

EXECUTIVE SUMMARY SSH4A EVALUATION CAMBODIA

The purpose of this evaluation is to comprehensively assess the impacts of SNV's SSH4A program in Banteay Meas, Cambodia and provide a detailed assessment of the effectiveness of the approach. The findings will be used for accountability to the donors and other stakeholders, for identifying organisational learning to improve SNV's practice in SSH4A and to provide key learning points to other districts in Cambodia as the project is extended.

The evaluation has been carried out by The National Social Marketing Centre which provides social marketing and behaviour change consultancy services within the UK and abroad.

Background

Since 2010, SNV Cambodia has been working with the Provincial Department of Rural Development (PDRD) in Kampot Province, Cambodia to implement an SSH4A (Sustainable Sanitation and Hygiene for All) program in Banteay Meas district. The main objective of the SSH4A project in Cambodia is to improve the health and quality of life for people living in all 15 communes and 88 rural villages in the Banteay Meas through enhanced access to improved sanitation and hygiene practices.

SSH4A is a capacity building approach, supporting local governments to lead and accelerate progress towards district-wide sanitation coverage with a focus on institutional sustainability and learning. The approach is based upon the belief that access to water and sanitation is a human right and critically local government is the duty bearers of that right. It is SNV's role to strengthen the capacity of local actors to enable these rights to be delivered.

The SSH4A approach is based upon an integrated model that combines five components, each with a different expected outcome:

- Sanitation demand creation and community-led approaches to improved sanitation.
- Sanitation supply chain development and informed choice.
- Behavioural change communication for hygiene promotion.
- Strengthening WASH governance.
- Performance monitoring, learning and dissemination.

The main focus of this evaluation is Phase 1 of the project which commenced in January 2012 following the completion of the Pilot Phase. Phase 1 saw the scaling up of the program to cover the whole Banteay Meas district, with support from a private foundation, and was completed in December 2014.

Evaluation questions

This evaluation is based around answering the questions that are based on the program's main components:

- What has been the combined impact of the whole program on access and use of latrines and hand washing in households and schools?
- How has the program impacted on the health and quality of life for people living in the district?
- How successful has the program been in generating demand for improvements in sanitation and hygiene practices?

- Have behaviour change communications changed, not only people’s attitudes, but also their everyday actions with respect to sanitation and hygiene?
- Have efforts to develop the sanitation supply chain been successful?
- What improvements have taken place in WASH governance?
- Has knowledge and learning been transferred effectively between partners and stakeholders?
- Is the program sustainable and has the capacity building activities been successful and been institutionalised?

Methodology

A mixed methods evaluation was carried out for this study, using both quantitative and qualitative field work. The purpose of taking a mixed methods approach was to strengthen the reliability of the data collected and the validity of the findings and recommendations. The approach also broadens and deepens our understanding of the processes through which the program outcomes and impacts have been achieved.

The data collection methods used for the evaluation are summarised below.

QUANTITATIVE	QUALITATIVE
Household surveys	Review of program documents/document analysis.
School surveys	Household structured observations
Review of institutional data, including school absenteeism records and health data.	School structured observations
	Focus group discussions with householders, school pupils and key implementers.
	In-depth key informant interviews with key stakeholders, school principals, commune chiefs, implementers and suppliers.
	In-depth key informant interviews with the local SNV delivery team.

To assist in the analysis of the qualitative data collected, the evaluation used a number of tools:

- **The Capacity Assessment Tool** assessed the current capacities of the local government agencies to understand how replicable the program is in other parts of Kampot Province.
- **The NSMC’s Sustainability Framework** was used to evaluate how likely it was that the benefits of the program will continue after major donor assistance has been completed.
- **The NSMC’s Benchmark Criteria** were used to evaluate the effectiveness and sustainability of the behaviour change element of the program.

Summary of Findings

What has been the combined impact of all of the programs components on access and use of latrines and hand washing in households and schools?

This is a very ambitious program and its aim to change ingrained sanitation and hygiene behaviours in over 100,000 people in 3 years, although challenging, has been highly successful. Over the last three years there has been a significant increase in the number of households using latrines and a consequent reduction in the open defecation (OD) rate across the district from 72% in 2012 to 21% in 2015. An additional, smaller verification survey carried out in 2016 points to a further reduction in the OD rate over the last year. The 2015 follow-up field work confirms that the vast majority of these household latrines are functioning as intended, are kept clean and afford privacy to the user.

