



# Progress Brief: First Open Defecation Free (ODF) District in Cambodia

Sustainable Sanitation Hygiene for All (SSH4A)  
Programme SNV Cambodia

**SNV**



## Introduction

Access to improved sanitation is a basic human right, yet more than 60% of the rural population in Cambodia still live without a safe, sanitary toilet.<sup>1</sup> SNV has been collaborating with Ministry of Rural Development (MRD) and Provincial Department of Rural Development (PDRD) since 2010 on the Sustainable Sanitation and Hygiene for All (SSH4A) programme which aims to improve the health and quality of life for rural people through improved sanitation and hygiene practices.<sup>2</sup>

In 2012, SSH4A was implemented district-wide in Banteay Meas, Kampot. At that time Banteay Meas district had one of the lowest levels of sanitation coverage in Cambodia – only 16% of households had access to sanitation. This meant for more than 85,000 people in the district, open defecation was common practice.

After four years of implementing SSH4A, in 2016 Banteay Meas has been declared the first open defecation-free district in Cambodia with all people living in the district now having access to toilets. The SSH4A model is now recognised by MRD, local government and stakeholders as an innovative and integrated approach to scaling up access to sanitation in the rural areas of Cambodia and supports the objectives of the Royal Government of Cambodia's National Strategy for Rural Water Supply, Sanitation and Hygiene 2011-2025.

This progress brief provides highlights of the programme approaches implemented and key results in achieving the first open defecation-free district in Cambodia.

## Highlights of Results

Banteay Meas was declared the first ODF district in Cambodia in November 2016

Over 100,000 people now live in healthier communities

All households now have access to a toilet

69% of households own an improved sanitation facility

Since 2012, approximately 15,000 new latrines have been constructed

Over 74,000 people have access to improved hand washing facilities with soap

1. The 2015 Update and MDG Assessment of the Joint Monitoring Programme (WHO and UNICEF, 2015) – access to any kind of sanitation facility (improved, shared and unimproved) was 40% in 2015.
2. Pilot activities were developed and tested in 10 villages across Kampot and Kratie from 2010-2011.

# Sustainable Sanitation and Hygiene for All

SSH4A is SNV's comprehensive approach to ensure equitable and sustainable access to improved sanitation and hygiene by supporting the delivery of district-wide rural sanitation and hygiene services. Developed since 2008, the SSH4A approach is now implemented by SNV in 15 countries and 75 districts in Asia and Africa. More than 2.7 million additional people now have access to improved sanitation and more than nine million have benefitted.

The SSH4A programme integrates best practices in sanitation demand creation, sanitation supply chain strengthening, hygiene behaviour change communication and governance, including gender and social inclusion. SNV focuses on strengthening the capacities of local stakeholders to plan, implement, monitor and sustain sanitation and hygiene interventions.

SNV has been providing capacity building and technical assistance to PDRD in Kampot and Banteay Meas district authorities to implement the integrated components of SSH4A. The following provide highlights of the key activities that have supported the overall results.

## Sanitation demand creation

- Supported PDRD/DoRD to lead planning, implementation and monitoring of the demand creation activities.
- With MRD coached PDRD/DoRD lead facilitators to provide training and technical support to the village and commune committees.
- Mobilised and trained more than 300 village and commune volunteer sanitation focal points. All 88 villages were triggered by village CLTS facilitators.
- Supported post-triggering events including door-to-door visits to motivate people to construct latrines. Information on low-cost options and use of local materials provided.
- Established and supported ongoing functions of local sanitation committees to review progress and follow up.
- Trained health centre focal points, monks and school facilitators to promote sanitation and hygiene practices.



*Sanitation facilitators conduct triggering activity targeting poor households and people with disability*



## Hygiene behavioural change communication (BCC)

- Formative research and BCC strategy/ initiatives on targeting poorest rural communities developed.
- Capacity building on planning, implementation and monitoring of BCC initiatives on sanitation and hygiene provided with more than 100 BCC facilitators trained.
- Outreach included radio and TV spots, pagodas, schools and health centres along with community campaigns using parades, special sanitation school events and National Sanitation Day.
- Formative research on motivations and barriers for pit emptying and re-using waste from the toilets developed.

