Sanitation Case Study:

Achieving District-wide Sanitation
in Kampot, Cambodia

SNV

CAWST

About this document

CAWST's Latrine Program Implementation Case Studies give detailed overviews of different latrine programs. Each case study describes how the implementer(s) addressed seven components of latrine programs, and what challenges they have faced. Each case study is in a "Question and Answer" format. This document is part of a collection of resources for learning and training about sanitation. To access CAWST's other sanitation resources, visit cawst.org/resources.

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About CAWST

CAWST, the Centre for Affordable Water and Sanitation Technology, is a Canadian charity and licensed engineering firm based in Calgary, Canada. CAWST acts as a centre of expertise in water, sanitation, and hygiene (WASH) for the poor in low- and middle-income countries, and addresses the global need for WASH by building local knowledge and skills. Our expertise is in non-networked WASH technologies and approaches. CAWST solely focuses on capacity development: we do this by providing subsidized training, consulting, and free open-content education resources. We help other organizations start, strengthen, and grow their WASH programs.

Program overview

SNV

LEAD ORGANIZATION	SNV
TYPE OF ORGANIZATION:	Nonprofit organization
NAME OF PROGRAM:	Achieving District-Wide Sanitation
LOCATION OF PROGRAM:	Banteay Meas District, Kampot, Cambodia
DATES OF PROGRAM:	2012–4 November 2016
SIZE OF PROGRAM:	104,275 people (20,698 households, of which 3,267 households were classified as the poorest)
IMPLEMENTATION REACH:	100% of households in the district have access to sanitary toilets

About the program

SNV has developed a comprehensive approach called Sustainable Sanitation and Hygiene for All (SSH4A) to ensure equitable access to improved sanitation and hygiene for those who need it most. Developed since 2008 with IRC International Water and Sanitation Centre in Nepal, Bhutan, Cambodia, Vietnam, and Laos, the SSH4A approach is now implemented with rural communities in over 15 countries across Asia and Africa. This case study focuses on the District of Banteay Meas in Cambodia, where SNV collaborated with the Ministry of Rural Development (MRD) and the Provincial Department of Rural Development (PDRD).

About SNV

SNV is a not-for-profit international development organization. Founded in the Netherlands nearly 50 years ago, it has built a long-term, local presence in 38 of the poorest countries in Asia, Africa, and Latin America. SNV's global team of local and international advisors work with local partners to equip communities, businesses, and organizations with the tools, knowledge, and connections they need to increase their incomes and gain access to basic services—empowering them to break the cycle of poverty and guide their own development.

More information about this implementer's programs can be found at the following link: http://www.snv.org/project/ssh4a-cambodia

STAKEHOLDER ENGAGEMENT

PRODUCTS AND SERVICES

DEMAND CREATION

FINANCES

CAPACITY DEVELOPMENT

MONITORING FOR IMPROVEMENT

FECAL SLUDGE MANAGEMENT

Stakeholder Engagement

There are many stakeholders involved in implementing a latrine program. Partnerships with community leaders, government, and respected organizations can make a big difference in an initiative's success. Let's find out more about SNV's approach to engaging with others.

Which stakeholders are involved in the program, and what are their roles?

We worked with many institutions and people to implement the SSH4A approach. The main stakeholders were:

PROGRAM STAKEHOLDERS	
Households	They are responsible for building their latrines. They can subcontract a mason, if needed, for digging the pit and building the slab and superstructure. They are in charge of latrine maintenance.
Small and Medium Enterprises (SMEs)	They sell their construction services and build the latrines. Also referred to as local suppliers.
Health centre focal points, monks, school facilitators	They promote sanitation.
Ministry of Rural Development (MRD)	They are in charge of direction, policy-making, and strategic planning.
Provincial Department of Rural Development (PDRD)	They are the implementing authority and provide oversight, technical support, and monitoring.
District of Rural Development (DoRD)	They play a similar role to PDRD but at the district level.
Village/Commune committees including the Sanitation Focal Points	They are community-level implementers of sanitation promotion through Community Led Total Sanitation (CLTS) and behaviour change communication (BCC).
Donors	They provide financial resources.

Why did you work with so many stakeholders?

There are many reasons to take on a multi-stakeholder approach. For one, it helps harmonise competing or contradictory approaches within the same area and amplify the key messages. Working collectively also helps build and accelerate momentum.

How did you get the government involved?

First off, this approach supports the objectives of the Royal Government of Cambodia's National Strategy for Rural Water Supply, Sanitation, and Hygiene 2011–2025. So, in that sense, SSH4A was aligned with national government strategies. We then started working with PDRD and DoRD to lead planning, implementation, and monitoring of the demand-creation activities. SNV coached PDRD and DoRD lead facilitators to provide training and technical support to the village and commune committees.

Is it important to work with government?

