use?
      iv. Is soap available in your house at all times?
         If no, where do you get soap?
      v. If you don’t use soap, why not?
   b. If no,
      i. Where and how do you wash your hands?
      ii. Do you use soap?
      iii. What kind of soap do you use?
      iv. Is soap available in your house at all times?
         If no, where do you get soap?
      v. If you don’t use soap, why not?

2. During what times of the day do you wash your hands?

<table>
<thead>
<tr>
<th>Check here if with soap</th>
<th>Where hand-washing is performed</th>
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</thead>
<tbody>
<tr>
<td>a.</td>
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<td>b.</td>
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<td>c.</td>
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<td>d.</td>
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<tr>
<td>e.</td>
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</tbody>
</table>

3. Over-all, what do you think has changed in your and your family's hand-washing practices?
   a. On frequency of hand-washing
   b. On hand-washing during critical times
   c. On perceived health benefits

E. On participation in project community activities

Have you participated in community activities conducted by the project? (examples: community planning meetings; community awareness raising or learning sessions; community monitoring; other project activities at communities)

1. If yes,
   a. Can you recall the type or nature of these activities and describe them?
   b. Do you think enough (at least half) of the participants in the activities were women?
      i. If yes, did women attend voluntarily (without being strongly encouraged to attend by village leaders)?
      ii. If no, why did no or few women attend the activities?
   c. Can you describe how you participated in these community activities?
   d. During the activities, were you given the opportunity to voice out your views/ concerns? How?

2. If no,
   a. Why did you not attend/participate in these activities?
   b. Did you want to attend but could not?
   c. If yes, what were the reasons that prevented you from participating?

THANK YOU VERY MUCH!!!
FGD for Community

Village Name:

Note to facilitators:
Focus group discussions should have 6-10 participants with at least equal representation by women and men.

Participants should be key individuals in the village – village leaders, active women and men, others.

When asking about perceptions on over-all changes, provide a time reference (before the project, before activities in the villages, etc.)

Introduction:
“Thank you very much for meeting with us today. I am ______ and this is _______ and we are here to learn from you so that we can do our work better for you and your family. We would like to understand more about how you use water and toilet facilities and keep the environment around you clean. We appreciate your time in helping us so we can work better together. We have a series of questions to ask you. Some of the questions may be sensitive but we would like you to answer as honestly and openly as you can. I think we can learn a lot from each other!”

F. Water use and sanitation

General question: Tell us how water is used in household...
11. Where do people get their water for
   a. washing/bathing –
   b. drinking –
   c. Cleaning dishes, clothes?
12. Do people fetch water to use in the house?
   a. When is that?
   b. How many times during the day?
   c. Do people like doing this activity?
   d. Why?
   e. In the fields (farms), how do people get water?
13. If the water system is not working in the village, where do people water?
14. Who manages the water system in the community?
   a. When did the water system management start?
   b. Please describe how the water system is managed?
   c. Do people participate in managing the water system? How?
   d. Do people pay for water? How much and how often?
15. Where do people keep their water for drinking?
16. Do people think that water from community sources and kept in the house is safe to drink?
   a. Why?
   b. Do people treat drinking water in their homes?
   c. How?
17. What do people do with their trash at home?
   a. Describe.
   b. What about food scraps?
   c. What about plastic, glass, tin containers?
18. Where does the water that people use for washing or bathing go?
   a. Does it form pools?
   b. Does it smell bad?
   c. What do people/the community do about this?
19. Over-all, what do you think has changed in the village with regard to water use and sanitation if compared to the time/situation before the project?
a. On water source and availability
b. On community water management
c. On safeness of drinking water and treatment done
d. On solid and waste water management
e. On perceived health changes/ benefits

G. Toilets and toilet use

5. Do people have toilets in their homes?
   a. If yes, how many have toilets? How many don’t have toilets?
   b. For those that have toilets:
      i. Generally, when did they build these toilets?
      ii. Did they use their own money/ resources or used external sources to build the toilets?
      iii. Do these household with toilets always use their toilets?
   c. For those that don’t have toilets:
      i. Why don’t they have toilets?
      ii. How do they then perform/ do their personal sanitation practices?
      iii. How does the community feel about or view this practice?
         1. Is this an accepted practice by the community? Why?
         2. If not an accepted practice, what does the community do to change or prevent this practice?

6. For those people that don’t have toilets: Do you think they would be willing to build a toilet in their homes?
   a. If yes,
      i. How would people build their toilets?
      ii. Where would they get materials/ resources to build toilet?
      iii. When would they build toilets?
      iv. What could the community do to help these households to build toilets?
   b. If no,
      i. What are the main reasons why do are not willing or do not want to build toilets?
      ii. What could the community do to encourage these households to build toilets?

7. Over-all, what do you think has changed in the village sanitation situation if compared to the time/situation before the project?
   a. On household sanitation practices
   b. On general community sanitation situation
   c. On perceived health benefits/ changes

H. Hygiene Promotion

6. Was hygiene promotion information provided to this village?
   a. If so, what were these information?
   b. How were these information provided/ disseminated?
   c. Who conducted these activities?
   d. When were these activities done?

7. What did you learn (or remember) from these sessions?
   a.
   b.
   c.
   d.

8. Did they speak your language?

9. Are these health messages still useful for you today?
   a. If yes, which ones are the most important?
      4) 
      5) 
      6)
d. If not, why?
e. What do you do instead?

10. Over-all, what do you think has changed in terms of people’s hygiene knowledge and awareness?
   a. On people’s knowledge and understanding of proper hygiene behaviors
   b. On people’s practices resulting from knowledge and awareness of proper hygiene behaviors
   c. On perceived health benefits

I. Hand washing

4. Do people have a place to wash their hands at home?
   a. If yes,
      i. Do people use soap?
      ii. What kind of soap do they use?
      iii. Is soap available at all times?
           If no, where do they get soap?
      iv. If people don’t use soap, what are the reasons?
   b. If no,
      i. Where and how do people wash their hands?
      ii. Do they use soap?
      iii. What kind of soap do they use?
      iv. Is soap available at all times?
           If no, where do they get soap?
      v. If they don’t use soap, what are the reasons?

