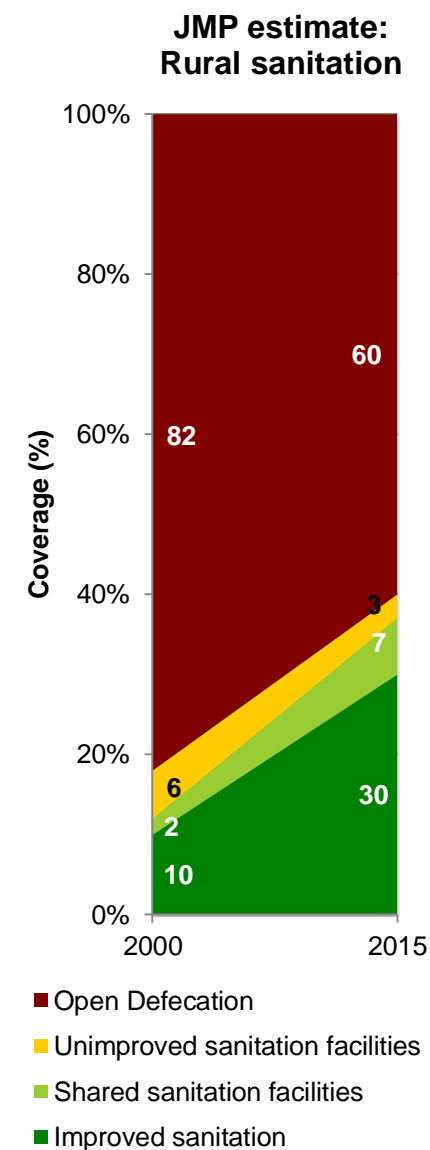


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CLTS summary

		2012	2015
Status and Scale	CLTS date of introduction	2004	
	CLTS spread: % of country	48%	76%
	CLTS in urban areas	No	No
	CLTS coverage: major organisations	16	19
	OD population rural (2010 & 2015, mill)	8.1m	7.5m
	Communities triggered (number)	1,502	6,160
	ODF communities (number)	608	1,494
	Capacity developed (trained facilitators)	214	260
Enabling	CLTS in government policy	Yes	Yes
	CLTS targets in government plans	No	No
	CLTS financed by government	Indirect	Some
	CLTS integrated with other approaches	Maybe	Yes
	CLTS sustainable monitoring	Maybe	No
Effectiveness	ODF success rate	40%	24%



Scale of rural sanitation challenge

Category	2015 Rural sanitation coverage			2012
	Percent	Households	Population	Population
Open Defecation	60%	1,553,542	7,457,002	8,132,400
Unimproved sanitation facilities	3%	77,677	372,850	451,800
Shared sanitation facilities	7%	181,247	869,984	451,800
Total without improved sanitation	70%	1,812,466	8,699,835	9,036,000

Source: 2015 JMP estimate; United Nations Population Division (2014) Annual Rural Population – 2015; 2012 UN Population Forecast

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Rural: improved sanitation coverage

The JMP estimate suggests a steady increase in improved sanitation coverage in rural areas since 2000 from 10% to 30% in 2015. Open defecation has reduced from 82% to 60% and estimates that more than 1.6 million rural households (7.5 million people) do not use any form of sanitation facility.

