

WASH | SSH4A



Asia regional learning event

Thinking Beyond the Finish Line: Sustainable Sanitation Services for All



March 14-17, 2016
Phnom Penh, Cambodia





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This workshop report can be found on the on the Sustainable Sanitation and Hygiene for All (SSH4A) project pages at: <http://www.ircwash.org/projects/sustainable-sanitation-and-hygiene-all>

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ACRONYMS

ADB	Asian Development Bank
AUS\$	Australian dollar
BCC	Behaviour Change Communication
CLTS	Community Led Total Sanitation is an innovative methodology for mobilising communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of open defecation (OD) and take their own action to become ODF (open defecation free).
Dgroup	Dgroups is a partnership of international development organisations working together towards a common vision: a world where every person is able to contribute to dialogue and decision-making for international development and social justice. The platform is administered by the Partner Members of the Dgroups Foundation. The Dgroups platform is designed and developed keeping in mind low-bandwidth users. Thus exchanges occur mainly via email, using electronic mailing lists. Dgroups supports more than 700 active communities of practice, with more than 150,000 registered users.
Easy Latrine	The Easy Latrine is the first affordable and sustainable latrine design that consists of a squat pan, slab, catchment box, pipes and offset concrete storage (pit) rings, making household sanitation decisions easy. The Easy Latrine was developed by International Development Enterprises (iDE) in Cambodia under funding from USAID and the World Bank’s Water and Sanitation Program (WSP).
FSM	Faecal Sludge Management
HH	Households
IRC	IRC is an international think-and-do tank that works with governments, NGOs, businesses and people around the world to find long-term solutions to the global crisis in water, sanitation and hygiene services.
M&E	Monitoring and Evaluation
MRD	Ministry of Rural Development of the Royal Government of the Kingdom of Cambodia
NAP	Cambodia’s National Action Plan for RWSSH
OD	Open Defecation is the practice of people defecating outside and not into a designated toilet.
ODF	Open Defecation Free is when all people use a toilet for defecating. Eliminating open defecation is the main aim of improving access to sanitation worldwide and is a proposed indicator for the Sustainable Development Goals.
O&M	Operation and Maintenance
PDRD	Cambodia’s Provincial Department of Rural Development
Q&A	Questions and Answers
RWSSH	Cambodia’s Rural Water Supply, Sanitation and Hygiene programme
SME	Small and Medium-sized Enterprises . In the context of this report this relates to entrepreneurs active in the sanitation supply chain.
SNA	Sub-National Administrations
SNV	SNV is a not-for-profit international development organisation, working in Agriculture, Energy, and Water, Sanitation & Hygiene. SNV’s mission is to make a lasting difference in the lives of millions of people living in poverty.

SSH4A	Sustainable Sanitation and Hygiene for All programme is one of SNV's WASH programme
TWG-RWSSH	Cambodia's Technical Working Group for RWSSH
US\$	United States dollar
WASH	Water, Sanitation and Hygiene
WSSCC	The Water Supply and Sanitation Collaborative Council is at the heart of a global movement to improve sanitation and hygiene for everyone. WSSCC is the only part of the United Nations devoted solely to the sanitation and hygiene needs of the most vulnerable people around the world.
WSP	The Water and Sanitation Program is a multi-donor partnership, part of the World Bank Group's Water Global Practice, supporting poor people in obtaining affordable, safe, and sustainable access to water and sanitation services.

SYNTHESIS OF KEY LEARNINGS

INTRODUCTION

From Monday 14 until Thursday 17 March 2016 a regional face-to-face Learning Event “**Thinking beyond the Finish Line Sustainable Sanitation Services for All**” was held in Phnom Penh, Cambodia as part of SNV’s Sustainable Sanitation and Hygiene for All (SSH4A) Programme. The specific objectives of the Learning Event were to:

- 1) **Zoom out to the bigger picture** of sustainable sanitation service delivery and see the ODF milestone in that.
- 2) **Exchange ideas about pathways and strategies** towards sustained sanitation behaviour and the role of local government.
- 3) **Identify practical roles and responsibilities** in areas that are beyond the ODF mile stone.

The programme of the four-day Learning Event consisted of the following four main learning blocks.



The Learning Event was attended by a total of 36 participants from five Asian countries (Bhutan, Nepal, Cambodia Indonesia and Vietnam) and two African countries (Kenya and Uganda). Government partners from Bhutan, Nepal and Cambodia as well as external resource persons from WSP and IRC participated and contributed to the event.

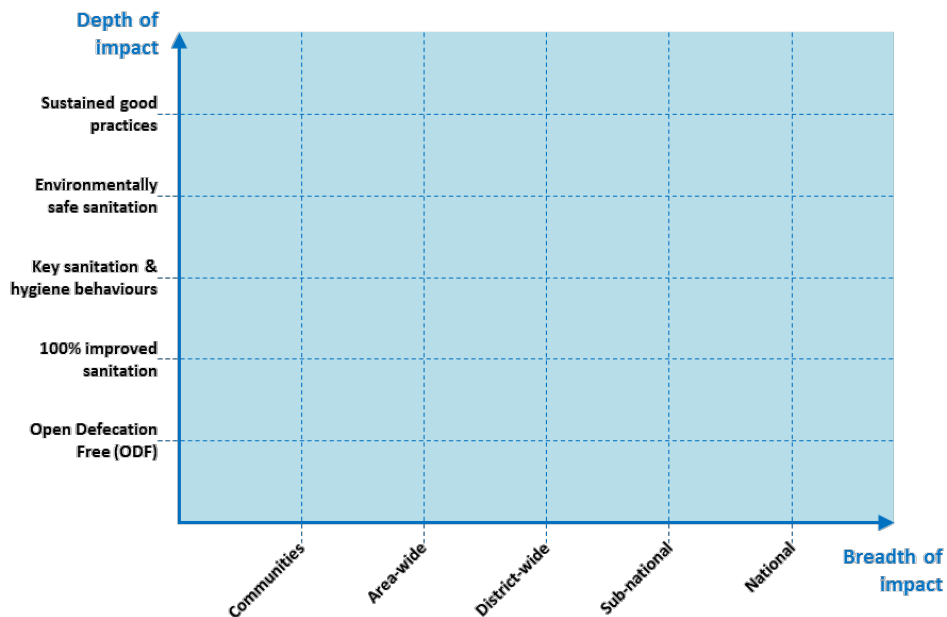
KEY LEARNING POINTS

The following sections will summarise the key learning points.

BLOCK I: THINKING BEYOND THE FINISH LINE

1. **ODF must be seen as a first mile stone** towards a much bigger goal. It has been successfully used to mobilise and achieve progress however we need to think beyond in terms of universal coverage and concepts such as safely managed. What will be the next milestone?
2. The definition of the final goal and the progress in achieving that goal differs from country to county. This can be expressed by using the **depth and breadth of impact** matrix. The depth of impact requires more attention rather than shifting the focus too quickly to new districts and thus increasing the

breadth of impact. The initial focus is often primarily on increasing coverage and this focus is often not accompanied by a longer term view of where the sector is heading or should be heading.



The depth and breadth of impact

Although the Millennium Development Goals have helped to put sanitation in the spotlight, too much focus has gone to eliminating open defecation practices and increasing access to any kind of sanitation facility. The breadth of impact has been driving the sector and as a consequence the quality (depth of impact) has suffered. The Sustainable Development Goals (SDGs) present an opportunity to reframe this.

3. To be able to move beyond ODF a **clear vision** needs to be developed followed by detailed post-ODF action plans at the different levels (national and sub-national). Clear and concrete milestones are essential to measure progress towards the final goal.
4. It is important to pay more attention to **informed choice, appropriate technologies and technical support** so that rural households can work towards improved and environmentally safe toilets. Informed choice manuals should include information on the entire sanitation service chain including consequences for pit emptying and safe disposal.
5. We need to have a better understanding of **the “last mile”** and may require different approaches to reach the “poor” and those remaining behind for other reasons.
6. **Local leadership and public finance** remain critical elements for a sustainable sanitation service delivery system to come to fruition. The allocation of adequate public finance is proving extremely challenging and sanitation is still competing with other priorities at the national and sub-national levels.

BLOCK II: INSTITUTIONAL FRAMEWORK FOR SUSTAINABLE SANITATION SERVICE DELIVERY

7. The national governments as the duty bearers have the obligation to serve and thus provide services to their citizens. Even so the scope of the required **institutional framework** – consisting of functions, structure, staffing and hierarchy – to deliver these services is limited by existing funding levels.
8. Looking at the institutional framework from the **bottom up** is more sensible. Instead of looking at it from the top and asking who is there, who already has a job and who hasn't, it would be smarter to ask what tasks need to be carried out at the different levels and whether the required resources and capacities are there to carry out these tasks?

9. Critical issues that need to be resolved concern the **unbundling of overlapping roles** and responsibilities (functions) and the need for strong and committed **leadership at the different government levels**.
10. The case of Cambodia shows that the **transfer of rural sanitation functions** to lower levels (sub-national administrations) is essential to realise country visions. However the lack of adequate financial resources and seven other ministries also transferring functions to the sub-national administrations makes it clear that on top of financial constraints adequate number of experienced human resources will also be a challenge in future.

BLOCK III: NEW ROLES AND RESPONSIBILITIES IN SUSTAINABLE SANITATION SERVICE DELIVERY

11. Results from our ongoing monitoring have revealed that some areas require more attention and work in future, for example: 1) construction details of toilets and technical guidance; 2) support for people living with a disability; and 3) overcoming the “last mile”.
12. Reaching and sustaining ODF status is easier to realise then achieving the ultimate goal (depth). Only when there is sufficient expansion (breadth), the new behaviour and practices becomes the new normal.
13. We need to have more clarity on the specific roles for local government and what specific capacities are needed to carry out these roles successfully. The challenge is to focus on the right roles and responsibilities for the right milestone and to be able to work at scale.



Different milestones require different roles and responsibilities

BLOCK IV: COUNTRY GROUP WORK AND WRAPPING UP

14. Some of the key learning that were identified include: 1) ODF is only the first step towards something beautiful; 2) we need to identify the next milestone beyond ODF; 3) we need to be clear what capacities are necessary at the devolved levels to effectively carry out the new tasks and mandates; 4) technology options are and remain crucial and pit emptying needs to be taken into consideration at a much earlier stage; 5) hygiene promotion will need to continue, evolve and adapt to ensure sustained behaviour and practices that are responsive to the changing situations; and 6) reaching 100% ODF means that we will need to overcome the “last mile”.

INTRODUCTION

PURPOSE OF THIS REPORT

This report provides a synthesis and summary of the Asia Regional Learning Event on Sustainability held in Phnom Penh, Cambodia from 14 to 17 March 2016. The Learning Event was organised by SNV Asia together with the Ministry of Rural Development of the Royal Government of the Kingdom of Cambodia.

The purpose of the report is to be a useful reference for the participants of the Learning Event as well as for other practitioners, managers, local governments and other actors involved in the rural Sustainable Sanitation and Hygiene for All (SSH4A) programme across Asia and Africa. The report aims to capture the key content delivered by experts at the event as well as the experiences, successes and common challenges expressed by the participants. It is not intended to record the detailed proceedings and discussions of every session, but rather to capture the key topics and main reflections over the course of the four-day Learning Event. It is hoped that the report will also serve as a resource for the broader WASH sector.

THE SUSTAINABLE SANITATION AND HYGIENE FOR ALL PROGRAMME

The Sustainable Sanitation and Hygiene for All (SSH4A) Programme aims to improve the health and quality of life of rural people through enhanced access to improved sanitation and hygiene practices. Developed since 2008 with IRC International Water and Sanitation Centre in Bhutan, Cambodia, Laos, Nepal and Vietnam, the SSH4A approach is now implemented in rural districts in 15 countries across Asia and Africa. In 2010, the approach was subsequently adapted and applied to urban and peri-urban contexts in Asia.

The SSH4A approach uses an integrated model that combines work on demand creation, sanitation supply chain strengthening, hygiene behaviour change communication and WASH governance as illustrated in the figure below. An additional cross cutting regional component of the programme focuses on performance monitoring and learning.



SNV's experience working on WASH programmes in more than 22 countries has shown that strategies need to be embedded in longer-term processes that develop sustainable service delivery models at scale. SSH4A is essentially a capacity building approach, supporting local government to lead and accelerate progress towards district-wide sanitation coverage with a focus on institutional sustainability and learning.

The SSH4A approach recognises a number of principles. It focuses on the understanding that sustainable sanitation and hygiene is first and foremost about behavioural change. However, whilst demand creation should come first, affordable hardware solutions also need to be in place so that people are able to act upon their newly defined priorities. SSH4A also recognises the need to reach all by making explicit inclusive strategies with local stakeholders. It focuses on the need to develop capacities and approaches that can be scalable through a government-led district-wide approach, as opposed to focusing exclusively on individual communities.

The SSH4A approach addresses the need to innovate in hygiene promotion practice, linking this to the sanitation drive, but also embedding this practice in long-term health promotion. It also recognises and addresses the need to have a long-term strategy to sustain sanitation and hygiene behaviour change, beyond one-off triggering and ODF-focused programmes. Last, but by no means least, SSH4A focuses on the need to measure progress in small steps (moving up the sanitation ladder), and to measure access as well as the use and maintenance of toilets.

THE 2016 SNV ASIA REGIONAL LEARNING EVENT

The learning component of the SSH4A programme includes regional learning events, online Dgroup discussions, linkages with subject specialists and research organisations, and the production and dissemination of learning papers, guidelines and other knowledge management resources. The first regional learning event was held in Nepal in 2009 and since then annual learning events have been organised in different countries in Asia where the SSH4A programme is being implemented.

The 2016 annual learning event consisted of the following:

- 1) A preparatory email discussion running on SNV’s Rural Sanitation and Hygiene Dgroup platform from Wednesday 17 February until Friday 11 March 2016;
- 2) A four-day residential learning event that uses adult learning principles, including short presentations, discussions and group activities including field work from Monday 14 until Thursday 17 March 2016; and
- 3) Follow-up activities in countries, depending on country preferences and local context.

The **Dgroup discussion** was organised to inform the content of the learning event and to deepen our understanding of the topics that were to be discussed during the learning event. It involved discussions about what services will be needed to ensure the sanitation facilities are operated, maintained and upgraded. What are the main practical barriers to overcome and how communities can be better prepared and what role enforcement and regulation could play. It concluded with a discussion on the key aspects that need to be (further) integrated within the mandates of government line agencies – both at the national and sub-national levels – to sustain sanitation behaviour.

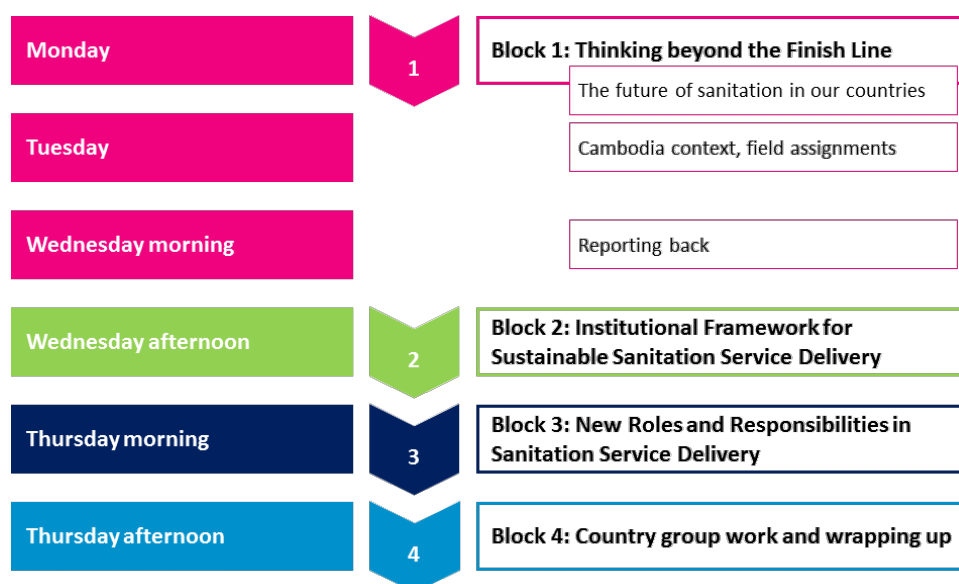
	Dates	Topics
Week 1	17 Feb – 24 Feb	Post ODF, what changes, what remains?
Week 2	25 Feb – 2 Mar	Practical barriers to sustained behaviour change
Week 3	3 Mar – 11 Mar	Institutionalising sanitation and hygiene for all

The summaries of the three-week Dgroup discussions are presented in Annex 3 of this report.

The four-day programme of the Learning Event comprised of three days to explore and discuss content and one day spent in the field visiting different rural districts. The event was designed to stimulate sharing of information, experiences and good practices among the participants and to exchange ideas and deepen our understanding on the topic. The **setup of the event** was in the form of a workshop where the participants are expected to WORK and SHOP. The programme consisted of four blocks which were introduced by

Antoinette Kome, SNV Global WASH Sector Coordinator, and followed by interactive sessions during different participatory methodologies. During the third day guest speakers presented experiences from different countries. The final day provided space for the participants to shop for (useful) ideas and best practices. The participants were reminded that they should be critical when shopping: is this really useful for my country? The shopping bag is expected to inform concrete actions to be taken up by the country teams as a follow up to the learning event.

