



**WATER , SANITATION AND HYGIENE**

**unicef** 

## SITUATION

Lack of water and sanitation is one of the biggest issues affecting the health of children across Cambodia, particularly those who live in the countryside. Too many children are still denied the most basic rights to safe water, the dignity of using a toilet and the simple practice of washing hands with soap. The consequences for children are severe, as high occurrences of diarrhoea, skin disease, respiratory illnesses such as pneumonia, intestinal and other waterborne and excreta-related diseases cast a shadow over child health and in many cases, result in death. High incidences of diarrhoeal diseases alone account for one fifth of the deaths of children age five and under in Cambodia, and an estimated 10,000 overall deaths annually, largely owing to lack of sanitation and poor hygiene practices.

Improving hygiene through use of latrines and hand washing with soap, protecting water sources from faecal contamination, ensuring sustainable sources of water, as well as monitoring water quality remain key challenges for Cambodia.

Disparities in access to water and sanitation between urban and rural areas, across and within provinces and among different wealth groups are clear. People living in urban areas of the country have three times more access to sanitation than those living in rural and peri-urban areas, diarrhoea prevalence is five times greater in some regions than others, and the rich have 22 times more access to piped water than the poor.

UNICEF believes there are many solutions to these issues and is working with the government to harness innovative approaches and new ideas to address the long-standing problems of low sanitation coverage, unsustainable usage of toilets and poor water quality. However, more must be done to put these solutions into action through initiatives that build

the capacity of local people to ensure these basic services and facilities are available, affordable and appropriate, and that they remain operational over the long-term.

UNICEF promotes a package of appropriate, affordable sanitation, water and hand washing facilities in schools, health centres and households, which meet the specific needs of communities. UNICEF programmes promote water, sanitation and hygiene 'ladders', which introduce basic technologies that may be upgraded when families can afford to do so.

### KEY PARTNERSHIPS IN WATER, SANITATION AND HYGIENE

UNICEF works closely with the government to support the national strategy for rural water supply, sanitation and hygiene. Our main government partners in this area are:

- Ministry of Rural Development
- Ministry of Health
- Ministry of Education, Youth and Sport

UNICEF contributes to national coordination efforts through its role as the lead development partner facilitator in the Technical Working Group for Rural Water Supply, Sanitation and Hygiene, led by the Ministry of Rural Development.

Other key partners include the World Health Organization, World Bank, Asian Development Bank and local and international NGOs.

### MILLENNIUM DEVELOPMENT GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

UNICEF's work on water, sanitation and hygiene contributes to achieving target 3 of MDG 7: to halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Increasing water and sanitation access for the poor has a fundamental impact on MDG measures related to poverty, gender equality, health and education.



## IMPROVING CAPACITY TO DELIVER ON WATER, SANITATION AND HYGIENE

Sustainable improvements in hygiene behaviour patterns require more than education activities. At the same time, water, sanitation and hygiene facilities are not sufficient on their own to improve health.

Over the years, UNICEF's work on water, sanitation and hygiene has shifted from an emphasis on provision of water supply 'hardware' such as hand pumps and wells to a more holistic approach that combines provision of facilities with the promotion of behaviour change and supportive policies and institutions.

The development of policies, institutions and community capacity to manage and sustain hygiene, water and sanitation programmes is essential for long-term success. In Cambodia, UNICEF works with the government and other partners to create conditions for change – or enabling environments – to ensure the effectiveness and sustainability of all water, sanitation and hygiene efforts.

Communities must be equipped with the knowledge and skills to effectively manage their own facilities and to demand high-quality services from government, civil society and the private sector.

Engagement of the private sector through sanitation marketing will encourage local producers to design and sell affordable sanitation facilities to households, avoiding the need for direct subsidies to households.

This model has been shown to be effective in areas where communities have been mobilised through community empowerment and participatory approaches like community-led total sanitation. This helps to free the limited resources of government and development partners to focus on the poorest and unreached areas, ensuring quality and appropriate products and services are available to all.

UNICEF works with the government at national, provincial and local levels to develop their capacity to deliver water, sanitation and hygiene services. Governments are encouraged to develop national strategies that are tailored to local priorities and needs, whilst addressing in particular the interests of the poor.

### IMPACT

UNICEF has contributed significantly to policy dialogues that have led to the establishment of the Technical Working Group on Rural Water Supply, Sanitation and Hygiene in 2007, the development of a National Strategic Action Plan for Arsenic Mitigation, and a National Strategy for Rural Water Supply, Sanitation and Hygiene in 2010.