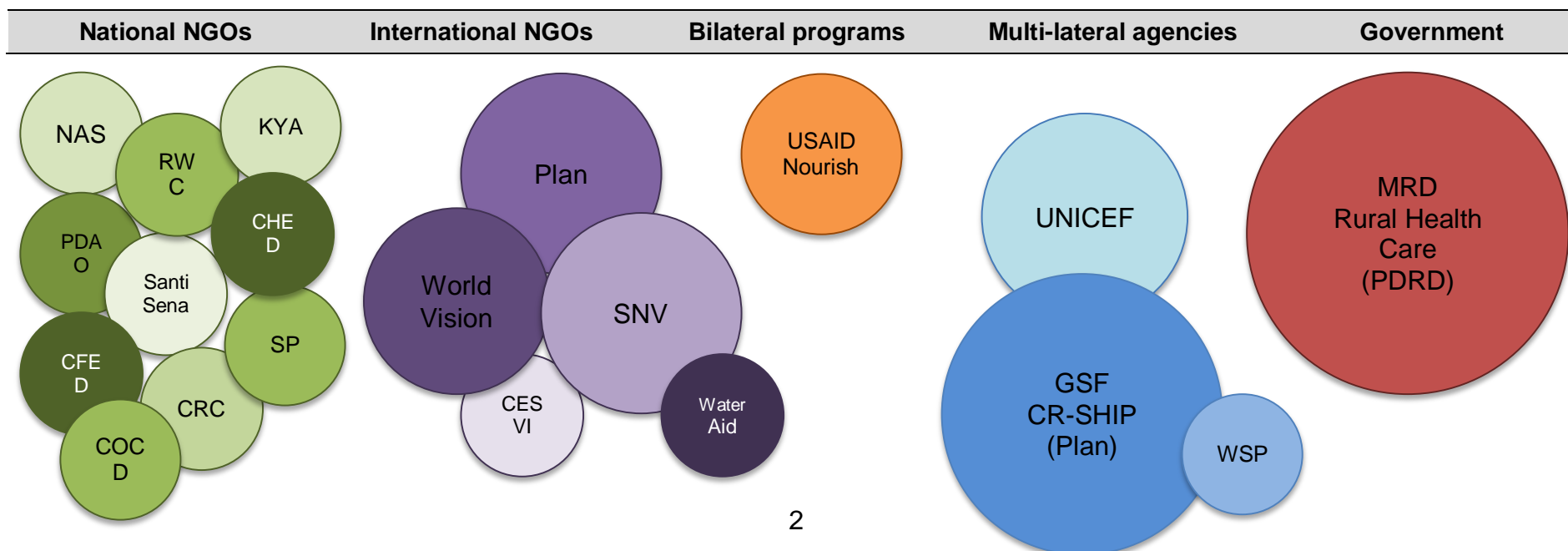
National development plans set the goal of 30% rural sanitation coverage by 2015, and 100% by 2025. The JMP estimates for 2015 suggest Cambodia has met its own 2015 goal, however the National Strategic Development Plan goal of 60% by 2018 will still require rapid acceleration.

Where is CLTS implemented and by whom

CLTS status and geographic spread

CLTS was first introduced by CONCERN Worldwide in 2004, but without immediate follow up. UNICEF and Plan Cambodia started to implement at larger scale in 2006. In 2012 CLTS had spread to 11 out of 23 provinces in Cambodia (introduced in 48% of the provinces), and is now currently in 19 out of 25 provinces and the capital (increasing spread to 76%) Provinces include: Banteaymeanchey, Battambang, Kampong Cham, Kampong Chhnang, Kampong Speu, Kampong Thom, Kampot, Kandal, Mondulkiri, Otdar Meanchey, Pailin, Preah Vihear, Prey Veng, Pursat, Rattanakiri, Siem Reap, Svay Rieng, Takeo, Tboung Khmum.

CLTS institutional coverage



Major funding through the Global Sanitation Fund (GSF) Cambodia Rural Sanitation and Hygiene Improvement Program (CR-SHIP) 2012-2015) and UNICEF's WASH Program have contributed to expansions in CLTS in both spread in the country and number of implementers. UNICEF's WASH program is implemented by the Ministry of Rural Development, through Provincial Department of Rural Development, and covers 11 provinces. CR-SHIP has reached 5 provinces but a 3 year expansion from 2015-2018 will see it reach five more. Under CR-SHIP the number of national NGOs implementing CLTS has increased. Since 2012 the number of international NGOs has consolidated.

CLTS is not currently implemented in urban areas in Cambodia.

Major Non-CLTS Programs

A few major implementation programs in Cambodia have used a subsidy-based approach, notably the ADB RWSSP-2 (USD 5.25 million sanitation component).

ADB RWSSP-2: program methodology based around a "CLTS-hybrid" approach that is intended to use elements from the CLTS approach to create sanitation demand, which is followed by project support (subsidies) for latrine construction. The project design envisaged that a USD 75 sanitation grant will be provided to each household covering the cost of an improved and hygienic dry-pit latrine with a concrete ring-lined pit (subground structure only). The sanitation grant may be applied in the construction of a water-sealed or a pour-flush latrine based on household preference and affordability levels. In practice the sanitation grant is a prominent feature of the program with support for latrine construction may start before a village achieves 100% open defecation free status. Will complete in June 2015.