5. During what times of the day do people their hands?

<table>
<thead>
<tr>
<th>Time</th>
<th>Check here if with soap</th>
<th>Where hand-washing is performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Over-all, what do you think has changed in terms of households hand-washing practices if compared to the time/ situation before the project?
   d. On frequency of hand-washing
   e. On hand-washing during critical times
   f. On perceived health benefits

J. On gender and social inclusion in project community activities

3. Did women participate in community activities conducted by the project? (examples: community planning meetings; community awareness raising or learning sessions; community monitoring; other project activities at communities)
   a. If yes,
      i. Can you recall the type or nature of these activities and describe them?
      ii. Do you think enough (at least half) of the participants in the activities were women?
           1. If yes, did women attend voluntarily (without being strongly encouraged to attend by village leaders)?
           2. If no, why did no or few women attend the activities?
      iii. Can you describe how women participated in these community activities?
      iv. During the activities, were women given the opportunity to voice out their views/concerns? How?
b. If no,
   i. Why did women not attend/participate in these activities?
   ii. Did women want to attend but could not?
   iii. If yes, what were the reasons that prevented women from participating?

4. Did *ethnic groups or their representatives* participate in community activities conducted by the project? (examples: community planning meetings; community awareness raising or learning sessions; community monitoring; other project activities at communities)
   a. If yes,
      i. Can you recall the type or nature of these activities and describe them?
      ii. Do you think there were enough representatives in the activities from ethnic groups?
         1. If yes, did they attend voluntarily (without being strongly encouraged to attend by village leaders)?
         2. If no, why did none or few ethnic groups’ representatives attend the activities?
      iii. Can you describe how ethnic people participated in these community activities?
      iv. During the activities, were they given the opportunity to voice out their views/concerns? How?
   b. If no,
      i. Why did ethnic people not attend/participate in these activities?
      ii. Did they want to attend but could not?
      iii. If yes, what were the reasons that prevented them from participating?

5. Did *the poorest and other vulnerable households (disabled, PLWHA, elderly, etc.)* participate in community activities conducted by the project? (examples: community planning meetings; community awareness raising or learning sessions; community monitoring; other project activities at communities)
   a. If yes,
      i. Can you recall the type or nature of these activities and describe them?
      ii. Do you think there were enough representatives in the activities from these vulnerable groups?
         1. If yes, did they attend voluntarily (without being strongly encouraged to attend by village leaders)?
         2. If no, why did none or few attend the activities?
      iii. Can you describe how they participated in these community activities?
      iv. During the activities, were they given the opportunity to voice out their views/concerns? How?
   b. If no,
      i. Why did the poorest and other vulnerable people not attend/participate in these activities?
      ii. Did they want to attend but could not?
      iii. If yes, what were the reasons that prevented them from participating?

K. On project impact

From an over-all perspective/viewpoint, what are the broad effects or changes do you see in your village in terms of the following areas when compared to the time/situation before the project?

a. Village environmental situation?
b. Household and community economic situation?
   c. Community social situation in terms of cohesion and support systems?
   d. Household and community health?
   e. Over-all children’s situation, especially health?

THANK YOU VERY MUCH!!!
Village:                                          No. boys ____ No. girls____

Children’s Section
Note to facilitators: Focus group discussions should have 6-10 children with an equal number of boys and girls as much as possible. These guiding questions should be used for children (grades 3-5) Please count how many girls and boys we have in our discussion. When asking/ discussing about perceptions on over-all changes, provide a time reference (before the project, before activities in the villages, etc.)

Introduction:
“Thank you very much for meeting with us today. I am ______ and this is ______ and we are here to learn from you so that we can do our work better for you and your family. We would like to understand more about how you use water and toilet facilities and keep the environment around you clean. We appreciate your time in helping us so we can work better together. We have a series of questions to ask you. Some of the questions may be sensitive but we would like you to answer as honestly and openly as you can. I think we can learn a lot from each other!”

L. Water use and sanitation

General question: Tell us how you use water in your community...

20. Where do you get your water for
   a. washing/bathing –
   b. drinking –
   c. Cleaning dishes, clothes?

21. Where do you keep your water for drinking?

22. Do you think it is safe to drink?
   a. Why?
   b. Do you treat drinking water in your house?
   c. How?

23. Do you go fetch water to use in the house?
   a. When is that?
   b. How many times during the day?
   c. Do you like doing it?
   d. Why?
   e. In the fields (farms), how do you get water?

24. If the water system is not working in the village, where do you get your water?

25. Where do you bathe generally?
   a. How often (in rainy season)
   b. How often (in dry season)

26. What do you do with your trash at home?
   a. Describe.
   b. What about food scraps?
   c. What about plastic, glass, tin containers?

27. Where does the water you use in your home for washing or bathing go?
   a. Does it form pools?
   b. Does it smell bad?
   c. What would you do about this?

28. Over-all, what do you think has changed in your house/ household with regard to water use and sanitation?
   a. On water source and availability
   b. On safeness of drinking water and treatment done
   c. On waste management
M. Toilets and toilet use

8. Do you have a toilet at home? -
   a. If no, why?
   b. If no, since how long?
   c. If yes, since how long?
   d. If yes, do you use it?
      i. If not used, why? -
      ii. Then how do you do?

9. How do you clean your bottom (with or without toilet)?

10. Would you be willing to help build a toilet at your house if your parents asked you to?
    a. What could you do to help?

11. Over-all, what do you think has changed in your household sanitation situation?
    a. On personal sanitation practices
    b. On family/household sanitation practices
    c. On perceived health benefits

N. Hygiene Promotion

11. Was hygiene promotion information provided to you in your village or school?
    a. If so, who conducted the activities?
    b. When?

12. What did you learn (or remember) from these sessions?
    a.
    b.
    c.
    d.

13. Did they speak your language?

14. Are these health messages still useful for you today?
    a. If yes, which ones are the most important?
    b. If not, why?
    c. What do you do instead?

O. Hand washing

7. Do you have a place to wash your hands at home?
   a. If yes,
      i. How do you wash your hands?
      ii. Do you use soap?
      iii. What kind of soap do you use?
      iv. Is soap available in your house at all times?
         If no, where do you get soap?
      v. If you don’t use soap, why not?
   b. If no,
      i. Where and how do you wash your hands?
      ii. Do you use soap?

1. No, why not? Go To #2
2. If yes,
   a. What kind of soap do you use?
   b. Is soap available in your house at all times?
      If no, where do you get soap?

8. During what times of the day do you wash your hands?
Check here if with soap | Where hand-washing is performed
---|---
k. 
l. 
m. 
n. 
o. 