In 2015, 85% of households had had some sort of hand washing facility in their home, although not all of these are positioned close enough to the latrine. There has also been a significant increase in knowledge on the importance of hand washing and, from our limited observation work, the majority of households appear to be putting this knowledge into practice. However, further work is required to encourage the use of soap when hand washing.

There has also been an overall increase in both the number of schools providing access to sanitary latrines and the average number of sanitary latrines; however, there remain too many schools in the district where the number of latrines is insufficient for the number of pupils attending the school. Although outside the scope of the SSH4A program, some form of pro-support mechanism similar to the one that was successful in enabling poor households to buy and install latrines in the district would have been helpful for schools. There is also evidence to show that latrines in schools are not as hygienic as they could be.

37% of schools still do not have access to fixed hand washing facilities. However, the follow-up hand washing rates for students are encouraging, particularly for girls, although school principals confirm that changing hand washing behaviours with boys has been more challenging.

How has the program impacted on the health and quality of life for people living in the district?

It is difficult to measure accurately the impact of the program on the health and quality of life for people living in Banteay Meas because of the lack of effective health indicators in the baseline and the lack of data that was collected on rates of diarrhoea and respiratory infections during implementation. Although the measurement of these health and quality of life impacts is outside the current SSH4A performance framework, we believe they should be considered for inclusion in future programs.

Despite this, we have seen evidence from health centres and interviews with health professionals that demonstrate that there has been a sizeable reduction in the incidence of diarrhoea across the district over the last few years; for example, the number of serious incidents of childhood diarrhoea have dropped from an average of 50 to around 10 cases per month since the start of the program. The health professionals attribute this reduction predominantly to the SSH4A program.

We recommend that future SSH4A programs include health and quality of life outcome measures as KPI's including setting rates for reducing diarrhoea and respiratory infections within specific target groups such as children and the poor. In addition, rates should be monitored during implementation across each of the communes of the district to provide a means of attribution as well as showing progress.

How successful has the program been in generating demand for improvements in sanitation and hygiene practices?

The sanitation demand creation component of the program has successfully generated strong change

in helping to reduce and eliminate open defecation across the district and, in our opinion, has been the most significant factor in mobilising households to build hygienic latrine.

The successful program was a direct result of the effective and efficient capacity building activities that SNV implemented with all levels of government within the district. However, we note that there are parts of Banteay Meas, particularly in the Prey Tonle and Tnoat Chong Thrang Communes, where sections of the population are more resistant to change. These lagging areas are currently being addressed during Phase 2 of the program.

Have behaviour change communications changed not only people's attitudes but their everyday actions with respect to sanitation and hygiene?

We tested the BCC program against The NSMC's Benchmark Criteria and we conclude that an effective capacity building and resulting behaviour change program took place in Banteay Meas that focused on changing behaviours. The program used research to develop actionable insights to create campaigns that were used by all local government actors.

At the start of the program segmentation of the target audience took place, so that different materials and approaches were developed for school children and adults. However, we believe that there is a segment of 'late adopters' who should have been identified at the start of the program, as they were particularly averse to change. In our view this segment of the population should have been treated as a separate segment, with specifically tailored materials produced for them, from the outset. We note that this segment is currently being targeted as part of Phase 2 of the program.

From an evaluator's perspective it was often difficult to determine which activities in the program were SDC or BCC-related as there was some confusion of the distinction amongst stakeholders that we spoke to. We judge however that, despite this confusion, the SDC and BCC activities combined resulted in significant and sustainable behaviour change within Banteay Meas.

Have efforts to develop the sanitation supply chain been successful?

In our view, the creation of three local latrine suppliers has been vital to the success of the overall program. Although it may have been possible to supply these latrines from another geographic area, the additional transport costs would have increased the costs of the latrines and it is unlikely that the vital strong supplier/sales agent relationships would have been forged. There is evidence that two of these businesses are now sustainable enterprises which have expanded latrine sales outside the district.

