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Synthesis Report

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List of Abbreviations

BCC	Behavior Change Communications
CARD	Council for Agriculture and Rural Development
CCWC	Commune Council for Women and Children
CHOBA	Community and Hygiene Output-Based Aid
CLTS	Community-Led Total Sanitation
COM	Council of Ministers
DRHC	Department of Rural Health Care
DRWS	Department of Rural Water Supply
EMWF	East Meets West Foundation
GSF	Global Sanitation Fund
IDE	International Development Enterprises
IP3	Three-Year Implementation Plan of the National Program for Sub-National Democratic Development
JTWG	Joint Technical Working Group
KAP	Knowledge, Attitude, and Practices
M&E	Monitoring and Evaluation
MEF	Ministry of Economy and Finance
MFI	Microfinance Institution
MIS	Management Information System
MOEYS	Ministry of Education, Youth and Sports
MOH	Ministry of Health
MOI	Ministry of Interior
MOP	Ministry of Planning
MOU	Memorandum of Understanding
MRD	Ministry of Rural Development
NAP	National Action Plan for Rural Water Supply, Sanitation and Hygiene
NCDD	The National Committee for Sub-National Democratic Development
NGO	Non-Governmental Organization
NIS	National Institute of Statistics (under Ministry of Planning)
NP-SNDD	National Program for Sub-National Democratic Development
O&M	Operation and Maintenance
OBA	Output-Based Aid
PDRD	Provincial Department of Rural Development
RWSSH	Rural Water Supply, Sanitation and Hygiene
SNV	Netherlands Development Organization
TA	Technical Assistance
TWG-RWSSH	Technical Working Group for Rural Water Supply, Sanitation and Hygiene
UNICEF	United Nations Children’s Fund
WaterSHED	Water, Sanitation, and Hygiene Enterprise Development
WHO	World Health Organization
WSP	Water and Sanitation Program of the World Bank’s Water Global Practice

Acknowledgements

This report is a synthesis of the technical assistance (TA) ‘Cambodia RWSSH Sector Improvement Support’ (P132212) carried out by the World Bank’s Water and Sanitation Program (WSP) of the Water Global Practice. The synthesis including lessons and recommendations has been developed based on the various documentations throughout the TA implementation, consultations and meetings with Ministry of Rural Development (MRD), especially the Department of Rural Health Care (DRHC) and the Department of Rural Water Supply (DRWS), the Technical Working Group for Rural Water Supply, Sanitation and Hygiene (TWG-RWSSH), the National Committee for Sub-National Democratic Development (NCDD) Secretariat and other key stakeholders.

The Task Team Leaders for this TA are Phyrum Kov and Virak Chan. Continuous strategic guidance and support were received from Susanna Smets and Almud Weitz throughout the TA and the preparation of this report. The following World Bank staff and consultants have been instrumental in the implementation of the TA: Susanna Smets, Nga Kim Nguyen, Peter Feldman, Charanay Chim, Helena Horal, Muny Min, Kuysrorn Seng, Ayphalla Te and SNV team. Technical inputs were also received from Eddy Perez, Emily Christensen Rand, and Jacqueline Devine on different aspects of the TA.

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Executive Summary

This synthesis report documents the implementation process, results and lessons learned under a three-year Technical Assistance (TA) program undertaken by the Water and Sanitation Program of the World Bank's Water Global Practice (WSP) in Cambodia between May 2013 and June 2016. It also presents recommendations for the government on key steps to accelerate service delivery at scale for Rural Water Supply, Sanitation and Hygiene (RWSSH) and for the World Bank to strategically engage in the sector. For comprehensiveness, annexes are attached that include key supporting documentation, and resources and deliverables developed under this TA are also provided in the resource pack (the resource pack is linked to Box folder which is available upon request).

Why this TA?

As of 2015, approximately one third of Cambodia's rural population are relying on unimproved water sources for their daily consumption; and 60% are still practicing open defecation in rural areas.¹ With over three quarters of Cambodians living in rural areas, and considering that rural areas are home to 90% of Cambodia's poor,² lack of access to improved water and sanitation takes a high toll on health and nutritional status, dignity and well-being. Such conditions limit the overall economic opportunities for rural households, trapping them in the poverty cycle leading to trans-generational poverty.

The Government of Cambodia envisions that by 2025, everyone in rural areas lives in communities with universal access to water supply and sanitation.³ With the pace of progress that the sector has achieved to date, realizing the 2025 vision remains a huge challenge, especially for rural sanitation.

To address the challenges in the RWSSH sector, the TA was formulated with the objective of *increasing the capacity of the Government of Cambodia to lead, coordinate and mobilize resources for developing and sustaining poor-inclusive rural water supply and sanitation services.*

To achieve the objectives, the TA focused on two pillars: (i) Support the government capacity to operationalize the sector strategy and decentralization, and (ii) Support the government capacity in sector monitoring and learning. Although the TA covered both rural water supply and sanitation, the predominant focus has been on the latter, given its off-track progress in reaching the related Millennium Development Goals (MDG).

What did the TA cover and what was achieved?

Grouped into two pillars above, the activities undertaken under the TA are summarized as follows:

Pillar 1: Support the government capacity to operationalize the sector strategy and decentralization

- **Conducting Sector Partner Mapping:** The TA supported the Ministry of Rural Development (MRD) in conducting a partner mapping survey to better understand the stakeholder landscape in the sector including the areas of partner support and the resources flowing into the sector. This exercise provided an opportunity for the government to improve coordination mechanisms and for RWSSH partners to proactively adjust their strategy and program. It has also led to a stronger commitment to develop a joint national action plan which all partners would contribute to.
- **Raising the Profile and Dissemination of the National Strategy for RWSSH:** The TA assisted MRD in disseminating the RWSSH Strategy, approved by MRD in 2011, to all 25 provinces to build a shared vision for the RWSSH sector. WSP also supported MRD in transforming the RWSSH Strategy

¹ UNICEF/WHO Joint Monitoring Programme 2015

² Poor is defined as those households living below (check the report; this is 1.25 USD/day at PPP, if it comes from Poverty Assessment)

³ RGC (2003), *National Policy for Rural Water Supply, Sanitation and Hygiene*, Cambodia

into the National Strategic Plan for RWSSH 2014-2025 which was approved by the Government of Cambodia, the Council of Ministers, in January 2014.

- **Formulating the RWSSH National Action Plan:** To help the government operationalize the National Strategic Plan, the TA supported the formulation of a medium-term action plan up to 2018. The National Action Plan for RWSSH 2014-18 (NAP) was developed (and to be approved) with realistic activities, outputs, clear timeline, resource envelope and results framework.
- **Consolidating Behavior Change Communications (BCC) through National Guidelines:** Since the sector strategic direction strongly emphasizes Behavior Change Communications (BCC) in the delivery of water supply, sanitation and hygiene services, the TA supported MRD in developing the National Guidelines for Behavior Change Communications for Rural Sanitation and Hygiene in Cambodia. The Guidelines pave the way for development of an umbrella BCC campaign for the sector so that coherent messages could be effectively conveyed to the target population.
- **Piloting a Decentralized Service Delivery Model for Rural Sanitation:** The government's reform agenda on decentralization calls for strengthening the mandate of the district level in service delivery to improve responsiveness, quality and access of services for its citizens. The TA supported MRD and the National Committee for Sub-National Democratic Development (NCDD) to implement a pilot of rural sanitation functional assignment in two provinces. The pilot provides lessons for the roll-out of function transfer nationwide.

Pillar 2: Support the government capacity in sector monitoring and learning

- **Supporting the Development of a Monitoring System for Rural Water Supply and Sanitation:** The National Strategic Plan for RWSSH calls for a unified government-owned Management Information System (MIS) for monitoring sector performance. The TA conducted an M&E situation analysis and helped design the sector performance monitoring framework which are the backbone of the MIS design.
- **Undertaking Strategic Research to Inform Programmatic Approaches:** Two studies have been conducted to address important knowledge gaps in the sector: (i) the link between rural sanitation and stunting, and (ii) the effect of Output-Based Aid (OBA) subsidies and sanitation marketing on sanitation uptake among the poor. While the first one fosters cross-sector collaboration, the second one provides inputs to the development of the pro-poor support guidelines to be developed by MRD.

What have we learnt?

The implementation of the TA has yielded a number of experiences and lessons learnt that could be particularly beneficial for the sector to put forward strategic programming for RWSSH and to inform future support to the Cambodian Government and World Bank engagement. Below are the key lessons learned captured during the course of TA implementation.

Operationalization of the sector strategy and decentralization

- Engaging sub-national stakeholders in an interactive learning experience on the new service delivery approaches in the RWSSH Strategy maximizes ownership.
- Elevating the political profile of the RWSSH sector along with a medium-term National Action Plan can facilitate resource mobilization by the government, both from domestic sources as well as grants and loans from development partners.

- Participatory development of the National Action Plan for RWSSH 2014-18 contributes to better harmonization and alignment, builds momentum for sector support, and leads to increasing demand for institutional strengthening.
- Government leadership is essential for the development of an overarching BCC guideline to facilitate joint collaborative action in the execution of a sector-wide BCC campaigns.
- Getting high-level ministerial support is essential to move decentralization agenda forward for rural sanitation.
- With the right technical assistance support, districts – with the help of communes – have proven to obtain reasonable capacity to plan and deliver rural sanitation function in a decentralized model. Yet, unless financial and human resources are sufficiently transferred to district level, and PDRD/MRD retains a technical support role, an optimal execution of this function cannot be realized.
- Helping the districts to develop district-wide sanitation plans with strong participation from the communes has empowered the communes to tap into social service fund effectively for improving rural sanitation.

Sector monitoring and learning

- Lack of robust institutional support and government resources committed to operate the RWSSH sector MIS can jeopardize the sustainable use of the MIS.
- Introducing evidence-based behavior change communications beyond traditional health-based messages requires intense capacity development and mindset shift by government and stakeholders.
- Creating demand for evidence-based policy development has helped to embed an explicit knowledge agenda in the government National Action Plan.

Recommendations and Way Forward

Based on the TA results and lessons, a set of key recommendations has been generated both for action by the Government of Cambodia and for future World Bank engagement to support the sector.

Operationalization of sector strategy and decentralization

- With the approval of the NAP, MRD may use this as an opportunity to dialogue with MEF for better resource allocation to support programming in RWSSH sector.
- Since the NAP was already approved, MRD could opt to strengthen the role and capacity of the TWG-RWSSH in closely monitoring the implementation of the NAP ensuring activities and outputs are achieved within the stated timeframe.
- As there are many sector stakeholders in the RWSSH sector, MRD could consider the possibility to periodically conduct partnership assessment to take stock of the external support for the RWSSH sector and understand the resource commitments among sector stakeholders.
- To enhance effectiveness and impacts of sector interventions, MRD could consider develop and rollout the national umbrella BCC campaign for rural sanitation and hygiene based on the BCC Guidelines.
- MRD, in collaboration with NCDD Secretariat and MEF, may rigorously assess the adequacy of the budget transferred to pilot districts vis-à-vis the function transferred to them, and identify opportunities for increase the resource transfer during the second year of pilot implementation.
- MRD and NCDD Secretariat could jointly develop and agree on the roadmap for rolling out rural sanitation function transfer nationwide.

- Once the rural sanitation function is formally transferred to districts, NCDD Secretariat, in collaboration with MRD, could implement an at-scale capacity development program for districts on rural sanitation service delivery to support the function transfer.

Sector monitoring and learning

- MRD may consider establishing M&E unit for RWSSH within the DRHC and/or DRWS with clear institutional roles and responsibilities in managing RWSSH MIS.
- As sector progresses, MRD could consider conducting annual joint sector review to take stock of the lessons and emerging learning from the NAP implementation with the view of adjusting the NAP on annual basis.
- In the medium term, once the MIS is functional, MRD could consider establishing a reliable benchmarking system to monitor the sanitation progress at district level.

The following are suggestions for the World Bank to maintain and deepen strategic engagement in the RWSSH sector:

- Continue to support MRD and TWG-RWSSH capacity in implementation and monitoring of the NAP.
- In the immediate term, support the continuation of the current rural sanitation decentralized service delivery pilot to gather additional evidence and foster stronger political support.
- Support the government in implementing the agreed roadmap, including the preparations of necessary legal documents and manuals.
- Integrating the rural water supply and sanitation in Disaster Risk Management Project (P149149), Livelihood Enhancement and Association Project (P153591) and Social Accountability Project.

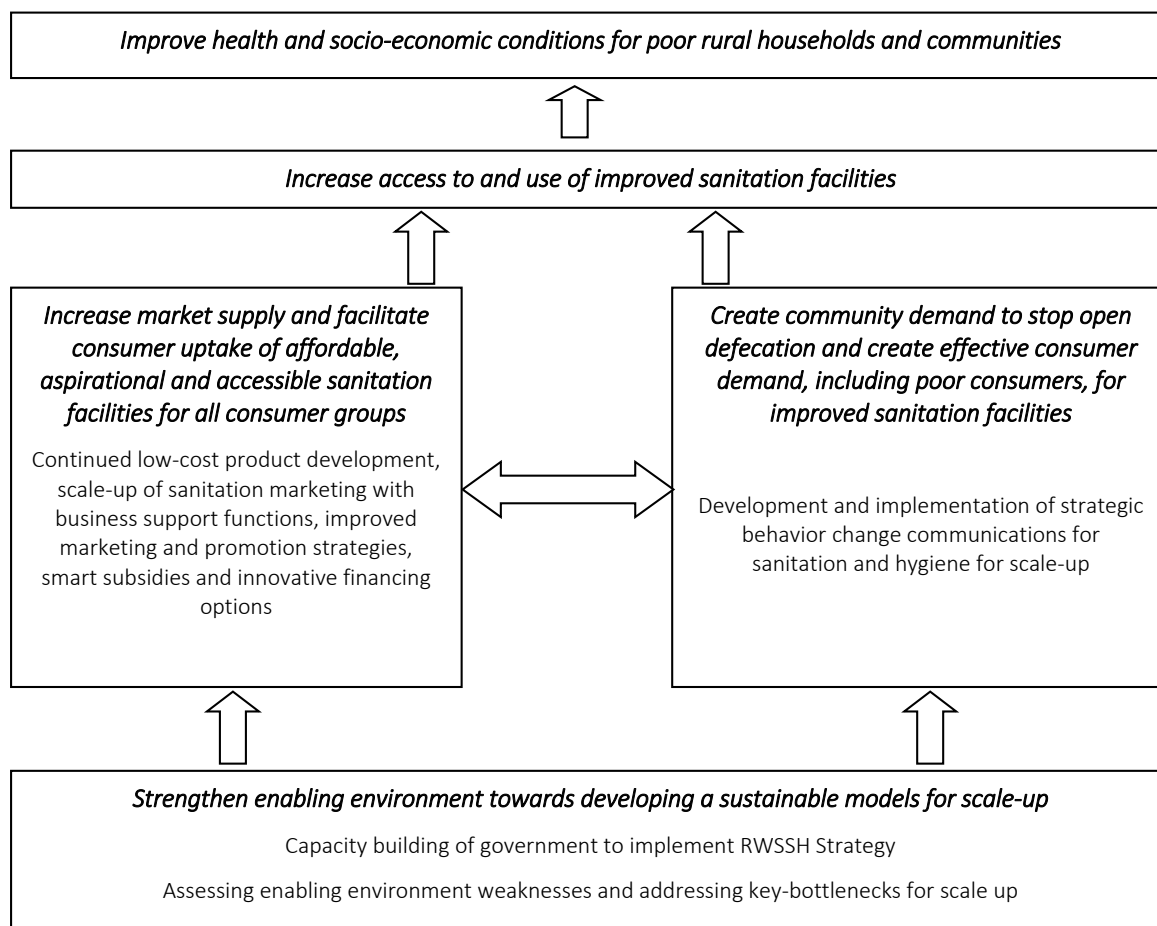
Longer-term engagement under the World Bank future Country Partnership Framework is expected in the next two-years, and may lead to a multi-sectoral IDA operation, for example to support nutrition and RWSSH.

1. Introduction

This report provides the synthesis of the results, experiences and lessons learnt from the implementation of the Technical Assistance (TA) “Cambodia Rural Water Supply and Sanitation Sector Improvement Support (P132212)” carried out by the World Bank’s Water and Sanitation Program of the Water Global Practice (WSP) from May 2013 to June 2016.⁴ Based on the lessons learnt, it also provides recommended actions and pathways for the Government of Cambodia, particularly the Ministry of Rural Development (MRD), to accelerate water supply and sanitation service delivery at scale.

Although the TA addresses broad sector issues pertaining to both rural water supply and sanitation, the TA mostly focused on the rural sanitation sub-sector, which progress has been far from reaching the Millennium Development Goals (MDG).⁵ Specifically for rural sanitation, the TA was developed based on WSP’s Global Theory of Change, which has been tested and implemented in over 16 countries worldwide, tailored to the Cambodia context. It promotes a sanitation programmatic approach at-scale that connects strengthening local supply chains with behavior change and demand creation for sanitation, while improving the enabling environment. Figure 1 below illustrates WSP’s Theory of Change for rural sanitation in Cambodia.

Figure 1: WSP’s Theory of Change for Rural Sanitation in Cambodia



⁴ The total budget of the TA was USD 1.3M

⁵ Based on the definition of the MDG, Cambodia should have reached a rural sanitation target of 53% by 2015. The government has adopted a lower target for the country whereby by 2015, 30% of rural population should gain access to sanitation.

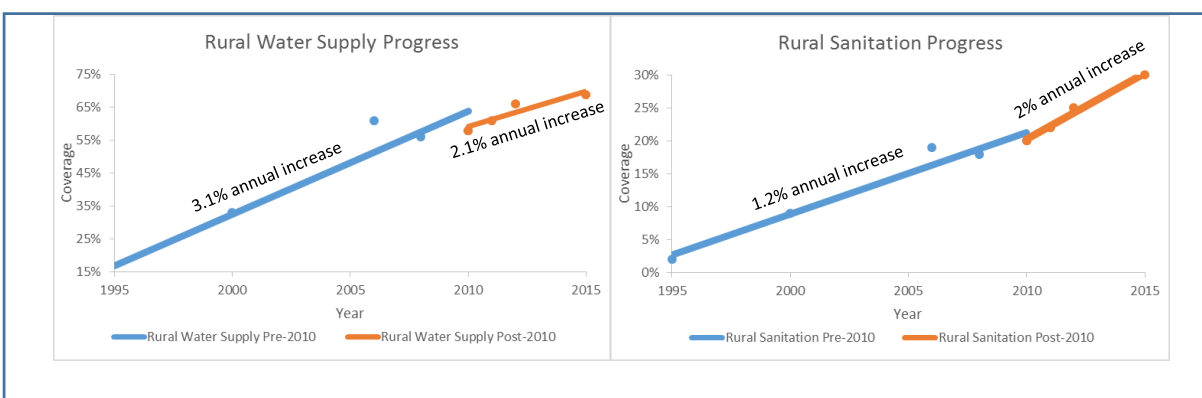
While another TA P132201 (already closed in May 2015) explicitly addresses the strengthening of the local private sector to facilitate market-based service delivery as well as demand creation for sanitation products and services, this TA specifically supports the strengthening of the enabling environment. This report therefore sets out key lessons and achievements and highlights the various deliverables produced as a result of a close engagement with the government during the TA implementation over the past three years.

2. Background and Context

2.1. Sector Context and Progress

Over the past two decades, Cambodia has made significant progress on improving access to water and sanitation in rural areas, albeit from a very low base. According to the WHO/UNICEF Joint Monitoring Programme (JMP), access to water supply and sanitation in rural areas has improved respectively from 38% and 10% in 2000 to 69% and 30% in 2015.⁶ While the increase in rural access to improved water supply since 1995 was in itself remarkable, with an annual increase rate of 3.1% per year up to 2010, it slowed down over the past five years to 2.1%. The reverse is true for rural sanitation which has observed accelerated progress over the past five years between 2010 and 2015.⁷ The annual increase rate of gaining access to rural sanitation during this five-year period nearly doubles the rate before 2010. Before 2010, the annual increase rate for rural sanitation was around 1.2%, while after 2010, the rate is at 2% per year. Figure 2 below shows the progress in coverage for rural water supply and sanitation between 1995 and 2015.

