

# ***FINAL REPORT***

## Gender Equality & Equity Situation Analysis Rural Water, Sanitation and Hygiene in Cambodia

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## ABBREVIATIONS & ACRONYMS

|          |  |
|----------|--|
| ADB      | Asian Development Bank   |
| CCWC     | Commune Committee for Women and Children                                   |
| CEDAW    | Convention on the Elimination of all Forms of Discrimination Against Women |
| CFS      | Child Friendly School  |
| CIDA     | Canadian International Development Agency                                  |
| CIPS     | Cambodia Inter-Census Population Survey                                    |
| CRC      | Cambodian Red Cross  |
| CSES     | Cambodia Socio-Economic Survey   |
| CMDG     | Cambodia's Millennium Development Goal                                     |
| D&D      | Decentralization and Deconcentration                                       |
| DFID     | Department for International Development – United Kingdom                  |
| DORD     | District Office of Rural Development                                       |
| DRHC     | Department of Rural Health Care  |
| DRWS     | Department of Rural Water Supply   |
| GDP      | Gross Domestic Product   |
| GMAG     | Gender Mainstreaming Action Group  |
| GRET     | Group Recherche et d'Echanges Technologiques                               |
| IASC     | Inter-Agency Standing Committee – Humanitarian Action                      |
| IDE      | International Development Enterprise                                       |
| IEC      | Information, Education and Communication                                   |
| KAP      | Knowledge, Attitude and Practice   |
| MOEYS    | Ministry of Education, Youth & Sport                                       |
| MOH      | Ministry of Health   |
| MOP      | Ministry of Planning   |
| MOWA     | Ministry of Women's Affairs  |
| MRD      | Ministry of Rural Development  |
| NGO      | Non-government Organisation  |
| NSDP     | National Strategic Development Plan 2006-2010                              |
| ODF      | Open Defecation Free   |
| O&M      | Operation and Maintenance  |
| PDRD     | Provincial Department of Rural Development                                 |
| PHAST    | Participatory Hygiene and Sanitation Transformation                        |
| PIF      | Provincial Investment Fund   |
| PLAN     | PLAN International   |
| POH      | Provincial Office of Health  |
| RDI      | Resource Development International   |
| RWSS     | Rural Water Supply and Sanitation  |
| RWSSH    | Rural Water Supply, Sanitation and Hygiene                                 |
| S-C WASH | School and Community Water, Sanitation and Hygiene                         |
| TSRWSSP  | Tonle Sap Rural Water Supply and Sanitation Project                        |
| UNICEF   | United Nations Children's Fund   |
| WATSAN   | Water and Sanitation   |
| WSP      | Water and Sanitation Program of the World Bank                             |
| WSP-EAP  | Water & Sanitation Program – East Asia & Pacific (World Bank)              |
| WSUG     | Water and Sanitation User Group  |
| WV       | World Vision   |

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## EXECUTIVE SUMMARY

### *Issues*

#### **Focus on Hardware**

Water supply and sanitation in Cambodia still focus primarily on hardware. Investment in the sector is primarily by donors. Donor monitoring and investment centers largely on the number and construction quality of facilities built. MRD, until recently, has been of the same mindset. Software, including user-friendliness, client satisfaction and education on use and maintenance has taken a back seat. The strong priority on hardware has contributed to the neglect of gender equality and equity issues.

The neglect shows. Some women say they get back aches every time they use the pump. Women constantly have to bend and stoop to use the VN#6. In contrast, in other locations women have been struggling to reach pumps fitted with circular handles that were too high. The problems are compounded for the elderly and people with disabilities.

Although all pumps have strengths and weaknesses, the example of the VN#6 sheds light on several issues. In 2005, UNICEF abandoned the use of the VN#6 for several reasons. The cylinder was not smooth or well-fitting allowing water invasion to rust the pump. This pump, often needing to be primed, is usually primed with contaminated water that contaminates the well. Despite these problems, the VN#6 still bears the UNICEF name and remains an MRD approved pump: thousands are being installed in the TSRWSSP as well as elsewhere in the country.

Pump weight is also a factor that discourages women from repairing pumps. It will be insightful to see if MRD/UNICEF piloting of light-weight plastic hand pumps in Kampong Thom enables women to be more active as caretakers.

Water filters are another area where the user-friendliness of hardware needs to be examined. Some popular water filters are attractive but not very effective. So, even if women clean and use them as they should their families still get sick with water-borne bacterial illnesses that effective filters could help prevent. Women use water filters most and usually clean and maintain them.

Hardware selections, including pumps and water filters, need to factor in woman-friendliness in addition to efficiency and affordability. Making this possible requires gender-responsiveness to be embedded into MRD standards and guidelines. Donors also need to be more vigilant here. Consumers have an unmet need for evidence-based product education. This need is on the rise as the Community Led Total Sanitation (CLTS) approach is increasing demand for latrine upgrading: in response, new products are entering the market.

The hardware focus is reflected clearly in monitoring. Hagar's experience in water filter provision provides an insightful example. The NGO's preferred practice is to make one monitoring visit per water filter, each year, starting the year after installation. However, donors resist investing adequately in monitoring: they are willing to fund new filters but

not willing to invest in monitoring or follow-up activities with communities on how to operate and maintain them. Many are falling into disuse as a result.

Equity is also an issue. Hagar's policy puts priority on single parents, elderly, people with disabilities, families with many children and those living on less than \$1 a day. However, there is no track record of beneficiary results by vulnerable group: this is one of many examples of how gender and equity issues are neglected by hardware-driven investment and monitoring.

Rainwater Cambodia managers say the hardware focus leaves few resources to track gender outcomes. As a result, the NGO's gender outcomes are hidden and are not being maximized. Rainwater Cambodia scanned 21 project contracts and final reports for gender input. Only one of the 18 donors required sex-disaggregated data or gender requirements.

Hardware considerations and construction quality also dominate contractor activity and monitoring. Equity and gender equality issues have, to date, had very little space on contractors' agendas. This needs address: consultation between contractors and the Water Sanitation User Group (WSUG) is needed to ensure child safety, minimal damage to community assets, and that male and female WSUG/sanitation teams are present to monitor construction. If the household or community is required to provide labor or in-kind materials, consultation is also needed to ensure this is in place. Contractors also need to have good behavior: they should not shame, abuse or have sex<sup>1</sup> with villagers.

MRD template contracts, contractor briefings and monitoring should ensure effective, respectful contractor consultation and behavior in communities.

MRD is taking steps to get better balance between hardware and software. Software takes the form of more community engagement and decision-making, as well as more training in operating and maintenance. A progressive move in 2004 was to require that a WSUG manage each new waterpoint: at least 40% of members are to be women. MRD has adopted Community Led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST). These three actions promote participatory processes. There is anecdotal evidence that all three are empowering villagers, especially women who have less traditional access to information or role in community decision-making.

### **Gender Issues in WSUGs**

WSUGs were designed to foster teamwork and joint ownership by men and by women of water and sanitation facilities. Although some WSUGs are role models of success, there are many dysfunctional WSUGs. Women and men are often not working effectively as a team in pump repair, collection of O&M fees, or in mobilizing cohesive community action for good water, sanitation and hygiene behavior. Nor are many WSUGs showing the sustained leadership needed to ensure the needs and energy of the elderly and the disadvantaged are respected. There has been very little analysis of why.

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<sup>1</sup> Few issues of contractor misbehavior have been reported. However, there is currently no monitoring of how contractors or construction teams interact with communities. Effective contracting and monitoring can be useful in nurturing good

It will be insightful for the second ADB-funded project, as well as for others, to know how and why some WSUGs are much more effective than others. Highly useful in this analysis is to understand what role men, women and male-female interaction contribute to the success or failure of WSUGs and their sanitation teams.

A number of interveners say fees are more successfully collected when all members of the WSUG participate. Yet, most often this duty is delegated to a lone woman. Do women in traditional rural communities have the authority and self confidence to collect fees? Being trusted to protect money requires different abilities than to collect it. Another often invisible issue is who keeps the spare parts? If they are kept locked up by men who are in the field, what chance is there for a woman caretaker to do a timely repair if the pump breaks down during the day? Where should spare parts be kept so they are accessible and secure?

### **Feminization of Sanitation and Hygiene**

After men work hard to construct latrines, they may opt not to use them. Their feces put their communities at risk and the habit of men urinating anywhere is a bad role model for their sons and neighbors. Sanitation and hygiene is deeply feminized: this is often regarded as women's work and that women will benefit most. Although PHAST is exploring the mutual benefit that males and females receive from good hygiene behavior, much more is needed to get men on board actively as agents of sanitation and hygiene behavior change.

Although there is much feminization of sanitation and hygiene, one aspect is neglected: menstrual management. More attention is needed to this issue.

### **Equity Issues in Sanitation and Hygiene**

Equity issues are also surfacing in sanitation and hygiene. Poor households, especially those with no able-bodied man, need assistance to dig latrines: the community may help once especially in the surge to get Open Defecation Free (ODF) status. However, helping the poor to dig latrine after latrine is not, and will not, happen. MRD's CLTS team is now grappling with how to meet the needs of the poor without unsustainable subsidies that undermine the self sufficiency of others. A number of NGO implementers are also concerned about these issues. This is an area that would benefit from more government-NGO experience sharing and brainstorming.

A CRC experience shows how sensitive sector operators need to be on issues of community cohesion. There are direct links to the subsidy debate and to issues of equity. CRC opted to provide filters free to the poorest and ask a contribution by others. This triggered much jealousy between families, and especially between women. In Cambodia, where community cohesion has often been fractured or is just being built, it is essential that WATSAN projects not undermine what exists. As a result, CRC now identifies the poorest districts and provides filters to all households, charging everyone \$1.50. There is evidence that this works: evaluators worked with each surveyed community to identify the 10 poorest households. Similar coverage rates were achieved in the poorest as in other households.

## **Gender Issues in School-Community WASH**

The challenges in household and community water, sanitation and hygiene extend into the schools. School-Community WASH (SC-WASH) is building onto the Child-Friendly School (CFS) approach designed to equally advance the leadership and learning potential of girls and boys. Key elements of PHAST that have proven successful in Cambodia, and are appropriate in a school context, have been included. This is astute. MRD and MOEYS are selecting the best elements and streamlining processes.

The voices and participation of girls, boys, men and women in SC-WASH will not, however, be equal or maximized unless there is strategic pro-active facilitation. Performance indicators, activities and resources are needed to ensure that girls and boys have equal voice and participation in student councils: the councils have leadership roles in sanitation and hygiene. Stakeholder interviews confirm higher, and sometimes much higher, participation by boys in student councils. The same is true of the School Support Committees: the 2009 CFS Report showed only one female representative sits in the SSC on average across UNICEF's six participating provinces: accounting for 25%.

## **Lack of Gender Analysis**

There has been a critical lack of gender analysis in the sector. What is known is that men, women, girls and boys have different needs related to water, sanitation and hygiene. They perform different activities so have different ideas and knowledge to bring to product design, to stakeholder engagement processes, to IEC messages and to paid, as well as voluntary, jobs in the sector.

The result is that MRD and its implementing partners have hunches and a few small-scale surveys, but little deep analysis of important gender dynamics. The roles of men, and women and the influence men and women have on each other is not well understood related to: reversion to open defecation, hardware purchasing for latrine up-scaling or water treatment, WSUG and sanitation team effectiveness, male resistance to engage in hygiene and sanitation action, or the interface between school support groups and their communities.

## **Shortage of Sex-Disaggregated Data**

Critical RWSSH data, by sex, is often not available or only available on a project-by-project basis. Sex-disaggregated data on health outcomes is spotty. There are few gender equality or equity baselines, so measuring outcomes is often not attempted or anecdotal. The 'poor' are often a target group but rarely are the different vulnerable groups who comprise the poor identified so their voices can be heard and specific needs addressed.

The most vibrant bubble of gender analysis in the sector today relates to the supply chain. NGOs are taking the lead in trying to find villager affordable latrine up-scaling models and products. Although a sustainable supply chain is the driver, not gender equality, a number of NGOs and private sector operators are aware that maximizing sales will depend on understanding household gender dynamics. Men and women often have different spending priorities, product tastes and service needs. Knowing who has how much influence on what latrine, water treatment, or hygiene product will be purchased is essential to the wholesale/retail bottom line. This report captures several

examples of NGO activity on product and supply chain development that embeds gender considerations.

### ***Gender Mechanisms***

#### **Weak Action Plan and Implementation**

Gender mechanisms and competency are needed in MRD to address gender and equity challenges. The MRD has made significant progress in establishing gender mechanisms. A Gender Mainstreaming Action Group has been formed and MRD was one of the first ministries to create a Gender Mainstreaming Action Plan 2006-2010. This was an early indication that the importance of gender equality registered.

MRD's Gender Mainstreaming Action Plan, however, has not had the desired impact. Both content and implementation are weak. The core focus is on building gender capacity at the national and sub-national levels. Implementation, however, has been limited to training on gender concepts, CEDAW and advocacy with MRD senior officers and gender focal points. Only four provinces have received any gender training.

It is timely to revise and strengthen MRD's Gender Mainstreaming Action Plan. This is a task requiring close collaboration between MRD and MOWA.

#### **Gap in Capacity Development**

The short bursts of gender training that have been offered to government officers in the RWSSH sector have not focused on how to take practical easy steps to bring gender and equity considerations into their day-to-day activities. At sub-national levels, few officers in the sector have had any introduction to gender issues and analysis in their sector. This creates a vacuum in gender competency that needs further address. This was demonstrated during field visits on this consultancy. One senior PDRD officer said he was appointed chair of the Gender Working Group "but I don't want to be". A senior PDRD officer in another province dismissed gender and equity issues as the responsibility of others, naming the departments of health and women's affairs. These are indications that much more gender capacity building is needed if the DRWS director's vision<sup>2</sup> of "sustainable participation of women" is to be achieved.

#### **Lack of Gender Balance**

The Rectangular Strategy calls for more participation of women at all levels in the government institutions. MRD's DRHC has achieved a near gender balance (54% F/ 46%M) while the DRWS employs only 7.5% women and DPRD 9%<sup>3</sup>. MRD senior management is fully aware of the issue and that it needs address. However, at this time, much more pro-active recruitment and mentoring of women is needed at the national and sub-national levels. Getting a gender balance of staff in sanitation and hygiene is not just a challenge for MRD. It is also a major trial for the NGO sector.

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<sup>2</sup> Discussion with Dr. Mao Saray, Director, Department of Rural Water Supply, MRD. July 4, 2009.

<sup>3</sup> Data provided to the consultant by MRD July 13, 2009.

## **Untapped Potential in Stakeholder Collaboration**

MRD chairs the WATSAN Sectoral Working Group which meets on a monthly basis. This forum is widely regarded as an excellent networking and information sharing forum for government, international and local NGOs as well as donors active in the sector. However, it has not been effectively used to foster dialogue and better practice related to gender equality and equity.

## **Vigor needed by Partners**

To align with RGC policy, MRD key agreements in the sector require gender and equity action. Examples include the design documents for the TSRWSSP<sup>4</sup> and with UNICEF<sup>5</sup>. This good leadership at project inception needs, however, to be supported by stronger gender technical assistance, workplans that structure activities to achieve more relevant and explicit gender and equity results, more vigorous monitoring and applying of lessons learned.

## **Lack of National Sector Strategy**

Today there is no national strategy for the rural water, sanitation and hygiene sector. This Gender Equality & Equity Situation Analysis is timed to feed into the creation of a sector strategy which has the potential to give gender equality and equity the profile, priority and holistic fit needed within the rural water, sanitation and hygiene sector. This report documents the sector's neglect of gender and equity issues which can be attributed, in part, to the lack a cohesive sector strategy. As supplementary to this report, a briefing note on gender and equity considerations has been prepared for the national strategy development team.

## ***New Project Focus***

Comprehensive planning for MRD's Second Rural Water Supply and Sanitation Project funded by ADB is underway. Gender mainstreaming is included<sup>6</sup> but needs deeper focus. Planning to date is deficient in these ways: gender-responsiveness is not explicit in results statements; there is no clear commitment to undertake gender analysis as part of the project baseline and routinely to assess emerging issues; and no indicators for monitoring or evaluation are specified that will explore vital gender dynamics.

As the largest RWSS project in the country, it is important to contribute to an understanding of how men, women, girls and boys influence each other on water, sanitation and hygiene behaviors. A two-pronged approach would be most practical: including core gender indicators in the project monitoring framework and assigning resources for explicit, regular mini surveys, focus groups and case studies to gather a wider range of this relevant qualitative information on gender equality and equity.

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<sup>4</sup> Gender mainstreaming and equity commitments outlined in the Design Document that became a part of the ADB Grant Agreement with the KGC 2005 (Schedule 5).

<sup>5</sup> Project Memorandum for the DFID-funded Support to Accelerated and Sustained Progress on Rural Sanitation in Cambodia 2008-2010. The logframe includes specific gender and equity indicators.

<sup>6</sup> *Draft Final Report for the Rural Water Supply and Sanitation Sector Project* (23 April 2009) - ADB TA 7098-CAM

The magnitude of this project covering eight of Cambodia's most densely populated provinces, also justifies recruiting a full-time senior gender specialist in the PMU for the life of the project. New gender challenges emerge. So, do new opportunities. This may be particularly true as decentralization and deconcentration unfolds at the sub-national level. District project staff at all levels will need consistent support to maximize gender equality.

*Recommendations for action appear at the end of this report.*

*The depth of this consultancy is a credit to the leadership of MRD, the input and field accompaniment of DRHC and DRWS officers, support by UNICEF's Seth Koma water, sanitation and health teams, the able counterpart assistance of MRD consultant Kim Sreang Bouy and the generous sharing of many sector stakeholders.*

## INTRODUCTION

The Ministry of Rural Development is currently developing a National Strategy for the Rural Water Supply, Sanitation and Hygiene Sector. A critical dimension of the national strategy is facilitating equity and gender equality. To inform this, the Directors of the Rural Health Care and Rural Water Supply Departments have requested a brief, practical and insightful situation analysis on how effectively equity and gender equality are being advanced in rural water supply, sanitation and hygiene (RWSSH).

While the Government of Cambodia works to fulfill the right of all to water and to sanitation there is increasing awareness that other rights are not being fulfilled. These include the right of women and men to participate equally in development planning and in employment opportunities in the water, sanitation and hygiene sector. Only recently are opportunities being created for girls and boys to exercise their right to make a difference to their own, and their families', sanitation and hygiene<sup>7</sup>.

The lack of safe, private latrines also means many people, and especially women and girls, are not able to fulfill their right to security or privacy. The lack of appropriate functioning school latrines denies more adolescent girls, than boys, of their right to education. The elderly, people living with disabilities or HIV/AIDS, single heads of household with many children, and minority groups are not always able to access the hardware or software that would enable them have safe water and practice good sanitation and hygiene behavior.

This report explores the challenges to fulfilling these rights and the progress made by responsible actors, the Government and NGOs, in advancing gender equality and equity in the rural water, sanitation and hygiene sector. Snapshots of progress and innovation are used to reflect the roles and capacities of key stakeholders and as evidence to ground recommendations.

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<sup>7</sup> Included in the national Science & Social Studies curriculum for primary schools; elaborated well in Child Friendly Schools supplementary curriculum support materials, specifically Dimension 3: Child Health, Safety and Protection – *Living Hygienically* and in Dimension 5: Participation by Children, Families and Communities – *Student Councils*. Save the Children-Norway is one of the NGOs pioneering the empowerment of children as change agents in their schools / families. PLAN is also facilitating child empowerment.

The sources of this report's findings are literature review; interviews with key government, NGO and private sector actors in the sector and its principal donors; sub-national discussions and community walk-about observations in parts of Battambang, Kampong Thom and Kampong Speu.

Based on the findings, gender checklists have been developed with MRD and key stakeholders for both rural sanitation and hygiene and for rural water supply. (Annex A) These will complement the Gender Guidelines for rural water and sanitation projects being developed by the Tonle Sap Rural Water Supply and Sanitation Project. The gender checklists are practical essential steps to promote men and women, including those who are poor or otherwise disadvantaged, as active decision-makers and equal beneficiaries in the sector. The checklists were also designed to create space for children to have age-appropriate input into meeting their water, sanitation and hygiene needs.