East Meets West is implementing Community Hygiene Output Based Aid (CHOBA) (2012-2016) in five provinces. CHOBA encourages households to build improved household sanitation facilities and connect them with both approved local construction contractors and consumer lenders. Households are offered a consumer rebate (or an upfront "discount" when the rebate is channelled through suppliers) upon verification of a properly built and used toilet with an associated handwashing station, and financial rewards are offered for the achievement of community-wide improved sanitation coverage benchmarks.

Two main organizations of iDE and WaterSHED are implementing sanitation marketing programs in 15 provinces which are designed to generate demand for pour-flush toilets, strengthen the supply of sanitation goods and services, and assist local producers and their sales networks to sell toilets that increase the population using improved sanitation facilities. These programs have utilised some CLTS inspired tools in demand creation and latrine promotion activities, but the main objective of these sanitation marketing programs is incremental

Major Exceptions

Programs with subsidy elements:

Multilateral: ADB RWSSP-2

International NGO: EMW

CHOBA

Sanitation marketing

increases in sanitation coverage through private toilet sales. These programs do not have collective action goals (ODF community targets) and contain few specific pro-poor or equity objectives. World Toilet Organisation previously piloted a franchise model of Sanishops but is now operating in Kampong Chhnang province only.

CLTS variations and practice

1. Global Sanitation Fund CR-SHIP: CLTS + Sanitation Marketing

GSF Cambodia Rural Sanitation and Hygiene Improvement Program (CR-SHIP) phase 1 plans to implement CLTS in 2,020 villages. Sanitation marketing projects are implemented by partners to improve the availability and affordability of sanitation goods and services in the program provinces. By end December 2014, triggering occurred in 1,739 villages (up from 700 at the end of 2013), resulting in a total of 445 villages with ODF status (up from 128 at the end of 2013).

2. SNV's Sustainable Sanitation and Hygiene For All (SSH4A)

This program combines sanitation demand creation through CLTS, with private sector development for sanitation supply chain and finance, hygiene behavioural change communication and improved governance to scale up access to sanitation in the rural areas of Cambodia. The SSH4A program emphasizes capacity building of partner agencies at provincial, district and commune level to plan, implement and monitor the sanitation and hygiene interventions, so they can continue to promote sanitation and hygiene for the long term. The first ODF commune was declared in Trapeang Sala Khang Lech commune in Banteay Mas District in 2013. In this commune previously only 25% of households had access to a toilet and now 98% own their own with 2% sharing. It operates in six provinces.

3. Plan: Sanitation in Emergency Food Assistance Project-Additional Financing (EFAP-AF)

Plan supported CLTS, hygiene promotion and smart sanitation financing integrated in the ADB funded, Ministry of Economy and Finance executed, Emergency Food Assistance Project-Additional Financing (EFAP-AF) 2013-2015. This program improves food security of poor and vulnerable people affected by high food prices. The sanitation component involves CLTS triggering, with targeting of ID Poor 1 and 2 households for conditional cash transfers through an incentive payment of \$25 to buy materials for latrines (50% of the cost), if they have committed to sustainably applying the main hygiene and sanitation messages (eg. participation in CLTS events, availability of handwashing facilities, availability of potable water, latrine pit dug), in the first 3-4 months of project implementation. Financial incentives are delivered through a Micro Finance Institution. Achievements include 1,083 communities triggered, 22,859 ID Poor households received incentives. Of the households that received an incentive 61% built latrines (53% pour flush, 8% dry pit).

4. USAID NOURISH Program

USAID is funding a five-year, \$16.3 million integrated nutrition, sanitation, and hygiene project called NOURISH to address the complex, multi-faceted causes of chronic malnutrition in Cambodia, targeting rural areas in the poorest districts of Battambang, Siem Reap and Pursat provinces. The program, targeting ID Poor women and their children in the first 1,000 days of life, was launched in late 2014 and is being led by Save the Children, with technical support from SNV. Sanitation activities include product development and marketing through private sector promotion, as well as strengthening the capacity of local partners to implement and create sanitation demand through CLTS approaches.

CLTS scale

An estimated 1,494¹ communities have claimed ODF although not all have been verified and there is no reliable source of data on this number. Guidelines to define ODF were introduced in 2014.

ODF success rate

There is no centralised information on number of villages triggered or ODF status but estimates are that 6,160 villages have been triggered with 1,494 ODF, giving a rate of 24% achievement.