Figure 2: Rural Water Supply and Sanitation Progress 1995-2015



Despite this progress, the country's rural water and sanitation coverage remains the lowest in the South East Asian region. As of 2015, approximately one third of the rural population, equivalent to 3.8 million people, are relying on unimproved water sources for their daily consumption; and 60%, or around 7.4 million people still practice open defecation in rural areas.⁸ With over three quarters of Cambodians living in rural areas, and considering that rural areas are home to more than 90% of Cambodia's poor,⁹ lack of access to improved water and sanitation takes a high toll on the health and nutritional status, dignity and well-being. Such conditions limit the overall economic opportunities for rural households, trapping them in the poverty cycle leading to trans-generational poverty. Various studies in Cambodia suggest that lack of access to improved water and sanitation does have impacts on the economy¹⁰ and is strongly associated

⁶ UNICEF/WHO Joint Monitoring Programme 2015

⁷ Compiled from various Joint Monitoring Programme Reports 2008, 2010, 2012, 2013, 2014, 2015

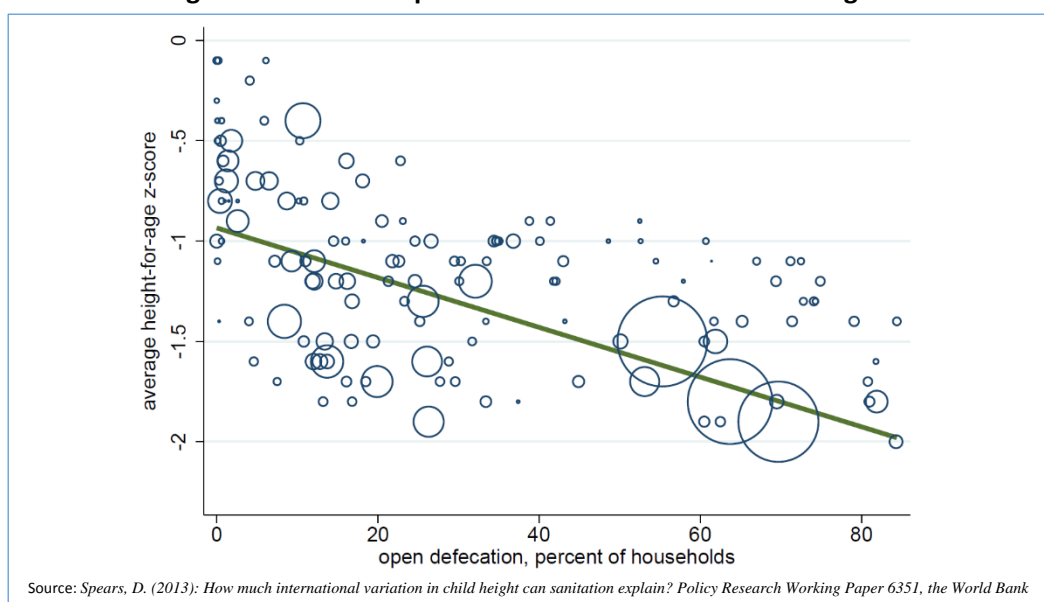
⁸ Ibid

⁹ Poor is defined as those households living below \$ 1.2 per day (2012 poverty line). According to the World Bank Poverty Assessment report (2013), there are 2.6 million people living in poverty and 2.38 million of those are in rural areas in 2012.

¹⁰ WSP (2008), *Economic Impacts of Sanitation in Cambodia*, Water and Sanitation Program, World Bank

with child stunting, affecting long-term cognitive development among children.^{11, 12} Thus, tackling poor water and sanitation issue will contribute to long-term development of the country. Figure 3 explains the relationship between lack of sanitation and child height, drawing from data of 65 developing countries.

Figure 3: Relationship Between Sanitation and Child Height



The government institution responsible for rural water supply and sanitation is the Ministry of Rural Development (MRD), through the Department of Rural Health Care (DRHC) for rural sanitation promotion and the Department of Rural Water Supply (DRWS) for rural water supply. The latter is related to the community-based, non-commercial rural water supply schemes.

The Government of Cambodia envisions that by 2025, everyone in rural areas lives in communities with universal access to water supply and sanitation.¹³ With the pace of progress that the sector has achieved to date, realizing the 2025 vision remains a huge challenge, especially for rural sanitation. If rural sanitation progress is maintained at the rate of post-2010 (2% a year), universal access will only be achieved by 2050, which is far beyond the government target as well as the Sustainable Development Goal (SDG) that set universal access as a target by 2030. To meet the government target, the progress needs to be accelerated by 3.5 times the post-2010 rate, requiring concerted efforts by government to formulate and implement a medium- and long-term strategy and concrete action plan with support of development partners. The focus would need to be on accelerating the service delivery to the unserved population including the poor and vulnerable groups, and building institutional capacity to sustain the service provision.

Acknowledging the challenges in rural sanitation, the government and sector stakeholders have made some progress on key enabling environment indicators paving the way for effective implementation of rural sanitation at scale. Table 1 provides a snapshot of the progress,¹⁴ during the course of the implementation of the TA between 2013 and 2015. In 2013, the enabling environment was weak, due to lack of a clear implementation strategy, sub-optimal institutional arrangement, low implementation

¹¹ Humphrey, J. H. (2009), Child undernutrition, tropical enteropathy, toilets, and handwashing, *Lancet*, Vol:374, pp. 1032-35
¹² WSP (2013), Investing in the next generation: Growing tall and smart with toilets, Water and Sanitation Program, World Bank
¹³ RGC (2003), National Policy for Rural Water Supply, Sanitation and Hygiene, Cambodia
¹⁴ This is progress based on rating by the task team involved in the implementation.

capacity, lack of coherent implementation methodology for scaling up, lack of financing at all levels, and lack of monitoring and evaluation (M&E) system and capacity.

Table 1: Progress in Enabling Environment for Rural Sanitation (self-rated)¹⁵

Enabling Environment Intermediate Outcome	2013	2014	2015
Policy, Strategy and Direction			
Advocacy plan	Red	Red	Red
Shared vision	Red	Yellow	Yellow
Strategic plan/policies	Green	Green	Green
Institutional incentives	Red	Red	Yellow
Legislative framework	Red	Red	Yellow
Political will	Green	Green	Green
Institutional Arrangement			
National home/lead institution/ministry	Green	Green	Green
Established coordination mechanism	Green	Green	Green
Dedicated budget line	Red	Yellow	Green
Clear links with other sectors	Red	Yellow	Green
Clear operational structure	Red	Yellow	Red
Program Methodology			
Program methodology framework	Red	Red	Yellow
Methodology adapted to national context	Red	Red	Yellow
Methodology implemented	Green	Green	Green
Methodology adopted by local government	Red	Yellow	Yellow
Methodology adopted by national government	Red	Yellow	Red
Methodology linked to other programs	Red	Red	Yellow
Implementation Capacity			
Capacity and Incentive plan	Red	Red	Yellow
Sufficient capacity at national level	Red	Yellow	Green
Sufficient capacity at district level	Red	Yellow	Yellow
Sufficient capacity at community level	Red	Red	Red
Sufficient capacity among DP and NGOs	Green	Green	Green
Private sector mobilized	Green	Green	Green
Availability of Products and Tools			
Goods and services are available	Red	Red	Red
Goods respond to consumer preferences	Green	Green	Green
Supply chain barriers and drivers identified	Green	Green	Green
Goods and services available and affordable	Red	Yellow	Yellow
Goods and services with marketing	Red	Red	Red
Innovations in goods and services	Green	Green	Green
Financing			
Funding plan	Red	Red	Red
Adequate funding available	Red	Yellow	Green
Funding for national government	Red	Yellow	Green
Funding for local government	Red	Yellow	Yellow
Funding sources utilized	Red	Red	Red
Funding for expansion and sustainability	Red	Red	Red
Cost Effective Implementation			
Awareness of cost-effective implementation	Green	Green	Green
Cost-effective assessment methodology/system	Red	Red	Red
Cost-effective assessment methodology capacity	Red	Red	Red
Cost data analyzed and utilized	Red	Yellow	Red
Monitoring and Evaluation			
Monitoring and evaluation framework	Green	Green	Green
Leadership (institution) for M&E	Green	Green	Green
M&E system	Red	Yellow	Yellow
National M&E capacity	Red	Red	Red
District M&E capacity	Red	Red	Red
M&E results used	Red	Red	Red

¹⁵ Compiled from the WSP's Country Monitoring Tools. "Green" indicates the satisfactory achievement of the respective indicators, "Red" indicates progress has not been satisfactorily made and more efforts are needed, while "Yellow" indicates some progress in the indicators.

It is observed that during 2013-2015 some enabling environment areas for rural sanitation have made good progress, thus moving the status of some indicators from “red” to “green”, indicating positive changes in the sector over past years. However, it is important to note that although some indicators are marked “green”, that does not necessarily mean that the indicators are fully achieved: some of the indicators have had satisfactory improvement that gives strong indication that the indicators are progressing well toward full achievement. Progress in some of the key areas during 2013-2015 is highlighted below.

Traditionally, DRHC has had limited budget for rural sanitation activities which is marginal compared to what is needed. In 2015, however, the budget for the DRHC significantly increased by 75% compared to 2014, which was substantial compared to the increases in the past years. More importantly, DRHC has become a budget entity in 2015 whereby the department can formulate their budget based on a program-based budgeting framework. Such development would give more flexibility to DRHC on the way the budget is to be spent on the rural sanitation program, which used to be hardcoded for hardware support interventions.

There has also been good progress in terms of capacity at the national level in relation to delivering rural sanitation. Although some challenges may remain, DRHC has accumulated understanding, knowledge and experience on the overall management and planning of the sector, the need to bring all the approaches together and the significance of the decentralization agenda in the sector. What is also important is the improvement of capacity within the National Committee for subnational Democratic Development (NCDD) Secretariat in understanding rural sanitation service delivery. Such understanding and commitment has led to the pilot for the decentralization of rural sanitation function in the first place.

Another important development was that the linkage between sanitation and nutrition has been well recognized both at policy and operational level. The Council for Agriculture and Rural Development (CARD) which is tasked with a policy role on nutrition has recognized water and sanitation as a key contributor to improved nutrition. At the policy level, the National Strategy for Food Security and Nutrition issued in 2014 explicitly includes water and sanitation as one of the priority actions. In addition, the technical group tasked to facilitate collaboration among the two subsectors was established so that practical guidance can be developed to guide implementation in the future. At the operational level, some nutrition projects have included water and sanitation as part of the design. For example, the USAID-supported NOURISH project in 20 districts in three provinces has included large sanitation interventions in their program. Impact evaluation for the effectiveness of such integration is planned to be conducted to see how much sanitation improvement has a role in improving the nutrition status within the intervention areas.

Although it is difficult to quantify, such improvement could potentially facilitate the service delivery on the ground. This TA has helped – alongside other development partners – support the government in realizing the positive changes in the enabling environment over the past years.

2.2. Rationale of the TA

As mentioned earlier, although showing good progress, access to water supply and sanitation in rural Cambodia remains the lowest in the region and the progress of rural sanitation has been seriously off-track to reach the MDG and sector vision. A partner mapping exercise conducted by the MRD in 2013,¹⁶ with support of this TA, showed that there are many partners and NGOs working with the government to support the delivery of rural water supply and sanitation. However, most of them are largely involved in direct service delivery with varying – and sometimes limited – degree of coordination and collaboration with government authorities, resulting unintentionally in fragmentation and lack of harmonized service

¹⁶ WatSan Sectoral Working Group (2013), Report on partner mapping survey for rural water supply, sanitation and hygiene in Cambodia, Ministry of Rural Development

delivery approaches. Few partners, such as UNICEF, WHO, WaterAid, together with WSP, have been addressing upstream bottlenecks in the broader enabling environment and focusing on the strengthening of government institutions to facilitate sustainable service delivery at scale.

Based on WSP's global experience on scaling up rural sanitation,¹⁷ support to the sector in strengthening the enabling environment is key for achieving scale and sustainability. As indicated in Table 1, this encompasses the following dimensions: (i) policy, strategy, and direction, (ii) institutional arrangements, (iii) program methodology, (iv) implementation capacity, (v) availability of products and services, (vi) financing incentives, (vii) cost-effective implementation, and (viii) monitoring and evaluation.

In this regard, this TA has filled a critical gap, where at national level the focus was on strengthening overall sector management, planning, policy development, and capacity building in results monitoring for rural water supply and sanitation. At sub-national level, the TA supported institutional change through building local governments' capacity in rural sanitation service delivery in line with the decentralization reform.

3. Technical Assistance Overview and Results

3.1. Objective

The development objective of this TA was to *increase the capacity of the Government of Cambodia to lead, coordinate, and mobilize resources for developing and sustaining poor-inclusive rural water supply and sanitation services*. It aimed to accelerate sustainable and equitable access to rural water supply and sanitation through sector reforms that improve the enabling environment for at-scale implementation, with a specific focus on rural sanitation service delivery at sub-national level.

The activities identified in the TA included strategic engagement with the government at national and sub-national level, which are necessary to achieve the development objective of the TA. While capacity building is embedded in the government sector strategy, the support at national level to implement the strategy has been an important impetus for delivering capacity building at scale. At the sub-national level, the TA has focused on building capacity of district administration to lead the sanitation agenda at the district level where they can plan, implement and monitor rural sanitation. In addition, the TA also supported the government in strengthening the learning agenda of the sector.

The TA was organized in two main pillars,¹⁸ to respond to specific sector roadblocks identified in Table 1 above and to align with the priorities set forward by the Technical Working Group of the Rural Water Supply, Sanitation and Hygiene (TWG-RWSSH).¹⁹ The two pillars of the TA along with corresponding intermediate outcomes are as follows:

- i. Support the government capacity to operationalize the sector strategy and decentralization
Intermediate Outcomes:
 - IO 1: Rural Water Supply, Sanitation and Hygiene Strategy effectively implemented
 - IO 2: Sub-national government capacity in implementing rural sanitation at scale strengthened
- ii. Support the government capacity in sector monitoring and learning
Intermediate Outcomes:
 - IO 3: Government's capacity to monitor and evaluate the rural water supply and sanitation sector strengthened
 - IO 4: Knowledge of at scale program implementation deepened

¹⁷ Perez, E. et al (2012), *What does it take to scale up rural sanitation*, WSP Working Paper, The World Bank

¹⁸ The Project Concept Note consists of four components under this TA, but for the simplicity in this final report, these four components are classified in two main pillars.

¹⁹ The TWG-RWSSH is the main coordinating body, chaired by the Minister of Rural Development with participation from different ministries including Ministry of Economy and Finance and Ministry of Interior as well as various development partners. Its role is to help coordinate development partner contributions with the Government of Cambodia priorities and ensure better harmonization and alignment.

Although the TA covered rural water supply and sanitation, the support to rural water supply was marginal and indirect, largely through IO 1 and IO 3. More direct and predominant support was provided to rural sanitation, which was classified as a sub-sector that had been off-track in reaching the MDG and where more supports were needed.

3.2. Summary of TA Results

After three years of implementation, the TA achieved substantial progress for most intended intermediate outcomes and the expected target indicators. Table 2 shows the summary of results achieved over the course of TA implementation, which are discussed in more details in Section 3.3.

Table 2: Results Achieved versus Intermediate Outcomes

Intermediate Outcome	Indicators	Results
Rural Water Supply, Sanitation and Hygiene Strategy effectively implemented	<ul style="list-style-type: none"> • Dissemination of the national strategy at the national and sub-national level completed by June 2013 • Program implementation methodology and guidelines developed by June 2014 • Strategy operational plan and results framework developed by December 2013 • Behavior Change Communication (BCC) strategy developed by September 2013 	<ul style="list-style-type: none"> • Achieved. In collaboration with UNICEF, the Rural Water Supply, Sanitation and Hygiene National Strategy 2011-2025 (RWSSH Strategy) was widely disseminated at national level and in all 25 provinces with strong participation from stakeholders. To raise the profile and gain political support, the RWSSH Strategy was transformed into the Government of Cambodia National Strategic Plan for RWSSH 2014-25, approved by the Council of Ministers. • Partially achieved. While the focus was on the development of the National Action Plan (NAP) 2014-18 for implementing the RWSSH Strategy, developing new guidelines was put on hold. A review exercise is now conducted to assess and rationalize the guidelines landscape and identify the gaps. • Achieved. The National Action Plan (NAP) 2014-18, a five year operational plan of the RWSSH Strategy, is developed and awaiting approval in April 2016. The NAP includes a results framework for the RWSSH sector between 2014 and 2018. Similarly, Provincial Action Plans (PAP) including results framework, were also developed for each province. • Achieved. National Behavior Change Communications (BCC) guidelines was developed and endorsed by the MRD and circulated widely in the sector in March 2016. The BCC guidelines aim to guide the implementation of existing BCC interventions and the development of new BCC tools under a national campaign for RWSSH.
Sub-national government capacity in implementing rural sanitation at scale strengthened	<ul style="list-style-type: none"> • Rural sanitation program reflected in provincial, district and commune plans in at least two provinces by January 2015 • Capacity building package for commune-level sanitation 	<ul style="list-style-type: none"> • Achieved. 47 communes in five districts in two provinces allocated annual commune budget to implement sanitation BCC activities starting in 2014. In addition, under rural sanitation decentralization activity, ten districts in additional two provinces have included rural sanitation in their District Investment Programs for 2015 and 2016. • Not yet achieved. Capacity building packages for districts and communes on sanitation promotion is under development and

Intermediate Outcome	Indicators	Results
	<p>promotion developed by December 2013 and implemented in at least 10 districts in two provinces by January 2015</p> <ul style="list-style-type: none"> • Other World Bank operational programs strengthened to address sanitation service delivery at local level 	<p>would be part of the roadmap for rural sanitation function transfer roll out (to be delivered by June 2016).</p> <ul style="list-style-type: none"> • Achieved. BCC approaches and materials developed for sanitation are used by World Bank operations in Cambodia such as the Cash Transfer Pilot Project Focused on Maternal and Child Health and Nutrition (P132751).
<p>Government's capacity to monitor and evaluate the rural water supply and sanitation sector strengthened</p>	<ul style="list-style-type: none"> • Rural sanitation monitoring system designed and developed by December 2013 and implemented in at least five provinces by December 2014 • Performance benchmarking system introduced at the district level in two provinces by June 2014 • Existing rural water supply monitoring system functionality improved by December 2013 	<ul style="list-style-type: none"> • Partially achieved. Monitoring framework developed by November 2015. The Management Information System (MIS) application is being developed with support of UNICEF. The progress on the system development experienced a delay, with expectation for completion by 2016 and subsequent roll-out of the system in ten provinces (to be supported by the Global Sanitation Fund). • Not yet achieved. The performance benchmarking for two provinces is still under development as data is being collected. It is expected that performance benchmarking activities will be introduced in ten districts of two provinces by June 2016. • Scope changed. A review of the functionality of the existing WellMap database was conducted to understand the usefulness of the platform and areas for improvement. Based on the findings, MRD and stakeholders decided to integrate the platform in the RWSSH MIS application that is currently being developed with UNICEF support.
<p>Knowledge of at scale program implementation deepened</p>	<ul style="list-style-type: none"> • At least one national and/or regional peer-learning event organized annually between government and other development partners • Evidence-based lessons on at-scale implementation have been identified, documented and disseminated through at least two knowledge products by June 2015 	<ul style="list-style-type: none"> • Achieved. Peer learning activities were conducted among the communes and districts on rural sanitation: one learning activity was between Kandal and Svay Rieng provinces and the other one was between Kampong Speu, Thbong Khmum and Kampot provinces. At national level, a national BCC learning event was held for the government and sector partners to identify gaps and agree on priorities for BCC campaign. A cross-sector learning was conducted for other sectors to learn about functional assignment for sanitation. • Achieved. A research brief on <i>"Investing in the next generation: Growing tall and smart with toilets"</i> was also produced in November 2013 to strengthen cross-sector collaboration between sanitation and nutrition. A draft research brief on <i>"Understanding of the effect of sanitation marketing and smart subsidy programs on latrine uptake among the poor"</i> was developed and presented with expected publication in 2016. This research will help to inform pro-poor support mechanism for sanitation in Cambodia.