9. Over-all, what do you think has changed in your and your family’s hand-washing practices?
   g. On frequency of hand-washing
   h. On hand-washing during critical times
   i. On perceived health benefits

P. On participation in project community activities

Have you participated in community activities conducted by the project? (examples: community planning meetings; community awareness raising or learning sessions; community monitoring; other project activities at communities)

6. If yes,
   a. Can you recall the type or nature of these activities and describe them?
   b. Do you think enough of the participants in the activities were children?
      i. If yes, did children attend voluntarily (without being strongly encouraged to attend by village leaders or parents)?
      ii. If no, why did none or few children attend the activities?
   c. Can you describe how you/children participated in these community activities?
   d. During the activities, were you/the children given the opportunity to voice out your/their views/concerns? How?

7. If no,
   a. Why did you/children not attend/participate in these activities?
   b. Did you/children want to attend but could not?
   c. If yes, what were the reasons that prevented you/children from participating?

THANK YOU VERY MUCH!!!
Annex 3 Relevant sections of Project Design Summary

Community activities, step-by-step
The process that will be applied in each community is illustrated in the diagram below. Each of the steps is described in the following text.

**Step 1 - School HP ToT and establishing District WASH teams**

*Overall aim:*
To establish two WASH teams in each District to provide HP Training to schools (and later, CLTS in communities) in series of trainings.
- 1 HP ToT in Phaoudom for District WASH teams
- 1 HP ToT in Paktha for District WASH teams
- 1 HP ToT in Meung for District WASH teams

*Description:*
WASH activities will begin with a school hygiene promotion (HP) ToT to set up District WASH teams comprising WASH staff, DEB, DHO, Youth Union, and Women’s Union to work with assigned schools as prioritized through the village selection process with inputs from the DEB and DHO. The project plans on using puppet shows for community awareness building at the beginning of this process.

**Step 2 – Community orientation and school HP trainings**

*Overall aim:*
To enable students leaders to form clubs in order to organize hygiene awareness activities among their peers – following Child to Child learning approach which will utilize lesson plans from the School Sanitation and Hygiene Triggering (SSHT) and MoE/UNICEF BlueBox toolkits. District WASH teams would train students, teachers along with other community leaders in attendance. There will be forty such trainings considered for this project.
• 20 Schools in Phaoudom
• 10 Schools in Paktha
• 10 Schools in Meung

Description:
District WASH teams would then conduct two day HP training at target schools. Each school, in turn, would nominate teachers and students to participate in the HP project. The project seeks full cooperation with members of the VEDC, parents, school directors and village chiefs. After the introductory school HP sessions provided by the District WASH teams, the school teams (newly formed hygiene clubs) will be provided with simple, fun, and activity based methodologies and materials to carry out their own HP project at each school through peer education. This will be a lead up to the CLTS triggering in the same communities.

Step 3 – Construction of sanitation facilities at schools

Overall aim:
Every target school will have toilets and handwashing facilities that meet Lao School of Quality standards

Description:
School infrastructure improvements such as the provision of toilets, running water, and handwashing stations would be done in line with the activities to ensure that students can practice good hygiene behaviours. Processes would include:
- MoUs between school, DEB and Plan
- VEDC agrees to contribute labour, aggregates for construction
- Plan agrees to supply skilled artisan and construction materials
- Joint monitoring of construction
- Students Clubs (with cooperation from School Administration) to ensure toilets remain clean and well-maintained

Step 4 – CLTS triggering in villages

Overall Aim:
All community households in target villages stop practice of “open defecation” and will have constructed their own toilet facilities (no subsidies) while moving towards meeting “Model Village” standards.

Description:
As the schools are engaged in the HP awareness, the community would then be approached on initiating the CLTS process along with subsequent hygiene behaviours and hardware improvements. In order to bring more ownership to the CLTS process, village chiefs and health volunteers will be trained in the CLTS by the District WASH teams. A refresher ToT training for the District WASH teams in CLTS will be conducted to reinforce their skills before trainings of village leaders and chiefs. Project components are listed below:
- 1 CLTS refresher for Trainers who were trained in July 2010, including new WASH teams
- 2 CLTS village leader trainings in Paktha
- 2 CLTS village leader trainings in Meung
- 4 CLTS village leader trainings in Phaoudom
- Village triggering by November (dry season)

Step 5 – household toilet construction

Overall Aim:
All households in target communities have toilets.

Description:
Once CLTS triggering has occurred in the villages, village households will construct safe toilet facilities according to their means, with technical advice provided by the District WASH teams. Simple, affordable designs will be emphasized, utilizing some of the good examples from household toilet construction in CLTS villages where Plan is currently engaged.
Step 6 – improvements to community water supplies

*Overall Aim:*

Target communities will have water supplies that meet needs of community in compliance with Lao PDR national standards.

*Description:*

Community water supply improvements will be made on case by case basis, but limited to one major rehabilitation or new water system in each district for this pilot project. In some cases, where there are no water supply systems, a new, small scale water supply system may be considered while, in other cases, the project would support rehabilitation of existing systems. Most water supplies would include shallow wells or small-scale gravity flow systems. Processes would include:

- Technical survey and design by NamSaat
- MoU with Community and Plan
- Village agrees to contribute labour, aggregates for construction
- Plan agrees to supply skilled artisan and water system materials
- Joint monitoring of construction
- Water Committee in charge of operation and maintenance of system
- Supplemental support from government line agencies to build awareness of watershed protection of water sources as required

Step 7 – operation and maintenance training for schools and communities

*Overall Aim:*

All communities and schools will have an operational and dependable water and sanitation facilities that are maintained by the schools and communities themselves.

*Description:*

School water and sanitation facilities will be maintained by the school with the assistance of student clubs and teachers to ensure facilities are clean and well maintained. The project will ensure that:

- All communities have participated in the water supply project from the beginning,
- Women and children have their inputs on the design, especially the design of water points
- Community members are made aware of the operation and maintenance costs BEFORE they agree to have the water supply project;
- Community will have an elected water committee that will collect monthly dues from households for maintaining and operating the water system;
MEL framework

For school and community monitoring, a simple methodology has been developed covering the topics of 1) eliminating open defecation and using toilets, 2) handwashing with soap, 3) treating and storing safe drinking water, 4) proper disposal of waste water and 5) proper disposal of solid waste. Each category is referred to as a “star topic” and both communities and school would strive to achieve stars in all categories. A sixth star topic for communities may be determined by themselves, i.e. like fencing around water points while the sixth start topic in school measures the activities of the school hygiene clubs. District WASH teams will certify whether a school or community has reached its “star status.” Plan Laos WASH Staff will also be on hand to provide monitoring support for schools and communities, ensuring, for example, that workplans and achievements are displayed in public areas. Awards for the schools that achieved their objectives would be decided during the quarterly VEDC meetings where the results from the District WASH teams would be presented. Star topics and indicators for the school project interventions are listed below:

**School star topics:**
- Defecation free school: GOLD STAR
- Handwashing with soap: BLUE STAR
- School has safe drinking water supply: WHITE STAR
- Solid waste is managed: GREEN STAR
- School has good drainage: RED STAR
- Active Student Club (at least 4 activities per school year): SILVER STAR

**Community star topics:**
- Defecation free community: GOLD STAR
- Handwashing facilities at home with soap: BLUE STAR
- Households have safe drinking water supply: WHITE STAR
- Solid waste is managed at home: GREEN STAR
- Household compound has good drainage: RED STAR
- Community decides on other step: SILVER STAR

Though not part of established monitoring procedures for the School of Quality and Model villages guidelines per se, these benchmarks can be easily tracked by schools and communities themselves. In the end, their achievements in these WASH areas will complement the objectives of the MoE and MoH as well as the RWSS overall. The table below shows which indicators are going to be measured and the instruction notes for the monitoring forms provide more detailed guidance. Note that community monitoring forms are still being developed.

Objective Indicators categorized by star topic (from page 6):
1. Eliminate open defecation and promote good hand washing practice with soap while encouraging safe water treatment and storage and keeping school environment clean in 40 targeted schools;

<table>
<thead>
<tr>
<th>Star Topic</th>
<th>Indicator 1 (Physical)</th>
<th>Indicator 2 (Behaviour action)</th>
<th>Verified through</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defecation free school</td>
<td>Toilet functional, clean and well maintained</td>
<td>Schools across the 3 project districts have functioning gender-segregated toilets that are being used by students (target 40 schools)</td>
<td>Direct observation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Students are not defecating near school during school hours (target 100%)</td>
<td>Direct observation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of girl attendance at school post construction of girl-friendly toilets</td>
<td>Survey questionnaire for grades 3-5</td>
</tr>
<tr>
<td>Star Topic</td>
<td>Indicator 1 (Physical)</td>
<td>Indicator 2 (Behaviour action)</td>
<td>Verified through:</td>
</tr>
<tr>
<td>------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>Students know at least two reasons that cause diarrhoea (target 80%)</td>
<td>School toilets are regularly cleaned and schools have operation and maintenance plans for WASH facilities including committed annual budgets (target 40 schools)</td>
<td></td>
</tr>
</tbody>
</table>
| Handwashing with soap              | Students know least three critical times to wash their hands (target 80%)               | Students report and demonstrate washing hands with soap (using 5 of 7 handwashing steps) after using toilet and before eating (note this will be influenced by whether school has place for handwashing) (target 60%) | Direct observation  
Survey questionnaire for grades 3-5  
Direct observation                                                                                                                                                                                                                                                                                                                                 |
| School has safe drinking water supply | Drinking water treated and stored properly                                              | Students are drinking treated water from a closed container (target 100%)                                                                               | Direct observation                                                                                                                                                                                                                                                                                                                                 |
|                                    | Students have organized regular activities to keep school clean (ie, recycling, grounds clean up, planting trees, clean classrooms, kitchen and eating area) |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                           |
| Solid waste management             | School environment is kept clean and free of litter                                     | Student clubs have encouraged activities to improve waste water runoff and disposal (without forming stagnant pools)                                   | Direct Observation                                                                                                                                                                                                                                                                                                                                 |
| Waste water management             | School has good drainage from kitchen, toilet, and handwashing facilities as well as run off channels for rainy season |                                                                                                                                                        | Direct Observation                                                                                                                                                                                                                                                                                                                                 |
| Active Student Club                | Student Club has 2-3 advising teachers and between 9 – 15 leaders evenly divided by boys and girls from each of the top three grades 3,4,5 – Has active members (number depending on school) Note that larger school would have 15 student leaders total from grades | School student clubs are established with equal number of girls and boys (target 40 schools)  
Student club conducts at least 4 activities per school year  
1 learning station session per semester  
1 extracurricular activity per semester | Direct Observation and focus group discussions with student club members, teachers and Director                                                                                                                                                                                                                                                                          |
**Star Topic** | **Indicator 1 (Physical)** | **Indicator 2 (Behaviour action)** | **Verified through:**
---|---|---|---
3,4,5 with 3 teacher advisors | Student club has elected new members for new school year with equal number of girls and boys | 3,4,5 with 3 teacher advisors
Smaller schools would have 9 student leaders from grades 3,4,5 with 2 teacher advisors

2. Eliminate open defecation and promote good hand washing practice with soap while encouraging safe water treatment and storage and keeping village environment clean in 40 targeted villages;

**Indicators for Community monitoring**

| Star Topic | Indicator 1 (Physical) | Indicator 2 (Behaviour action) | Verified through:
---|---|---|---
Defecation free community | Toilet functional, clean and well maintained | % Households that have a hygienic toilet with discernible use (target 100%)<br>% ODF communities (target 100%)<br>% Sampled women, men, girls and boys within the CLTS-triggered communities report improvements in key hygiene practices including know least three critical times to wash their hands (target 80%)<br>Number of women and men taking up natural leader positions in their communities (target 50%) | Direct observation<br>Direct observation<br>Survey questionnaire

Handwashing with soap | % of households that have place to wash hands (sink, tippy tap, bucket, with soap in evidence) | % Sampled household heads know least three critical times to wash their hands (target 80%)<br>% of household members washing hands with soap (using 5 of 7 hw steps) after using toilet and before eating (target 60%) | Direct Observation<br>Survey questionnaire<br>Direct observation and/or focus group

School has safe drinking water supply | Drinking water treated and stored properly in household | % of households drinking treated water from a closed container | Direct observation

Solid waste management | Litter free community | Community environment is kept clean and free of litter | Direct Observation

Waste water management | households have good drainage from kitchen, toilet, and handwashing facilities as well as run off channels for rainy season | % of households that have good drainage from kitchen, toilet, and handwashing facilities as well as run off channels for rainy season (target 70%)<br>% of community tap stands that are fenced to prevent animals from entering with | Direct Observation

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66
<table>
<thead>
<tr>
<th>Star Topic</th>
<th>Indicator 1 (Physical)</th>
<th>Indicator 2 (Behaviour action)</th>
<th>Verified through:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community choice</td>
<td>To be determined</td>
<td><strong>good drainage (target 90%)</strong></td>
<td></td>
</tr>
</tbody>
</table>

3. Demonstrate best-practice community management for three community water supply schemes;
   a. _______ people in _______ villages have improved access to adequate and safe water supplies
   b. Women and men in communities report how they use the time saved due to water collection time savings (particularly by women)
   c. Reported changes in the gender division of labour related to water collection e.g. are men also collecting water, now that water is close to the household?
   d. Strengthened community management structure and procedures for maintenance and operation and regular payments for service evident (refer to sources of verification in logframe.)