We strongly believe that to scale up sanitation, we need to develop capacities and approaches through a government-led approach, as opposed to focusing exclusively on individuals and communities. For institutional sustainability, it is important to embed sanitation within established local government administration processes—for example, integrating sanitation into commune development and investment plans and using existing mechanisms and resources to implement and monitor the progress.

Did you advocate for new regulation?

Yes. For example, we supported the development of post-ODF (Open Defecation Free) plans for communes, including roles and responsibilities and supportive regulations with a penalty mechanism for open defecation practice. The penalty mechanism is developed by the WASH committee at the commune level. They develop the regulation and

ODF celebration

then consult with the villagers to see if they agree on the regulations and penalties. The penalty is often a verbal warning the first and second time they practice open defecation. The third time it is a fine.

How do you share information with other stakeholders?

We share information in various ways.

- At the community level, we share information through village meetings, public events, and leaflets or posters.

- At the district level, we share through stakeholder meetings and district WASH committee meetings.

- At the provincial level, we share through the Provincial Technical Working Group (PTWG) and provincial NGO meetings.

- At the national level, we share our findings through SNV WASH learning briefs (available on the SNV library database), learning event workshops, and Wat/San monthly meetings. We have also been invited to the radio station to share a successful WASH story.

How did you facilitate discussions between different stakeholders?

There are many ways that we facilitate discussions. For instance, we connected suppliers and local authorities through workshops and meetings to build understanding of market potential, discuss latrine and pricing options, and to set an action plan to accelerate sanitation uptake.

How did you deal with disagreements/ conflicts amongst stakeholders?

We try to build consensus amongst our stakeholders to get win-win solutions.

Lessons

Any lessons on engaging with stakeholders you would like to share with other implementers?

Stakeholder engagement will accelerate the impact of sanitation in the target area. It will motivate the local authorities to pay more attention to the WASH agenda.

Products and Services

Latrine design and construction is often the focus of sanitation programs. Supporting services, before and after the installation of a latrine, are essential for long-term use. Let's find out more about SNV's latrines and the services they provide.

What types of latrines are promoted?

SSH4A does not promote one type of latrine. Instead it supports market-based solutions led by local suppliers. But typically, local suppliers build two types of latrines: pour flush with single pit and double pit (which is for fecal sludge management). The pits usually have three concrete rings. Poor households will often chose to build a dry pit latrine themselves, and upgrade to pour flush later.

Who builds latrines?

It is the local suppliers that build pour flush latrines. The local suppliers bring the construction materials to the households, such as concrete cement rings, pans, and PVC pipe. The local suppliers usually work in other sectors. They manufacture rings for roads, well rings, cement poles for house construction, and chairs and tables. SNV linked them to the sanitation sector.

Do the suppliers also build latrines for institutions?

Yes, they also build latrines for primary and secondary schools. In the program area (Banteay Meas District), 100% of these schools now have access to sanitary toilets. Other than schools, we also engage with health centres and pagodas, involving them in quarterly meetings and the monitoring process.

Why did you chose this/these type of latrine(s)?

To identify the latrine types, SNV conducted various studies including supply chain mapping, market analysis, and rapid assessment of supply and demand. We hired an outside consultant to do this work. There are also market studies that have been done by other organizations in Cambodia, such as iDE (International Development Enterprises) and WaterSHED (Water, Sanitation, and Hygiene Enterprise Development).

Poor household latrine

Where do the materials come from?

Some are local materials such as sand, gravel, wood, leaves, and cement. But tin, pans, tiles, and iron steel comes from outside the country.

Explain the process of how a household/institution obtains a latrine.

There are two ways a household can purchase a latrine. Most households will contact a local supplier who will bring the materials and build the latrine for them. The households may dig the pit themselves, to save money, or have the supplier dig it. The household usually builds the superstructure themselves.

But we have also put in place a system specifically for poorer families. Poor households can connect with a village focal point to pay a discounted price for a latrine.

Local Mason working on the latrine construction

Do suppliers face any challenges?

Yes, some suppliers do not have enough finances, and when people take time to pay them, it becomes an issue. It is also difficult to retain masons to work in a village because if they find a higher paying job they leave.

Have they made any changes to the latrine models they promote? Why?

Yes, the masons change the model depending on the market and lessons learned from previous models. The new models save them time and are more attractive to the clients.

Have there been any changes to the production process? Explain.

Yes, after the SNV training, quality improved by applying appropriate technical practices.

If the latrine breaks, who repairs it?

The owner of the latrine or the household hires a local mason to repair the latrine.

How do you ensure the latrines are used and maintained correctly and consistently?

The suppliers train the people on how to use and maintain the latrine. After the system has been installed, the village and commune focal points make door-to-door visits to answer questions, make sure

it was installed correctly, and to ensure proper use. SNV has also created posters to demonstrate how to use the latrine correctly.

