

# Community-led Total Sanitation in Cambodia: Findings from an Implementation Case Study

LEARNING BRIEF • JULY 2015

## Purpose

This learning brief shares key findings from a case study of community-led total sanitation (CLTS) implementation in Plan International Cambodia program areas, focusing on the roles and responsibilities of local actors. Several implications are relevant for consideration by Plan International Cambodia and other sanitation practitioners.

The brief is part of the CLTS Learning Series, a collection of seven country case studies on CLTS implementation prepared by The Water Institute at the University of North Carolina at Chapel Hill as part of the Plan International USA project *Testing CLTS Approaches for Scalability*.

## Methods

In May 2013, researchers from The Water Institute at UNC collected data in the capital city, Phnom Penh, as well as the Svay Rieng and Kampong Cham provinces. They conducted in-depth interviews and focus group discussions with 29 government and non-government stakeholders, observed two CLTS triggering events, and reviewed CLTS policy and program documents.

## Roles of Local Actors

Nationally, Plan International Cambodia plays a significant role in financing CLTS activities and overseeing government staff who carry out training, facilitation and follow-up often with support from natural leaders selected from CLTS communities prior to triggering. The diagram on page 2 depicts the roles of various national and local actors described by research participants and outlined in CLTS policy and guidelines.

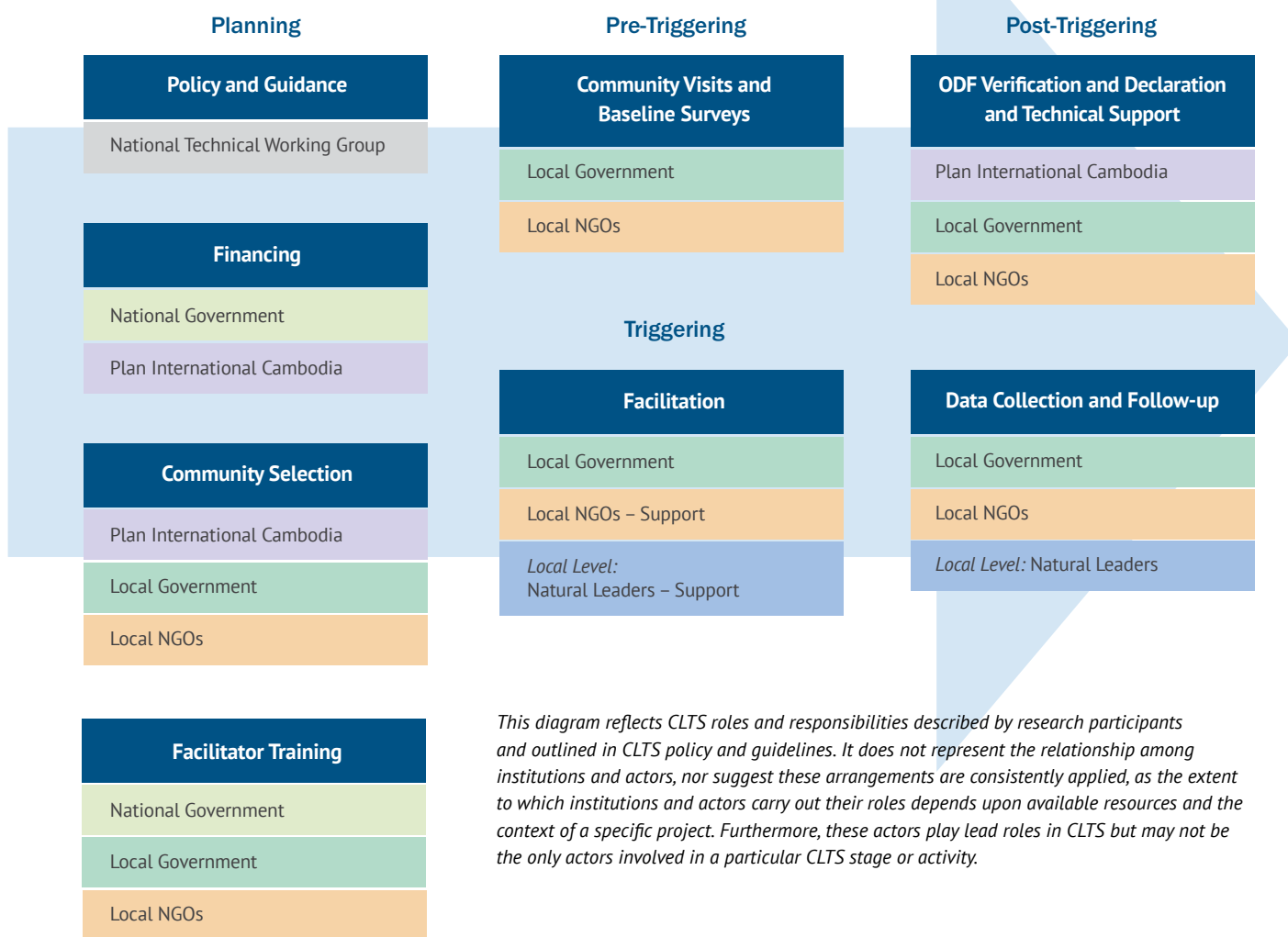
## Key Findings and Implications



1. **CLTS community selection criteria are applied to districts or communes rather than individual communities.** A systematic approach to identifying villages appropriate for CLTS can help optimize program outcomes and resource allocation.
2. **The national CLTS training approach implicates a range of local government and civil society actors and adapts CLTS to the local context.** This strategy reflects government support for CLTS and creates conditions for scaling up CLTS facilitation and triggering nationwide.
3. **CLTS triggering tended to be more lecture-based than participatory, which is inconsistent with national guidelines.** Refresher trainings and performance evaluations could strengthen the use of the participatory facilitation techniques seen in conventional CLTS.\*
4. **Monitoring and verification mechanisms and a precise definition for Open Defecation Free are not nationally standardized.** Nationally approved and adopted indicators are needed to enable a meaningful comparison of CLTS data across projects and programs.

\*The term “conventional CLTS” refers to CLTS practices which follow the guidelines presented in the *Handbook on Community-Led Total Sanitation*.

