

TACTIC REPORT

Reaching Open Defecation Free Status with grassroots partnerships.



How can we reach Open Defecation Free status with market-based sanitation approaches? First, know your context and develop grassroots networks.

Context

Rural Cambodia has achieved a remarkable expansion of basic sanitation coverage in the past decade. In iDE program areas, household-level coverage has increased from 28% in 2009 to over 78% in 2020. To date, iDE Cambodia's Sanitation Marketing Scale-Up (SMSU) program has facilitated the sale and delivery of over 366,000 sanitary latrines to rural households, enabling over 1.75 million individuals to gain access to sanitation. However, there is still much work to do, as the vast majority of the country has not yet reached Open Defecation Free (ODF) status.

In Cambodia, the requisites for ODF villages are¹

1. 100% families do not practice open defecation (OD)
2. At least 85% households (HH) have access to basic sanitation
3. All households dispose of infant feces into owned and shared latrines
4. There is no evidence of human excreta in the village environment
5. All households access to handwashing facilities (water and soap)
6. Community has initiated informal or formal actions against open defecation.

¹ Ministry of Rural Development, National Guidelines on Community Led Total Sanitation. March 2019.

Project Background

The goal of SMSU3's Grassroots Public-Private Partnerships (PPP) Department is to complement iDE Cambodia's traditional sanitation marketing activities by accelerating the achievement of Open Defecation Free (ODF) status at the village level.

By facilitating connection and collaboration between latrine business owners (LBOs), civil society (NGOs), and government, the PPP Department aims to support the further development of a sustainable sanitation ecosystem, to and beyond ODF status. The PPP team operates in communes with sanitation coverage over 85%. These high coverage areas are deemed to be the most likely to meet the various thresholds for ODF and are the ones who can use the most immediate support to reach this designation.

In each commune where it works, the PPP Department mobilizes resources to identify and address the issues preventing the last remaining households without latrines from owning one. Barriers to household latrine purchases - which include living in a "challenging environment" (high groundwater, flood-prone, hard ground rock), seasonal migration that makes household engagement difficult, and poverty itself - vary immensely from community to community but typically affect the most vulnerable. After identifying these barriers, the team coaches local "Sanitation Champions" to find context-specific solutions, facilitates connections between local latrine suppliers and the village, and ultimately supports local authorities to confidently file ODF claims to the relevant administrative bodies.



Local latrine business owner, Village Chief, and Assistant Village Chief sign a referral agreement with the support of an iDE Village Mobilizer.

Intervention

Step 1: Commune Activation

The work of the field-level PPP staff, the Village Mobilizers (VMs), begins with "Commune Activation." This process entails the VMs meeting with the Commune Council, including the representative from the Commune Committee for Women and Children (CCWC) and the Commune Chief. During this meeting, the VM explains the Commune Activation process, the goals of iDE's sanitation marketing program in general, and the program's relevance to national policy and the SDGs. The VM formally requests the support of the commune to operate in the subordinate villages while designating the CCWC representative and village-level authorities as "Sanitation Champion" focal points. If permission is secured from the commune and the CCWC, the commune activation process is considered complete.

Step 2: Village Activation

Once a commune is activated by the PPP team for ODF development, the commune-level Sanitation Champion supports iDE VMs to identify village-level Sanitation Champions, usually from the ranks of village authorities or influential village members. After these focal points are established, they support VMs to conduct a census of every non-latrine user in each village. This census collects household data including sanitation coverage, poverty status, household demographics, sanitation behavior (i.e shared latrine prevalence), and residence status (i.e. identification and categorization of emigrated households). This process includes village mapping, household identification through GPS points in addition to interview-based profiling of the individual circumstances of every household without toilet access. The interviews are geared towards making an assessment of the reason why the household hasn't yet invested in a toilet. This activation census is shared with the local authorities and serves as an ODF development baseline, upon which VMs, Sanitation Champions, and the community can plan activities and measure progress towards ODF.

Next, VMs facilitate a meeting between the Sanitation Champion and a local LBO, during which a commercial “Referral Agreement” (developed by the program) is discussed and signed. This agreement formalizes the stipulations and compensation for any successful sales referral from the Sanitation Champion to the LBO. This grassroots public-private partnership instrument aims to support the development of continuous and sustainable supply and demand channels for rural sanitation.

