



Testing CLTS Approaches for Scalability

CLTS Learning Series: Cambodia Country Report

October 2014

Plan International USA Inc.
1255 23rd St. NW, Suite 300
Washington DC 20037

The Water Institute
Gillings School of Global Public Health
The University of North Carolina at Chapel Hill
Rosenau Hall, CB #7431
135 Dauer Drive Chapel Hill, NC 27599-7431

This document was prepared by The Water Institute at UNC for Plan International USA as part of the project *Testing CLTS Approaches for Scalability*, funded by the Bill & Melinda Gates Foundation.

Plan International USA Inc.
1255 23rd St. NW, Suite 300
Washington DC 20037
Phone + 1-202-617-2300
<http://www.planusa.org/>

The Water Institute at UNC
Gillings School of Global Health
The University of North Carolina at Chapel Hill
Rosenau Hall, CB #7431
135 Dauer Drive, Chapel Hill, NC 27599-7431
Phone +1-919-966-7302
<http://www.waterinstitute.unc.edu>

Author:

Vidya Venkataramanan

Data Collection Team:

Vidya Venkataramanan
Jonny Crocker

Reviewers and Editors:

Jamie Bartram
Pete Kolsky
Darren Saywell
Corrie Kramer
Kristen Downs

© University of North Carolina at Chapel Hill and Plan International USA.

Disclaimer:

The findings, suggestions, and conclusions presented in this publication are entirely those of the authors and should not be attributed in any manner to Plan International USA, The University of North Carolina at Chapel Hill or the Bill & Melinda Gates Foundation.

About The Water Institute

The Water Institute at UNC provides international academic leadership at the nexus of water, health and development.

Through **research**, we tackle knowledge gaps that impede effective action on important WaSH and health issues. We respond to the information needs of our partners, act early on emerging issues, and proactively identify knowledge gaps. By developing local initiatives and international **teaching and learning** partnerships, we deliver innovative, relevant and highly-accessible training programs that will strengthen the next generation's capacity with the knowledge and experience to solve water and sanitation challenges. By identifying or developing, synthesizing and distributing relevant and up-to-date **information** on WaSH, we support effective policy making and decision-taking that protects health and improves human development worldwide, as well as predicting and helping to prevent emerging risks. Through **networking and developing partnerships**, we bring together individuals and institutions from diverse disciplines and sectors, enabling them to work together to solve the most critical global issues in water and health.

We support WaSH sector organizations to significantly enhance the impact, sustainability and scalability of their programs.

The vision of The Water Institute at UNC is to bring together individuals and institutions from diverse disciplines and sectors and empower them to work together to solve the most critical global issues in water, sanitation, hygiene and health.

About Plan International USA

Plan International USA is part of the Plan International Federation, a global organization that works side by side with communities in 50 developing countries to end the cycle of poverty for children and their families. Plan works at the community level to develop customized solutions and ensure long-term sustainability. Our solutions are designed up-front to be owned by communities for generations to come and range from clean water and healthcare programs to education projects and child protection initiatives. For more information, please visit www.PlanUSA.org.

About the Project

The project, *Testing CLTS Approaches for Scalability*, evaluates through a rigorous research program three distinctive strategies to enhance the roles of local actors in CLTS interventions in Kenya, Ghana and Ethiopia. The project aims to learn, capture and share reliable and unbiased information on CLTS approaches and scalability.

About the Author

Vidya Venkataramanan is a doctoral student at the University of North Carolina at Chapel Hill (UNC).

Acknowledgements

This research project would not have been possible without the support of many people.

Advisors

The author wishes to thank Prof. Jamie Bartram and Prof. Pete Kolsky from The Water Institute, and Darren Saywell from Plan International USA, who were abundantly helpful and offered valuable assistance, feedback, support and guidance.

Team Members

Special thanks are due to Jonny Crocker for his involvement in the CLTS Learning Series from the initial stages of the project, for jointly conducting data collection activities in Cambodia, and for providing valuable feedback on this report. UNC would also like to thank Morgan Nelligan from Plan International USA for coordinating activities with the Plan International Cambodia Country Office, and Corrie Kramer from Plan International USA for coordinating activities with other participating countries in the CLTS Learning Series and for her detailed review of this report.

Local Partners

The UNC Water Institute thanks Plan International Cambodia staff and their NGO partners, officials from the Royal Government of Cambodia, and community leaders for sharing their time and experiences with UNC researchers. This study would not have been possible without their participation.

Interpreters and Transcribers

Mr. Pikray and Ms. Muyhong Chan played vital roles as Khmer-English interpreters for in-depth interviews and focus group discussions. VR Translation Cambodia provided additional translations and transcription services.

Reviewers

Gratitude is also due to Kristen Downs who took the time to review the report and provide comments.

Sponsors

The UNC Water Institute would like to thank Plan International and the Bill & Melinda Gates Foundation for financial support.

Table of Contents

| | |
|--|----|
| Abbreviations and Acronyms | vi |
| Executive Summary | 7 |
| 1. Background | 10 |
| 2. Research Questions | 10 |
| 3. Methods | 10 |
| 3.1. Study Participants | 11 |
| 3.2. Limitations | 11 |
| 4. Findings | 12 |
| 4.1. Cambodia's sanitation policy | 13 |
| 4.2. CLTS by Plan International Cambodia | 14 |
| 4.3. Roles of local actors: planning stage | 17 |
| 4.4. Roles of local actors: pre-triggering | 20 |
| 4.5. Roles of local actors: triggering | 21 |
| 4.6. Roles of local actors: post-triggering | 27 |
| 5. Conclusions and Implications | 31 |
| 6. References | 35 |
| 7. Annex – Enabling / constraining factors for Plan International Cambodia's CLTS activities | 36 |

List of Tables

| | |
|--|----|
| Table 1. Study participants | 11 |
| Table 2. Latrine coverage and ODF status in Plan International Cambodia's CLTS communities | 17 |
| Table 3. Roles of local actors during planning activities in Plan International Cambodia's CLTS program | 17 |
| Table 4. Enabling and constraining factors for successful planning of CLTS activities | 19 |
| Table 5. Roles of local actors in pre-triggering in Plan International Cambodia's CLTS program | 20 |
| Table 6. Enabling and constraining factors for successful pre-triggering | 21 |
| Table 7. Roles of local actors in triggering activities in Plan International Cambodia's CLTS program | 22 |
| Table 8. Enabling and constraining factors for successful triggering | 26 |
| Table 9. Roles of local actors in post-triggering activities in Plan International Cambodia's CLTS program | 27 |
| Table 10. Enabling and constraining factors for successful post-triggering | 30 |
| Table 11. Summary of enabling factors for successful implementation of CLTS by Plan International Cambodia | 36 |
| Table 12. Summary of constraining factors for successful implementation of CLTS by Plan Int'l Cambodia | 38 |

List of Figures

| | |
|---|----|
| Figure 1. Urban, rural and total sanitation coverage trend in Cambodia, 1990-2012 (adapted from WHO/UNICEF 2014) | 13 |
| Figure 2. Institutional map of Plan International Cambodia's CLTS approach | 15 |
| Figure 3. Criteria for community selection as recalled by interview participants | 18 |
| Figure 4. Qualities required of successful CLTS facilitators, as reported by study participants in Cambodia | 24 |

Abbreviations and Acronyms

| | |
|-------------|--|
| ADB | Asian Development Bank |
| BMGF | Bill & Melinda Gates Foundation |
| CLTS | Community-led Total Sanitation |
| CO | Plan International Country Office |
| DORD | District Office of Rural Development |
| DRHC | Department of Rural Health Care |
| GSF CR-SHIP | Global Sanitation Fund Cambodia Rural Sanitation and Hygiene Improvement Programme |
| JMP | WHO/UNICEF Joint Monitoring Programme |
| LNGO | Local Non-Governmental Organization |
| MRD | Ministry of Rural Development |
| NGO | Non-Governmental Organization |
| NORAD | Norwegian Agency for Development Cooperation |
| ODF | Open Defecation Free |
| PDRD | Provincial Department of Rural Development |
| PU | Plan International Program Unit |
| TCAS | Testing CLTS Approaches for Scalability |
| UNC | University of North Carolina at Chapel Hill |
| UNICEF | United Nations Children's Fund |
| WaSH | Water, Sanitation and Hygiene |
| WHO | World Health Organization |
| WSP | Water and Sanitation Program, World Bank |

Executive Summary

This report presents findings on Plan International’s Community-led Total Sanitation (CLTS) approach in Cambodia. The report is part of the CLTS Learning Series, a collection of case studies on CLTS implementation approaches. The study was conducted by The Water Institute at UNC as part of the Plan International USA project: “Testing CLTS Approaches for Scalability” (TCAS), which evaluates the roles of the following local actors in CLTS: local government, teachers, and natural leaders. The CLTS Learning Series investigates the roles of these and other important actors involved in the CLTS approach. This study is a result of a sub-agreement to UNC from Plan International USA, the recipient of a grant from the Bill & Melinda Gates Foundation (BMGF).

The report reviews Plan International Cambodia’s CLTS implementation approach by addressing the following research questions:

- What roles do local actors play in the CLTS implementation process in Cambodia?
- What are enabling and constraining factors for successful implementation of CLTS?
- What implications does the involvement of local actors have for Plan International Cambodia’s CLTS implementation process?

In May 2013, two UNC investigators conducted in-depth interviews and focus group discussions with 29 respondents including policymakers, Plan International Cambodia CLTS staff, other international non-governmental organization (NGO) partners, provincial and commune CLTS facilitators, and community leaders. The investigators also observed a triggering session and collected relevant organizational documents and national reports. Thematic analysis was conducted using interview transcripts, field notes, and documents. Key findings and implications are summarized below:

Roles of local actors

The main actors involved in CLTS activities presented in this report are Plan International Cambodia, its local NGO implementers, provincial government officers, and community leaders. Plan International Cambodia plays an active role in financing CLTS activities, but relies on the provincial government to facilitate and follow-up on CLTS activities. As the executing agency for the Cambodia Rural Sanitation and Hygiene Improvement Programme (CR-SHIP), funded by the Global Sanitation Fund (GSF), Plan International Cambodia also sub-contracts with local NGOs to supervise provincial government’s CLTS activities.

CLTS facilitators often pre-select “natural leaders” to help trigger communities and monitor progress toward open-defecation free (ODF) status. These “natural leaders” are usually established local leaders, rather than “triggered” community members. They are tasked with motivating families to stop open defecation and also serve as ground-level monitors of progress. Plan International Cambodia also triggers children separately from adults, and uses these children to complete the adult triggering. This approach, while innovative and effective at making people volunteer to build latrines, may not have a long-term impact on latrine construction, behavior change or change in social norms in the community. The approach also needs to be explored cautiously to ensure that

there are no unforeseen negative effects on children.