## Lead Roles in Plan International Cambodia CLTS Programs



*This diagram reflects CLTS roles and responsibilities described by research participants and outlined in CLTS policy and guidelines. It does not represent the relationship among institutions and actors, nor suggest these arrangements are consistently applied, as the extent to which institutions and actors carry out their roles depends upon available resources and the context of a specific project. Furthermore, these actors play lead roles in CLTS but may not be the only actors involved in a particular CLTS stage or activity.*

## CLTS Progress

Local government and local non-governmental organizations (NGOs) collect community data during the pre-triggering stage. As of May 2013, Plan International Cambodia reported 356 communities triggered, with 11% declared Open Defecation Free (ODF) at the time of this study. The table on page 3 shows CLTS progress in Plan International Cambodia communities, organized by province.

## Key Findings

### Finding 1: CLTS selection criteria are applied to districts or communes rather than individual communities.

When choosing where to implement CLTS, Plan International Cambodia consults local NGOs and local government to identify locations to trigger. Selection is guided by criteria, including low latrine coverage, small population, and strong village leadership, which Plan International Cambodia applies to a whole district or commune rather than individual communities.

As a result, facilitators trigger villages within selected areas regardless of their individual characteristics. This means that many triggered villages may not be conducive to CLTS success, which may contribute to slow increases in latrine coverage and ODF attainment.

### **Finding 2: The national approach to training is a model conducive for CLTS scale-up.**

Cambodian guidelines on CLTS training and facilitation are adapted from international guidance with input from NGOs, including Plan International Cambodia. Adaptations include accounting for cultural factors through the reduced use of shaming and disgust tactics. For example, implementers believed community members respond negatively to the use of the word “shit”, which is commonly used in conventional CLTS.

National sanitation policy prescribes decentralized implementation such that local government is responsible for triggering and monitoring communities. The Ministry of Rural Development (MRD) employs a training-of-trainers strategy, whereby provincial government staff are trained in CLTS facilitation, who in turn train district officials and Commune Council members. Then, Commune Councils train group leaders, monks, village chiefs, and other community leaders. This approach has created a national network of facilitators to draw on for CLTS triggering and, in theory, helps to ensure the quality and consistency of facilitation.