CLTS capacity

An estimated 260 facilitators have been trained to date. Most (70-80%) trained facilitators are from government (PDRD and DoRD) however only about 30-35% of trained facilitators are still active. Figures from the GSF program suggests better retention of female facilitators. Only 18% of trained facilitators are women, yet women make up 32% of active facilitators.

¹ MRD 610; Plan/GSF 491; WV-C 207; SNV 186

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CLTS Scorecard

ENABLING ENVIRONMENT			
Policy <i>CLTS in government policy</i>		1. National Strategic Plan for RWSSH 2014-2025 (2013) 2. National Policy on Water Supply and Sanitation (2003) 3. Government CLTS guidelines and training manual (2014)	1. National Strategy for RWSSH: For Sanitation: Use sanitation behavior change approaches (e.g. CLTS) and promote local markets to deliver sanitation products and services so that households buy, construct and use latrines. <i>Principles: "Each household should pay for its own toilet. Public finance is only used to create demand for better sanitation and hygiene behaviors, to facilitate the private sector to deliver sanitation services, and to improve the capacity of the sub-national government to promote, coordinate, monitor and report progress of sanitation interventions. Direct hardware subsidies can only be used in a targeted manner to support the poor".</i> 2. 2003 NPWSS: every person in rural communities will have access to safe water supply and sanitation services by 2025. 3. National CLTS Guidelines (2014)
Strategy <i>CLTS targets in government strategies or development plans</i>		National Action Plan for Rural Water Supply, Sanitation and Hygiene (to be issued by end of 2015)	100% of sanitation coverage by 2025, but no ODF targets in national strategy for RWSSH. A new National Action Plan (under development) will include specific indicators and targets for ODF.
Leadership <i>CLTS led by government</i>		Ministry of Rural Development Department of Rural Health Care	DRHC leading sanitation and CLTS direction. PDRD/DoRD sets strategies, trains facilitators, implements and monitors and verifies. District government leadership not proactive although a pilot with functional transfer of sanitation responsibilities to districts has started mid-2015 (10 districts).
Finance <i>CLTS financed by government</i>		Government support to programs	The Department of Rural Health Care (DRHC) provides central support to CLTS and other rural sanitation programs, with local implementation support provided through provincial rural development offices (PDRD). Government budget for sanitation has increased from US\$320,000 in 2014 to US\$580,000 in 2015 however this is generally for hardware. DRHC is advocating for targeting of the poor and greater allocation for software (eg. CLTS) but this is yet to happen. Budget for 2016 is expected to

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			increase.
Coordination <i>Mechanisms for stakeholder coordination</i>		1. WatSan Group 2. Technical Working Group on RWSSS (hosted by MRD, with participation of other ministries and development partners)	Implementers meet on technical issues but are generally fragmented. No annual sector review although foreseen as part of the NAP-process. TWG addresses high-level issues, such as National Action Plan development, decentralization reform.
IMPLEMENTATION AND SUSTAINABILITY			
Integration <i>CLTS integrated with other approaches</i>		1. Sanitation marketing 2. Hardware subsidies 3. Nutrition 4. Early childhood	1. iDE sanitation marketing pilot used a shortened CLTS approach to create demand for the Easy Latrine. The GSF program combines CLTS and sanitation marketing, with supply strengthening provided by its partners. 2. Several programs, notably the ADB RWSSP-2, are planning to use CLTS to trigger demand for latrine subsidies. 3. Several NGOs combine CLTS with nutrition interventions. A new USAID NOURISH program will integrate CLTS and nutrition at scale. 4. Plan is integrating Nutrition, Early Childhood stimulation and WASH (iNEW) since 2013
Triggering <i>Standardised Facilitator training</i>		National CLTS Guidelines Annex 3 Facilitators Notes (2014)	Facilitator training is standardised in so far as the National CLTS Guidelines provide a module for facilitators including selection criteria for facilitators, description of duties, and community procedures. There is no centralised institution for training of facilitators, or professionalization of training.
<i>Facilitator quality control</i>		National CLTS Guidelines Annex 3 Facilitators Notes (2014)	Individual organisations check the quality of facilitators through a triggering performance checklist included in CLTS Guidelines. Only some implementers are providing sustained capacity building of facilitators. Only 30% of trained facilitators are still active. No central register of facilitators.
ODF <i>Clear ODF criteria</i>		National CLTS Guidelines (2014)	New National Guidelines on CLTS process including ODF criteria: a) 100% do not practice OD and least 85% have access to functional improved latrines and the remaining 15% through shared latrines; b) All households dispose of infant feces into owned and shared latrines; c) There is no evidence of human excreta in the village environment; and, d) Community has