The decentralized monitoring process begins with community leaders gathering and reporting data on latrine coverage to village chiefs, who in turn report these data to the Commune Council.

Provincial government facilitators gather data from the Commune Council and routinely transmit this information to Plan International Cambodia and its local NGO partners.

This report highlights various enabling and constraining factors that affect the ability of different local actors to effectively implement CLTS in Plan International Cambodia's program areas. A brief summary of these factors is presented below.

Enabling factors and related implications for successful implementation of CLTS

- Plan International Cambodia's delegation of CLTS activities to local government frees up its resources for **exerting national level influence** in the WaSH sector, where Plan plays a significant role in financing, technical support for training, and shaping the WaSH and CLTS agenda for the country through participation in national WaSH sector working groups and by leading the GSF CR-SHIP intervention.
- The existence of national training guidelines reflect **national government recognition for CLTS**, making it easier for NGOs such as Plan International Cambodia to expand CLTS activities with the help of local government. These guidelines also ensure, in theory, that a uniform approach is implemented across the country.
- Cambodia's model of **local government-driven CLTS** can rapidly expand implementation activities. In Plan International Cambodia's communities, this "local government" model relies on the provincial government to directly persuade communities to change their behavior because commune-level government actors and community leaders preferred higher levels of government to lead CLTS efforts. **Decentralization of monitoring** also keeps CLTS rooted at the community level and lowers the resource requirements from government facilitators.
- Plan International Cambodia has the foresight to focus on **expanding access to the supply chain for latrine hardware**. By training youth latrine producers in communities, they are bringing supply options closer to households and increasing the possibility of families gaining access to higher quality latrines.

Constraining factors and related implications for successful implementation of CLTS

- Government CLTS facilitators used a more **instructional approach** to triggering rather than guiding communities to lead the process themselves. There was also a tendency, for cultural reasons, to sometimes avoid using techniques that elicit disgust, such as the transect walk and water-feces demonstration. Therefore, it is possible that sanitation outcomes in these program areas may be a result of an approach that is not typically described as CLTS.
- The nature of CLTS facilitation in communities reflects a **disconnect between national level perceptions of CLTS activities and local level CLTS implementation**. Plan Cambodia and the national government's description of triggering resembled written guidelines more than the

descriptions provided by local facilitators and community leaders. By decentralizing training, facilitation, and follow-up to the local government, Plan International Cambodia risks implementing CLTS activities in a manner that does not accurately reflect its approach to behavior change.

- **Community selection criteria** that were identified through this study were applied primarily at the district and commune levels. All villages within selected communes were triggered regardless of whether individual villages were appropriate for CLTS. Therefore, it is likely that villages not appropriate for CLTS may have been triggered, leading to slow increases in latrine coverage and low ODF attainment. Rather than this universal approach at the village-level, Plan should consider focusing on villages that are more appropriate for CLTS to see if this improves outcomes. **Routine baseline assessments** could also help target appropriate communities.
- At the time of this study, there were **no national ODF definitions or ODF verification criteria** for CLTS programs in Cambodia, nor was there a national monitoring system for sanitation. Plan International Cambodia also did not have a standardized ODF definition across its program areas. A consistent set of nationally approved indicators for measuring progress would need to be developed before it is possible to compare outcomes across different CLTS projects in Cambodia.
- Communities are likely to respond less favorably to CLTS because of a long **history of hardware subsidies** for sanitation, along with continued geographical overlap of subsidy and non-subsidy approaches. It also has the potential to create false expectations that Plan International Cambodia's CLTS program will also provide hardware subsidies. A consistent and clear message to communities across sanitation projects is essential for progress, as well as easy access to low-cost, durable latrine options for triggered communities.

1. Background

The Water Institute at the University of North Carolina at Chapel Hill (UNC), in partnership with Plan International USA and Plan International offices in Ghana, Kenya and Ethiopia, is implementing a rigorous research project titled Testing CLTS Approaches for Scalability (TCAS). This project evaluates the roles of local actors identified as important to CLTS: local government, teachers, and natural leaders. As part of this project, UNC and Plan International USA conducted case studies of CLTS projects implemented by Plan International country offices (COs) to form a “CLTS Learning Series.” Plan COs applied to be included in the study, and countries were selected by Plan International USA and UNC. Individual reports will be produced for each country. A cross-country synthesis, guided by the goal of assessing different approaches to CLTS implementation, will also be produced at the end of the series.

In May 2013, two UNC investigators initiated the CLTS Learning Series with support from Plan International Cambodia. This report describes Plan International Cambodia’s CLTS implementation approach, focusing on the roles and perspectives of local actors at each phase of CLTS. The most commonly cited enabling and constraining factors for successful implementation are also discussed, along with implications for Plan International Cambodia’s CLTS approach. This report does not capture CLTS activities funded by other organizations. It is intended to serve as a case study describing the roles of local actors in Plan International Cambodia’s CLTS implementation program.

2. Research Questions

The primary research questions this report addresses are:

- What roles do local actors, including local government, teachers, and natural leaders, play in the CLTS implementation process in Cambodia?
- What are enabling and constraining factors for successful implementation of CLTS?
- What implications does the involvement of local actors have for Plan International Cambodia’s CLTS implementation process?

3. Methods

Data collection consisted of in-depth interviews and focus group discussions with a variety of stakeholders, gathering policy and programmatic documents, and direct observation of a triggering session. A list of process indicators was developed to guide the document review and the development of semi-structured interview guides. Responses from interviews were validated by comparing accounts from different sources. Purposive sampling was used to identify key informants at the national and provincial levels who could describe experiences with Plan International Cambodia’s CLTS approach. Sampling at the community level was largely based on the availability of key informants and was therefore a convenience sample. Interviews were conducted by UNC researchers, with the support of two independent Khmer-English interpreters who were not affiliated with Plan International. These semi-structured interviews were audio-recorded and

transcribed by one of the UNC researchers and an independent Cambodian transcriber, who also cross-checked the recorded Khmer-English translation.

Interview transcripts were coded in Atlas.ti using pre-determined categories as well as emergent categories, focusing on the types of roles of local actors and enabling and constraining factors for their activities. Once these transcripts had undergone multiple cycles of both descriptive and analytical coding, the codes were organized into networks and matrices to analyze relationships between different code groups. The analysis presented in this report is one part of a cross-country comparison of all Learning Series countries, which will be produced at the culmination of the project.

This study was approved by the Institutional Review Board of UNC and by the Ministry of Rural Development, Royal Government of Cambodia.

3.1. Study Participants

Twenty-nine people were interviewed for this study in May 2013 (see Table 1) in Phnom Penh, Svay Rieng province and Kampong Cham province. Plan International Cambodia also conducts CLTS in Siem Reap province, but researchers were unable to visit that province due to time constraints. Four of the interviews were conducted in English, two interviews were conducted in a mix of English and Khmer, and the remaining interviews were in Khmer. The majority of respondents were local facilitators (45%) and community leaders (31%). Community leaders were interviewed from four triggered communities in two provinces; two of these communities were declared open-defecation free (ODF) at the time of this study and two were not yet ODF; it was not possible to ascertain whether the ODF communities had been verified as ODF.

Table 1. Study participants

| Stakeholder Type | No. of Respondents |
|--|---------------------------|
| National government | 2 |
| Plan International Cambodia | 3 |
| Other International NGOs | 2 |
| Local NGOs (partnered with Plan International) | 3 |
| Local government (provincial and commune) | 10 |
| Village chiefs and natural leaders | 9 |
| Total | 29 |

3.2. Limitations

Boundaries of a qualitative study design

As this is a qualitative study, the emphasis is on describing and analyzing the process of CLTS as implemented by Plan International Cambodia through the perspectives of local actors. The methods used in this study cannot identify relationships through statistical correlations between variables. Sample sizes in qualitative studies are small by design; therefore, readers should be cautious about broadly generalizing findings presented in the following sections beyond the scope of Plan International Cambodia's activities.

Section 4 presents figures on reported criteria for community selection and qualities of facilitators. Because of the small sample size, it is not useful to compare frequencies of these reported factors. They are themes or patterns that were mentioned repeatedly by participants without prompting by researchers; therefore, these figures represent what participants perceived to be most important at the time of the interview. Further research with a larger sample size would be required to weight the importance of these factors.

Quantitative data on CLTS outcomes in Plan International Cambodia's program areas cannot be correlated with findings from this study because of methodological differences. These quantitative data were provided by Plan International Cambodia and were not independently verified. Therefore, while findings from this study may be compared to Plan International Cambodia's data to generate hypotheses on effectiveness of CLTS, it would not be appropriate to draw definitive conclusions on effectiveness. There are also likely to be other factors affecting the outcomes that this study may not have identified.

Practical considerations

Researchers were only able to visit four communities in two of the three provinces in which Plan International Cambodia works, so it is likely that all aspects of CLTS implementation were not fully captured. Furthermore, leaders and key informants were interviewed to represent the experiences of their communities; it is possible that perceptions and opinions of ordinary residents of the communities were different from those of their leaders, but it was beyond the scope of this study to survey community members directly.

Plan International Cambodia staff were not able to accurately report triggering dates for the communities that were visited, but all were likely to have been triggered at least one year prior to the interviews. Therefore, issues of recall of the CLTS experience by community leaders are very likely and may have affected the accuracy of their responses. Because Plan International Cambodia arranged the interviews and community visits, it is also possible that respondents may have biased their answers to be more favorable towards Plan International Cambodia. The researcher made all efforts during the informed consent process to clarify the independent nature of this study. Interviews were also conducted in private to minimize bias in responses. Lastly, although steps were taken to hire independent Khmer-English interpreters and re-check translations during the transcription process, it is possible that some data was lost in translation.

4. Findings

The findings presented in this report focus on the three research questions identified in Section 2. Firstly, an overview of Cambodia's sanitation policy and Plan International Cambodia's CLTS approach is presented for context. The remainder of the report focuses on the roles of local actors at each stage of the CLTS process in Plan International Cambodia's projects: planning, pre-triggering, triggering, and post-triggering.¹ Sub-sections of this report cover each of these phases, and are

¹ For detailed information on the CLTS approach, refer to the *Handbook on community-led total sanitation* (Kar et al. 2008).

largely descriptive; they reflect analysis of interview transcripts of how people described their own roles and the roles of other actors. Each sub-section ends with a table of the main enabling and constraining factors, along with implications for Plan International Cambodia’s CLTS approach. These factors emerged from analysis of transcripts, and implications were developed by the author. Some of these enabling and constraining factors have been suggested previously in the grey literature by practitioners but had not yet been identified through independent research, whereas other identified factors were novel to this research.

