

Cambodia

A Cambodian village decides to bring sanitation closer to home

Villagers in Slaeng, 60 kilometres south-west of Phnom Penh, have made a commitment almost unique in rural Cambodia. They have determined to abandon ‘open defecation’ – the standard system of sanitation since time immemorial. In the past three years, every single household has built a toilet, and the 452 inhabitants have resolved to perform their bodily functions in their new toilets. This change of behaviour is revolutionary, considering that until recently – according to Mr. Chan Ngorn, the village chief – people thought it deeply distasteful, even frightening, to squat over the dark pit of a household latrine.

Traditional reserve about sanitary practice means that, of all the countries in South East Asia, Cambodia has the lowest toilet coverage. Even Laos, whose record used to be as bad, has made significant strides in recent years in pushing up the numbers of those enthused by the doctrines of ‘clean’ and ‘confinement of wastes’ to nearly 50 per cent. Among poorer Cambodians, fewer than 5 per cent have access to a decent toilet facility.

Sanitation promoters in Cambodia have typically had a difficult and unsuccessful time encouraging people to drop the old habit of using the open air. As a result, faecal matter lies about in the environment,

contaminating streams, soils and dust carried in the air, and augmenting the toll of disease. A village the size of Slaeng typically deposits around 450 kilos of pathogenic excreta every week. This interacts with a rate of infant and young child mortality 75 per cent higher in rural areas than in urban areas, and with heavy caseloads of diarrhoea and other infections.



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So what is the secret behind Slaeng villagers' abandonment of the bush – one and all, young and old, and adoption of the closed toilet instead? The answer is twofold. Local leadership, from Mr. Chan, the chief, and others he enlisted; and an approach by the authorities which focused on encouragement and motivation – not on imposing an alien idea from outside. A striking feature of the approach, a joint government and UNICEF venture, was the lack of material subsidies. Past projects offered subsidies of US\$25 as an incentive to construct amenities, but most of the households who took

tion of the villagers in discussing the problem and analyzing the solutions themselves.' Dr. Samnang was surprised at the speed of change in the village – which shows that attitudes and knowledge are more important drivers of new behaviour than cash inducements and crude exhortation.

Toilets were not entirely unknown in Slaeng before the project arrived. Some people (especially women) valued privacy, or felt that they could not entertain guests from Phnom Penh unless their household had a proper amenity. But the health importance of confining ordure had not been previously well-understood. 'We did not know the consequences of defecating outdoors – it was simply our habit,' said Mr. Chan. 'We were not educated on the importance of good hygiene. But now, we are very excited to have our latrines. Mine is almost full and I'm ready to dig a new pit.' Mr. Chan spent 10,000 riels (US\$2.50) to build his first home toilet. His was among the first 15 families to do so; after this, it was easier for him to motivate others.

The support of other influential villagers was important. Ms. Heu Lon, a convert of household toilets from before the project, believes that having your own facility is far more hygienic than using the fields. 'Open defecation is inappropriate because you spread diseases.' Such diseases include not only diarrhoea, but fevers, respiratory infections, and parasitic worms. Ms. Heu was among the village personalities who went house to house to convince villagers that 'if we want our village to be clean, everybody should participate and build their own toilet.'



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them up were among the better-off. No-one later copied their example and adopted toilets voluntarily, so the impact was negligible among the poorest and least healthy families.

Changing behaviour instead of building toilets

'In the past', according to Dr. Chea Samnang, Health Care Director of the Ministry of Rural Development, 'our aim was just to build latrines, not to change behaviour – this was the reason for our failure. There was no involvement from the community, no encouragement and no clear picture of what to do next. What made a big difference in this project was the participa-

Community strictures on 'open defecation'

As in the case of other 'community-led total sanitation' (CLTS) programmes, people who defied the 'open defecation' ban in Slaeng could find themselves subjected to stricture by passers-by. 'Disposing of your bodily waste is a private and intimate problem, only concerning you,' said Mr. Chan. 'It is embarrassing to be told by others that your behaviour is wrong.' Publicly



Case Study #5

expressed disapproval of ‘old-fashioned’, disease-spreading habits is an important disincentive, and central to the CLTS strategy.