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			<p>formulated and enforces informal or formal actions against open defecation.</p> <p>Main implementers of CLTS follow guidelines (government and NGOs). Exceptions include ADB RWSSP and NGOs that do not focus on collective outcomes.</p>
<i>Verification protocol</i>		National CLTS Guidelines (2014)	<p>Village ODF verification process clearly documented. The verification process is expected to be done twice; once after a village declares itself as ODF and the next after 6 months of being ODF although there is no evidence that this happens yet as the guidelines have only recently been agreed. Verifiers include PDRD/DoRD, local authorities, village focal point and program staff. No verification protocol for commune or district level ODF achievements.</p>
<i>Post ODF support</i>		National CLTS Guidelines (2014)	<p>No formal process. Implementing partners informally follow up with PDRD and commune/village leaders. Some partners such as SNV formalise post ODF support by establishing post ODF committees and developing strategies for continuation of ODF with reporting to commune level.</p>
Technical support <i>Availability of products and services</i>		Low-cost affordable and package solution is widespread available through sanitation marketing initiatives	<p>Limited choice of technology options, especially for very poor. Physically challenging environments eg. flood areas, lack a cost effective solution.</p>
MONITORING AND EVALUATION			
Monitoring <i>Robust and regular monitoring of ODF achievements</i>			<p>In the past DFID finance was used to establish a CLTS database to track progress in Cambodia, but this database is no longer used. Manual monitoring of ODF criteria occurs on a project or program level but each implementer uses different systems. There is no coordinated national monitoring of ODF status. A National WASH Management Information System is under development.</p>
<i>Post ODF Monitoring of quality and sustainability</i>			<p>Not systematic. National CLTS Guidelines do not address how and when to follow up post ODF: "Periodic check of sustainability of ODF status needs to be agreed and followed in the program". Slippage is not routinely monitored. There is no</p>

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			procedure for a community to lose its ODF status.
Evaluations and knowledge sharing <i>Evaluations, reviews and learning</i>		WatSan Group meetings	Lessons are shared through WatSan Group meetings, quarterly and annual program meetings. Several studies by implementing partners contribute to sector knowledge eg. Plan's: <i>Testing CLTS Approaches for Scalability: Cambodia (2014)</i>
<i>Information on costs and resources for CLTS</i>			Unit costs and resource calculations are not centrally available.

Most Significant Changes since 2012

1. National CLTS Guidelines	Previously there was no official guide for CLTS implementation process. The National Guidelines have resulted in a common sanctioned approach which is clear and easy for implementers to follow. The Cambodian definition of ODF has been agreed, and the verification process is clear. This has brought unity and conformity to the sector.
2. Improved facilitation	Facilitation has improved through the National CLTS Guidelines selection criteria for facilitators and clear statement of duties. A core group of Master trainers at the national lever has developed their capacity and skills over time. Training of facilitators is more thorough resulting in improved triggering at community level.
3. Large programs scale up CLTS	Major programs such as the GSF C-SHIP have boosted CLTS implementation and driven evolution in Cambodia. The number of national NGOs with CLTS experience has also increased.
4. Increased access to durable and affordable sanitation products	Coverage of sanitation and the number of ODF villages has increased significantly in last 3 years. Much of this increase is in durable and affordable pour flush toilets.
5. Change in thinking	CLTS is seen as one element in a sustainable sanitation solution, and there is wider thinking about linking LCTS with the need to improve the supply chain as well as behaviour change communications efforts and the use of pro-poor support mechanisms. National BCC guidelines are in development that recognize various approaches and methods, including CLTS as one to address collective change.