Are people satisfied with their latrines?

Yes, they use them. The village focal point checks for satisfaction during the household visits.

Lessons

Any lessons on products and services you would like to share with other implementers?

The implementers should be clear on the products they want—what is the model? What is the standard?

It should be clear what services the suppliers can provide—there should be a list of all the services and their costs.

Concrete rings used in the construction of latrines.

Demand Creation

The definition of creating demand is when people have the motivation, opportunity, and ability to purchase, maintain, and use a latrine. Demand creation should inspire people to continue using latrines because they see the value it adds to their lives. Let's find out more about SNV's approach to creating demand for latrines.

What was the sanitation situation before you started this program?

There is a lot of open defecation in rural Cambodia. Forty percent of the rural population still don't have access to a toilet. The sanitation situation in Banteay Meas was one of the worst in Cambodia; 84% of households did not have access to toilets. That represents about 85,000 people.

How was demand created?

Demand was primarily created through CLTS and BCC. First off, we worked closely with the provincial government to plan, implement, and monitor demand-creation activities. Three hundred village and commune sanitation focal points were mobilised and trained. They then initiated CLTS triggering in the 88 villages of Banteay Meas District. Post-trigger, they continued door-to-door visits to motivate people to construct latrines. Regular and frequent follow-up is important to achieve progress and sustain results. They provided information on low-cost options and use of local materials. Other than the commune and village focal points, health centre focal points, monks, and school facilitators were also trained to promote sanitation and hygiene practices.

How did you select focal points?

The focal point is selected based on criteria. The criteria is presented at the commune council and then the focal point is selected. Criteria includes ability to read and write, willingness to help the community on water and sanitation issues, commitment to the training program and have time (as this is a volunteer job).

CLTS is sometimes considered a controversial approach; what are your thoughts?

This approach is effective and appropriate for the local community. SNV promotes CLTS without shame. We focus on disgust not shame to trigger change. The MRD and other WASH actors have reviewed the CLTS tools to ensure that they do not incorporate shame.

How did you implement behaviour change communication?

We did some formative research first to create a BCC strategy. We then built the capacity of 100 BCC facilitators on planning, implementation, and monitoring of the strategy. Some of the outreach included radio and TV spots as well as parades. There were also special sanitation school events and celebrations for National Sanitation Day. We also learned from previous studies that we did in other districts that assessed the barriers and motivations of poor households in accessing sanitation.

What were the key behaviour change messages?

A key aspect is understanding the motivations and barriers of the target group, often guided by formative research. It differs from more traditional information, education, and communication (IEC) approaches and health education messages, which are based on the belief that increased awareness of an issue will result

in behaviour change. We focus on four determinants:

- Attitudes/beliefs
- Social, physical, and emotional drivers
- Willingness to pay
- Competing priorities

Some of the messaging was also linked to administrative processes. For example, when individuals required approval letters for marriage or for construction of a new house, they were asked to build a latrine first. This regulation was established by the commune and village WASH committees. The community was consulted before applying this regulation.

Who was your target audience?

Households that could afford to build a latrine were targeted first, as a way of creating a number of local role models. Once a number of households in the village had latrines it became easier to convince others.

Women attending a BCC event.

Any lessons learned on targeting groups?

At the start of the program, segmentation of the target audience took place so that different materials and approaches were developed for school children and adults. However, we believe that there is a segment of late adopters who should have been identified at the start of the program, as they were particularly averse to change. In our view, this segment of the population should have been treated as a separate segment from the outset, with specifically tailored materials produced for them.

What materials were used (e.g., posters, games) to create demand?

To create demand we used the CLTS triggering tool. The community participate in the analysis of the sanitation situation in the village. We also include some role play in this tool.

For the BCC activities, we show them games and sensitive pictures, such as a man or a woman open defecating and people watching them or a guest coming to visit but there is no latrine for them to use.

CLTS triggering at community level

Lessons

Any lessons on creating demand you would like to share with other implementers?

While demand creation should come first, affordable hardware solutions also need to be in place so that people can act on their new priorities. Timing of demand creation and supply chain activities need to be aligned.

Also, local leadership committed to sanitation is key to success in capitalising on the initial interest triggered through CLTS. The district governor issued a letter to all commune councils to promote sanitation, and directed that the key influencing people needed to build a latrine so they could act as role models. This message was actively followed up, and having leaders and focal points that own and use latrines first before promoting the practices among non-toilet users has proven to be very important in building demand.

Finances

Funding a latrine program can be complicated. There are various costs and many financial models. Let's find out more about how SNV funds latrine programs and plans for financial sustainability.

How much does a household pay for a latrine?

US$44 for a pour flush latrine (consisting of three ring pit, slab, and toilet pan—not the superstructure). This price was decided from the meetings with the SMEs. We estimated and analysed the costs of the materials, labour, transportation, and looked at what is the total net income.