The final section of the report presents conclusions and implications from this study for Plan International Cambodia’s future CLTS activities. These implications may be useful to other CLTS practitioners working with a similar implementation approach in a similar context.

4.1. Cambodia’s sanitation policy

The Ministry of Rural Development (MRD), through the Department of Rural Health Care (DRHC), is the primary governmental agency responsible for rural water, sanitation and hygiene (WaSH) in Cambodia. It is supported strongly with bilateral and multilateral international aid. Non-governmental organizations (NGOs) direct funds for sanitation to the DRHC, the Provincial Department of Rural Development (PDRD), or to other local NGOs (LNGOs).

The primary documents for rural WaSH in Cambodia are the National Strategy for Rural Water Supply, Sanitation, and Hygiene 2011-2025 and the National Policy on Water Supply and Sanitation (Royal Government of Cambodia 2011; Royal Government of Cambodia 2003). The Cambodian Millennium Development Goals guide the country’s strategic objectives, namely for 30% of its rural population to achieve “sustainable access to improved sanitation services and to live in a hygienic environment” by 2015 and 100% access by 2025 (Royal Government of Cambodia 2011). As Figure 1 illustrates, the WHO/UNICEF Joint Monitoring Programme (JMP) estimates rural coverage of improved sanitation in 2012 at 25%, with 66% practicing open defecation (WHO/UNICEF 2014).

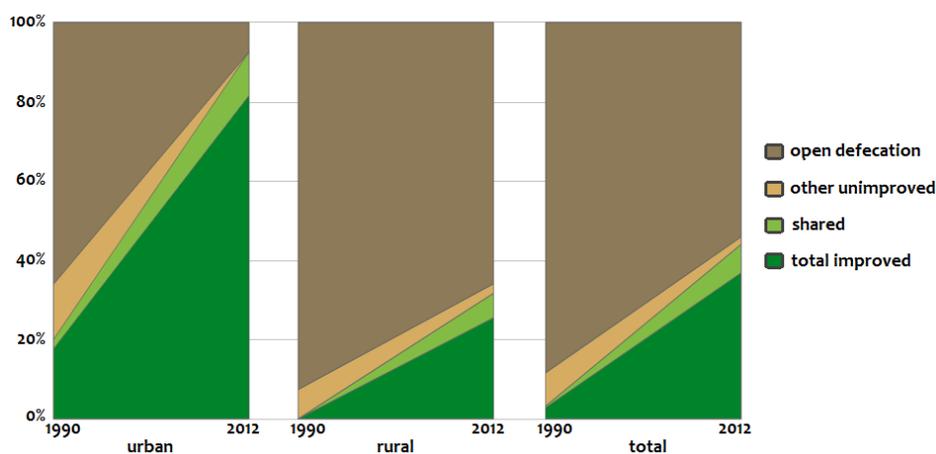


Figure 1. Urban, rural and total sanitation coverage trend in Cambodia, 1990-2012 (adapted from WHO/UNICEF 2014)

The national strategy emphasizes a “demand-focused approach” for sanitation, and places responsibility for household sanitation on households themselves. While the national goal is for “improved sanitation,” the immediate objective for sanitation in the strategy document is to change people’s behavior into using “some form of toilet, whether improved or unimproved (simple latrine), rather than open defecation” (Royal Government of Cambodia 2011). To this end, CLTS is mentioned as one of a number of approaches for improving sanitation, including social/sanitation marketing, and is highlighted as a tool for hygiene behavior change. The strategy does not refer to or provide a definition for ODF, a common outcome measure for CLTS programming.

Sanitation financing mechanisms occupy a significant place in Cambodia’s rural WaSH strategy. The government recognizes a role for hardware subsidies for poor households, but within a larger discussion on overall public financing for sanitation (software and hardware), stating, “It is clear that developing sanitation at the household level in rural Cambodia must be subsidized [but] direct hardware subsidies should be used with caution and only as a last resort.” The approach is to instead use public funds for software costs “to stimulate demand and to develop the enabling environment (including the availability of affordable sanitation products) so that households pay for their own toilets” (Royal Government of Cambodia 2011). Terms such as “smart subsidies” and “pro-poor targeting” are mentioned repeatedly. This cautious approach to subsidizing sanitation hardware for poor households provides space for CLTS to be combined with or used simultaneously with other interventions that allow for hardware subsidies. A 2009 UNICEF evaluation of its CLTS activities in Cambodia recommended that the MRD “adopt and utilize subsidized approaches where appropriate to further strengthen and scale-up the CLTS approach” (Kunthy et al. 2009).

A national government official who was interviewed for this study said that “*for us, the principle is that as far as it's not conflicting, if there is a potential [for] synergy, then we consider how to work together.*” However, the challenge remains to ensure that subsidy and non-subsidy approaches do not conflict with one another; for example, this study found that communities exposed to subsidies tended to wait for external support to build durable latrines rather than build low-quality dry-pit latrines that were prone to collapsing in the rainy season. Furthermore, the overlap of approaches can lead to the perception of CLTS as a latrine building project as well. Plan International Cambodia staff acknowledged the challenge of convincing policymakers, CLTS facilitators, and community leaders to stop thinking of CLTS as “the dry pit latrine project” and rather as an approach that aims to change communities’ behavior from open defecation to ODF.

4.2. CLTS by Plan International Cambodia

CLTS was introduced to Cambodia by Concern Worldwide in 2004. Plan International Cambodia and UNICEF later expanded the scale of the approach in 2006. At the time of this study, Plan International Cambodia had conducted CLTS activities in two Program Units (PUs) in the provinces of Siem Reap and Kampong Cham, financed primarily through sponsorship funds and funding from the Norwegian Agency for Development Cooperation (NORAD). As the executing agency for the Cambodia Rural Sanitation and Hygiene Improvement Programme (CR-SHIP), funded by the Global Sanitation Fund (GSF), Plan International Cambodia was also involved in CLTS and sanitation

marketing activities in five other provinces, including Svay Rieng.

Institutional arrangements

Figure 2 illustrates an institutional map for Plan International Cambodia’s CLTS activities. At the national level, well-established coordination mechanisms exist for WaSH. A technical working group is responsible for coordinating all WaSH activities and includes the MRD, other government ministries, development partners (UNICEF, ADB, WSP), and international NGOs such as Plan International Cambodia. A monthly water and sanitation committee meeting is held in Phnom Penh, which reportedly draws 50-70 participants. A national government official described this meeting fondly as a “*wat-san family gathering, in which we have the opportunity to share and discuss what is happening.*” This committee has several subgroups, including a Rural Sanitation and Hygiene Subgroup, who are supposed to meet separately every month to discuss specific issues and lessons learned from member organizations’ activities.

Plan International Cambodia implements CLTS activities via PUs, or in the case of the GSF CR-SHIP, through LNGOs as sub-grantees. Plan PUs also hire Community Development Facilitators, who liaise with communities on all of Plan International Cambodia’s projects, but have a limited role in CLTS.

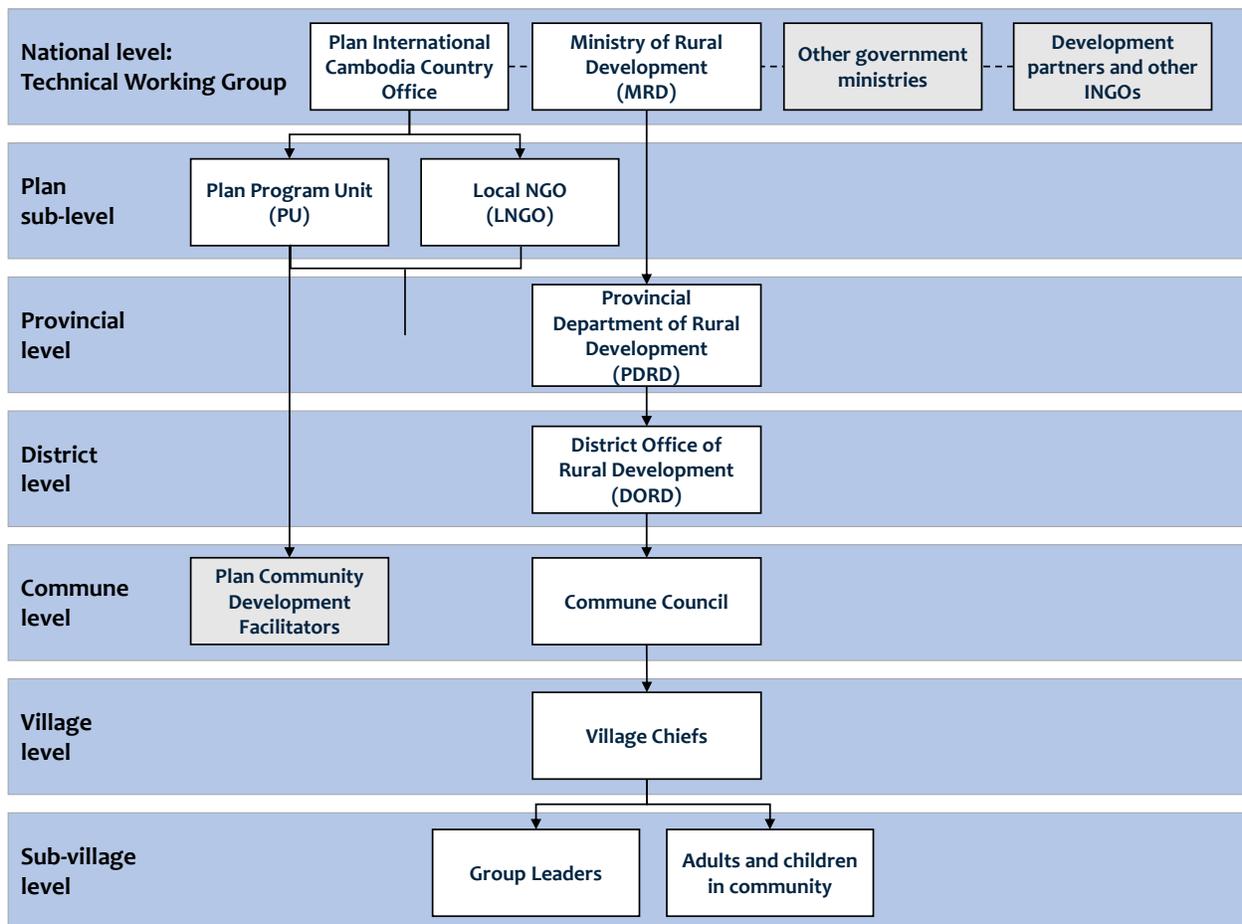


Figure 2. Institutional map of Plan International Cambodia’s CLTS approach

The MRD, in line with its policy of decentralization, delegates CLTS and other WaSH activities to the PDRDs, which are expected to delegate activities to the District Office of Rural Development (DORD). The next level consists of Commune Councils, which appoint village chiefs (Plummer et al. 2012). Villages in Cambodia are divided into groups of 10-25 families, with each group assigned a “group leader” by the village chief.