Lessons Learned

1. Households prefer pour flush toilets	The sanitation ladder concept is not applicable in Cambodia. Households will frequently delay purchase until they have their preferred pour flush latrine. This can delay achievement of ODF but can lead to improved sustainability of sanitation behaviour.
2. Triggering	Triggers that work best to mobilise the community include: disgust, shame, self esteem, desire for good health, privacy and convenience. Triggering with children appears effective resulting in children urging their parents to build a toilet.
3. District based sanitation is effective and role of district administrations for rural sanitation should be enhanced	District-wide local government-led approach is more effective and sustainable in comparison with targeted support only to a few selected poor communes or villages. Partnership with local authorities and market suppliers, increases government capacity to steer and scale up sanitation initiatives and builds local momentum to reach all with improved sanitation. Commitment and leadership of the provincial and district authorities is important but can only be achieved when the program covers a larger area. SNV's SSH4A approach has led to stronger commitment and ownership in all target districts. In 2013, after introducing the results based sanitation and hygiene planning at district level, the impact and results were more than triple those in the previous year. To strengthen the district-wide approach a gradual transfer of rural sanitation mandate to district administrations could help to scale-up government-led service delivery.
4. Local context is important	CLTS demand creation approaches need to accommodate local solutions to local problems and the solutions depend upon a clear understanding on the sanitation situation and community's socio-cultural norms, values and motivations. One size does not fit all.
5. CLTS and Sanitation Marketing is a powerful combination	If CLTS and sanitation marketing are integrated the achievements can be quick, and sustainability can be improved.
6. Share best practices through peer to peer learning to accelerate progress	Learning exchanges between government officials at commune, district and provincial level accelerate rural sanitation and hygiene achievements. Joint progress review meetings and visits between the districts and provinces create "healthy competition" for increased sanitation coverage.
7. Diffusion	Neighbouring non-triggered villages copy sanitation improvements from triggered communities.
8. Promotion	Publicity on National days/international days eg. global handwashing day, is effective at spreading information to community including about sanitation

CLTS weaknesses & bottlenecks

1. ODF not a key indicator	National level targets and monitoring focuses on sanitation coverage not ODF achievements.
2. Continued use of subsidies	Acceleration of progress and effective scaling up of sanitation is undermined by competing or contradictory approaches in the same location, particularly the use of hardware subsidies that are not employed in a targeted manner to the poor and delivered in a smart way. There is more consensus in the sector that a pro-poor mechanism is needed and a guideline will be drafted in 2015.
3. Lack of national monitoring system	There is no central place for monitoring and tracking ODF status of villages, therefore it is difficult to obtain a national picture of the progress of CLTS and ODF status or identify lagging areas within the country.
4. No post-ODF monitoring	No procedure for monitoring sustainability and slippage of previously verified ODF communities. Post ODF monitoring is uneven and not formalised.
5. Limited latrine technologies	There are few latrine options available for households. Affordable technology solutions are yet to be developed for challenging environments i.e. flooding areas, floating areas, mountains

CLTS opportunities in next 3-5 years

1. National Action Plan	A National Action Plan to be developed in 2015 will set ODF targets and guide the allocation of government funds, and mobilise funds from other donors to support sanitation. The NAP will be an umbrella to mobilise a common approach.
2. Management Information System	A MIS (currently under development) will monitor and capture national progress on ODF achievements. The MIS will be trialled in provinces where GSF is operating. Up until now CLTS has relied on anecdotal information with market based programs having much better quantitative data eg. sales.
3. Increased funding	Continued support of donors such as expansion of GSF program to five new provinces, and more funds expected from government
4. Improved coordination	More coordination is necessary, particularly at district level, in order to create a synergy and reach the sanitation vision. The existing good collaboration between government and partners can further support government to develop sanitation in the future. MRD has submitted their functional review document to the Government in which rural sanitation is a proposed function for transfer to district administrations. Piloting of this transfer in 2015-2016 in 10 district is foreseen before such transfer

	would be enacted nationally
5. Sanitation integrated with other approaches eg, nutrition and early childhood	<p>Nutrition is receiving increasing attention and links with sanitation are much better understood by policy makers The US-AID NOURISH program is anticipated to provide learnings on links between sanitation and nutrition and how to integrate.</p> <p>Plan Cambodia has been implementing iNEW for integrating WASH with nutrition and early childhood and has developed iNEW tools using positive approaches.</p>
6. Cost norms	<p>A costing exercise to gather unit costs for implementation of CLTS by different partners could contribute to accurate costs for scaling up and targeting for the National Action Plan. Cambodia has sufficient history of CLTS implementation to provide this information. Plan estimates costs per village for triggering and post-triggering follow up visits to be \$1,200 to \$1,500 which includes ODF status and staffing cost for implementing partners.</p>