3.3. Key activities and results achieved under the TA

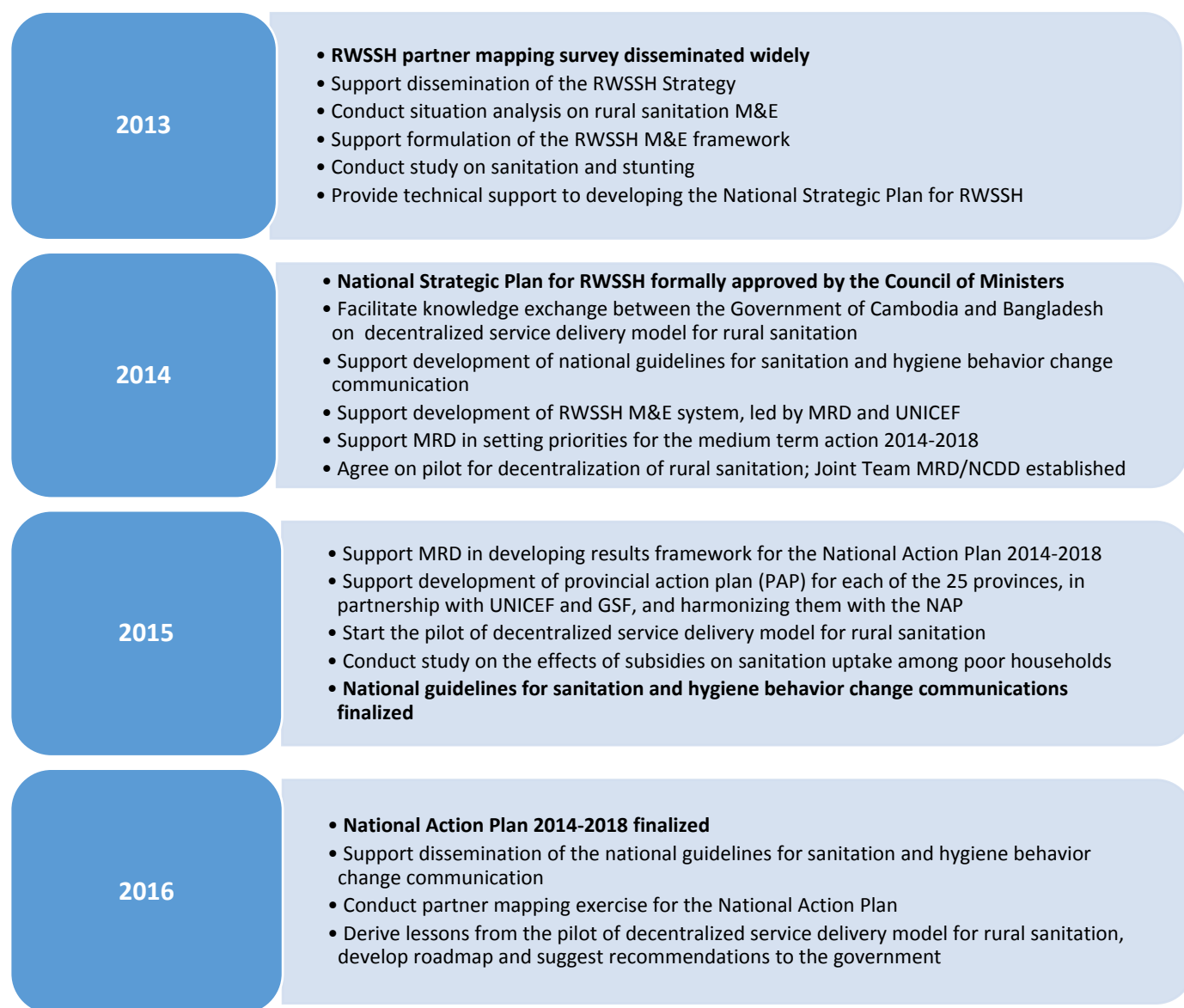
Over the three-year implementation period, various activities were conducted in close collaboration with DRHC and DRWS, with the strategic guidance provided by the TWG-RWSSH in order to meet the objectives of the TA. On the third component of the TA, WSP supported not only MRD but also the NCDD and the Ministry of Economy and Finance (MEF) to help pilot the decentralization of the rural sanitation function.

The implementation process was guided by the following principles:

- To focus on technical and upstream support rather than direct implementation, fostering systematic institutional change;
- To work with, and add value to, government systems and, along the process strengthen government ownership and capacities to improve sector management; and
- To undertake research of strategic and policy relevance, facilitate knowledge exchange and pilots to address specific priority needs and inform sector reform.

The TA engaged experienced international and local consultants as well as an NGO, SNV Netherlands Development Organization, to deliver the various activities in the TA. Guided by the principles listed above, Figure 4 shows the sequence of TA activities and key milestones, while the subsequent subsections provide highlights of the key activities, milestones and results achieved.

Figure 4: Key Activities and Milestones



The following section provides detailed activities implemented under the TA, structured around the two pillars of the TA mentioned above.

Pillar 1: Support the Government Capacity to Operationalize the Sector Strategy and Decentralization

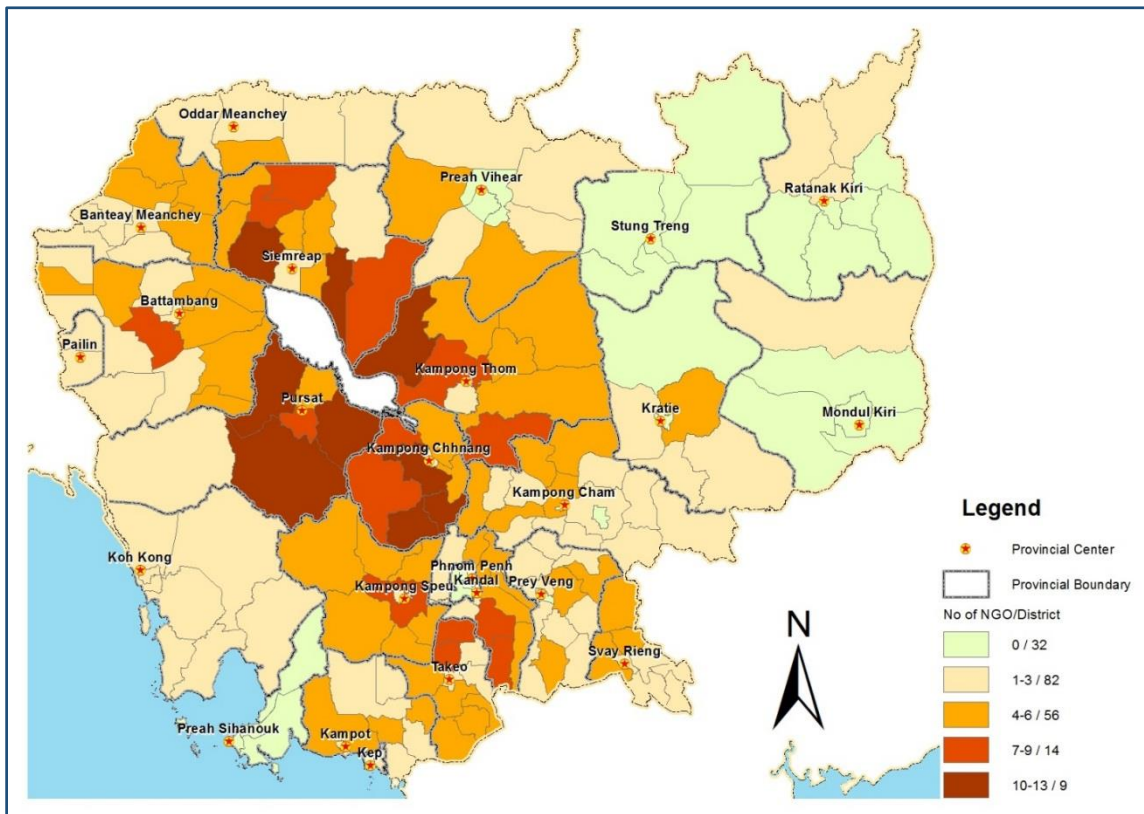
3.3.1. Conducting Sector Partner Mapping

In 2013, as per the TWG-RWSSH workplan, a partner mapping survey was conducted to better understand the stakeholder landscape in the sector including the areas of partner support and the resources flowing into the sector.

The survey showed that over the period of 2009-2015, USD103 million were committed to the RWSSH sector by 48 partner organizations, a significant amount that can make a huge difference if well-coordinated. The partner mapping exercise also indicated the concentration of partner organizations across the country, with a high density of partner organizations found around the Tonle Sap plain areas. The presence of partners does not always match with the service gaps in the country, especially for areas which are remote and challenging. Figure 5 shows the concentration of RWSSH partner organizations based on the survey. This exercise does not only provide an opportunity for the government to improve coordination mechanisms, but also helps all RWSSH partners to proactively adjust their strategy and program according to the identified gaps.

More importantly, this exercise has also led to a stronger commitment to develop a joint national action plan which all partners would contribute to. The key results of the partner mapping survey are in Annex 1, and the full report is in the resource pack.

Figure 5: Concentration of RWSSH partners at district level, 2013



3.3.2. Raising Profile and Dissemination of the National Strategy for Rural Water Supply, Sanitation and Hygiene

In 2003, the Government of Cambodia issued the National Water Supply and Sanitation policy, setting the vision of universal coverage in rural areas by 2025 and laying out general principles that would steer the sector towards achieving the vision. Despite the issuance of the policy, implementation of rural water supply and sanitation has not been properly guided leading to sub-optimal coordination, a variety in delivery models and approaches – sometimes even contradicting each other – and inefficiencies in terms of resource utilization and limited domestic resource mobilization. This has likely contributed to the slow progress in rural sanitation access in the decade from 2000 to 2010 as shown in Figure 2. While rural access has improved relatively fast recently due to several large-scale donor investment programs and support from NGOs, challenges are arising in how to sustain and expand those services, with adequate institutional structures.

Recognizing these challenges, in 2011, MRD developed the National Strategy for Rural Water Supply, Sanitation and Hygiene 2011-2025, hereinafter referred to as “RWSSH Strategy”, to set the direction for the implementation of the national policy, the medium-term and long-term objectives and articulate components to achieve the 2025 vision. The RWSSH Strategy is organized around five pillars:

- i. Increase access to sustainable improved water supply
- ii. Increase access to improved sanitation
- iii. Improve hygiene behavior related to water and sanitation
- iv. Strengthen institutional capacity and arrangement to improve sector management
- v. Improve sector financing for capital costs and recurrent cost.

Elevating the Strategy to a National Strategic Plan with broad Government Endorsement

Since the RWSSH Strategy was approved at ministerial level, its influence and applicability are limited to MRD and its provincial line agencies. Given the cross-cutting nature of water and sanitation with other sectors, concerted efforts from different ministries and sub-national governments are required. Therefore, elevating the strategy to a Government of Cambodia Strategic Plan could better facilitate cross-sectoral collaboration and align all government agencies toward a common vision for rural water supply and sanitation.

In January 2014, the National Strategic Plan for RWSSH 2014-2025 was approved by the Government of Cambodia, the Council of Ministers (COM),²⁰ making RWSSH a priority agenda for the development of the country. This high-level endorsement could potentially support MRD in facilitating cross-ministerial collaboration, working with the sub-national level of government and mobilizing resources for achieving the sector vision. The TA prepared technical inputs for the National Strategic Plan, which can be found in the TA resource pack. Figure 6 provides an overview of the evolution of the RWSSH sector strategic framework up to now.

Disseminating the national strategy for RWSSH to the sub-national level for bottom-up support

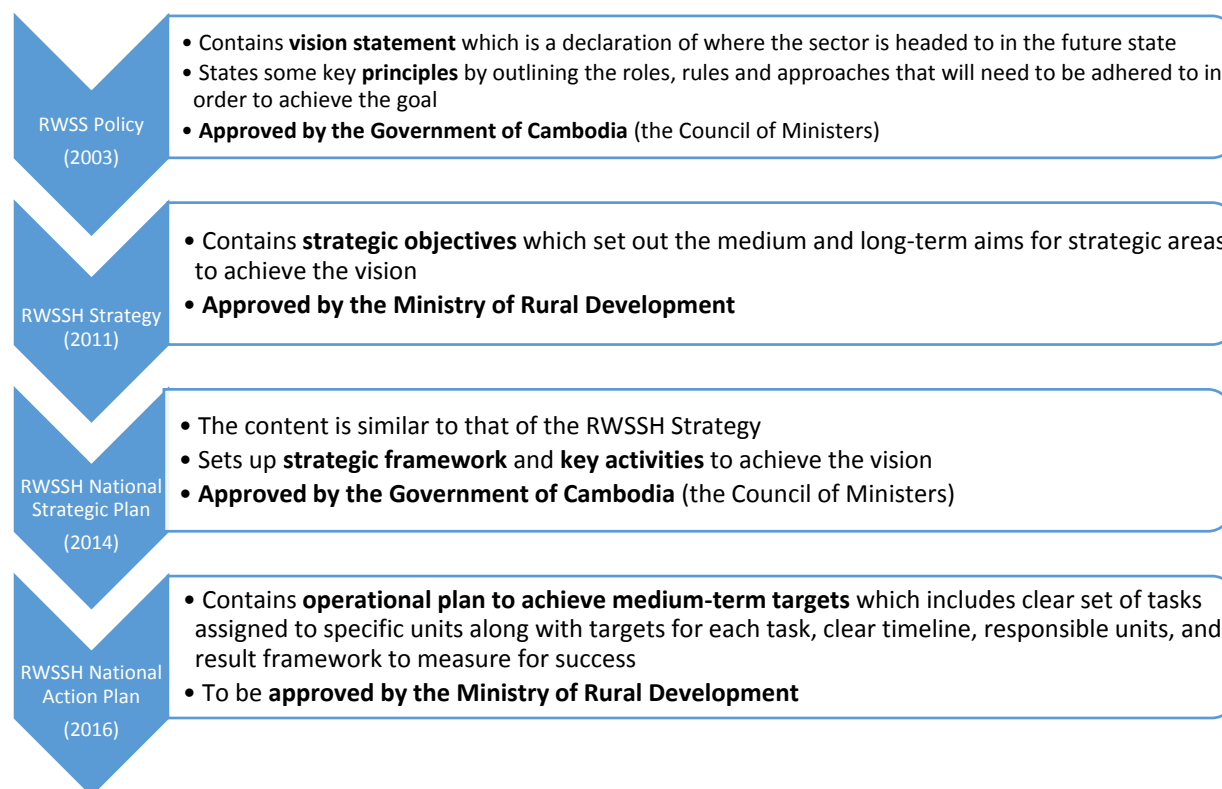
Aside from raising the visibility of RWSSH within the high-level government to gain political support, the, the RWSSH Strategy was widely disseminated to all the provinces including relevant departments,²¹ districts and communes to build a shared vision for the RWSSH sector. The TA, in partnership with UNICEF, conducted a series of interactive learning workshops between February and April 2013 to disseminate the RWSSH Strategy in the provinces with the objective for all stakeholders to be made aware and informed

²⁰ The Council of Ministers is the highest executive entity in Cambodia led by the Prime Minister.

²¹ Such as Department of Rural Development, Department of Education, Youth and Sports, Department of Economy and Finance, Department of Health, and Department of Water Resource and Meteorology.

of the Strategy’s important features, the medium-term and long-term targets, strategic objectives and principles, and the relevant roles and responsibilities.²²

Figure 6: Key Milestones on Evolvement of the RWSSH Sector Strategic Framework



The workshops were conducted in five regions covering all 25 provinces in Cambodia, with over 300 participants using an interactive approach to facilitate in-depth discussions among participants to enrich their understanding of the RWSSH Strategy.

The workshops allowed the participants to collectively compare the direction, approaches and principles set out in the RWSSH Strategy to their local context and current practices, so as to reflect the new directions in their future provincial, district and commune planning. Such understanding is crucial to form bottom-up support that would lead to successful implementation of the Strategy in the long run. It also helps the Provincial Department of Rural Development (PDRD) to coordinate with sector partners in respective provinces to optimize the use of limited resource, which was important given the fragmentation in the sector.²³

3.3.3. Formulating RWSSH Sector Medium-Term Action Plan and Results Framework

To operationalize the National Strategic Plan for RWSSH 2014-2025 the government needs a medium-term action plan with realistic activities, outputs, clear timeline, resource envelope and results framework. The TA supported MRD to develop the National Action Plan for RWSSH 2014-2018 (NAP) to align with the timeframe of the government’s umbrella National Strategic Development Plan 2014-2018.²⁴ The overall purpose of the NAP is three-fold:

²² The RWSSH Strategy dissemination materials were compiled in the learning workshop report

²³ Ibid

²⁴ National Strategic Development Plan 2014-2018 consists of all aspects of development for the country and is updated every five years.

- To put into implementation the key priorities identified in the National Strategic Plan with clear roles and responsibilities of government at national level and sub-national level;²⁵
- To align resource of various development partners and NGOs to support the RWSSH sector under the leadership of the government; and
- To harmonize the implementation approaches by different partners and NGOs to ensure they are complementing each other and supporting the government to reach the targets faster.

Shaping sector focus and aligning priority through agreed results framework

The NAP aims to achieve 60% access to water supply, sanitation and hygiene²⁶ in rural areas by 2018, a stretch target for rural sanitation while for rural water the target seems more modest²⁷, recognizing the need to ensure sustainability of existing service levels. With these targets, the NAP provides a roadmap for the RWSSH sector including specific priority actions, annual outputs and resource requirements using a defined results framework. Its focus is on accelerating service delivery to keep the access on track toward achieving universal coverage, strengthening institution to sustain the RWSSH service over the long run and learning from implementation for future improvement. Figure 7 shows the RWSSH results chain used in the formulation of the NAP. Annex 2 provides the executive summary of the draft NAP, and the approved NAP can be found in the TA resource pack.

With support of the TA, the process of formulation of the NAP was carefully discussed and designed to ensure the process is participatory, transparent and strategic. With the guidance of the TWG-RWSSH, the following steps have been undertaken starting July 2014 to formulate the NAP:

- **Agreement on approach and process:** MRD and key sector stakeholders met at the national level and built consensus on how to formulate the NAP.
- **Strategic priority setting:** MRD and stakeholders discussed and agreed upon the highest-priority actions and outcomes for the RWSSH sector for 2014-2018 (based upon the National Strategic Plan), providing the foundation upon which the NAP was built.
- **Formulating the ‘Results Framework’:** Priority actions were used to establish the high-level outcomes and results framework for the NAP.
- **Developing key elements of the NAP:** Using the results framework, MRD and its key partners drafted a detailed set of activities, outputs, estimated costs, and responsible agencies for the NAP.
- **Developing Provincial Action Plans:** As part of this process, Provincial Action Plans (PAPs) were developed by each PDRD, along with their key development partners and sector stakeholders, in a series of over 20 workshops held in provincial locations.
- **National Consolidation Workshop:** A consultation workshop was held with all 25 PDRDs, MRD, and key development partners to review results of the PAP process and to incorporate its key findings into the NAP.
- **Review and finalizing the NAP:** The NAP elements were updated following the consultation workshop with the provinces and the TWG-RWSSH, and then finalized.

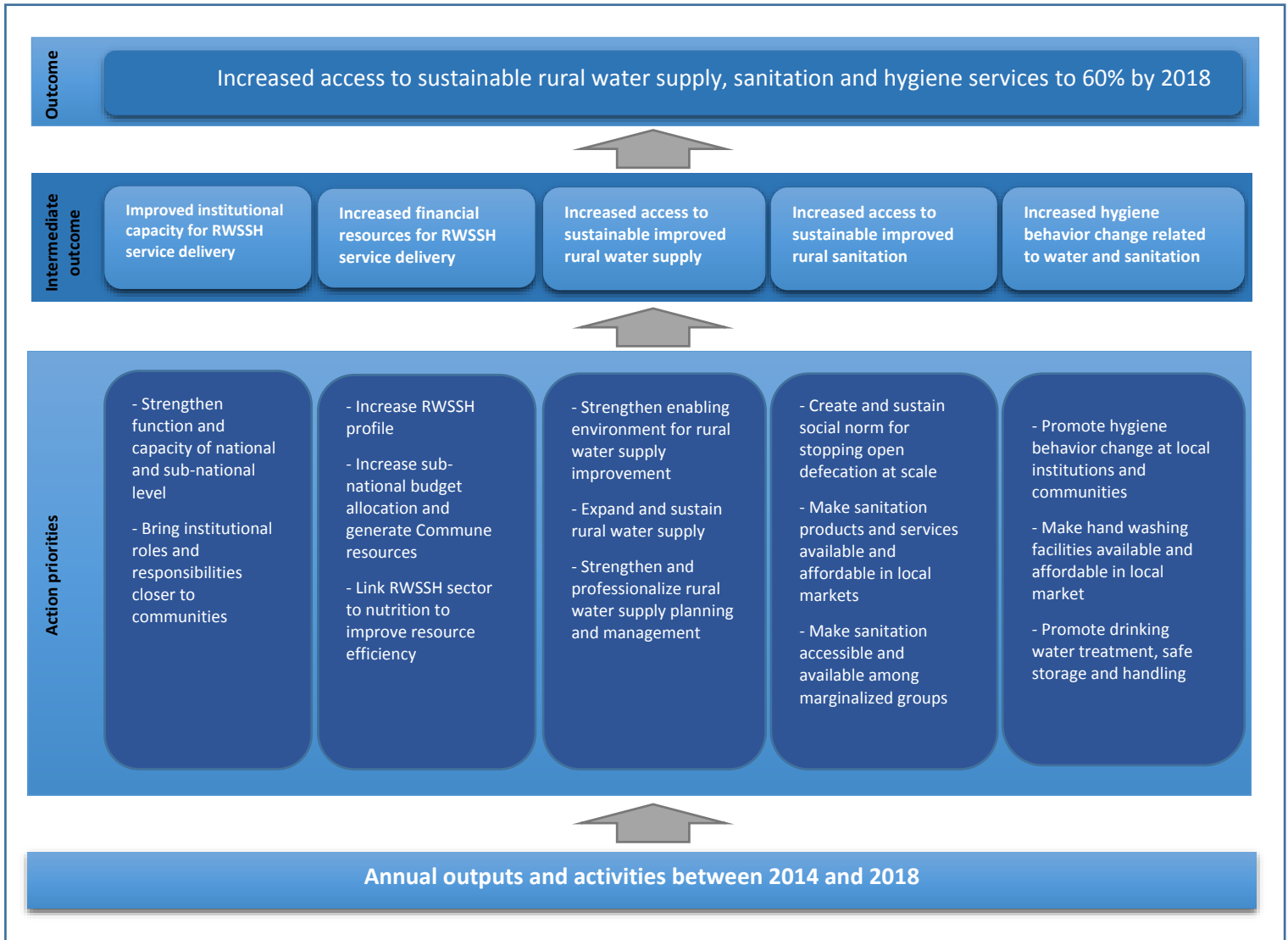
²⁵ With the caveat that the decentralization process is evolving; formal function transfer for rural sanitation promotion, as well as for O&M of rural water supplies is expected to take place by July 2017

²⁶ According to the NAP, hygiene targets contain two key behaviors, handwashing with soap and using appropriate water treatment methods at home. The targets are 60% for the former (self-reported behavior), and 80% for the latter.