4. Increase the adoption of non-subsidised approaches within the Lao national and provincial WASH policy and practice while preparing Lao government staff to address sanitation issues accordingly;
   a. No of publications, research, reports shared with key partners
   b. No. of government staff training in non-subsidy sanitation approaches
   c. Non-subsidy methods included in provincial and district development plans
DRAFT Guidelines for Monitoring Hygiene Promotion at schools – Bokeo Province in cooperation with District WASH teams and Plan Laos

Explanation

There are four forms to be used in the monitoring process by which data on the school will be collected. School data would be collected from all primary school groups as a whole. Pre-schoolers would not be tested.

HP School Form 1

This is a survey form to find out how many star categories the school has achieved to date. This form would be completed by the District WASH team members as a means to verify if the school has met all standards and eligible for a reward. Rewards would be possibly t-shirts or HP learning materials for the student clubs.

HP School Form 2

This form is a baseline questionnaire that will assess grades 3-5 students’ knowledge of the causes of diarrhoea and the critical times for washing hands. The questions on this form should be distributed by the District WASH team doing the handwashing module before starting any activities. The sheets may be cut so that both questions can be given to 5 students/sheet. Students are expected to fill out the forms by themselves and hand them back to the WASH team facilitator. (Note that these questions need to be prepared in advance) The answers will be collected and analysed by the Plan WASH team and shared with the District WASH team and school. This same form will be used again to provide data for the endline report, which will help measure impact of the HP project at that school. The form will also be used as a data source for analysing the target schools at the District level.

HP School Form 3

This form will also be used as a baseline information tool to gauge handwashing behaviour before and after the HP trainings and activities at the schools. This form may be filled out by a teacher, village health worker or other trained person, including members of the village Women’s and Youth Union. Because of the detail of observing proper handwashing techniques, it is recommended that a member of the District WASH team or Plan WASH staff be on hand to assist. However, when conducting this exercise, students should not be aware of what the observer is doing. Children (as well as adults) will tend to adjust their behaviour if they know they are being observed. This form will also be used as a data source for school baseline and endline information, collated and analysed by the Plan WASH team and shared at the school and District levels.

HP School Form 4

This form represents a simple checklist for toilet maintenance and cleanliness that can be used by the student clubs. The same information on the monitoring form can be used assessing the condition of the toilet facilities (with handwashing basins attached) for the school’s star rating. It is noted that some schools do not have adequate toilet and handwashing facilities, so this form can be used as a baseline document to indicate progress during the project.

In general

Form 1 of the survey may be adapted for use in the community once CLTS and HP activities are presented.

For forms 2 and 3 of the survey, the same persons who are trained to collect the information initially are recommended to collect the same information after the school has started the HP activities. This will help ensure that the data collection does not change due to differing observation techniques. Form 4 which is proposed to be used by the student clubs and some aspects could be adapted for rating household-built toilets in community later in the project.

Coding for the forms:

In order to keep track of the documents for each school, a coding system is recommended: The surveys would be numbered and kept in file in preparation for endline surveys.

MM 1 – representing Meung District and survey number 1
POD 2 – representing Phaoudom District and survey number 2
PKT 3 – representing Paktha District and survey number 3

Example: The ninth school survey conducted in Phaoudom would be coded POD 9.
Annex 4 Summaries of FGDs results

- **Toilets and toilet use**
  
  Comparing the number of households and the number of monitored existing toilets in the 8 villages visited, about 25% of households still do not have toilets.

  FGD results indicate that majority of toilets were built in 2010 and before (9 groups), with 5 groups reporting that toilets were built in 2012. In 5 villages, toilets were built with subsidy but in 3 villages, the toilets were build using own resources. Consistent toilet use is reported by men’s groups except in the village of Houay Nok Aen. On the other hand, only 2 women’s groups reported consistent use of toilets.

  For households that do not have toilets, the most common reason given for lack of such were, “no money” and to lesser extent, “no time to build toilets”. Other less mentioned reasons were “no water” and newly settled in the village.

  For households that were willing to build toilets, building materials would be sourced locally (in villages or at district center) and according to 2 men’s groups, in Thailand. In terms of community support to these households, only 5 of 16 groups indicated providing support. Promotion of toilet use was the reported support.

  Regarding general changes on sanitation compared to the situation before the Project, nearly all groups indicated that at present, household sanitation practices is better, the environment has improved leading to reduced incidence of diseases, and that there are health benefits now.

- **Hand washing**
  
  FGDs show that all household do not have HW stations in or outside their home and HW is done by using a bucket, bowl, or basin.

  Reported “always” use of soap is high among women but low and children’s and men’s groups. HW after toilet use is low among the three respondent groups. Use of bar soap is high among women and children but men mostly use powder soap. Generally, soap is available at all times according to women and children. When soap is not available, this can be readily purchased in local shops. For men and women (but more so for men), reasons for not using soap was no money. For children, laziness to use soap was the main reason.

  As to times of HW, most men and women mentioned before eating and after using the toilet with “when hands are dirty” and “after eating” as the second most mentioned instances. Among children, responses were equally distributed among “when hands are dirty”, “sometimes before eating”, and “sometimes after using toilet. Very few children reported HW before eating and after using toilets.

  When asked how HW practice is different from the situation before the Project:
  - Majority among men, women, and children said that now, HW is always done. However, this response is not consistent with their previous responses, particularly among children.
  - Most men indicated that they “don’t worry about critical times of HW” while most women said they wash hands at critical times. Most children also indicated washing hands at critical times but several also indicated that they did not worry about critical times of HW. Responses of men and children were not consistent with previous responses on HW questions.
  - On perceived health benefits from HW, most women and children indicated HW reduces diseases and diarrhea whereas majority of men reported that HW results to good health.

- **Water supply**
  
  From discussions with two villages during the field visits, village leaders have indicated that water supply is an issue – preventing capable households to have pour-flushed latrines and greatly affecting consistent hand-washing practice. These two villages were located in mountainous areas where spring water sources can only be accessed by walking on steep hillside paths. For villages located in similar geographical conditions, it would be expected that regular water supply would also be an issue.

  From FGDs, water used for drinking and for domestic use generally comes from nearby streams (Figure 3) although community water supply is also reported as source of drinking water and for bathing/ washing.
Water is fetched from sources usually from 2-3 times a day with more women groups reporting 3 or more times a day and most children reporting fetching water 3 times a day. Results also indicate that only women and children like fetching water with majority of men’s groups saying they don’t like the fetching water. Perhaps the latter is the reason why women and children do the fetching most of the time.