## **BACKGROUND & LIMITATIONS OF THE CONSULTANCY**

No gender analysis of the water supply, sanitation and hygiene sector has been conducted in Cambodia at the national level<sup>8</sup>. Very little small-scale gender analysis has been conducted. There is one notable exception: an MRD-led 10 village exploration of men's and women's sanitation needs and perceptions in 2002. This was conducted in collaboration with WSP/SIDA.<sup>9</sup>

There has been little capture of gender outcomes or of sex and age disaggregated health outcomes.

Some projects identify beneficiaries who are female heads of households. Many projects target the poor but do not identify who their 'poor' beneficiaries are by age, sex, disability or disadvantage. The special needs of those labeled collectively as 'the poor' are often not explored or addressed. National equity analysis is limited to poverty indicators which generate limited gender insight.

Data, by sex, is scant. MRD and several other stakeholders focus nearly exclusively on recording male/female attendance at meetings and trainings. The lack of one sustainable sector database of integrity in Cambodia frustrates the collection and application of relevant sex-disaggregated data.

This Situation Analysis, therefore, is grounded primarily in anecdotal project or organization-specific experience. This evidence is informal and confined largely to the Mekong watershed. Respecting these constraints, however, does not reduce the useful learning MRD can gain. The experiential learning presented here has the legitimacy of grassroots village and commune reality.

This Situation Analysis focuses on exploring the presence, role and decision-making of men and women; emerging good practices and innovations in advancing gender equality and equity; and ways forward.

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<sup>8</sup> It is recommended that any gender analysis and gender data that MRD or other RWSSH actors obtain be forwarded to the Gender Statistics Group of the National Institute of Statistics, Ministry of Planning.

<sup>9</sup> Water and Sanitation Program, World Bank (2002) *Learning What Works for Sanitation- Revisiting Sanitation Successes in Cambodia*.

*Gender Equality: refers to the equal enjoyment by women, girls, boys and men of rights, opportunities, resources and rewards. Equality is about partnership between men and women. It starts with society equally valuing girls and boys. Gender equality does not mean that women and men act the same or that girls and boys act the same. It does mean that their enjoyment of rights, opportunities and life chances are not governed or limited by whether they were born female or male.*

*Equity: exercise of the same rights and opportunities by all, including those who are least capable of maintaining subsistence and seeking self development in a dignified manner.*

## **IMPORTANCE OF ADVANCING GENDER EQUALITY & EQUITY IN RWSSH**

Why advance gender equality in RWSSH sector improvements? The core reason is to ensure each man, woman, girl and boy can fulfill their rights. These include participation, security, privacy and the right to safe water, good sanitation and hygiene, as well as the right to education.

Women and men have different authority to make decisions in their homes and in their communities. This can affect who decides how the family invests in water supply or rainwater collection, operation and maintenance of the waterpoint, water filters, latrines and hygiene materials. Women usually have primary responsibility for managing water and setting the standard for family sanitation and hygiene while men assume overall responsibility for family welfare. The needs and priorities of men and women may differ. Lack of latrines or safe water most often creates more work for women and children, especially girls. Women and girls also have more concern over privacy and safety. This often results in women being more interested in improving water, and especially sanitation, than men. However, they may have less power and fewer resources to make this happen. How a man wants to improve the family property and his ideas of social status may differ from a woman's priorities. This, too, can impact how each wants to invest money and time.

Improved water and sanitation facilities bring benefits. However, the hardware choices also bring operating and maintenance obligations. Rarely are these the same for men and women. Because men and women perform different tasks, they have different knowledge and skills to contribute. For instance, men may have more knowledge of costs, quality and procurement of local construction materials. Women often know the best site and the design features that make pumps, filters and latrines easy to use and clean.

Advancing gender equality at the community level in water and sanitation is win-win. It focuses on engaging men and women as a team to make the right sustainable decisions for their family. Positive sanitation and hygiene behaviors are rooted in both making informed choices together.

Not all men or all women have equal ability or circumstances to access clean water and good sanitation. The poor, the elderly, people living with disabilities or AIDS, single-headed or child-headed families are among the disadvantaged. Pro-active awareness of the specific needs of these groups and responsive support is essential to ensure they are not excluded from their right to water and their right to health.

## THE CONTEXT

### ***Government Policy***

The National Strategic Development Plan 2009-2030 (NSDP) provides the framework for implementing the Rectangular Strategy II and achieving the Cambodian Millennium Development Goals (CMDGs). “Factor poverty reduction and gender concerns in all activities” is the first of nine overarching elements in the NSDP. Mainstreaming gender is one of the macro goals and core indicators. MRD, as all ministries, is to have implemented a Gender Mainstreaming Action Plan by 2010.

Advancing gender equality is Goal #3 of the CMDGs and is fundamental to achieving several other CMDGs.

The fourth rectangle of the Rectangular Strategy calls for equality and equity. The voices of the most vulnerable are to be fully heard and considered in decision-making processes. The Rectangular Strategy calls for changing social attitudes that discriminate against women, building their capacity and enhancing their participation at all levels in institutions of governance.

The National Water Supply and Sanitation Policy (Part III-Rural Water Supply and Sanitation) reinforces the need for gender equality and equity in rural water supply, sanitation and hygiene: “All members of the community have equal opportunity to participate in the planning and decision-making related to the type and level of RWSS services they receive and the way in which those services are financed, implemented, managed and monitored”. The sector is charged to promote equity among beneficiaries and access to services regardless of gender and ethnicity.

### ***Mechanisms***

The MRD has made significant progress in establishing gender mechanisms. A Gender Mainstreaming Action Group has been formed and MRD was one of the first ministries to create a Gender Mainstreaming Action Plan 2006-2010. This was an early indication that the importance of gender equality registered.

MRD’s Gender Mainstreaming Action Plan, however, has not had the desired impact. Both content and implementation are weak. The core focus is on building gender capacity at the national and sub-national levels. Implementation, however, has been limited to training on gender concepts, CEDAW and advocacy with MRD senior officers and gender focal points. Only four provinces have received any gender training.

No training or support has been given to government officers on how to do their routine work in gender-responsive ways that will make a difference. Examples: During construction supervision, to ensure contractors consult with men and women in the community on their needs; ensuring that the PDRD latrine is always clean and used regularly by all staff for both urination and defecation: being good role models; or jointly advocating with MOEYS at all levels for all schools to have separate latrines for girls and for boys.

There are two areas when the Gender Mainstreaming Action Plan has been most successful.

- MRD is mobilizing women to have more voice in community health care. The NGO Women for Prosperity is building a team of lead MRD<sup>10</sup> trainers to support PDRD and DORD staff in facilitating effective participatory forums on sanitation and hygiene promotion with community leaders and villagers in eight provinces<sup>11</sup>. The aim is to create comfortable space for villagers, especially women, to get the ear of local government and influence commune plans and budgets. Women for Prosperity also builds capacity of the Focal Point for Women and Children in the six UNICEF supported provinces. The Focal Points enable the Commune Committees for Women & Children to advocate effectively on social issues, including water and sanitation. A significant outcome: the success of the six-province MRD/UNICEF pilot has led to RGC / NCDD providing \$200 to each Committee for Women & Children nation wide to promote gender equality at the commune level. Funding starts in 2009.
- The Action Plan is proving useful for MRD in requiring donors and implementers to involve more women in sector activities. The Action Plan reinforces MRD's guidelines calling for women to be at least 40% of WSUG members.

The rural water, sanitation and hygiene sections of MRD's Gender Mainstreaming Action Plan need revision. This Action Plan is lacking in gender analysis, relevant indicators and both technical and financial resources for effective implementation. Most critical, the Action Plan does not focus on the explicit key functions of MRD, PDRD and DORD in the rural water supply, sanitation and hygiene sector.

The nine members of MRD's Gender Mainstreaming Action Group (GMAG) are a gender balance (4M-5F). However, male members have not succeeded as much as female members in making time for GMAG activities. MRD has a network of 22 employees, one man and one woman in each national department, named as Gender Focal Points. The GMAG chaired by Her Excellency Dam Darany makes monthly and quarterly reports to MRD's Minister and Planning Department.

There are several constraints. All GMAG members and gender focal points have full time duties: they are not evaluated for the contributions they make to gender mainstreaming. Gender mainstreaming roles and responsibilities are not clear. Nor is time reserved for these activities. In reality, duties that are not evaluated are not valued. They get pushed to the side. The low budget, lack of training and mentoring support to build gender competency, and limited field exposure sharply limit national staff's ability to nurture

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<sup>10</sup> Funding is by DFID /UNICEF.

<sup>11</sup> Kampong Speu, Prey Veng, Svay Rieng, Kampong Thom, Otdar Meanchey, Stung Treng, Takeo and Kampot.

gender mainstreaming at sub-national levels. MRD now depends on MOWA to build its gender competency. However, this is not realistic. MOWA has limited resources and does not have the sector knowledge to help MRD and its sub-national teams bring gender and equity considerations into their daily work monitoring contractors, mobilizing communities or mentoring WSUGs and sanitation teams.

Although Gender Working Groups in PDRDs have been set up, there is minimal activity. District Gender Working Groups have yet to be formed. Neither has been made a funding or a programming priority.

The Ministry of Women's Affairs intends for PDRD and DORD to participate in the provincial and district gender working groups that provincial Departments of Women's Affairs are in the process of launching. Guidelines for the provincial and district working groups are being developed which will include the roles of all participants.

Although some structure is in place and more is taking shape, activity on gender equality and equity in MRD has been limited.

### ***Leadership***

MRD has taken a number of significant steps to advance gender equality in the sector. One of the earliest was the requirement, starting in 2004, that a Water and Sanitation User Group (WSUG) manage each new waterpoint: at least 40% of members are to be women. MRD has adopted Community Led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST). These three actions promote participatory processes that empower individuals and communities.

Evaluations of CLTS demonstrate that CLTS is empowering villagers, especially women, in Cambodia. Subsidized latrine construction has typically been hardware-focused and a male domain. CLTS is software focused: there has been more learning, discussion and decision-making shared among husband and wife. Global experience suggests the participatory methods in PHAST, which include exploring men's and women's shared roles and responsibilities in family hygiene, also add to positive communication within households. The equal valuing of men and women, by each other and by society, is fundamental to gender equality. This starts with communication within the family, sharing needs and ideas that fuse into the best family decisions and behaviors.

MRD also is advocating and encouraging innovation in rural water supply, sanitation and hygiene. Several examples of how innovators are building in gender responsiveness are included in this report.

MRD facilitates inter-ministry and Donor Partner collaboration through the Water, Sanitation and Hygiene Technical Working Group (TWG). MRD also chairs the regular monthly coordination meetings of the WATSAN Sectoral Working Group. The WATSAN Sectoral Working Group is widely regarded as an excellent networking and information sharing forum for government, international and local NGOs as well as donors active in the sector.

This forum also has weaknesses: Many organizations that do WATSAN activity as a part of a wider program mix and have MOUs with other ministries are not included in the

WATSAN Sectoral Working Group; there is reluctance to raise contentious topics (e.g. subsidization); and there is low focus on gender and equity issues. Of note, at the July 7/09 meeting attended by this consultant, insightful development work presented by IDE and PATH did not highlight gender findings. In both instances, the NGOs had captured valuable gender field insights but neglected to include them. More encouragement is needed to integrate gender and equity learnings into this valuable forum.

To align with RGC policy, MRD key agreements in the sector require gender and equity action. Examples include the design documents for the TSRWSSP<sup>12</sup> and with UNICEF<sup>13</sup>. This good leadership at project inception needs, however, to be supported by stronger gender technical assistance, workplans that structure activities to achieve more relevant and explicit gender and equity results, more vigorous monitoring and applying of lessons learned.

### **Gender Balance**

The Rectangular Strategy calls for more participation of women at all levels in government institutions. MRD's DRHC has achieved a near gender balance (54% F/ 46%M) while the DRWS employs only 7.5% women and DPRD 9%<sup>14</sup>. MRD senior management is fully aware of the issue and that it needs address. However, at this time, much more pro-active recruitment and mentoring of women is needed at the national and sub-national levels.

As noted earlier, the short bursts of gender training that have been offered to government officers in the RWSSH sector have not focused on how to take practical easy steps to bring gender and equity considerations into their day-to-day activities. At sub-national levels, few officers in the sector have had any introduction to gender issues and analysis in their sector. This creates a vacuum in gender competency that needs further address. This was demonstrated during field visits on this consultancy. One senior PDRD officer said he was appointed chair of the Gender Working Group "but I don't want to be". A senior PDRD officer in another province dismissed gender and equity issues as the responsibility of others, naming the departments of health and women's affairs. These are indications that much more gender capacity building is needed if the DRWS director's vision<sup>15</sup> of "sustainable participation of women" is to be achieved as well as progress on broader gender equality and equity fronts.

Getting a gender balance of staff in water, sanitation and hygiene is not just a challenge for government. It is also a major trial for NGOs. WV is one NGO that is making real progress on this front. WV's Phnom Penh sanitation staff consists of one man and two women. Each WV district has a project coordinator: 30%F / 70%M. These district managers are in charge of WV's full rural integrated development program which includes CLTS. It is a diverse and challenging workload. "There is no significant difference in men's and women's performance. However, there is more turnover of male staff because they have more opportunities."<sup>16</sup>

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<sup>12</sup> Gender mainstreaming and equity commitments outlined in the Design Document that became a part of the ADB Grant Agreement with the KGC 2005 (Schedule 5).

<sup>13</sup> Project Memorandum for the DFID-funded Support to Accelerated and Sustained Progress on Rural Sanitation in Cambodia 2008-2010. The logframe includes specific gender and equity indicators.

<sup>14</sup> Data provided to the consultant by MRD July 13, 2009.

<sup>15</sup> Discussion with Dr. Mao Saray, Director, Department of Rural Water Supply, MRD. July 4, 2009.

<sup>16</sup> Nong Davith, Technical Manager, Water Supply and Sanitation, World Vision Cambodia. June 29, 2009.

It is important for RWSSH actors to be pro-active on recruiting female fieldstaff. “Women interact with women differently. Having female fieldstaff makes a difference...a big difference with women in the villages.”<sup>17</sup>

A brainstorming<sup>18</sup> session suggests if sector stakeholders put their heads together they could come up with a strategy for identifying, recruiting and sustaining more female fieldstaff in government and non-government positions. The Cooperation Committee for Cambodia offers leadership skill building as do other training facilities. The Girl Guides and other youth empowerment groups also build girls’ leadership skills. Too often, the difficulties in hiring women field staff mean there is no hand-over or opportunity for the new employee to shadow, learn and gain confidence from the person she is replacing. Recruiting and retaining women is a major challenge for the water, sanitation and hygiene sector.

As for water engineers and other professionals, an RDI manager<sup>19</sup> said, “The universities are a real beacon for emerging gender equality.” Although all 11 of the NGO’s field and lab technicians are male, at least half of their summer interns have been women in the last two years. The interns are all Cambodian university undergraduates in environmental science, chemistry or food engineering. RDI also offers a two-year bridging program. Four female and three male Cambodian graduates of environmental science or bio-chemistry from the Royal University of Phnom Penh are in this Masters Degree preparation course. After successful completion, RDI aims to use its university research links to place these students in overseas Masters Degree programs in WATSAN specializations. RDI has also provided employment to both men and women as puppeteers, facilitators, song writers, singers and video producers in its arsenic IEC work. Lyrics with arsenic messages were used in TV advertisements and on videos shown in villages using portable battery-fed karaoke screens and sound systems transported by motor bikes.

### **The Presence of Women and Men – Water Supply**

There is significant diligence among major water project implementers in complying with MRD’s requirement that WSUGs be formed and trained before waterpoints are developed and that a minimum of two of the five WSUG members be women. However, there is still some non-compliance.

It is very clear that WSUGs need regular monitoring and support or the activity of both women and men drops off. Major challenges continue to exist in ensuring that women as well as men have a voice in siting and hardware selection.

There are few women WSUG chiefs but there are examples of some being effective. Men are shouldering most leadership, parts purchase and pump repair responsibilities. The norm is for the women on the WSUG to be delegated the role of collecting and protecting fees and of community education. All members of WSUG are trained as caretakers and in hygiene awareness but often only men do repairs and only women promote good hygiene. More village women, than men, attend community meetings on

<sup>17</sup> Discussion with Lyn Mclennan, Programme Manager, Lien Aid. July 13, 2009.

<sup>18</sup> Brainstorming with Danielle Pedi, Program Manager, World Toilet Organization, Cambodia and Lyn Mclennan, Programme Manager, Lien Aid. July 13, 2009.

<sup>19</sup> Andre Shantz, Laboratory Manager, RDI. July 22, 2009.

water, sanitation and hygiene. Yet, men have more comfort and confidence to speak up in the commune planning process.

## **GENDER EQUALITY & EQUITY - GOVERNMENT ACTION IN WATER SUPPLY**

Although Cambodia is on track to meet the CMDG on rural water supply, the sector faces continuing challenges. Investment is not balanced. Most funding is for new wells or waterpoints. Little is invested in waterpoint rejuvenation. Thousands of waterpoints were built in the 1990's and well into this decade without villager input by men or by women, with no user education, no toolkit and often no spare parts.

Government-NGO coordination has improved a lot in the last decade. However, there are still wells being drilled and dug without collaboration with the Government and without the formation and training of a WSUG. This is a lost opportunity for advancing gender equality and equity. The WSUG is MRD's most strategic entry point for advancing gender equality: it ensures that both men and women make decisions and receive training in waterpoint management, O&M and good water hygiene.

Across Cambodia, an important issue is arising: how effectively do the women and men on the WSUGs work as a team?

Many of the issues of teamwork surfaced in a visit to Sampaor, Kampong Thom during this consultancy. The first four pumps visited were broken Vietnamese #6 pumps installed by TSRWSSP in 2008 at combined wells. An elderly widow was pulling a small yellow container from an open well to fill her water bucket. She said it takes 10 or so containers and sometimes adds a half an hour to her round trip for water. She knew two men who could fix the well but both are migrant workers. One is in Thailand and one in Laos. The WSUG meeting (10M/32F) held in this community reported only five of the 15 wells in the village were operating. Men and women were both trained. One comment was made that the women wait for the men and the men wait for the women. In the meantime, pumps can be down for several weeks.

Issues that should be explored separately with women and men are: selection criteria, caretaker training effectiveness for both men and women, relationships and expectations between male and female caretakers, respecting the needs and energy of the elderly and disadvantaged.

At the same WSUG meeting, participants said only one of the 15 WSUGs had money in its O&M box. This, like the earlier example, is not uncommon. Stakeholders have flagged two realities that warrant careful analysis. Is it wise or respectful to have money sitting in an O&M box in poor villages? Are WSUG members taking O&M fee collection seriously as a team?

A number of interveners say fees are more successfully collected when all members of the WSUG participate. Yet, most often this duty is delegated to a lone woman. Do women in traditional rural communities have the authority and self confidence to collect fees? Being trusted to protect money requires different abilities than to collect it.

Another issue to explore: who keeps the spare parts? If they are kept by men who are in the field, what chance is there for a woman caretaker to do a timely repair if the pump breaks down during the day? Where should spare parts be kept so they are accessible and secure?

User, and especially woman-friendliness, of pumps is also a major issue. Women constantly have to bend and stoop to use the VN#6. In contrast, in other locations women have been struggling to reach pumps fitted with circular handles that were too high.

Although all pumps have strengths and weaknesses, the example of the VN#6 sheds light on several issues. In 2005, UNICEF abandoned the use of the VN#6 for several reasons. The cylinder was not smooth or well-fitting allowing water invasion to rust the pump. This pump often needing to be primed and is usually primed with contaminated water which contaminates the well. UNICEF tried extending the VN#6 stem by 20 cm but the squat handle and low stem still caused discomfort to users. Despite these problems, the VN#6 remains an MRD approved pump and thousands are being installed in the TSRWSSP as well as elsewhere in the country. The VN#6 is still being manufactured with the 'UNICEF' name integrated into the mold of the pump's metal stem: UNICEF should take action to stop this.