The **full programme of the Learning Event** is provided in Annex 2 and summarised in the figure below.



Setup of the four-day SNV Asia Learning Event programme

These Learning Events are not limited to SNV staff and programmes. They are intended to promote discussion about good practices among partners and SNV staff with the aim to improve sector practice by learning from each other. This is also reflected in the mix of **participants**. The Learning Event in Cambodia was attended by a total of 36 participants (11 females; 25 males) from five Asian countries (Bhutan, Nepal, Cambodia Indonesia and Vietnam) and two African countries (Kenya and Uganda). Government partners from Bhutan, Nepal and Cambodia participated in the event. External resource persons from WSP and IRC also participated and contributed to the event. Annex 1 provides an overview of all participants.

	Bhutan	Nepal	Cambodia	Indonesia	Vietnam	Africa	Others	Totals	in %
SNV staff	2	3	5	3	2	2	3	20	56%
Government staff	2	2	10					14	39%
Other			1				1	2	6%
Totals	4	5	16	3	2	2	4	36	100%
<i>In %</i>	11%	14%	44%	8%	6%	6%	11%	100%	

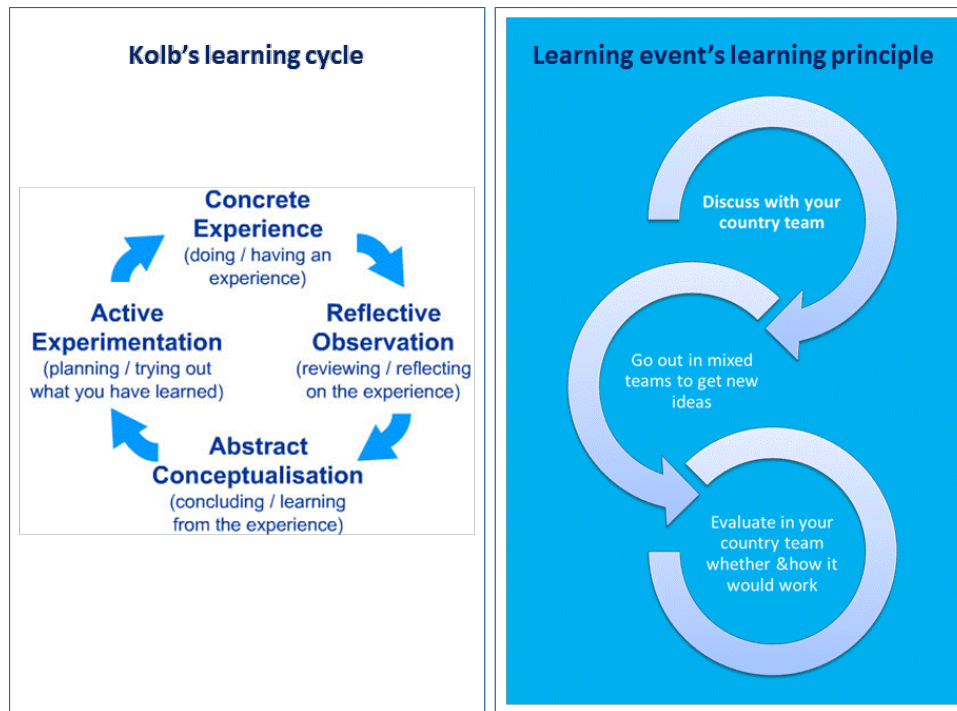
Snapshot of the Learning Event participants

SNV Asia’s Learning Events are grounded in **Kolb’s learning cycle**. According to Kolb¹ “learning is the process whereby knowledge is created through the transformation of experience”. Effective learning is seen when a person progresses through a cycle of four stages: of (1) having a concrete experience followed by (2) observation of and reflection on that experience which leads to (3) the formation of abstract concepts (analysis) and generalisations (conclusions) which are then (4) used to test hypothesis in future situations, resulting in new experiences. During the Learning Events learning takes place within country teams but

¹ <http://www.simplypsychology.org/learning-kolb.html> or <http://www.businessballs.com/kolblearningstyles.htm>

sharing of experiences with and obtaining ideas and concepts that can be applied flexibly in a range of situations from other teams is crucial.

Learning is grounded in our practice. What did we or others do in the past? The learning principle of the Learning Event is to first of all discuss experiences within country teams, then secondly to go out in mixed teams to obtain or acquire new ideas, and finally to evaluate in country team whether and how these new ideas would work in the country context.



The Kolb's learning cycle and the SNV Asia learning event's learning principle

The specific aim of the Learning Event was to exchange ideas and deepen our understanding of **local government and other stakeholder's role and responsibilities in districts that have achieved ODF**. In the introduction Antoinette Kome made it clear that the emphasis has to shift from campaigning for behavioural change towards support of sustained sanitation and hygiene behaviours. This will involve a shift in strategy, innovations and the role of different stakeholders. The event included discussions about what services will be needed to ensure the sanitation facilities are operated, maintained and upgraded and which skills and capacities will be needed to recognise and respond to these changing needs, post ODF, working in the context of the Sustainable Development Goals (SDGs).

The **objectives of the Learning Event** were:

- ➔ **Zoom out to the bigger picture** of sustainable sanitation service delivery and see the ODF milestone in that.
- ➔ **Exchange ideas about pathways and strategies** towards sustained sanitation behaviour and the role of local government.
- ➔ **Identify practical roles and responsibilities** in areas that are beyond the ODF mile stone.



BLOCK 1: THINKING BEYOND THE FINISH LINE

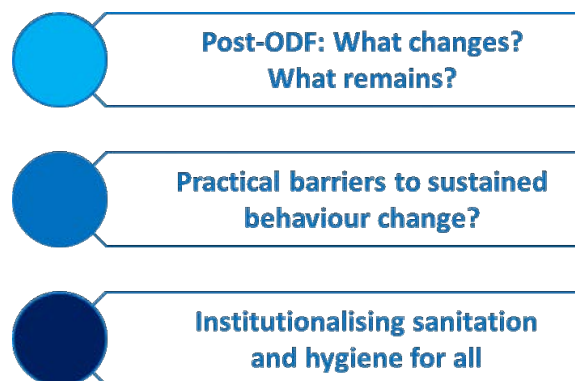
Following the official opening of the Learning Event by H.E. Try Meng, Secretary of State of the Ministry of Rural Development, in the morning of Monday 14 March 2016, the first of four learning blocks was introduced by Antoinette Kome, SNV Global Sector Coordinator for WASH.



Thinking beyond the Finish Line

INTRODUCTION TO BLOCK 1

Antoinette Kome started by referring to the Dgroup discussions and presented the main points she extracted from it. The Dgroup discussions focused on three topics:



Dgroup discussion topics

Antoinette explained that a lot has changed in the past ten years in particular how we work on sanitation and hygiene. The **most significant changes** during the past ten years can be summarized as follows.

- ▶ **Dedicated** sanitation and hygiene programmes. The sector has moved beyond integrated WASH programmes which in the past focused more on improving drinking water services than sanitation and or hygiene improvements.
- ▶ Sanitation as a **collective issue**, not just an individual issue or behaviour. CLTS has played an important part in putting the focus on collective or community action.
- ▶ **Many more people**, who never talked about sanitation or ODF, now talk about it. It is **on the national agenda**.
- ▶ **Multi-stakeholder collaboration** and harmonisation.
- ▶ **Clearer goals** (understood by all) and **monitoring** of goals.
- ▶ **Area-wide achievements** as opposed to stand alone change.
- ▶ Households investing in **other technologies** (beyond pit latrines such as handwashing facilities).
- ▶ **Zero subsidy**.

It is obvious that sanitation and hygiene has received a lot of attention during the last decade. Partly driven or inspired by the Millennium Development Goals, partly triggered by people such as Kamal Kar. The sector continues to change to overcome (new) challenges or adapt to fresh insights. Based on our own learning **what do we need to change?**

- ✓ More attention to **technology** (for challenging areas, for upgrading); and
- ✓ More attention to **“what to do when pits fill-up?”**
= **BETTER QUALITY INFORMED CHOICE WORK & BETTER QUALITY SUPPLY SIDE WORK**
- ✓ Need for a better understanding of the last mile and access for all. **Institutionalising pro-poor support.**
- ✓ Increased focus on **hygiene promotion** to sustain behaviour change.

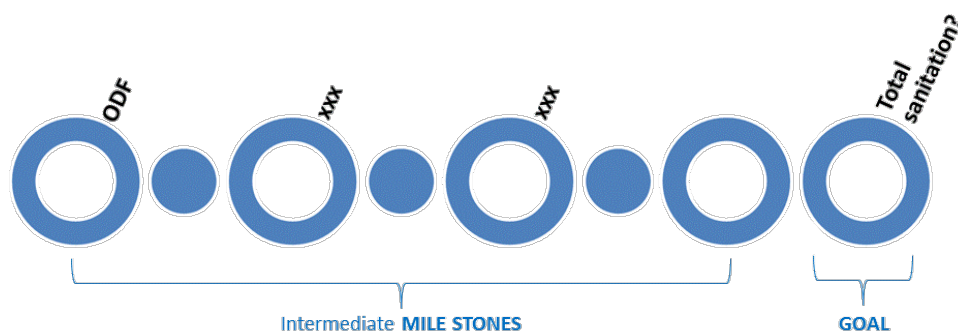
These issues are all relevant and therefore all important. But is this new? How come we did not work on all these issues? The Dgroup discussions revealed a number of practical barriers and causes, namely:

- ...information on construction and safe practices
- ...physical supplies for construction
- ...emptying services
- ...adequate technical designs
- ...capacity at national and local level

The lack of...

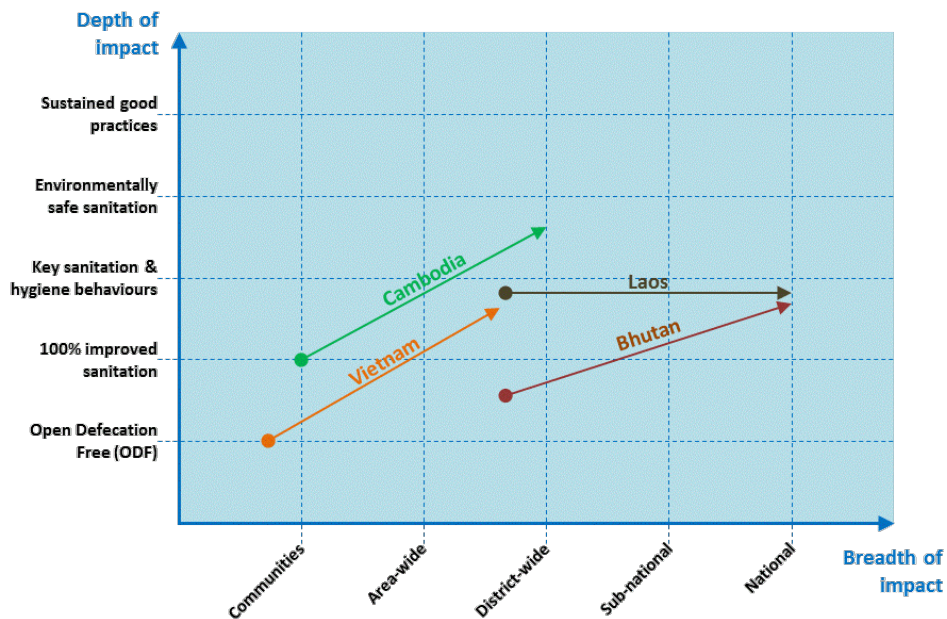
- ...capacity to implement and address technical issues
- ...alignment
- ...focus on long term hygiene promotion
- ...clarity about governments’ role
- ...clear budgets for sanitation

Antoinette reflected on the long list by saying that the lack of is not the problem. We know already about the solutions; we just need to do it. How come we are dealing with the absence of the solution in sanitation? If we know the solution, how come we have not been able to put it in place and work on it? Has sanitation (ODF) become the victim of its own success? We need to think (carefully) about the direction before starting the race to the finish line. We need to see ODF as a first mile stone towards Total Sanitation. The question remains whether there is indeed a finish line.



ODF as the first milestone towards Total Sanitation

We have been talking a lot about leadership, but do we know where we are going? What comes after ODF? Is Total Sanitation the ultimate goal? How have we defined Total Sanitation? What are the intermediate milestones on route to achieving Total Sanitation? Do we know what it takes from local government at each of these milestones? Antoinette referred to a discussion on the depth and breadth of impact they had during a Sector Leaders meeting in Laos in 2012.

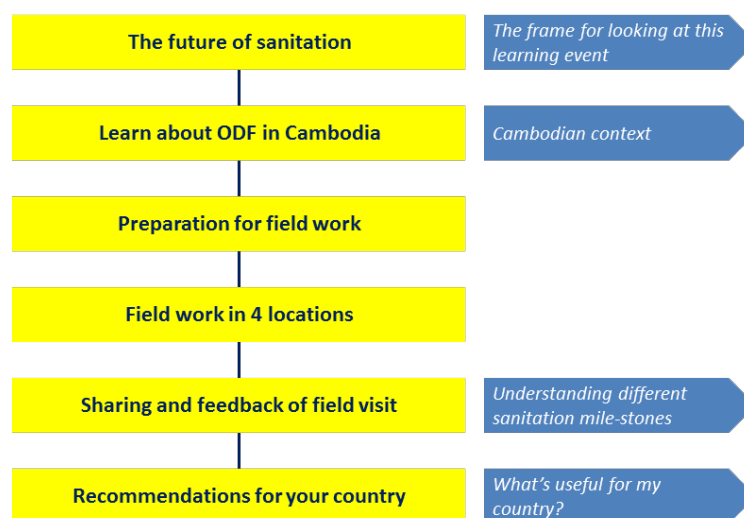


Schematic example of the depth and breadth of impact in different countries

Reflections during the Laos meeting revealed that the first phase of the rural SSH4A programme achieved limited depth in terms of impact when these were compared with the intended design. The depth of impact needs follow-up and further attention rather than shifting the focus too quickly to new districts and thus increasing the breadth of impact. A prominent lesson learnt from the rural water supply sector is that the initial focus is often primarily on increasing coverage and construction and that this focus is often not accompanied by a longer term view of where the sector is heading or should be heading. The same can be said for the rural sanitation and hygiene sector. Although the Millennium Development Goals have helped to put sanitation in the spotlight, too much focus has gone to eliminating open defecation practices and increasing access to any kind of sanitation facility. The breadth of impact has been driving the sector and as a consequence the quality (depth of impact) has suffered. What would a professional environmental health sector look like in our context?

Activities planned for Block 1

After the introduction Antoinette explained what was going to happen in Block 1 by describing the different activities as shown below.

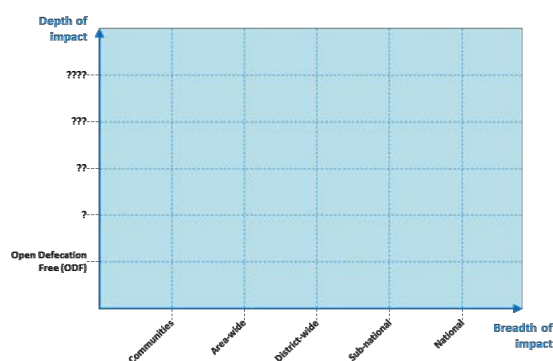


Activities for Block 1

THE FUTURE OF SANITATION

The first group activity focused on building country dreams and defining how the future of sanitation should look like in the different countries. The country teams were provided with the following three questions.

1. How should sanitation in rural villages look like in 15-20 years? We want the desired picture, but with a level of realism of what can be achieved.



2. How would you get there in terms of breath and depth of the work? What other milestones besides ODF are there? How do you see the balance between breadth and depth?

3. What does this mean for the way your agency works? What does it mean for its functions?



How should sanitation in rural villages look like in 15-20 years?

Outcomes of the work in country teams: What is your country dream?

Bhutan's dream: continue to live in harmony... vision is to have toilets inside or attached to the houses... disabled-friendly toilets... handwashing stations at the right location... twin-pits for easy emptying of toilet pits... broaden the concept of sanitation by including for example solid waste management issues... different locations will require different solutions particularly for remote areas which are difficult to reach but the vision should be the same for all.

Cambodia's dream: no more open defecation (OD) and all households have a toilet inside their house or attached to the house... clean water supply will be available to all rural areas... no more garbage thrown around resulting in a clean environment... pit emptying services will be available everywhere... all households will use twin-pits... schools will also have enough toilets for all students and handwashing will be a normal business for all... establish strong supply chains that can be accessed by all rural people.

Africa's dream: people have moved to iron sheet houses... with some kind of renewable energy... rainwater harvesting... water flush toilets with septic tanks... landfill for solid waste... a flourishing private sector with the right products and services that can be accessed by all.

Vietnam's dream: universal access to sanitation will lead to improved health conditions... households can easily access services including solid waste... private sector will play a strong and important role through sanitation convenience shops... government health services will be regulated and standardised... new sanitation technologies introduced by NGOs... almost all households will have a septic tank and connected to public sewerage systems.

Nepal's dream: national goals will have been achieved... all communities will be Open Defecation Free (ODF)... rainwater harvesting will be available to all households... handwashing is normal practice... all toilets will be improved pit latrines... wetlands will be promoted... schools will be disabled-friendly... total sanitation (post-ODF) campaign is replicated throughout the country.