Slaeng has become a role model of good hygiene to other villages in Cambodia – the neighbouring village of Prey Poh copied its example, and 60 other villages have now been declared ‘open defecation free’. After the final toilet was installed in Slaeng – number 94 – they decided to hold a celebration. The success story attracted commune chiefs from five provinces, including far away Otdar Meanchey and Stung Treng, to learn from Slaeng’s experience. All came to the celebration, and agreed that Slaeng Village is really clean. ‘I came to seek advice from Slaeng villagers on how to replicate the project in Stung Treng Province,’ said Kharn

Orn, a deputy village chief from the north-eastern province. ‘I want to learn how to motivate people to build latrines and how to achieve 100 per cent coverage fast,’ said a villager from Otdar Meanchey.

Keeping people on board

The latrines are very basic: pits dug in the ground surrounded by walls made from tree leaves or plastic sheets. These simple ‘super-structures’ can be moved when the first pit is full and the time has come to dig another. The test comes when this moment arrives: will all the village households be prepared to make the effort to replace their toilet when it is full, or when it is not as sparklingly new and clean as when it was installed? Ms. Heu and others may need to renew their injunctions – or people may relapse. Getting the young people on board is another way of reinforcing the new behaviour.

‘It is embarrassing to be told by others that your behaviour is wrong.’ Publicly expressed disapproval of ‘old-fashioned’, disease-spreading habits is an important disincentive, and central to the CLTS strategy.

Drama to drive home the ‘no open defecation’ message

The villagers have made up a drama to illustrate their commitment to ending open defecation. It opens when a farmer on his way home catches a villager defecating in the bush. ‘Don’t go there please,’ he says to the culprit, who promptly moves to another bush, only to be asked to move on again – to his surprise. A heated argument then ensues, in which the chief – Mr. Chan – intervenes. He explains that defecating in the open exposes people to disease, and suggests that the cost of a toilet is less than the cost of being sick. Needless to say, the culprit apologises and is reformed, promising to build a toilet. At the end, the villagers break into song and tell how they conquered their habits and now universally use toilets. The comedy skit and the song were part of celebrations held last November in Slaeng Village, to show their guests how they transformed sanitary practice and to trumpet their achievement: a toilet in every home.

Children in Slaeng are pleased that they no longer have to go to the rice-fields, quite a distance from home, for their daily ‘visit’. ‘It used to be difficult because the grasses in the fields were high and they hurt our skin. And when it poured with rain, we could not go so far.’ Their parents told them to use the new toilets instead and to clean their hands with ash or soap afterwards – hygiene education is a critical component of the project. ‘I used to be a bit scared to use the latrine at home because I thought a snake would come out of the pit,’ a girl said. Now they know that toilets are safe. They also use the toilet house to take a shower, something they used to do in the lake. The vows they and the villagers have taken never to go in the fields again seem to be sincere.

The Ministry of Rural Development, encouraged by the success of the new approach, has now expanded the pilot to 400 villages in nine provinces, with ongoing support from UNICEF. Only





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16 per cent of the Cambodian population in rural areas has access to a clean, private place to 'go'. This means almost two million toilets need to be built throughout the country. 'Unfortunately, neither the government nor donor agencies have enough resources to pay for this,'

reports Ms. Hilda Winarta, UNICEF's sanitation programme coordinator. 'So it is crucial for communities to take their own initiatives, and be encouraged to make their villages clean and totally sanitized using their own resources. This needs well-organized information and motivational activity by the authorities – which we will continue to support.'

The approach to 'community-led total sanitation' now being applied in Cambodia was pioneered in Bangladesh, and is being replicated in countries all over Asia and Africa. This is an innovative way of mobilizing communities to eliminate open defecation through active participation, community analysis and action – without the use of subsidies for every household to build their own facility.

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Case Study #5