Pump weight is also a factor that discourages women from being active caretakers. It will be insightful to see if MRD / UNICEF piloting of 50 100-mm cylinder plastic hand pumps in Kampong Thom enables women to be more active as caretakers. The light-weight US\$15 pump features an adjustable stem and hardwood handle that can be, but does not need to be, painted.

Sensitivity to gender dynamics is vital on many other fronts. An example is the link to domestic violence. "Men hitting women is a common problem. The husband gets angry when there is no water. There is violence."<sup>20</sup> This issue was raised related to areas in Battambang where there is an acute shortage of ground water and unmet needs for water treatment. Although the TSRWSSP is in year four of five, household filters have not been distributed yet in this province.

Stopping the beating needs a multi-disciplined approach. Taking a holistic approach is one of many justifications for putting water treatment higher and earlier on the schedule of the second TSRWSSP. MOWA reports the incidence of violence against women is widespread<sup>21</sup>. This suggests that the RWSSH sector should be vigilant and work with communities to reduce the risk of domestic violence triggered by unmet needs for water and sanitation.

During the fieldwork supporting this Situation Analysis, it was obvious that good communication between the Government and NGOs brings benefit. In Battambang, a DRWS specialist was able to step in, pull an Afridev pump, and demonstrate to Kampong Cheng villagers how to do routine repairs. He did this when it became apparent that the NGO's caretaker training had not been effective. Parts and a diagram of 'how to repair' were provided but no hands-on experience.

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<sup>20</sup> Mao Sphanua, PDRD Chief of Water Supply and TSRWSSP Project Implementation Unit Manager in Battambang.

<sup>21</sup> *A Fair Share for Women – Cambodia Gender Assessment* (2008) MOWA.

This also presented an opportunity for the Government and NGO officers present to walk the community through a user friendliness test of their pump and platform: it proved a learning exercise for all. These user-friendliness issues surfaced at this one pumpsite: the women had not been trained in how to pump correctly: they were pumping from the side not using the handle as it was designed so pumping was less comfortable than it need be; the pump was too far back on the platform, crowding the feet of the pumper uncomfortably; the raised platform ridge was sharp, not rounded, posing more risk of injury to young children who accompany their mother to the waterpoint; the metal toes of the pump base which should have been under concrete were exposed and could easily cut a foot or a child; the drainage trough had too little slope causing water to back up onto the platform and frustrating efforts to keep the platform clean. Because caretaker training had not been effective, none of the users knew that the Afridev pump handle could be lengthened or shortened, by adjusting a bolt, to make the handle more comfortable for the women who are the primary users.

In seeking best gender and equity practices in government, four MRD collaborations on water are discussed: work with ADB in provinces surrounding Tonle Sap Lake, with UNICEF on water provision in six provinces, with GRET in commune piped water and sewage and with UNICEF on arsenic response.

### ***The Tonle Sap Rural Water Supply and Sanitation Project (TSRWSSP)***

MRD's Tonle Sap RWSSP (2005-2010) funded by ADB is the biggest in Cambodia<sup>22</sup>. Hence its efforts to mainstream gender warrant inclusion.

#### **Gender Approach and Mechanisms**

The project has set targets to facilitate the presence and involvement of women. At least 40% of WSUG members are to be women; a minimum of one member in each province's four-person NGO team contracted for community mobilization is to be a woman; and at least one of the five to seven Village Sanitation Committee members is to be a woman. Management<sup>23</sup> has committed to facilitating the active participation of both men and women in planning, siting, and community meetings. TSRWSSP has adopted the PHAST approach to sanitation which includes a community exercise exploring the importance of men and women working together to achieve good hygiene and sanitation outcomes. The project has a gender mainstreaming workplan with actions and indicators.

The project also has a community development and gender advisor in the Project Management Unit and an MRD officer assigned to provide gender mainstreaming support. There is also a community development specialist, responsible for facilitating gender equality, in each of the provinces. An international gender specialist provided early support for six months to map out gender mainstreaming activities and orient staff.

MRD requires TSRWSSP to create gender guidelines for its project. The intent is to have a template that can be customized and enriched for use by future water and sanitation project teams. An advanced draft was in development during this consultancy.

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<sup>22</sup> Beneficiary provinces are Siem Reap, Battambang, Pursat, Kampong Chhnang and Kampong Thom.

<sup>23</sup> Discussion with Wan Maung, Team Leader, TSRWSSP. June 18, 2009.

## Gender Mainstreaming Progress

TSRWSSP's gender monitoring framework<sup>24</sup> does little more than measure the presence of women in WSUGs, WSUG trainings, NGO staff and consultation with potential water users. Respective targets of 40%, 40%, 25% and 50% are being met. The monitoring framework consists of columns of numbers which are essential but inadequate to inform gender mainstreaming activities.

In many instances the data do not relate to the gender indicators and the gender indicators do not capture the essence of the gender mainstreaming actions they are to measure. Four years into the project, this clearly demonstrates that gender mainstreaming has not been maximized. Mechanisms were identified at the outset of the project and management anticipated that if the appropriate number of men and of women were present at strategic junctures, gender equality would unfold.

Management verbally reports women from about 60% of beneficiary households are having active input into decision-making on where to put the well, the type of water facility and fee level. This is in sharp contrast to a tradition of male-dominated decision making. It signals progress and can help pinpoint which communities need more active facilitation. This is one example of project achievement that is missing from, but deserves to be captured in, the gender monitoring report.

The project is relying only on women to assist their teams to mainstream gender. All of these women also have community development responsibilities. Field observations and discussions indicate much more gender capacity building is needed of these catalytic district staff. The project would also benefit from exposing an equal number of male project officers to the same gender capacity building. Gender mainstreaming is not the responsibility of women or of any single team member: it is the routine responsibility of each and every team member.

Locating the implementing NGO within the provincial project implementation units is proving strategic from a gender equality perspective. It helps ensure there are at least two female community programmers in each provincial office (one project staff/one NGO staff). This reduces the stresses of being the lone woman in an all-male programming team. Of special note, the Siem Reap NGO has achieved a gender balance in its community mobilizers (2M/2F). This raises the question of whether or not good searching and recruiting can achieve a gender balance in field staff. Should this be the target?

Project management reports 65-75% attendance by women at community meetings. This signals good women's participation but also a need to engage more men. "Men are not interested. Even if they are in the village, they still don't come."<sup>25</sup>

Experience to date in TSRWSSP<sup>26</sup>, where subsidized waterpoints require household contributions of 10% in labor and materials, is that women often fulfill about 70% of the household's commitment. Women often carry soil away, plant grass, do cleaning etc.

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<sup>24</sup> *Gender Action Plan Implementation Status Report* (2006- December 2008) Identified by project management as the Gender Monitoring Framework.

<sup>25</sup> Discussion with Wan Maung, Team Leader, TSRWSSP, June 18, 2009.

<sup>26</sup> Discussion with Chhour Sothea, Director, TSRWSSP Kampong Thom, June 25, 2009.

This should be acknowledged. However, neither men's nor women's contribution should be taken for granted. Performance must be encouraged and monitored. An example seen in Sway Ear, Kampong Thom: each woman was responsible for raking and planting grass on an equal portion of the new community pond embankment. Less than 25% of the embankment had been effectively seeded and the imminent rainy season promised to deeply erode the bank.

This is an example of failed stakeholder engagement. Many WSUGs exhibit the same drop off in energy and commitment, in pump repair, O&M fee collection and hygiene promotion. As TSRWSSP is nearing completion, it is important to examine an equal number of well-functioning and dysfunctional WSUGs for analysis, including a gender analysis. It will be insightful for the second ADB-funded project, as well as others, to know how and why some WSUGs are much more effective than others. Highly useful in this analysis is to understand what role men, women and male-female relations contribute to WSUG success or failure.

TSRWSSP is in advanced development of its gender technical guidelines<sup>27</sup>. Most additional work is needed to identify core gender and equity indicators and to strengthen the mitigation strategy. At present the section on challenges, potential risks and mitigation strategy contains no mitigation and no empowerment. Gender equality and equity are all about empowerment...the bottom line.

### ***The Second Tonle Sap Rural Water Supply and Sanitation Project***

Comprehensive planning for MRD's Second Rural Water Supply and Sanitation Project (TSRWSSP-2) funded by ADB is underway. Gender mainstreaming is included<sup>28</sup> but needs deeper focus. Planning to date is deficient in these ways: gender-responsiveness is not explicit in results statements; there is no clear commitment to undertake gender analysis as part of the project baseline and routinely to assess emerging issues; and no indicators for monitoring or evaluation are specified that will explore vital gender dynamics.

Important gender dynamics that warrant exploring include: male/female effectiveness in WSUGs as community mobilizers, as pump caretakers and in O&M; female/male effectiveness as sanitation focal points; and male/female use of latrines, handwashing behavior and activity related to water treatment; access to safe water and latrines by male/female members within defined vulnerable and disadvantaged groups.

As the largest RWSSH project in the country, it is important to contribute to an understanding of how men, women, girls and boys influence each other on water, sanitation and hygiene behaviors. A two-pronged approach would be most practical: including core gender indicators in the project monitoring framework and assigning resources for explicit, regular mini surveys, focus groups and case studies to gather a wider range of this relevant qualitative information on gender equality and equity.

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<sup>27</sup> MRD. *Project Technical Guidelines on Gender Mainstreaming in Rural Water Supply and Sanitation Systems*. (May 14, 2009)

<sup>28</sup> *Draft Final Report for the Rural Water Supply and Sanitation Sector Project* (23 April 2009) - ADB TA 7098-CAM

This project covers eight of Cambodia's most densely populated provinces. The magnitude of the project justifies recruiting a full-time senior gender specialist in the PMU for the life of the project. New gender challenges emerge. So, do new opportunities. This may be particularly true as decentralization and deconcentration unfolds at the sub-national level. District project staff at all levels will need consistent support to maximize gender equality and equity.

### ***Water Supply – MRD / UNICEF***

The MRD team is building capacity of PDRDs and DORDs. In turn, the PDRDs and DORDs build these skills in communes and WSUGs. Capacity building focuses on WSUG formation and management, pump caretaking, operation and maintenance, water testing and water source protection. The same team uses a cascade training approach to hygiene training. NGO and private sector contracting is confined to emerging issues i.e. arsenic response.

MRD's five-person team leading rural water supply in the UNICEF-supported six provinces<sup>29</sup> consists of five men. Two years ago the only female team member accepted a new position and has not been replaced. The PDRD and DORD teams in these provinces who do construction management and monitoring, WSUG training and water testing are 90% male. UNICEF staff support is gender balanced in Phnom Penh (2M-2F) but its six provincial officers are all male.

Field observations show much higher mobilization and empowerment of women in CLTS than in water supply. A focus group with MRD's water supply team in the UNICEF supported provinces revealed that there is little knowledge of either gender equality or equity issues related to water supply. Neither MRD nor UNICEF have provided gender technical assistance or training to help this TOT team understand how to practically facilitate men and women participating and benefiting equally in each of the key activities in water supply. This is the specific gender training and support that is critically needed.

Without this solid understanding of 'how to do' gender mainstreaming, this national TOT team has been facilitating WSUGs having 40% female members. MRD's TOT team accepts that men will do pump repairs and women will do the accounting, fee collection, pumpsite cleaning and hygiene education. Hence, there is a good chance that their training and that of their trainees will reinforce these gender roles and not more equal sharing of responsibilities. If trainers don't expect women to really repair pumps, will they encourage them as much as men? Will they ensure that each woman and each man gets hands-on practice?

The focus group explored the reason for this division of labor between men and women. The hypothesis: that repairing pumps only requires a bit of time once in a while so men, who are very busy, opt to do that. In addition, women often do not want, or are assumed not to want, to do this heavy work. The women, by contrast, are seen to be home all the time and have lots of time to take on all the other time-consuming WSUG activities. The 2004 Cambodia Socio-Economic Survey documents the opposite, that of those aged 25-64, women work an average 7.9 hours<sup>30</sup> each day compared to men who work an

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<sup>29</sup> Otdar Meanchey, Stung Treng, Kampong Thom, Kampong Speu, Prey Veng and Svay Rieng.

<sup>30</sup> Total working hours are made up of time taken for house and household, agricultural and market work.

average 7.1 hours. This reality justifies more equal sharing between women and men of WSUG activities.

Despite these shortcomings, the MRD-UNICEF approach is widely regarded as doing significant capacity development of government officers; having a disciplined, resourced approach to construction monitoring; and doing pioneering work in linking hardware and software in Cambodian RWSSH. It is this holistic approach that creates a positive environment, albeit far from operationalized, to advance gender equality and equity.

The MRD team estimates a maximum of 30% of WSUGs may have money in the O&M boxes. Spot field observations on this consultancy did not see this level of success.

When exploring best gender practices, the MRD water supply team serving UNICEF-supported provinces presented an interesting result from an earlier JICA project. In this two-province project<sup>31</sup>, MRD estimated that 40% of the WSUG chairpersons were female. “The women always had good action. They keep around the well clean and the fence good. They had better O&M collection and better repair. But men were the caretakers. They organized the men to do this.<sup>32</sup>” These are observations without quantified evidence, suggesting the sector could well benefit from a better understanding of male-female dynamics in WSUGs and communities.

In the existing UNICEF-supported provinces, no data is being collected on whether WSUG chairpersons are men or women, or on the performance of men compared to women as chairs or as WSUG members.

An equity issue raised by World Vision (WV), one of MRD’s NGO partners, is to build wells on the land of the poor, not the rich. The poor are often denied access to wells on the land of the rich. A caution here is to ensure that the poor household that provided the land is not burdened disproportionately with the responsibility of managing the waterpoint.

### ***Piped Water & Sewage – MRD / GRET***

Seeking a gender balance in user voice in community piped water systems is proving effective. An example includes MRD’s collaboration with GRET. Contracts for community piped water systems are signed by representatives of the Commune Council, the private sector and users represented by the Planning and Budgeting Committee. One female and one male represent each participating village in this committee. This brings female and male users into decision making on water quality, tariff, hours of distribution etc.

The gender balance of users is also present at the annual accountability session with the private sector operator. This is the key opportunity to question and challenge the operator. GRET reports that women often have more input and voice than men at these meetings.

GRET reported a high level of corporate responsibility and good contract compliance during 2008’s fluctuating energy prices by 15 of its 16 town providers. Ten did not change their price and all but two who increased prices, then reduced them to former

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<sup>31</sup> The two provinces: peri-urban Phnom Penh and Kampong Cham.

<sup>32</sup> Discussion with Chum Sophearith, Acting Chief, Water Supply Office, DRWS, MRD.

levels. Those who did not roll back their increases provided justifications and got contract agreements to sustain them. The presence of vigilant men and women is credited with assisting in good commune contract management and transparency.

Three of the 16 private sector investors in these commune piped water systems are female. GRET reports the female investors are as involved in negotiating, representing their financial interests, managing and field monitoring as male investors.

Cambodia's government RWSSH teams, at all levels, are male dominated. Examples of outstanding joint and equal leadership by male and female officials are rare. Piped water provision provides one case study of note. A two-commune piped water system is now operating to serve the communes of Talon and Khpob in Takeo Province. The system features an active and equal partnership under the leadership of a male and a female commune chief. The system is funded by MRD, UNICEF, the private operator and the two commune development funds.

MRD's first small town pilot in piped sewage, facilitated by GRET, is being developed to serve Trapaing Sap Commune in Takeo Province. One representative from each of the two user villages is a woman. GRET management reports the two women make active and useful contributors to the 10-person sewage committee chaired by the commune chief.

### ***Arsenic Response***

MRD, supported by UNICEF, conducted *A Survey of Knowledge, Attitudes and Practices (KAP) in the Seven High Risk Provinces* in December 2006. The KAP survey and government follow-up identified 311 people with arsenicosis symptoms. The majority, 43%, were women aged 19 or older. From this data, women appear to be most at risk. One possible interpretation is that women's home-based activity results in more consistent use of the local arsenic-contaminated bore or deep spring water. This gender bias warrants tracking and exploring.

Research is needed into the level of risk faced by men, women, boys and girls. Their different roles and activities, levels of physical development and nutrition should be included in the research. In the future, data should be sorted by age and by gender. Although only 18% of those who show arsenic poisoning symptoms are children, the slow onset of arsenicosis may yet reveal that young immune systems are being disproportionately damaged. Unless data for children is gender-disaggregated, any potential risks, for example, to male virility or female fertility would not surface.

MRD should be credited for achieving a gender balance in its 4,448 KAP respondents (48%M / 52%F). However, after making this commendable effort to get equal input from men and women, the findings did not separate men's and women's experience or ideas. Not doing so robs MRD of valuable insight for mobilization and IEC. Examples: the majority were misinformed and mistakenly thought arsenic could be removed by boiling (56%) or using a water filter (61%); 40% said they are willing to pay for testing and 75% to pay for alternative water sources. These figures hide differences in men's and women's knowledge and attitudes. Lumping male and female responses assumes men and women think the same. Often they do not. IEC and marketing can not be efficiently

targeted if interveners are unaware of differences between men and women on critical issues like these.

UNICEF is the main arsenic responder in support of MRD, its Arsenic Ministry Sub Committee and the Arsenic Secretariat. MRD's arsenic initiative has, to date, provided alternate water sources to 70% of the 1,607 affected villages<sup>33</sup>. The secretariat, composed of DRHC and DRWS technical specialists, is one opportunity for the two MRD departments to jointly create a relevant sex-disaggregated database. Their database currently includes information on the number, location and type of arsenic-contaminated wells and arsenic levels. It contains no sex or age disaggregated data on people with symptoms of arsenicosis, arsenic-related deaths, or beneficiary households e.g. female headed households, households having persons living with HIV/AIDS, disabilities etc.

The MRD-UNICEF partnership on arsenic response has a number of strengths from a gender perspective. PDRD-led cascade training mobilizes village volunteers in communities where arsenic contaminated tube wells. Painting pumps on wells red if water contains too much arsenic for drinking is a much wiser choice than using signs. Most villages have low literacy rates, and lowest literacy among women.

A simple arsenic field test is used that allows villagers to see whether their waterpoint water is safe for drinking in 30 minutes. This, too, is a tool of respect. Immediately, the women who are most often responsible for water collection and treatment know if they must change their water collection source. This avoids waiting in fear for written test results to reach village leaders and be shared in the community. The color-coded test cards quickly and easily register the results for literate and non-literate alike. Because the test is simple, it can be expertly performed by community volunteers with limited literacy. Although a simple technology, it is new and empowering for villagers, especially women, to use. UNICEF reports women are more active and effective as community volunteers. Women are involved equally with men in testing, promoting rainwater collection and demonstrating how to use and clean ceramic filters.

Training and mobilizing influential male and female arsenic focal points in villages is also strategic. The authority and credibility of both is needed to ensure both men and women attend sessions on safe water options. Households are required to invest 30% of the cost of filters, tanks or rainwater jars: a family expenditure that requires informed men and women.

An exception is being made for households that include people living with HIV/AIDS or disabilities: they are to be first priority for free filters, water jars and rainwater tanks. However, no data by disability group or on female headed households is being collected or inserted into the database.

UNICEF contracted an NGO, GRET, to train and mobilize local entrepreneurs to build 3000 liter capacity household water tanks and 35,000 liter school tanks for rainwater collection. An opportunity to advance gender equality is being missed here. There is currently no requirement to train or create jobs for women as well as men. No gender data is available on this element of the MRD response.

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<sup>33</sup> Group Discussion: MRD Arsenic Team. July 25, 2009.

## ***Corporate Social Responsibility***

MRD now has an agreement with 1001 Fontaines which has installed treated water systems in 21 sites and is conducting training now before installing five more. Further expansion is also scheduled. Beneficiaries are villages with high poverty and arsenic contamination in Prey Veng and high poverty in Banteay Meanchey. This is an example of how corporate social responsibility can bring more equity in access to safe water.