Indonesia's dream: septic tanks are all made from concrete and with a sealed bottom... sludge is transported to sludge treatment plants and used for farming purposes... empty health centres as nobody gets sick anymore... government is in the lead... good and clean roads so that all villages can be accessed easily by different service providers.



Group work in country dreams: Building your dream

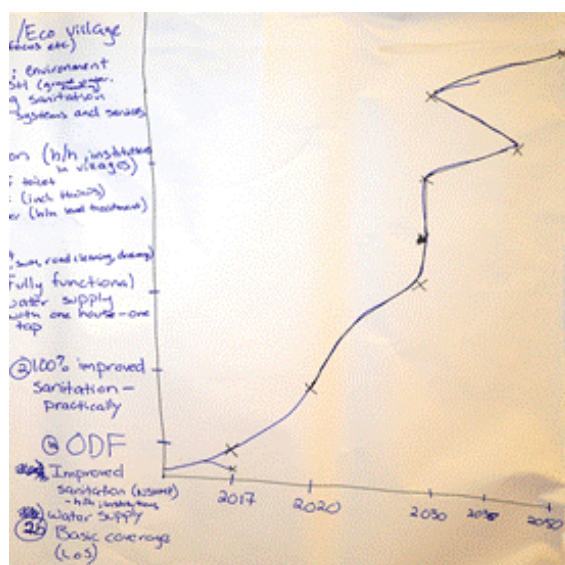
How would you get there in terms of breath and depth of the work?

Outcomes of the work in country teams: What other milestones besides ODF are there?

Nepal milestones

- Basic coverage
- Access to improved sanitation (ODF) and water supply facilities
- Fully functioning water supply: one house = one tap
- Universal access to sanitation and water supply by 2030
 - Hygienic use of toilets
 - Personal hygiene including hand washing
 - Safe drinking water
 - Safe food handling and house cleaning
 - Clean environment in the community
- Sustaining rural sanitation (avoid slippage) by 2035
- Climate resilient designs for sanitation and water supply facilities
- Healthy village (eco village) including reuse and recycling of solid waste by 2050

How: Implementation plan focused on roles and responsibilities for coordination, monitoring and accelerated implementation.

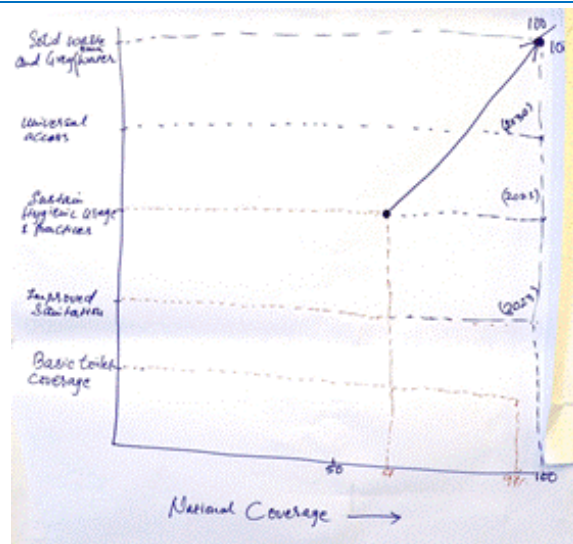


Bhutan milestones

- 100% improved sanitation
- Sustained hygiene use of improved sanitation facilities and handwashing with soap
- Universal access (marginalised groups, disabled, elderly, child friendly, public places, institutions)
- Solid waste plus grey and black water management by 2023

How:

- Adequate funding and budget allocations.
- Improved collaboration and coordination among all stakeholders

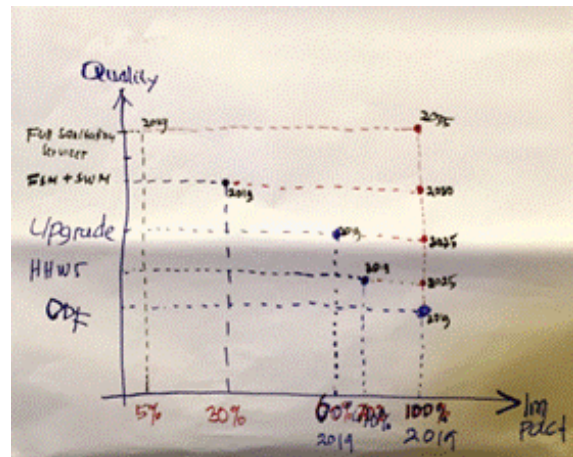


Indonesia milestones

- Universal access to sanitation (100% ODF) by 2019
- Upgrade sanitation facilities to become improved plus handwashing with soap by 2025
- Sludge management and solid waste management by 2030
- Full sanitation services (?) by 2035

How:

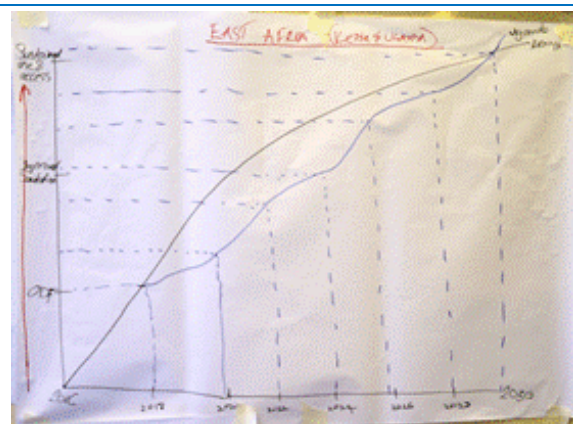
- Implement national legislation at the local level (advocacy and socialisation)
- More integrated vision (not only infrastructure but also software) plus improved coordination
- Thinking beyond ODF (ODF as starting point for achieving full sanitation services)
- Promote and enabling environment to attract private sector investment/partners
- Better engagement with research institutions for improved evidence and to support innovation
- Increase public awareness around a common vision for the sector



Africa milestones

Kenya is ahead of Uganda in respect of progress

- ODF (Kenya: 2018)
-
-
-
- Sustained access to improved sanitation

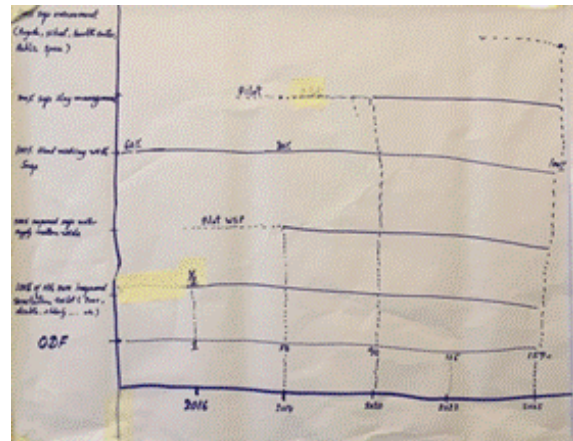


Cambodia milestones

- Basic sanitation (ODF) by 2025 (baseline: 46.3% in 2014)
- 100% access to improved sanitation
- 100% access to improved water sources (safe drinking water) (access to safe drinking water: 23% in 2013)
- 100% practice handwashing with soap by 2025
- 100% safe sludge management starting in 2020
- Environmentally safe sanitation after 2025

How:

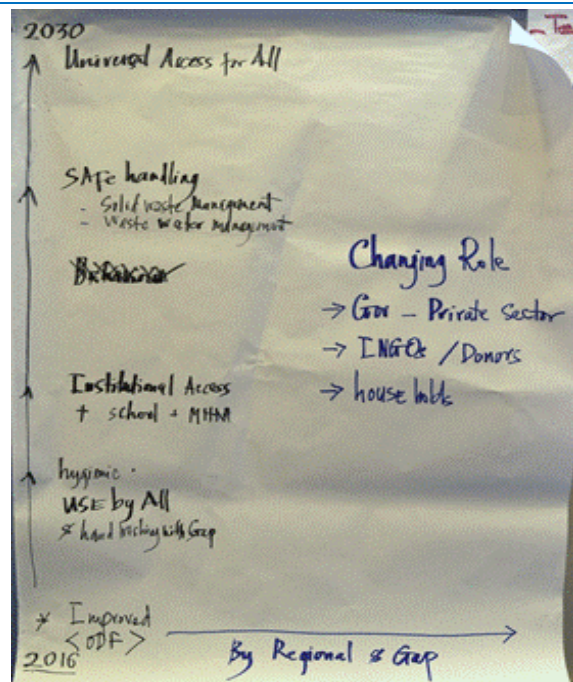
- Strengthening of institutions and capacities at national and sub-national level
- Strengthening of monitoring (MIS)
- Strengthening of collaboration and coordination mechanisms
- Introducing pro-poor mechanisms
- Continue to use existing approaches



Vietnam milestones

- Access to improved sanitation (ODF)
- Hygienic use by all plus handwashing with soap
- Access to institutional sanitation and hygiene facilities
- Safe handling of wastewater and solid waste
- Universal access by 2030

How: Changing roles of the different actors: government (now responsible for everything) versus public sector; government remains responsible for monitoring and enabling environment; changing roles for donors and development partners including NGOs; households should change as well



PRESENTATION ON SANITATION SITUATION IN CAMBODIA

In the afternoon of the first day Mr. Chrey Pom, Director of the Department of Rural Health Care of the Royal Government of Cambodia's Ministry of Rural Development, presented an overview of the rural WASH situation in Cambodia titled: **Cambodia Rural Water Supply, Sanitation and Hygiene: Current Situation, Challenges and Way forward.**

Current situation

The 2014 rural sanitation coverage had reached 46% and 50% for rural water supply. This means that about half of Cambodian rural population had no access to improved water, sanitation and hygiene. The Government's National Vision is that by 2025 100% of the Cambodian people will have to access the improved water, sanitation and hygiene.

Challenges

There are still a range of challenges that need to be overcome to achieve the National Vision of universal access to WASH facilities by 2015. Generic challenges that were mentioned include: 1) lack of mechanism for engagement of sub-national level; 2) project-based interventions in the absence of a sectoral framework that would help to maximize synergies; 3) lack of basic national standards for RWSSH; 4) limited institutional capacity for management, monitoring, and budgeting on RWSSH; 5) limited private sector capacity for service delivery; and 6) natural disasters and some areas with challenging environment.

Specific challenges for rural water supply

Challenges that were mentioned include: 1) lack of management and O&M of community water points; 2) high arsenic contamination of water points in certain areas; and 3) lack of water supply infrastructure at community level for some rural areas.

Specific challenges for rural sanitation and hygiene

Challenges that were mentioned include: 1) insufficient water supply for some areas makes it difficult to work on improving sanitation conditions; 2) lack of social norms for eradicating open defecation practices, lack of knowledge about drinking safe water and the need for handwashing; 3) limited sanitation marketing; and 4) high gaps of access to improved toilets between the better off and poor households.

Way forward: National Action Plan

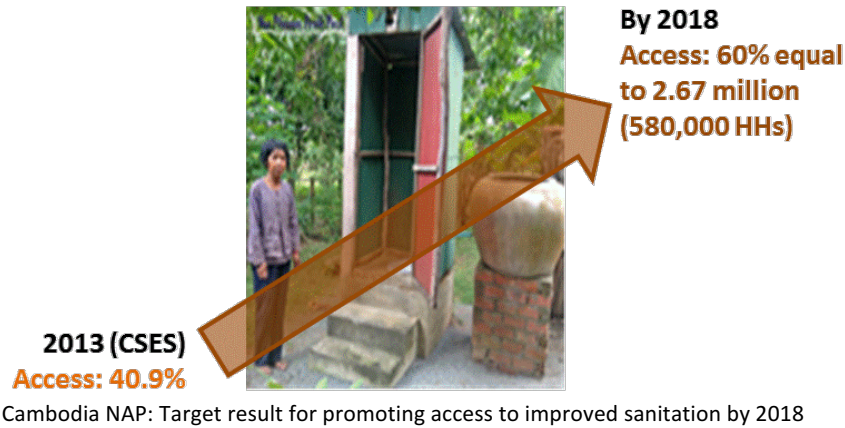
The National Action Plan (NAP) for RWSSH, covering the period 2014 to 2018, is developed as operational plan to implement the National Strategic Plan (NSP) for RWSSH 2014-2025. The NAP is in line with the Royal Government of Cambodia's National Strategic Development Plan (NSDP) 2014-2018 for growth, employment, equity and efficiency to reach the status of an upper-middle income country. The NAP was developed under the leadership of the Ministry of Rural Development (MRD) through the Technical Working Group (TWG) with support from and active participation by Development Partners and all stakeholders at National and Sub-National levels and communities. Technical and financial support was provided by a range of Development Partners. Following the NAP all 25 Provinces and Municipalities have also developed their Provincial Action Plan (PAP).

The **objectives of the NAP** are:

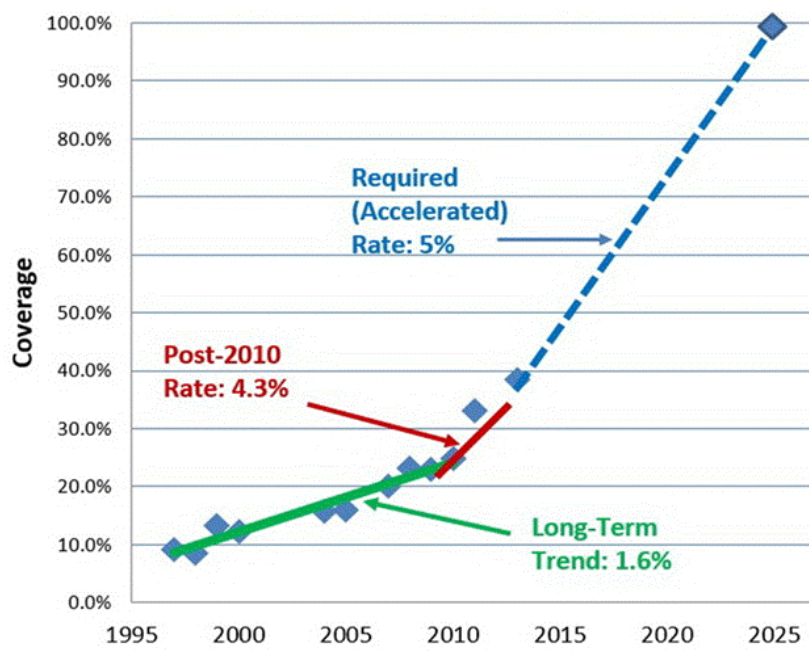
- 1) Improve institutional capacity for RWSSH
- 2) Increase financing for RWSSH
- 3) Promote sustainable access to improved rural water supply
- 4) Promote sustainable access to improved rural sanitation
- 5) Promote sustainable hygienic behavior change related to water and sanitation

The **NAP targets for the year 2018** are as follows:

	2013 status (CSES)	NAP targets for 2018
Access to improved water supply	46.6%	60% = 2.02 million people or 440,000 HHs
Access to improved sanitation	40.9%	60% = 2.67 million people or 580,000 HHs
Handwashing with soap	46.5% (2010 KAP survey)	60% = 2.06 million people or 440,000 HHs
Use of appropriate water treatment	70%	80% = 1.79 million people or 390,000 HHs



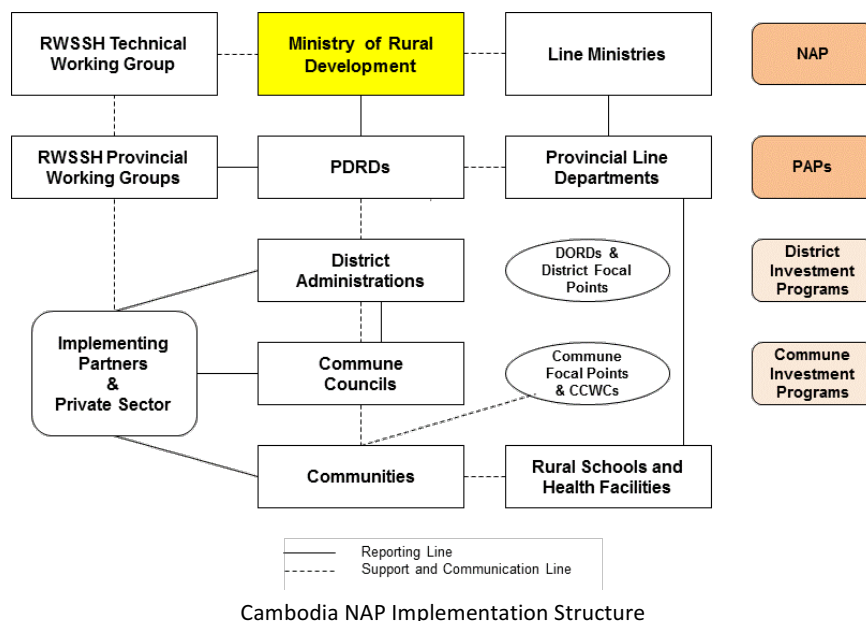
Mr. Pom explained that the rate of promoting and realising increases in access to improved sanitation has to accelerate and be sustained for an extensive period to achieve the overall goal of universal access to improved sanitation by 2015. This is shown in the following graph.



Cambodia NAP: Acceleration required to increase access to improved rural sanitation

A **NAP implementation and monitoring framework** has been developed to steer, implement and monitor the programme. At the national level the MRD, represented by two departments, is the lead agency. MRD is supported by the TWG-RWSSH, related Line Ministries and Development Partners. At the sub-national level the programme is implemented and monitored by the Provincial Departments of Rural Development (PRDP). The PRDP is supported by the PWG-RWSSH, related NGOs, Provincial Line Departments, District Offices or Rural Development (DORD), District Administrations, Commune Councils, Schools, Health Centres, Private Sector and Communities. The NAP implementation structure is shown on the following page.