²⁷ The targets set in the NAP were based on the baseline figure from national data where rural sanitation access is 40.9% while water supply access is 46.6% in 2013 (Cambodia Socio-Economic Survey). These figures are different from that generated by the JMP where, in 2015, rural sanitation access is 30% and rural water access is 69%.

The NAP is designed with a strong emphasis on monitoring, evaluation and learning. It requires annual reviews to identify lessons learned, to revise and optimize the plan accordingly. The intention is to make the NAP a ‘living document’ which responds to the situation on the ground – learning from both successes and failures, and seeking to continuously improve performance. The NAP was finally approved by the MRD in April 2016. Although this approval is a key milestone, it is also important to note that while the NAP was meant to shape sector focus and align the sector priorities among stakeholders, some of the activities in the NAP were taking place prior to the NAP approval.

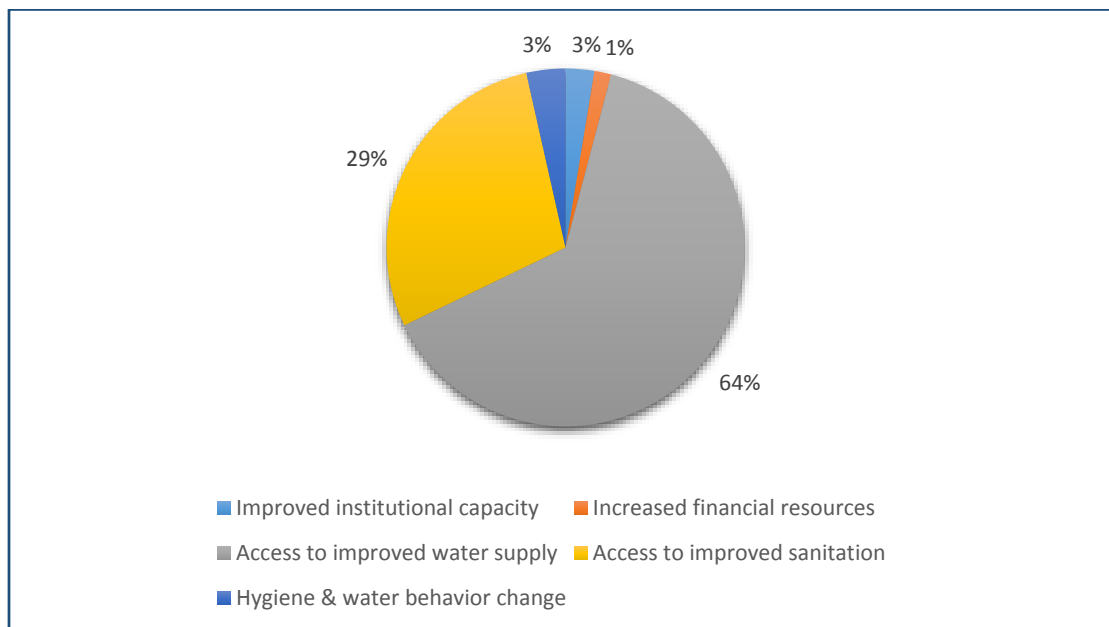
Figure 7: RWSSH Results Chain in the NAP



With the defined priorities and activities, the NAP estimates that public funding required for the RWSSH sector to reach 60% by 2018 is USD 88.9 million between 2014 and 2018. Figure 8 shows the breakdown of the public funding required to reach the 2018 outcomes. Delivering water supply service to rural households account for about 64% of the total required funding as the investment is largely expected to be sourced from public financing. For sanitation, however, the required funding is 29% of the total costs which is expected to be spent on improving the enabling environment in creating household demand, strengthening the supply chain, targeted support to the poor and vulnerable groups, and construction of

sanitation facilities in schools and health centers. Investment in household sanitation facilities, estimated to be around USD 168 million, is expected to be borne by households themselves.

Figure 8: Breakdown of funding by key components in the NAP (total USD 88.9 million)



Historically, the sector has relied on external support given the minimal government budget for RWSSH²⁸ as highlighted in Section 3.3.1 above. With huge resources needed for the NAP and the many stakeholders involved in the RWSSH, it is expected that development partners and implementing partners such as NGOs will be heavily engaged in delivering the NAP activities, yet under strong government coordination, leadership, as well as executing roles. Although domestic government budget has gradually increased over the past years, starting from a very low base, resources from RWSSH partners will likely remain a significant source of funding at least over the medium-term.

The TA is currently supporting MRD in conducting a second round of partnership mapping to understand the contributions and future resource allocation of key actors in the sector. Such exercise will help the government and implementing partners to prioritize and harmonize the implementation strategy, and optimize the use of resources towards achieving the common goals stated in the NAP.

Aligning provincial plans for RWSSH with national priorities

One important element in the process of formulating the NAP was the development of the Provincial Action Plans (PAP) for all the 25 provinces based on strategic priorities identified in the NAP. In close collaboration with UNICEF and GSF,²⁹ through the provincial coordinators financed by UNICEF, GSF, and the Stone Family Foundation the TA has provided technical inputs to PDRDs in formulating the PAP for RWSSH in their respective provinces.

As the service coverage and context differs from one province to another, a customized plan for each province is needed. The NAP results framework thus provides the framework and direction for the provinces to come up with their own plans to address the specific challenges they are facing, while at the same time contributing to the national-level results. To achieve the latter, the TA has supported MRD in consolidating and aligning the 25 PAPs with the NAP to optimize the consistency among them. In the same way as the NAP, the PAPs also provide detailed baseline, targets, priorities and costs for the respective

²⁸ Ibid

²⁹ The executive agency of GSF in Cambodia is Plan International Cambodia.

province and they function as medium-term plans to achieve provincial water and sanitation outcomes. The PAPs are expected to help empower PDRDs and to facilitate the province level coordination effort in RWSSH sector towards a common vision. Similarly to the NAP formulation process, the development of the PAPs followed a participatory approach with strong participation by relevant provincial stakeholders including provincial municipality (governor's office), other line provincial departments, NGOs, and local government at district and commune level.

PDRDs proposed to develop "provincial profiles for RWSSH", a summary of the PAP for each province, containing key information on the provincial context, water and sanitation information, priority actions, supporting agencies and budget. The provincial profiles would be tools for PDRDs to promote the PAPs to the provincial government to raise the RWSSH sector profile and to implementing agencies to ease resource mobilization and coordination. The TA also provided support in the development of the provincial profiles using information and data from the PAPs. An example of provincial profile is provided in Annex 3. All 25 provincial profiles have been developed and are ready for the official launching of the NAP and the PAPs planned for mid-2016 by MRD.

3.3.4. Consolidating Behavior Change Communications through National Guidelines

With sector progress, the demand for stronger government ownership and leadership increases, especially in a context where many stakeholders are involved in the implementation. The National Strategic Plan and the NAP point out the importance of Behavior Change Communications (BCC) as part of the delivery of water supply, sanitation and hygiene services, if sustainable change is to be achieved. Yet, an overarching guidance on how to develop and deliver a BCC campaign at scale was not available.

Although in 2012 MRD issued hygiene promotion guidelines,³⁰ these guidelines mainly focus on *awareness raising* around three key behaviors: (i) ceasing open defecation and adopting a household latrine, (ii) handwashing with soap at critical times, and (iii) consistent consumption of treated household water. According to the Knowledge, Attitude and Practice (KAP) survey conducted in 2010, people's knowledge about sanitation and hygiene is relatively high,³¹ while actual practice of hygienic behaviors is low. According to the 2010 survey, the practice of open defecation in rural areas was 70%, reported handwashing with soap after defecation was as low as 57%, whereas the rate of *always* treating water before consumption was only at 65%.³² Given the well documented respondent bias that actual behaviors is lower than reported behaviors, the KAP survey results suggest that the proportion of rural people practicing unhygienic behavior is alarming. This requires a different approach to addressing sanitation and hygiene behavior through better understanding of the drivers and barriers for households to change behaviors.

In response, a number of partner organizations such as Lien Aid, WaterSHED, SNV, iDE, WSP and others have conducted formative research and studies on drivers and barriers for uptake of sanitation and hygiene behavior among the rural population. Various tools, materials and campaigns were developed as a result for use in their respective areas, which were shared among implementing partners. However, parallel efforts have also been undertaken by other sector partners, sometimes leading to duplication or even contradicting messages, resulting in sub-optimal impact of the BCC interventions. Recognizing the plethora of BCC approaches and the shortcomings of traditional *awareness raising* through health-motivated messaging, MRD expressed strong interest in harmonizing evidence-based BCC efforts so that a comprehensive national umbrella campaign can be developed to increase impact.

³⁰ MRD (2012), *Implementation Guideline on Hygiene Promotion*, Ministry of Rural Development, Cambodia

³¹ According to KAP survey, knowledge among respondents on the importance of sanitation and hygiene in preventing diarrhea is 83% for drinking clean water, 72% for washing hands with soap and 40% for defecating in the toilet.

³² MRD (2010), National Sanitation and Hygiene Knowledge, Attitudes and Practices Survey, Ministry of Rural Development, Cambodia

To respond to this need, the TA supported MRD in developing the National Guidelines for Behavior Change Communications for Rural Sanitation and Hygiene in Cambodia, hereinafter referred to as BCC Guidelines. The BCC guidelines are based on evidence and experience from past implementation in Cambodia. An executive summary of the BCC Guidelines is provided in Annex 4.

Consolidating sector BCC experiences and knowledge to make the guidelines as evidence-based as possible

The BCC Guidelines use three key behaviors proposed in the Implementation Guidelines on Hygiene Promotion, to ensure relevance and consistency with the National Strategic Plan and the NAP. In addition, the TA introduced state-of-the-art methodology to the formulation of the BCC Guidelines using SaniFOAM³³ and FOAM³⁴ framework in analyzing the determinants pertaining to drivers and barriers for adopting these three sanitation and hygiene behaviors.

Drawing from findings, lessons and knowledge from various studies and implementation experiences in Cambodia, behavioral determinants were identified and communication objectives were formulated accordingly. The communication objectives are the backbone of the guidelines and guide the development of messages in the BCC campaign, and are based on the drivers and barriers for the adoption of a certain behavior.³⁵ Five behavioral determinants were identified related to stopping open defecation and adopting a latrine. Those determinants include social norms, values, physical and social drivers, attitudes and knowledge. For behavior related to handwashing with soap, five determinants were also identified: knowledge, intention, access, outcome expectations, and social norms

Box 1 provides an example of the communication objectives for sanitation behavior related to the toilet adoption and stopping open defecation. The details can be found in the actual BCC Guidelines available in the TA resource pack.

Box 1: Communication Objectives Related to Ceasing Open Defecation and Adopting a Latrine

For household decision makers:

Following the campaign(s), heads of households and their spouses living in rural Cambodia will:

- i. Feel that they are one of the few families left that do not own a latrine (*social norms*);
- ii. Feel that their family will lose face/status if they do not have a latrine (*social driver*);
- iii. Feel that they can no longer wait; installing any type of latrine now can still provide convenience, safety and pride (*attitude, physical drivers*);
- iv. Believe that investing in a latrine is a way to show that they are taking care of their family (*values*);
- v. Know the actual price of a pour-flush latrine (*knowledge/ perceived affordability*).

Gaining sector stakeholders buy-in to develop an umbrella campaign

The TA has organized capacity building events for relevant staff of MRD as well as sector stakeholders to foster an in-depth understanding of the guidelines and in planning for the umbrella BCC campaign. As a result, GSF has committed support to MRD to develop the national BCC campaign for sanitation and hygiene. At the same time, WHO is conducting further studies on identifying determinants related to consumption of treated household water to fill in the knowledge gaps identified in the BCC Guidelines. Such collective efforts by sector stakeholders are expected to lead to an umbrella BCC campaign in the near future that optimizes the use of resource, maximize impacts on behavior change and enable collective learning.

³³ Jacqueline Devine and Yolande Coombes (2009), Introducing SaniFOAM: A Framework to Analyze Sanitation Behaviors to Design Effective Sanitation Programs, Water and Sanitation Program, World Bank

³⁴ Coombes, Yolande and Devine, Jacqueline (2010). *Introducing FOAM: A Framework to Analyze Handwashing Behaviors to Design Effective Handwashing Programs*. Water and Sanitation Global Scaling Up Project, Working Paper

³⁵ It is important to note that BCC alone is insufficient to ensure adoption of certain behaviors. For using an improved toilet, for example, supply-chain constraints and financing mechanisms are equally important.

3.3.5. Piloting a Decentralized Service Delivery Model for Rural Sanitation

The government's reform agenda on decentralization calls for strengthening the mandate of the district level in service delivery to improve responsiveness, quality and access to services for its citizens. According to the three-year Implementation Plan of the National Program for Sub-National Democratic Development (IP3),³⁶ sector ministries were requested to review and consider transferring relevant functions to the districts. MRD, with the support of Asian Development Bank (ADB) and NCDD Secretariat, conducted a review of all the functions³⁷ to determine what functions could be feasibly transferred to districts. Delivering rural sanitation service and managing operation and maintenance (O&M) of water supply at post construction stage are the priority functions that MRD has put forward to transfer to districts. MRD's functional review report also suggests careful consideration during the process of function transfer through conducting a pilot and relevant capacity building for districts.

To support MRD and NCDD Secretariat in the function transfer process for rural sanitation, the TA provided assistance to pilot rural sanitation function transfer to the district level, so that experience and learning could inform the strategy for roll-out of the function transfer nationwide. Similar support has been provided separately by ADB technical assistance to pilot the decentralization of water supply O&M function in seven districts of two provinces.

Getting political buy-in through strategic knowledge exchange

Although the decentralized service delivery model for sanitation is part of the government reform agenda, strong political support from senior staff of the MRD and NCDD Secretariat was needed. To this end, a high-level knowledge exchange visit was organized for Cambodian officials to Bangladesh in April 2014. The aim was to learn about the Bangladeshi decentralized service delivery model for rural sanitation and how this has contributed to Bangladesh's remarkable success in reducing open defecation in rural areas. The learning experience, led by Under-Secretary of State of MRD, helped to establish a joint understanding and agreement to move forward with a function transfer pilot. A two-year pilot was agreed (from July 2015 to July 2017), and was formally launched in July 2015. The report of the knowledge exchange visit by the Cambodian delegates to Bangladesh is available in the resource pack.

Implementing the pilot based on an agreed strategy

A document that outlines the strategy for the pilot was produced and endorsed by the MRD and NCDD Secretariat, which formed the basis for the pilot implementation. One of the important aspects in this reform agenda is the emphasis on mandating the districts in planning, coordinating and implementing rural sanitation activities, in collaboration with the communes. The transfer means that districts – which previously played minor supportive roles in rural sanitation – would take on a leading role in sanitation service delivery, so that clearer accountability mechanism can be established between citizens and the local government as service provider. MRD, on the other hand, would maintain its role in the development of sector policy and implementation guidelines, while the PDRD assumes a technical support role to the districts in performing its rural sanitation function.

With inputs from the MRD and NCDD Secretariat as well as other stakeholders, key roles and responsibilities of the district and other agencies were clarified in the context of decentralized service delivery for rural sanitation. Box 2 provides the identified roles that each level of government would perform when the sanitation function is transferred. The pilot design document is also provided in the resource pack.

³⁶ IP3 is the three-year Implementation Plan of the National Program for Sub-National Democratic Development (NP-SNDD 2011-2020). The first three years of IP3 were 2011-13 with a one-year extension up to 2014. Currently, IP3 is in its second phase (IP3-2) covering the period of 2015-17 with strong focus on functional assignment.

³⁷ MRD (2014), *Functional Review Report*, Ministry of Rural Development, Cambodia

Based on the strategy laid out in the design document, the TA supported the pilot implementation between February 2015 and June 2016, in ten districts³⁸ across two provinces, Kampong Speu and Thbong Khmum. The pilot districts cover around 243,500 households including 177,000 households without a toilet. The districts were selected based on a set of criteria with considerations of sanitation coverage, poverty, availability of sanitation supply chain, and commitments from the districts. The purpose of the pilot is to understand the district capability in absorbing the rural sanitation function, to assess the capacity building needs of the district, to understand opportunities and bottlenecks for the sanitation function to be performed effectively, and to develop a strategic roadmap for rolling the function transfer out nationwide.

Box 2: Roles and Responsibilities of Districts and other Agencies in Performing Sanitation Function

District Administration

- Develop district-wide sanitation planning, as part of district development plan or investment program, with close collaboration with commune councils
- Develop incentive system to recognize performance of field implementers
- Coordinate the partners implementing rural sanitation for effective implementation such as private sector, NGO, Microfinance Institutions (MFI)
- Mobilize resource at the district level leveraging district fund and other sources of fund to support the implementation of rural sanitation activities
- Monitor rural sanitation progress in the district and identify necessary corrective measures
- Mentor and coach field implementers, including commune cadre, for capacity strengthening
- Facilitate cross-commune learning to replicate success across the district
- Scope out sanitation private sector in the district in collaboration with commune councils and PDRD for capacity and partnership building
- Administer poor-targeted sanitation subsidy program, if any, in compliance with MRD's guidelines

Commune Council

- Provide inputs to the district-wide sanitation planning and align it with the commune development plan based on the normal commune planning process
- Implement the activities as per sanitation district plan including conducting the triggering and behavior change communication sessions
- Coordinate with sanitation private sector to deliver sanitation product and service
- Report data to district on coverage access
- Prepare and verify list of poor households eligible for subsidy

Provincial Administration

- Coordinate capacity building for the districts and ensure right technical support is provided to districts
- Monitor performance of district using agreed indicators and benchmarks
- Develop incentive system to recognize the well performing districts
- Facilitate cross-district learning in collaboration with PDRD
- Generate political support at district and commune level for rural sanitation

Provincial Department for Rural Development

- Support MRD in implementing the sector policy and strategy document in the province
- Lead capacity building and provide technical support to the districts in relation to the sector
- Lead capacity building and/or orientation for sanitation private sector
- Support implementation at the community level for quality assurance

Ministry of Rural Development

- Develop policy and strategy instruments for the sector
- Develop sector guidelines and tools for consistent implementation of the rural sanitation
- Formulate relevant capacity building materials related to rural sanitation
- Coordinate and mobilize resource for the sector at national level
- Advocate for strong political support at higher government level
- Lead sanitation product research and development
- Monitor and evaluate progress of rural sanitation at national level

³⁸ The districts include: Basedth, Kong Pisei, Aoral, Odongk, Thpong in Kampong Speu province, and Dambae, Tboung Khmum, Memot, Ou Reang Ov, Ponhea Kraek in Thbong Khmum province.