Discussions on community water supply management showed that management is done by the village head/ committee (5 groups) or by water users (1 group). Three groups reported no water supply management in their villages. Discussions further showed that majority of water supply management started well before the Project validating the limited Project activities in this area.

On repairs of water supply infrastructure, 5 men’s groups reported participating in the repair of tap stands but only two women’s group indicated support for maintenance by providing labor.

Payment for water ranges from 1,000 to 12,000 LAK per year/ person with most groups reporting payments of 6,000LAK per person/ year.

**Figure 8. Water sources (FGDs from 8 villages)**

- **Drinking safe water**

All groups reported storing drinking water in a container. However, while asked, responses did not clearly specify the type of container used. Majority of groups also indicated that water is treated by boiling at homes.

Among men, water from community sources is considered safe since water is “boiled” and “clean”. Among children, such water is safe since it is boiled, clear, or clear and stored in covered container. However, among women, such sources are not safe since stored water is not boiled or “not covered and dusty”.

- **On solid waste disposal**

FGD results indicate solid waste management in communities is still an issue. Five groups reported putting trash in bins and then burning or burying the trash. However, the same number indicated throwing trash in the forest, into the river, or into open fields. A large majority reported just putting the trash in bins. Without a collection system, most likely, half of the trash would end up in the river, in forests, or in open fields.

Food scraps are either separated and fed to animals or disposed together with other solid trash. For recyclables (plastic, glass, and tin containers) no recycling is done and these just go together with other solid wastes. HH wastewater generally goes outside the house with on
ty water supply fails

In terms of over-all changes on water use and sanitation as compared to the situation before the Project, FGDs show that:

- Stream water is still the main source when community water supply fails
- Water supply shortages persists in 6 of 8 villages
- Generally the same situation as regards water supply management
- Increased treatment of drinking water through boiling
- Minimal positive changes in solid and waste water management practices
- Improved health conditions
• **Hygiene promotion**

In descending order, most men recalled “using toilets and CLTS”, “keeping the environment clean”, and “3 cleans and personal hygiene” as the types of information disseminated by HP activities of the Project. Among women groups, types of information remembered were “building toilets”, drinking boiled water”, and “3 cleans and personal hygiene”.

As to how HP information was disseminated:
- Most men and women mentioned the DWTs while children cited Plan often and then teachers and DWTs.
- Majority of women groups indicated that dissemination was done in 2012 but for most men and children HP dissemination was done in 2011. However, several children’s groups also recalled HP activities in 2012.

On topics or lessons remembered, respondents mainly indicated (in descending order) drinking safe water, HW with soap, keeping the environment clean, and using toilets. Respondents indicated that generally, Laos language was used during sessions but in some instances, Khamu (in Phaoudom) and Hmong (in Paktha) languages were used. As to which message is considered the most important, responses varied by group – among men, these were “keeping environment clean” and “having/ using toilets”, for women these were “having/ using toilets” and “drinking boiled water”, while for children these were HW with soap, having/ using toilets, and drinking boiled water. On a per topic basis, the most important across all groups was “having/ using toilets”.

As to over-all changes in terms of people’s hygiene knowledge and awareness:
- Majority of respondents indicated that there is better knowledge and understanding of improved hygiene practices
- Increased HW with soap, boiling of drinking water, and cleaning the environment from increased awareness of hygiene and sanitation issues
- Higher awareness of health benefits from improved hygiene and sanitation practices.

• **Gender and Social Inclusion**

FGD results indicated that in school and villages activities, the general trend is that more men and more boys have participated. However, participation by men is noticeably higher in Meung and Paktha districts while in Phaoudom, there is almost equal participation among men and women and higher participation by girls.

![Participation in school activities](image-url)

![Participation in village activities (CLTS)](image-url)
FGDs with men, women, and children in 8 villages indicated that men, women and children participated well in HP and CLTS activities in school and communities. Likewise, in 13 of 24 FGDs held, participants indicated that participation of women and children was “enough” (set at “at least 50% of all participants in activities. Participation of women and children were also reported as “voluntary” by most of FGD participants.

In villages where not enough women and children participated, the key reasons given were lack of knowledge and do not understand Laos language (Men); HH heads/men were invited, lack of knowledge, and busy in field work (Women); and in school, shy and lazy, not invited, go to field with parents (Children).

### Identified HP and CLTs activities in villages

<table>
<thead>
<tr>
<th>No.</th>
<th>Village</th>
<th>Men</th>
<th>Women</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Houay Khun</td>
<td>Activity on Hygiene promotion and sanitation</td>
<td>Activity on Hygiene, Environmental cleaning</td>
<td>Activity on Hygiene promotion and sanitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Latrines construction</td>
<td>Practice/Play game regarding to Hygiene</td>
</tr>
<tr>
<td>2</td>
<td>Viengkham Noi</td>
<td>Hp and sanitation</td>
<td>Boiling water, drinking clean water</td>
<td>Hp in schools like HP, drama show in village, student sanitation awareness activities, child protection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>environment cleaning, keeping animals in pens</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Phieungthuang</td>
<td>CLTS activities, HP and sanitation, about toilet use, clean water use, environmental cleanliness</td>
<td>HP and sanitation</td>
<td>HP in schools, like children’s day, drama show</td>
</tr>
<tr>
<td>4</td>
<td>Hathome</td>
<td>No response</td>
<td>Hygiene and sanitation activities</td>
<td>Children’s rights, community hygiene activities</td>
</tr>
<tr>
<td>5</td>
<td>Houay Hao</td>
<td>The women participated in a little , Activity about toilet use, clean water use, environmental cleanliness</td>
<td>Training sanitation and hygiene activities</td>
<td>Open 3 cleans Drama show</td>
</tr>
<tr>
<td>6</td>
<td>Houay Chang</td>
<td>The women participated in a little : CLTS, toilet use, clean water use, environmental cleanliness activity</td>
<td>Triggering CLTS and training Hp</td>
<td>Drama show and drinking un-boiled water</td>
</tr>
<tr>
<td>7</td>
<td>Houay Nok Aen</td>
<td>Meetings in village</td>
<td>Non-limber forest products, drug addition, shifting cultivation, meetings in the village (I think this is from local NGO, MHP, in PKT)</td>
<td>Played games and children’s day</td>
</tr>
<tr>
<td>8</td>
<td>Houay Nor Khom</td>
<td>All activities re project</td>
<td>Shifting cultivation, animals in enclosures, meetings in village</td>
<td>Hygiene and sanitation activities in the school, like games</td>
</tr>
</tbody>
</table>

In terms of actual participation (i.e. contributing to discussions/ raising concerns), only the men indicated that generally women and children were given the opportunity to participate. Among women and children respondents, the general trend was that they were not given the opportunity to actively participate in discussions/ activities.