The costs to implement the NAP are estimated at US\$ 88 million, consisting of Indirect Costs with a value of 15 million (17%), and Programme Costs with a value of 73 million (83%). The level of direct household investment, estimated at US\$ 168 million for acquiring improved sanitation, is eight times more than the expected public investment of US\$ 21 million. The amount of US\$ 21 million, to improve access to rural sanitation, will be primarily spend on awareness raising, demand creation, and creating and changing social norms.



EXPLANATION OF FIELD ASSIGNMENTS

The entire second day was spent on field assignments. The purpose, teams, locations and tasks for the field assignments were explained by Antoinette in the afternoon of the first day.

The objectives of the field assignment were to:

- 1) Learn about the context and experience in Cambodia;
- 2) Reflect and discuss about the different milestones;
and to
- 3) Reflect and discuss about the institutional capacity and change.



The activities to be carried out by the different teams were as follows:

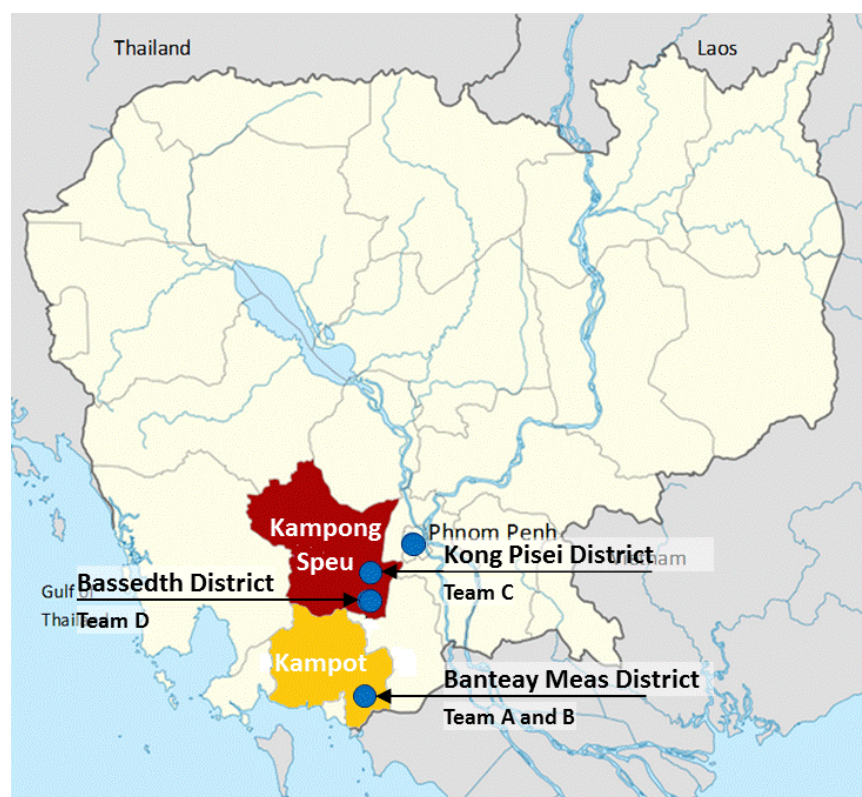
- ➔ Monday 14 March: prepare in teams
- ➔ Tuesday 15 March: 1) visits to households and visits to stakeholders; and 2) consolidation of ideas in group and preparation for presentations including a photo diary, a testimony, a case study of two pages and a presentation with findings and recommendations.
- ➔ Wednesday 16 March: 1) presentation of findings and recommendations to partners; and 2) dialogue with external partners.

The following key questions were provided to the teams:

- How would you **describe the mile stone** that this commune is at, and how did they arrive there?
- What was the **role of the different levels of government** (village, commune, district, and province) in arriving at this?
- What is the **next milestone** for this commune? And what would they need to do to achieve that? What barrier do they face?
- Are the different stakeholders (village, commune, district and province) **prepared (capable) to take up their role** in working towards this new milestone and what needs strengthening?

The participants were divided in four mixed teams and visited four different areas as outlined in the following table.

Team	Area to visit	Topic
A	Trapeang Sala Khang Lech commune in Banteay Meas District	100% access and ODF commune since Oct 2013 and its remains ODF till now
B	Sdach Kong Khang Tbong commune in Banteay Meas District	93% access and is expecting to get ODF in the next few months
C	Kong Pisey District	Non-ODF village and commune. Decentralisation programme started in mid-2015
D	Bassedth commune in Bassedth District	Pre ODF Commune (discuss technology choices, faecal sludge management, and issues to be addressed before achieving ODF)



Map of Cambodia with field assignment locations

Final suggestions that were given were: 1) agree on what you would like to know; 2) make your own questions; 3) clearly divide roles and responsibilities in the group; and 4) make sure that everybody is involved in spite of language barriers. Antoinette wished everybody good luck and reminded the participants not to forget keep thinking about the future.

PRESENTATION OF FIELD ASSIGNMENTS

The findings and recommendations of the different field assignments were presented to a panel of government partners in the morning of Wednesday 16 March.

Team A: Trapeang Sala Khang Lech Commune in Banteay Meas District

This team visited Trapeang Sala Khang Lech Commune, a 100% ODF commune since October 2013, and a school.

Key findings

- Province has been implementing sanitation and hygiene by focusing on the depth of impact instead of on the breadth of impact.
- Achievements to date have been impressive: coverage increased from 16% to 97% in the past four years. Sanitation focuses on human faeces only; no awareness about desludging.
- Strong coordination among all stakeholders including private sector.
- Next milestone is not (yes) clearly set yet at provincial, district or commune level.
- Subsidy is being provided by some INGOs operating in the province. Pro-poor support exists at commune and districts level but not at province level. Apparently latrine construction is expensive due to rocky layers. All households prefer pour-flush latrines even in water scarce areas. Most latrines are constructed by the households themselves.
- Strong monitoring and follow-up for ODF.



Recommendations

- ➔ Develop a clear vision and detailed action plan at provincial level to move beyond ODF. Set next milestones with clear targets and approach.
- ➔ Develop a smart and uniform subsidy approach.
- ➔ Pay more attention to appropriate technologies and technical support.
- ➔ Raise awareness on latrine operation and maintenance.
- ➔ Raise awareness on latrine use for pupils at school.

Q&A

Mr. Pom explained that Provinces have clear action plans to work towards the Cambodian National Target. Desludging and faecal sludge management (FSM) has not been on the government's radar so far. Pro-poor support guidelines are being developed at this moment with the support from Development Partners. With regards to putting in place a post-ODF strategy that is something MRD will have to work on as soon as possible.

Other issues that came up: 1) costs determine what kind of toilets are build, double pits in series is not really helpful and something to look at; and 2) more attention to be given to informed choice: where do people get their information from? Where do they get their information from? They need to be aware of future faecal sludge management issues when constructing a toilet.

Team B: Sdach Kong Khang Tbong Commune in Banteay Meas District

This team visited Sdach Kong Khang Tbong Commune, 93% access and is expected to reach ODF status in the next few months, and a school.

Key findings

- Factors that contributed to the achievements: 1) good support and collaboration between the partners such as province, district, commune and SNV; 2) exemplary leadership at all levels: community leaders constructed their own toilet first to set the example; and 3) presence of supportive SMEs with a conducive business policy of “less profit more sales” and skilled masons available to support the construction of toilets at reasonable price.
- Households are visited when their family members get sick with diarrhoea to educate them about the reasons for getting sick and the importance of using a toilet.



Challenges

- While all households prefer a pour-flush toilet, the poorer households cannot afford this type of toilet since it costs about US\$400.
- It is difficult to change the sanitation and hygiene behaviour and practices of all people within a short period of time.
- Inconsistent approach among development partners.
- Lack of adequate public funds for sanitation and hygiene activities.

Recommendations

- ➔ With regards to the last mile: 1) continue to create awareness with the remaining 7% of households that do not have toilet; 2) encourage (poor) households to construct dry latrines; and 3) where possible resort to community self-support.
- ➔ With regards to plans and budgets: 1) decentralise mandates to the communes and districts to plan, budget and implement their own sanitation and hygiene plans; 2) integrate sanitation and hygiene in the Five Year Development Plans; and 3) include plans for 100% water supply facilities in the districts.
- ➔ With regards to post-ODF plans: 1) strengthen the roles and responsibilities of community leaders; 2) consider sanitation and hygiene as one of the main agenda items in commune regular meetings as part of the close monitoring mechanism; and 3) develop pit emptying mechanisms and services.

Q&A

Issues that came up during the question and answer sessions: 1) commune leadership is strong and coordination and communication within the commune is effective particularly in relation to regular monitoring and providing follow up.



Kids washing hands at a school in Sdach Kong Khang Tbhong Commune



Pour-flush toilet slab ready to be installed and used



She invested US\$300 to construct her family's own toilet

Team C: Roka Koh Commune in Kong Pisey District

This team visited Roka Koh Commune, a non-ODF village and commune in a district which is part of an ongoing decentralisation pilot that started in mid-2015.

Key findings

- Decentralisation is in its early stages but there is commitment from all levels. District is empowered and sanitation is prioritised more. Governance systems are clearly established through roles and responsibility, establishment of committees, and planning processes are being linked between the different levels.
- Targets are being cautiously set and progress is initially slow but there is confidence. If functions are transferred to all districts as in this pilot the national target can be achieved before 2025.
- Sanitation programme challenges are emerging for example high-end consumer preferences, how to support the poorest households, difficulty in mobilising people.
- Financial mechanisms are still problematic, but staff is committed.



Recommendations

- ➔ The decentralisation process takes time and practical experience is needed including in solving challenges as they emerge. More efforts should be put in mobilising the sector (multi-stakeholders).
- ➔ Adequate public finance to support the decentralisation process is proving extremely challenging and sanitation is still competing with a very small social services budget at commune level.
- ➔ Make it more clear whose capacity is being built, for example elected councillors. Explore and look at different approaches for community mobilisation and to involve decision makers at household level.

Q&A

Issues related to the decentralisation pilot came up during the question and answer sessions. One of the biggest challenges facing the decentralisation process is the lack of public funding. How long will district staff be committed to conduct their duties? Apparently transfer of budget is in the pipeline! Money to be transferred from central government is a very small amount and insufficient to carry out the decentralised functions. They need the capacity to work with NGOs and private sector to mobilise alternative financial resources. Do the districts have sufficient capacity to leverage these funds?

Team D: Bassedth Commune in Bassedth District

This team visited Bassedth Commune, a pre-ODF commune and were asked to discuss technology choices, faecal sludge management, and other issues to be addressed before achieving ODF.

Key findings

- Toilets are relatively new, constructed within the last 1 to 2 years, and therefore currently pit emptying is not a concern. Majority of the toilets are pour-flush latrines attached to two sequential pits (overflow from one pit will end up in the next pit; when both pits fill up it is difficult to self-manage pit emptying). This type of construction is attributed to local masons!
- Households built a toilet because of a range of benefits such as security, smell, ease of



defecation at night, motivated by community, decreasing space outside. Poor people mostly build dry pit latrines with local materials: about 200 out of 2,726 households in the commune have a dry pit latrine for reason of affordability.

- Contact to supplier: in the past fragmented supplies, now Village Chief links households with suppliers of toilet products that provided toilet packages (“easy toilet”) but more and more households directly contact suppliers for supplies as per individual choice. package (4 rings, pan/slab and chamber box, PVC pipe, ventilation pipe)
- Most of the toilets are built by local mason who charges US\$ 100– 150. Poor, disabled and female-headed households get unskilled labour support from villagers. The costs of toilets are US\$ 25 for a dry pit latrine to US\$ 400-500 for a pour-flush toilet with variations of baths included or attached.
- District has a five year plan and annual investment plans for capacity building and infrastructure. The district guides communes what to do. Development budget is at commune level and there is no budget at district level.

Recommendations

- ➔ Next milestones: 1) achieve ODF by scaling up demand creation; 2) sustain ODF by introducing self-monitoring mechanism by communes; 3) include addressing scarcity of water which creates challenges for upgrading of pit latrines and sustaining toilet use; 4) mitigate dengue by managing greywater and open water basins in toilets; and 5) improve solid waste management by introducing village collection points for segregated waste and by establishing linkages to recyclers and collectors.
- ➔ How to get there: 1) increase number of people with capacity to implement CLTS triggering (develop external resource people); 2) establish post-ODF monitoring and verification using existing mechanisms; 3) decentralise public finance to districts to be able to implement and sustain WASH infrastructure and services; 4) collaborate with health sector with delineation of roles for health related monitoring; and 5) evolve the role of private sector (suppliers, masons) from producing and selling toilet packages to informed choice.

Q&A

The issues that came up during the question and answer sessions were: 1) apparently communes have imposed sanctions but these are not really enforced; 2) funds from the central government go directly to the communes, no development funds are channelled to the district administrations; 3) there are apparently no challenges for the sanitation entrepreneurs; the supplier visited was well-established and flourishing; and 4) suppliers have diversified their product range so even when demand for toilet parts goes down they can sell other concrete products.



Concrete toilet slab production centre

New toilet under construction

Combined toilet and bathroom attached to house

Comments or feedback by external stakeholders

H.E. Chea Samnang, National Coordinator in Cambodia for Water Supply and Sanitation Collaborative Council (WSSCC), Council of Ministers, Council for Agricultural and Rural Development, provided some relevant feedback after the presentations. The feedback provided by the teams is very important for the WASH sector in Cambodia and in particular to achieve the 2025 National Target. Local commitment is indeed important but it cannot drive decentralisation. We cannot rely on only one office. We need to find a qualified facilitation team consisting of different offices. Capacity is crucial.

Toilets are becoming too expensive. CLTS cannot cover the whole country. Sanitation marketing is playing an important role. Toilet sub-structures are more important than superstructures to ensure environmentally safe sanitation. Subsidy is also important, we need to do more. Some NGOs are still providing subsidies. How can it work when some provide subsidies and some don't. We are now moving to integrated WASH and nutrition programmes. How can wash contribute to nutrition?

Reflection in country teams

After lunch on the third day, Antoinette asked the participants what lessons they had learnt so far. To avoid that all is forgotten by the end of the learning event, she asked the country teams to think about things or lessons that might be helpful in the context of your own country (write on green cards issues that will go into the shopping bag) and things that are not helpful (write on red cards things that you will not take home).

GREEN cards Things to take home	RED cards Things to leave behind
Indonesia <ul style="list-style-type: none"> ✓ Clear vision on subsidised approach ✓ Penalties or fines after ODF declaration ✓ Different ministries taking the lead in different areas ✓ Leadership by example ✓ Political will over money 	
Bhutan <ul style="list-style-type: none"> ✓ Role model: lead by example ✓ Plan beyond 100% sanitation ✓ Clear national plans 	<ul style="list-style-type: none"> ✗ Idea of two pits in series
Uganda <ul style="list-style-type: none"> ✓ Level of coordination and cooperation at local government levels ✓ Pour-flush toilets ✓ Sanitation marketing approach 	<ul style="list-style-type: none"> ✗ Level of decentralisation as it is lower than in Uganda ✗ Enforcement after ODF
Kenya <ul style="list-style-type: none"> ✓ Sanitation marketing and sanitation supply chains ✓ Decentralisation experiences from Cambodia and in particular the strengthening of capacities at the devolved levels 	<ul style="list-style-type: none"> ✗ BCC used as a means of triggering or creating demand as it seems to be ineffective
Nepal <ul style="list-style-type: none"> ✓ Hygienic status of toilets ✓ Strong link between communities and supply chain actors ✓ Ownership by local government (district, commune and village leaders) ✓ Standardised data monitoring at local level ✓ Toilet aspirations and move to upgrade from dry pit latrines to pour-flush 	<ul style="list-style-type: none"> ✗ Lack of technical options and know how to build a toilet ✗ Lack of clear future thinking ✗ High costs of toilets ✗ Weak internal sector mobilisation (alignment and collaboration)

GREEN cards Things to take home	RED cards Things to leave behind
<p>Vietnam</p> <ul style="list-style-type: none"> ✓ Integration of sanitation and nutrition programmes ✓ Decentralisation of sanitation functions and capacities (not just focus on financial flows to the lower levels) 	<ul style="list-style-type: none"> * Supply chain development as there is not much new to take home
<p>Cambodia</p> <ul style="list-style-type: none"> ✓ Twin pit toilet with alternating pits ✓ Faecal sludge management plan including treatment facilities and increased knowledge on how to empty pits safely ✓ Good hygiene of toilets at households and schools ✓ Scale up and accelerate decentralisation process to achieve the government's 2025 goal 	



BLOCK II: INSTITUTIONAL FRAMEWORK FOR SUSTAINABLE SANITATION SERVICE DELIVERY

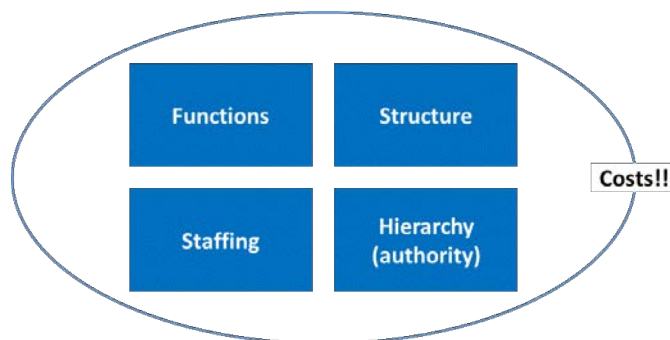
The second block started in the afternoon of the third day.