1001 Fontaines is a Cambodian NGO launched by its founding patron Evian of France. Its water treatment process integrates use of solar and ultra violet action. Hence the technology can be used in villages which have no electricity. The NGO requires at least 800 families living within an 8-km area, a pre-existing source of surface or ground water, year-round road access for a motor-cycle cart to deliver the 20-litre recyclable water bottles, and community willingness to participate plus provide the land and a building for the small water treatment plant. Water is priced to recover costs. System operation is being piloted by communities, NGOs and private firms. 1001 Fontaines provides technical, laboratory and quality monitoring support.

Of note from a gender equality perspective, 1001 Fontaines encourages beneficiary groups to give one of the two paid jobs at start-up to a man and one to a woman. 1001 Fontaines sets the pace by having a gender balanced technical team (5M/4W). At the existing 21 treatment plants, women have 40% and men 60% of the paid jobs. Staff being trained for the five new plants have the same gender mix.

Training, mentoring and monitoring for quality control is essential to system integrity. So is the water and hygiene education given to staff and community at installation and six months later. Some of the IEC art used to spur active community discussion is excellent from a gender perspective. It explores key gender issues in art that are often not addressed in water and hygiene education. Examples: art that shows the extra water needs of pregnant and nursing women and art that shows that the calcium/lime in drinking water does not have the same composition as kidney stones... or cause kidney stones. Both men and women have been mistakenly concerned that if they drink water from hand-dug or drilled wells that the residue calcium/lime they see when they boil water will give them kidney stones. They are often not aware, or concerned, about one of the real contributing factors to kidney stones in women: dehydration. Women who do not have a latrine often drink too little water in the day so they can wait to urinate after dark.<sup>34</sup>

1001 Fontaines is also providing free water treatment to three orphanages and nearby schools in their two target provinces.

## **GENDER EQUALITY & EQUITY - CIVIL SOCIETY ACTION IN WATER SUPPLY**

World Vision adds another dimension to the debate on waterpoint sustainability. The NGO reports early success with linking savings and credit activities to O&M fees: the water user contributions to waterpoint construction are loaned at 2% interest to community members, keeping 'money in the box' and growing. WV Battambang staff say

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<sup>34</sup> Chay Lo, Director, 1001 Fontaines. July 30, 2009.

women and men both see the benefit of having this money protected and pump repair being the priority use.

### ***Innovation in Rainwater Harvesting***

Some donors have expressed willingness to increase their per-household investment in rainwater options for arsenic affected areas. This is the driver for Rainwater Cambodia (RC) exploring a range of rainwater technologies. RC targets equitable access for the poor. Varying degrees of in-kind labor and materials input are required from the recipient family in each option. Three options are under development:

1) 3,000 litre jumbo jars. These are designed to provide a family drinking water throughout the dry season. The design aims to overcome several problems. These include: reducing the space needed for several traditional jars of 300-500 liter capacity; higher quality construction to avoid spontaneous explosion and cracking of non-reinforced traditional jars of inferior quality; and use of a tap that avoids dipper contamination.

2) 3,000 liter sealed ring household tanks. Sufficient rain capture would be from a metal roof over the tank and the house. The aim is to provide enough water for four months for domestic uses. These uses include drinking and household use, a water-seal latrine, small garden and small livestock. The package for beneficiaries would include the tank, metal roofing, latrine, small animals and garden supplies. Integrating the means of earning small home-based income is designed to be more woman and child friendly. This integrated approach is being developed as a donor-micro credit model.

3) Roll-up tanks. Development work on a kit which will include a 3000-litre roll-up metal tank wall with low-density food-grade polyethylene liner. The roll-up tank and related installation materials can be moved by ox cart into remote unserved areas. Target users are schools or households.

### ***Water Treatment***

Recent hydrologic tests<sup>35</sup> by RDI in three Cambodian provinces showed 27.3% of shallow and deep wells tested contained arsenic, manganese, fluoride and/or nitrates in amounts higher than allowed by national drinking water standards. This makes it increasingly critical for households to be able to afford to efficiently treat surface water from alternative sources. There are no standards for household water treatment. Consumers can be victims of false or inflated claims of performance by suppliers.

Many RWSSH actors charge that some imported, portable mineral filters which are popular with rural families, including poor families, are ineffective. PATH's Safe Water Project has recently completed a consumer study on the market for household water treatment and storage products in Cambodia. Among the findings, "Some Vietnam-

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<sup>35</sup> Andrew Shantz, Laboratory Manager, Resource Development International Cambodia (RDI). June 7, 2009. The 2009 study included focus groups and in-depth interviews of retailers, wholesalers, commune and village leaders including volunteer health workers, community water, health centre/clinic representatives and leaders of village savings groups in selected areas of Battambang, Siem Reap, Phnom Penh and Kampong Cham.

made products do a poor job of filtering. They are not very effective or safe but are a smashing marketing success down to the village level.”<sup>36</sup> Focus groups and field observations also witness Hagar filters, deemed the most durable effective filter on the market, being abandoned by families who prefer an attractive mineral filter of disputed effectiveness.

There is much evidence that many products are not woman-friendly. Women are the key users, protectors and cleaners of filters. Their needs and preferences in flow rate, durability, portability, ease and frequency of cleaning, and attractiveness need to factor more in design. They also need to factor more deeply in donor selection.

World Vision, an NGO active in RWSSH, expresses concern that management, staff and donors focus on hardware. There are too few resources for software and too little motivation to monitor effective filter care and use. This resonates with IDE and the Cambodian Red Cross which have adopted a hands-on O&M regime. Their technical teams train village volunteers first and ensure they are filter users before distributing to others in the community. Full morning awareness sessions are held before filters are distributed in the afternoon. Peer education is featured two or three months later to reinforce filter care. Technical teams go house to house with filter owners. Women watch and comment on each other cleaning their filters. Picture-based IEC is also used to reinforce good cleaning and maintenance.

Good practices / lessons learned in water treatment from a gender perspective include:

- Creating jobs for both men and women in ceramic filter production. The Prey Veng factory managed by Cambodian Red Cross is an example. It employs women making and painting the ceramic filters and men working the ovens.
- CRC has assessed and concluded that the durability and sustained use of a filter co-relate with owner contribution. The amount of contribution is not important. What is vital is that the owner did make one. CRC started asking for a \$4 contribution on an \$8 filter. However, as families with children under age five or several children were CRC’s key target group, affordability was an issue.

CRC then opted to give filters free to the poorest and ask a contribution by others. This triggered much jealousy between families, and especially between women. In Cambodia, where community cohesion has often been fractured or is just being built, it is essential that WATSAN projects not undermine the community cohesion that exists. As a result, CRC now identifies the poorest districts and provides filters to all households, charging everyone \$1.50. There is evidence that this works: evaluators worked with each surveyed community to identify the 10 poorest households. Similar coverage rates were achieved in the poorest as in other households.

- CIDA provided sustained funding to Hagar for the six start-up years of its household biosand filter. CIDA required gender equity at every level in its project agreement. With this donor push, Hagar was able to achieve 50% women in trained village teams and 35% women on their technical team. CIDA is no longer a funder and female presence has dropped. However, today women are still 35%

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<sup>36</sup> Andrew Shantz, Laboratory Manager, RDI. Comment made in a July 7/09 WATSAN Sector Working Group meeting.

of village teams and 25% of technical staff. Some women complained that construction and installation work was too hard but others handle it well. Both roles were paid: a too rare example of paid roles in the community equally benefiting women and men. Hagar's model of user support includes three monitoring visits within the first year of installation. A 2007 four-province evaluation funded by the World Bank showed more than 88% of Hagar filters in use after eight years.

- Upscaling in filter provision brings new challenges. The growth in migrant labor is posing sustainability issues especially in biosand filters. Increasingly whole families migrate, often for up to six months. One bucket of water must flow through each day to keep the biological layer alive. Although a trained villager can revitalize the filter, this adds a new dimension to biosand filters being abandoned. More problematic are some other NGO installers. Hagar has 90,000 unmet requests for filters and can not meet the demand alone. Some other NGO providers, after being trained in Hagar's strict monitoring regime, refuse to invest in the user education and monitoring. This is doubly unfortunate as effective monitoring has been identified by Hagar and independent monitors as an anchor of its success.
- IDE is raising start-up funds to create a sustainable local enterprise to manufacture and market a new filter designed in Cambodia. Field input from women and from men on their tastes, preferences, needs and practices related to filters is being fed into the design.
- A 2006 UNICEF-funded independent assessment of ceramic water filter interventions funded by several donors is one of few to sex-disaggregate diarrhea prevalence.<sup>37</sup>

### **Presence of Men, Women and Children in Sanitation**

Literature, stakeholders and field discussions collectively indicate there are clear gender roles and equity issues in sanitation. Several CLTS implementers are succeeding in recruiting and training a good gender mix of CLTS village focal points (40-60% males and females); most masons are men and men usually make latrine construction purchases; women buy and sell soap and sanitation consumables; men, more than women, are sellers of latrine construction products; women usually drive the family decision-making to have a latrine; more women attend CLTS meetings than men, often 70% of attendees; women are more apt to make the decision on their own if no cost is involved; if there is cash outlay, the decision will be jointly made by the husband and wife.

Men and women often jointly select the latrine site and construct the latrine: men dig the pit and build the superstructure while women carry away the dirt and assist; a minority of women, primarily female heads of household, build their own latrines but, more often, they are assisted by village chiefs and neighbors; however not all vulnerable women, elderly or disadvantaged families can count on community help unless this is facilitated by commune leaders or external facilitators; in the community push for Open Defecation

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<sup>37</sup> Brown, J. and Sobsey M. (2006) *Independent Appraisal of Ceramic Water Filter Interventions in Cambodia: Final Report*. Produced by the University of North Carolina School of Public Health.

Free (ODF) status, there is a greater chance that families without able-bodied male adults will be helped to construct their first latrines than to rebuild as community assistance usually evaporates for replacement latrines; women and girls use latrines most, both for defecation and urination; men and boys use latrines less than women and girls, most for defecation and much less for urination.

Women usually clean latrines; men, boys, women and girls carry water for latrine use and handwashing; young rural women who work in urban areas and use toilets often advocate for latrines in their home villages; many men and women would rather go without a latrine until they can afford the status associated with a water-seal latrine; some families opt to build latrines when their daughters become adolescents to protect their reputations, privacy and security.

## **GENDER EQUALITY & EQUITY - GOVERNMENT ACTION IN SANITATION**

MRD adopted and launched Community-Led Total Sanitation (CLTS) in Cambodia in 2006. The Government did so because subsidized sanitation approaches had not contributed meaningfully to improving the consistently low coverage of sanitation in Cambodia. Many of the 11 million people who defecate indiscriminately do not have safe places to dispose of their excreta and do not realize the risks to their health and the health of their families and communities<sup>38</sup>. A 2006 RWSS sector review concluded the sector does not have the institutional capacity or the finance to achieve the CMDG for sanitation.

Today, CLTS is being implemented in selected districts in about half of Cambodia. There are now 166 villages declared as Open Defecation Free (ODF).

MRD trained the PDRD, DORD and commune council members in these provinces. In UNICEF-supported areas, MRD has also trained Commune Committees for Women and Children in CLTS. In addition, MRD has trained NGO implementers.

MRD's 2009 evaluation of CLTS clearly showed it very cost-effective and easily scaled up. However, the evaluation also identified weaknesses to this approach. Many latrines are of low quality and durability and therefore need regular rebuilding. High water tables and floods fill and damage pit latrines, posing real challenges to building low-cost latrines that are safely above the water table especially in the rainy season.

When well facilitated, CLTS has the power to convince both women and men to build and use latrines in non flood-prone areas. CLTS methods also proved successful in registering the risk of feces-to-mouth illness.

The CLTS evaluation also documented success in training village women as animators and advocated having more women involved in adapting local latrine designs and fabrication. PDRD staff and Commune Committees for Women and Children in UNICEF-funded provinces confirm the process is helping empower women. A World Vision official comments, "Women say they feel awake."<sup>39</sup>

<sup>38</sup> Ockelford, J. (2006) *Cambodia Rural Water Supply and Sanitation Sector Review*.

<sup>39</sup> Discussion: Nong Davith, Water Supply and Sanitation Technical Manager, World Vision, July 6, 2009.

Much of the success of CLTS stems from the ground work MRD did in communities. MRD held a competition in each commune. Villagers identified the three best locally-made latrines in their area. Most were husband and wife creations. Then PDRD invited the private sector in to see the designs and materials that the villagers preferred. The exchange proved to be not just an orientation but an effective training of the private sector in how to respect and respond to villagers as customers. MRD's Minister signed the certificates presented to best innovators and their villages. As latrine designs are often the result of husband and wife collaboration, it would be appropriate to feature both the wife's and the husband's names on future certificates.

The latrine competition resulted in an Informed Choice manual for use in CLTS. The manual, developed with funding support from WSP-WB, features colorful drawings of the winning latrines designed and built by villagers. The manual is designed with three sets of choices so people can piece together, like a puzzle, the roof, super structure, and substructure they want. The Informed Choice manual breaks new ground in recognizing local expertise and diversity. However, a strategy for careful use is needed if Cambodia is to successfully build local suppliers of latrine materials: making a profit will limit the range of items retailers can stock.

MRD's reputation for facilitating CLTS resulted in requests for training from a number of NGO partners as well as from Lao PDR government officials. Several stakeholders have commented positively on MRD's leadership and training in CLTS.

From a gender perspective, the challenge is to get a better gender balance of staff, trainers and trainees in CLTS. MRD's lead training team consists of four men and one woman. At the sub-national level, there are few female government staff. MRD has achieved more balance in UNICEF-supported provinces by training members of the Commune Committee for Women and Children. The better mix of male and female facilitators has been well received at the village level.

UNICEF is MRD's most consistent, sustained funding partner in the RWSSH sector. The UN agency brings a track record with government and non-government actors at all levels. UNICEF also has potential to dovetail its gender capacity development in governance, RWSSH and education for synergistic affect within its partner provinces.

The MRD / UNICEF collaboration is the main CLTS implementer in Cambodia. Seventy-two percent of the ODF villages (120) are in the six UNICEF-supported provinces. Some of these ODF villages are role models of good behavior. One example observed on this mission was Chamka Sleng Village in Kampong Speu which showed high rates of latrine use, latrine cleanliness and provision of both soap and water.

Other good practice examples were visited in Baray District in Kampong Thom. There 26 of the 44 project villages have been declared ODF. PDRD<sup>40</sup> reports the 26 villages have 4,966 households and 4,726 latrines. Equally impressive: 1,137 families have upgraded to water-seal latrines with no subsidy.

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<sup>40</sup> Mr. Chhour Sothea, PDRD Director, Kampong Thom, June 24, 2009.

One of these villages, Tropaing Chroneang, has a population of 932 of whom 53% are female<sup>41</sup>. Before CLTS arrived in 2007, the village had only 21 latrines and now has 156 of which 27 are water-seal. The village has 29 poor widows. The Village Head said, and women verified, that in some female-headed households women dug the pits and built the above-ground structure.

Sensitivity should be exercised so that women who want to, and can, build their own latrines are encouraged to do so. However, no woman should be forced against her wish, abilities or local norms to do so. In the push for ODF status, there is a risk of 'pushing' the poor and vulnerable into latrine construction. Although coercion is against the CLTS philosophy, watchful monitoring by PDRD, project teams and funders should ensure it does not exist. Likewise, there should be active monitoring to ensure coercion does not exist in projects like the TSRWSSP which pay \$5 per latrine to the village committee for selecting and supervising the supplier and latrine construction.

There is growing evidence that households will tire of annual latrine building, even outside the flood areas. This is especially true of the poor, often indebted, and female-headed households<sup>42</sup>. Female-headed households account for 29% of all households in Cambodia. They earn only 75% as much as male-headed households<sup>43</sup>. The CLTS evaluation report raised equity concerns and concluded that all sanitation projects need the commitment of community leadership and sanitation committees to mobilize labor and local materials support for the most vulnerable including the aged, people with disabilities or living with HIV/AIDs etc.

The CLTS evaluation highlighted that all villagers were targeted to build latrines without any special emphasis on the poor or vulnerable groups. This lack of a pro-poor strategy had disappointing results: only 25% of poor households had latrines, about half the coverage of non-poor households. The poor have less time and resources than more prosperous families to keep rebuilding short-life pit latrines. During this Situation Analysis, several stakeholders confirmed it may be necessary to subsidize the labor costs for building latrines for some unfortunates, including people living with HIV/AIDS.

The culture of rural migration also poses challenges. In provinces like Stung Treng, many rural families migrate to live near their fields away from their homes for several months. This makes it difficult to afford latrines in two locations and therefore to build a culture of latrine use.

WSP-EAP, as technical support to MRD, used excellent participatory process in conducting 2002 gender analysis of sanitation in 10 villages in Battambang and Kampong Speu<sup>44</sup>. The survey process was strong enough to be used as a template for future studies. There was a gender balance in the field team. Single-sex activities complemented inclusive activities. Participatory tools were used that enabled those with low literacy to fully participate. Data was sex-disaggregated. Gender and equity issues were explored.

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<sup>41</sup> Village data presented by the CLTS Chairperson Chin Keng and Commune Chief Phath Bunpheap, June 26, 2009.

<sup>42</sup> Villager discussions: Tropaing Chroneang, Baray District, June 24, 2009.

<sup>43</sup> This data is based on monthly earnings in 2004. Source: *Cambodia Socio-Economic Survey 2004*.

<sup>44</sup> WSR-EAP, World Bank (2002) *Learning What Works for Sanitation –Revisiting Sanitation Successes in Cambodia*.

The report showed high inequity in latrine ownership: The households identified as rich/better-off were 8% of the population but owned 77-100% of the water-seal latrines. (Water-seal latrines were the only type surveyed) Households identified as poor comprised 54% of the population but had only 3-26% access to latrines.

Three of the men's and four of the women's groups out of 10 said that people in the community were influenced and encouraged to own a household toilet by seeing their neighbors use theirs. Women's groups made special note that latrines are easier and more convenient for their children. The survey team witnessed women making a greater shift away from open defecation, than men, after getting household latrines. "They (women) had stopped using water bodies for defecation altogether. Older women seemed to have made the greatest shift towards using latrines after the project."

This survey was one of the first to quantify that men and women may see different benefits in latrines as well as value the benefits differently. Women in the survey sample valued latrine benefits more than men and felt that their latrine investment paid off more. When only cash costs were considered, six of the men's groups compared to five of the women's groups felt they had saved money by building a household toilet. Women were marginally more satisfied with their pour-flush latrine than men: men's satisfaction was lower if they had to carry water to the latrine; women's satisfaction was affected more than men's by privacy and ease of cleaning.

Women in most groups voiced their main benefit as privacy and safety. "The need for privacy requires seclusion, which on the other hand invites risks to personal security. For reasons of privacy, outdoor defecation is usually practiced under cover of darkness, at pre-dawn or at night, and darkness spells danger. A household latrine provides privacy without the danger. Both sexes valued the safety from the culturally accepted dark spirits of the night, and snake and insect bites, particularly during the rainy season."<sup>45</sup>

One of the alerts raised in the survey was the common misconception among both men and women that babies' feces are harmless. This resulted in unsafe disposal.

In this taxing environment, MRD is asking the civil and private sector for innovative sanitation solutions. MRD is also demanding innovation from within. Some commune chiefs are responding by promoting the benefits of building a latrine when young couples come about a wedding certificate or farmers seek permission to sell animals at outside markets.

## **GENDER EQUALITY & EQUITY - CIVIL SOCIETY ACTION IN SANITATION**

MRD's call for innovation encourages NGOs to look 'out of the box' for ways to convince men and women to build and use latrines.

A number of NGO innovators are consciously weaving elements of gender equality and equity into their new sanitation activities. Here is a sample:

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<sup>45</sup> Ibid.