A sub-decree on National Sanitation Day signed by the Prime Minister in 2010 and a joint Prakas (Declaration) between the Ministry of Rural Development and the Ministry of Education, Youth and Sport on school and community sanitation and hygiene were also key results of intensive collaboration with UNICEF.

These initiatives have led to stronger leadership of the Ministry of Rural Development in coordinating and leading the rural water supply, sanitation and hygiene sector.



### WHAT WE DO

- Support capacity development of the provincial and local level government to develop action plans to operationalize the national rural water supply, sanitation and hygiene strategy to effectively deliver on water, hygiene and sanitation.
- Together with partners, strengthen national capacities to use monitoring in policy development, planning and resource allocation.
- Build the capacity of the government to collect and disseminate accurate information on access to water and sanitation services, including disaggregated information on levels of access by vulnerable and marginalised groups.
- Advocate for an increase in government resources by demonstrating the economic and social benefits of investment in water, sanitation and hygiene.
- Continue to advocate for open markets and opportunities for sanitation marketing so that affordable sanitation options are made available to households.
- Support the government to establish appropriate regulatory mechanisms to create a competitive environment that will attract private sector service providers to invest in water, sanitation and hygiene improvements in the country.

## PROMOTING KEY HYGIENE BEHAVIOURS

Creating clean environments for children averts threats to their health and supports the best chance at a prosperous life. Less than 1 in 3 Cambodians have access to latrines and hand washing facilities, one of the lowest rates in Southeast Asia.

According to the World Health Organization diarrhoea continues to be the second leading cause of death among children in East Asia. Nearly 70 per cent of Cambodia's rural population – roughly 6.4 million people – still practice open defecation as their principle sanitation option. Findings from a 2010 National Sanitation and Hygiene Survey show that only 31.8 per cent of Cambodians use latrines, only 16.7 per cent of Cambodians have a fixed hand washing place in their homes and only 62 per cent of respondents reported practising hand washing. Yet, the use of a toilet can decrease diarrhoeal deaths by 30 per cent and hand washing with soap by more than 40 per cent.

UNICEF's hygiene awareness and promotion efforts focus on changing behaviour by communicating key hygiene practices such as hand washing with soap, using toilets, treating and drinking safe water. UNICEF works with national and local governments and village leaders to create healthy environments for children that prevent water-borne diseases by leveraging local resources and community solutions to promote good hygiene behaviours.

Children and youth are encouraged to be agents of change in their families and communities through initiatives such as life skills training programmes, curriculum development and integrated sanitation and hygiene education in schools.

Sustainable sanitation technology options are required for areas in the country that are prone to flooding and have a high water table and/or unstable soils. In these areas,

conventional technologies like dry pit latrines are not suitable or socially appropriate, often leading to the preference for open defecation, which leads to the contamination of precious water sources. UNICEF and development partners are working to find affordable or cost-effective solutions, which address needs in challenging environments whilst still protecting precious natural resources.

In an effort to reduce disease and child mortality, UNICEF supports the Cambodian Government in mobilizing communities to build their own latrines and attain "Open Defecation Free" status that reduces the risk of diarrhoeal diseases associated with faecal-contaminated water. Studies prove that encouraging use of latrines and reducing or eliminating open defecation is more effective in curbing the rate of child diarrhoea than simply improving the water supply.

### COMMUNITY-LED TOTAL SANITATION

Community-led total sanitation is an approach led by the community to achieve better sanitation. Communities are supported by trained facilitators to analyse the sanitation situation of their villages and to engender commitment and create action plans to become Open Defecation Free and to do this through their own efforts.

This approach fosters innovation and commitment within the community and motivates people to build their own sanitation infrastructure, without depending on external financial or material assistance.





## WHAT WE DO

- Support hygiene awareness and education in schools, health centres and households through construction and/or promotion of latrines and hand washing facilities and appropriate treatment and storage of drinking water, and advocate for the government to ensure these become standard facilities in all schools, health centres and households.
- Support the development of community facilitators at the local level who are equipped with skills and the necessary promotional materials on sanitation and hygiene to motivate behaviour change and engender commitment within communities.
- Continue to focus on safe and affordable sanitation in households by supporting community-based approaches such as the community-led total sanitation approach to mobilize communities to attain Open Defecation Free status to prevent contamination of water sources.
- Support Commune Councils to sustain Open Defecation Free status through commune and village monitoring systems, to develop communication strategies to provide information and education on good sanitation and hygiene in the community, and to raise awareness on sanitation and hygiene issues through events, including World Water Day, National Sanitation Day and Global Hand washing Day.
- Explore appropriate and affordable options for poor families to get affordable and sustainable sanitation technologies. Globally, partnerships for sustainable sanitation technologies are growing and UNICEF aims to facilitate this knowledge transfer in the context of Cambodia.