Institutional Framework for Sustainable Sanitation Service Delivery

INTRODUCTION TO BLOCK 2

Antoinette Kome started by showing a simple figure of an institutional framework. The framework consists of four elements as shown in the figure below. The scope of the four elements (functions, structure, staffing and hierarchy) is limited by their costs or funding levels.



Let's look at it bottom-up ...

Institutional framework

Governments as the duty bearers have the obligation to serve and thus provide services to their citizens. The private sector has no obligation to serve. Issues related to conflict management and allocation of the nation's resources will always be a government task.

When you look at it from the top down then you would likely have to ask the following questions: Who is there? Who has already a job, and who hasn't? If we look at it from the bottom up then the following questions come to mind. What tasks need to be carried out at community level? Are the required resources and capacities there to carry out these tasks? Hence, looking at the institutional framework from the bottom up seems to make more sense. Legal description of functions for the lowest levels is often pretty vague. Specifics for example about regulations and inspections of toilets are often not present. Similarly higher levels are often not inspecting what is happening in communities. For example did the authorities in Cambodia note that wrong pit configurations are put in place?

Critical issues that need to be resolved concern the unbundling of overlapping roles and responsibilities (functions) and the lack of leadership at the different government levels. To show leadership (pre- and post-ODF), you will need to know where you are going, which support functions are required and what that means for your organisation at the different levels.

Functions	<p>What tasks do you need to perform to reach your milestone and beyond?</p> <ul style="list-style-type: none"> • <i>Essential vs non-essential government functions</i>
Structure	<p>How can this best be organised?</p> <ul style="list-style-type: none"> • <i>Bundling / un-bundling of functions</i>
Staffing	<p>What expertise (knowledge skills) do you need?</p> <ul style="list-style-type: none"> • <i>Not necessarily what you have...</i>
Hierarchy	<p>At which levels should decisions be made?</p> <ul style="list-style-type: none"> • <i>At the lowest appropriate level</i>

During the Dgroup discussions a number of key aspects that need to be integrated for sustainable sanitation services came to light, namely:

- High-level political leadership with a clear vision (= unbundling!)
- Well-coordinated multi-sector collaboration (= clarity about roles)
- National level action plans (strategies), and budget allocation and financing mechanisms (= clarity on your milestone and how to get there!)
- Allocation within mainstream budgets linked to district and commune investment plans
- Agreed approaches, including pro-poor strategies, and continuous monitoring
- Regulation and enforcement

Activities planned for Block 2

After the introduction Antoinette explained what was going to happen in Block 2 by describing the different activities shown below.

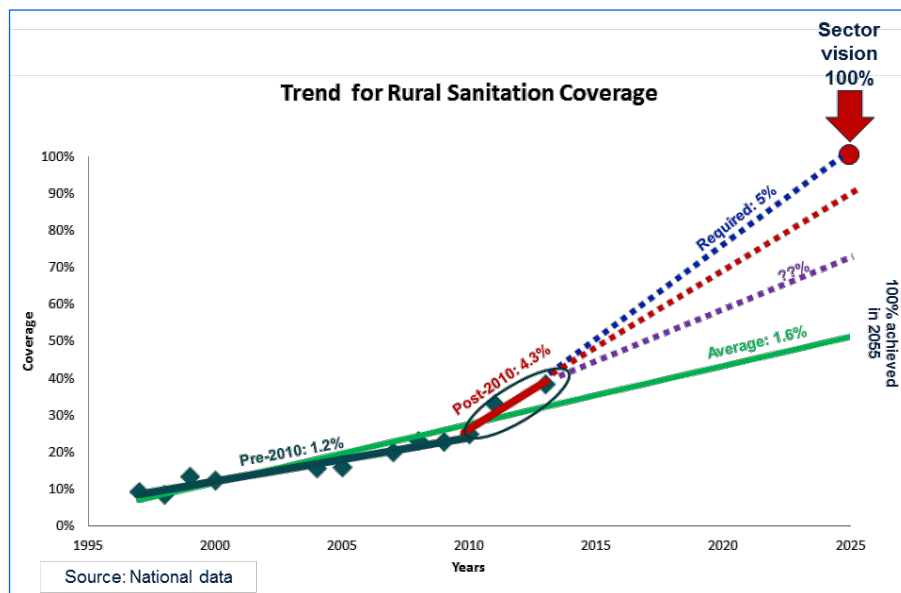


Activities for Block 2

PRESENTATION ON DECENTRALISATION AND DECONCENTRATION

Virak Chan, Water and Sanitation Specialist from the World Bank's Water and Sanitation Program, gave an inspiring presentation titled: **Rural Sanitation Decentralised Service Delivery – A delivery mechanisms to bring sustainable sanitation services closer to communities.**

Virak started by stating that Cambodia has the third largest number of people practicing open defecation in the East Asian and Pacific region. Virak explained that a 5% annual increase is necessary to reach the national sanitation goal by 2025. Is this doable or are we going to reach 100% only by 2055 if the average annual increase rate of 1.7% ends up to be more realistic?



Trend for rural sanitation coverage in Cambodia

Currently the Ministry of Rural Development (MRD) has the mandate for rural sanitation (and water supply). With support of MRD’s provincial departments and district offices, MRD is responsible for the following: 1) constructions of latrines; providing training and extension; 3) raising rural health awareness; and 4) promoting community involvement in health planning. As a consequence of the current deconcentrated operations, there a number of challenges to reach scale in sanitation service delivery, namely:

- Staffing: central (Ministry) staff has limited outreach and only limited MRD staff at district level.
- Financing: shortage of funding to MRD’s provincial departments and district offices.
- Ownership: lack of local ownership and accountability as Sub-National Administrations (SNA) are not taking up their leadership role coupled with an absence of a clear mandate for SNA on rural sanitation.

Why transfer rural sanitation functions to lower levels (sub-national administrations)? The main reasons are provided in the table below.

1. How can the government carry out all their functions at scale to ensure people gain services everywhere?	<ul style="list-style-type: none"> • The rural sanitation service delivery pathway is not yet clearly defined at local level • There is no local institution that administers service provision
2. Can national government staff go around every village to carry out demand creation and supply strengthening activities, and facilitate pro-poor subsidies?	<ul style="list-style-type: none"> • Sanitation service delivery can largely leverage household investment, but need the local government to play the role of creating an enabling environment

Main reasons for transferring rural sanitation functions to the lower levels

In 2015 MRD has started the process of transferring the rural sanitation function to the Sub-National Administrations (SNA). This is part of the National Committee for Sub-National Democratic Development (NCDD) three-year implementation plan prioritising the transfer of health and rural sanitation functions. At this moment transfers takes place as part of an initial pilot running in 2015 and 2016. Among five sub-functions, the MRD agreed to transfer the **“construction of household latrines, public latrines and hygiene promotion”** to the SNA. The functions related to policy, strategy, research and development will retain at the MRD.

The decentralisation reform started with the functional mapping and review (ADB, April 2012) of the sanitation function to create a better understanding of the current and future roles and responsibilities for rural sanitation service delivery. The shift that is foreseen will ensure that a number of sub-functions are transferred to the districts. The transfer as foreseen in the pilot is designed as a participatory process with the support from external Technical Assistance. The TA aims to develop and test clear functions for the SNAs and line agencies to deliver rural sanitation services at scale. The expected outcomes are formulated as follows: 1) function/sub-function for rural sanitation agreed and transferred; 2) transferred rural sanitation function/sub-function resourced; and 3) proposed rollout strategy for rural sanitation function/sub-function formulated for scaling up after the successful completion of the pilot. SNV Cambodia as a resource agency is implementing the decentralisation pilot in ten districts.

The TA is closely monitored and achievements to date are promising. Sanitation coverage has increased in the ten pilot districts. The capacity of the PDRD has increased to facilitate and provide technical support to the pilot districts. The capacity of districts and communes has increased to plan, manage, budget, coordinate, implement and monitor rural sanitation. Funding flows, budgeting and expenditure process have improved at district and commune levels. Institutional coordination and communication in performing the rural sanitation sub-function by the district administrations has improved. Regulatory instruments are now available in the districts.

Implementing District Sanitation Plans, with a focus on demand creation, supply chain strengthening and enabling environment creation, require a number of supporting elements: 1) capacity building; 2) human resources; 3) monitoring and evaluation; 4) motivation and incentives; 5) legal framework; and 6) financial resources.

The transfer of financial resources has proven to be very complicated. There are very little resources at the central level so there is not much to transfer. Seven other ministries will also transfer functions to the districts. This makes it clear that it is not only a matter of transferring sufficient funds, human resources will also become a challenge in future with more and more functions being transferred to the district administrations.

Q&A

Decentralisation is a very difficult process that will take time. Focusing on increased capacities makes sense initially but there needs to be a better balance between increased capacities and adequate levels of financial resources.

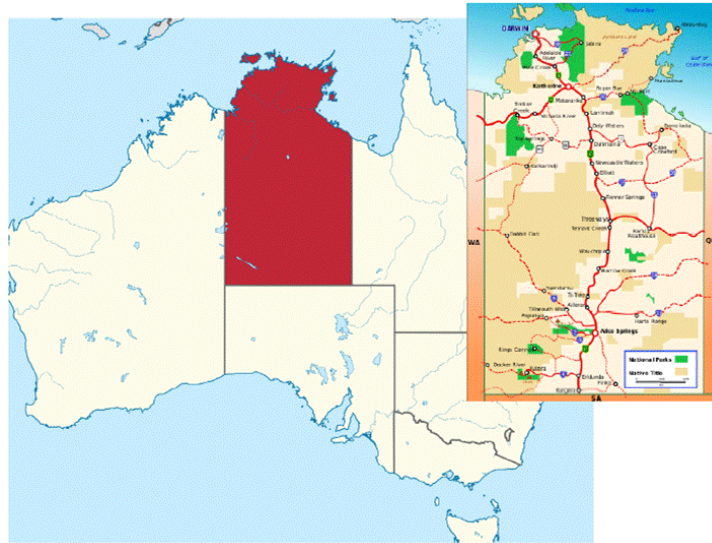
MRD mandated for sanitation where there are health implications. In Kenya rural sanitation falls under the Ministry of Health (MOH). How can we ensure that the different line ministries work together? In Cambodia rural sanitation and health promotion were under MOH until 1998. Then the MRD was created and a number of functions from some departments of MoH were transferred to the new ministry. The MRD and MOH are doing some work together such as in the WASH in Health programme.

Funds got stuck at the Ministry of Economy and Finance (MOEF). The process appears to be very complicated as many different departments are involved. Action will need to be taken at the highest level to find a solution. MRD will need to get in contact with the MOEF. Apparently (some) districts get up to US\$ 2,000 per year to subsidise the construction of toilets. What if these funds were made available for the pilot districts?

PRESENTATION ON REMOTE ENVIRONMENTAL HEALTH SERVICES

Gabrielle Halcrow, SNV Asia Regional Coordinator Rural SSH4A, gave an interesting and thought-provoking presentation titled: **Case Study: Remote Environmental Health Services, Northern Territory.**

Gabrielle started by providing insight in the seven types of services that are available to the aboriginal communities. The Northern Territory has the highest proportion of Indigenous people for any state or Territory in Australia. The 2001 Census identified 29% of the population as Indigenous in comparison with 2.2% nationally. Furthermore, 71% of Indigenous Territorians live in rural and remote areas (ABS 2001 Census). The programme seeks to improve health outcomes for Indigenous Territorians by carrying out its statutory obligations and also by utilising the principles of community development and health promotion to increase the capacity of Indigenous communities to create and sustain health.



The Northern Territory (Australia)

The services are facing a range of challenges, such as: 1) public health issues with the worst health statistics in the country (life expectancy is 17 years shorter than the average figures for Australia, infant mortality rates are three times higher); 2) human rights issues and in particular inequitable standards of health infrastructure (water, sanitation and housing) contribute to chronic health; 3) conditions throughout life – “the Gap”; and 4) environment, harsh and natural disasters. There is a clear link between WASH services and health conditions.

‘It is universally accepted that the attainment of a satisfactory standard of health in any community depends on the provision of certain basic amenities including water supply, sanitation and sewerage facilities, housing and electricity. The high incidence and recurrence of many infectious diseases amongst Aboriginals...result largely from their unsatisfactory environmental conditions.’ (HRSCAA 1979 quoted in Reid & Trompf, 1991)

The Northern Territory is not a state and is ministered federally since it cannot raise enough taxes. Funding for health service delivery is coming from local taxation and supplemented by federal grants. Delivering services in the outback for small populations is very expensive so the big question is: how do you serve them and how do you finance it? 70% of indigenous people are living in social housing in often overcrowded conditions. One in 20 indigenous persons is homeless versus a national average of one in 400 people. How did we end up in this position? It is a subsidy issue? Too much focus on infrastructure? No focus on behaviour change? A major renovation programmes (AUS\$ 5 billion) did not resolve the problems!

In summary: Universal coverage still presents ongoing issues, particularly for disadvantaged groups. Historical infrastructure decisions continue to impact on access, maintenance and hygienic usage issues. Professionalisation of services, different service levels and different delivery models (Government and Aboriginal controlled). Enforcement and regulation is integrated and there is a well-functioning Environmental Health surveillance system.

Q&A

Regulation is on service provider and not on individual behaviour. The government has a legal duty to act and has to respond to health risk assessments, surveillance data, complaints and outbreaks. Some of the health services are provided by non-governmental organisations such as the Aboriginal controlled health services but also INGOs such as Oxfam and others.

How easy is it to do BCC with aboriginal groups in close-knit communities? It is done locally by people from the same community. However there is not enough focus on behaviour change and more needs to be done. Why used a white Australian to tell indigenous kids to wash their hands before eating lunch? This was meant to be a teacher and this is how they look like. It may not be a perfect behaviour change campaign but it was evaluated and now used throughout the country.

How long will subsidies continue? It is a very political issue. Government continues to create problems and challenges through their own policies and practices. It is very complicated and not just a matter of time.

DEBATING GAME

Antoinette introduced the debating game by explaining the rules (see box below).

Rules for the debating game

- 1) Participants individually decide whether to support the statement or not (pro or con)
- 2) The two debating teams (pros and cons) then get time to prepare their arguments (20 minutes)
- 3) First debating rounds (fixed times 5, 3 and 2 minutes)
- 4) Retreat to re-organise your arguments and refute the arguments of the opposing group.
- 5) Second debating round (fixed times 3 and 2 minutes)
- 6) Retreat to re-organise your arguments, refute the arguments of the opposing group and make your closing statement
- 7) Finale debating round (fixed times 3 and 2 minutes)

The topic to be debated was: **After reaching ODF, one of the new functions of the government should be the regulation, inspection and enforcement of safe toilets and safe emptying services.**

The main arguments are summarised in the following table.

Team PRO	Team CONTRA
First round	
<ul style="list-style-type: none"> • Without the government you cannot do anything. Government is the duty bearer so it is their responsibility. • ODF is the first step and after that it is time for the government to ensure that toilets are improved and safe. Inspection and enforcement is thus important. • We are all humans: if you are not watching us then we go for shortcuts: it is much easier and cheaper if there are no regulations and enforcement. 	<ul style="list-style-type: none"> • All sanitation movements proof you are wrong. People know what is good for their health and their community and act accordingly. Without all the people living in these communities, ODF status would not be reached. Let's not take the ownership away from the communities. • Regulation alone is not sufficient to sustain behaviours. Communities should be encouraged to self-regulate themselves. The government cannot be everywhere at the same time.

Team PRO	Team CONTRA
<ul style="list-style-type: none"> We agree with everything you said. We talk about one new function not that it is the only function. We support post-ODF and do not want to interrupt the pre-ODF status. Do you serious think that communities can regulate service providers? The government has a role to support the citizens that put it into power. Communities have already put self-regulation in place. To sustain behaviour change we need regulation and enforcement. 	<ul style="list-style-type: none"> Once ODF status has been reached, instead of focusing on regulations and enforcement, the government should focus on capacity building and supporting communities. Maybe you did not learn from the Cambodia example. The communities regulate themselves and achieved where they are now. Do you want to discourage communities with government regulations? We need the support from the government but they should look at more strategic issues instead of being the watchdog. Communities know the local situation better than anyone else. The government will not use the facilities after ODF. Has government increased coverage because of regulation? What about the private sector? Will they be encouraged when they are over-regulated?
Second round	
<ul style="list-style-type: none"> In Nepal there is a toilet ID card. Families without cannot get any support from the government. It has been very successful as we have reached 81% coverage. ODF is the first step towards the dream of total sanitation. What when pits fill up? There is need for government to intervene. Entrepreneurs will not be out of business. We saw it yesterday: sequential pits are everywhere. Regulation and enforcement helps to realise that certain standards are met. Imagine a city addressing faecal sludge related issues in the absence of any regulations. Enforcement is nothing more than upholding standards. 	<ul style="list-style-type: none"> You think that government enforcement can sustain coverage. The government is the duty bearer but we disagree on the how. If suppliers do not provide good quality they will be out of business. Markets can regulate themselves. Enforcement cannot be cost-effective. Allowing communities to self-regulate will be more cost effective. Communities can even realise income from regulation. Banteay Meas is the only district that has reached 97%. Other districts have reached only 20 or 30%. What is the government doing there? Enforcement can easily lead to corruption. It opens up another route for failure.
Third and final round	
<ul style="list-style-type: none"> You seemed to have missed the point that we are talking after ODF. There are multiple roles for the government, communities and private sector providers. Safety in public health requires government regulations. It is too expensive to the health of the community and the country not to regulate. Regulations provide standards to the market it is not meant to stifle them. What is safe? We need a level playing field. 	<ul style="list-style-type: none"> There is no provision within the Nepal law to limit government services to families without a toilet. It is against the law and against human rights. Example where communities did well with regulation: it is ODF itself. They reached it without any regulation or inspection from the government. Example of self-regulation of professional sector: professional associations that regulate themselves are a well know phenomenon.