At the provincial level, the PDRD is the main point of contact for Plan International Cambodia and its sub-grantees; official arrangements are made directly with the PDRD, who are tasked with carrying out facilitation and follow-up. The DORD is expected to be the link between the PDRD and the Commune Councils; its responsibilities for sanitation include conducting hygiene behavior change campaigns in communities and households with NGOs and the private sector, and conducting refresher courses with the Commune Councils (Royal Government of Cambodia 2011). However, the national strategy recognizes that “until now there have been insufficient resources to run these [offices]” and that “there is virtually no capacity at the district level” (Royal Government of Cambodia 2011). Interviews also revealed varying levels of DORD participation in CLTS. Both Plan International Cambodia staff and PDRD staff suggested that district officials were trained on CLTS techniques and were invited for CLTS ceremonies and campaigns, but did not routinely participate in triggering CLTS communities. One PDRD facilitator said about the DORD, *“Sometimes they are able to make time to go with us when we visit the villages. But other times we just go with the Commune Council.”* This lack of an additional coordination level between PDRD and the Commune Councils did not emerge as a concern in any interviews that were conducted for this study.

Available data on CLTS outcomes

Plan International Cambodia currently defines ODF as zero open defecation and at least 85% access to a functional improved latrine; shared latrines are included in this definition. The most recent data obtained from Plan International Cambodia and their local NGO partner is shown in Table 2. Latrine coverage is defined as the percent of households in a village with latrines. Because data reporting formats varied by province, it was not possible to compare indicators such as baseline latrine coverage or number of shared latrines. Siem Reap and Svay Rieng province, for example, declared villages with greater than 85% household latrine coverage as ODF, but did not track sharing of latrines within communities or other hygiene and environmental sanitation indicators in their main reporting form. Data from Svay Rieng also marked villages from 72% to 89% latrine coverage as those with potential to become ODF (“will ODF”), but their decision making process for ODF declaration was unclear from these forms as well as from interviews with local actors.

Plan International Cambodia had triggered 356 communities as of mid-2013, with 11% declared as ODF. Household latrine coverage after triggering was low across Plan’s CLTS communities, and may be partially explained by findings that are presented later in this report on the CLTS implementation process. Svay Rieng province, where CLTS is implemented through the GSF CR-SHIP, has seen the most progress, with 20% of triggered villages becoming ODF.

Table 2. Latrine coverage and ODF status in Plan International Cambodia's CLTS communities

| Indicator | Province | | |
|--|---------------------------|-------------------------|------------------------|
| | Kampong Cham ^a | Svay Rieng ^b | Siem Reap ^c |
| No. of communities triggered | 172 | 92 | 92 |
| Total no. of households | 31,548 | 17,356 | 15,658 |
| No. of latrines built after triggering | 9,359 | 9,928 | 5,321 |
| Average latrine coverage after triggering | 30% | 57% | 34% |
| No. (%) of communities declared ODF | 8 (5%) | 18 (20%) | 12 (13%) |

^a Source: Plan International Cambodia, April 2013

^b Source: Plan International Cambodia's local NGO sub-grantee, April 2013

^c Source: Plan International Cambodia, June 2013

4.3. Roles of local actors: planning stage

This section (summarized in Table 3) describes the roles of local actors during the planning stages that precede CLTS implementation. Sections 4.4 to 4.6 describe roles of local actors as they interact with communities.

Table 3. Roles of local actors during planning activities in Plan International Cambodia's CLTS program

| Actor | Role |
|-----------------------------|--------------------------------|
| Plan International Cambodia | Financing; community selection |
| National Government | Financing; training |
| Local Government | Training; community selection |
| LNGO | Training; community selection |

Financial responsibility for CLTS

Plan International Cambodia plays an active role in financing CLTS activities. At the national level, Plan provides funding and logistical support to MRD for training facilitators. At the regional level, Plan International Cambodia allocates funds through its PUs to the PDRD for organizing triggering sessions, per diem allowances, travel, workshops, and developing communication materials. In GSF CR-SHIP program areas, these funds are administered via LNGOs who work directly with PDRD on CLTS activities.

Training

MRD is primarily responsible for training provincial and district facilitators on CLTS. They have also invited Kamal Kar and CLTS master trainers from India to conduct refresher trainings for government facilitators. National training guidelines in Khmer reflect international guidelines but have been localized to the Cambodian context (Department of Rural Health Care 2011), with less emphasis on shaming and use of children for monitoring activities. These guidelines were developed by the DRHC, with input from development partners and NGOs, including Plan International Cambodia. They are intended to be used by all actors implementing CLTS in Cambodia.

After receiving training from MRD, PDRD facilitators train district officials and Commune Council

members on CLTS facilitation techniques. Commune Council members then train local-level participants on CLTS, which can include group leaders, monks, village chiefs, and other leaders.

This decentralization of training along government channels means that MRD has to train PDRD staff—who are appointed as facilitators rather than being selected based on certain qualities—even if they may not always be best suited to trigger communities (see Figure 4 for a list of essential qualities of effective facilitators that emerged from interviews in this study). Furthermore, as PDRD staff train Commune Council facilitators, who then train community leaders, original trainers risk losing control over the quality and content of training delivered at the local levels, and thereby lose control of ground-level implementation of CLTS.

Community selection

Planning meetings are held by Plan PU staff with PDRD, LNGOs, and at times the DORD, to select communities for triggering and to finalize work plans. Districts and communes were reportedly selected based on consulting with local government and village leadership. Figure 3 lists community selection criteria that emerged from interviews with implementers at various levels. These criteria were mainly applied at the district and commune level, and all villages in selected communes were triggered regardless of whether individual villages met these criteria. However, most of the criteria in Figure 3, such as strong village leadership, small village size, and stable population are most appropriate at the village level.



Figure 3. Criteria for community selection as recalled by interview participants

Note: This figure is meant to illustrate the main criteria that were mentioned by more than one participant without prompting by researchers, and therefore represent what participants perceived to be most important at the time of the interview. The small sample size does not lend itself to weighting the importance of individual factors.

Despite the existence of community selection criteria, there was a pervasive belief amongst those interviewed that CLTS is applicable universally. One Plan International Cambodia staff member explained, "CLTS is more difficult in forest areas...but for me, I don't give up. I will try to work with my colleagues over there to introduce it." This unsystematic village selection process may partially explain low ODF attainment; villages that are not appropriate for CLTS may have been triggered because the district or commune as a whole met facilitators' criteria for CLTS.

Enabling and constraining factors for successful planning

Table 4 summarizes the most frequently cited enabling and constraining factors for planning CLTS activities that are relevant to the role of local actors. The enabling factors allow Plan International Cambodia to conduct CLTS activities more effectively, whereas the constraining factors pose an implementation challenge. A brief discussion is provided alongside each factor on its implication for Plan International Cambodia's CLTS approach.

Table 4. Enabling and constraining factors for successful planning of CLTS activities

| Enabling Factor | Relevant Local Actors | Implication for Plan International Cambodia |
|--|--|--|
| Good working relationship between implementers | - National government - Local government - Plan Int'l Cambodia - LNGO | Regular planning meetings, frequent communication, and delegation of tasks between relevant actors ensure smooth operations and decision-making on CLTS. |
| National training guidelines | - National government - Local government - Plan Int'l Cambodia - LNGO | The existence of national training guidelines that have been adapted to the local context indicates that there is governmental recognition for CLTS, making it easier for NGOs such as Plan International Cambodia to expand CLTS activities with the help of local government. These guidelines also ensure, in theory, that a uniform approach is implemented across the country. |
| Constraining Factor | Relevant Local Actors | Implication for Plan International Cambodia |
| Decentralization of training | - National government - Local government | As training is decentralized through government channels, Plan International Cambodia risks losing control of how CLTS gets implemented on the ground. Although the local government enables Plan International Cambodia to expand the scope of its CLTS activities, this decentralization of training may lead to inconsistent messages at different levels; it is likely that local activities do not reflect Plan International Cambodia's original intent. |
| Unsystematic community selection | - Plan Int'l Cambodia - Local government - LNGO | Many villages not conducive to CLTS may have been triggered, leading to slow increases in latrine coverage and low ODF attainment. Plan International Cambodia and their partners should consider focusing on villages that are more appropriate for CLTS by applying selection criteria at the community level to see if this improves outcomes. |

4.4. Roles of local actors: pre-triggering

This section (summarized in Table 5) describes the roles of local actors during the pre-triggering stage of CLTS, which usually consists of visits to identified communities by field staff to arrange the logistics of triggering (times, locations) and to explain objectives of CLTS to village leaders (Kar et al. 2008). In addition, detailed assessment of the communities is suggested, ideally through baseline surveys.

Table 5. Roles of local actors in pre-triggering in Plan International Cambodia's CLTS program

| Actor | Role |
|------------------|---|
| Local Government | Community visits; baseline surveys; identifying natural leaders |
| LNGO | Community visits, baseline surveys; identifying natural leaders |

Community visits and baseline surveys

In Plan International Cambodia's program areas, pre-triggering visits described by PDRD and LNGOs were primarily to schedule triggering meetings; no data were available on the number of communities where pre-triggering occurred and to what extent they occurred across Plan International Cambodia's program areas. Upon prompting by researchers, all PDRD staff and LNGOs described conducting some type of baseline assessment of communities during the pre-triggering stage: gathering data on latrine coverage, type of latrine, and village demographic characteristics. It is evident from data provided by Plan International Cambodia that information was collected on the existing number of latrines in communities at different time points, but without dates for pre-triggering and triggering, it was not clear if any of these latrine counts were conducted before triggering. One Plan International Cambodia staff member reported that they did not always receive these baseline data in advance of triggering activities in their PU. Other Plan staff members also identified pre-triggering as a key area for improvement, suggesting that more detailed baseline surveys need to be conducted to accurately assess progress. Baseline surveys could also help determine whether or not CLTS is likely to succeed in certain communities.

Identifying natural leaders

Natural leaders are individuals in communities who emerge from and are identified during the triggering process. They do not have to be traditional leaders in a community (Kar et al. 2008). In Plan International Cambodia's program areas, individuals were often assigned the role of natural leader by facilitators during the pre-triggering phase itself. According to Plan International Cambodia staff, natural leaders were sometimes pre-selected by village chiefs from those who are literate, well-spoken and active in their communities. One PDRD facilitator also explained that a central pre-triggering activity was to select natural leaders. These leaders were then used to assist with triggering communities, which could greatly assist local government facilitators in their work. Plan International Cambodia staff did not think this approach of pre-selection was ideal because these individuals had not emerged naturally during triggering, and it would be hard to know whether they would be as effective at motivating communities to change their behavior as true natural leaders.