As to participation of ethnic groups, “enough” participation was reported only in 3 of 8 villages and voluntary participation was reported only in 2 of 8 villages. Reasons given for low/ lack of participation were: in the field working, not interested, and poor, and no responses (5 villages).

As to participation of the poorest and other vulnerable households, majority of villages report “enough” and “voluntary” participation and that these groups were given the chances to voice out their views and concerns.
Annex 5 Pictures of visited school WASH facilities (example of facility at 18 schools)

<table>
<thead>
<tr>
<th>School 1</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School Toilets, good build quality</td>
<td></td>
<td>HW facility directly outside toilets (no water, no soap, school is closed)</td>
<td>Water reservoir (no water, source issues at village)</td>
</tr>
<tr>
<td>HW Facility (no soap as school is closed), good build quality</td>
<td>Rear view of toilet block, good build quality</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
School 2: ECCD Classrooms with toilets (not part of WASH project directly, but with inputs from construction engineer and WASH team)

<table>
<thead>
<tr>
<th>Water reservoir, has water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rear view, good build quality</td>
</tr>
<tr>
<td>Doors locked, school closed, HW facility reportedly is inside</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Toilet block, side and rear views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toilet block, front view</td>
</tr>
</tbody>
</table>
School 3 – WASH facilities under construction, same design as School 1

<table>
<thead>
<tr>
<th>Toilets and HW facilities under construction</th>
<th>Toilet with water tap</th>
<th>Water reservoir, nearly completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>HW facility, under construction</td>
<td></td>
<td>Entire WASH facility complex, under construction</td>
</tr>
</tbody>
</table>
Annex 6 Project Challenges and Opportunities

[Diagram with four blank boxes]
## Annex 7 Government SoQ and MHV Indicators

### SoQ Indicators

<table>
<thead>
<tr>
<th>Dimension</th>
<th>School of Quality Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicators</td>
</tr>
<tr>
<td><strong>1. Inclusive of all Children</strong></td>
<td>1. School has student enrolment list disaggregated by age, sex, ethnicity, and special needs.</td>
</tr>
<tr>
<td></td>
<td>2. School has list of out of school age children, disaggregated by age, sex, ethnicity, and special needs.</td>
</tr>
<tr>
<td></td>
<td>3. School has map indicating the families where children live.</td>
</tr>
<tr>
<td></td>
<td>4. School has annual enrollment promotion plan</td>
</tr>
<tr>
<td></td>
<td>5. School has achieved its annual GER and NER rates, disaggregated by age, sex and ethnicity.</td>
</tr>
<tr>
<td></td>
<td>6. Students learn together in an atmosphere of collaboration, solidarity and love</td>
</tr>
<tr>
<td><strong>2. Effective teaching and learning</strong></td>
<td>7. School organizes School Readiness Programme by establishing a pre-primary class attached to the primary school or running a short primary school preparatory programme officially designed by MoE.</td>
</tr>
<tr>
<td></td>
<td>8. Teachers implement the whole? Curriculum and use basic learning competencies</td>
</tr>
<tr>
<td></td>
<td>9. Teachers have lesson plans of all topics in the curriculum.</td>
</tr>
<tr>
<td></td>
<td>10. Teachers use different teaching techniques to help students actively participate in learning activities, e.g. to ask questions, reflect; make decisions; problem solve and develop self confidence</td>
</tr>
<tr>
<td></td>
<td>11. Teachers produce and use local teaching materials in teaching and learning activities.</td>
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<tr>
<td></td>
<td>12. School has developed and uses locally-relevant curriculum</td>
</tr>
<tr>
<td></td>
<td>13. School has opportunities for students to receive counseling and guidance advice</td>
</tr>
<tr>
<td></td>
<td>14. Teachers have sufficient teaching materials (textbooks, teachers guides notebooks, classroom registrars, etc.</td>
</tr>
<tr>
<td></td>
<td>15. Students have sufficient learning materials and stationery</td>
</tr>
<tr>
<td></td>
<td>16. Teachers continuously assess and evaluate students’ learning outcomes and monitor students’ learning progress</td>
</tr>
<tr>
<td></td>
<td>17. Students demonstrate good learning achievement (monthly, semester and annual tests and exams)</td>
</tr>
<tr>
<td></td>
<td>18. Teachers manage classrooms to create conditions conducive for participatory teaching and learning:</td>
</tr>
<tr>
<td></td>
<td>- Learning corners with materials, updated regularly</td>
</tr>
<tr>
<td></td>
<td>- Regular use of teaching and learning aids</td>
</tr>
<tr>
<td></td>
<td>19. Teachers display students’ composition and artwork in the classroom, uses them for teaching and learning purposes and rotates them regularly</td>
</tr>
<tr>
<td></td>
<td>20. Students appear enthusiastic and happy when learning</td>
</tr>
<tr>
<td></td>
<td>21. School has classes for gifted students</td>
</tr>
<tr>
<td></td>
<td>22. School has remedial classes for weak students</td>
</tr>
<tr>
<td></td>
<td>23. School has high attendance rate</td>
</tr>
<tr>
<td></td>
<td>24. School has low dropout rate</td>
</tr>
<tr>
<td></td>
<td>25. School has low repetition rate</td>
</tr>
<tr>
<td><strong>3. Healthy, safety and protective environment</strong></td>
<td>26. School has a sturdy fence with entrance, flag pole, flowers and trees.</td>
</tr>
<tr>
<td></td>
<td>27. School is certified to be clear of UXOs and meets minimum MOE safety and risk reduction standards</td>
</tr>
<tr>
<td></td>
<td>28. School is clean and has a garbage disposal area</td>
</tr>
<tr>
<td></td>
<td>29. School has a bicycle parking area</td>
</tr>
<tr>
<td></td>
<td>30. Students are healthy with clean bodies and clothes.</td>
</tr>
<tr>
<td></td>
<td>31. Students are immunized and have an annual health check up</td>
</tr>
<tr>
<td></td>
<td>32. Students are dewormed twice a year</td>
</tr>
<tr>
<td></td>
<td>33. School has safe drinking water, clean water, sufficient number of clean toilets separated for boys and girls and teachers.</td>
</tr>
<tr>
<td></td>
<td>34. School promotes knowledge and organizes activities on drug abuse and local disease prevention</td>
</tr>
<tr>
<td></td>
<td>35. School promotes solidarity and preventing students from being physically,</td>
</tr>
<tr>
<td>Dimension</td>
<td>School of Quality Indicators</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>School of Quality Indicators</td>
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<tr>
<td></td>
<td>psychologically or morally hurt by accidents, punishments, beatings)</td>
</tr>
<tr>
<td>4. Gender responsive</td>
<td>36. Girls and boys students have equal opportunities to participate in all classroom and school activities</td>
</tr>
<tr>
<td></td>
<td>37. Girls and boys are equally and proportionately represented in school, classroom and group organizational structures</td>
</tr>
<tr>
<td>5. Parent, community, and student participation</td>
<td>38. School has a Parent Pupil Association</td>
</tr>
<tr>
<td></td>
<td>39. Village has a Village Education Department Committee with appropriate number of female members</td>
</tr>
<tr>
<td></td>
<td>40. School has an active Young Pioneers-and other extracurricular student groups</td>
</tr>
<tr>
<td></td>
<td>41. Students participate in all school’s organization practices including expression of opinion and decision making.</td>
</tr>
<tr>
<td>6. School management</td>
<td>42. School leadership adheres to the MOE ‘Seven Tasks of School Management.</td>
</tr>
<tr>
<td></td>
<td>43. School circulates superior directives notices and circulars.</td>
</tr>
<tr>
<td></td>
<td>44. School organizes annual awards ceremony for outstanding staff</td>
</tr>
<tr>
<td></td>
<td>45. School has solidarity, peaceful and disciplinary situation.</td>
</tr>
<tr>
<td></td>
<td>46. Teachers have received in-service training and have opportunities to share experiences within and outside the school.</td>
</tr>
<tr>
<td></td>
<td>47. School regularly organizes internal pedagogical meetings.</td>
</tr>
<tr>
<td></td>
<td>48. Teachers regularly organize classroom observation and experience sharing</td>
</tr>
<tr>
<td></td>
<td>49. School carries out Self-Assessment annually and develops and fully implements School Development Plan</td>
</tr>
<tr>
<td></td>
<td>50. School keeps and updates Inventory Book regularly</td>
</tr>
<tr>
<td></td>
<td>51. School has and maintains a SMIS especially students portfolio</td>
</tr>
</tbody>
</table>