The verdict of the jury after final deliberations

The verdict of the three judges can be summarised as follows. In the first round the team in favour of the statement started with a very clear definition of the different terms in the statement. The response was a little bit general on the role of the government: government versus community. In the second round careful notes were made of the opponents' arguments. There were many repetitions though in the arguments. Good point was the new functions although in general the arguments used did not focus enough on that. No contra arguments to that point. There were a couple of good debaters. The team in favour of the statement summarised their arguments very clearly towards the end. Hence, the winner is the team in favour of the statement.



BLOCK III: NEW ROLES AND RESPONSIBILITIES IN SANITATION SERVICE DELIVERY

The third block started in the morning of the fourth and final day.



New Roles and Responsibilities in Sanitation Service Delivery

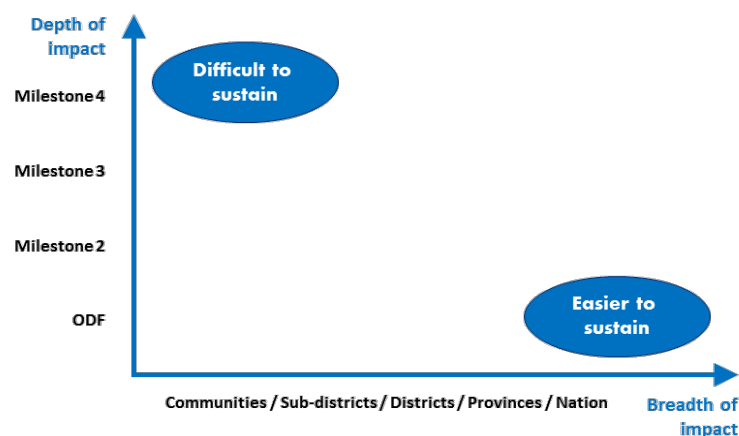
INTRODUCTION TO BLOCK 3

Antoinette started the introduction of block 3 by asking why we need to consider new roles and responsibilities, reasons are:

- Some tasks and capacities are no longer needed (e.g. CLTS facilitators post-ODF)
- Monitoring has revealed that some areas are particularly weak, for example:
 - Construction details of toilets, technical guidance
 - Support for people living with a disability
 - The “last mile”
- Some areas need investment in view of future needs and ambitions (e.g. faecal sludge, solid waste and liquid waste management)

Let’s take a step back for a moment of reflection. How many different roles and responsibilities can local governments assume at the same time and with quality? Consider: 1) good and bad CLTS facilitators; 2) weak or non-existing work on informed choice; 3) messy monitoring; 4) weak or non-existing monitoring of technical quality; and 5) old fashioned, ineffective BCC. Sanitation and hygiene solutions need to be easy, but support is not simple! There is a role for local government to provide that support.

How quickly do communities change? Reaching and sustaining ODF status (first step on the ladder) is easier to realise than ensuring that all households reach milestone 4. Only when there is sufficient expansion (breadth), the behaviour becomes the new normal.



How quickly do communities change?

The challenge is to focus on the right roles and responsibilities for the right milestone at scale! Examples of different milestones with the specific roles that are required for each milestone are given in the following figure.

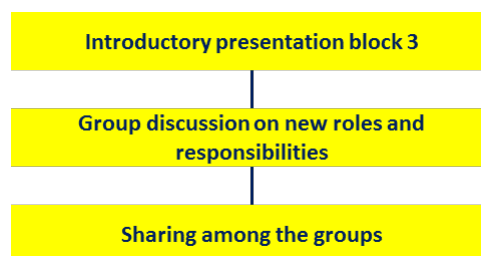


Different milestones with possible new roles

Strong leadership and vision is needed to identify what is needed and when! What are the milestones? What are the specific roles for local government? What are the specific capacities needed to carry out these roles successfully?

Activities planned for Block 3

After the introduction Antoinette explained what was going to happen in Block 3 by describing the different activities shown below.



Activities for Block 3

GROUP DISCUSSIONS ON NEW ROLES AND RESPONSIBILITIES

Antoinette introduced the exercise and explained that three issues distilled from the Dgroup discussions were to be discussed at three different tables.

1. **Sanitation services: Informed choice, technical guidance and quality of construction, and safe emptying** (Table host: Erick)
2. **Long-term hygiene promotion: Effective designs, monitoring effectiveness, and responsive campaigns** (Table host: Gabrielle)
3. **The "last mile": Pro-poor support, elderly and disabled, and sustained support** (Table host: Petra)



The topics and issues to be discussed at three different table

The participants were invited to choose their own topic of interest and the teams grouped around the different tables were instructed to answer the following questions:

- What are the issues to be addressed?
- Which new responsibilities are required?
- Are these essential and non-essential government tasks?
- Which level in the government will be the most appropriate?
- What professions or capacities are required?

PLENARY SHARING OF GROUP DISCUSSIONS ON NEW ROLES AND RESPONSIBILITIES

Table 1: Sanitation services (informed choice, technical guidance and quality of construction, and safe emptying)

The **key issues** to be addressed were identified as follows.

With regards to **informed choice and technical guidance**, are we referring to the quality of informed choice or preferred choice? Try to avoid an over kill of information. Informed choice might not be relevant in some areas and therefore the information needs to fit the specific local context. Even simple toilets need to meet minimum standards relevant to rural and urban settings. Masons are likely to have a major influence on what is constructed. Informed choice manuals do exist in most countries so these should form the basis for the work on informed choice. There are issues related to the timing of informing potential customers as well as the capacity of practitioners and providers of products and services to inform their customers.

With regards to **safe emptying and faecal sludge management**, the type of toilets put in place will affect how easy it will be to empty them when they fill up. Hence, technology options need to consider end of chain options. In general there needs to be more attention to the safe handling of faecal sludge along the entire sanitation service chain. Faecal sludge management should not be an afterthought when a community is ODF. Appropriate safe emptying options will differ from place to place and will depend to a certain extent to the availability of affordable professional (manual or mechanised) pit emptying service providers. Standards for safe disposal and or reuse of faecal sludge may not exist.

The following **new responsibilities** were identified.

Informed choice and technical guidance should be part of regular roles and responsibilities of sanitation practitioners. In Cambodia informed choice should be taken up by the CLTS facilitators and become an integral part of demand creation (triggering). In Nepal it is included in the triggering process and in training for masons. In Bhutan the Public Health Engineering Department of the Ministry of Health

includes it in training for CLTS facilitators. In Indonesia it is part of the responsibilities of the STBM village teams and trained masons. It is crucial that facilitators, suppliers, artisans/masons and so on all speak with one voice so that the same uniform information is provided to customers.

With regards to standards and quality, minimum standard need to be clear and included in the informed choice manuals. Basic toilets need to meet minimum quality standards. These could be included in the building codes at national level. With regards to inspection and enforcement, local government and line agencies need to provide oversight and institutionalise M&E systems that provide adequate insight. Self-regulation by households and communities should be encouraged so that minimum standards are adhered to. Regulations need to be in place especially for faecal sludge management services which require government to set standards for safe handling and to introduce a licensing system.

The most **appropriate level of government** for developing regulations and setting standards is that the national level. Capacity building, implementation and monitoring should be transferred to the decentralised sub-national or local level.

With regards to the **professionals or capacity required** to take up the new responsibilities, technical support and capacity building should be provided to technical and non-technical facilitators, suppliers, masons and so on at all levels but primarily at the local levels (districts and communities).

Table 2: Long-term hygiene promotion (effective designs, monitoring effectiveness, and responsive campaigns)

The **key issues** to be addressed were identified as follows.

Consolidate existing and ongoing behaviour (toilet use, handwashing with soap) and introduce new behaviour (safe handling of faecal sludge, menstrual hygiene, solid waste management, etc.). How and when to introduce new hygiene promotion or BCC approaches or incorporating or linking new behaviour to existing approaches. Understanding what is working and what needs to change or where innovation is required to increase the effectiveness of the campaigns. Priority setting of key sanitation and hygiene behaviour and practices to avoid spreading to many hygiene messages at the same time. Capacity and professionalisation of BCC and the potential use of enforcement.

The following **new responsibilities** were identified.

Essential responsibilities at the national level: 1) define behaviour and overall development objectives; 2) develop key communication objectives; 3) develop a BCC strategy with involvement of different stakeholders; 4) design, innovate and pre-test BCC campaign material by professional businesses or a creative team; 5) provide training on BCC to the sub-national levels; 6) review effectiveness of the BCC campaigns (outreach, impact and communication) possibly by an independent reviewer; 7) adjust strategies and campaigns on the basis of constant learning; and 8) link BCC to service improvements, regulation and enforcement, inspection, and ongoing health promotion.

Non-essential responsibilities at the national level: 1) review existing research/knowledge and prioritise behaviours; and 2) conduct (additional) formative research by a research institute.

Essential responsibilities at the local level: the sub-national levels should be involved of most of the responsibilities mentioned above for the national level, however, the local levels will primarily be responsible for planning, implementing and monitoring BCC campaigns.

With regards to **professionals required** to improve the effectiveness of BCC campaigns the following were identified: environmental health professionals, hygiene promotion professionals and promoters, researchers, trainers, creative agencies and social marketing specialists (professional service providers).

With regards to **capacities required** there is a need to increase capacity to monitor BCC campaigns, understand effectiveness and reflect to improve future campaigns. Capacity on what works and what does not work can be enhanced by reviewing existing research and literature. There is also a need to get a better understanding of the roles of different stakeholders.

A new campaign might have to be organised when there is an outbreak of a new disease for instance Zika in Brazil. However, if the need for a new improved hygiene behaviour emerges then we will need to restart the entire BCC design process together with the relevant ministries.

Table 3: The “last mile” (pro-poor support, elderly and disabled, and sustained support)

The **key issues** to be addressed were identified as follows.

Affordability and access to information for the poor(est) households. Language barriers and cultural issues when working with ethnic minorities. Areas with specific challenges such as drought of flood-prone areas but also remote or isolated communities which are hard to reach or only a high costs to the government and people living in those communities. Then there are issues of lack of space or lack of ownership over land to construct a toilet. Temporary migration by villagers who may not be interested or willing to invest in a toilet and who are likely to be absent during sanitation demand creation campaigns. Female headed households or the disabled and or elderly might find it difficult to construct a toilet due to lack of labour. And then finally there are the stubborn that resist change or do not want to change.

The following **new responsibilities** were identified.

Essential responsibilities at the national level: 1) develop a clear framework to support the poor; 2) regular monitoring and mobilisation; 3) develop technical options for the different geographic areas; and 4) develop regulations and enforcement mechanisms.

Essential responsibilities at the local level: 1) regular monitoring and mobilisation; 2) mobilise support from community; and 3) develop regulations and enforcement mechanisms.

Non-essential responsibilities at the local level: 1) encourage local leader to become roles models among ethnic groups; and 2) install shared toilets, public toilets and community toilets

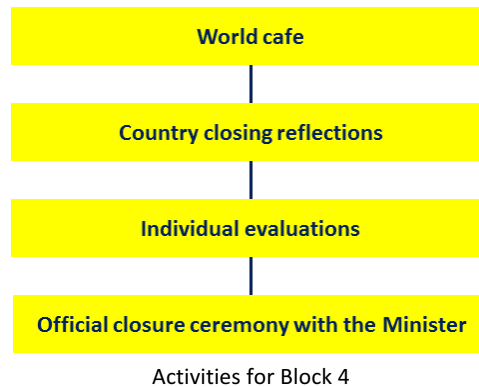
With regards to the **professionals or capacity required** to take up the new responsibilities, strengthened M&E, technical experts, sociologist and environmentalists are needed at national level. At the local level strengthened M&E, adapted approaches, sanitation marketing experts, technical experts, trained masons and in general adequate human resources are needed.

Too many guidelines and frameworks can also constrain the thinking and coming up with effective solutions. Therefore, guidelines and frameworks should not be too detailed but provide key points that can be easily followed and to ensure that everybody is on the same page. There was also a question how financing mechanisms for the poor would work at scale in the absence of sufficient funds.



BLOCK 4: COUNTRY GROUP SESSIONS AND WRAPPING UP

The fourth and final block started in the afternoon of the fourth day of the Learning Event. This block consisted of the following activities.



WORLD CAFÉ

Antoinette started by introducing the World Café² concept and then quickly explained the 'rules of the game' for this session.

Purpose of the World Café

The purpose of the World Café is to provide a safe place for people to discuss diverse topics (issues, problems, etc.), share ideas, discuss diverse perspectives and experiences, connect with peers and 'experts', dream of solutions, and share the outcome with others.

General rules of the game

- ▶ Three rounds of 20 minutes each
- ▶ Each country (one table) has one or two country host (table owner). Each country defines a topic or problem they want to get advice on.
- ▶ All other participants are 'experts or consultants' and register with one of the six consultancy firms. Consultants are available for free to advise the countries. The consultancy firms are assigned to specific countries.
- ▶ Process for first round:
 - Country host gives a short introduction of the issue / constraint / challenge
 - This is followed by a table discussion; and
 - The main results or outcomes of the discussion are captured on paper by a note keeper.
- ▶ After the first round of discussions, the experts or consultants move around and pick another issue that they are interested in

² **World Café** is a widely used method to discuss a wide variety of issues or topics. The World Café is a conversational process based on small group conversations that can be adapted to a variety of topics. The purpose of the World Café is to provide a safe place for people to discuss diverse topics (issues, constraints, challenges, etc.), share ideas, discuss diverse perspectives and experiences, connect with peers and 'experts', dream of solutions, and share the outcome with others.

- ▶ Process for second round:
 - Country host starts with a short introduction of the issues and a quick recap of what came out of the first round of discussions
 - This is followed by a table discussion; and
 - The discussion is wrapped up by capturing the main results or outcomes.
- ▶ Process for third round is the same as for the previous two rounds
- ▶ In a plenary session the table hosts give an overview of the main results of the table discussions.

Six different consultancy firms were established and those went around the different country tables to discuss and advise on the topics identified by the countries. The World Café sessions have become very popular as it allows the countries to discuss topics or challenges relevant to the specific country context. Furthermore it allows participants to share their expertise and experiences in a very interactive and dynamic set up.

COUNTRY GROUP REFLECTIONS AND SHARING

Antoinette invited the country teams to share the take-home messages they put in their shopping bags.

Country	Content of shopping bag (learnings)
Cambodia	<ul style="list-style-type: none"> ✓ Integration of faecal sludge management (FSM) in SSH4A programme ✓ Consideration of FSM in informed technology options ✓ Importance of decentralisation: new approach and need to scale up to be successful ✓ Methodology of debating game and World Café ✓ Regulations and enforcement to improve sanitation ✓ Alternative technology design for flood areas
Nepal	<ul style="list-style-type: none"> ✓ Latrine packages by suppliers ✓ Prefabricated septic tanks introduced in Vietnam ✓ Thinking about the next milestones ✓ The need of environmental health professionals
Uganda and Kenya	<ul style="list-style-type: none"> ✓ Realising ODF at scale ✓ Local tours for villages and counties that have reached ODF status ✓ Sales promotion through community committees including sales commissions ✓ Sales exhibitions, trade fairs in the communities ✓ The need to lobby for tax exemption for rural sanitation products
Indonesia	<ul style="list-style-type: none"> ✓ Post-ODF is not about personal life but about the health of the community: how can we encourage them to reach total sanitation ✓ Monitoring for the future: how can we ensure that we have reliable data ✓ The “last mile” through human rights based approach ✓ Leadership by example ✓ Political will versus financial resources ✓ Rural development is done by MRD and not by the Ministry of Health ✓ Clear vision on subsidised approach ✓ Regulations and enforcement for post-ODF phase: punishments for those that do not follow
Vietnam	<ul style="list-style-type: none"> ✓ Decentralisation: how and what ✓ Synergy between WASH and nutrition ✓ Appropriate technologies for rocky regions ✓ Networking among colleagues and partners

Country	Content of shopping bag (learnings)
Bhutan	<ul style="list-style-type: none"> ✓ Plan beyond 100% sanitation: considering both depth and breadth of impact ✓ Alternative funding mechanisms for districts

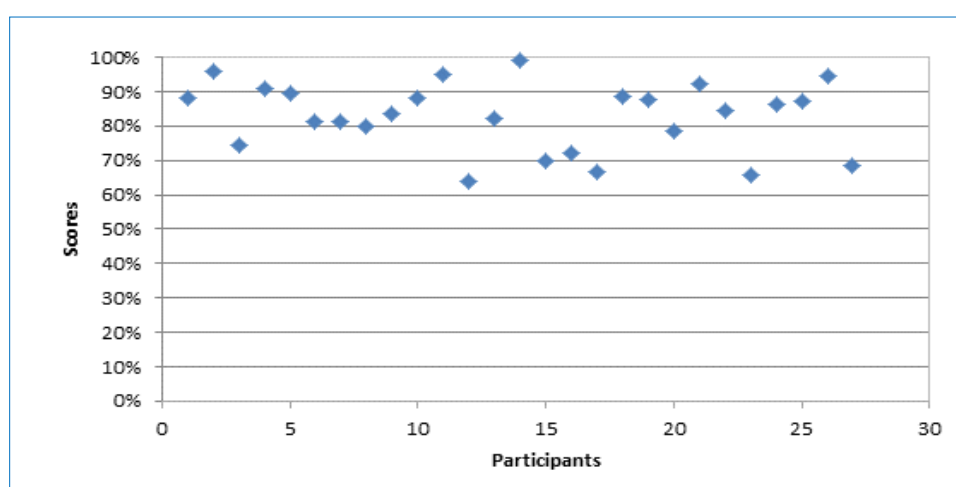
WRAP UP

At the end of the four-day Learning Event Antoinette wrapped up the workshop by recapitulating all the learning. This can be summarised as shown below.