Evidence for this pre-selection was validated through interviews with these natural leaders. Three of the five leaders who were interviewed from different communities and provinces reported being pre-selected for the role, either by the Commune Council or by LNGOs. These leaders were trained alongside the Commune Council so they could trigger their communities in conjunction with government and LNGO facilitators. Three of these leaders had previously worked for either the Commune Council or with PDRD on sanitation activities, suggesting that those with prior ties to institutions that facilitate CLTS were preferred for this role. This study did not reveal any negative implications in Plan International Cambodia’s CLTS communities as a result of this type of pre-selection, although there is no guarantee that these leaders are motivated to change and sustain their community’s hygiene and sanitation behavior based on CLTS methodology.

Enabling and constraining factors for successful pre-triggering

Table 6 lists the most frequently cited enabling and constraining factors for pre-triggering that are relevant to the role of local actors. The enabling factors allow Plan International Cambodia to conduct CLTS activities more effectively, whereas the constraining factors pose an implementation challenge. A brief discussion is provided alongside each factor on its implication for Plan International Cambodia’s CLTS approach.

Table 6. Enabling and constraining factors for successful pre-triggering

| Enabling Factor | Relevant Local Actors | Implication for Plan International Cambodia |
|---|--|---|
| Pre-selection and training of natural leaders | - Local government - Natural leaders | Using these local volunteer leaders to trigger communities can alleviate the workload of local government facilitators. |
| Constraining Factor | Relevant Local Actors | Implication for Plan International Cambodia |
| Preferential selection of natural leaders | - Plan Int’l Cambodia - Local government - LNGO - Natural leaders | Although pre-selected leaders can help facilitators in triggering communities, selecting them based on previous affiliations to local government does not ensure their motivation to change and sustain their community’s hygiene and sanitation behavior. More village volunteers who have been “triggered” by CLTS may have to be recruited to improve CLTS outcomes. |
| Lack of routine baseline assessments of communities | - Plan Int’l Cambodia - Local government - LNGO | Baseline surveys can help target appropriate communities for triggering; standardized monitoring of communities across program areas from pre-triggering to ODF can provide a more holistic account of Plan International Cambodia’s CLTS experience. |

4.5. Roles of local actors: triggering

This section (summarized in Table 7) describes the roles of local actors during the triggering stage of CLTS, with a focus on adaptations to triggering. Plan International Cambodia delegates the responsibility for triggering communities to local government and LNGOs and provides them with written guidelines. In GSF CR-SHIP program areas, LNGO sub-grantees oversee the facilitation of triggering activities, whereas Plan PUs assume this role in other provinces, but at a higher level. The

primary responsibility for triggering, however, falls on local government actors, namely the PDRD and the Commune Council.

Table 7. Roles of local actors in triggering activities in Plan International Cambodia’s CLTS program

| Actor | Role |
|-----------------------------|--|
| Local Government | Lead facilitators for triggering |
| LNGO | Help facilitate triggering |
| Natural Leaders | Help facilitate triggering (when pre-selected) |
| Children | “Trigger” adults at end of triggering session |
| Plan International Cambodia | Provide oversight; not present for routine triggerings |

CLTS triggering activities in Plan International Cambodia’s program areas follow many of the steps established in international CLTS guidelines and practiced around the world, including the transect walk, village mapping, water-feces demonstration, shit calculations, and medical analysis. However, it was observed that as more local levels of facilitators were interviewed, a more adapted version of the triggering process was described. Plan International Cambodia staff’s description of triggering steps resembled written guidelines more than the descriptions provided by local facilitators and community leaders. This suggests a disconnect between national level program planning and local level implementation of CLTS. Therefore, it is possible that CLTS is sometimes implemented in communities in a manner that does not accurately reflect the national level approach to behavior change.

Triggering for WaSH

A variety of stakeholders, including Plan International Cambodia, LNGOs, PDRD, and the Commune Council all cited triggering as the most important element of CLTS. However, this perception has the potential to reduce the significance of pre- and post-triggering activities at the local level. In practice, CLTS triggering seemed to encompass discussions on open defecation, not washing hands, and drinking unsafe water, the national government’s “three key risk behaviors” (Royal Government of Cambodia 2011). CLTS implementers attempted to address all these elements simultaneously and frequently referred to this package of WaSH activities as the “Seven Steps” (of triggering). This bundling of activities into CLTS triggering strips CLTS of its unique identity, making it harder to attribute sanitation outcomes directly to CLTS.

Quality of facilitation

Various local actors stressed the need to focus only on the triggering steps that would elicit the best response in a given situation, and that there was no need to follow every step in the process in a particular sequence. One pre-selected “natural” leader who has triggered communities said that they sometimes cut out triggering tools if they found that people were getting restless or were losing interest; one step they omitted was the transect walk—arguably an essential component of triggering—because people sometimes “*take this opportunity to sneak out and leave the meeting.*”

While the transect walk and other steps are sometimes skipped in the interest of time, Plan International Cambodia had also adapted CLTS in two other ways: there was hesitation to use strong

shaming techniques, and triggering in practice also appeared to be more lecture-based than participatory.

The use of shame in triggering communities

One adaptation was in the extent of shaming and disgust used during triggering. The CLTS Handbook states that “the most important elements that ignite CLTS are disgust, embarrassment, a sense of un-cleanliness” (Kar et al. 2008). Plan International Cambodia staff explained the effect that traditional triggering techniques had in Cambodia, suggesting that community members reacted aggressively if facilitators were too direct:

“Normally the work you see in CLTS, they use [...] impolite words like ‘shit.’ [...] But sometimes they're very aggressive in the community [...] when we use that word in an impolite way. They say, ‘Why do you say like that? I'm not eating shit.’ So we [tell our facilitators], ‘Okay. Don't use it first. Let people say it by themselves first.’ When people start saying it, we can use it. That's okay.”

This quote suggests that although Plan International Cambodia initiated CLTS with a traditional approach, experiences of facilitators have led them to adapt and minimize the use of these strong techniques depending on the response of a community. A national government official attributed this adaptation of a more polite approach to culture, suggesting that, *“I think in general we are talking about the culture of South Asian countries and Southeast Asian countries. We are quite different in terms of that culture, or that belief, or traditions.”* These self-reports from respondents of shying away from using strong language and skipping important triggering steps such as the transect walk suggest that such adaptations may be one of a portfolio of factors leading to low ODF attainment in Plan International Cambodia's CLTS communities.

Method of educating communities

CLTS facilitators are not supposed to think that they are there to educate people or change their behavior, but rather to help communities analyze their own situation (Kar 2005; Kar et al. 2008). In Plan International Cambodia's CLTS program areas, there was strong emphasis on hierarchy during triggering and post-triggering activities. Figure 4 lists some essential qualities of effective facilitators that emerged from interviews in this study, which include traits such as having a sense of humor, being well-spoken, being flexible, and having an influential personality. Plan International Cambodia staff also upheld the belief that facilitators needed to know how to make triggering “fun” in order to hold the audience's interest. However, because many PDRD officials were appointed to this role and were not likely to be experienced in community-based participatory activities, these qualities were not necessarily evident in all facilitators.

In practice, it was observed that the analysis stage of triggering was an opportunity for government facilitators to educate communities with messages on hygiene. Interviews with facilitators and community leaders supported this observation. Four out of five natural leaders who were interviewed described triggering as educational, saying facilitators were there to “teach” and “explain.” One natural leader, who was not pre-selected and so was new to triggering when it occurred in his community, recalled CLTS as the following experience:

“I remember the first time they came, they only told us to wash our hands properly and to use latrines. And then the next month they came for the second time and asked us if we have practiced all the sanitation activities that they told us the first time.”

This quote indicates that the most memorable aspect of CLTS in this natural leader’s recollection was WaSH-related education rather than participatory techniques to elicit community behavior change. Other community leaders also recalled handwashing messages more often than actual triggering activities like the transect walk and water-feces demonstration; recollection of the latter activity often had to be prompted by researchers. It is possible that community leaders had poor recall since triggering is a singular event, and they may have confused other hygiene education and promotion meetings in their communities with CLTS. However, during observation of a triggering session by researchers, the PDRD facilitator spent half of the meeting speaking to the assembled group with the aid of a microphone while showing flipcharts of disease transmission and latrine options. This was the activity in which the facilitator appeared to be most comfortable. These observations and interviews with community leaders suggest that triggering activities tend to be conducted more so in a lecture-like format as opposed to encouraging community members to analyze the situation on their own.

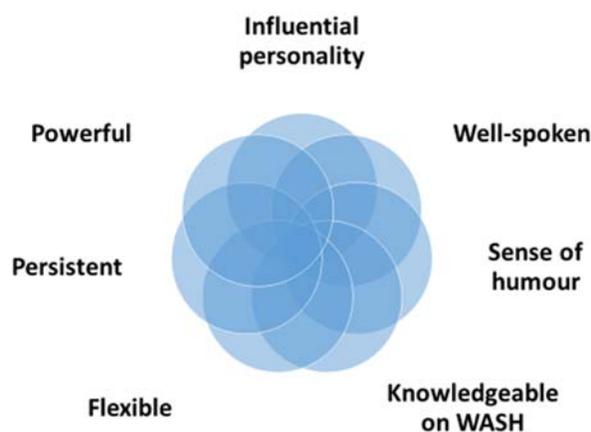


Figure 4. Qualities required of successful CLTS facilitators, as reported by study participants in Cambodia

Note: This figure is meant to illustrate the main qualities that were mentioned by more than one participant without prompting by researchers, and therefore represent what participants perceived to be most important at the time of the interview. The small sample size does not lend itself to weighting the importance of individual factors.

The infusion of an educational approach into triggering is understandable given the language in the government’s national strategy document, which cites that “commune councils [have] highlighted the need for continuous education on hygiene behavior change, after the initial promotion activities.” Local government facilitators believed that communities needed this education.

This approach is possibly also reflective of a cultural deference to authority or of the country’s political history. Two village chiefs who were interviewed wanted PDRD to play a strong role as

hygiene educator in their communities. One of the chiefs explained, *“I prefer PDRD to come and raise awareness about sanitation in this village because when the villagers see someone in a high position come to their village, they feel like they want to join, they want to participate in the meeting and listen to what they’re being told. So I can say that PDRD is more effective than the Commune Council.”*

Community leaders prefer a top-down approach, and local government facilitators seem to impart education rather than facilitate community participation and decision-making. This top-down implementation model differs from Plan International’s development philosophy of child-centered community development (CCCD), where “children, families and communities are active and leading participants in their own development,” and can present a challenge that should be considered when planning CLTS programs (Plan International 2014). Outcomes from these communities should also be attributed to the approach that has been implemented, whether it is an educational approach or a participatory approach to behavior change.