The ten pilot districts formally signed a Memorandum of Understanding (MOU) with MRD/DRHC on July 27, 2015. This MOU forms a legal basis for the function and resources to be transferred by MRD during the pilot duration from July 2015 to July 2017. It also includes the establishment of a new fund flow channel set up by MEF, for fund transfer from MRD to the districts. For 2015, the commitment fund transfer has been limited, at only USD 365 for each of the ten districts, but is expected to be increased for 2016 and 2017. Enclosed with the MOU, operational guidelines for the pilot districts were also prepared to serve as guidance for the pilot districts in implementing the transferred functions.

The pilot is being implemented under the leadership of a Joint Technical Working Group (JTWG) that consists of MRD, NCDD Secretariat, and MEF. Chaired by the Deputy Director General for Administration and Finance of MRD, the primary tasks of this JTWG are to guide, facilitate, and carry out M&E as well as gather lessons and experiences from this pilot for further decision-making on the rural sanitation function and resource transfer.

Continuously generating results from the pilot

The pilot was implemented by a resource agency, SNV Netherlands Development Organization, to strengthen the capacity of district and commune in planning, budgeting and facilitating sanitation implementation activities. During the course of the pilot, 105 focal persons from Commune Committee for Women and Children (CCWC) and 28 district staff from the Planning and Commune Support office, District Committee for Women and Children, a Chairperson of District Sanitation Committee³⁹ were trained and coached in both management and technical skills. As a result, CWCCs have conducted BCC sessions in their communes' priority villages, at least once per village, using communes' own budget.

Under the leadership of the district administration, communes have developed commune sanitation plans using social service budget, and each commune has allocated a budget of around USD 500 per year to carry out sanitation activities in their respective commune. Early results from the pilot show that all the communes across the ten pilot districts have conducted BCC activities in 525 villages by the end of December 2015, resulting in 2,333 latrines sold to rural households by local latrine suppliers within two months, i.e. November and December 2015. This latrine sales represents an increase in sanitation access of around one percentage point in the pilot districts within two months. Further data collection is ongoing and by June 2016, detailed results will become available in terms of how sanitation access has progressed in the ten districts during the pilot implementation, especially in reaching the poor.

After nearly one year of pilot implementation, lessons and insights are generated on the challenges and opportunities for districts in performing the rural sanitation function. Despite a number of challenges regarding lack of capacity and resources, districts and communes have shown strong commitment to implement rural sanitation function, and have allocated resources in their District and Commune Investment Plans. It appears that due to mobilizing the commune cadre as frontline workers, the transfer of rural sanitation is one of the most efficient ways to improve service delivery on the ground, especially for 'last-mile' delivery (i.e. those still to be reached).

These insights are currently used as inputs to the formulation of the strategic roadmap for the government to scale up decentralizing rural sanitation function, which will be the key outcome of this TA. The roadmap includes recommended actions to support policy engagement at national level, i.e. required processes and legal instruments including the revision of operational and financial guidelines for districts, and to support the actual roll out of the function transfer with a capacity building strategy and packages and

³⁹ District Sanitation Committee was established and led by district governor to coordinate and implement district sanitation plan. The committee members comprise of District Governor, Administration and Finance office, Inter-sector Office and Planning and Commune Support office, District Committee for Women and Children, and Commune Committee for Women and Children.

costing for the districts to perform the function. The roadmap that spells out strategic actions for rural sanitation function transfer is currently under development and will be finalized in June 2016.

Disseminating lessons on function transfer beyond rural sanitation

Under the IP3, rural sanitation is only one among many other functions being transferred to the districts. There are currently six ministries who are in the process of functional assignment to the district level including (i) the Ministry of Education, Youth and Sports (MOEYS), (ii) the Ministry of Health (MOH), (iii) the Ministry of Agriculture, Forestry and Fisheries (MAFF), (iv) the Ministry of Rural Development (MRD), (v) the Ministry of Social Affairs (MOSA), and (vi) the Ministry of Environment (MoE). However, different ministries are at different stages of functional assignment.

At this stage, the rural sanitation functional assignment is more advanced compared to other sectors. Under the initiative of NCDD Secretariat, the TA has supported NCDD Secretariat to initiate a cross-sector learning platform.⁴⁰ The objective of the learning platform is to expedite and facilitate experience and knowledge sharing across sectors to optimize the implementation of functional assignment.

The first national cross-sector learning event was held on February 25-26, 2016 with participation from key development partners supporting the functional assignments and the ministries who are currently transferring functions to districts. The event sought to share experiences and bottlenecks the districts face in performing rural sanitation function. As a result, solutions were sought and collaboration among various cross-sector partners are further built to collectively facilitate a more effective and efficient decentralization process.

Pillar 2: Support the Government Capacity in Sector Monitoring and Learning

3.3.6. Supporting Development of a Monitoring System for Rural Water Supply and Sanitation

The National Strategic Plan for RWSSH calls for a unified government-owned Management Information System (MIS) for monitoring sector performance. In addition, the system could enhance transparency, accountability and report on results and progress for both rural water supply and sanitation, and thus help to steer program planning.

In conjunction with UNICEF and the GSF, it was agreed to jointly undertake this important work by sharing the following tasks as stipulated in Table 3.

Table 3: Sharing of Task among Partners in Supporting the Development of Monitoring System

Tasks	Supporting organization
1. Conduct situation analysis of the current practices in sector M&E	WSP
2. Formulate draft sector performance monitoring framework and conceptual framework for monitoring system	WSP
3. Develop web-based M&E system	UNICEF
4. Pilot test the system	GSF
5. Scale up the system	MRD

Conducting situation analysis of the sector M&E to understand the issues that need to be addressed

A situation analysis of current M&E practices in rural sanitation and hygiene was carried out⁴¹, informed by interviews with national, provincial, district and commune staff. The analysis provided in-depth understanding of the key issues pertaining to RWSSH M&E and reviewed potential opportunities of

⁴⁰ Initiated by NCDD Secretariat, the platform is a means for sharing knowledge among sector ministries involved in function transfer. As a kick-off, rural sanitation functional assignment was the first learning event to showcase the challenges and opportunities for other sectors working on the same agenda.

⁴¹ The M&E situation analysis was conducted only for rural sanitation since separate exercise was conducted for rural water supply building on the existing WellMap database.

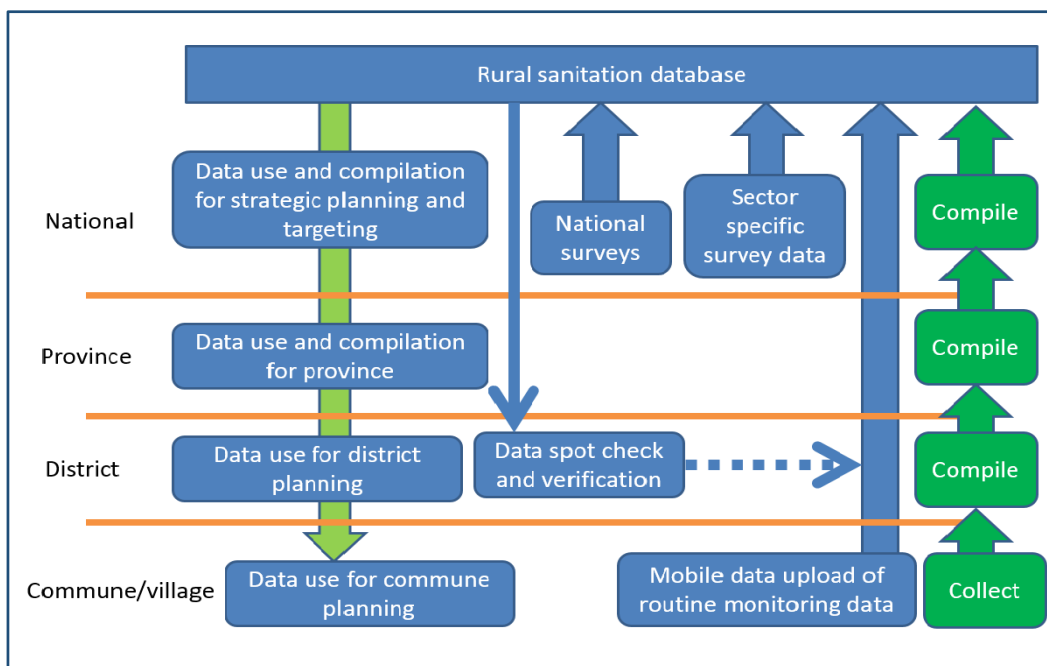
existing systems and initiatives that can be leveraged for system design and implementation. The full report is available in resource pack. Key findings of the study are provided below, which are useful in developing the M&E system.

- MRD does not have an appropriate structure up to the local level for routine primary data generation on rural sanitation. The data generation is mainly done by local authorities, i.e. communes and villages, as part of their general reporting on local development with little supervision or support. MRD and its provincial line agencies rely on the data generated from local authorities, and data checking at the local level is not practiced.
- There is no dedicated and well-resourced M&E unit for rural sanitation at the national and sub-national levels.
- There is sub-optimal collaboration among the ministries such as Ministry of Health (MOH), Ministry of Education Youth and Sports (MOEYS), National Institute of Statistics (NIS), Ministry of Planning (MOP) and MRD in terms of M&E data and resource sharing. The sharing of data only happens on case-by-case basis.
- Advocacy for use of rural sanitation M&E is not happening, leading to low political visibility and thus low incentives for system development.
- Skills in database management are non-existent, and limited computer skills are available at district level and below. Local authorities and PDRDs are only familiar with paper-based reporting.
- An M&E Plan for rural sanitation does not exist and there is no feedback loop between data and its use for planning, steering and resource allocation.

Despite the above challenges, some opportunities such as appropriate educational background of relevant staff at the national, provincial and district levels were also identified that could be the foundation upon which M&E capacity can be built.

Based on these findings, a conceptual framework for rural sanitation monitoring was proposed to address the shortcomings identified in the current practices, by optimizing the information flow and facilitating data check at the local level. Figure 9 shows the proposed conceptual framework used for developing the M&E system for rural sanitation.

Figure 9: Proposed Conceptual Framework for Rural Sanitation M&E



In addition to the situation analysis for rural sanitation and hygiene, a review was conducted for the functionality and usability of the well database (WellMap) previously developed for MRD⁴² with support of WSP. The review found that while most technical information provided in the database is useful in understanding the water quality of wells across the country, its applicability, comprehensiveness and user friendliness for water supply planning and programming is sub-optimal. Thus, redesigning the application to fit the need of users is required.

Based on discussions with MRD and various sector stakeholders, it was agreed to integrate water supply and sanitation under one MIS platform, where data need to be presentable at the lowest level of government administration, i.e. commune level. Such integration would also be in line with the priority set out in the National Strategic Plan. The report on the review of WellMap database functionality is also available in resource pack.

As a next step, a performance monitoring framework for the RWSSH sector was developed through a series of broad consultative workshops. A consistency check between the performance monitoring framework and the indicators in the NAP was conducted to ensure the MIS can feed into the monitoring process for the results framework in the NAP. The performance monitoring framework along with the conceptual framework presented in Figure 9 were then used for the basis of the development of the RWSSH sector MIS supported by UNICEF. WSP has maintained a strong engagement in that process, and the monitoring framework went through various iterations and improvements to fit with the local capacity and the NAP. The final draft performance monitoring framework for RWSSH is provided in Annex 5.

Developing the RWSSH sector Management Information System and progress to date

Once the performance monitoring framework was agreed, which is an integral part of the system and feature design, the process of system design could start. The MIS prototype was developed and tested. Led by the MRD and UNICEF, WSP has provided technical inputs to the development process of the system. The final system has a web-enabled design, accessible to its users through internet using a web browser. It includes an online data entry interface, which allows users at district, provincial and national level to enter and modify RWSSH M&E data. Instead of paper based reporting, an additional interface for phone-based data collection was designed to facilitate the data entry by village and commune chiefs, facilitating easier data reporting with a higher frequency and with reduced errors.

Although the development of MIS has made some progress, a number of issues in terms of quality and delivery have caused delays in completion of the system development. The finalization of the MIS is currently put on hold pending confirmation from MRD in setting up a unit that would operate and maintain the system after the development phase. It is expected that the MIS development is completed by 2016, and will be followed by subsequent pilot in ten provinces to be supported by GSF. For the sustainability of the MIS, key partners including UNICEF, GSF and WSP are continuously advocating to MRD to establish a RWSSH M&E unit with clear mandate, operational structure and minimum required budget. Thus far, this has not yet been taken further by MRD.

3.3.7. Undertaking Strategic Research to Inform Programmatic Approach for Sanitation Interventions

Two studies have been conducted that address important knowledge gaps in the sector: (i) the link between rural sanitation and stunting, and (ii) the effect of Output-Based Aid (OBA) subsidies and sanitation marketing on sanitation uptake among the poor.

Understanding the link between sanitation access and stunting to foster sanitation-nutrition collaboration

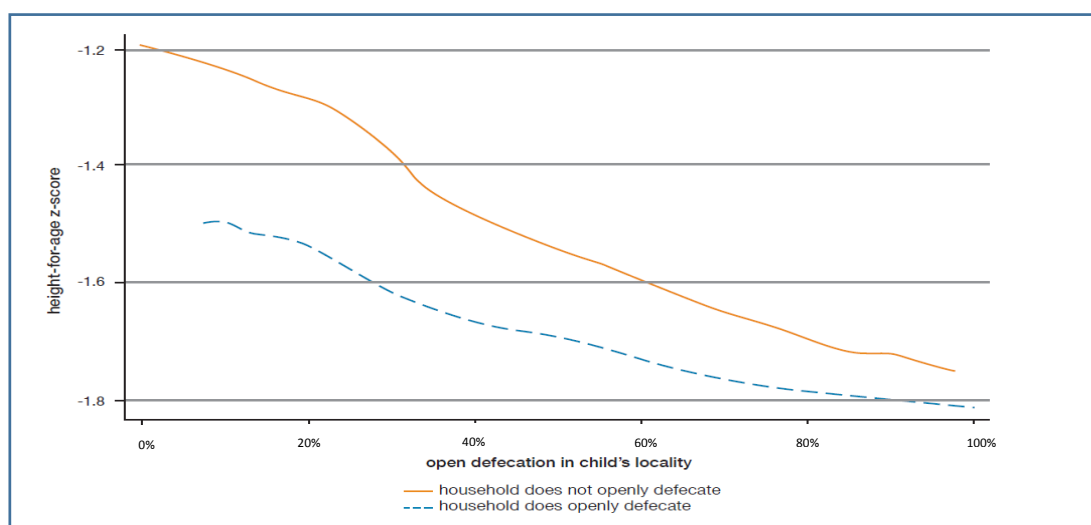
In the past, the programming of sanitation intervention and nutrition intervention are often separate and joint collaboration efforts rarely exist globally, including in Cambodia. There is a growing body of evidence

⁴² www.cambodiawellmap.com

that suggests the link between open defecation and child stunting, due to a sub-clinical condition called environmental enteropathy⁴³ caused by the indigestion of feces. To advocate the importance of sanitation in tackling undernutrition, and to foster greater cross-sector collaboration, the study was conducted to understand such links in Cambodia.

Using the Cambodia Demographic and Health Survey (CDHS) 2010, the study confirmed that open defecation does have a stake in child stunting in Cambodia. The findings confirm that open defecation has strong negative spillovers: poor sanitation does not only affects one’s own health, it also affects the health of one’s neighbors. More importantly, the extent of open defecation in a community is more important for a child’s development than whether the child’s household itself openly defecates. Figure 10 illustrates growth faltering of under-five children with increasing levels of open defecation. The research brief is available in the resource pack.

Figure 10: Growth faltering for children under five in households with and without a toilet for different levels of open defecation in the child’s community



The research findings were presented by MRD in the government’s nutrition conference in March 2015 stimulating policy discussion around the integration between sanitation and nutrition programs. This discussion also resulted in the establishment of a government-led working group in water, sanitation and nutrition that would look into practical ways of integrating water and sanitation interventions and nutrition programs. One of the tasks of this working group is to develop the guidance on water, sanitation and nutrition integration that would be available for use in the sector.

At operational level, there have also been a number of nutrition intervention programs in the country that include water and sanitation interventions such as the USAID-supported NOURISH project and the World Bank’s Cash Transfer Pilot Project Focused on Maternal and Child Health and Nutrition (P132751).

Understanding the effect of subsidies and sanitation marketing on sanitation uptake among poor households to inform the discussion on pro-poor support mechanisms

The RWSSH Strategy encourages the use of public finance to leverage household’s own investment in sanitation through creating demand, strengthening local supply chains and supporting the enabling environment. Given the existing inequalities in sanitation access, the RWSSH Strategy also suggests a complementary approach to support the poorest households to help them gain access to sanitation.

⁴³ Chase, C. and Ngiere, F. (2015), *Multisectoral Approaches to Improving Nutrition: Water, Sanitation and Hygiene*, World Bank, Washington DC

Several implementing partners are utilizing sanitation hardware subsidies in various forms and approaches with some being well targeted and some not. It has been demonstrated in both published experiments and scaled-up delivery programs in Bangladesh that smart subsidies significantly increase the adoption of improved sanitation among underserved populations, and moreover, that the increases can produce spillover benefits to neighboring households that are ineligible for subsidy (Guiteras et al, 2015). However, valid questions have been raised about the risks these subsidies may pose to demand for latrines in geographically close markets or among those segments of the population where subsidies have not been made available. A hypothetical scenario is that in areas where the sanitation marketing approach has been used to develop and enhance local supply chains for sanitation goods and services, the introduction of time-limited poor-targeted consumer rebates can dampen sales of latrines to others. While this scenario is mostly informed through anecdotal evidence, it underpins a lively debate, globally and in Cambodia, whether so-called smart subsidies (i.e. well targeted, partial and preferably output-based) can be delivered without the occurrence of this dampening effect.

As part of the NAP, the government plans to develop pro-poor sanitation guidelines that would provide a clear guidance for future programs on how to address and deliver smart subsidies to poor households and/or communities. To support the government in this effort, WSP, in partnership with East Meets West Foundation (EMWF), conducted a rigorous quasi-experimental study to measure the impact of subsidies delivered through output-based aid consumer rebates, called Community Hygiene Output Based Aid (CHOBA),⁴⁴ and sanitation marketing on sanitation adoption. The study examined the interactions between output-based aid consumer rebates⁴⁵ and sanitation marketing in rural Cambodia. The objective of this quasi-experimental research was to determine whether latrine coverage is different in villages that implemented only consumer rebates, only sanitation marketing, or both programs, across different income levels: the poor,⁴⁶ near-poor and non-poor. The consumer rebate was USD 18-20, while the average price of a latrine (excluding shelter) is around USD 50.

The study revealed that CHOBA (consumer rebates) is more effective than sanitation marketing in increasing latrine coverage among the poor. Additionally, it demonstrated the synergistic effect of the combined interventions in increasing latrine adoption among the poor. More importantly, the dampening effect of consumer rebates on the non-poor could not be detected⁴⁷. In fact, villages that implemented both programs saw higher latrine coverage across all income levels than villages that implemented CHOBA only or sanitation marketing only (see Figure 11).

This suggests that a well-targeted and transparently implemented partial subsidy, combined with sanitation marketing activities, can play a major role in increasing access in rural areas and in closing the gap between the better-off and the poor. The findings are expected to enrich the evidence for the development of the pro-poor guidelines. The presentation of the study as well as the draft research brief⁴⁸ is available in the resource pack.

⁴⁴ CHOBA is a project implemented by EMWF

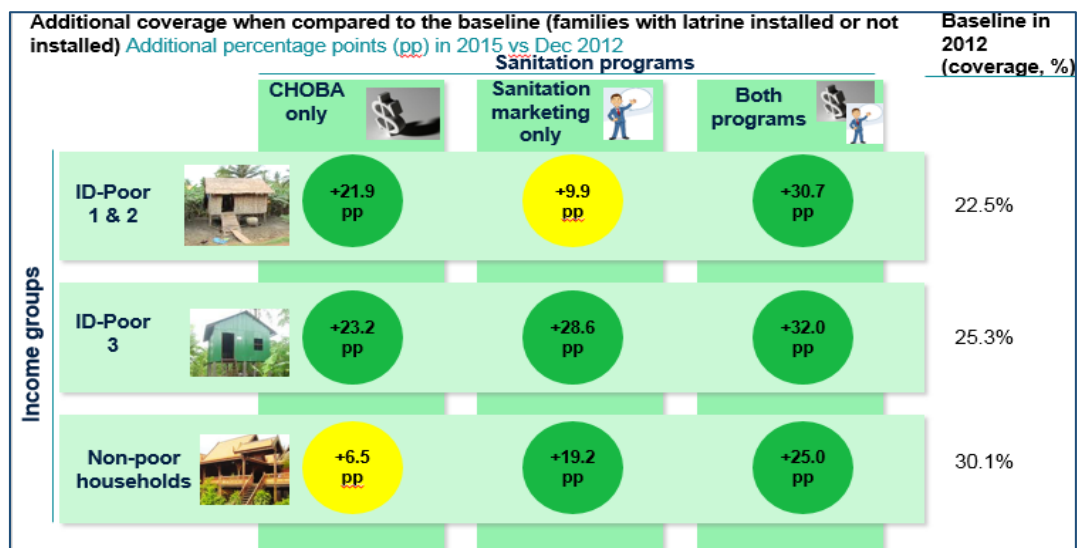
⁴⁵ Or alternatively upfront “discounts” on latrine purchase prices.