- ➔ Focus on sustainable sanitation and hygiene for all and start looking beyond ODF towards the ultimate Finish Line.
- ➔ Learning took place in-house (workshop setting) as well as during the field visits. Different districts and communes were visited: ODF communes and non-ODF communes in two districts (Banteay Meas and Bassedth), and a decentralisation pilot in a third district (Kong Pisei).
- ➔ Take home messages:
 - ✓ The future of rural sanitation: where do we want to be in 2025?
 - ✓ ODF is only the first step towards something beautiful.
 - ✓ What milestones are there after reaching 100% ODF status?
 - ✓ What is Cambodia doing with regards to decentralising mandates and functions?
 - ✓ What functions need to be transferred from the national level to the sub-national levels?
 - ✓ What capacities are necessary at the devolved levels to effectively carry out the new mandates?
 - ✓ Technology options are and remain crucial and pit emptying needs to be taken into consideration at an early stage.
 - ✓ Hygiene promotion will need to continue indefinite to ensure sustained behaviour and practices.
 - ✓ Reaching 100% ODF means that we will need to overcome the “last mile”.

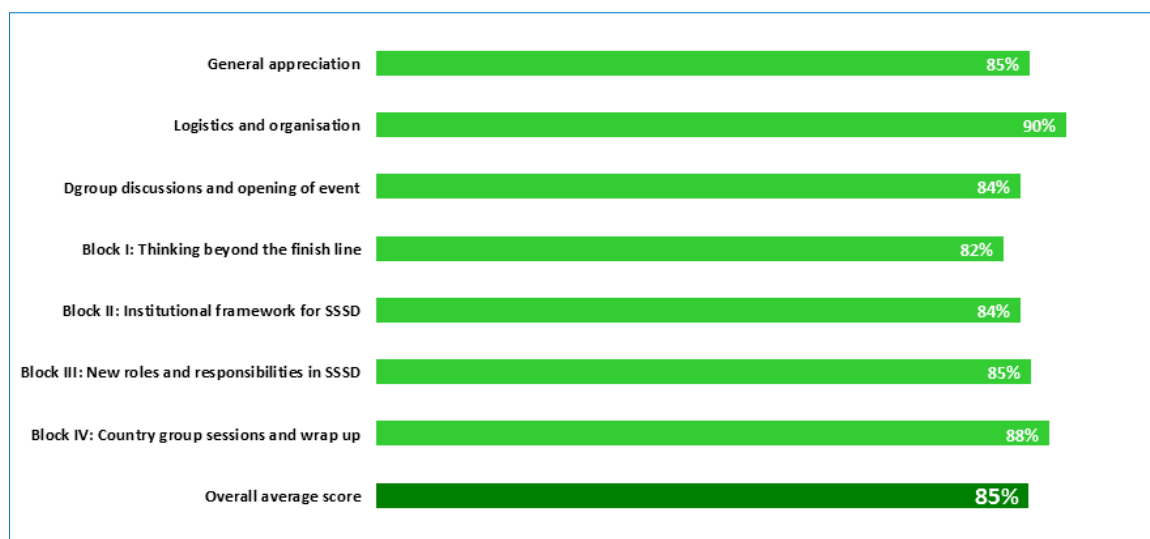
INDIVIDUAL EVALUATIONS

Before the official closure of the Learning Event the participants were requested to complete an individual evaluation questionnaire. The individual overall scores by the participants are shown in the following graph. Scores ranged from a low of 64% to a high of 99% and the average overall score of all the 27 participants that completed the evaluation questionnaire is 85%. The average score of the eight non-SNV participants was slightly higher (85%) than the average score of the nineteen SNV staff (82%).



Individual overall scores of the 27 participants that completed the evaluation questionnaire

The average scores for the different elements are shown in the following graph. The logistics and organisation of the Learning Event scored the highest with 90%. Block I scored slightly lower (82%) than the other three blocks with block IV scoring the highest (88%). The debating game organised at the end of Block II scored as the best activity with a score of 92%.



Average scores for the different elements

OFFICIAL CLOSURE

The official closure of the four-day Learning Event was hosted by the Chief Guest H.E. Chea Sophara, Minister of the Ministry of Rural Development. First of all Antoinette Kome, SNV Global WASH Coordinator, gave a quick overview of the content of the workshop. She ended her short speech by saying that she hoped that the deliberations would contribute to the work in Cambodia but that the workshop would also be useful for the participants from the other Asian and African countries. She thanked the MRD for the good collaboration and support in organising the Learning Event.

Megan Ritchie, SNV Managing Director WASH Global, started by saying that she was happy to be in Phnom Penh and happy to meet with all everybody. She then thanked the Minister and the MRD for co-hosting the Learning Event. These events are very important to SNV and to make it possible in Cambodia is wonderful. During the past four days a lot of thinking went into some big topics. Again we realised that there are no silver bullets. What happens after ODF? What about the depth and breadth of our interventions? She hoped that the participants were able to identify sufficient lessons to take home. She mentioned that she would like to see more of the ongoing decentralisation work in Cambodia and she ended by again thanking the Minister and his Ministry for the successful hosting of the Learning Event.

H.E. Chea Sophara, Minister of the Ministry of Rural Development, used his speech³ to highlight the importance of providing adequate access to safe water supply, and improved sanitation and hygiene to the people for the overall health and socio-economic development of Cambodia. The Minister reiterated the Royal Government of Cambodia's sector vision where every Cambodian will have sustained access to safe water supply and sanitation services by 2025. H.E. Chea Sophara also mentioned the achievements made by the Sustainable Sanitation and Hygiene for All Programme in Banteay Meas district. The Minister hoped that the event had provided an opportunity to exchange ideas and experiences between the different country teams and partners on various topics including planning for future sanitation services and institutionalising sanitation and hygiene services. The Minister finished his speech by wishing everybody good health, strength and success and thereafter officially closed the Regional Learning Event.

³ The speech by H.E. Chea Sophara, Minister of the Ministry of Rural Development of the Royal Government of Cambodia, is provided in Annex 4 of this report.



H.E. Chea Sophara, Minister of Cambodia’s Ministry of Rural Development, with the participants

In the evening of Thursday 17 March 2016 the Learning Event concluded during a dinner and cultural event. Apart from great food and beautifully choreographed traditional Cambodian dances, we witnessed a daring and at times extremely witty sanitation inspired drama performed by a local group of artists called Epic Arts Cambodia⁴. Drama and slapstick were used to drive the message home that toilets are a human right, not just for the abled but equally so for the disabled among us.



A toilet designed for all but some

⁴ **Epic Arts** is a grassroots non-profit organisation that promotes collaboration and community development through the arts. Since 1997, they have been working to build community partnerships, mobilise local artists, produce cultural events, and develop resources and facilities that ensure accessibility for artists, performers and audiences. For further information: <http://epicarts.org/aboutus.html>

In Cambodia **WaterAid** is collaborating with Epic Arts Cambodia. The sanitation related drama is a tangible outcome of that successful collaboration. For further information on WaterAid Cambodia: <http://www.wateraid.org/uk/where-we-work/page/cambodia>

Although funny to watch, it was a real eye opener to see how an elderly person, a pregnant woman and a handsome young man in a wheelchair were struggling to get into a “normal” toilet and then try to use it. Where can they go if they need to poo or pee when at work, at school, visiting a government office or a friend? In most of these places nowhere! They also used a “talking toilet” to reemphasise their message.



A few simple modifications can make a toilet accessible to ALL

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ANNEXES

Annex 1: Participants of the SNV Asia Rural SSH4A Regional Learning Event

		Name	Country	Organisation	Position	Email
1	Mr	Binod Kumar Agrawal	Nepal	Department of Water Supply and Sanitation	Regional Director, RMSO, Surkhet	binod.dwss@hotmail.com
2	Mr	Bikesh Wadhanthachhya	Nepal	Department of Water Supply and Sanitation	Senior Divisonal Engineer - Water Supply and Sanitation Divisonal Office, Rukum	bikesh_007@hotmail.com
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5	Ms	Nadira Anwar Khawaja	Nepal	SNV Nepal	Sector Leader	Nkhawaja@snvworld.org
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12	Mr	Muhammad Izzudin Qusyairi	Indonesia	SNV	Sanitation Supply Chain Advisor	iizzudin@snvworld.org
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24	H.E	Teng You Ky	Cambodia	MRD	Advisor of MRD	youkyteng@gmail.com
25	Mr.	Chhorn Chhoeurn	Cambodia	MRD	Deputy Chief of Rural Sanitation	chhoeurnsv@gmail.com
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27	Mr.	Kong leng Ry	Cambodia	PDRD Kampot	Deputy Director, Provincial Department of Rural development	kongry53@gmail.com

		Name	Country	Organisation	Position	Email
28	Mrs.	So Sovannara	Cambodia	Banteay Meas District	Deputy district governor of Banteay Meas district	penliny@yahoo.com
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30	Mr.	Dennis Lakwo Odong	Uganda	SNV	Wash Advisor	dlakwoodong@snvworld.org
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33	Mr	Chan Virak	Cambodia	Water and Sanitation Program - WSP	Water and Sanitation Specialist	vchan1@worldbank.org
34	HE	Chea Sophara	Cambodia	Ministry of Rural Development	Minister	-
35	HE	Try Meng	Cambodia	Ministry of Rural Development	Secretary of State	
36	HE	Chea Samnang	Cambodia	Council of Ministers, Council for Agricultural and Rural Development	National Coordinator in Cambodia for Water Supply and Sanitation Collaborative Council (WSSCC)	cheasamnang@online.com.kh

Annex 2: Programme of the SNV Asia Rural SSH4A Regional Learning Event

Date	Time	Activity
Monday 14 March	08.15-08.40	Registration and BREAK (coffee)
	08.40-09.15	Official opening by Chief Guest H.E. Try Meng, Secretary for State of Ministry of Rural Development
	09.15- 09.30	BREAK
		Presentation of the programme and round of introductions
		Block I: Thinking beyond the Finish Line
		Introductory presentation for Block I
		Country presentations on the future of sanitation
	12.00- 13.30	LUNCH
		Sharing and discussion about the future of sanitation
	14.45-15.00	BREAK
		Explanation of field assignment
		Presentation of the context of ODF in Cambodia by Mr. Chreay Pom, Director Rural Health Care, Ministry of Rural Development
		Preparation of field assignment
17.00	Closure for the day	
Tuesday 15 March	07.00-18.00	Field assignment
Wednesday 16 March	09.00	Welcome day 3 and consolidation of field assignments
		Presentation of field assignments
	11.00-11.15	BREAK
		Presentation of field assignments
	12.00-13.30	LUNCH
		Reflection in country groups
		Block II: Institutional Framework for Sustainable Sanitation Service Delivery
		Introduction Block II
		Presentation by Virak Chan, WSP
	15.00-15.15	BREAK
		Presentation by Gabrielle Halcrow, SNV
	Debating game	
17.15	Closure for the day	
Thursday 17 March		Block III: Detailing new Roles and Responsibilities in Sanitation Service Delivery
	09.00	Programme of the day and introduction to block III
		Breakout groups on sanitation functions
	10.30-10.45	BREAK
		Discussion new roles responsibilities in sanitation service delivery
	12.00-13.30	LUNCH
		Block IV: Country Group Sessions and Wrapping Up
	13.30-15.15	World Café
	15.15-15.30	BREAK
	15.30-16.30	Country group reflections and sharing
	16.30-17.00	Official closure by Chief Guest H.E. Chea Sophara, Minister of Ministry of Rural Development
	17.00	National Anthem
19.00	Cultural Dinner	

Annex 3: Summary of Dgroup discussions

INTRODUCTION

An email discussion was held on SNVs Rural Sanitation and Hygiene Dgroup platform from 17th February until 11th March 2016 on the topic of “Thinking beyond the Finish Line, Sustainable Sanitation Services for All”. This document is a summary of the 38 contributions from 26 (19 males, 7 females) participants in 10 countries, including both the Africa and Asia regions.

The discussion covered the following three topics

- Topic 1 Post-ODF, what changes, what remains?
- Topic 2 Practical barriers to sustained behaviour change
- Topic 3 Institutionalising sanitation and hygiene for all

BACKGROUND

Across the world, we now see visible progress and acceleration in the numbers of people living in villages, sub-districts, districts and regions being declared and celebrated as Open Defecation Free (ODF). With the progress in Bangladesh reported at 99%, there may even be countries also soon declared. Whilst the definitions and verifications of “ODF” varies between these areas there are common challenges emerging in terms of sustainability, slippage and equity. Along with the question as to have we actually reached the “*Finish line*” with ODF in rural sanitation and hygiene?

With this accelerated change in rural sanitation and hygiene, not only has the situation in villages and households changed, but also the sanitation sub-sector itself has changed compared to 10 years ago. In many countries, it was the first time that dedicated sanitation and hygiene programmes emerged. The first time that the focus was on collective processes rather than individual household processes, and that the issue of effective sanitation supply chains was discussed beyond “it’s not affordable”, among many other sector changes. Professionals in the sector developed new and different skill sets, the type of organisations discussing sanitation issues changed and broadened, the issue of leadership became prominent.

Different countries are following different paths, but there is certainly a process of transformation in the way we work on sanitation and to a lesser extent hygiene. In many countries there has been a focus on empowerment and campaigns, and sometimes an excessive push to reach “ODF”. Many people who had never before worked in sanitation, started to use the word “ODF”. And solutions to many issues, rightly, wrongly or debatably, started to be linked to “ODF”. Of course this is a strength because it helped to mobilise many people around sanitation, but it’s also a weakness, creating a false sense of “finish line”. What will happen after ODF? Will we continue to campaign for the next issue? Or will villagers, officials and NGOs get tired of campaigns and transformation and abandon such approaches?

This Dgroup discussion aimed to exchange ideas and deepen our understanding of local government and other stakeholder’s role and responsibilities in districts that have achieved ODF in responding to changing needs. A shift from campaigning for behavioural change towards support of sustained sanitation and hygiene behaviours involves a shift in strategy, innovations and in the roles of different stakeholders. It involved discussions about what services will be needed to ensure the sanitation facilities are operated, maintained and upgraded, what were the main practical barriers to overcome and how communities could be better prepared and what role enforcement and regulation could play. It concluded with a discussion on the key aspects that need to be (further) integrated within government line agencies roles and responsibilities, to sustain sanitation behaviour change at both the national and sub-national levels.

TOPIC 1: POST-ODF, WHAT CHANGES, WHAT REMAINS?

In this first week of the **Dgroup discussion “Thinking beyond the finish line, Sustainable Sanitation Services for All”** there were 16 contributions from 11 people in 6 countries. Interestingly more than half are from Nepal, where the sector is in the midst of post-ODF discussions with 33 of 75 districts now declared ODF.

The guiding questions for the first topic were:

1. In your opinion, what has been the most significant change(s) in the way the WASH sector in your country works on sanitation and hygiene?
2. What do you feel should remain after your district or country reaches ODF? And what would need to change?

Firstly, is ODF the finish line? For most it was viewed as what Erick, IRC described as the “interim milestone”, being “something to celebrate but not a moment to become complacent as there is still plenty of work remaining”. This sense of “much more remains to be done” was captured by Aftab, SNV Laos in his response “I don’t think there is a finish line – reaching ODF is just the start of second generation sanitation challenges.”

Changes in the way the WASH sector works in sanitation and hygiene

Observations were shared from participants of a number of changes in the way the WASH sector now works in sanitation and hygiene, many of which were related to governance. These are summarised as,

National governments have placed sanitation on the agenda, which has translated into institutional changes, budget lines, development of sector plans, joint sector reviews and stronger sector steering.

The sector is better at working together, linked to the above there were several examples of closer collaboration and the value of multi-stakeholder coordination committees active at both the national and sub-national levels.

Setting of goals (predominantly ODF), working towards these, monitoring and reporting on them. This meant that data is now more visible and contributed towards a sense of progress in the sector - “goals that were said to be impossible can be – and will be – achieved”, Bunleng Tan, SNV Cambodia.

Move away from an individual targeted household and/or subsidy approaches and a move towards the use of community triggering (e.g. CLTS) and area wide approaches. This was highlighted from participants in Uganda, Nepal and also Bhutan.