Use of natural leaders

As described earlier, pre-selected natural leaders assisted PDRD and Commune Council facilitators in triggering communities. Two natural leaders who were interviewed revealed that they were identified immediately after the triggering session, akin to the traditional CLTS approach. However, they were both also established group leaders in their villages, responsible for the health and wellbeing of the families in their groups; furthermore, they were affiliated with political parties or had assisted Plan International Cambodia with other development activities. A village chief explained that he chose the natural leaders because *“I think they understand the health benefits [of sanitation] and are able to tell it to the villagers. Also they are more educated.”* The selection of these types of natural leaders, as well as those identified during pre-triggering, suggests that CLTS implementation at the local level harnesses pre-existing leadership roles to fit into a traditional CLTS implementation model. Identifying established community leaders to motivate communities to stop open defecation in a culture that respects hierarchy may be an effective tool for change. Findings suggest that true natural leaders, as described in the CLTS guidelines, are not routinely used in Plan International Cambodia’s CLTS communities, but this study did not reveal any negative implications as a result.

Use of children as triggerers

One CLTS innovation identified in Plan International Cambodia’s approach is the triggering of children, who are then used to trigger adults. Whereas in other countries, children are used for monitoring and follow-up purposes, here they are triggered at the same time as adult community members, but in a separate location. Our observation of the children’s triggering session revealed that the transect walk, village mapping, water demonstration, and education on disease transmission all mirrored triggering for adults. When adults were asked to volunteer to build latrines, triggered children marched to the adult meeting with banners, chanting through loudspeakers that they wanted latrines, to the amusement of parents. The parent of each child was then asked to step forward as the child held a microphone and requested his/her parents to build him/her a latrine. An LNNGO implementer cited this step as the most effective way to get adults to volunteer to build latrines, which our observations supported, as the number of volunteers increased rapidly following the children’s requests. What is unclear is whether this approach leads to actual behavior change in

the adults and eventually sustains community wide changes in social norms.

A national government official suggested that using children to monitor CLTS, as is done in other countries, was not possible in Cambodia because “*the culture here, we tend to respect the elderly. Children should respect their parents or their neighbor who is older. So if we let the children do that [whistle if they see people openly defecating], children will be in danger. Old people will hit them.*” However, it appears that using children to convince adults to build latrines through imploring as opposed to shaming is a culture-specific adaptation. The effect this approach has on children has not yet been studied, nor is it known whether this approach leads to an actual increase in latrine construction and use.

Enabling and constraining factors for successful triggering

Table 8 lists the most frequently cited enabling and constraining factors during triggering that are relevant to the role of local actors. The enabling factors allow Plan International Cambodia to conduct CLTS activities more effectively, whereas the constraining factors pose an implementation challenge. A brief discussion is provided alongside each factor on its implication for Plan International Cambodia’s CLTS approach.

Table 8. Enabling and constraining factors for successful triggering

| Enabling Factor | Relevant Local Actors | Implication for Plan International Cambodia |
|--|---|--|
| Using natural leaders who are established community leaders | <ul style="list-style-type: none"> - Local government - Plan Int’l Cambodia - LNGO - Natural leaders | Identifying established community leaders for CLTS in hierarchical culture may be effective to create behavior change. Leaders who have worked with facilitating institutions in the past can also ease coordination efforts. |
| Children triggering adults | <ul style="list-style-type: none"> - Plan Int’l Cambodia - LNGO - Children | As soon as children started requesting their parents to build them latrines in public in a rehearsed manner, volunteers to build latrines increased dramatically. However Plan International Cambodia needs to ascertain whether this leads to actual increases in latrine construction and behavior change, and needs to ensure that there are no unforeseen negative effects on children. |
| Constraining Factor | Relevant Local Actors | Implication for Plan International Cambodia |
| Disconnect between CLTS behavior change theory and communities’ desire for hierarchy | <ul style="list-style-type: none"> - Plan Int’l Cambodia - National government - Local government - LNGO - Natural leaders | While Plan International Cambodia aims to implement CLTS in a community-led manner (in keeping with Plan International’s development philosophy of child-centered community development), both local implementers and community leaders suggested a desire for hierarchy and educational messaging. While neither approach is inherently superior, it is important to attribute sanitation outcomes to the actual approach being used (educational versus triggering). |

| | | |
|--|--|--|
| Variable quality of facilitation | <ul style="list-style-type: none"> - Plan Int'l Cambodia - Local government - LNGO | Facilitators are not always able to hold the attention of community members during triggering. As a result, they reported skipping core steps at times, such as village mapping. Progress toward ODF may be hampered by this struggle to effectively facilitate triggering. |
| Reluctance to use strong techniques to elicit shame or disgust | <ul style="list-style-type: none"> - Plan Int'l Cambodia - National government - Local government - LNGO | By adapting some core principles of CLTS, it is possible that Plan International Cambodia risks slower progress in attaining ODF status in its communities. Combined with the lecture-based approach of PDRD facilitators that was observed, communities may not be sufficiently “triggered” to internalize the need for behavior change on their own. |

4.6. Roles of local actors: post-triggering

This section (summarized in Table 9) describes the roles of local actors during the post-triggering stage of CLTS, which consists of following up and encouraging communities to stop open defecation, monitoring progress, facilitating access to sanitation hardware, and verifying and certifying ODF status. As with triggering, Plan International Cambodia’s role in the post-triggering process is that of oversight. LNGOs also oversee monitoring and communicate progress by local government to Plan International Cambodia. Both Plan International Cambodia and the LNGOs have the additional responsibility of providing technical support to local government, but the precise nature of this support was never specified in interviews or documents.

Table 9. Roles of local actors in post-triggering activities in Plan International Cambodia’s CLTS program

| Actor | Role |
|-------------------------------------|--|
| Plan International Cambodia LNGO | Oversee monitoring; provide technical support and link to supply-chain; verify/declare ODF |
| Local Government | Routinely collect data; provide technical support and link to supply-chain; persuade communities to change hygiene and sanitation behavior; verify/declare ODF |
| Natural Leaders | Routinely collect data; persuade communities to change hygiene and sanitation behavior |

Follow-up frequency

Interviews with stakeholders in Cambodia did not reveal highly structured follow-up mechanisms during post-triggering. Such mechanisms exist within national guidelines in the form of a three-step process:

- 1) Follow-up phone call with focal points and villagers one day after triggering
- 2) Follow-up visit to the village seven days after triggering
- 3) Monthly follow-up visits by PDRD, DORD, and Commune Council representatives until ODF is achieved. (Department of Rural Health Care 2011)

The reported frequency of follow-up visits to communities varied depending on the respondent, with no clear end-date for post-triggering activities other than achievement of ODF status, regardless of how long it would take. The national guidelines suggest the following:

“A village needs a period of three to six months to become open defecation free (ODF). If it takes a village 12 months, it is too long and a review of the stages in triggering CLTS is needed. The most important message to get across is: ‘We will no longer eat our shit.’ Therefore, all the villagers must try their best to improve village sanitation” (Department of Rural Health Care 2011).

Such short timelines were not referred to by implementers interviewed in this study. It was also not possible to verify the accuracy of the self-reported frequency of visits. Nevertheless, PDRD, LNGO and Plan PU staff all mentioned that they were unable to make frequent enough visits to communities, while Commune Council facilitators were often busy with other village development activities. This gap in follow-up activities from the facilitator level could negate routine monitoring efforts that occurred at the village-level.

Monitoring progress

Follow-up activities were highly decentralized in Plan International Cambodia’s CLTS program areas. The national government played a minimal role in post-triggering activities because there was no centralized monitoring system or database as of the date of this study. MRD staff would attempt to gather data from different NGOs working on CLTS in the country, but in the absence of nationally consistent indicators, aggregating data would not be possible.

Natural leaders and group leaders were the ground-level monitors of progress towards ODF attainment. In addition to motivating families to build latrines, there was some indication that these leaders gathered and reported data to village chiefs once a month on latrine coverage and the type of latrines being built. The village chiefs in turn reported these data to the Commune Council during monthly visits to their communities. PDRD facilitators reported visiting communities two to three times a month, but these visits depended on work plans established with Plan PUs or LNGOs. One PDRD facilitator recommended that the LNGO needed to plan in advance to ensure that PDRD could complete all follow-up visits: “We are busy with other work too. [The LNGO] should not give us late notice at all... They should not make a phone call at the last minute to inform us that they wish to come tomorrow...which is already too late for us to organize the visit. Thus, when they come we might not be available for them since we are busy with other tasks too.” PDRD and Commune Council facilitators did not always coordinate their follow-up visits, but both their visits tended to involve spot checks on a few households to take photos of progress. These local government facilitators channeled data to LNGOs or directly to Plan International Cambodia.

The decentralization of monitoring by community leaders kept CLTS rooted at the community level while also lowering the resource requirements for PDRD facilitators. However, PDRD was still perceived to play an important role in monitoring. One PDRD facilitator took his role as a monitor very seriously, stating that “We go to visit them to wake them up or they will fall asleep again after only one time. But if we keep going to remind them, they will remember it and accept that it is good for them to keep using the latrine.” This culture of hierarchy, which was also reflected in statements by

community leaders, makes it more difficult for CLTS to be truly community-led in this context.

Latrine subsidies and link to the supply-chain

Dry-pit latrines are commonly found and accepted in Cambodia, but leaders from all triggered communities that were visited mentioned that their community members have a strong preference for pour-flush latrines. This is due in large part to seasonal flooding in most provinces in Cambodia. A national government official cited flooding as the main challenge for CLTS: *“Most of the areas in Cambodia have seasonal flooding. They [communities] build simple pit latrines and they collapse during the flooding season. So after two years they get tired. They don't want to do it again. So our strategy is to find the private sector to play some role to introduce stronger technology, stronger options.”*

According to Plan International Cambodia, it is PDRD's responsibility to promote low price pour-flush latrines in communities and to link buyers and sellers. In both provinces that were visited, the link to the supply-chain was evident, with one natural leader describing an organization that offered three-month payment plans to families to purchase latrines. One of the natural leaders that was interviewed also reported to have received training on how to build latrines. Plan International Cambodia also recently started a pilot project in one province to train youth latrine producers in communities, providing another opportunity for PDRD to link buyers to sellers of pour-flush latrines. In GSF CR-SHIP program areas, sanitation marketing efforts were in progress, but this study was limited to observing CLTS activities.