## Sanitation supply chains

- Selected and supported capacity of local suppliers to engage or expand their businesses into rural sanitation. Suppliers trained in quality control, pricing, technical construction, marketing and business management.
- Connected suppliers and local authorities through workshops and meetings to build understanding of market potential; discuss latrine and pricing options; and to set an action plan to accelerate sanitation uptake.
- Networked suppliers with potential local sales agents.
- Mobilised and trained more than 100 village and commune sale agents on sanitation products and marketing.
- Developed rural sanitation technology options and conducted informed choice activities.



*Supplier produces quality easy latrine for households in the district*

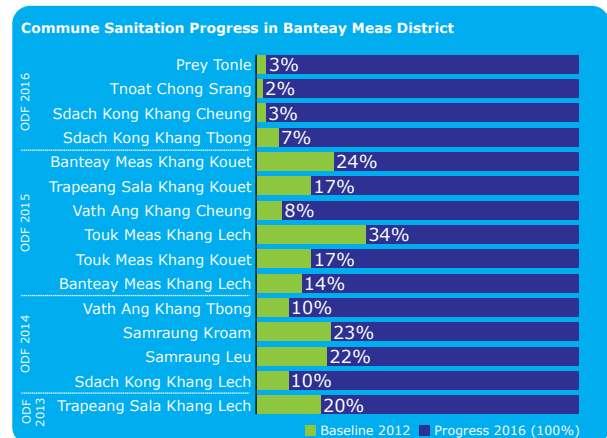
## WASH governance

- Supported DoRD to develop annual results-based district sanitation plans through consultation with district governor, commune chiefs, school leaders, health centres and other key stakeholders.
- Integrated sanitation and hygiene needs in the commune development and investment plans and the agenda of regular village, commune and district meetings.
- With local government, developed and supported roles and responsibilities of sanitation committees and provided ongoing capacity building of local leaders.
- Coordinated regular multi-stakeholders and quarterly sanitation progress meetings to review results and share experiences on leading and coordinating activities and in addressing difficult issues. Actors were supported to work towards common priorities and goals and support and learn from each other.
- Developed local sanitation monitoring tools in consultation with focal points used by villages to record and review monthly sanitation progress monthly.
- Supported DoRD and district authority to ensure the poor and vulnerable are reached including piloting a pro-poor support mechanism.
- Conducted annual progress review workshop with DoRD, district governor, PDRD and MRD/DRHC.
- Supported development of post-ODF plans for communes, including committee, roles and responsibilities and supportive regulations with penalty mechanism for open defecation practice.