Strategies such as these are a reflection of the government’s support for CLTS. The government is creating conditions for scaling up CLTS facilitation and triggering nationwide by involving a range of local actors.

### **Finding 3: CLTS triggering tended to be more lecture-based than participatory, which is inconsistent with national guidelines.**

At the local level, CLTS facilitators and community leaders described triggering events occurring in a manner that differs from the national guidelines Plan International

### **Average Latrine Coverage and ODF Status**

Indicator	Kampong Cham	Svay Rieng	Siem Reap
Communities Triggered	172	92	92
Latrines Built Post-Triggering	9,359	9,928	5,321
Average Latrine Coverage Post-Triggering	30%	57%	34%
ODF Communities	8 (5%)	18 (20%)	12 (15%)

*ODF communities defined as those with >85% latrine coverage. Additional villages were declared ODF but not yet certified at the time of this study.*

Source: Plan International Cambodia, April 2013

Cambodia intends to follow. For example, observed triggering events relied heavily on lecture-based techniques, where facilitators used an approach that resembled sanitation and hygiene education. Researchers observed a triggering event in which the provincial government facilitator used half of the meeting to review flipcharts of disease transmission and latrine options, seeming to be most comfortable with this approach. In contrast, conventional CLTS calls for the use of participatory triggering methods.

Respondents noted that newly-trained district officials were not able to participate regularly in CLTS activities, and provincial government staff were not always considered to be suitable as participatory facilitators. Therefore, while the decentralization of CLTS implementation is seen to be positive, there appears to be some variation in the quality and consistency of facilitation.

### **Finding 4: Monitoring and verification mechanisms and a precise definition for Open Defecation Free are not nationally standardized.**

Although Plan International Cambodia defines ODF as zero open defecation and at least 85 percent access to an improved or shared latrine, interviewees reported varying definitions of ODF. Furthermore, at the time

of this study, there was no national ODF definition nor verification criteria used by government actors as they implemented CLTS trainings and monitoring tasks.

In the absence of nationally standardized and adopted monitoring mechanisms, it would be challenging to meaningfully compare CLTS data across the villages supported by Plan International Cambodia or with other programs.

## Implications

This study documented adaptations to CLTS implementation in the Cambodian context that may enable or constrain Plan International Cambodia's ability to achieve and monitor its desired impact. The findings suggest several implications for Plan International Cambodia and other sanitation practitioners.

As an initial step toward optimizing program outcomes and efficient allocation of resources, Plan International Cambodia can work with its partners to ensure that villages, rather than districts or communes, are targeted for triggering based on systematic community selection criteria. Conducting baseline assessments can help with targeting the most appropriate communities.

To strengthen CLTS facilitation, Plan International Cambodia can support the national government to improve training at local levels. This can include conducting refresher trainings as described in national guidelines. Plan International Cambodia can also consider evaluating facilitators against a standard checklist for facilitation effectiveness, and having high performers deliver the initial and refresher trainings.

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Finally, in order to ensure the consistency of monitoring data and effectively track progress across program areas, Plan International Cambodia should develop and implement standardized monitoring and verification processes and definitions in collaboration with the national government. Better data would allow for an improved understanding of how the adaptations described in this study may be affecting CLTS outcomes relative to other implementation models. By coordinating standards with the government and encouraging widespread adoption by other NGOs, Plan International Cambodia could also compare progress with other CLTS programs in the country.

## Limitations

This study uses qualitative methods and a small sample size, which means that readers should be cautious about generalizing findings beyond the relevant context. Furthermore, as researchers visited a subset of communities where Plan International Cambodia implements CLTS, the study may not fully capture all aspects of CLTS implementation in the country. 💧

The *Testing CLTS Approaches for Scalability* project involves The Water Institute at UNC working with Plan International USA to evaluate whether capacity strengthening of local actors influences CLTS outcomes. Our activities span 10 countries in Africa, Asia, and the Caribbean.

More information, project resources, and news are available at [waterinstitute.unc.edu/clts](http://waterinstitute.unc.edu/clts).