⁴⁶ ID Poor 1 and ID Poor 2 are the government classification of poor household through the national identification of the poor program. ID Poor 3 is not part of the government classification program, but is used by EMWF to identify additional poor households using the same government methodology. This term ID Poor 3 is only used for the purpose of the study.

⁴⁷ This finding is in line with a recent RCT conducted in Bangladesh, where a multiplier rather than a spillover effect was found. Guiteras, R., Levinsohn, J. and Mobarak, A. M. (2015), *Encouraging Sanitation Investment in the Developing World: A Cluster-Randomized Controlled Trial*, Science 348 (6237), pp. 903-906

⁴⁸ Study will be presented at WASH Futures Conference 2016 in Brisbane and research Brief expected to be issued in April 2016.

Figure 11: Additionality in latrine coverage across income groups by intervention



4. Lessons Learned, Recommendations and Way Forward

Based on the experience of implementing the TA, a number of lessons have been learned that could be particularly relevant for a sector that moves from a historically determined post-conflict rehabilitation mode to a development mode, putting in place sustainable and robust institutions for service delivery. Such shift requires mindset changes among policy makers, implementers both within and outside the government. It also requires strong leadership from the government at national and subnational level to coordinate and mobilize the resources for the sector to achieve its targets, and to capacitate its subnational agencies and local governments for last mile service delivery. The following section provides key lessons emerging from the TA implementation and the recommendations for the sector.

4.1. Lessons Learned

4.1.1. Operationalization of Sector Strategy and Decentralization

Engaging sub-national stakeholders in an interactive learning experience on the new service delivery approaches in the RWSSH Strategy maximizes ownership.

The RWSSH Strategy emphasizes certain key principles including the focus on sustainability, demand-responsive approach to service delivery, cost-sharing principles for investments and maintenance of water supply schemes, sustained behavior change at household level, and decentralization of functions for RWSSH. While most PDRD staff are used to conducting a traditional top-down approach to deliver RWSSH, introducing new approaches requires intensive and interactive learning and reflection to generate understanding and ownership of the RWSSH Strategy. The dissemination process of the RWSSH Strategy went beyond the traditional way of one-way communication but engaged participants on underlying reason and evidence behind the proposed new approaches. This has proved to be a most important first step for the successful implementation of the strategy and later the PAP development. Feedback from the learning workshops indicated that sub-national participants require continued advice and capacity building to support implementation at the local level.

Elevating the political profile of the RWSSH sector along with a medium-term National Action Plan can facilitate resource mobilization by the government, both from domestic sources as well as grants and loans from development partners.

The water and sanitation sector in general has historically received little attention, and thus has often not been on the development priority list. In 2009, the total sector budget, including external donor financing for urban and rural sectors, was only 0.2% of the total public expenditure budget, while a benchmark is internationally assumed to be in the order of 4%-10% in many developing countries.⁴⁹ Estimated average annual investment financing over the period 2011-2012 for rural water supply was only USD9 million annually, of which 90% by external development partners.⁵⁰ According to MRD's report,⁵¹ the government domestic expenditure⁵² for rural sanitation through DRHC has been USD 333,250 in 2014 and USD 583,250 in 2015; and for rural water supply through DRWS USD 922,750 in 2014 and USD 1,173,000 in 2015 – i.e., minimal compared to sector needs.⁵³

MRD's issuance of the RWSSH Strategy and the subsequent approval of the National Strategic Plan for RWSSH 2014-25 by the Government of Cambodia has helped raise the RWSSH sector profile, although not yet on a par with other sectors in terms of prioritization on the development agenda and consequent resource allocation. In 2015, the government budget for DRHC almost doubled compared to 2014, although from a low base. Although the amount is insignificant to respond to the scale of rural sanitation issue in the country, it indicates the government's increasing recognition of rural sanitation.

Now that MRD is developing the NAP articulating clearer the needs for the sector in the medium-term up to 2018, it is expected that more resources would be made available both from government domestic budget as well as from development partners via loans and grant assistance. Thus, having the strategy and plan in place for the RWSSH sector has become instrumental for mobilizing resources, including grants and loans, to support the implementation program.⁵⁴

Participatory development of the National Action Plan for RWSSH 2014-18 contributes to better harmonization and alignment, builds momentum for sector support, and leads to increasing demand for institutional strengthening.

Over the past decade, much of the progress in the sector has been achieved through a set of project-based approaches, with insufficient coordination, and without a clear national strategic direction for a service delivery model that can deliver impact at scale.

During the course of the formulation of the NAP, the process of involving stakeholders from the early stage of diagnosing sector issues to finalization of the action plan was one of the fundamental elements to create real demand for better sector harmonization and alignment with the government strategy under one umbrella plan. Informed by in-country and global evidence, the results framework, being the backbone of the NAP, was developed with significant inputs from stakeholders. The process of constructing the results framework helped stakeholders think collectively beyond project-based delivery and to focus on the result chain that will deliver the desired sector outcomes.

⁴⁹ WSP (2009), Water and Sanitation Sector Financing Strategy for Cambodia, Water and Sanitation Program, World Bank

⁵⁰ WSP (2015), Water Supply and Sanitation in Cambodia: Turning Finance into Services for the Future, Service Delivery Assessment report, World Bank

⁵¹ MRD's Annual Conference Report and Internal Departmental Report (2013, 2014, and 2015)

⁵² This includes also operational and salary costs of both departments

⁵³ For example, the annual investment requirements to reach universal access by 2025 would require USD 24 million annually (including rehabilitation/replacement costs, but excluding basic O&M) as indicated in the Service Delivery Assessment report.

⁵⁴ Additional financing of ADB loan on rural water supply and sanitation estimated to be USD 20 million (USD 15 million loan, USD 5 million grant), as well as expected World Bank financed loan on rural disaster risk management, which would include a USD 10 million investment for rural water and sanitation.

This intensive stakeholder involvement also helped to build momentum among many local NGOs and development partners to support the NAP, while leveraging the comparative advantage of each partner. With a history of weak harmonization and fragmentation among the many sector stakeholders, this is expected to help accelerate progress on RWSSH in a coherent manner.

The NAP preparation has also sparked discussions around key issues, such as for strengthening institutions for long-term sustainability, including those at decentralized level. As the service coverage increases, risks of service slippage and exclusion are increasing, e.g. breakdown or service deterioration due to lack of post-construction support mechanism for water supply schemes, or sustaining behavior change after reaching open defecation free status, and getting service to hard-to-reach segments of the population. Institutional strengthening at national and sub-national level and learning from the implementation are key thrusts in the NAP. This requires clearer roles and responsibilities among government staff at national and sub-national level, and decentralizing water supply O&M function and rural sanitation function to districts. Strengthening district and communes institutions are of critical importance.

Government leadership is essential for the development of an overarching BCC guideline to facilitate joint collaborative action in the execution of a sector-wide BCC campaigns.

Following global best practice, the development of BCC normally follows specific steps: (i) conducting formative research to understand the behavioral determinants, (ii) developing the communications objectives, and (iii) developing the messages and tools and delivery mechanisms. In the past this process has been mostly characterized by isolated project-specific efforts of individual organizations, with a limited extent of sharing. With the purpose of building on existing knowledge and past efforts by various stakeholders, national BCC Guidelines were developed. While the idea was to connect project-based knowledge to a broader sector-level agenda on BCC to enhance efficiency and impact, government leadership needs to be exerted to carefully manage the stakeholder process and deal with sensitivities about quality and relevance of existing project-based BCC tools.

The Cambodian experience suggests that under the current environment of limited leadership, coordination and resources, the development of BCC guidelines, although challenging, has significant potential to form the basis for sector-wide BCC campaign development and execution.

Sector partners, such as GSF, are committed to support the development of the BCC campaign based on the BCC Guidelines. WHO is also committed to conduct additional formative research on drinking water related behavior in order to fill a knowledge gap identified in the BCC Guidelines. These collective efforts are expected to create synergies in the delivery of BCC at scale under a coherent umbrella campaign. However, leadership for developing and executing an umbrella campaign rests with MRD. While NGOs and development partners have articulated their demand for stronger guidance on BCC, until now, the importance of a coherent evidence-based approach following – regularly updated – BCC Guidelines has not been fully underscored by MRD's leadership.

Getting high-level ministerial support is essential to move the decentralization agenda forward for rural sanitation.

The experience from the pilot of the decentralized service delivery model for rural sanitation suggests that building high-level political support from the beginning is key. Although decentralization is part of the broader government's reform agenda, operationalizing this reform requires a champion within the ministry. A joint effort from ministerial leaders of both MRD and NCDD Secretariat was critical in pushing the functional assignment on rural sanitation. Engaging these champion in delivering key messages to the ministry staff and districts helped speed up pilot implementation.

With the right technical assistance support, districts – with the help of communes – have been proven to obtain reasonable capacity to plan and deliver rural sanitation function in a decentralized model. Yet, unless financial and human resources are sufficiently transferred to district level, and PDRD/MRD retains a technical support role, an optimal execution of this function cannot be realized.

The pilot of Rural Sanitation Decentralized Service Delivery has been one of a few in supporting the government's effort to assign functions to the districts to promote democratic development and improved service delivery. Within a short period of time, all ten pilot districts have managed to operationalize its delegated functions in sanitation service delivery. Early experience shows that both the district and commune levels can show ownership, confidence and ability in delivering rural sanitation services despite resource constraints. Continued support on capacity development for the districts and communes is still needed, at least in the short to medium-term, to consolidate their newly gained capacities in planning, budgeting and facilitating sanitation related activities within their jurisdictions.

Continued technical support from PDRD and the MRD is needed to ensure rural sanitation programmatic approach is implemented well and consistently and that innovations are integrated. Financial resources are essential for districts and communes. *Sanitation champions* from different provinces, districts, and communes have provided proof of the effectiveness of advocacy with local leaders and administrators, to ensure budget is allocated from districts and communes existing funds. In the future, such increased funds could be mobilized directly by NCDD/MRD from MEF, but would continue to require the complimentary use of Commune/Sangkat Fund.⁵⁵ This increased resource envelope would also allow the district to mobilize additional human resources at district and commune level, as last-mile delivery and outreach is labor intensive. A (part-time) RWSSH coordinator would be a minimum staffing requirement at district level.

The successes and challenges from the pilot have helped to formulate a road-map for nationwide transfer, using a phased approach to capacity development, and putting in place the necessary policies, operational manuals and guidelines for legalizing the country-wide transfer.

Helping the districts to develop district-wide sanitation plans with strong participation from the communes has empowered the communes to tap on social service fund effectively for improving rural sanitation.

In every commune, a fund amounting up to USD 1,500 – 2,000 per commune per year was set aside for social service delivery. Given the many social challenges, the use of social service funding at the communes has often been less results-oriented. With the availability of district-wide sanitation plans and with the involvement of the communes in the planning process, the communes have clearer plan for the use of social service funding for rural sanitation activities. The experience from the pilot showed that, out of the total around USD 250 – 500 per year per commune has been allocated for rural sanitation activities. This allocation has enabled the communes to conduct community behavior change communication events and necessary follow up to improve sanitation situation in the communes.

4.1.2. Sector Monitoring and Learning

Lack of robust institutional support and government resources committed to operate the RWSSH sector Management Information System (MIS) can jeopardize the sustainable use of the MIS.

A performance monitoring framework for the MIS was designed to align with the NAP. While UNICEF has allocated significant resources to develop the MIS for RWSSH sector, fundamental questions around institutional hosting and financial and human resources allocations to support the operation and

⁵⁵ Commune/Sangkat Fund is the Fund available at the commune/Sangkat level which enables communes/Sangkats to assume their general responsibilities and promote local development. The Fund is established by the Law on the Administration and Management of Communes/Sangkats.

maintenance of the system have not yet been clarified. This will be required for the future launch, roll-out and sustainable usage of the MIS.

Introducing evidence-based behavior change communications beyond traditional health-based messages requires intense capacity development and mindset shift by government and stakeholders.

While many government and local NGO implementers at national and local level may be quite comfortable with traditional health-based messages for hygiene promotion,⁵⁶ introducing a new approach based on socio-emotional drivers and normative barriers for behavior change requires significant engagement and capacity building. Exposure visits, sharing global experiences, and workshops to adopt the BCC Guidelines have proved to be instrumental to develop acceptance and motivation for application of such new approaches.

It is expected that with this deepened understanding on BCC, concerted efforts can be mobilized that would lead to coherent evidence-based messages and tools used to change rural household behavior in sanitation and hygiene.

Creating demand for evidence-based policy development has helped embed an explicit knowledge agenda in the government National Action Plan.

The TA activities have fostered an evidence-based approach to policy and sector reform, which is reflected in the NAP. It clearly indicates where the knowledge gaps are and key milestones for those knowledge gaps to be filled. In addition, a government-led annual joint sector review at the national and provincial level is included to assess performance and take-stock of lessons learned so that interventions can be adjusted or initiated. Examples are how sanitation and stunting research has informed closer collaboration between nutrition and WASH sectors, now leading to the development of a future guideline on integration. Another example is the research on consumer rebates for poor households in the context of sanitation marketing. This research and other ongoing studies are expected to inform a guideline on pro-poor support mechanisms later in 2016.

4.2. Recommendations

Over the past years, the focus of MRD has been on the development of the tools and instruments that would help boost the RWSSH sector achieve the universal coverage by 2025. A number of strategic sector documents were developed including the long-term strategy, the medium-term action plan and some important guidelines. This development forms a solid basis for MRD to lead a more coherent sector implementation at scale.

The next phase would be to focus on the operationalization of the action plan and the monitoring of its effectiveness at both national and provincial level through a joint annual review process led by government. Below are the recommendations for short, medium and long-term to help accelerate access to rural water and sanitation through improved sector management and decentralized sanitation service delivery model.⁵⁷ The following section suggests recommended actions that would be useful for relevant institutions to consider in moving the rural water and sanitation agenda forward.

4.2.1. Operationalization of Sector Strategy and Decentralization

- With the approval of the NAP, MRD may use this as opportunity to dialogue with MEF for better resource allocation to support programming in RWSSH sector. Since the NAP is aligned with the government strategy and has clearly identified resource requirement and implementation activities, it can strengthen the position of the MRD to advocate for resource mobilization, including from development partners.

⁵⁶ As advocated through the MRD adopted Hygiene Promotion Guidelines

⁵⁷ Since the main aspect of the TA has been sanitation, the recommendations provided are mostly relevant for rural sanitation.

- Since the NAP was already approved, the focus is now on the implementation. MRD could opt to strengthen the role and capacity of the TWG-RWSSH in closely monitoring the implementation of the NAP ensuring activities and outputs are achieved within the stated timeframe.
- As there are many sector stakeholders in RWSSH sector, MRD could consider the possibility to periodically conduct partnership assessment to take stock of the external support for the RWSSH sector and understand the resource commitments among sector stakeholders. As part of the process, stakeholders may be encouraged to make their intervention program become integral part of the NAP which will contribute to better sector harmonization and alignment.
- To enhance effectiveness and impacts of sector interventions, MRD could consider develop and rollout the national umbrella BCC campaign for rural sanitation and hygiene based on the BCC Guidelines.
- MRD, in collaboration with NCDD Secretariat and MEF, may rigorously assess the adequacy of the budget transferred to pilot districts vis-à-vis the function transferred to them, and identify opportunities for increase the resource transfer during the second year of pilot implementation.
- MRD and NCDD Secretariat could jointly develop and agree on the roadmap for rolling out rural sanitation function transfer nationwide. Once agreed, implementation could start with preparatory activities as identified in the roadmap to allow nationwide transfer by mid-2017.
- Once the rural sanitation function is formally transferred to districts, NCDD Secretariat, in collaboration with MRD, could implement an at-scale capacity development program for districts on rural sanitation service delivery to support the function transfer.

4.2.2. Sector Monitoring and Learning

- MRD may consider establishing M&E unit for RWSSH within the DRHC and/or DRWS with clear institutional roles and responsibilities in managing RWSSH MIS. Appropriate staff and resource may need to be assigned to the M&E unit to operate the RWSSH MIS with sustainability.
- As sector progresses, MRD could consider conducting annual joint sector review to take stock of the lessons and emerging learning from the NAP implementation with the view of adjusting the NAP on annual basis. The joint sector review could take place at national level for the NAP, and at the provincial level for the PAP.
- In medium term, once MIS is functional, MRD could consider establishing a reliable benchmarking system to monitor the sanitation progress at district level and introduce incentives for good performing districts and mobilize additional support for underperformers.

4.3. Opportunities for Future World Bank Engagement

Opportunities for the World Bank to support the government to implement the above recommendations is framed as part of the draft Country Engagement Note. The following are suggestions for the World Bank to maintain and deepen strategic engagement in the RWSSH sector, especially with respect to rural water supply, which has not been a strong focus under this TA.

4.3.1. Technical Assistance

A technical assistance could be considered to pursue the sector agenda with the following considerations:

- Continue to support the MRD and TWG-RWSSH capacity in implementation and monitoring of the NAP.
- In the immediate term, support the continuation of the current rural sanitation decentralized service delivery pilot to gather additional evidence and foster stronger political support. Thorough assessments need to be conducted to understand better the district capacities and constraints, so as to design an at-scale capacity building program for nationwide function transfer.

- Support the government in implementing the agreed roadmap, including the preparations of necessary legal documents and manuals; this will be done in close coordination with WB teams working on the local government agenda (Governance Global Practice and Social, Urban, Rural and Resilience Global Practice).

4.3.2. Integration with World Bank Operations

Currently, the potential for integrating rural water supply and sanitation has been identified for the following projects:

- **Disaster Risk Management Project (P149149):** The Project Development Objective of this project is to help reduce the risk of flooding and enhance disaster risk financing capacity in the Mekong region. The opportunity for integrating RWSSH in this project could focus on developing district capacity for building resilient water supply and sanitation services. This could include introducing sanitation services for challenging areas (flood plains), including the required smart incentives that are needed to foster adoption of these facilities by poor households. Resilience of water supply services and measures to improve the sustainability of such services could be also supported through developing better post-construction support functions, involvement of private sector in rural areas, and helping to operationalize the future decentralized O&M roles for district government.
- **Livelihood Enhancement and Association Project (P153591):** The Project Development Objective of this project is to improve livelihood of the targeted poor households in selected provinces and communities. One component of the project is to support the delivery of basic services and infrastructure including water and sanitation. In this regard, the opportunity for including RWSSH in this project would be on integrating RWSSH as part of the community driven development process. Existing BCC and marketing approaches can be integrated within the project cycle in targeted communities.
- **Social Accountability Project:** At the moment, the focus of service improvement through social accountability is on health centers, schools and communes, but this could be expanded to cover water supply and sanitation services as well. In this regard, developing standards and a process of community engagement to focus on the quality of services, perhaps in the pilot decentralization provinces where the TA has supported, could be a potential avenue. This would also need the joint Bank's Global Practice (GP) support from Water GP and Urban, Rural and Resilience GP.

Longer-term engagement under the World Bank future Country Partnership Framework is expected in the next two-years, and may lead to a multi-sectoral IDA operation, for example to support nutrition and RWSSH.