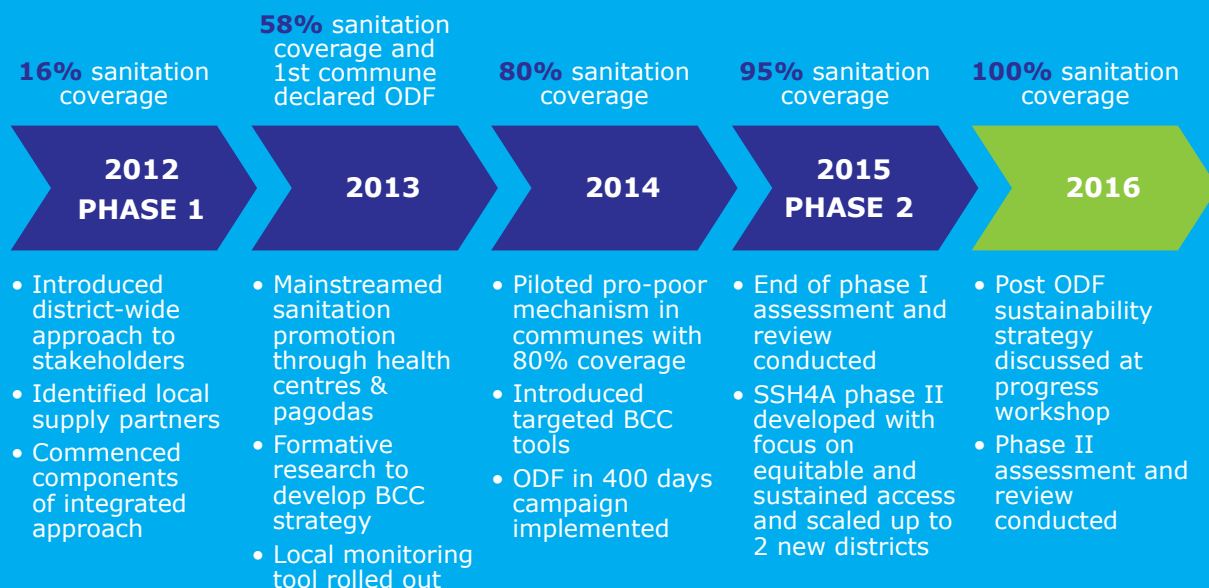
## Reaching the last mile

While good progress was achieved in the first few years, it slowed down once the last mile was in sight. Achieving district-wide ODF requires alternative, tailored approaches to reaching remaining households, including the poorest and those remaining behind for other reasons.

While triggering throughout the district commenced in 2012, the chart below shows the late adopting communes that achieved ODF status in 2016 started from the lowest coverage rates at the baseline. These communes are in the flood-prone areas, far from the district centre with a number of households affected by temporary migration. The influence of toilet subsidies in the nearby district has also meant that in two communes, people delayed investing.



## SSH4A timeline





## Key learnings

- The **district-wide approach achieves an economy of scale** and is more efficient and effective in building momentum in comparison with targeted support to selected communes or villages. The commitment and leadership of the provincial and district authorities is essential and has greater buy-in area-wide. A district-wide approach does not mean that the entire district will immediately become ODF, but it changes the dynamics and mindset of the stakeholders, which is ultimately the key to reaching full coverage.<sup>3</sup>
- A **multi-stakeholder approach** helps harmonise competing or contradictory approaches within the same area and amplify the key messages. In addition to PDRD/DoRD, the district governor's office, Department of Education, schools, pagodas, health centres, commune councils and village leaders are actively engaged in promoting sanitation and hygiene. In Banteay Meas the commune and village sanitation committees integrated sanitation promotion with activities conducted by schools, pagodas and health centres. Working collectively helped build and accelerate momentum.
- **Local leadership committed to sanitation** is key to success in capitalising on the initial interest triggered through CLTS. The district governor issued a letter to all commune councils to promote sanitation and that the key influencing people needed to build a latrine as role models. This message was actively followed up and having leaders and focal points that own and use latrines first before promoting the practices among non-toilet users has proven to be very important in building demand. Local leaders and sanitation focal points worked together in setting goals to improve sanitation in their area and sanitation has now highlighted as a priority agenda item for village and commune meetings.
- **Supporting** (through technical support and capacity building from SNV) **local leaders and sanitation committees to take ownership and be accountable** for the results and progress in their areas also encourages them to identify local solutions and incentives. For example, where people wanted approved letters for marriage or building new houses, commune councils have encouraged them to build a toilet.
- **Strong cooperation and coordination among supply chain actors with** PDRDs providing technical support to latrine sellers, and district and commune focal point coordinating with latrine sellers to provide households with information on latrine options and purchasing plans (for example, paying in instalments) in turn increased demand and sales. Banteay Meas highlighted the need to target different consumer segments<sup>4</sup> – adjusted or alternative products are needed for lower-income groups.