We note that much of the work to foster and implement improvements in supply side were initiated by qualified and dedicated SNV staff. It is not clear to us how much transfer of skills has taken place into government structures in the district and consequently how easily it would be to replicate supply side activities without the significant support of SNV or similar organisation.

What improvements have taken place in WASH governance?

Excellent progress had been made in increasing the capacity of local government agencies to steer and monitor performance of this sanitation and hygiene program.

A highly effective stakeholder engagement strategy was developed and implemented, although we believe that it would have benefited the program if health centre staff had played a more proactive role in the planning and implementation of the program

Very good progress has been made in developing an effective pro-poor support mechanism that has helped reduce OD rates within this section of the population from 90% in 2012 to 35% in 2015. However, many of the stakeholders that we interviewed told us that there is still a proportion of the population who are so poor that they are unable to purchase even a subsidised latrine.

Significant progress has been made in increasing the influence of women, the poor and the socially excluded households on the planning of the program. We welcome the practical tools and mechanisms that have developed to enable these groups to participate in the program as well as SNV's commitment to supporting these groups. We recommend that the effectiveness of the empowerment training provided to the above groups is reviewed to ensure that it is addressing the key barriers to participation that these groups experience.

Has knowledge and learning been transferred effectively between partners and stakeholders?

There have been considerable efforts made to share lessons learnt and knowledge between the various actors in the district and province. Although there have been a number of successful exchange visits between early and later adopter communes, this approach should be enhanced in future programs so that more successful commune leaders can take on formal coaching roles. However, we can find no evidence of a structured knowledge and learning capture process operating either at the district or provincial levels of government.

Is the program sustainable and has the capacity building activities been successful and been institutionalised?

We conclude that the capacity building activities to assist government actors to implement this program have been institutionalised and the program in Banteay Meas is therefore sustainable. The program has effectively changed the social norms of the district from one where the majority of people openly defecated to one where the majority don't and where people also clearly understand the disadvantages and benefits of not openly defecating.

Within the communes we found evidence to suggest that many of the local actors had, through their experience of this program, gained a thirst to drive new programs in areas such as clean water provision and reducing the amount of littering in their areas. This is an extremely welcome outcome for the program.

When we utilised the NSMC Capacity Assessment Tool to test the adaptive, management and operational capacities of local government actors, particularly at the provincial level, it identified structural weaknesses within the PDRD. It is our view that they would not be able to replicate the program in another district of Kampot Province without significant external support. In support of this conclusion, we note the low level of knowledge transfer that has taken place between SNV and PDRD in the area of supply chain and finance and our concerns over knowledge management. We are not convinced that the relevant experience and knowledge would be retained if the key PDRD officials involved in the program left.

Conclusion

Overall, this is an excellent program that has achieved behaviour change over a large proportion of the target audience in a very short space of time. For example, household OD rates have fallen from 72% in 2012 to 21% in 2015 and the majority of households now have a hand washing facility.

This success is a result of the excellent planning and execution of the program by all stakeholders, as well as the strong commitment shown by government officials at all levels from the Ministry of Rural Development down to the village chief/facilitator level to make the program a success. We also note the strong commitment and dedication shown to the program from the SNV office in Cambodia.

In our opinion a major success of the program has been the sense of empowerment that it has generated, particularly at the commune and village levels. Commune and village chiefs are now aware that they have the ability and skills to improve their areas and are almost unanimously eager to use these skills in new areas such as improving clean water supplies and environmental improvements. Although it is outwith the scope of this evaluation, we sincerely hope that these skills can be harnessed in the future to achieve these goals.

Recommendations

Our recommendations are presented below in two tables. The first table – which contains the majority of our recommendations – involve changes to the program which do not impact upon its underlying Intervention Logic. However, in the second table we include a small number of recommendations that would require a change to the currently specified Intervention Logic.

For all our recommendations, we have estimated whether they are ‘major’ or ‘minor’. These estimates are based upon the likely time and resources that would be required to implement each of them.