Step 3: Training, coaching, and problem solving

At this point, iDE VMs begin their role as coaches for Sanitation Champions to guide their communities to ODF. A half-day training session is held as a “kick-off,” including the CCWC representative and usually about three village members including the designated village-level Sanitation Champion. During this session, the VM leads the group through a presentation and role-plays on how to conduct household visits and have conversations with families about their sanitation needs and barriers. Community members are guided through ways to overcome certain barriers, including linking poor households to iDE-offered targeted subsidies, connecting non-poor households to LBOs that offer payment installment plans, and other methods like incremental saving for potentially more expensive technology options. The training also includes role-plays on how to reach households with decision makers who are working abroad or far away from home, which necessitates making cold calls in a compelling and non-invasive way. VMs give the Sanitation Champions tools including a booklet for tracking village increases in sanitation coverage, which are reviewed and used for verification by VMs at regular intervals. Usually twice a week, the VM will follow up with the Sanitation Champions, either by phone or in person, to discuss challenges, reinforce training messages, and continue to track village and commune progress towards ODF.

Step 4: Prepare and Claim ODF

The final component of each VM’s engagement with a village is to support the top village authority (who is often the village-level Sanitation Champion) to officially claim her/his village as ODF to the Commune Council. This claim will flag that the village is ready for ODF verification, which happens at a commune-wide scale after all villages have filed their official ODF claims.

The VM supports the Sanitation Champion (and also the Village Chief if she/he isn’t the same person), on how to calculate sanitation coverage rates, produce a village report (which includes conducting transect walks and gathering observation and interview-based information from village members), and to file this report in the form of a village ODF claim with the Commune Council.

In addition, iDE has developed a training module on infant and young child feces disposal and handwashing, which are two key components of ODF in Cambodia. The key aims of this training are to equip Sanitation Champions to effectively promote hygienic behavior in order to continuously maintain the public health benefits of community-wide sanitation.

Implementation and Impact 2018-2020

The program's PPP intervention was trialed in November 2018, with a limited team of two Village Mobilizers (VMs) under the direct supervision of the National PPP Manager. The district of Romduol, Svay Rieng province was selected because it was one of the districts with the highest sanitation coverage rate in the province, making it an ideal territory to support for ODF achievement. It is important to note that iDE's large-scale sanitation marketing intervention continually and concurrently operates within and outside PPP Department intervention areas.

In 2020, PPP operations scaled to five total provinces. To date, the PPP Department has completed 1,457 Village Activations in 147 communes. As a result, 1,604 Sanitation Champions have been engaged, of whom 40% are women. At this time, with the support of iDE, over 1,000 villages have filed ODF claims.



July 31, 2019 marked the ODF Declaration Ceremony of Romduol District, Svay Rieng Province. To celebrate the nation's third ODF district, over one thousand locals, government officials, NGO and business partners participated in the

Findings from the PPP Department's Non-Latrine User Census Survey

Findings from the ongoing Non-Latrine User survey, continuously deployed by the PPP Department, provide insight on the challenges faced by the remaining households without latrine access. These findings are derived from interviews of 15,746 non-latrine user households in 848 villages with sanitation coverage over 85% in Svay Rieng, Kandal, Prey Veng, Kampong Thom, and Siem Reap provinces. The survey reveals that the outstanding "laggard" market in high coverage areas is much more diverse than often assumed. Poverty and financial obstacles are not as prevalent among non-latrine owners as one would expect at this late stage of the market's development.

Poor vs Non-Poor

In iDE's operating areas, approximately 17% of the general population is registered as IDPoor.² Similarly, 17% of non-latrine users in the survey sample are registered as IDPoor, indicating that the population of non-latrine owners is not disproportionately made up of IDPoor households. This finding contrasts with commonly held perceptions that in Cambodia, at the currently high levels of sanitation coverage, most remaining non-latrine owners are IDPoor.

Latrine Sharing

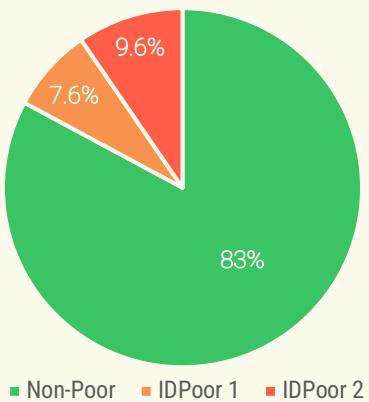
91% of non-latrine users report sharing a latrine. The remainder report that they generally don't use a latrine and are open defecating (OD). Within this 91% who share a latrine, 15% are poor and 85% are non-poor. Among the 9% of the households reporting OD, 22% are poor and 78% are non-poor. In conclusion, IDPoor status of non-latrine owners slightly increases preference of OD over sharing a latrine.