5. Resource pack under this TA

Document title	Type of document	Status	Completion date
1. Partner Mapping Survey Report	MRD Report	Complete	August 2013
2. National Strategic Plan for Rural Water Supply, Sanitation, and Hygiene (2014-2025)	MRD Strategy Document	Complete	January 2014
3. National Action Plan for Rural Water Supply, Sanitation and Hygiene 2014-2018	MRD Action Plan	Complete	April 2016
4. National Guidelines for Behavior Change Communications for Rural	MRD guidelines	Final draft	July 2015

Sanitation and Hygiene in Cambodia			
5. M&E Situation Analysis for Rural Sanitation and Hygiene	Consultant Report	Complete	October 2013
6. Review of WellMap database Functionality	Consultant Report	Complete	December 2013
7. Knowledge exchange visit by the Cambodian delegates to Bangladesh	Field Trip Report	Complete	May 2014
8. Design Document for Pilot TA on Decentralized Rural Sanitation Service Delivery	Concept Document	Complete	November 2014
9. Investing in the Next Generation: Growing Tall and Smart with Toilets	WSP Research Brief	Complete	November 2013
10. Understanding the effect of subsidies and sanitation marketing on sanitation uptake among poor households	Research Brief & Power Point Presentation	Final Draft	February 2016
11. Roadmap for Decentralized Rural Sanitation Service Delivery	Roadmap Document	Under development	June 2016

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Annex 1. Key Results of the Partner Mapping Survey

In early 2013, the Ministry of Rural Development developed and disseminated the National Strategy on Rural Water Supply, Sanitation and Hygiene 2011-2025, which determines the direction and commitments to achieving the above national vision. The vision of the National Strategy and the development status of the entire sector show that this is a great ambition. This requires commitment to implementation from all levels and participation from all stakeholders, especially the Ministry of Rural Development, which leads the coordination and mobilizes collaboration from relevant ministries as well as support from partner organizations in order to focus on ensuring that this sector is successful with quality and sustainability.

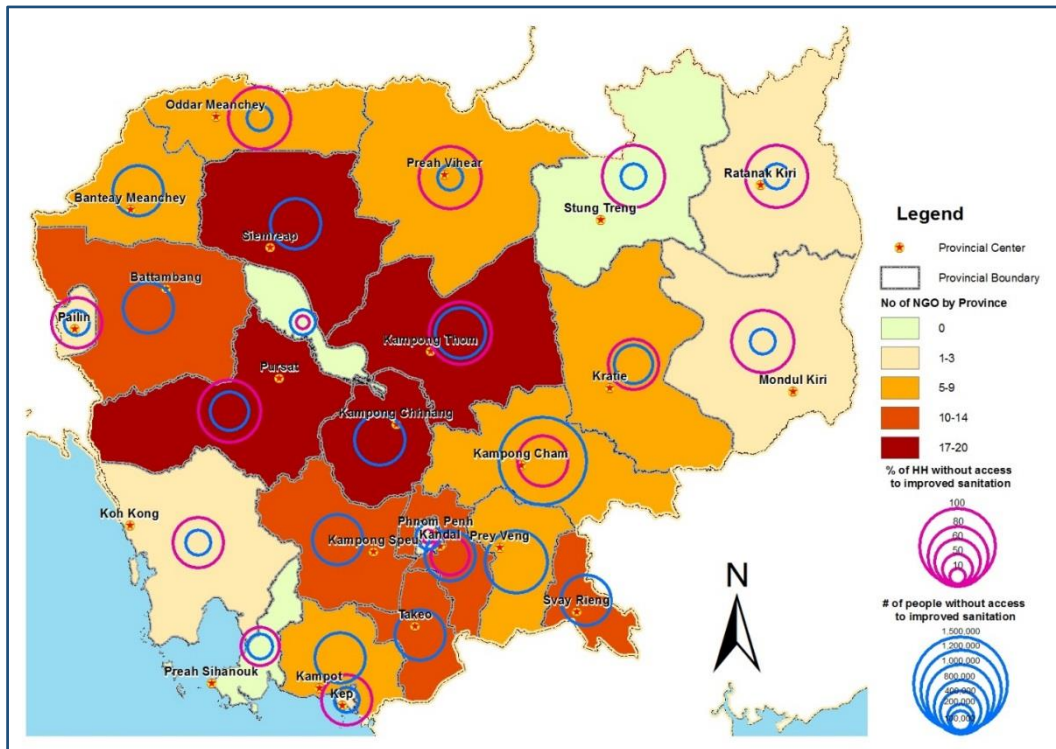
At present, although there is no exact number, it is understood that many partner organizations have been implementing rural water supply, sanitation and hygiene programs with direct or indirect collaboration with the Ministry of Rural Development. Based on a partner mapping survey with participation of 48 partner organizations /programs, the budget for implementation of rural water supply, sanitation and hygiene programs for 2009-2015 is approximately USD103 million in total, i.e., about USD15 million per annum, with 2.7 million households as direct beneficiaries. Among partner organizations working on rural water supply, sanitation and hygiene, about 69% (33) are international organizations that are active in Cambodia, and another 31% (15) are local partner organizations. It is noted that 94% (45) of these partner organizations consider rural water supply, sanitation and hygiene their core programs, and 6% (3) consider implementation of rural water supply, sanitation and hygiene programs their secondary programs. Among the organizations participating in the survey, about 46% (22) have collaborated directly with the Ministry of Rural Development in program implementation, and another 50% (26) collaborated with other relevant ministries or agencies working in development of rural communities, health and water supply.

Programs implemented by partner organizations have different durations. Thirty-eight percent (18) of partners implement long-term programs (4-5 years) and 19% (9), especially large organizations, implement programs lasting 3-4 years, and 13% (6) implement medium-term programs (2-3 years) and 31% (15) implement short-term programs (1-2 years).

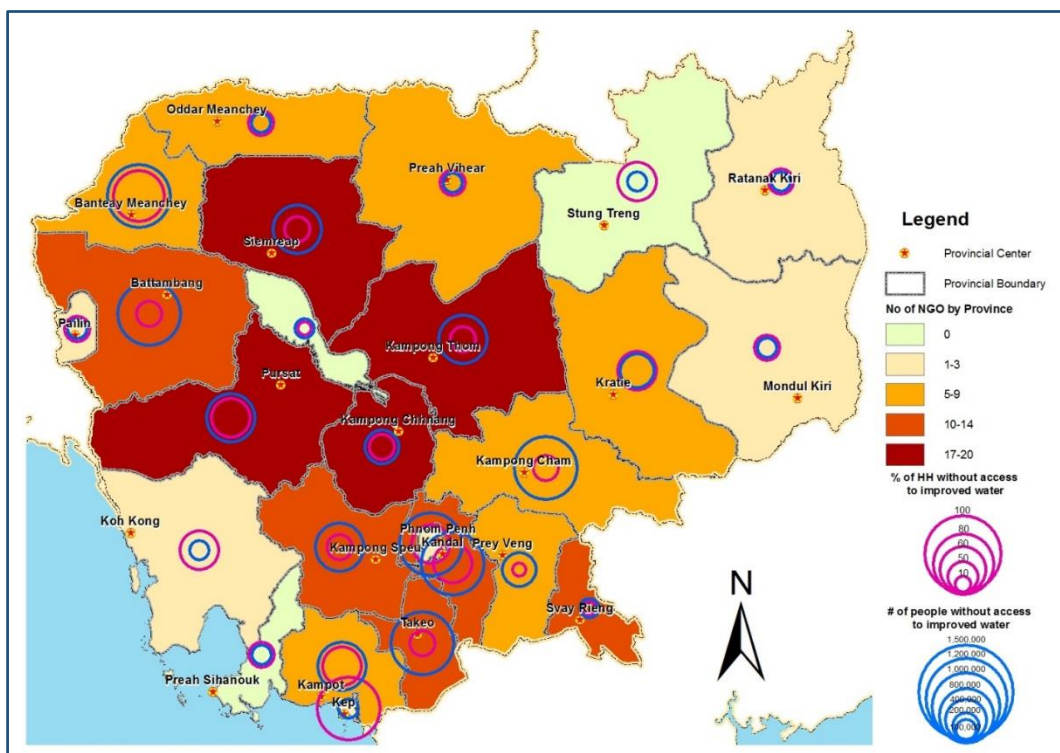
The survey also shows that 42% (20) of partner organizations implement programs by themselves and collaborate with ministries/provincial departments through funding for the implementation of the programs, 33% (16) implement programs by themselves, and 25% (12) by themselves and through implementing partners or private agencies. We also observe that among all the programs implemented by partner organizations, 44% of the programs focus on development of water supply, 39% focus on sanitation and hygiene, and 17% focus on hygiene promotion in rural communities.

Map 1 and Map 2 show the number of partner organizations and the number of households without access to improved sanitation and households without access to improved water in each province. Based on the two maps, we see that the number of partner organizations in each province does not seem to be proportionate completely to the size of the sector problems in the provinces. In some provinces, the size of the problems was not big, but there was a high concentration of partner organizations. For example, the provinces around the Tonle Sap Lake had more partners than other provinces where the number of households without access to toilets was higher than that of the provinces around the Tonle Sap Lake. We also observed that in the northeast and coastal areas there was little presence of partner organizations. This is because these areas have a small number of population without access to the service although the percentage of the population without access to the service is high.

Map 1: Proportion of households and population without access to improved sanitation



Map 2: Proportion of households and population without access to improved water



All partners are happy with the initiative to conduct this survey because they believe that it gives a lot of benefits to the Ministry of Rural Development as well as their organizations, which seek to understand development partners or NGOs working in the area of rural water supply and sanitation.

Key points that the survey has found include the following:

- Many partners have been in need of assistance from the Ministry of Rural Development on clear and systematic support to help coordinate better implementation of projects/programs in line with national development strategies.
- At present, although the Ministry of Rural Development has established a number of mechanisms, the coordination mechanism among partner organizations is still limited, which makes it difficult for partners to seek cooperation.
- Funding for the sector received from partners and organizations is large compared with the national budget. In 2009-2015, the funding for implementing sanitation and hygiene programs is about 5% higher than the funding for water supply programs. Starting from 2012, the annual funding by partners for the sanitation and hygiene programs tends to be larger than that for the water supply as the former needs to be further expedited in order to achieve the Millennium Development Goals.
- Partner organizations' annual budget for implementing programs shows a decrease after 2012. This trend can become a challenge for the whole sector, which requires development of an appropriate strategy for coordination and effective use of funding available in this sector and for creation of opportunities for more investment in this sector.
- The presence of partner organizations is geographically concentrated. Some areas with a low coverage of water supply and sanitation have not yet received serious attention. This indicates a gap in the coordination mechanism.
- Increasing access to improved rural sanitation requires multiple instruments for interventions, which may be carried out at the same time with consistency with national strategies. However, most partner organizations implement programs according to their own expertise and strategies only.
- The number of households directly benefitting from the implementation of water and sanitation programs by partner organizations is determined to be up to 2.7 million households by 2015, but the achievable results are not clear yet requiring monitoring and supervision.

Annex 2. National Action Plan for Rural Water Supply, Sanitation and Hygiene 2014-18

Executive Summary

Although Cambodia has made good progress towards achieving its country-specific Millennium Development Goals for water supply and sanitation, there is still a great deal of work left to be done. National access to improved water supply and sanitation are still only 54.2% and 51.7%, respectively; meaning nearly half the country still lacks these basic services. In addition, wide disparities exist between access in rural and urban areas, and by the poor and the better-off. Cambodia's rural sanitation coverage is currently the lowest in Southeast Asia; over 50 percent of the rural population still practice open defecation (OD).⁵⁸

Lack of adequate water, sanitation and hygiene (WASH) facilities and practices has many negative consequences, especially for the rural poor. Six out of 10 reported diseases in Cambodia are water-borne. Poor sanitation and hygiene may be responsible for 10,000 deaths annually, mainly among children.⁵⁹ The economic losses associated with these conditions is estimated to be over seven percent of Cambodia's gross domestic product (GDP), or US\$32 per person.⁶⁰

In 2014, the Royal Government of Cambodia officially adopted a National Strategic Plan (NSP) for rural water supply, sanitation, and hygiene (RWSSH). The NSP's goal is simple but challenging: **Every person in rural communities has sustained access to safe water supply and sanitation services and lives in a hygienic environment by 2025.** This work will be carried out in two phases; Phase I runs from 2014-2018, the period covered by this National Action Plan (NAP) for RWSSH.

The Technical Working Group (TWG) for RWSSH led the development of the NAP, which translates the Strategic Objectives of the NSP into specific activities with output indicators, targets, implementation timeframes, and detailed budget estimates. The participatory process to develop the NAP was carried out by the TWG at the national level. At the provincial level, the Provincial Departments of Rural Development (PDRDs) carried out similar efforts to create Provincial Action Plans (PAPs), which were used to inform both local and national planning efforts.

The primary reason for the creation of the NAP is to accelerate progress in the RWSSH sector by improving sector efficiency, strengthening institutional capacity (especially local government), and increasing investment. In addition, the NAP (and each PAP) will be reviewed and updated annually, and will be treated as 'rolling' plans that will be revised, based on progress and experience, such that the plan continues to evolve and improve over time.

The four high-level outcomes for the NAP, and their associated targets are presented in Table 1 below:

Table 1: High-Level NAP Outcomes

Outcome Focus	Baseline	2018 Target	Gap (Population)	Gap (Households)
1. Access to improved water supply	46.6%	60%	2.02 million	439,400
2. Access to improved sanitation	40.9%	60%	2.67 million	580,400
3. Hand washing with soap at critical times	46.5% ⁶¹	60%	2.03 million	441,900
4. Using appropriate water treatment	70%	80%	1.79 million	388,700

⁵⁸ Cambodia Socio-Economic Survey (CSES), 2012 and 2013.

⁵⁹ Cambodia Water Supply and Sanitation Sector Review, Royal Government of Cambodia and the World Bank (2012).

⁶⁰ Economic Impacts of Sanitation in Cambodia, WSP Research Report (2008).

⁶¹ At least 3 times a day. KAP survey (2010).

The Ministry of Rural Development (MRD) is the agency responsible for implementing the NAP, and is accountable for delivering results. The TWG will oversee the process from a management perspective. At the provincial level, the Provincial Departments of Rural Development (PDRDs) and the PWGs will play identical roles regarding the PAPs.

The NAP calls for local Government, including District Administrations and Commune Councils, to play increasingly active roles in identifying RWSSH priorities, and allocating investment funds towards those priorities. To assist with this process, the NAP calls for selection and training of District and Commune RWSSH Focal Persons who will advocate for and support NAP (PAP) implementation at the local level, as part of the District and Commune Development Planning processes. PDRDs and PWGs will help oversee and support this decentralization effort.⁶²

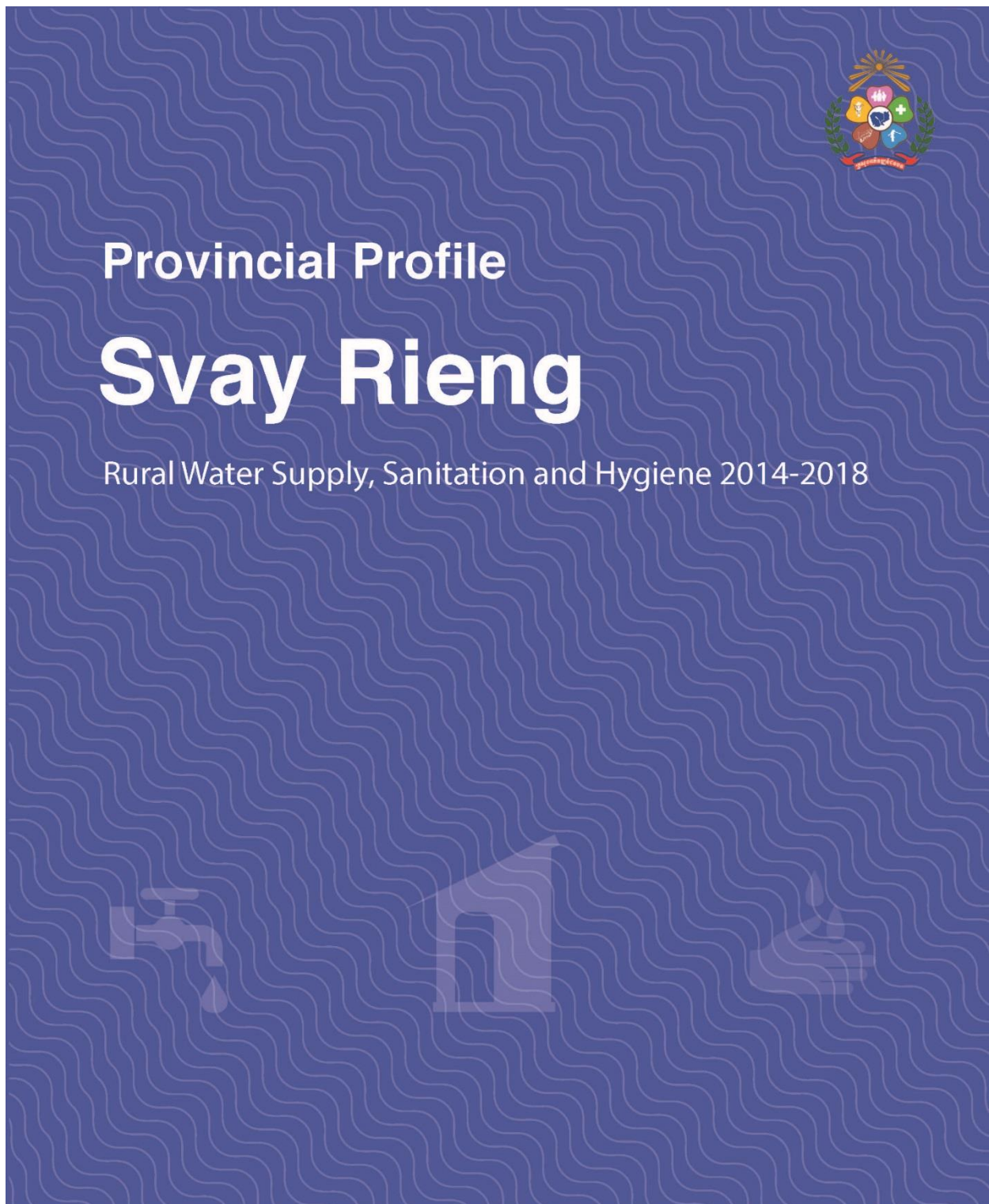
RWSSH Development Partners (DPs), including both financing and implementation agencies, will play important roles under the NAP. The TWG and PWGs are co-chaired by key DPs, and field programs will continue to be a significant area of DP engagement. Under the NAP, it is anticipated that DP project targeting and planning will be better coordinated at the National, Provincial and local levels, with the goals of improving sector efficiency, increasing the focus on poor and underserved populations, and strengthening sector learning and knowledge sharing.

The estimated cost of implementing the NAP (2014-2018) is US\$88.95 million (KHR 365 billion). Of this, 79 percent is for programming (improved water supply, sanitation, and hygiene). Approximately 3.4 percent of the budget is devoted to strengthening institutional capacity and advocating for increased RWSSH sector investment⁶³. Indirect costs were calculated as 21 percent of all programming (direct) costs, and are intended to cover administration and staffing, communications, and other 'overhead' or management costs.

An explicit objective of the NAP is to help raise awareness of the nation's RWSSH needs, and to advocate for additional investment of capital and human resources to tackle these critical challenges. It is hoped that the NAP, which has been developed based upon decades of RWSSH sector experience and an extensive national consultative effort, will become the catalyst for sector reform, stronger investment, and an accelerated drive towards the 2018 targets and to the 2025 Sector Vision of universal access.

⁶²Decentralization (and deconcentration) refer to the delegation of governance and budgetary authority to sub-national administrative units, including provincial, district, and commune-level bodies. It is a process spearheaded by the inter-ministerial National Committee for Sub-national Democratic Development (NCDD).

⁶³ The proportion of funding figure is different from what is presented in Section 3.3.3 since the figure provided here explicitly takes out the indirect cost, while in Section 3.3.3 the indirect cost is distributed across all the components of the program.



Supported by



Svay Rieng

Provincial Action Plan for Rural Water Supply, Sanitation and Hygiene 2014-2018 (SVR-PAP)

SVAY RIENG

locates in eastern part of Cambodia with total population is over **0.6 Million** (CDB 2013), **76%** residing in rural areas and 71% are farmers.

65% of total population has access to improved water supply and 36% has access to improved sanitation.