- IDE uses ‘aspiration’ in its sanitation promotion. An example: Recognizing that villagers will take loans on a rice paddy to buy a staircase or strive to buy a trendy cell phone clearly demonstrates the people with modest incomes will make purchases that give them status. IDE contends it is time to create affordable latrines that improve people’s status... “we want to offer something that people aspire to have...that you want if your neighbor has it.”<sup>46</sup> One of the affordability elements in IDE’s latrine design is lighter 60-kilo concrete rings that can be lifted by two people, men or women.
- Lessons learned from the CRC include the need to have sanitation activities that target men. The NGO holds one session a month in which they put extra effort into getting men present. They also identify and promote male role models on radio and television.
- The World Toilet Organization is taking a market-based approach to latrine marketing in Kampong Speu. One target market segment is 8,000 female garment workers. They have exposure to toilets in the factories, a reliable steady income, are assumed to have clout in family decision-making because of their jobs, and are clustered in one place. The NGO is looking into a lay-away plan and discounts for group latrine purchases.
- WV has created a manual on Rural Water Supply and Sanitation that adds to the gender debate in the sector. The manual flags an issue in CLTS that may be overlooked: neither VIP nor dry pit latrines use water for flushing waste so they may reduce the work of women and children who often collect water for household use. On a higher level, the manual proposes the issue of ‘social acceptability’ be considered in technology choice. Technology should consider use by the disabled, dignity, workload, taste and odor of water, time spent collecting and treating water as well as in maintenance. World Vision also advocates target group discussions with sub groups of women with young children, the elderly etc.
- Affordable upscaling from CLTS is essential for women and girls, the main drivers behind family latrines, to prevent their families from reverting to open defecation. Examples of NGO response: Rainwater Cambodia is marketing a \$15 light, portable sky-blue PVC latrine frame that is termite resistant and can be moved easily from pit to pit. The bright blue color recognizes that consumers seek status and attractiveness in their latrines. CRC is doing first investigations into an affordable ecosan toilet that could be built under stilt houses in flood areas where land above the water table is scarce.
- Lien Aid seeks options for safe sanitation for floating homes with an emphasis on reducing maternal mortality and deaths of children under five years. One approach being investigated is the safe use and disposal of material that has the odor and moisture reduction characteristics of kitty litter.

### **Presence of Men, Women and Children in Hygiene Promotion**

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<sup>46</sup> Discussion with Cordell Jacks, WATSAN Program Manager, IDE. July 1, 2009.

Women set the standard for hygiene behavior in most homes. Much of the daily work in keeping homes, latrines, yards and children clean falls to women. They pay most, in time and energy, when family members get ill due to poor hygiene practice. Women are more active in community hygiene discussions and promotion activities. Women and girls have special hygiene needs during menses and greater responsibilities as hygiene guardians especially when there are babies and young children in the family. Stakeholders interviewed said women are often 70% or more of the participants at community meetings. Many are regarded as highly effective in woman-to-woman mobilization for good hygiene behavior.

There is, however, a major gender gap in hygiene mobilization and practice. Men are often not interested in hygiene activities which are viewed in the culture as 'women's work'. Mobilization for action on community and household sanitation is becoming overly dependent on women taking the lead. This, by default, means wives are becoming the primary influencer of their husbands' behavior. More useful analysis is needed by all hygiene promoters into the ratio of woman-to-man and man-to-man activity promoting men's good hygiene behavior.

There has been little mobilization of boys or girls in sanitation response to date. Media, IEC and community meetings focus on men and women. In Cambodian culture, it is considered offensive for children to suggest how adults should behave so this sensitivity must be respected if girls and boys are to influence adult hygiene behavior<sup>47</sup>. This reality has been factored by MRD into SC-WASH activities which depend largely on adult to adult community-school interface between the School Support Committees and community groups. These are early days in finding creative culturally-appropriate ways for girls and boys to influence each other's behavior and that of adults. However, effort is needed to ensure the right of girls and of boys to exercise their leadership and agency.

## **GENDER EQUALITY & EQUITY IN HYGIENE**

This discussion does not divide government and civil society action on hygiene because much hygiene promotion is a partnership between PDRD, DORD and NGO implementers.

CLTS mobilizes people to build and use latrines but puts much less effort into changing hygiene behavior. MRD links CLTS with hygiene promotion using the PHAST approach. More intensive PHAST facilitation is dedicated to communities when they are declared ODF.

In contrast to MRD's predominantly male CLTS lead training team (4M-1W), its PHAST team is predominantly women (1M-4W). More gender balance is needed in both teams. Strategically, efforts are being made for the CLTS and PHAST teams to collaborate closely at all levels.

The choice of PHAST is strong from a gender perspective. Single-sex small group discussions are often facilitated followed by sessions where men's and women's views on sanitation and hygiene are presented and their differences explored. Pocket voting is

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<sup>47</sup> Group Discussion: MRD Hygiene Promotion Team, July 15, 2009.

designed to give sex-disaggregated information. Color picture cards are inclusive and easily understood by the men, and by the larger numbers of women, with low literacy. One of the key activities is facilitating men and women identifying all the household hygiene tasks and who performs them. “For the first time many men see that a lot of these tasks are done by their wives. They offer to help. It is a powerful tool.”<sup>48</sup>

Several stakeholders have commented that the gender responsiveness in hygiene promotion has increased through PHAST. PHAST features participatory single-sex, then joint, activities where men and women learn by doing together. This fosters men and women valuing the knowledge, skills and contribution of each other. Equal valuing of men and women in society is the essence of gender equality.

MRD deserves credit for the effort made to ensure the facilitation cards reflect rural Cambodian reality. Pre and post testing was extensive with groups of men and women. In UNICEF-supported provinces, MRD is also reinforcing good hygiene behavior by facilitating village clean-up days and training villagers to do water-quality tests. Demonstrations on hand-washing and proper food preparation and storage also reinforce good hygiene behavior. Easy to use testing kits feature a re-agent that gives villagers water quality results within 24 hours using a color chart.

PHAST is designed to track these indicators: use of toilet, handwashing with soap, drinking safe water and having household water storage which protects water quality. Unfortunately, field reporting and the CLTS database capacity are not yet strong enough to capture sex disaggregation of these indicators. Until capacity builds, it is important to capture at least reliable snapshots of the gender reality. One affordable way of doing so is to collect gender data on these indicators during the ODF verification process or by compiling case studies. (*See Monitoring*)

Also useful are micro surveys. An example is an ongoing survey into handwashing behaviors and perceptions in 80 households in Kandal and Kampong Speu. Five handwashing devices, each including a water container, water dispenser and soap, are being tested by caretakers of small children in their homes. Coordinated by the University of North Carolina, the qualitative survey seeks insight into the potential impact of having a fixed and convenient handwashing station in the home. Four of the five devices being piloted were made in Cambodia. An interesting learning came when families were asked if their household was headed by a man or a woman. This or similar responses were given on a number of occasions, “We are a 50-50 headed household!”<sup>49</sup>

CRC is an example of an intervener that is trying to achieve more effective targeting of men for hygiene action. The NGO targets male teachers, village chiefs and elders, as well as monks so that male authority reinforces hygiene messages to men.

Several NGOs report anecdotal and project-specific experience that suggests men are more resistant, than women, to improving their hygiene and sanitation behaviors. Analysis is needed into why. Who can best motivate men to adopt good hygiene behavior and how?

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<sup>48</sup> Discussion with Cheay Pom, Deputy Director, Department of Rural Health Care, MRD. July 15, 2009.

<sup>49</sup> Discussion with Geoff Revel, Coordinator, UNC-Watershed, University of North Carolina. July 17, 2009.

It is as important for men to use the latrine for both urination and defecation as it is for women. Girls and boys copy their parents' behavior and their values. In focusing on the high risk of feces, too little has been done to stop men urinating in the open. This is not only a health issue but could well undermine men's use of latrines for defecation.

Another issue worth investigating is *reak mourm* which translates as 'diarrhea of urine' or incontinence. Cambodian women tend to associate this humiliating leakage with 'eating sour' after giving birth or to natural damage after having a number of children. There is no link made to the stress and strain resulting from women holding urine until sundown.<sup>50</sup> This silent issue warrants exploration. How widespread is it? Does it lead to rejection, distress or violence within families? There is also data that suggests holding urine for hours is linked to urinary tract infection.<sup>51</sup> The effort to avoid daytime urination also leads to dehydration as women refuse to drink as much water as they need.

Menses is part of the culture of silence on women's personal hygiene. Analysis is needed into women's level of knowledge about good hygiene behavior related to their monthly bleeding. Is enough attention being paid to proper washing of cloths used in menses, to safe disposal of sanitary napkins and to body cleansing? Do latrines and wash areas provide adequately and respectfully for menstrual needs?

CLTS is grounded in the shame and disgust of feces-to-mouth awareness as well as people understanding that defecating in the open risks the wellbeing of all. Here mobilization and promotion touch the button of social responsibility. This could well be the useful transition from negative-based to positive follow-up messages. The Water and Sanitation Program (WSP) of the World Bank is contributing evidence-based proof of the economic and health benefits of good water, sanitation and hygiene behavior and their links to stepping out of poverty<sup>52</sup>.

WSP estimated economic losses due to poor sanitation equaled 7.2% of Cambodia's GDP in 2005. This did not include the economic loss of career potential for girls who drop out of school because there was no adequate school toilet. Improved hygiene practices such as hand washing have the potential to reduce annual health costs by approximately US\$84 million.

### ***Sanitation and Hygiene Promotion in Schools***

The water, sanitation and hygiene problems in communities extend into the schools. Here there are the additional challenges of collective responsibility for mobilizing resources, operation and maintenance. Among the issues: schools without water<sup>53</sup> - the majority of students are asked to bring boiled water from home for drinking at school; schools without latrines<sup>54</sup> or without separate latrines for girls and boys; low percentage

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<sup>50</sup> Discussion with Chin Sedtha, HIV/AIDS Officer, UNICEF Cambodia. July 6, 2009.

<sup>51</sup> Discussion with Danielle Pedi, Program Manager, World Toilet Organization. July 13, 2009.

<sup>52</sup> World Bank. (2008) *Economic Impact on Sanitation in Cambodia* Water and Sanitation Program, East Asia and the Pacific.

<sup>53</sup> MOEYS Department of Planning Survey 2009 notes 35.8% of primary, 40.0% of secondary and 21.0% of high schools are short of water. Information provided by Tith Sakhan, Deputy Director, MOEYS Department of School Health.

<sup>54</sup> MOEYS Department of Planning Survey 2009 notes 24.3% of primary, 20.8% of secondary and 3.5% of high schools have no latrines. Information provided by Tith Sakhan, Deputy Director, MOEYS Department of School Health.

of functioning latrines where they do exist; no active latrine cleaning program; lack of hand-washing facilities including water and soap; and poor latrine management.

A field visit during this Situation Analysis mission immediately registered a number of these issues: Kreul Primary School in Andong Por Commune of Baray District has 263 primary students (114 girls). These students plus those from a nearby college and an on-site construction team were using two of the three school latrines. One was reserved for girls and one for boys. The third, for children with disabilities, was locked and had been for weeks as evidenced by the cobwebs and grit seen by looking over the doorframe. School administrators could not find the key to open the door. It was no surprise to observe that not all students use the latrines. The latrines were moderately clean but there was no soap in the girls' latrine. The school, to its credit, buys some soap from operating funds.

Joint leadership by MRD and MOEYS is now taking steps to address the challenges in school sanitation. It has been shown that schools with wells and latrines for girls and boys minimize dropouts from primary schools, especially among poor girls<sup>55</sup>. Separate latrines also increase use by girls and by boys<sup>56</sup> and are central to MOEYS' Child-Friendly School (CFS) Program. UNICEF's 2009 report on Child-Friendly Schools in six UNICEF-assisted provinces showed 62% of primary schools had separate latrines for girls and boys. This is higher than the national average, estimated at 20%<sup>57</sup>. Progress is being made but more focus is needed here.

MRD joined with MOEYS in a DFID / UNICEF funded sanitation pilot in selected Child-Friendly Schools in 2008. The 2009 joint ministry review of the pilot results led to an enriched approach called School-Community WASH (SC-WASH). This is now being implemented by MRD/UNICEF. Both SLTS and SC-WASH are building onto the CFS approach designed to equally advance the leadership and learning potential of girls and boys. Key elements of PHAST that have proven successful in Cambodia, and are appropriate in a school context, have been included. This is astute. The two ministries, MOEYS and MRD, are selecting the best elements and streamlining processes.

Guidelines for SC-WASH are just being revised. Plans call for SC-WASH to cover two to four nearby CLTS villages. Links will be formed between School Support Committees, Student Councils, Village Focal Points and WSUGs. In Cambodia, where few schools have either functioning Student Councils or School Support Committees, this is a novel approach and will require much nurturing. The aim is to have the energy of all these groups working together to ensure good sanitation and hygiene in households, communities and the school. There is potential to facilitate active participation of men and women, as teachers, administrators, members of WSUGs and School Management Committees.

The voices and participation of girls, boys, men and women will not, however, be equal or maximized unless there is strategic pro-active facilitation. Performance indicators, activities and resources are needed to ensure that girls and boys have equal voice and participation in student councils: the councils have leadership roles in sanitation and hygiene. Stakeholder interviews confirm higher, and sometimes much higher,

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<sup>55</sup> MOEYS *Education Gender Review 2007/2008*.

<sup>56</sup> MRD / UNICEF *Study on School Hygiene and Sanitation Facility* – Kampong Thom Province 2006.

<sup>57</sup> Source: Tith Sakhan, Deputy Director, Department of School Health, MOEYS. Discussion: July 21, 2009.

participation by boys in student councils. The same is true of the School Support Committees: the 2009 CFS Report showed only one female representative sits in the SSC on average across UNICEF's six participating provinces: accounting for 25%.

Some CFSs have successfully mobilized their communities to improve school sanitation. The School Support Committee of Chhun Chim Svay Ath primary school in Prey Veng is an example. It raised more than \$500 within the community to renovate the school latrine. Four groups of students helped families build toilets and do hygiene education.

More than 70% of these CFSs have student councils. Student councils are encouraged to organize student rotation to clean latrines. Boys clean boys' latrines and girls clean girls' latrines. Councils also organize students to carry water<sup>58</sup>, if needed, and encourage good hand-washing behavior. Where the school does not have a water source, students bring drinking water from their homes to drink at school.

Priority is placed in UNICEF-supported provinces on teachers having their own latrines at home so male and female teachers can be seen in the community as good role models. MOEYS has no information on the number of male and female teachers who have latrines at home or use latrines during school hours<sup>59</sup>. This is another area that warrants monitoring.

A 2006 study in Kampong Thom showed: girls are more serious in taking care of latrines, boys are more neglectful; older girls feel more comfortable when using girl-only latrines; and there was more visible use by girls and by boys when latrines are clearly marked for girl or boy use only.

To keep indicators manageable, SC-WASH is using existing CFS indicators. The CFS initiative is assisting MOEYS to construct a database. It is important to monitor girl/boy latrine use, hand-washing, latrine cleaning, leadership and behavior change to inform performance indicators. What information can not be gained using the CFS indicators should be collected in case studies and by scheduled, periodic gender analysis.

CFSs also have potential to pilot innovation. An example is MRD's pilot with Rainwater Cambodia on dengue fever control. Surveys<sup>60</sup> showing that 80% of household water jars in a Kandal sample contained the Aegypti mosquito triggered MRD, supported by UNICEF, to pilot guppies for dengue control through selected Kampong Speu schools. Rainwater Cambodia provided links to fish breeders, technical input and training. Teachers assisted students to distribute two or three guppies to each household to eat mosquito larvae in water jars. Use of guppies was added to the curriculum of those schools.

## EMERGENCY & DISASTER RESPONSE

The RGC is supported in disaster response by the UN Clusters. Each Cluster, including the WASH Cluster, mobilizes key humanitarian actors to support RGC's humanitarian response. Global experience documents that when natural disaster strikes, gender,

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<sup>58</sup> Asking students to carry water should only be considered as a temporary measure.

<sup>59</sup> Discussion with Tith Sakhan, Deputy Director, Department of Health, MOEYS, July 21, 2009.

<sup>60</sup> Cited in *The Disaster Relief Emergency Fund Operation Final Report*, International Federation of the Red Cross, 2008.

equity and protection issues need special attention or there is greater and preventable loss of life and dignity.

Natural disasters impact men, women, girls and boys differently. They face different risks and have different needs. Vulnerable groups of men, women, girls and boys face deeper challenges. In water, hygiene and sanitation there are many examples. Here are a few:

- In temporary shelter, separate latrines are needed for men/boys and women/girls in secure, well-lit areas. This is a protection as well as a privacy issue, especially for women and girls. In emergencies latrine access is critical: open defecation can never be considered a safe choice. In emergencies, open defecation has all the negative sanitation and health issues that it does during normal times. But, emergencies add greatly to the risk as displaced females have often been stripped of the 'community safety net' that allowed them a degree of safety in their community defecation fields.
- It is critical to ensure that the menstrual hygiene needs of displaced women and girls are met. When raised at a WATSAN sector meeting in 2008, no organization could state how they address this in their work<sup>61</sup>. Needs include safe disposal of pads and other disposable hygiene materials, private washing and drying areas for women who use cloths for menses, and screening around separate bathing locations for women and girls and for men and boys. Women need to directly wash themselves with water and soap instead of the common practice, in public places, of wetting their sarongs from the outside. This risks infection.
- Although the available data suggests high levels of exclusive breastfeeding<sup>62</sup> for infants up to six months, a woman's breast milk may temporarily stop flowing in an emergency. There is need for timely breastfeeding awareness to help women regain the milk flow and to prevent them switching to the use of powdered formula which is often mixed with contaminated water.
- Pregnant and breastfeeding women, as well as people with advanced AIDS, are among those who need larger amounts of safe drinking water than most other people. They, along with the elderly, people with disabilities, and single parents with many children may have less time, energy and ability to access the safe water they need.
- Latrines, too, must be accessible to all. In temporary shelter arrangements, people with special needs for toilet and water access should be identified and special provision made to ensure their needs are met. This can take many different forms. Some examples: reserving tents/shelter closest to toilets for those with special needs; organizing water distribution to those who can not fetch water themselves; organizing and training a team of healthy beneficiaries to help bath those who are too weak to use the bathing areas.

As UNICEF heads the WASH Cluster, the agency has the obligation to put gender, equity and protection on the agenda of WASH Cluster disaster management planning. Linked to disaster management planning is preparedness training and advance agreement of between humanitarian actors of who will take on specific areas of

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<sup>61</sup> E-mail communication from Judy Hagan, Project Manager, Tonle Sap Floating Latrine Project, Engineers Without Borders-Australia, a partner of Live and Learn Environmental Education to UNICEF Cambodia (12.08.09).

<sup>62</sup> The Cambodian Health and Demographic Survey 2005 states 60% of Cambodian women breastfeed exclusively for the first six months. Monitoring reports (2008) of UNICEF target communities, where breastfeeding has been actively promoted, show 85-90% exclusive breastfeeding for the first six months.

responsibility. Determining who will do what, in advance, allows actors time to reflect on the gender, equity and protection issues and to integrate them into their software and logistical response.

SPHERE and IASC gender checklists for WASH and Protection Clusters exist. The gender guidelines include equity and protection issues. They are useful templates for the WASH Cluster to customize, use in disaster training and implement in emergency response.

### **The Presence of Men and Women in the Supply Chain**

Women and men are active investors<sup>63</sup> in the sector. Men are the majority of contractors but a few are women. Most masons and rural construction workers are men. Women construction laborers are common in urban and peri-urban areas but very few do this work in rural areas. Many brickyards employ about 30% women<sup>64</sup>. Women are the majority of wholesalers and retailers of off-the-shelf household water treatment and storage products<sup>65</sup>. The majority, but not all, wholesalers and retailers of rings, pumps and heavier water construction materials are men<sup>66</sup>.

### **GENDER EQUALITY & EQUITY-GOVERNMENT ACTION IN THE SUPPLY CHAIN**

MRD is successfully creating sanitation demand through CLTS. However there is a critical gap in the supply chain. The market offers little for households who want to invest in a better toilet than a dry pit, but can not afford a water seal toilet. CLTS has high reversion rates of up to 30% in the first four years: families are becoming weary of rebuilding pit latrines and flood-prone areas have special needs. MRD has turned to the private and civil sectors for new and affordable options.