Facilitators often referred to Cambodia's history of hardware subsidies to households as a major barrier in their effort to encourage communities to build latrines on their own. Community leaders from CLTS communities also spoke of neighboring villages still receiving subsidies and felt that poorer members of their communities deserved free latrine materials as well. Some villagers, who already had little time and finances to build latrines, appeared to prefer to wait for free or subsidized pour-flush latrines rather than build dry-pit latrines on their own.

The dual challenges of combating a history of subsidies as well as current hardware subsidy projects in and around CLTS villages do not have an obvious solution. The only foreseeable methods of overcoming this obstacle are to further develop the supply chain with more low-cost durable latrine options, expand the scope of sanitation marketing, and carefully target villages where CLTS is most likely to be effective.

ODF verification

The verification process in Cambodia begins when village chiefs inform facilitators that they are ODF. Both PDRD and LNGOs reported that they use verification checklists to declare communities as ODF, but Plan International Cambodia still considered this to be an “informal” process because national guidelines did not specify an ODF definition or verification process. This “informal” system might explain why communities with 85% latrine coverage and no data on shared latrines were declared ODF, whereas other communities with 89% latrine coverage were not yet ODF.

Definitions for CLTS success varied amongst respondents, further weakening the ODF verification process. Responses from Plan International Cambodia staff included the following:

- “100% do not practice open defecation and at least 85% access to a functional improved latrine including shared latrine.”
- “When people stop open defecation and start to wash their hands properly after going to toilet and before preparing meals, it means we have successfully done CLTS.”
- “According to our national policy, if 90% of people in the village start using latrines or have latrines, it means that we achieved ODF.”
- “100% coverage with an improved toilet [is required by the government]. That’s why when we implement CLTS, we take a long time to get an ODF village, because we wait until 100% improved toilets in the village.”

For the PDRD representatives who were interviewed, the general understanding of ODF was 100% toilet coverage, whereas a national government official was not bothered by small discrepancies in the indicator: “In my own perspective, I don't really worry too much about 1 or 2% difference. I mean, I don't want to wait until exactly 100%. If it's 99% or 90%, it's okay.”

This variation in the understanding of the ODF definition is understandable, given that no national definition existed at the time of this study. However, it poses a significant challenge for Plan International Cambodia as well as the MRD in terms of comparing outcomes from different communities and programs. Without a clear definition, it is not possible to study the effectiveness of CLTS in the country.

Enabling and constraining factors for successful post-triggering

Table 10 lists the most frequently cited enabling and constraining factors in post-triggering that are relevant to the role of local actors. The enabling factors allow Plan International Cambodia to conduct CLTS activities more effectively, whereas the constraining factors pose an implementation challenge. A brief discussion is provided alongside each factor on its implication for Plan International Cambodia’s CLTS approach.

Table 10. Enabling and constraining factors for successful post-triggering

| Enabling Factor | Relevant Local Actors | Implication for Plan International Cambodia |
|--------------------------------|--|--|
| Decentralization of monitoring | <ul style="list-style-type: none"> - National government - Local government - Plan Int’l Cambodia - LNGO | Community-level monitoring of progress keeps CLTS rooted at the community level and also lowers the resource requirements from government facilitators. However, this approach adds another layer between Plan International Cambodia and the communities, requiring monitoring and verification processes to be more standardized to ensure accuracy of data that get transmitted to Plan International Cambodia. |
| Motivated “natural” leaders | <ul style="list-style-type: none"> - Local government - Natural leaders | Leaders motivated by the desire to improve their communities’ health and wellbeing can be used to accelerate progress towards ODF. One leader explained, “I was given nothing. But it's not that I want something from the NGO or anyone. My goal is to help the villagers, all of them, to change from the habit of open defecation and start using dry pit latrines.” |

| | | |
|--|--|--|
| Access to supply-chain, especially through trained youth latrine producers | <ul style="list-style-type: none"> - Local government - Private sector - Plan Int'l Cambodia - LNGO | Plan International Cambodia's training of youth latrine producers in communities brings supply options closer to households and increases the possibility of families gaining access to higher quality latrines. Affordability of latrines remains a challenge, but cannot directly be within the purview of CLTS itself. |
| Constraining Factor | Relevant Local Actors | Implication for Plan International Cambodia |
| Limited capacity of facilitators for follow-up activities | <ul style="list-style-type: none"> - Local government - LNGO - Plan Int'l Cambodia - Natural leaders | Although village-based monitoring is a positive development, the inability of facilitators to make routine follow-up visits to communities that culturally respect their authority can hamper follow-up efforts. In this context, it may be beneficial to allocate sufficient resources for routine facilitator follow-up of communities and for improved coordination between the multiple levels of follow-up. |
| Underdeveloped monitoring and evaluation mechanisms | <ul style="list-style-type: none"> - National government - Plan Int'l Cambodia | With no national ODF definition or verification criteria, and no national monitoring system in place for sanitation, the government cannot easily track progress by individual NGOs, leading to unreliable estimates of national ODF attainment and sanitation coverage. |
| History of hardware subsidies and overlap of approaches | <ul style="list-style-type: none"> - National government - Local government - Plan Int'l Cambodia - LNGO | CLTS is sometimes conducted in or near communities that have already been offered hardware subsidies, leading to expectations from communities of external support. Villagers, who already have little time and finances to build latrines, prefer to wait for free or subsidized pour-flush latrines rather than build dry-pit latrines on their own, slowing progress toward ODF. |
| Flooding and poor construction lead to collapse of latrines | <ul style="list-style-type: none"> - National government - Local government - Plan Int'l Cambodia - LNGO | CLTS will have to be combined with other market-based approaches to provide flood-proof latrine options to communities. Encouraging community members to build simple pit latrines that are destroyed every year is unlikely to lead to sustained progress towards ODF. |

5. Conclusions and Implications

Findings from this study illustrated the roles of local actors in Plan International Cambodia's CLTS implementation process, highlighted enabling and constraining factors toward successful implementation, and discussed implications of these factors for Plan International Cambodia's CLTS approach. This section summarizes nine key conclusions from this study and their related implications. These implications may be useful to other CLTS practitioners working with a similar implementation approach in a similar context.

Plan International Cambodia's coordination with other partners on the national stage

Plan International Cambodia's role in CLTS implementation is that of an overseer, with primary responsibility for training, facilitation and follow-up lying with different levels of government. This approach frees up Plan International Cambodia's resources for exerting national level influence in the WaSH sector, where they play a significant role in financing, technical support for training, and shaping the WaSH and CLTS agenda for the country through participation in national WaSH sector working groups and by leading the GSF CR-SHIP intervention. These well-established national coordination mechanisms for WaSH, along with an inclusive governmental policy of integrating CLTS with sanitation marketing and other approaches, further enable Plan International Cambodia to work with other national partners to develop a more effective and holistic WaSH strategy.

Local government-driven CLTS

Cambodia's model of local government-driven CLTS can rapidly expand implementation activities, especially when responsibility for facilitation, monitoring, and follow-up is handed down to the levels closest to communities, such as the Commune Council and village leadership. However, this study found that local government actors and community leaders preferred provincial and national government to lead CLTS efforts; therefore, there appeared to be dependency on the provincial government to directly persuade communities to change their behavior.

Disconnect between national level perceptions and local level implementation

Plan International Cambodia and the national government's description of triggering steps resembled written guidelines more than the descriptions provided by local facilitators and community leaders. By decentralizing training, facilitation, and follow-up, Plan International Cambodia runs the risk of implementing CLTS in communities in a manner that does not accurately reflect its own approach to behavior change. While Plan International Cambodia is balancing its philosophy of community development with the realities of culture and context, it will be important for it to also routinely verify the extent of harmonization between its stated CLTS approach and that of local government facilitators.

Unsystematic community selection criteria

Criteria for selecting communities for CLTS were not described systematically by Plan International Cambodia and its implementing partners. Criteria that were identified through this study appeared to be applied primarily at the district and commune levels. All villages within selected communes were triggered regardless of whether individual villages were appropriate for CLTS. Rather than this universal approach at the village-level, Plan should consider selecting villages that are more appropriate for CLTS to see if this improves outcomes.

CLTS facilitators as educators

Partly because provincial and commune-level facilitators are not selected based on specific facilitation qualities, it was observed that triggering activities were conducted in a more instructive and less facilitative manner. Furthermore, some facilitators admitted to skipping key triggering steps such as the transect walk and village mapping because they were deemed inappropriate or because of lack of interest. Observation of a triggering session also suggested that the line between

triggering and educating communities may often become blurred. Therefore, it is likely that what is referred to as CLTS in Cambodia may at times be more similar to a health and hygiene education program with the addition of a few triggering tools. The need expressed by community and local government leaders for provincial authority figures to reiterate messages during follow-up supports this observation. As with the earlier conclusion, Plan International Cambodia must routinely verify the extent to which their stated CLTS approach is practiced on the ground. It is possible that low ODF attainment in Plan International Cambodia's CLTS communities may be related to the manner in which triggering itself is conducted.

Pre-selected “natural” leaders

The concept of CLTS natural leaders—community members who are the first to be triggered and are then used to motivate others—appears to be largely irrelevant to the Plan International Cambodia CLTS approach, where established local leadership structures are used for triggering and follow-up activities. So-called “natural” leaders were either pre-selected before triggering and trained to be facilitators themselves, or were established group leaders in their villages with ties to local government, political parties, or Plan International Cambodia's other projects. This study did not reveal any negative implications of the absence of true natural leaders in Plan International Cambodia's CLTS communities, but further study would be required to evaluate the effectiveness of true natural leaders versus established community leaders. Furthermore, the practice of partiality when selecting natural leaders has the potential to negatively affect CLTS outcomes, because there is no guarantee that these leaders are motivated to change and sustain their community's hygiene and sanitation behavior based on CLTS activities.

Children as triggerers

An innovation identified in Plan International Cambodia's CLTS approach was the triggering of children outside of a school setting and using them to trigger adults. While this approach was reported to motivate parents to build latrines, it is unclear what effect it had on actually increasing latrine coverage, motivating behavior change in adults, and then creating and sustaining changes in social norms. While children are not specifically recruited for monitoring activities in Cambodia -- specific CLTS guidelines citing cultural sensitivities, use of children for triggering warrants further study.