Changes in technologies with households increasingly upgrading and investing in pour flush-improved latrines rather than dry pit latrines.

What should remain after your district or country reaches ODF?

Continue to encourage upgrading of existing unimproved toilet – Several participants highlighted this, and as Aftab shared “rural sanitation is mostly self-financed which means that once motivated, poor households spend whatever money that they can/ willing to invest on cheaper toilet options –mainly simple pit toilets which are often improved or unimproved. So, an ODF village/district/ country will mean that still a huge % of households be using unimproved or shared toilets.... post-ODF challenge is to convert this unimproved/shared toilets to improved toilets, which will be much more difficult”. It was also seen in terms of supporting development of new products and services for repeat customers.

Creating a better understanding of the last mile and access for all. This included issues relating to partial use and shared toilets in Cambodia and also recognizing the many barriers faced by for example people living with disabilities, small children and pregnant women in accessing toilets as shared by Hari Prasad Upadhyay, SNV Nepal.

Access to water, water quality issues and technologies suited to flood prone areas was seen as a major challenge remaining for many communities, particularly by participants from Nepal.

Finally, all of the above – Anup from SNV Nepal reinforced the positive aspects of the many changes listed in response to the first quest above in that the zero subsidy approach, strong sector steering, monitoring, harmonization and updating and reviewing the policy, strategy and guidelines should continue and be strengthened.

And what would need to change?

Many more changes were seen as needed by participants once areas or countries became ODF. This was in response to what were seen as sustainability and “second generation challenges”. They included,

Addressing the need for safe faecal sludge management practices and services. The most number of participants raised this change, across most countries. From Cambodia, both Chhoeurn, MRD and Bunleng Tan, SNV Cambodia raised this issue along with the need to engage with the private sector in developing solutions. Erick from IRC reflected on the “lack of appropriate and affordable faecal sludge management options across the sanitation service chain, which is already leading to environmental risks and degradation as the proportion of households using an onsite sanitation facility is increasing rapidly”. Aftab added that “achieving ODF will remain as a short-term gain.... pits get full pretty quickly (often within 1 to 2 years) which means that without an efficient, affordable, safe emptying, disposal and treatment option, the risk will remain as high open defecation – raw sludge to be disposed in the open environment or household return to OD once their pit is full”.

Increased focus on hygiene promotion to sustain behaviour change was the second change most raised as needed. As Erick, IRC shared “hygiene promotion remains a neglected component and in most countries less than 1% of WASH expenditure is spent on hygiene promotion”. In Nepal, Hari Shova, agreed with this and shared that whilst coverage is high, it is not in use by all and there are further issues related to hygienic usage (in schools, HH and institutions) and issues such as menstrual hygiene management to be addressed. The sector in Nepal is undergoing change in this area with the addition of further behaviours as part of a move towards Total Sanitation and 5 + 1 indicators (Hygienic use of toilet, use of safe water, environmental sanitation, safe handling and storage practices for food and safe practices for disposal of other solid waste).

Chhoeurn, MRD, Erick and Daudi Mukama Mukungu, MoH in Uganda **raised increased capacity** in relation to several areas. Primarily it was seen in terms of capacity for direct implementers with a focus on approaches and technologies, but also for follow-up, monitoring and developing clear visions and plans, post ODF.

Other changes included

- Addressing the gap in financing, Erick, IRC
- Support development of community level sanitation regulation and enforcement, Bunleng Tan, SNV Cambodia
- More roles for the governments and the markets than the household in a post ODF situation because these second generation challenges are something beyond the household level issues, Aftab, SNV Laos
- Institutionalizing appropriate prop-poor support mechanism, Ugyen, SNV Bhutan.

TOPIC 2: PRACTICAL BARRIERS TO SUSTAINED BEHAVIOUR CHANGE

In this second week of the **Dgroup discussion “Thinking beyond the finish line, Sustainable Sanitation Services for All”** there were 17 contributions from 11 people in 9 countries.

The guiding questions for the second topic were:

1. What do you see as the main **practical barriers** to the sustained behaviour change for rural households, schools and communities?
2. What do you feel are the causes of these practical barriers?
3. How can communities and households be better prepared?
4. What is the role of the local government and NGOs?

Main practical barriers to sustained behaviour change for rural households, schools and communities

Participants discussed practical barriers in terms of **physical and/or external factors**, and reflected on the impact this has on the poorest wealth quintiles in particular. These included

- Lack of information or knowledge on how to construct/adopt and sustain safe and hygienic practices;
- Lack of physical supplies for adequate, affordable, reliable and durable facilities and services to construct safe and hygienic toilets and empty pits when needed;
- Lack of access to finance to invest in upgrading safe and hygienic toilets or water supplies (including schools and monastic institutions);
- Lack of space (for example no space to construct a toilet at least 10 meters away from a water-pump) in poor settlements and peri-urban contexts.
- Lack of adequate technical designs (including for consideration for elderly and population living with disabilities) and suitable locations for the facilities.

These last points included a side discussion related to capacity to resolve technical challenges using the example of proximity of toilets to water points and risks of water contamination. As part of this Erik Noerremark shared the example of Sanitary Risk Scores as a tool for risk assessments and argued for a change in thinking to move past “short distance between latrine and tube well automatically reduce water quality, while bigger distance will improve the quality; and reflect that it is more likely the inadequate quality of the protection of the tube well / hand pump that is causing the poor water quality, and improvement in quality of protection is likely to improve the water quality”. Whilst Antoinette questioned if the focus should not be more on how such things, including this, could be ensured and the role of local government and regulatory approaches in this.

Chiranjibi, SNV Kenya added barriers at an individual level as the ‘lack of inner desire’ to change and adopt improved practices and related this to social norms and expectations.

Causes of these practical barriers

The discussion reaffirmed several of the key points from the previous topic in relation to what would need change to ensure sustainability, post ODF. These included

- **Inadequate focus on long term hygiene promotion to sustain behaviour change**, as Chhoeurn, MRD in Cambodia surmised there is a tendency to “spread information just a few times then abandon” with households, communities and in schools.
- **Limited capacity to implement and address technical issues**, for example in relation to the discussion on the risk of ground water contamination and water point protection above and in terms of solutions for pit emptying.

- **Poor alignment and approaches by different stakeholders**, in Laos there were examples of conflicting or inadequate approaches, which could be improved through building common understanding and leadership. In Bhutan, Tashi shared that with discrete and isolated approaches it makes things repetitive, un-enterprising, or expensive to sustain. Related to this and the previous point Erick, IRCs felt realizing universal access as a complex issue cannot be done by engineers alone BUT it can also not be done by non-engineers alone. It needs a holistic response.
- Low prioritization, resourcing and demand.

There was further discussion in relation to the institutional elements including, **lack of clarity of local governments role, including in regulation** as Antoinette shared in an example from Nepal “beyond promotion, the government’s role is not fully clear”. Chiranjibi felt the causes were linked to, amongst other points, a **lack of capacity at the national and local institutional level** leading to adequate policy development, without adequate integration of various issues, implementation, prioritization or targeted resources.

How can communities and households be better prepared?

For many, **informed choice was the key point**. As Erick, IRC reflected “we have been talking about informed choice for decades but are we really providing all the information households need to make the right decisions?” Along with this, Tashi felt that more could be done in terms of basic trainings and skills development in building toilets, maintenance/repair of toilets and handwashing facility, and access to alternative toilet pit options, materials, knowledge and information for communities.

Chiranjibi shared examples of several actions, including further raising of community awareness, and empowering men, women and girls to the extent that each individual member in the society feels that they need to embrace safe and hygienic behaviours and respect gender-needs. Secondly, improving access to finance of the poor households so that they can afford investing in improved sanitation and hygiene facilities and solutions. Further, promoting availability of improved sanitation and hygiene solutions for the households, communities and schools using market based mechanisms.

What is the role of the local government and NGOs?

Many roles were envisioned for local government, this included

- **To provide leadership and promote harmonisation**
- **To regulate and steer**, for example Antoinette felt that the role for the government, also post-ODF, would be to continue to guide and inspect placing of toilets, as well as promote safer containment options.
- **To promote enabling policies and strategies** so that improved sanitation solutions and supplies are available to the households, communities and schools
- Put in place **institutional mechanisms** for proper planning, monitoring, evaluation of sanitation and hygiene outcomes
- **Invest appropriately and mobilise existing resources towards effective promotion of sanitation**, including on self-capacity development and mobilisation of key stakeholders in the society (including the private sector) as the drivers of change at household, community and school level.

Roles for NGOs included

- NGOs should jointly plan, and coordinate and work in collaboration with the implementing agencies and not in isolation, Tashi.
- Include their focus on empowering and mobilising communities, Hilda.
- Capacity development and support to development of technical approaches.
- Advocacy.

TOPIC 3: INSTITUTIONALISING SANITATION AND HYGIENE FOR ALL

In this final week of the **Dgroup discussion “Thinking beyond the finish line, Sustainable Sanitation Services for All”** there were 7 contributions from 7 people in 5 countries.

The guiding questions were:

1. What do you see as the key aspects that need to be integrated within government line agencies roles and responsibilities, to sustain sanitation behaviour change?
2. What would be specific actions needed to incorporate these at the national or sub-national level?
3. What role, if any, do you see in regulation and enforcement approaches in post-ODF scenarios?

Key aspects that need to be integrated within government line agencies roles and responsibilities, to sustain sanitation behaviour change

Participants shared a number of common aspects including

- Continued prioritization of sanitation and hygiene
- Good leadership and commitment from the highest levels
- Budget allocation and financing mechanisms
- Capacity development and technical support
- Documentation (strategies, guidelines & tools) and learning processes (including of failures)
- Clear roles and responsibilities
- Monitoring systems and review processes
- Linkages and dialogues between the national and local levels.

Building on this, Petra from SNV Cambodia shared a snapshot of a recent WaterAid study from four East Asian countries (Singapore, South Korea, Malaysia and Thailand) who have obtained universal coverage which noted among other points, the role of high-level political leadership with a clear vision around health driving the change, well-coordinated multi-sector, capacity building and continuous monitoring.

Erick, IRC reinforced this through sharing the example of the SHAW sustainability framework developed by the then SHAW programme in east Indonesia consisted of a 15 conditions that ideally should be in place by the end of the programme relating to clear roles and responsibilities, budgets being in place for continued monitoring and follow up and also capacity and commitment on the part of local authorities.

Specific actions needed to incorporate these at the national or sub-national level

National level

- Developing, reviewing and communicating national action plans and strategies.
- Delegation of rural sanitation tasks to subnational government (Districts)
- Ensure adequate human and financial resources to implement national plans and strategies
- Undertake regular reviews of guidelines and sector approaches.
- Invest in monitoring systems and verification processes and ensure data is used to improve and is shared through common platforms.
- Ongoing advocacy and sensitisation with political leadership.

Related to the first point, several participants highlighted the importance of developing and communicating national plans/strategies to provide clarity to the sector on agreed approaches including the means for verifications, pro-poor support mechanisms and reward systems. This responds to issues of competing or contradictory approaches and the need to move beyond “village focused sanitation projects”. As Petra shared from the context of Cambodia where fragmentation is a challenge,

understanding this and the need for accelerating coverage, the National Action Plan for Rural Water Supply, Sanitation and Hygiene (NAP) is currently being finalized by the Ministry of Rural Development in Cambodia, in consultation with the sector partners. The NAP is an umbrella plan whereby government at all levels (national and sub-national) and all stakeholders can align their activities and resources more effectively. The NAP aims to harmonize the implementation approaches of various development partners and NGOs in alignment with the sector strategy and vision for having universal access to rural sanitation in Cambodia by 2025.

Local/Sub-National Level

Many of the national level activities were also reflected in the sub-national level but with a focus of ensuring integration within ongoing budgets and planning. For example;

- Ensuring allocation for sanitation and hygiene within ongoing budgets e.g. integration within Commune Investment Plan (CIP) and District Investment Plans (DIP)
- Integrate activities relating to sustainability into ongoing plans and agendas of for example commune council meetings
- Using the data from monitoring, experiences and lessons learned to adjust or improve implementation plans when relevant.

Role of regulation and enforcement

Participants focused on the role of **locally developed regulation and enforcement** at the community, commune and district level. Using what Rinchen, PHED shared as the “bottom up approach” in Bhutan to ensure acceptability and to be applied as an option along with other tools, including rewards. It was felt that the national levels role should focus on supporting and reviewing these for the time being with the potential to introduce nationally in the future.

A high level of regulation and “strict enforcement” was not seen as working in current contexts by Lay, SNV Cambodia. Using the example of a post ODF regulation formulated by a commune committee she shared that only a small amount of fines had been issued. Dennis, Uganda however felt that there is a role for the regulation of standards of sanitation and facilities.

Finally, Bunleng raised the issue of **ensuing equality and equity** and the importance of annually reviewing regulations to identify any gaps in how regulations are working and any effects on vulnerable groups, including people living with disabilities.

Annex 4: Speech by H.E. Chea Sophara, Minister of Ministry of Rural Development

It is my great pleasure today to join the closing of the workshop “Sustainable Sanitation Services for All” which has been jointly organised by the Royal Government of Cambodia’s Ministry of Rural Development and SNV Netherlands Development Organisation.

I would like to thank Your Excellency, ladies and gentlemen, representatives of NGOs, Development Partners, and honourable national and international guests for spending your time participating in this important workshop.

On this great occasion, I would like to convey the regards from **Samdech Aka Moha Sena Padei Decho Hun Sen**, Prime Minister of the Royal Government of Cambodia, to Your Excellency, ladies and gentlemen participating in this workshop and staying in the Kingdom of Cambodia, and wishing you all success, safety physically and mentally of you have the chance to visit any tourist areas to explore about our economic development, our social and cultural and civilisation.

Excellency, ladies and gentlemen

This workshop is part of the Sustainable Sanitation and Hygiene for All Programme in Asia which aims to improve access to sanitation and hygiene for rural populations in Cambodia, Nepal, Bhutan, Laos, Vietnam and Indonesia and is implemented in partnership with the government agencies in each country. In Cambodia, SNV has been in partnership with the Ministry of Rural Development and Provincial Departments of Rural Development to implement the Sustainable Sanitation and Hygiene for All Programme in Kampot province since 2010 and later in Kampong Spey province since 2015.

The programme is fully aligned with the Royal Government of Cambodia’s National Strategy for Rural Water Supply, Sanitation and Hygiene for 2011-2015. The strategy emphasises the need to strengthen both the demand and supply of sanitation and hygiene products and services and at the same time to create the enabling environment that is conducive for the demand to be created at scale and for the private sector to flourish. The programme also contributes to strengthen the existing government structures and works with the line agencies that are responsible for sanitation and hygiene in the programme target areas.

Excellency, ladies and gentlemen

Under the wise leadership of **Samdech Aka Moha Sena Padei Decho Hun Sen**, Prime Minister of the Royal Government of Cambodia, we have peace, political stability, security, social order and development of all sectors. NGOs and civil society have actively contributed to this social development, promote democracy, human rights, rule of law and reflecting the activities of the public institutions. Our people are aware of their rights, obligation and to make effort to improve their livelihood and support the state’s development activities. For economic development, we are proud with our great achievement even when we face some challenges. In 2015, our economic growth is 7%. The average income of the people is 1,136 USD and the poverty is reduced to 14% in 2014.

For water supply and sanitation, the Government has the sector vision “Every person in rural communities has sustained access to safe water supply and sanitation services and lives in a hygienic environment by 2025”. The Ministry of Rural Development has achieved the Millennium Development Goals. In 2014, the rural water supply coverage was 50% and for rural sanitation it was 46.2%, which exceeds the target. We also set the target of 60% by 2018 and 100% by 2025. This achievement has contributed to better health, especially the life expectancy has increased from 58 years to 64 years for males and from 67 years to 71 years for females by comparing between 2004 and 2013.

Excellency, ladies and gentlemen

The district of Banteay Meas is counting down to achieving 100% of households having access to sanitation. Before the programme started in 2012, open defecation was considered as a common practice in Banteay Meas district, with only 16% of households having access to sanitation. Based on the latest monitoring data, 97% of the households now have access to and are using toilets, and over 90,000 people are living in communes that have been declared open defecation free. Eleven communes in the target area of the SSH4A programme in Banteay Meas have been officially declared Open Defecation Free. Four additional communes have sanitation coverage ranging from 74-100%. The Provincial Department of Rural Development and the Banteay Meas district authority have shown strong commitment to improve sanitation practices in the district and to achieve full Open Defecation Free district soon.

As we know, the progress towards open defecation free communes, districts and even countries raises new questions in the post-Open Defecation Free and the Sustainable Development Goals era which you have been discussing over the past four days. Will this progress be sustainable? Have the needs of all been met? What services will be needed to ensure the sanitation facilities are operated, maintained and upgraded? Will the institutions and businesses have the skills and capacity to recognise and respond to these changing needs?

This learning event has been focusing on understanding local government and other stakeholder's roles and responsibilities in districts that have achieved Open Defecation Free status, and for those yet to achieve that status.

We hope the event has provided an opportunity to exchange ideas and experiences between the different country teams and partners on various topics including planning for the future sanitation services and institutionalising sanitation and hygiene services.

Finally, I wish Your Excellency, ladies and gentlemen, the participants of the workshop with good health, strength and success. I hereby officially adjourn the Regional Learning Event.