Sector research has shown that individuals sharing latrines with non-family members or who report sharing latrines more than 50 meters away are unlikely to be actually sharing that latrine and are probably open defecating.³ Of the households who reported sharing, 7.1% claimed to be either sharing with a non-family member or using one more than 50m away. This finding supports the notion that self-reported latrine sharing is sometimes exaggerated, reinforcing the need to conduct latrine sharing rapid-assessments while conducting ODF verifications.

Migrant workers

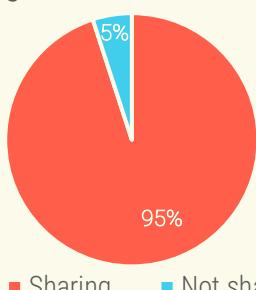
22% of non-latrine user households have decision makers who are migrant workers who are usually away from the village, whereas 78% have decision makers that all live and work in the same village. Of those who migrate, 67% are short-term migrants (away for less than one year) and 33% are long-term migrants (away for more than one year). Households with short-term migrant decision makers, who represent a significant 15% of the laggard market, are generally very difficult to meet and represent a challenging population segment for sanitation marketing efforts. Long-term migrants represent about 7% of the laggard market. In addition, just 11% of IDPoor households have decision makers who migrate for work, which leaves significant opportunity to engage non-migrant poor households in their villages. Interestingly, households with migrant decision makers appear to be more likely to use shared latrines than those with non-migrants. 95% of all migrant households without latrines appear to be sharing, whereas 90% of non-migrant households claim to be sharing.

IDPoor Registration of Non-Latrine Users

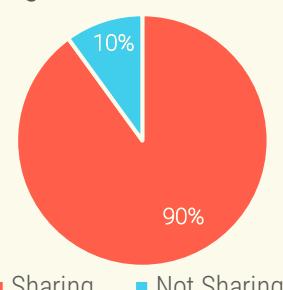


Reported Sharing Among Migrant and Non-Migrant Non-Latrine Users

Migrant Decision Makers



Non-Migrant Decision Makers



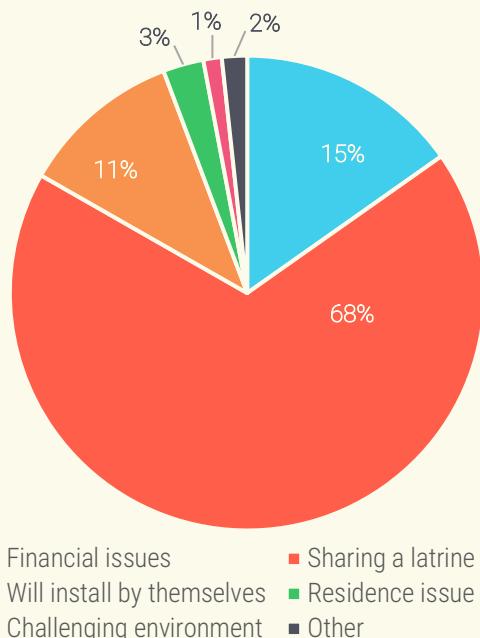
² The IDPoor System is an initiative administered by the Cambodian government that identifies poor households, assesses their level of poverty (IDPoor 2 is poor, IDPoor 1 is poorest), and distributes identification cards for these households.

³ Causal Design. Shared Latrine Use in Rural Cambodia. March 2019.

Reported reasons for not owning a latrine

It is often assumed that all laggard, non-latrine users are facing a financial barrier. While indeed a significant percentage of households (15%) do report financial reasons as their primary reason for not owning a toilet, the majority claimed that the main reason is their preference for sharing a toilet (68%). This indicates that behavior change interventions are still critical to ensuring 100% household toilet ownership. It also implies that financial interventions such as subsidies or micro-financing cannot be universal solutions to reach ODF status. Among households who report financial barriers, key issues reported include outstanding debt and/or low/irregular incomes. Remaining stated reasons for not owning a latrine include intention to install a toilet by themselves (11%), residence issues including lack of land tenure (3%), living in a “challenging environment” including but not limited to flooded, hard ground rock, or high ground water areas (1%), and other reasons (2%).

Stated Reasons for Not Owning a Latrine



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