History of subsidies

A long history of hardware subsidies for sanitation, along with continued geographical overlap of subsidy and non-subsidy approaches, may make communities less responsive to CLTS. The government policy also allows for subsidies “with caution” to poor households, but the classification system is complex and leads to confusion in communities about who is deserving of outside support for sanitation. It also has the potential to create false expectations that CLTS will also provide hardware subsidies. It was reported that villagers, who already have little time and finances to build latrines, prefer to wait for free or subsidized pour-flush latrines rather than build dry-pit latrines on their own, slowing progress toward ODF. Plan International Cambodia acknowledged overlap of subsidy and non-subsidy approaches in communities as a major challenge for CLTS implementation. A consistent and clear message to communities across sanitation projects is essential for progress, as

well as easy access to low-cost, durable latrine options for triggered communities.

Defining and measuring success

ODF was regularly cited as the goal of CLTS, but there is no national ODF definition, nor is there a standardized ODF definition within Plan International Cambodia program areas, making it difficult to compare outcomes within Plan International Cambodia and across programs in the country. Instead, latrine coverage is used as the main indicator of success. This is not to suggest that ODF status should be used as a consistent metric with which to compare and track projects' success; ODF should instead be used as a tool to motivate communities to improve their sanitation and hygiene status and behaviors. Latrine coverage by itself does not capture the goals of CLTS either. Therefore, a consistent set of indicators for measuring success needs to be developed before aggregating outcomes from different CLTS projects in Cambodia, starting with Plan International Cambodia.

6. References

Department of Rural Health Care. 2011. *Practical Guidelines for the Promotion of Community Sanitation*.

Kar, Kamal. 2005. *Practical Guide to Triggering Community-Led Total Sanitation*. Brighton: Institute of Development Studies, University of Sussex.

http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Guidelines_for_triggering_CLTS_o.pdf.

Kar, Kamal, and Robert Chambers. 2008. *Handbook on community-led total sanitation*. Brighton: Institute of Development Studies, University of Sussex.

http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/media/clts_handbook.pdf.

Kunthy, Sok, and Rafael Norberto F. Catalla. 2009. *Community-Led Total Sanitation (CLTS) in Cambodia. Draft Final Evaluation Report*. UNICEF.

Royal Government of Cambodia. 2003. *National Policy on Water Supply and Sanitation*.

Royal Government of Cambodia. 2011. *National Strategy for Rural Water Supply, Sanitation, and Hygiene 2011-2025*.

Plan International. 2014. "Jobs with Plan." <http://plan-international.org>

Plummer, Janelle, and Gavin Tritt. 2012. *Voice, Choice and Decision: A Study of Local Governance Processes in Cambodia*. The Asia Foundation.

<http://asiafoundation.org/resources/pdfs/voicechoicedecisionlocalgovCB.pdf>

WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation. "Data Resources and Estimates." Accessed April 30, 2014. <http://www.wssinfo.org/data-estimates/introduction/>.

7. Annex – Enabling / constraining factors for Plan International Cambodia’s CLTS activities

Table 11. Summary of enabling factors for successful implementation of CLTS by Plan International Cambodia

| Stage | Enabling Factor | Relevant Local Actors | Implication for Plan Int’l Cambodia |
|-----------------------|---|--|---|
| Planning | Good working relationship between implementers | <ul style="list-style-type: none"> - National government - Local government - Plan Int’l Cambodia - LNGO | Regular planning meetings, frequent communication, and delegation of tasks between relevant actors ensure smooth operations and decision-making on CLTS. |
| Planning | National training guidelines | <ul style="list-style-type: none"> - National government - Local government - Plan Int’l Cambodia - LNGO | The existence of national training guidelines that have been adapted to the local context indicates that there is governmental recognition for CLTS, making it easier for NGOs such as Plan International Cambodia to expand CLTS activities with the help of local government. These guidelines also ensure, in theory, that a uniform approach is implemented across the country. |
| Pre-Triggering | Pre-selection and training of natural leaders | <ul style="list-style-type: none"> - Local government - Natural leaders | Using these local volunteer leaders to trigger communities can alleviate the workload of local government facilitators. |
| Triggering | Using natural leaders who are established community leaders | <ul style="list-style-type: none"> - Local government - Plan Int’l Cambodia - LNGO - Natural leaders | Identifying established community leaders for CLTS in hierarchical culture may be effective to create behavior change. Leaders who have worked with facilitating institutions in the past can also ease coordination efforts. |
| Triggering | Children triggering adults | <ul style="list-style-type: none"> - Plan Int’l Cambodia - LNGO - Children | As soon as children started requesting their parents to build them latrines in public in a rehearsed manner, volunteers to build latrines increased dramatically. However Plan International Cambodia needs to ascertain whether this leads to actual increases in latrine construction and behavior change, and needs to ensure that there are no unforeseen negative effects on children. |

| Stage | Enabling Factor | Relevant Local Actors | Implication for Plan Int'l Cambodia |
|-----------------|--|--|---|
| Post-Triggering | Decentralization of monitoring | <ul style="list-style-type: none"> - National government - Local government - Plan Int'l Cambodia - LNGO | Community-level monitoring of progress keeps CLTS rooted at the community level and also lowers the resource requirements from government facilitators. However, this approach adds another layer between Plan Int'l Cambodia and the communities, requiring monitoring and verification processes to be more standardized to ensure accuracy of data that get transmitted to Plan Int'l Cambodia. |
| Post-Triggering | Motivated "natural" leaders | <ul style="list-style-type: none"> - Local government - Natural leaders | Community leaders (whether identified before or during triggering) who are motivated by the desire to improve their communities' health and wellbeing, can be capitalized on to increase capacity of CLTS post-triggering activities and accelerate progress. One leader explained, <i>"I was given nothing. But it's not that I want something from the NGO or anyone. My goal is to help the villagers, all of them, to change from the habit of open defecation and start using dry pit latrines."</i> |
| Post-Triggering | Access to supply-chain, especially through trained youth latrine producers | <ul style="list-style-type: none"> - Local government - Private sector - Plan Int'l Cambodia - LNGO | Plan Int'l Cambodia's training of youth latrine producers in communities brings supply options closer to households and increases the possibility of families gaining access to higher quality latrines. Affordability of latrines remains a challenge, but cannot directly be within the purview of CLTS itself. |

Table 12. Summary of constraining factors for successful implementation of CLTS by Plan Int'l Cambodia

| Stage | Constraining Factor | Relevant Local Actors | Implication for Plan Int'l Cambodia |
|-----------------------|---|--|--|
| Planning | Decentralization of training | - National government - Local government | As training is decentralized through government channels, Plan Int'l Cambodia risks losing control of how CLTS gets implemented on the ground. Although the local government enables Plan Int'l Cambodia to expand the scope of its CLTS activities, this decentralization of training may lead to inconsistent messages at different levels; it is likely that local activities do not reflect Plan Int'l Cambodia's original intent. |
| Planning | Unsystematic community selection | - Plan Int'l Cambodia - Local government - LNGO | Many villages not conducive to CLTS may have been triggered, leading to slow increases in latrine coverage and low ODF attainment. Plan Int'l Cambodia and their partners should consider focusing on villages that are more appropriate for CLTS by applying selection criteria at the community level to see if this improves outcomes. |
| Pre-Triggering | Preferential selection of natural leaders | - Plan Int'l Cambodia - Local government - LNGO - Natural leaders | Although pre-selected leaders can help facilitators in triggering communities, selecting them based on previous affiliations to local government does not ensure their motivation to change and sustain their community's hygiene and sanitation behavior. More village volunteers who have been "triggered" by CLTS may have to be recruited to improve CLTS outcomes. |
| Pre-Triggering | Lack of routine baseline assessments of communities | - Plan Int'l Cambodia - Local government - LNGO | Baseline surveys can help target appropriate communities for triggering; standardized monitoring of communities across program areas from pre-triggering to ODF can provide a more holistic account of Plan Int'l Cambodia's CLTS experience. |

| Stage | Constraining Factor | Relevant Local Actors | Implication for Plan Int'l Cambodia |
|------------------------|--|---|--|
| Triggering | Disconnect between CLTS behavior change theory and communities' desire for hierarchy | <ul style="list-style-type: none"> - Plan Int'l Cambodia - National government - Local government - LNGO - Natural leaders | While Plan Int'l Cambodia aims to implement CLTS in a community-led manner (in keeping with Plan International's development philosophy of child-centered community development), both local implementers and community leaders suggested a desire for hierarchy and educational messaging. While neither approach is inherently superior, it is important to attribute sanitation outcomes to the actual approach being used (educational versus triggering). |
| Triggering | Variable quality of facilitation | <ul style="list-style-type: none"> - Plan Int'l Cambodia - Local government - LNGO | Facilitators are not always able to hold the attention of community members during triggering. As a result, they reported skipping core steps at times, such as village mapping. Progress toward ODF may be hampered by this struggle to effectively facilitate triggering. |
| Triggering | Reluctance to use strong techniques to elicit shame or disgust | <ul style="list-style-type: none"> - Plan Int'l Cambodia - National government - Local government - LNGO | By adapting some core principles of CLTS, it is possible that Plan Int'l Cambodia risks slower progress in attaining ODF status in its communities. Combined with the lecture-based approach of PDRD facilitators that was observed, communities may not be sufficiently "triggered" to internalize the need for behavior change on their own. |
| Post-Triggering | Limited capacity of facilitators for follow-up activities | <ul style="list-style-type: none"> - Local government - LNGO - Plan Int'l Cambodia - Natural leaders | Although village-based monitoring is a positive development, the inability of facilitators to make routine follow-up visits to communities that culturally respect their authority can hamper follow-up efforts. In this context, it may be beneficial to allocate sufficient resources for routine facilitator follow-up of communities and for improved coordination between the multiple levels of follow-up. |

| Stage | Constraining Factor | Relevant Local Actors | Implication for Plan Int'l Cambodia |
|------------------------|---|--|---|
| Post-Triggering | Underdeveloped monitoring and evaluation mechanisms | - National government - Plan Int'l Cambodia | With no national ODF definition or verification criteria, and no national monitoring system in place for sanitation, the government cannot easily track progress by individual NGOs, leading to unreliable estimates of national ODF attainment and sanitation coverage. |
| Post-Triggering | History of hardware subsidies and overlap of approaches | - National government - Local government - Plan Int'l Cambodia - LNCO | CLTS is sometimes conducted in or near communities that have already been offered hardware subsidies, leading to expectations from communities of external support. Villagers, who already have little time and finances to build latrines, prefer to wait for free or subsidized pour-flush latrines rather than build dry-pit latrines on their own, slowing progress toward ODF. |
| Post-Triggering | Flooding and poor construction lead to collapse of latrines | - National government - Local government - Plan Int'l Cambodia - LNCO | CLTS will have to be combined with other market-based approaches to provide flood-proof latrine options to communities. Encouraging community members to build simple pit latrines that are destroyed every year is unlikely to lead to sustained progress towards ODF. |