Many sector actors are responding to the call for innovation. WSP provides technical support to MRD in this area. WSP has done both a demand analysis and a supply chain analysis on how to create a more viable, responsive private sector. Their focus includes linking micro finance to WATSAN infrastructure and marketing. The WSP is also looking into ways for conditional cash transfers e.g. financial rewards for good household water and sanitation outcomes.

### **GENDER EQUALITY & EQUITY-CIVIL SOCIETY ACTION IN THE SUPPLY CHAIN**

Lien Aid is conducting complementary survey to that done by WSP: a baseline supply chain analysis in Kampong Speu aimed at identifying product gaps, reducing costs and identifying training needs for the private sector. The NGO is also exploring how to help

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<sup>63</sup> Three of 16 investors in commune piped water systems in Cambodia, facilitated by GRET, are women.

<sup>64</sup> Discussion with Kuch Sinith, Chief Executive Officer, Khmer Cement Industry Co. Ltd. July 21, 2009.

<sup>65</sup> PATH *Consumer Study on Household and Market Household Water Treatment and Storage Products in Cambodia*. Presentation to the WATSAN Sector Working Group Meeting, June 7, 2009.

<sup>66</sup> A woman owns one of the three largest concrete plants in Cambodia and is chair of the Chip Mong Import Export and Construction Co. Ltd. This is one of the largest construction material distributors in the country.

masons, currently a male profession, and contractors, both male and female, give better service.

Under the umbrella of the University of North Carolina-Chapel Hill, three implementing NGOs (Lien Aid, World Toilet Organization and IDE) are conducting an in-depth survey into consumer preferences on latrines. The qualitative research tracks each step of household decision making on latrines. Equal numbers of men and women are participating in the indepth interviews. This three-province survey<sup>67</sup> will provide more understanding of why men and women invest or do not invest in latrines, the barriers, triggers and motivators. Gender differences are being explored. Depending on the depth of the sex disaggregation, this has the potential to be the most insightful gender analysis yet produced in Cambodia for latrine marketing and promotion. Successful rural models, i.e. Bangladesh sani marts, are also being explored.

In 2007 the World Bank conducted a small pilot study exploring commission sales of ceramic filters by youth. Equal numbers of male and female youth formed teams. Some were mixed, some all female and some all male. The learnings included: women often make decisions to buy household filters and marketers should target them; customers had greater trust in women, either a team of women or a mixed team - there was less trust in a single male or female salesperson or a male team; paying a bonus linked to proper filter use six weeks after purchase motivated both male and female sales people to effectively train their customers in filter use and care. The bonus resulted in sales teams seeking creative, time-efficient ways to ensure users understood the product well.<sup>68</sup>

IDE innovators have designed a low-cost latrine and aim to facilitate 10,000 being built within the next two years. IDE has a gender-balanced team of 30 village facilitators of whom six will work with supply chains. The strategy is to 'treat a latrine as a consumer good like any other' in addition to meeting health and sanitation requirements. This means responding to market analysis showing that people invest for status, convenience and privacy more than for health or hygiene. It also includes responding to women-specific wants and needs. IDE's market analysis suggests traditional marketing in the sector has often been gender blind or targeted men who are the majority of household heads.

NGOs are motivated to strengthen the supply chain because they see indications that even poor families can find some money to invest in a latrine that meets their needs. Child Fund Cambodia provides one example<sup>69</sup>. The NGO provides toilets for the poor but asks the beneficiary to provide the roof. Child Find has observed that even relatively poor households will often invest up to \$15 in roofing if the latrine is durable.

There is also some evidence that NGOs are creating space for female retailers. GRET's CLTS work has included helping a female seller of ceramic pans, slabs, PVC and other toilet items link to CLTS villages. The project negotiated a bulk discount with the female entrepreneur, and then supported her to display latrine materials in target communities.

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<sup>67</sup> Survey provinces: Kandal, Svay Rieng and Kampong Speu.

<sup>68</sup> Discussion with Geoff Revel who coordinated the pilot, July 17, 2009.

<sup>69</sup> Secondary source information provided by IDE.

## CONTRACTING

MRD core design documents with ADB and UNICEF include gender and equity dimensions. MRD however does not consistently include gender equality in contracts with smaller NGOs (i.e. Hagar<sup>70</sup>), drillers and construction contractors.

Donors are not vigilant in advancing gender equality in the sector. MRD is not satisfied and expects more of the donor community. “Donors mention gender equality ...but it is more theory. Their field and practical work is very limited.”<sup>71</sup>

Rainwater Cambodia’s experience should spark reflection. Rainwater Cambodia managers say gender outcomes of their work are largely hidden and not maximized. The NGO scanned 21 project contracts and final reports for gender input. Only one of the 18 donors required any sex-disaggregated data or gender requirements. Without prodding, RC included some sex-disaggregated data on beneficiary household heads and on participation in community meetings.

One notable exception was CIDA funding of Hagar. The donor specified a contractual requirement that men and women be equal beneficiaries at all levels. CIDA actively monitored and provided technical advice. Hagar succeeded in creating space for a number of women to be successful in a traditionally male sector, as elaborated earlier in this report.

One of the actions being proposed<sup>72</sup> for the Second Rural Water Supply and Sanitation Project is to require contractors to visit all sites to familiarize themselves with access and local conditions prior to finalizing their bid. A site visit report must be included in the bid document to ensure difficult sites will not be abandoned by contractors.

This presents a critical opening to ensure that contractors consult the community (men and women) on an access route that minimizes damage. This site visit may be the only realistic time to also agree to a community consultation process that would be followed if the bidder wins the contract. Contractors are not only being paid to drill a well but to do so in a manner that respects the users.

MRD holds occasional briefings and workshops for the 46 contractors qualified to undertake government construction contracts in the WATSAN sector. Briefings are also held for winning contractors related to specific projects (e.g. UNICEF) These briefings are an excellent opportunity to ensure contractors understand the technical, consultation and behavioral standards MRD requires.

A recent MRD piped water contract<sup>73</sup> has inserted an equity clause that is worthy of note. The contractor is required to provide food for his/her own construction crew. This was a lesson learned in an earlier ECHO-funded project in which poor villagers were burdened with feeding construction teams. The same contract requires the contractor to “minimize the environmental damage and not disturb beneficiaries”. These are positive contract provisions and should be monitored.

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<sup>70</sup> Cooperative Agreement between MRD and Hagar January 2009-December 2011.

<sup>71</sup> Discussion with Dr. Chea Samnang, Director, Department of Rural Water Supply. July 4, 2009.

<sup>72</sup> Draft planning document: Project Preparation Technical Assistance ADB TA 7098-CAM: Draft Final Report for the Rural Water Supply and Sanitation Sector Project (2) April 23, 2009.

<sup>73</sup> This MRD initiative is a collaboration with GRET and UNICEF.

From a gender equality and equity perspective, it would also be useful for MRD's template contract used at national and sub-national levels to 1) integrate the requirement that contractors feed their own teams as well as specify that 2) a WSUG be formed and trained before waterpoints are developed (The WSUG gives voice and decision-making space for both women and men) 3) community consultation is required and 4) that the contractor show respectful and appropriate behavior toward men, women, boys and girls in the community.

Consultation between contractors and the WSUG is needed to ensure child safety, minimal damage to community assets, and that male and female WSUG/sanitation teams are present to monitor construction. If the household or community is required to provide labor or in-kind materials, consultation is also needed to ensure this is in place. Contractors also need to have good behavior: they should not shame, abuse or have sex with villagers. Well and latrine building crews should not be bringing HIV/AIDS, sexually transmitted disease or unwanted pregnancies to their client communities.

Under D&D, Commune Planning & Budgeting and Procurement Committees work with PDRD Procurement Committee in selecting WATSAN contractors. Over time, there will be an increasing role at the commune level in contracting. MRD is encouraged to investigate at the sub-national level the best way to ensure contractors meet both MRD's technical and social requirements in beneficiary communities. One option worth considering is linking community consultation to a milestone payment that is monitored by the commune council. Another is highlighting this in contractor briefings. The starting point is amending MRD's template contract which is now used at all levels.

Some international actors in the sector have taken social responsibilities seriously in their contracts. Examples include WV's Protocol on Child Protection and UNICEF's Policy on Prohibition of Harassment, Sexual Harassment and Abuse of Authority. Both are included in the contracting process. Non-compliance automatically terminates a contract.

## MONITORING

There is very little sex-disaggregated data being collected in the water, sanitation and hygiene sector. There is awareness within MRD and MOH that a common sex-disaggregated rural health data collection system is important but this currently does not exist. This limits the efficiency and effectiveness of monitoring health outcomes. More inter-ministry coordination of health and hygiene messages, IEC and media campaigns could also assist more efficient targeting, monitoring and sex-disaggregation of impact<sup>74</sup>. MRD is meticulous in recording the number of men and women at each community meeting as are many interveners. However, the numbers are not enriched by analysis that can lead to better sector response.

Project gender baselines are weak or do not exist. Hence, there is little effective capture of gender change. MRD continues a long struggle to ensure there is one updated and credible database for the sector. Relevant gender data belongs in this illusive database.

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<sup>74</sup> Discussion with Kol Hero, Deputy Director, Department of Preventative Medicine, MOH.

Monitoring is one area where MRD could, and should, strengthen its leadership and its demands on donors and implementing partners.

Both donors and government focus on hardware, not software or monitoring. Hardware is visible. One can see wells, ponds, latrines and filters. Software, the awareness raising that gives reason and sustainability to behavior change, is invisible. So is the training and monitoring to nurture sustained operating and maintenance. Hence, donors do not adequately fund either capacity building or monitoring.

RC maintains there is an additional challenge in rainwater monitoring. Rainwater is known as a safe source of drinking water. As such, reporting requirements are seldom more than the number of tanks or facilities, delivery time and assurance that the target beneficiaries are indeed the recipients. Scant monitoring resources restrict operational monitoring to narrow structure and training indicators. Social issues and gender dynamics get squeezed out of monitoring, and later, project evaluation.

Hagar's experience in water filter provision also reflects the donor focus on hardware. The NGO's preferred practice is to make one monitoring visit per water filter, each year, starting the year after installation. However, with 50,000 filters installed, resources are stretched. Even though Hagar devotes one month a year to monitoring, its Community Outreach Team can monitor only about 3,000 installations. Filters are falling into disuse as a result. Hagar's policy puts priority on single parents, elderly, people with disabilities, families with many children and those living on less than \$1 a day. However, there is no track record in the NGO of recording beneficiary results by vulnerable group.

CRC relies on outside evaluators to capture equity data and facilitate the process to do so. Several other interveners take the same approach. This transfers the responsibility of monitoring from the implementer to a short-term consultant: the downside is that equity and gender equality monitoring stay at the fringe of, and not embedded in, the NGO's organizational culture.

CRC's recent 2009 evaluation of latrine coverage in two Takeo districts compared coverage between the 10 poorest households, as identified by villagers, and the village average. The poorest had equal water filter coverage but less latrine coverage. The consultancy contract did not specify the collection of gender-disaggregated data or identification of sub groups of the disadvantaged. Although many gender dynamics remain unexplored, the evaluator noted that CLTS contributed to women overcoming their shyness and gaining the skills to make recommendations to village and commune authorities.

MRD is planning to conduct CLTS spot monitoring of ODF communities to verify whether they continue to meet the ODF criteria. As this monitoring process is now being finalized, this presents an opportunity to collect sex-disaggregated data. It is recommended that the monitoring include some gender and equity data. Suggestions for consideration include: the % of male/female headed households and households identified as poor with functioning latrines; % of male/female headed households and households identified as poor having access to improved water; presence of water and soap at latrines in male/female headed households and households identified as poor; level of satisfaction (male/female) with their latrines; reasons men and women give for reversion to open defecation.

In UNICEF-supported provinces PDRD water supply officers are financially supported for six days to go with the contractor into the community the first time, supervise community mobilization, ensure WSUG-contractor communication is effective, and monitor construction. This person-to-person contact between PDRD and contractors makes it possible to ensure contractors meet not only technical but also consultation and social behavior standards. PDRD has a checklist to monitor the contractor: this is a tool, as noted in the section on monitoring, which can be strengthened to include these software issues.

This consultancy reviewed several MRD monitoring tools used in UNICEF-supported provinces. Some are also used by RWSSP and other interveners.

- The monitoring tools entitled Technical Monitoring for Drilled Well and Technical Monitoring for Combined Well should also include social issues. For example, asking men and women separately to rate: the level of damage by contractor equipment and vehicles in their community; the level of effort the contractor took to ensure operations did not frighten or endanger children; level of dignity and respect the construction team showed toward themselves and others of their sex; level of satisfaction and user-friendliness of the new waterpoint; access for people with disabilities (or support so their needs for water are met). This is the one and only comprehensive monitoring most contract teams will receive. It is most cost and time efficient to insert a component of gender and equity.

The same suggestions are worthy of inclusion in the UNICEF follow-up monitoring tools for combined wells and hand pumps.

- Seth Koma's Provincial Water Supply Construction Monitoring Form would benefit from adding this question: Has there been effective consultation between the contractor and the WSUG to ensure villagers' needs and ideas are appropriately respected?
- The Water Quality Testing Form – New Well could be strengthened by adding a section in which the tester notes comments on the percentage of target households using the water and a M/F satisfaction rating with the well water.
- The Request for Assistance Form is used by families requesting a water supply facility. It identifies the sex of the household head and the number of men, women, girls and boys in the family. This is solid from a gender perspective.
- The Public Well – Private Land Water Supply Agreement would be more empowering if there was signature space for both husband and wife.
- Seth Koma's Technical Inspection Checklist: School Latrine is used to do its one-month and six-month post-construction monitoring. Few other opportunities exist for Seth Koma to capture student use and satisfaction information. It is recommended that information be gathered that includes: signs identifying girls-only and boys-only toilets; evidence that a latrine cleaning regime is being practiced in which girls and boys equally share latrine cleaning; evidence of latrine use by girls and by boys; level of satisfaction in the latrine (boys/girls); presence of soap, water and cleaning materials in girls' and boys' latrines.

MOEYS' Child Friendly School Performance Monitoring and Evaluation Checklist could be considerably strengthened if the information proposed above is also gathered in CFS monitoring on an ongoing basis.

## RECOMMENDATIONS

### ***National Strategy***

Gender equality and equity issues recommended for inclusion in the development of the National Strategy for Water, Sanitation and Hygiene are included in a separate briefing note, Annex B. The national strategy development team should consist of an equal number of men and women and hold consultations at all levels with women and men. In order to ensure women's reality and experience features fully in consultation, MRD is encouraged to involve NGOs and other sector stakeholders that have both male and female sector specialists and field team members as well as MOWA and the provincial/commune Committees for Women and Children.

### ***National***

1. MRD seek donor funding for staffing and programming so two full-time gender advisors provide executive staff support to the Director of Rural Health Care, DRHC, and the Director of Rural Water Supply, DRWS, for a minimum two-year period. The aim is to work with the directors to identify entry points for practical hands-on gender analysis and capacity building at the national and sub-national levels.

This proposal to donors should include a strategy for MRD to sustain the positions as soon as possible. The most viable opportunity is to include the funding of these positions in the Gender Mainstreaming Action Plan of MRD's Gender Mainstreaming Action Group. The Action Plan, when integrated into the MRD annual budget request, would be eligible for recurrent funding when approved by the Ministry of Economy and Finance. This request would conform to the gender mainstreaming policy, the RGC's gender-based budgeting requirements and better equip MRD to meet its CMDGs.

2. Upcoming workplans of DRWS and DRHC include revising the water, sanitation and hygiene sections of its Gender Mainstreaming Action Plan. The focus of revisions should include more gender analysis, relevant indicators and practical implementation steps. It is recommended that ADB and UNICEF consider being co-facilitators and providing technical and financial support.
3. As part of the development of national RWSSH guidelines, MRD facilitate the TSRWSSP strengthening its draft Gender Technical Guidelines as input into national gender guidelines for future projects in the sector. Guidelines enhancement should focus on: resourcing for a solid gender and equity baseline as well as regular gender analysis; more relevant qualitative and quantitative performance indicators; strengthened gender and equity monitoring; explicit

inclusion of gender and equity performance in project evaluation and lessons learned. The gender checklists in this report should be considered as complementary input into the Gender Technical Guidelines.

4. The 2010 annual workplans of DRHC and DRWS include conducting a gender analysis into the performance of WSUGs. A useful analysis would explore the reasons for successful and failed engagement of men compared to women in WSUG leadership, pump caretaking, collection of O&M fees, hygiene education, sanitation improvement and mobilization for CLTS. The IASC's one-page WASH gender checklist<sup>75</sup> and Oxfam UK checklists could be useful in framing the questions and approach for this qualitative survey. Resources should be allocated for technical assistance to help design and guide this process.
5. MRD to conduct a comparative efficiency and effectiveness survey of all water pumps on the Cambodian market. The survey should include gender and equity analysis, in particular the user-friendliness for women, people with disabilities or living with HIV/AIDS and the elderly. The survey results would be useful input into MRD's next revision of Pump Standardization.
6. MRD to conduct a comparative efficiency and effectiveness survey of all household water treatment products on the market. This survey should include a gender analysis. Household water treatment must, in particular, be woman friendly as women are the primary users, cleaners and maintainers of water filters which are, by far, the preferred water treatment in Cambodia.
7. MRD to include advancing equity and gender equality in all agreements with donors and require donors do likewise with their RWSSH contractors. Specific performance indicators should be agreed and appropriate budget allocated for monitoring and evaluating gender equality and equity achievements. To advance this, MRD is encouraged to amend its template contract for private contractors (drilling, hand-dug wells, and latrine construction) to require and monitor that all contractors consult with the WSUG. The WSUG gives community men and women a voice in decision-making on their community's water and sanitation development.

In addition the template contract for sanitation and for water supply contracts should specify that: contractors provide their own catering; behave appropriately in the communities (no shaming, abuse or sex with villagers); ensure the safety of children; and minimize property damage.

8. MRD expand its arsenic database to include age and sex-disaggregated data on all people identified with arsenicosis symptoms and arsenic-related deaths.
9. All surveys in the sector, including the KAP in each RWSSH project and arsenic KAP surveys, be conducted to gather sex-disaggregated data.
10. MRD lead an equity analysis, including gender dimensions, to propose solutions to the problems facing the poor in building latrines. One of the key dimensions

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<sup>75</sup> The checklist is included in *Women, Girls, Boys and Men –Different Needs, Equal Opportunities*, Inter-Agency Standing Committee Gender Handbook in Humanitarian Action, 2006. p. 108.

- that warrants analysis: if and how labor for regular digging of latrine pits for the poor should be subsidized. It is recommended DRHC seek three or four leading NGO/IO latrine providers to co-design a field analysis tool, and then conduct field analysis in their respective project areas.
11. MRD and MOEYS, expand the model they have created with UNICEF, to require all school latrine construction and renovation to feature separate, marked latrines for girls and for boys. This would bring school latrine construction standards in compliance with MOEYS policy.
  12. The WATSAN Sectoral Working Group form a gender and equity sub-group. It is recommended that the TOR of the gender and equity sub-group include facilitating a semi-annual sharing session that focuses on gender and equity findings in members' RWSSH research, product development, education and engagement. The sharing sessions would take place during WATSAN Sector Working Group monthly meetings.
  13. The WATSAN Sectoral Working Group collect and circulate effective, participatory gender and equity practices: survey methodologies, engagement methods, training processes, monitoring activities.
  14. The Technical Working Group on RWSSH advocate for, seek a funder(s) and provide technical guidance to a project that would create a talent pool of women with the skills/abilities to be good RWSSH field staff. In support of this initiative, the WATSAN Sectoral Working Group's gender and equity committee could mentor the project. This is seen as a government-NGO collaboration that builds talent for both NGO field teams and MRD at national and sub-national levels.
  15. CLTS will conduct spot monitoring of ODF communities to verify whether they continue to meet the ODF criteria. As this monitoring process is now being finalized, there is an opportunity to include the collection of gender and equity data. Suggestions for consideration include: the % of male/female headed households and households identified as poor with functioning latrines; % of male/female headed households and households identified as poor having access to improved water; level of cleanliness of latrines in male/female headed households and households identified as poor; presence of water and soap at latrines in male/female headed households and households identified as poor; level of satisfaction (male/female) with their latrines.
  16. UNICEF and key NGO implementers of CLTS collaborate in exploring the push-pull factors affecting reversion in ODF and non-ODF communities in their respective programming areas. Gender analysis should inform this assessment. In particular, what are the positive and negative influences of men, compared to women, on latrine sustainability? What influences do men and do women have on whether girls or boys use latrines or wash their hands with soap?
  17. UNICEF and other key PHAST implementers create a simple user-friendly way of recording the findings of their PHAST activities. Very useful information on men's and women's hygiene knowledge and behavior is gained in these activities but this is not now being recorded. If a simple time-efficient way can be found to

document this rich sex-disaggregated baseline data, it would allow progress to be measured.