**MHV Indicators**

There is Eating, Drinking, and Living Clean

There is a clean Latrine

Environment is clean

There is vaccination according to MoH standards

Pregnant women have access to MCH services in the local Health center

Elimination of mosquito breeding areas and all persons sleep with mosquito nets

There is year-long access to safe water

Animals are kept in pens away from the house

There is knowledge on TB prevention

There is knowledge on HIV prevention
Annex 8 Indicators comparison, draft

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Design workshop</th>
<th>Star Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Schools</strong></td>
</tr>
<tr>
<td>Objective 1: Improved and maintained good personal and household hygiene, hand washing with soap at critical times, and consuming “safe” drinking water among community members, particularly women and children in target communities</td>
<td>Ban Sam Saat conditions met and village moves to MHV status</td>
<td>Functional places in key locations (ie at toilet) for handwashing with soap available</td>
</tr>
<tr>
<td></td>
<td>Sub-indicators developed by District WASH teams and Plan</td>
<td>Students know least three critical times to wash their hands (target 80%)</td>
</tr>
<tr>
<td></td>
<td>Baseline and Endline in cooperation with MNCHN program (Plan)</td>
<td>Students report and demonstrate washing hands with soap using 5 of 7 handwashing steps after using toilet and before eating (note this will be influenced by whether school has place for handwashing) (target 60%)</td>
</tr>
<tr>
<td></td>
<td>Episodes of diarrhea reported before and after ODF</td>
<td>Drinking water treated and stored properly</td>
</tr>
<tr>
<td></td>
<td>Ban 3 Saat conditions (supported by Plan ODF declaration conditions/indicators)</td>
<td>Students are drinking treated water from a closed container (target 100%)</td>
</tr>
<tr>
<td></td>
<td>100% toilet access and use in ODF communities (households and schools)</td>
<td>Toilet functional, clean and well maintained</td>
</tr>
<tr>
<td></td>
<td>District and provincial authorities water safety plan monitoring system in place and updated regularly</td>
<td>Schools across the 3 project districts have functioning gender-segregated toilets that are being used by students</td>
</tr>
<tr>
<td></td>
<td>Increased functionality of village water supplies and end user satisfaction with services</td>
<td>Students are not defecating near school during school hours (target 100%)</td>
</tr>
<tr>
<td></td>
<td>Number of villages that maintain Ban Saat, Model Healthy Village, ODF standards 1, 2, and 3 years after certification</td>
<td>Number of girl attendance at school post construction of girl-friendly toilets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Students know at least two reasons that cause diarrhoea (target 80%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School toilets are regularly cleaned and schools have operation and maintenance plans for WASH facilities including committed annual budgets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School environment is kept clean and free of litter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School has good drainage from kitchen, toilet, and handwashing facilities as well as run off channels for rainy season (target 70%)</td>
</tr>
<tr>
<td>Objective 2: Achieved and maintained ODF status in 80% of the selected target villages and schools resulting to health benefits</td>
<td>Schools across the 3 project districts have access to adequate clean water throughout the year</td>
<td>% of community tap stands that are fenced to prevent animals from entering with good drainage (target 100%)</td>
</tr>
</tbody>
</table>

65 Will be measured through MNCHN initiative with village health volunteer and health clinic records

66 What is the definition of the range where ODF is covered?

67 Including safe disposal of children’s stools
<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Design workshop</th>
<th>Star Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>serving needs of village and school in all selected target villages</td>
<td></td>
<td>90%</td>
</tr>
<tr>
<td>Objective 4: Achieved more effective and participatory governance in the WASH sector by Government authorities from the provincial to the village level</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student Club has 2-3 advising teachers and between 9 – 15 leaders evenly divided by boys and girls from each of the top three grades 3,4,5 – Has active members (number depending on school) Student Club has 2-3 advising teachers and between 9 – 15 leaders evenly divided by boys and girls from each of the top three grades 3,4,5 – Has active members (number depending on school) Student clubs have organized regular activities to keep school clean (ie, recycling, grounds clean up, planting trees, clean classrooms, kitchen and eating area) Student clubs have encouraged activities to improve waste water runoff and disposal (without forming stagnant pools)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

81