(CDB 2013)

Poor HHs (ID-poor I & II)

17.4%

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(Source: NCDD, updated 30 May 2015 and BMC PAP for RWSSH 2014-2018)

Results Framework for RWSSH 2014-2018

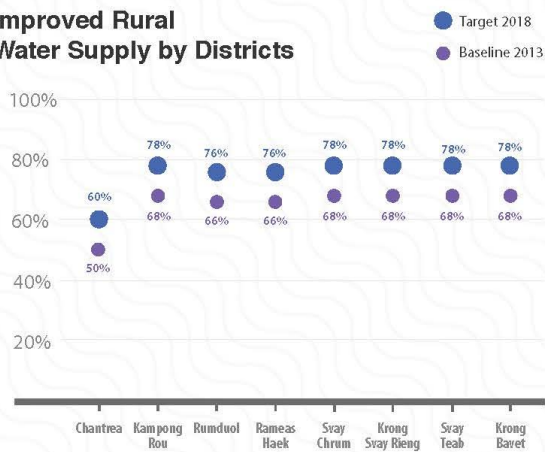
Component	Baseline 2013	Target 2018	No. of Target Rural HHs to be served by 2018
Improved water supply	65%	75%	15,797
Improved latrine	36%	60%	29,212
Handwashing with soap	46.5%	60%	18,335
Using water treatment	70%	80%	16,160
Improved latrines for poor HHs	19%	53%	8,227

Source: SVR-PAP 2014-2018

Note: Number of Rural HH in 2013 is 103,589 and by 2018 will increase to 110,840 (annual increase 1.38%) with average household size is 4.41 persons.

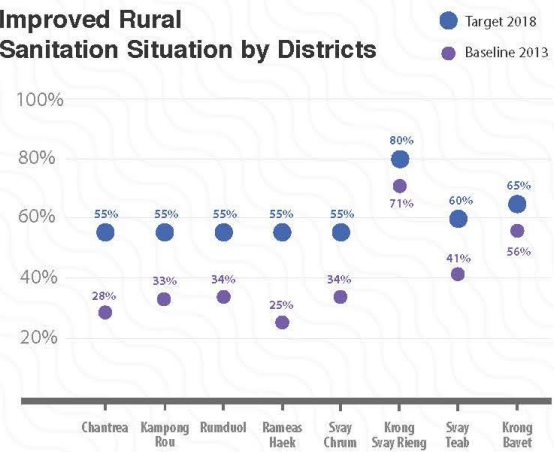


Improved Rural Water Supply by Districts



Note: Chantrea, Rumduol and Rameas Haek have the lowest access to improved water supply. Five districts affected by drought including Svay Teab, Svay Chrum and Rumduol.

Improved Rural Sanitation Situation by Districts



Note: Most districts have low access to improved rural sanitation. Five districts often affected by flood including Kampong Rou, Rameas Haek and Svay Rieng.

Annual Outputs of Improving Rural Water Supply 2014-2018

Code of Activities	Rural Water Supply	New Target by 2018				Total
		2014 - 15	2016	2017	2018	
3.2.1.1	No. of new deep wells/Afridev constructed	10	50	50	40	150
3.2.1.1	No. HH rain water jars (3000 Lt) provided	0	200	100	0	300
3.2.1.2	No. of community pipe water system installed	0	1	1	0	2
3.2.2.2	No. of deep wells major repaired	10	40	30	0	80
3.2.2.2	No. of VN6 major repaired	20	230	210	150	610
3.2.1.3	No. of water facilities for school major repaired	5	30	30	20	85
3.2.1.4	No. of water facilities for health centers major repaired	0	8	7	0	15
3.2.3.3	No. of local well drillers trained	0	25	0	0	25
3.2.3.4	No. of local service providers on O&M trained	0	25	0	0	25

Annual Outputs of Improving Rural Sanitation and Hygiene 2014-2018

Code of Activities	Rural Sanitation & Hygiene	New Target by 2018				Total
		2014 - 15	2016	2017	2018	
None	No. of communes achieved ODF	0	1	1	1	3
4.1.1.5	No. of villages achieved ODF	5	20	25	10	60
4.1.1.4	No. of villages triggered CLTS	10	70	50	50	180
4.1.1.3	No. of CLTS VFP/CFP trained	30	210	150	150	540
4.1.1.11	No. of communes started and conducted BCC on sanitation and hand washing	0	10	10	10	30
4.3.1.2	No. of Poor HH provided financing/subsidy for improved latrines	127	3,000	3,000	2,100	8,227
4.1.2.3	No. of sanitation/hygiene facilities for schools constructed	5	25	20	0	50
4.1.3.1	No. of sanitation/hygiene facilities in health centers for patients constructed	0	5	5	0	10
4.2.1.4	No. of local service providers trained	0	25	25	0	50

Source: SVR-PAP 2014-2018



Priority Actions 2014-2018

Immediate priority actions to be implemented are: i) review and or establish Provincial Working Group for RWSSH; ii) organize provincial Partners/NGOs consultation meeting to develop joint program and resource mobilization.

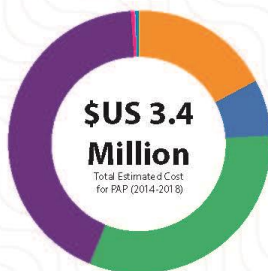
1 Improve Rural Sanitation and Hygiene

- Create and sustaining changes in social norms to stop open defecation
- Support sanitation marketing and demand creation
- Increase engagement of district administrations and commune councils for sanitation service delivery
- Support sanitation financing scheme at household level including sanitation subsidy
- Increase certified ODF villages and communes to be obtain new 60 ODF villages and 3 ODF communes
- Engage private sector and build their technical capacity for improving rural sanitation service delivery

2 Improve Rural Water Supply

- Improve accessibility to safe water supply
- Monitor water quality at water points including arsenic contamination control
- Support in emergency response when drought in dry season and flood in rainy season
- Focus on rehabilitation and O&M including in communities and rural public facilities
- Increase engagement of district administrations and commune councils for rural water supply service delivery
- Engage private sector and build their technical capacity for improving rural water supply service delivery

Cost Required for PAP



Provincial Working Group for RWSSH (PWG)

- Provincial Governor
- Director of PDRD
- Deputy Director of PDRD
- Representatives of Provincial Line Departments
- All District Governors
- All I/LNGOs Working in WASH in the Province

- Chair
- Vice Chair
- Secretariat
- Members
- Members
- Members

Partners/NGOs working on WASH in the Province

Component	Partners/NGOs
Rural Sanitation	ChildFund Cambodia; Khmer Association for Development of Raising Animal (KADRA); Cambodian Farmer Economic Development (CFED); Santisena; International Development Enterprise (iDE); Clear Cambodia; Mekong Plus; Konekmeng; International Cooperation Cambodia (ICC/FAST Project).
Rural Water Supply	ChildFund Cambodia; Cambodian Farmer Economic Development (CFED); Santisena; International Development Enterprise (iDE); Clear Cambodia; Mekong Plus; Konekmeng.
WASH in Schools	ChildFund Cambodia; Santisena; Konekmeng
WASH in Health Centres	None

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Annex 4. National Guidelines for Behavior Change Communications for Rural Sanitation and Hygiene in Cambodia

Executive Summary

Cambodia has made significant progress over the past few years in addressing increased access to improved water, sanitation and hygiene (WASH) for its rural population. Nonetheless, key challenges remain, including with respect to sanitation coverage rates, poor hygiene and access to improved drinking water in rural areas, and other WASH-related health issues and economic impacts.

Behavior change communications (BCC) is the strategic use of communication based on established theories and models of behavior change to promote adoption of healthy behaviors to improve health outcomes. BCC actively steps away from pre-formulated assumptions about behavior change, its motivators and barriers; instead, BCC employs a systematic process which includes formative research, communication planning, and monitoring and evaluation. This process can help ensure a consistent, evidence-based and effective approach to BCC activities across the WASH sector, and, ultimately, help the sector reach its 2025 goal of 100% coverage and use of improved sanitation and hygiene facilities by rural households in Cambodia.

The Ministry of Rural Development (MRD) of the Royal Government of Cambodia developed the *National Behavior Change Communication Guidelines for Sanitation and Hygiene 2015-2018* to guide stakeholders and those working in the rural water, sanitation and hygiene (WASH) sector in Cambodia to develop a strategic, consistent approach to promoting behavior change.

The BCC Guidelines seek to promote the following **three key behaviors** among target audiences of rural households

1. Ceasing open defecation (OD) and adopting a household latrine;
2. Handwashing with soap (HWWS) at critical times , in particular by caretakers of children under five; and
3. Consistent consumption of trader household water.

The guidelines set forth overarching recommendations as well as findings and recommendations specific to each of the three key behaviors. Overarching recommendations are developed for BCC initiatives to promote improved WASH behaviors, grouped according to the following categories: behavioral determinants; campaign development and implementation; and stakeholder coordination and formative research.

SUMMARY OF OVERARCHING RECOMMENDATIONS		
Behavioral Determinants	Campaign Development & Implementation	Stakeholder Coordination & Formative Research
<p><u>Establish new social norms for sanitation and hygiene</u> Emphasizes toilet ownership as the social norm especially in villages which have not reached Open Defecation Free status.</p> <p><u>Build upon peer pressure and desire to emulate neighbors</u> Campaigns that tap into the desire to “not be left behind” can create</p>	<p><u>Develop an enduring umbrella brand for rural WASH</u> An umbrella brand for WASH, and corresponding branding guidelines, would provide a consistent look, feel and tone to all WASH materials, provide continuity for future BCC efforts.</p> <p><u>Develop clear calls to action</u></p>	<p><u>Conduct additional research for HWWS and water treatment</u> Additional research is required for HWWS behavior as well as water related behaviors (treatment, transport and storage).</p> <p><u>Establish BCC Working Group</u> A BCC Working Group should be formed, led by the MRD with participation from a core group of</p>

<p>a sense of urgency to invest in a latrine, purchase a handwashing device, acquire a water filter, or increase the number of water containers in their homes.</p> <p><u>Address convenience factors for all three behaviors</u> Inconvenience can be either a driver or deterrent for all three key behaviors, and should therefore be integrated into BCC efforts.</p> <p><u>Gain commitment from target audiences</u> The desire to be consistent is a human trait that crosses borders and cultures; BCC programs should include ways for individuals to make a commitment to carry out targeted behaviors.</p>	<p>Communication materials must have simple, straightforward calls to action so that audiences are clear about what steps they need take to successfully carry out targeted behaviors.</p> <p><u>Build BCC activities based on interpersonal IPC as a key channel</u> Interpersonal communications (IPC) has been shown to be a persuasive and scalable channel for communication in Cambodia.</p> <p><u>Use simple language</u> New materials should be culturally appropriate and developed for low literacy audiences</p> <p><u>Focus on one behavior at a time</u> Campaigns should focus on one behavior at a time, and dissemination of materials and messages should be staggered.</p> <p><u>Pretest materials</u> New materials should be pretested for comprehension, appeal, identification, and persuasion.</p> <p><u>Use current materials until new ones are created or added</u> While new materials are being developed, organizations should continue to use existing materials from existing campaigns.</p>	<p>stakeholders interested in the development of sector-wide BCC efforts.</p> <p><u>Create an on-line forum to share materials</u> An online mechanism for sharing materials should be established to provide guidance on how and when to use each of the materials.</p>
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The guidelines also provide key findings, identify target audiences and communication objectives, assess existing communication materials and present recommendations for each of the three key behaviors to be promoted among rural households.

Among key findings for the behavior of **ceasing OD and adopting a household latrine** is a lack of urgency towards investing in a latrine, despite the common recognition of benefits that a latrine can bring, such as status, comfort and privacy. It is also clear that health is not a driver for latrine adoption, but that peer pressure and the desire to emulate successful neighbors are. Dry-pit latrines are unpopular as they are perceived as unhygienic and unattractive, whereas a pour-flush latrine complete with a concrete shelter is the “gold standard” to which rural household aspire. Furthermore, money constraint is often mentioned as a key barrier to buying a latrine; many rural households perceive the cost of a pour-flush latrine as being too high.

Behavior specific recommendations for ceasing OD and adopting a household latrine include behavioral determinants to be addressed in future campaigns (e.g. social norms and social drivers), campaign developments and implementation suggestions (e.g. additional materials, target audiences and activities), and additional needs for formative research.

Key findings for **HWWS at critical times** include that handwashing mostly takes place when hands are visibly dirty or before eating or preparing food. Very few associate HWWS with the cleaning of a baby's bottom. Access to ready availability of soap and water is crucial to break down structural barriers to handwashing as many state non-compliance with HWWS due to lack of water and soap in the household. Although health is mentioned as a driving factor for HWWS, there is lack of clarity as to what is meant by health and whether or not diarrhea is considered a threat severe enough to warrant change among rural Cambodian households.

Recommendations for HWWS at critical times include behavioral determinants to be addressed in future campaigns (e.g. social norms, physical drivers and access to ready availability of soap and water), campaign developments and implementation suggestions (e.g. additional materials, target audiences and activities), and additional needs for formative research (e.g. what is meant by "good health" and "illness").

Among key findings for **consistent consumption of treated household water** are that most people prefer boiling as a treatment method; however, only about 1/3 of rural households consistently treat their drinking water. There exists a belief that clear looking and non-smelling rain water does not need to be boiled/treated and many cite being "too busy" as a reason for drinking untreated water. More information is required about water storage and handling behaviors, but major reasons for storing water in the house include convenience and safety. As with HWWS, health is mentioned as a reason for treating drinking water, but it is unclear what is meant by "good health" and "illness" and whether or not diarrhea is considered a threat severe enough to warrant change.

Recommendations for consistent consumption of treated household water include behavioral determinants to be addressed in future campaigns (e.g. physical drivers (convenience), values (family values)), and additional needs for formative research (e.g. what is meant by "good health" and "illness" and deeper insights to water storage and handling behaviors).

Beyond behavior-specific recommendations, the BCC Guidelines also contains sections which gives insights and suggestions for future suitable communication channels to employ, a monitoring and evaluation framework complete with suggested indicators for each of the three behaviors and an illustrative BCC action plan with key steps needed for future BCC efforts in the WASH sector.

Annex 5. Final Draft of RWSSH Performance Monitoring Framework

Proposed MIS outcome indicators

Outcome Indicators	Baseline	Data Sources	Data Collection Frequency	Primary or secondary data source?	Geographic Coverage	Data Resolution	Data Collection	Who knows the information at the moment	Data Collection	Tool used	Data transfer and process	Comments
Proportion of households that have hand washing facilities with soap	46.5%	MRD KAP Survey	Every 2.5 years	Primary	Nation-wide	National/regional-level	Manual upload (data from MRD)	Nobody	PDRD district, collecting statistically representative data (400 mandays/survey)	KAP survey questionnaire	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Use same definition of 'access to hand washing facilities' as CSES. CDHS and big CSES every 5 years will be used as additional data sources
Proportion of households that have access to an improved toilet	37.8%	CDB/IVR	Annual	Secondary	Nation-wide	Commune level	Manual upload (data from MoP)	MoP/CC	MRD M&E data manager	Excel/Access database	Importing Excel/Access into MIS	Alternatively IVR
Number of villages that are self-reported Open Defecation Free		CDB/IVR	Annual	Secondary	Nation-wide	Commune level	MRD WASH M&E Database	PDRD @ district level and CC	PDRD district, collecting data (part of day to day)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Paper-based/ IVR reporting from commune chiefs (alternatively PDRD reports)
Number of villages that are verified Open Defecation Free		MRD WASH Reporting Form/IVR	Annual	Primary	Nation-wide	Commune level	MRD WASH M&E Database	PDRD @ district level and CC	PDRD district, collecting data (part of day to day)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Paper-based reporting from commune chiefs
Proportion of households using improved drinking water supply		CDB/IVR	Annual	Secondary	Nation-wide	Commune level	Manual upload (data from MoP)	CC	PRDR district asks by phone/ on site, the information to CC	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Alternatively IVR

Outcome Indicators	Baseline	Data Sources	Data Collection Frequency	Primary or secondary data source?	Geographic Coverage	Data Resolution	Data Collection	Who knows the information at the moment	Data Collection	Tool used	Data transfer and process	Comments
Number of water points that are functional ⁶⁴		MRD WASH inventory	Annual	Primary	Nation-wide	Commune level	MRD WASH M&E Database	Nobody	PDRD district, collecting data (1 day/village 14,000 man-days/survey). 75 man-days/district/year	SNV form of functionality of water points	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Paper-based reporting from commune chiefs. Maybe included in a second phase?

⁶⁴ Indicator to be included in a second phase.

Proposed MIS output indicators

Outcome	No.	Output	NAP CODE	Output Indicators	Sources of information	Data Collection Frequency	Data Resolution	Who knows the information at the moment	Data Collection	Tool used	Data transfer and process	Phase	
Outcome #1: Increased sustained access to designated hand washing facilities and practice of hand washing with soap at critical times	1	Hand washing with soap behavior change campaign conducted	5.1.3.4	# communes having focal points trained and coached on BCC, specifically Interpersonal Communication on hand washing with soap	PDRD Report	Annual	Annually	District level	PDRD @ district level	Part of day to day activities (involved in the training)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
			NO	# communes conducting BCC activities on hand washing with soap	PDRD Report	Annual	Annually	District level	90% PDRD staff district, 10% nobody	Part of day to day activities (involved in the BCC)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
	2	Hand washing facilities and products identified/developed and distributed at communities	NO	# communes in which hand washing products available in local market	PDRD Report	Annual	Annually	District level	Nobody	Visit to all communes (5 days/year)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
Outcome #2: Increased sustained access to and use of improved sanitation	1	Sanitation market developed and functioned	NO	# districts having latrine businesses providing affordable sanitation products and services	PDRD Report	Annual	Annually	Province level	80% PDRD staff district, 20% nobody	20% of districts will have to carry out an inventory (5 days/district * 20%)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
			4.1.1.4.	# villages having CLTS triggered	PDRD Report	Annual	Annually	Commune level	PDRD @ district and/or CC	Part of day to day activities (involved in the triggering)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
	2	Sanitation demand and behavior change for communities improved	NO	# communes conducting BCC activities on sanitation	PDRD Report	Annual	Annually	District level	90% PDRD staff district, 10% nobody	Part of day to day activities (involved in the BCC)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
			2.2.2.4.	# district administration allocated budget for rural sanitation and hygiene	District Investment Plan	Annual	Annually	Province level	District council	PDRD requests DIP to the	To include in the	Paper-based report district to province, PDRD consolidates and send paper report to	Phase I

Outcome	No.	Output	NAP CODE	Output Indicators	Sources of information	Data Collection Frequency	Data Resolution	Who knows the information at the moment	Data Collection	Tool used	Data transfer and process	Phase
		sanitation and hygiene service		service delivery in district investment plans					district (0.5 days/year)	annual report	MRD, who consolidates and enters data into the MIS system	
Outcome #3: Increased sustained access to and use of improved water supply	1	New rural water supply infrastructure constructed	3.2.1.1 + 3.2.1.2. + 3.2.1.3. + 3.2.1.5.	# new communal point water supplies (Afridev, VN6, community ponds) constructed following guidelines and technical standards	PDRD Annual Report	Annually	Commune level	PDRD @ district level	Part of day to day activities (involved in the activity)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
			3.2.1.6	# new community-managed piped water supply schemes established	PDRD Annual Report	Annually	Commune level	PDRD @ district level	Part of day to day activities (involved in the activity)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
	2	Existing rural water supply infrastructure maintained	NO	# communal point water supplies with an active WSUG	PDRD Annual Report	Annually	Commune level	PDRD @ district level	Part of day to day activities (involved in the activity)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
			3.2.2.2.	# major repairs conducted for dysfunctional communal point water supplies	PDRD Annual Report	Annually	Commune level	PDRD @ district level (only MRD-led rehabilitations). Private sector has the data, but difficult to collect	Part of day to day activities (involved in the activity)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
	3	Sub-national resources for allocated for rural water service	2.2.2.3.	Allocated budget for rural water supply service delivery in commune investment plans	Commune Investment Plan	Annually	Commune level	Commune council	Through IVR phone	IVR tool	IVR, alternatively paper-based reports from district level, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
	Outcome #4: Increased sustained practice of	1	Behavior change campaign on drinking safe water conducted	5.3.1.4	# Commune focal points trained and coached on BCC Interpersonal	PDRD Annual Report	Annually	District level	PDRD @ district level	Part of day to day activities	To include in the	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and

Outcome	No.	Output	NAP CODE	Output Indicators	Sources of information	Data Collection Frequency	Data Resolution	Who knows the information at the moment	Data Collection	Tool used	Data transfer and process	Phase	
drinking safe water				Communication on drinking safe water					(involved in the training)	annual report	enters data into the MIS system		
			NO	# Communes conducting BCC on drinking safe water	PDRD Report	Annual	Annually	District level	PDRD @ district level	Part of day to day activities (involved in the BCC)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I
	2	Drinking water treatment technologies available in local market	NO	# communes where water filters available in local market	PDRD Report	Annual	Annually	District level	Nobody	Visit to all communes (5 days/year)	To include in the annual report	Paper-based report district to province, PDRD consolidates and send paper report to MRD, who consolidates and enters data into the MIS system	Phase I