18. MOEYS and MRD, supported by UNICEF, strengthen the sex-disaggregated data collected and applied in Child-Friendly Schools. The most efficient approach may be to embed more sex-disaggregated data in the existing Child-Friendly School monitoring framework, as possible, and conduct supplementary regular spot surveys to collect additional, vital gender insights on SC-WASH. Data is needed on: girl/boy latrine use and hand-washing; progress toward equal boy/girl sharing of latrine cleaning; and girl/boy leadership on student councils which have a key role in hygiene motivation.
19. MRD form task force including MOWA and other related ministries to identify specific time-bound actions that can be taken bring more women into middle and senior level positions in DRWS and DRHC.

### ***Sub-National***

20. PDRD and Provincial Health Office collaborate with commune authorities and health facilities to collect and report relevant gender and age health data on waterborne and sanitation-linked illnesses. The lack of this data leaves MRD and donors with no health outcomes to show: a major disadvantage in justifying larger national budget allocations or in pursuing future donor funds.
21. PDRD collaborate closely with the Provincial Department of Planning to achieve more collection and use of relevant sex-disaggregated RWSSH data in each province.
22. Waterpoint construction monitoring by the PDRD and implementing partners should reflect men's and women's experiences on: the level of property damage by contractor equipment and vehicles in their community; the level of effort the contractor took to ensure operations did not frighten or endanger children; level of dignity and respect the construction team showed toward themselves and others of their sex; level of satisfaction and user-friendliness of the new waterpoint; access for people with disabilities (or a support mechanism to ensure water access). As monitoring resources are limited, it is cost efficient to monitor critical social and gender issues related to construction at the same time as conducting the technical construction monitoring. It is recommended that existing monitoring tools be enriched by including the issues noted above.
23. Priority effort and resources be invested in developing the capacity of RWSSH staff at the provincial, district and commune levels to routinely address equity and gender equality issues in their work.
24. PDRD annual and multi-year workplans include specific actions to address the gender imbalance within PDRD and DORD.

### ***Development Partners and NGOs***

25. All NGOs and private sector partners in the RWSSH sector put increased emphasis on software (training, community engagement and decision-making, IEC and participatory monitoring). Focus the software on consulting and empowering equal numbers of men and women, as well as disadvantaged groups.
26. All RWSSH sector partners invest in a KAP survey and needs assessment to create a baseline for each new project. Findings should be disaggregated by sex and age as well as by sub-groups who are disadvantaged. Performance indicators and monitoring approaches should be designed accordingly. Insightful gender and equity dynamics as well as data on sex, age and disadvantaged groups should be recorded and shared with the WATSAN Sector Working Group.
27. All NGOs and private sector innovators in the RWSSH sector are encouraged to incorporate the distinct input of men and women into the design, marketing and monitoring regimes for new RWSSH products. NGO research to date clearly demonstrates that women and men have different preferences, practices, needs and ideas concerning RWSSH hardware. Successful market-based approaches must reflect these realities.
28. All members of the NGO and private sector supply chain in RWSSH are encouraged by MRD and donors to pro-actively create new production and supply chain jobs equally for women and for men.
29. NGOs be pro-active in recruiting, training and sustaining gender balanced field staff and management teams.
30. NGO partners align their monitoring and contracting practices to the recommendations made above to MRD and PDRD.

### ***Disaster Management***

31. UNICEF, as WASH Cluster Lead, facilitate the WASH Cluster in customizing the IASC Gender Checklist for WASH to reflect Cambodian water, sanitation and hygiene needs, then orient WASH humanitarian actors in its use as part of disaster preparedness activity with the RGC.

## **ANNEX A –Gender and Equity Checklists – Operational Guidelines**

The Tonle Sap Rural Water Supply and Sanitation Project is contracted to develop guidelines for the sector, including gender guidelines. The directors of the DRHC and DRWS and UNICEF therefore required this consultancy to comment on the TSRWSSP draft gender guidelines (see page 22-23). In order not to duplicate, but to enhance, the TSRWSSP work, this consultancy was asked to facilitate MRD and sector stakeholders developing practical gender and equity checklists which contribute to the Gender Guidelines development process. In addition, these practical hands-on gender and equity checklists can be implemented as operational guidelines now in provinces that are not part of the TSRWSSP provinces while sector guidelines are being finalized.

### **Gender & Equity Checklist for Rural Water Supply**

| <b>Action</b>   |
|---|
| <p><b><u>Policy &amp; Planning</u></b></p> <ul style="list-style-type: none"><li>• In policy development, include clear direction for reducing poverty, mainstreaming gender and increasing equity. This aligns with the Rectangular Strategy- Step II and NSDP (2009-2013). Gender mainstreaming is one of the NSDP’s macro goals and core indicators.</li><li>• Feature gender and equity in policy briefings with donors and require donors to support MRD in meeting these policy objectives. Specify that explicit gender and equity performance targets and indicators are needed in the rural water supply sector.</li><li>• Feature gender and equity as a standing agenda item in donor consultations.</li><li>• Advocate at policy and planning levels that gender and equity issues in water supply be mainstreamed fully during the development of the National Strategy for Water, Sanitation and Hygiene.</li><li>• Revise MRD’s Gender Mainstreaming Action Plan to include more gender capacity development that focuses on government officers’ routine functions in rural water supply.</li></ul>   |
| <p><b><u>Fund Acquisition</u></b></p> <ul style="list-style-type: none"><li>• <i>Donor projects:</i> Negotiate to achieve a balance of project expenditure on hardware and software that will foster sustainability. Essential software: training, IEC, community mobilization and participatory monitoring activities. Each should involve equal numbers of men and women or at least enough men and enough women to influence decisions.</li><li>• <i>Donor projects:</i> Require that each project invest adequately in gender analysis and in gender capacity building throughout the project lifespan.</li><li>• Seek a specific donor to fund a gender advisor to do practical function-specific gender and equity capacity development related to rural water supply in MRD and at the sub-national level. The funded position, proposed for an advisor to the DRWS Director, would provide a gender and equity resource to the full department for a maximum two-year period. During this time, DRWS would seek ongoing funding for this position as part of MRD’s Gender Mainstreaming Action Plan integrated into MRD’s annual budget request.</li><li>• <i>Recurrent budget:</i> Secure funds for gender technical assistance to support the DRWS / GMAG to strengthen the water supply elements of MRD’s Gender</li></ul> |

Mainstreaming Action Plan. (Coordinate with DRHC)

- *Recurrent budget:* Secure funds to explore the factors that cause WSUGs to be good or bad performers. Central to this analysis: how well are men and women on WSUGs performing as a team and as individual WSUG members.

### **Human Resources**

- Review advertising, interviewing and selection processes, and the working environment to assess if government jobs in rural water supply are equally accessible and accommodating for women and for men.
- Promote capacity building in gender and equity in water, sanitation and hygiene in MRD, PDRD and DORD in collaboration with the Gender Mainstreaming Action Group at national and sub-national levels.
- Explore opportunities and develop an Action Plan for hiring more women in DRWS/PDRD/DORD water teams.
- Explore creative ways to bring more women into key water supply field teams and processes: female university interns, NGO staff etc.

### **Provision of Safe Water**

#### **Mobilizing Water Users**

- Identify those with special needs and ask about their water needs, constraints and suggestions.
- Have separate discussions with men and with women. Then, have the needs and ideas of men, women and people with special needs presented for village discussion.

#### **Facilitating Election of WSUGs**

- Be clear in explaining the roles of the WSUG members. This is essential for women and men to elect the right people.
- Ensure at least 40% of WSUG members are women. (*Compliance with MRD's Guidelines for the Establishment of WSUGs- 2005*)

#### **Training - Water Use and Hygiene Trainings**

- Use various facilitation techniques to get all male and all female WSUG members to participate fully.
- Emphasize that all WSUG tasks are team tasks: men and women have equal responsibility for water use and hygiene promotion.
- Celebrate their leadership: each woman and each man on the WSUG plays an important role.

#### **Training - O&M and Pump Caretaking**

- Focus training so that all men and women who are WSUG members participate in the training and learn how to repair pumps.
- Ensure that each woman and each man pulls the pump and physically practices all O&M operations and repairs. Nurture each to do this well.
- Be clear that women, as well as men, can successfully repair and maintain pumps. WSUG members should help each other and work together to repair the pump.
- Discuss the problems that a broken pump brings especially to women, the elderly and those living with disabilities or HIV/AIDS.

### **Site and Facility Selection**

- Discuss the hardware choices that are feasible in the area with both women and men.
- Ensure men and women jointly decide on the site and the facility.

### **Construction Option #1- Contracting**

- Expand contractor briefings to include MRD requirements that contractors consult with WSUGs and also behave with dignity and respect in communities.
- Revise the conditions on contractor bid forms and contracts to require contractors provide their own food, consult with WSUGs and behave with dignity and respect in communities.

### **Construction Option #2- MRD Drill Crew**

- Conduct briefings with MRD drill crews so they are aware that they must be good role models for private sector operators. This includes providing their own food, consulting with WSUGs and behaving with dignity and respect in communities.

### **Supervision of Construction**

- In addition to monitoring the physical and technical aspects of construction, also monitor that: the contractor is not requiring food from the community; construction vehicles/equipment are minimizing property damage; construction is not endangering children; the construction crew is behaving appropriately with men, women, boys and girls (e.g. no shaming, no bullying, no sexual abuse).
- Facilitate the contractor meeting with male and female WSUG members so villager decisions on siting are respected as well as villager preferences on where the contractor piles material, locates its kitchen etc.
- At pump installation, facilitate female members of the WSUG being present to advise (as possible) on the height/length of the pump handle, height and direction of the spout etc.

### **Six-Month Post Construction Water Testing**

- Ask men and women separately to rate: level of property damage done by contractor vehicles/equipment; level of effort the contractor took to ensure operations did not frighten or endanger children; level of dignity and respect the construction team showed them and others of their sex; level of satisfaction and user-friendliness of the new waterpoint; access for people with disabilities.
- Use the above information to factor into whether or not, or under what conditions, the contractor receives the third and final payment.

### **Water Quality Testing**

- If possible, have male and female members of the WSUG join in the testing.
- If time permits, show the results on the color-coded test card to a group of men and women in the village. "Seeing is believing. It makes the information come alive."
- Take this opportunity to reinforce the three water and hygiene messages that are most important in this community. (*Messages will be community-specific.*)

### **School Well Provision**

- Facilitate the contractor meeting with male and female members of the School Management Committee and school staff. The aim is to agree on how to reduce

the contractor's negative impact on girls' and boys' learning and playing area. (e.g. identifying an appropriate location for equipment and construction materials, reducing noise as much as possible etc.)

- In addition to monitoring the physical and technical aspects of construction, also monitor that: the contractor is not requiring food from the community; construction vehicles/equipment are minimizing property damage; construction is not endangering children; class disruption is minimized; the construction crew is behaving appropriately with boys and girls, men and women (e.g. no shaming, no bullying, no sex).
- In post-construction monitoring, ask girls and boys as well as male and female teachers/staff about 1) their level of satisfaction with the well and 2) the level of respect they were shown by the construction team.
- Train male and female teachers/staff and student council members on good waterpoint management.
- Ensure that male and female pump caretakers are trained, and that all caretakers have access to the toolkit and to spare parts.
- If water carrying is needed, encourage an equitable rotation of work among men and women or, if required, among older girls and older boys.

#### **Water Supply Inventory**

- Where pumps are working, ask whether men or women do routine repairs.
- Where pumps are broken, ask why the caretakers are not doing timely repairs. Be sure to note the differing availability and reasons relating to male and female caretakers.
- Check to see if the toolkit is in good repair and whether it is accessible at all times to male and female WSUG members.
- Ask if the WSUG has spare parts and O&M funds to buy spare parts. Ensure spare parts are accessible at all times to female and male members of the WSUG.

#### **Provincial Planning**

- Encourage the Provincial Rural Development Committees and the Commune Committees for Women and Children to bring their communities' needs and suggestions on water, sanitation and hygiene into the annual planning process. Support these committees with data and technical information, as needed.

## Gender & Equity Checklist for Rural Sanitation and Hygiene

| Action   |
|--|
| <p><b><u>Policy &amp; Planning</u></b></p> <ul style="list-style-type: none"><li>• In policy development, include clear direction for reducing poverty, mainstreaming gender and increasing equity. This aligns with the Rectangular Strategy – Step II and NSDP (2009-2013). Gender mainstreaming is one of the NSDP’s macro goals and core indicators.</li><li>• Feature gender and equity in policy briefings with donors and require donors to support MRD in meeting these policy objectives. Specify that explicit gender and equity performance targets and indicators are needed in the rural sanitation and hygiene sector.</li><li>• Feature gender and equity as a standing agenda item in donor consultations on the rural sanitation and hygiene sector.</li><li>• Advocate at policy and planning levels that gender and equity issues in sanitation and hygiene be mainstreamed fully during the development of the National Strategy on Water, Sanitation and Hygiene.</li><li>• Revise MRD’s Gender Mainstreaming Action Plan to include more gender capacity development that focuses on government officers’ routine functions in sanitation and hygiene.</li></ul>   |
| <p><b><u>Fund Acquisition</u></b></p> <ul style="list-style-type: none"><li>• <i>Donor projects:</i> Negotiate to achieve a balance of project expenditure on hardware and software that will foster sustainability. Essential software: training, IEC, community mobilization and participatory monitoring. Each should involve equal numbers of men and women. If it is not possible to have equal numbers, require projects to ensure there are enough men and enough women involved in each activity to influence decisions.</li><li>• <i>Donor projects:</i> Require that each project invest adequately in gender analysis and in gender capacity building throughout the project lifespan.</li><li>• Seek a specific donor to fund a gender advisor to do practical function-specific gender and equity capacity development related to rural sanitation and hygiene in MRD and at the sub-national level. The funded position, proposed for an advisor to the DRHC Director, would provide a gender and equity resource to the full department for a two-year period. During this time, DRHC would seek ongoing funding for this position as part of MRD’s Gender Mainstreaming Action Plan integrated into MRD’s annual budget request.</li><li>• <i>Recurrent budget:</i> Secure funds for gender technical assistance to support the DRHC and MRD’s Gender Mainstreaming Action Group to strengthen the sanitation and hygiene elements of MRD’s Gender Mainstreaming Action Plan. (Collaborate with DRWS)</li><li>• <i>Recurrent budget:</i> Secure funds to research and develop a pro-poor component for CLTS. Due to the large number of female headed households and people with disabilities in Cambodia, this analysis should explore gender dimensions and special needs of sub-groups within the poor.</li></ul> |
| <p><b><u>Human Resources</u></b></p> <ul style="list-style-type: none"><li>• Review advertising, interviewing and selection processes, and the working environment to assess if government jobs in rural sanitation and hygiene are equally accessible and accommodating for women and for men.</li></ul>  |

- Promote capacity building in gender and equity in water, sanitation and hygiene in MRD, PDRD and DORD in collaboration with the Gender Mainstreaming Action Group at national and sub-national levels.
- Explore opportunities and develop an Action Plan for hiring more women in PDRD/DORD sanitation and hygiene teams.
- Explore creative ways to attract equal numbers of women and men for government sanitation and hygiene field teams and consultations: female university interns, NGO staff etc.

#### **Design - Training, IEC and Media Materials for Hygiene & Sanitation**

- Facilitate women, men, boys and girls having input into the design, pre-testing, monitoring and evaluation of training, IEC and media materials. Media choice should include television when budget permits as it is the most powerful mass media in reaching rural people.
- Feature men and women, girls and boys who are good role models for sanitation and hygiene behavior in all training, IEC and media materials.

#### **Guidelines Development**

- Hold focus groups with men and women as well as groups of disadvantaged people (e.g. the elderly, people with living with disabilities and HIV/AIDS, single-headed households). Focus groups should identify each group's distinct needs and what they consider the characteristics of a latrine (or latrine material/product) that is user friendly.
- Have equal numbers of women and men in the guidelines development team.

### **Training and Education**

- To achieve a gender balance of trainers, involve female staff from local NGOs, health workers, members of provincial/commune Committees for Women and Children etc.
- Train equal numbers of women and men, whenever possible. If less than 40% of one sex attends, investigate why so that action can be taken for a better balance of participants at the next training.
- Ensure the training location is safe and close enough for women to attend.

### **Special Events and Awareness Campaigns**

- Involve men, women, girls and boys in designing special events and campaigns. Put priority on events in which women, men, boys and girls can participate fully e.g. games, theatre, karaoke, puppetry, small group activities. Literacy should not be a barrier to participation.
- Have age and sex appropriate sanitation and hygiene messages for girls, boys, men and women. Select when and where to use each message to reach the right target group. Examples of age and sex appropriate messages: encouraging men to use latrines in order to be good role models for their sons; praising boys and girls who equally share the work in cleaning school latrines; informing women on safe disposal of baby's and small children's feces.
- Select an equal number of men and women as messengers of important sanitation, hygiene and health messages. Often, the most social change results when the right combination of male and female messengers say the same things.
- Mobilize WSUGs/Sanitation Teams to be inclusive. Encourage them to go door to door with important information on sanitation, health and hygiene. This way everyone, rich or poor, male or female, young or old, able bodied or not, will get the essential information.

### **CLTS Implementation**

#### **Cascade Training**

- Strive for an equal number of male and female trainers and trainees.
- Do exercises so all participants discuss the different sanitation challenges facing men, women, girls, boys and vulnerable groups. (Social, physical, financial, mobility, information etc.)
- Give examples of caring communities that help disadvantaged people build latrines, buy soap, carry water etc.
- Explore examples of what makes a good male and a good female role model in sanitation and hygiene. Put special emphasis on men and women being partners. Women and men both benefit and have equal responsibility for their family's good health and good hygiene.

#### **Community Engagement and Education – PHAST**

- Strive for an equal number of female and male facilitators and participants.
- In activities that use picture cards, ensure that as many different people, as possible, speak up. Encourage men and women to participate.
- Make sure everyone can see and hear well. Often the elderly, poor and shy sit at the back and miss out. Ask some of the easiest questions to the women and the men in the disadvantaged groups. Make special effort to include them and to value their experience.

- Ask all men to use one type of stick, stone or leaf etc. for voting. Ask all women to use another type. If children vote, ask girls to pick a third different voting tool and the boys a fourth. This gives instant information by sex and by age. If girls vote differently than boys, men vote differently from women, or adults from children, explore 'why'. This often gives useful information on the different messages needed for men, women, girls or boys.
- Use the gender activity as a time to encourage men to appreciate the tasks women do and women to appreciate the tasks that men do. As women perform more tasks and have longer working days, use this as an opportunity to praise any man who says he will take some of the burden off women, by boiling water or burying child feces etc.
- When using the picture cards to demonstrate how disease transmits, ask a man, then a woman, then another man etc. to show a transmission path. Ask, at the end, if men and women see transmission differently? Do their different activities give them different knowledge and ideas on transmission? Reinforce the message that women and men know different things and all this knowledge is needed for the family and community to have good health and hygiene.
- Keep a record of the vote on community practice. Record the number of women's votes and the number of men's votes separately by issue. Also make brief notes on the different points and experiences raised by men and those raised by women. This can serve as a useful baseline for future monitoring.
- If children participate, explore and record different responses from girls and from boys.