- **Timing of demand creation and supply chain activities need to be aligned.** For affordable supply to be available to households at the moment of triggering, work to improve the supply side should start well before. Additionally, the timing for triggering needs to address seasonal factors relating not only to accessibility of villages but also to households' availability of labour and money.
- Supporting the capacity of the district to lead consultation and development of **sanitation and hygiene plans** with clearly defined objectives, annual targets and action plans has been fundamental to building commitment and collective understanding of issues and actions required. The district-level focus incentivises stakeholders to discuss the needs and approaches to reach different geographical areas and poorer households and sets clearer standards that can reduce contradictions between the approaches. Once a shared vision and plan is created, this approach enables faster implementation.
- To support **institutional sustainability** it is important to embed sanitation and hygiene requirements within established local government administration processes – for example, integrating sanitation priorities into commune development and investment plans and using existing mechanisms and resources to implement and monitor the progress.

*"There are several factors that make a SSH4A programme successful. First, we managed to work well together between the partners, the government and sub national authority. We also got good cooperation from PDRD. We cooperated with local authorities – district, communes and the whole community. Second, we've used mixed methods to promote sanitation and hygiene. It means we create demand and support private sector (to) supply. At the same time, we integrated sanitation and hygiene through attitude changes. Thus, we used (an) integrated strategy to make this project successful. What we have done here is a good lesson for other provinces and districts. SNV supports local authorities and provincial technical departments to directly implement it. This drove local authorities to feel motivation and leadership in improving sanitation and hygiene in their community. It specially contributed to the accomplishment of this project."*

**Mr. Chreay Pom, Director of  
Department of Rural Health Care,  
Ministry of Rural Development**

3. With a focus on villages, attention goes into the methodological details of triggering and handwashing promotion. As a result, the tendency is to go for the easier villages and to divide villages amongst stakeholders without addressing the bigger institutional picture that is essential for sustaining behaviour change.

4. It was found that while the "Easy Latrine" would boost sales, it closer met the needs of middle to lower-middle class customers.

*"As the chief of this village, it's my responsibility to serve and lead my people. I educate them to do good, particularly about sanitation and hygiene... I worked day and night with the other trainers to inspire a change in people's behaviour. I tried to promote sanitation and hygiene at any time during community gathering like religious ceremonies... At school, teachers encouraged their students to tell their parents to build a toilet at home... The commune council set up a rule of law. It stated that a family shall build a toilet if they want to get their formal documents – marriage or religious ceremony document signed. It was a good contribution from the commune that they should be proud of. It was a warning to our villagers. Without such supports, I don't think we can achieve this much... We're so happy for the support from authority, top to bottom, and SNV. They give us good ideas and recommendations."*

**Mr. Khun Sameth, Village Chief,  
Trapeang Kdol village, Banteay Meas  
District**

- **Close monitoring** of sanitation progress has strengthened local commitment to achieving results. The localised monitoring tool developed in consultation with local stakeholders has improved the quality of progress data and understanding of results and identification of alternative or additional interventions required.
- **Regular and frequent follow-up is important** to achieve progress and sustain results. In all communes focal points conducted post triggering activities including door-to-door visits to convince households without latrines to build one and visited

*"I didn't think we could change their behavior at all. With SNV's training for trainers and all leaders, as well as our trainers' effort, we received great results. They've changed their behaviour... What we accomplish today is because of our commitment. First, without our top-to-bottom level leadership commitment it couldn't be achieved. They had strong commitment. They overcame all challenges. We worked together as a team. The DoRD, district authority, communes and villages worked together. Without our people's participation this couldn't have happened. When they understood the project, they would join us. This is how we accomplish our achievement."*

**Mrs. So Sovannara, Banteay Meas  
Deputy District Governor**

households that had built to ensure they were properly built, being used and maintained. Follow-up enabled focal points to identify issues/barriers that villagers have in order to coordinate with suppliers and/or develop further actions.

- **Result-based incentives** through national and sub-national recognition for communes and villages that have **achieved** ODF has motivated local leaders and focal points to work harder and commit to improve and sustain sanitation and hygiene in their area.
- **Knowledge sharing, exchange visits, learning and reflection** of successes and lessons learnt among stakeholders and sanitation focal points locally and internationally have been seen as important in building capacity and knowledge, motivating and strengthening commitment of local leaders working to improve sanitation and hygiene.