## IMPACT

Cleaner environments translate into optimal living and learning conditions for children. According to the 2009/2010 Education Management Information System, approximately 79.3 per cent of primary schools had latrines that improved children's ability to focus on learning. In addition, since 2006, approximately 20 per cent of 4,140 villages have implemented the community-led total sanitation approach without outside financial or material support. Of these, 50 per cent have declared "Open Defecation Free" status, meaning every family has built and used their own latrines. An evaluation conducted in 2009 confirmed that community-led total sanitation is effective in raising awareness and motivating communities to stop open defecation. Efforts will continue to sustain the results through promotion of sanitation marketing, ensuring availability of affordable sanitation options and strengthening hygiene promotion, particularly hand washing with soap at critical times.



## IMPROVING WATER SUPPLIES

In Cambodia, access to safe and sustainable drinking water and adequate sanitation and hygiene facilities remains a challenge, particularly for families in rural areas. Polluted ponds and rivers remain the main source of water for cleaning, bathing and drinking, and access to latrines and hand washing facilities in the home and at school are limited.

Although an increasing number of rural households are securing adequate water supplies, ensuring water quality is a challenge. Water contaminated by faeces or polluted as a result of mining and other industrial activities can lead to illness and death among children. Through the promotion of locally produced ceramic filters and sand filters that can treat water contaminated with bacteria, solutions have been found to obtain clean water in the home. Combined with the promotion of good household storage of water and regular hand washing with soap, this has been shown to be effective in reducing cases of diarrhoea.

Meanwhile, naturally occurring water contaminants, such as arsenic, continue to poison Cambodia's water supply, especially in the lowland areas around the Mekong River and its major tributaries. Because it has no taste or smell, arsenic is an especially dangerous and invisible poison that can cause a series of irreversible health complications, including cancer of the skin, lungs, bladder and kidneys, as well as skin lesions and changes in pigmentation.

An estimated 1,600 villages in six provinces and in parts of Phnom Penh have been identified as being at risk of arsenic contamination in their water supplies. Approximately 2.25 million people live in these areas.



UNICEF works with the government and development partners to seek effective means for regular and routine testing of water sources, followed by marking or closing wells that are deemed unsafe and promotion of alternative water sources, such as rainwater harvesting or pipe systems. UNICEF has piloted rainwater technologies using locally available materials, which allow water to be collected in a series of local jugs. This decreases the work load on women and children, while increasing the quantity of potentially safe water available for drinking.





## WHAT WE DO

- Support government efforts in implementing a national strategy for rural water supply, sanitation and hygiene, featuring programmes that promote community-based management of improved sources of drinking water, such as establishing simple water safety plans, promoting household water treatment and safe storage, and private sector involvement in provision of services. Support is also extended to primary schools and health centres to ensure adequate water supply for drinking and hand washing.
- Support the government's National Strategic Action Plan for Arsenic Mitigation, which tests wells for contamination and educates communities about the dangers of arsenic. In addition, affected communities receive assistance in establishing alternative water sources, such as small-scale piped water systems, rainwater tanks, ceramic water filters and shallow wells.
- Advocate for commune councils to strengthen community engagement in water supply improvement through Water and Sanitation Users Groups focused on promoting use and maintenance of water facilities and protection of water sources and the surrounding environment.
- Promote the use of user-friendly, affordable and simple water quality test-kits that make it possible for communities to evaluate their own water sources and carry out evidence-based negotiations with the authorities. This is also an opportunity for empowering communities to not only inform authorities of shortcomings, but also to notify other community members when water quality is poor and other steps that need to be taken for basic household water treatment.

## IMPACT

An increasing number of communities are successfully reducing disease through increased access to well-maintained toilets, hand washing facilities, and safe and sustainable drinking water. Since 1983, some 21,000 new wells have been built in Cambodia, providing approximately 420,000 families with safe drinking water. A national strategic plan for arsenic mitigation has led to early detection, with testing of 37,280 wells in high-risk provinces completed by the end of 2009.

Moreover, children are benefiting from improved learning environments as approximately 66.1 per cent of primary schools in the 2009/2010 school year secured access to clean water. Access to improved sanitation facilities at school has also improved attendance, especially for girls.





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