#### **Community Engagement and Education - CLTS**

- Strive for an equal number of female and male facilitators and participants.
- Ask the village chief to ensure assistance is given so all interested people, regardless of age or ability, can attend.
- Have separate discussion groups with the poor and the better off people, as well as with men and women in these groups. Use the I.D. Poor system which is already in place. Also ensure the meeting time and place is convenient for each group.
- Encourage as many men and women, as possible, to take turns in speaking. Do not let a few women or men dominate.
- Make sure everyone can see and hear well including the elderly and the disadvantaged.

#### **Formation of Sanitation Teams**

- Clearly explain the role of the sanitation committee. Emphasize the importance of having equal numbers of men and women as members. Then, encourage women to select the best women and men to select the best men for these roles.

#### **Training – Informed Choice – Latrine Construction**

- Conduct the training at a convenient time for all male and female WSUG/Sanitation Team members.
- Your target as a trainer is to ensure that all male and female trainees fully understand each part of the training. Do not favor or assume that men will do certain tasks and women will do others. Build the confidence of each man and each woman involved to perform all sanitation team tasks with equal skill.

#### **ODF Certification**

- Record separately the number of male and female headed households who have

- latrines and the number of male and female headed households who do not.
- Have villages identify which households are disadvantaged: extreme poverty, elderly, people living with disabilities or HIV/AIDs etc. Record the number of these households, by type of disadvantage, who have latrines and do not have latrines.

### **ODF Verification**

- Record separately the number of male and female headed households who have latrines and the number of male and female headed households who do not. Compare this to the ODF Certification data. Likewise, compare the number of households, by type of disadvantage, who have latrines and do not have latrines. Compare this also with the ODF Certification data.
- Record the reasons families give for not building latrines. Are there different reasons given in the female compared to the male-headed households?
- What different reasons do the disadvantaged groups give for not building latrines?
- Seek information on the comparative use of latrines by men, women, girls and boys in the poor and non-poor segments of the community.

### **Child-Friendly Schools**

#### **SC-WASH Mobilization & Implementation**

- Train equal numbers of male and female Student Council members, School Support Committees and teachers on the importance of good hygiene and sanitation, use and management of latrines.
- Select a time and place that allows equal numbers of males and females to participate.
- Advocate for all male and female teachers to own and use a household latrine and practice hand washing within and outside school hours. This is part of their responsibility as a role model of good sanitation and hygiene behavior.
- Advocate for signed, separate latrines for girls and boys in each school.

#### **Liaising with MOEYS on latrine construction**

- Facilitate the contractor meeting with male and female members of the School Management Committee and school staff. The aim is to agree on how to reduce the contractor's negative impact on girls' and boys' learning and playing area. (e.g. identifying an appropriate location for equipment and construction materials, reducing noise as much as possible etc.)
- Word construction contracts to require:
  - separate, signed latrines for girls and boys with water connection.
  - contractors consult with school management/School Support Committee on siting, to ensure child safety, to ensure an agreed location for placing equipment and construction materials, and to allow community monitoring of the construction.
  - contractors provide food and catering for their construction crews.
  - appropriate and respectful behavior of the construction crew: no shaming, bullying or sex with the villagers.

#### **Construction Monitoring**

- In addition to monitoring the physical and technical aspects of latrine construction, also monitor that: the contractor is not requiring food from the community; construction vehicles/equipment are minimizing property damage; construction is not endangering children; class disruption is minimized; the construction crew is

behaving appropriately with boys and girls, men and women (e.g. no shaming, no bullying, no sex).

- In post-construction monitoring, ask girls and boys as well as male and female teachers/staff about 1) their level of satisfaction with the latrine and 2) the level of respect they were shown by the construction team.

### **Spot Monitoring**

- **CLTS** Monitor male/female satisfaction with latrines; evidence comparing adult (M/F) and child (M/F) use of latrines; reasons men give and women give for reverting to OD; % reversion in poor households and in female-headed households compared to the village average.
- **SC-WASH** Monitor that there are signs identifying girls-only and boys-only toilets; evidence of girl/boy latrine use and presence of soap, water and cleaning materials in girl/boy latrines; evidence that latrines are being cleaned and that boys and girls equally share the cleaning; level of girl/boy satisfaction with the latrines; evidence of girls/boys having equal leadership roles (Student Council) in promoting good sanitation and hygiene. This sex disaggregated data will be valuable in targeting future SC-WASH activities.

### **Provincial Planning**

- Advocate for separate public latrines for males and females in schools, wats and market places.
- Encourage the Provincial Rural Development Committees and the Commune Committees for Women and Children to bring their communities' needs and suggestions on sanitation and hygiene into the annual planning process. Support these committees with data and technical information, as needed.

## ***ANNEX B – Input into National Strategy for Water, Sanitation and Hygiene***

Using the Gender Equality & Equity Situation Analysis as a reference, there are a number of gender and equity issues worthy of consideration in drafting the National Strategy for Water, Sanitation and Hygiene. These include:

### **Strategy Entry Point: Policy Compliance – Equity and Gender Equality**

Reference government policy and commitments to advancing equity and gender equality.

Reaffirm that the RWSSH sector takes a gender mainstreaming approach. Gender mainstreaming is one of the NSDP's macro goals and core indicators.

### **Strategy Entry Point: MRD Leadership**

Increase MRD leadership by ensuring that critical RWSSH issues are fully researched and explored from a gender equality and equity perspective. These issues include: pump standardization, national guidelines on water treatment and storage, pro-poor strategies, efficiency and effectiveness analysis of WSUG, and reversion to open defecation.

Many pumps and household water filters/treatments are neither woman-friendly nor technically efficient. Of special concern, the small incomes and the energy of the poor and disadvantaged families are being squandered by this hardware. One of the outstanding issues surfacing in CLTS is the difficulty in engaging the poor: gender dimensions may well be part of this complex challenge. Equally problematic are dysfunctional WSUGs: these are designed for men and women to work effectively as a team. Critical analysis is needed to explore why this often does not happen. Likewise, there is little understanding of why men or women revert, or resist reverting, to open defecation. There has also been little exploration into husband-wife or child-parent input into this issue or whether there are different dimensions to this issue in poor homes. All the issues above very much warrant solid gender and equity analysis.

### **Strategy Entry Point: Accountability - Equity and Gender Equality**

#### ***MRD:***

*Human resources processes.* Pro-active recruitment to progress toward a gender balance in staff at all levels. Facilitating male and female staff having equal pay and equal opportunities for promotion, training and leadership.

*Annual performance appraisals.* Policy, planning and programming staff be evaluated on their performance in advancing equity and gender equality in their routine work.

#### ***Development Partners:***

*MOUs, partnership agreements and project design documents.* All agreements feature collaboration between MRD and development partners on gender mainstreaming and in responding to the needs of disadvantaged and vulnerable groups. To facilitate this, MRD require all RWSSH investments to have an appropriate balance of funding for hardware and software (awareness raising and engagement, training, consultation, information

and responsive monitoring). This software is the key to individual and community behavior that leads to sustainability. Sustainability relies on equity and gender equality: harmony, teamwork and empowerment of men and women, including those women and men who are poor or otherwise disadvantaged. Hence, all Development Partners will be bound by MRD's Gender Technical Guidelines (when finalized).

All RWSSH projects and initiatives adequately fund gender and equity resources and technical assistance. Requirements include: capacity building of government and non-government project staff in how to practically advance gender equality and equity in their daily activities; gender and equity results to be explicit within each project's results matrix, feature in indicators and in monitoring frameworks; gender and equity analysis be conducted as part of the baseline and KAP surveys as well as conducted into specific emerging issues throughout the project life; relevant sex and age disaggregated data be updated regularly, and feature data subsets on area-relevant groups within the poor and disadvantaged.

***Contractors:***

Contractors will not only build wells or other facilities but do this in ways that respect the beneficiary men, women, girls and boys. Construction team briefings and contracts will specify that timeliness and quality of construction will no longer be the only required deliverable. Construction monitoring by PDRD and implementing partners will also require community consultation and appropriate, respectful behavior. For example, monitoring of well construction should include men's and women's experiences on: the level of property damage by contractor equipment and vehicles in their community; the level of effort the contractor took to ensure operations did not frighten or endanger children; level of dignity and respect the construction team showed toward themselves and others of their sex; level of satisfaction and user-friendliness of the new waterpoint; access for people with disabilities (or a support mechanism to ensure water access).

**Strategy Entry Point – Monitoring for Efficiency and Effectiveness**

Expand monitoring from its traditional hardware focus to include social dimensions. Construction timeliness and quality must be monitored. However, sanitation does not improve if no-one uses, cleans and maintains the latrine. A broken pump or community behavior that contaminates the waterpoint undermines the health benefit of a new well. Monitoring for efficiency and effectiveness must include exploring the views of both men and women on use, satisfaction, operation and maintenance.

Likewise schools are the entry point for MRD to involve girls and boys in water, sanitation and hygiene mobilization. Children have been ignored in household and community awareness and mobilization for good sanitation and hygiene behavior. The first major progress in empowering children to have a voice and to be change agents is through the Child-Friendly Schools initiative using MRD/UNICEF CS-WASH methods. The National Strategy should recognize that children influence each other and adults. There are gender and equity issues here: small people have rights to water, education and participation in age-appropriate ways.

**Strategy Entry Point – Coherence**

The Water and Sanitation Technical Working Group and the WATSAN Sector Working Group are two important venues in which MRD can exert its influence and authority to ensure coherence among sector actors on water, sanitation and hygiene. The critical issues for coherence in the Water and Sanitation Technical Working Group are 1) the development of a high-quality sustainable sector database that features sex and age disaggregated data and sub-sets of relevant data on poor and disadvantaged groups (e.g. female headed households, people living with disabilities or HIV/AIDS, the elderly, single parents with many children) and 2) multi-ministry and multi-stakeholder collaboration to record health outcomes on water-borne and feces-linked illnesses by sex and age.

Maximize the use of the WATSAN Sector Working Group to achieve greater collective progress and coherence in addressing gender and equity issues. There is untapped potential to bring gender and equity issues into dialogue, research and experience sharing, discussion on WATSAN product and supply chain development. Without more dialogue, there is little chance of sector actors consciously and collectively addressing key gender and equity issues. Examples include: the shortage of female RWSSH field staff; challenges in getting pumps, household water treatment and affordable latrine upgrade materials that are user-friendly and meet the needs of women, men, children and vulnerable groups.

## **ANNEX C – Consultations**

### **Consultations with Government**

**Ministry of Education, Youth and Sport:** Tith Sakhan, Deputy Director, Department of School Health.

**Ministry of Health:** Kol Hero, Deputy Director, Department of Preventative Medicine and Huot Mann, Deputy Director, Department of Administration/ GMAG Member.

**Ministry of Planning:** Chou Putheany, Director, Social Planning Department.

**Ministry of Rural Development - *Department of Rural Health Care:*** Dr. Chea Samnang, Director; Cheay Pom, Deputy Director; Teng Youky, Deputy Director / Head of Sanitation and PHAST; Sophal Ky, Deputy Director; Sophy Sam, TOT Trainer of PHAST; Hygiene Officers: Kon Saly and Chhorn Chhoeurn; CLTS Facilitators: Tou Bunna, Sen Sitha, Or Son, Chhim Shan Sovanna and Konn Lydo. Sang Pheng, Arsenic Facilitator, Kandal and Heng Vannarith, Arsenic Facilitator in UNICEF-supported provinces.

**Ministry of Rural Development - *Department of Rural Water Supply:*** Dr Mao Saray, Director; Water Supply Officers: Chum Sophearith – Acting Chief and Hoy Heng Pheng, Noup Soeum and Mao SiVoeun; Sok Chhun Hok, Arsenic Database Manager; Tes Sophy, Arsenic Facilitator- Kampong Cham; Sok Kunthea, Arsenic Facilitator, Prey Veng and Kratie.

**Ministry of Rural Development:** Kim Sreang Bouy, National Consultant, National Strategy for Rural Water Supply, Sanitation & Hygiene.

**Gender Mainstreaming Action Group - MRD:** Lach Saman, Director of Gender/Deputy Director, Department of Administration & Personnel; You Key Teng, Deputy Director, Department of Rural Health Care; Lay Virabeth, CEDAW Facilitator, Department of Rural Economy

**Ministry of Women's Affairs:** Chhun Kak, Deputy Director; Nhean Sochetra, Director – Gender Equality Department / National Program Manager, Partnership for Gender Equity Phase II; Elaine McKay, Consultant on the Establishment of Prakas for the Women's and Children's Consultative Committee of the Provincial and District Councils

### **Stakeholder Consultations**

**ADB:** Karin Schnelzig Bloom, Social Sector Specialist & Uk Toptos Seda, Gender Advisor; Wan Maung, Team Leader, Tonle Sap Rural Water Supply & Sanitation Project (TSRWSSP); Sophornn Khaim, Community Development Specialist/Sanitation.

**TSRWSSP field team- Kampong Thom:** Chhour Sothea (Director), Chay Kimseng (Manager), Chan Sangha (Water Supply); Plang Salan (Sanitation) Keo Sinhap (Community Development/Resettlement/Gender), Pheng Hun (Monitoring & Evaluation)

Im Thorn (NGO Team Leader); Ban Sotheary (NGO Team Member); Yin Sobin (PIU Advisor).

**Cambodian Red Cross:** Focus Group discussion with Development Officers Yim Leav, Sao Say, Oum Samonn and Bum Davy

**Department for International Development (DFID)** – Marjolaine Nicod, Representative, Cheryl Urashima, Social Development Consultant

**1001 Fontaines:** Chay Lo, Director.

**GRET:** Pierre Thevenot, PACEPAC-SAMAKI Project Coordinator

**Hagar:** Yim Viriya, Operational Support Department Manager & Kim Heng, Water Filter Program Manager

**IDE:** Cordell Jacks, WATSAN Program Manager

**Khmer Cement Industry Company Ltd:** Kuch Sinith, Chief Executive Officer.

**Lien Aid:** Lyn Mclennan, Programme Manger & Sim Sopheak, Programme Officer

**Phare Ponleu Selpak:** Mao Kosal, Executive Director & Sous Sinath, Administration/Personal Executive

**Rainwater Cambodia:** Pheng Kea, Program Manager & Mike Brown, Technical Advisor

**RDI:** Andrew Shantz, Laboratory Manager.

**Swiss Red Cross:** Heino Guellemann, Project Coordinator

**UN Habitat:** Somethearith Din, Programme Manager for Cambodia.

**UNICEF Cambodia:** Hilda Winarta, WES Project Officer; Kim Hor, WES Project Officer; Sentepheap Heng, Seth Koma Communication Officer; Phan Sophary, WES Project Assistant; Thinavuth Ek Project Officer – Local Governance for Child Rights; Ros Sivanna, Project Officer – Local Governance for Child Rights.

**UNICEF New York:** Rolf Luyendijk, Sr. Statistics & Monitoring Specialist – Water, Sanitation and Hygiene

**University of North Carolina** –Chapel Hill: Geoff Revel, Coordinator UNC –Watershed.

**Women for Prosperity:** Nanda Pok, Executive Director

**World Toilet Organization:** Danielle Pedi, Program Manager, Cambodia

**World Vision:** Nong Davith, Manager – Cambodia Office

**WSP (World Bank):** Jan Willem Rosenboom, Country Team Director

### **Field Exposure**

**Kampong Thom:** Discussion with PDRD Director Chhour Sothea and staff; WSUG discussions in Sompao (10M/32F) and Svay Ear (1M/20F); CLTS village discussion in Tropaing Chroneang (9M-8F); CCWC Focal Point Sok Malis, CLTS Head Chin Keng, Commune Chief Phath Bunpheap; UNICEF Education Officer Chum Channra; CCWC Discussion –Chrolong Commune; discussions with students, staff and administrators at Kruei Primary School, Andong Por Commune. Walk-about observations of waterpoints, latrines and water filters.

**Kampong Speu:** Discussion with Ieng Dam, Director PDRD; Pok Chamthan, Deputy Directory PDRD and Chief, Gender Working Group, and staff; discussion with Commune Council / Committee for Women & Children including Commune Council Chief Sao Sambo, Deputy Chief Ven Haun and CCWC Focal Point Ty Long; visit to Chamka Sleng Village preschool; walk-about observations of latrines and waterpoints with brief discussions.

**Battambang:** Discussion with Clay Lo, Director, 1001 Fontaines; tour of 1001 Fontaines' water treatment installation in Anlong Tamie Village and water treatment installation/watsan facilities at Battambang orphanage/school run by Phare Ponleu

Selpak; discussion with Mao Sophanua, PDRD Chief of Rural Water Supply and TSRWSSP Battambang - Manager; NGO team discussion with World Vision Battambang (Manager Chhom Sarith; WATSAN Project Coordinator Som Kimhean; Transformation Development Team Leader Pheach Sokha; Transformation Development Team: Kim Naroath, Phann Lumorng; Sok Serey Vichea & Loeung Bunthieng; Administrator Ho Chakriya; HIV/AIDS officer Men Chanbona; Health & Nutrition Officer Keo Sovann; Social Workers Khoy Yada & Leam Vanruth.); community meeting with Sanitation Team in Kampong Ampil, Kanteu One Commune and WSUG in Kampong Cheng Village, Kanteu One Commune.

## **ANNEX D - Resources**

- ADB. (2009) (Draft) *Final Report – Second Rural Water Supply and Sanitation Sector Project*. Compiled: GHD Pty Ltd (Australia) w/ Fraser Thomas & Partners and the Flood Pulse of Cambodia.
- ADB. (2009) (Draft) *Summary Gender Analysis and Action Plan – Second Rural Water Supply and Sanitation Sector Project*.
- Brereton, H. (2006) *Gender Mainstreaming and Decentralization: An Assessment of the Process with Recommendations* Produced for the Partnership for Local Governance. Sponsors: UNDP, Seila Project, UNFPA, UNICEF and the World Bank in collaboration with the Ministry of Women’s Affairs.
- Brown, J. and Sobsey, M. (2006) *Independent Appraisal of Ceramic Water Filtration Interventions in Cambodia*. Conducted by the University of North Carolina School of Public Health –Department of Environmental Sciences and Engineering. (UNICEF)
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- MRD. (2009) *Final Evaluation Report – Community-Led total Sanitation (CLTS) In Cambodia*. (UNICEF/Plan Cambodia) Kunthy S., Norberto R., and Catalla F.
- MRD. (2009) *School-Led Total Sanitation Review (Draft)* (DFID / UNICEF)
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- MRD. (2006) *Informed Choice Manual on Rural Household Latrine Selection*.
- MRD. (2006) *Knowledge Attitudes Practices Study in Seven Arsenic-Affected Provinces* (UNICEF).
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- MRD. (2000) *RWSS Desk Research & Field Studies- NGO/Private Sector – Planning and Capacity Building Project*.
- MRD. / UNICEF. *Technical Monitoring Checklists* currently in use: 1) Combined Well 2) Drilled Well. 3) Water Quality Testing –New Well 4) Request for Assistance (Water Supply) 5) Technical Inspection Checklist: Combined Well 6) Technical Inspection Checklist: Hand Pump Well 6) Seth Koma Provincial Environmental Sanitation Construction Monitoring 7) Seth Koma Provincial Water Supply Construction Monitoring 8) Technical Inspection Checklist: School Latrine.

- MRD. / Seila / GRET / Rainwater Cambodia / GRET / UNICEF. (undated) *Domestic Rainwater Harvesting in Rural Cambodia – Construction Manual for Rainwater Jars and Tanks* (Final Draft).
- MRD. / TSRWSSP. (2009) *Gender Mainstreaming in Tonle Sap Rural Water Supply and Sanitation Project Sector Project: Project Technical Guidelines*.
- MRD. / TSRWSSP. (2007) *Gender Mainstreaming Strategy in Village Level Engagement*.
- MRD. / TSRWSSP. (2006) *Gender Action Plan Implementation Status 2006-08*.
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