## Results in Banteay Meas

- **100% of households have access to sanitary toilets:** Banteay Meas is the first ODF district in Cambodia officially declared on 4 November 2016, coming from having one of the lowest coverage rates (16%) when SSH4A commenced in 2012.
- **104,275 people** (20,698 households) have access to sanitation and live in healthy communities. This **includes all poor households** (3,267) in the district, compared with 2012 when more than 90% practiced open defecation.
- **Communes declared ODF** in 2013-2015 are **sustaining the results**.
- **All** sanitation and hygiene focal points, key leaders at district, commune and village levels and **school directors and teachers** in all primary, secondary and high schools in Banteay Meas **were early adopters** in having toilets at home and have become role models in their communities to advocate the importance of having a sanitary toilet and hygiene practice.

### Access to sanitation

**100%**  
of households  
have access  
to toilets



**104,275**  
people live in  
the open  
defecation-free  
district

**69%** of households have improved  
sanitation facilities

- **100% of the primary schools and secondary schools** have access to sanitary toilets and the students know how to use the toilets.
- **71% of households** now have now access to improved hand-washing facilities.
- All primary schools and secondary schools have hand-washing facilities with soap and students have improved knowledge about hand washing at critical times.

## Access to improved hand washing with soap

**71%** of households have access to improved hand washing with soap



**74,000** people practiced hand washing with soap

**82%** of households have hand-washing facilities at home

- Through the support provided by the SSH4A programme, 350 sanitation facilitators from across the provincial, district, commune and village level have improved capacity and demonstrated results in facilitating community-level demand creation, fostering behaviour change to sanitation and hygiene practices, linking sanitation supply and demand, and incorporating the involvement and needs of vulnerable people. These people can continue to support the sustainability of these results into the next stage – post ODF.

## What next? Thinking beyond the finish line

The lessons learnt from Banteay Meas have, and can continue to, be used to support the government to scale up the comprehensive approach, which has been demonstrated to be effective in achieving accelerated impact in rural sanitation and hygiene in Cambodia. While ODF provides a milestone for leaders to mobilise around, it is not the end point. The challenge is not only to sustain these important gains but also engage leaders in developing a vision that looks beyond ODF towards the vision of the Sustainable Development Goals and universal access.

Post-ODF strategies and plans will need to be further integrated into local government development agendas. The significant increase

in toilet ownership, and the subsequent accumulation of human waste creates a range of new issues for the safe handling and management of the accumulated human waste. Behaviour change strategies will need to be responsive to these changing priorities and emerging issues including menstrual hygiene management, and market-based solutions need to be identified and supported.

In Banteay Meas, the focus is now on ensuring quality, equity and sustainability of the results, which includes sustaining ODF through regulations and continuing to monitor, assess and deepen the impact. More than 350 sanitation facilitators from PDRD, DoRD, district, commune and village levels, schools and health centres have committed to continue to support communities so as to maintain ODF status and could also be mobilised to support post-ODF issues, maintenance, waste management and hygiene promotion, including menstrual hygiene management. Community leaders will also continue to encourage upgrading of existing unimproved toilets and households that share with others.

The success and learning in Banteay Meas provides a useful resource supporting the government in developing the national post-ODF guidelines that will provide a comprehensive framework for sustaining ODF status and move beyond ODF towards the SDGs in the rural areas of Cambodia.



*District and village focal points continue to monitor access to toilets*

## Authors

Sodany Saing and Jenni Lillingston, November 2016



SNV is a not-for-profit international development organisation. Founded in the Netherlands nearly 50 years ago, we have built a long-term, local presence in 38 of the poorest countries in Asia, Africa and Latin America. Our global team of local and international advisors work with local partners to equip communities, businesses and organisations with the tools, knowledge and connections they need to increase their incomes and gain access to basic services – empowering them to break the cycle of poverty and guide their own development.

## Further information

To learn more about SNV and our work in Cambodia, visit our website at [www.snvworld.org/en/cambodia](http://www.snvworld.org/en/cambodia)

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*All photos by SNV staff*