Recommendations linked to the currently specified IL

Category	Rec. No.	Recommendation	Scale
Monitoring & Evaluation	ME1	Future programs should include a suitable control area.	Major
	ME2	Future programs should include a range of health outcome measures and targets.	Major
	ME3	School absence data due to sickness should be monitored over the life of future programs.	Major
	ME4	Future programs should include qualitative research into perceived changes in feelings of fear and security amongst vulnerable groups.	Major
	ME5	An indicator to measure actual hand washing practice rather than the availability of a hand washing facility is required.	Minor
	ME6	Amend the existing household hand washing indicator to read: <i>'Is there a place for hand washing either within 10 paces of the latrine <u>or as close as is physically possible?</u>'</i>	Minor
	ME7	Carry out independent monitoring of the self-reported results in the village log books.	Minor
Households	H1	In Banteay Meas, village chiefs and facilitators should ensure that more households position their hand washing facilities closer to their latrines, wherever possible.	Minor
	H2	Greater emphasis needs to be placed on the importance of using soap while hand washing in future SDC and BCC activities and any follow-up activities in Banteay Meas.	Minor
Schools	S1	Future programs, when developing BCC programs, should segment male and female students for hand washing activities.	Minor
Supply Chain	SC1	Future programs should place greater priority on developing supply side capacity building skills within the provincial government.	Major
	SC2	The effectiveness of the various financial guides provided to suppliers should be reviewed. Any future guides should be developed in co-operation with, and pre-tested on, potential users.	Minor

SDC and BCC	SDC/BCC1	Future programs should develop a more sophisticated segmentation model than that used in Banteay Meas to aid the identification of hard-to-reach groups.	Major
Governance Issues	GI1	Future programs should seek greater involvement from Health Centre staff in the development and implementation of sanitary and hygiene projects.	Major
	GI2	Future programs should carry out more rigorous monitoring of resources committed to the program during the implementation phase.	Minor
	GI3	Program per diem allowances need to adequately reflect the costs they aim to cover. This is particularly relevant for those travelling from remote communes to meetings in district offices.	Minor
	GI4	Future programs should ensure that sufficient basic computer and copying resources are available at the district office to allow the copying and distribution of program resources.	Minor
Knowledge & Learning	KL1	Leaders from more successful latrine uptake communes should take on a formal coaching role with less successful ones to close the gap between early and late adopting communes.	Minor
Institutionalism	IL1	Both the Banteay Meas and any future programs should carry out a structured 'After Action Review' to formally capture knowledge and aid replication.	Major
	IL2	A small post-program budget should be provided so that meetings can continue after the end of the program for six months, to enable experiences to be shared and progress measured.	Minor

Recommendations for future inclusion within the Intervention Logic

Category	Rec. No.	Recommendation	Scale
Intervention Logic	IL1	<p>A pro-support mechanism for the construction of school latrines and hand washing facilities should form part of the Intervention Logic for future programs.</p> <p>This recommendation is based on the fact that schools are already involved in the program and students have been successfully used to encourage their parents to build latrines. In addition, the long term success of the program will be enhanced by offering students a more consistent standard of sanitary and hygienic latrines at both home and school. The DOE also does not have sufficient funding to carry out a building program in schools without some form of subsidy support and in a few locations that we visited, teachers were building latrines themselves, sometimes at their own cost.</p> <p>This new subsidy could be in a similar format to the one that currently operates for poor households, providing an incentive when schools have made strides themselves in changing behaviours, building latrines and providing hand washing stations. For this to succeed there would need to be agreement on the required number of latrines in each school based on student numbers. We would expect this standard to be set by the Ministry of Education.</p> <p>A cheaper option to the above would be to provide training, during the capacity development part of the program, to support head teachers and teachers to seek alternative sources of finance for latrines through donor organizations and government-funded projects.</p>	Major
	IL2	<p>We recommend that the pro-support mechanism for the poor is continued and that the 80% cut-off be reviewed in each new SSH4A district program and set at an appropriate level for that district.</p> <p>We note that SNV have piloted the pro-support subsidy in Banteay Meas and, as a rule, does not fund infrastructure. The decision to restrict subsidies in Banteay Meas to areas that have reached 80% coverage has ensured that areas that have almost achieved ODF are given the last bit of stimulus to achieve full ODF by helping the poorest in the community to purchase latrines. We recommend that this pro-poor support mechanism is continued and that the 80% cut-off is reviewed in each new SSH4A district program and set at an appropriate level for that district. This is because, for example, there may be communes where the ratio of poor to non-poor is so high that it results in the 80% target cut-off being very difficult to achieve.</p>	Major