However households often spend more on their toilets. On average households spent US$257.90 on materials and US$45.80 on labour. This includes improved superstructures made out of bricks or washing rooms with a water tank.

Do households have to get loans to pay for their toilet?

Options are available. Households that can pay the amount up-front, do. Otherwise, households can either pay the provider in installments (households pay the cost in three months without interest) or they can get a loan from a microfinance institution

(MFI). The MFIs are usually used for the more expensive latrines. The SSH4A program has been working with MFIs to provide loans for sanitation.

Can all households afford a latrine?

Yes and no. There was very slow progress in latrine uptake with poor households. We needed to provide financial support to these households to accelerate coverage. These are usually households with elderly people or people with low incomes, who can only pay for food. So once a commune reached 80% latrine coverage, we started the pro-poor support mechanism. The discount is not likely to have been financially critical to enable poor households to build a pour flush toilet, but rather it was effective in urging them to build one.

How did you identify poor households?

The Cambodian government has a standardized system called ID Poor to

identify poor households. This is led by the Ministry of Planning. There are two categories: ID Poor 1 (very poor) and ID Poor 2 (poor). The ID Poor Program's two main objectives are: to reduce duplication of effort and resources by different institutions and organisations in identifying their target groups for various poverty reduction interventions, and to ensure that assistance is provided to those households who most need it.

How much was the subsidy?

The price of a one pit pour flush latrine was US$44. An ID Poor 1 household would pay US$12.50 and an ID Poor 2 household would pay US$18.70.

How did you provide these subsidies?

The first step was for households to know about the subsidy. So commune and village focal points went door-to-door to inform households about the subsidies. The subsidy was also discussed at village meetings.

Then, once a poor household decided that they wanted a latrine, they would contact the village focal point to ask for a discounted latrine. The village focal points would then talk to the commune focal point. The commune focal point then provided the suppliers with a voucher. After building the latrine, the supplier went to SNV to get the reimbursement for the latrine. But we would only give the reimbursement once the toilet had been verified by the spot-checking teams. The vouchers were time bound, meaning that once the household received the materials, they would have 10 days to build it. Households often built the latrine in 1–2 days. Some households, however, did not have the labour to build the latrines, so the local authorities would provide support to those families.

Were there any tensions over the subsidies?

The key is to have a very transparent process and strong accountability. We had clear and simple household eligibility criteria. There was little room for error. If people were not in the ID Poor list, they could not apply. Interestingly enough, it actually seems that non-poor households may have been motivated to purchase toilets by seeing poorer households having them.

What are SNV's thoughts on subsidies?

We believe that it is unhelpful to be dogmatic about the use of subsidies, either in favour or against. The focus should be on making the best use of scarce public funding. This involves leveraging other investments where possible, transparency, targeting, the avoidance of perverse incentives, and so on.

Dry pit latrine for poor household

Did all poor households demand a voucher?

No. Across the district, 38% of poor households did not benefit from the voucher (1,628 households). The most common reason reported by the households was that they could not afford to pay the required amount. But this seems to be less about affordability and more related to the time constraint of the discount. Some households could not get the funds in time because family members that had the decision-making power were working somewhere else.

Did the subsidies distort the market?

The subsidies did have some negative effects:

- It created a price expectation in the market. Everyone knew that the cost was US$44.

- The discount did not account for business cost increases, which means suppliers may reduce the quality of the toilet to maintain a profit.

- The mechanism doesn't encourage suppliers to innovate their business model to reach new poor household markets and use low-cost technologies.

How does the government fund their involvement in the program?

The government is funded through the MRD annual workplan and budget.

How does SNV fund this program (e.g., staff, products, subsidies, etc.)?

A donor funded this program. They trusted SNV's capacity.

What is your vision for financial sustainability?

SNV builds the capacity of government partners on WASH. We expect that they will able to implement the project by

themselves. Financial sustainability will depend on the government budget and allocation to the MRD. MRD have to show the importance of WASH and advocate for policy makers to allocate more budget to the WASH sector.

Lessons

Any lessons on finance you would like to share with other implementers?

A lot of thought needs to go into designing and implementing pro-poor support mechanisms. The key is to build on existing local leadership roles and processes to deliver the subsidy. And there needs to be strong accountability mechanisms and close monitoring.

Capacity Development

Developing capacity is a process for individuals, organizations, and societies to obtain, strengthen, and maintain their capabilities. This includes everything from the knowledge and skills a mason needs to build a latrine to the regulations and laws governing sanitation products and services in a country. Let's find out more about how SNV approaches capacity development.

WASH governance

Sanitation demand creation

Sanitation supply chains & finance

Sustainable sanitation & hygiene for all

Hygiene behavioural change communication

SPECIFIC INSTITUTIONAL & CULTURAL CONTEXT

What is SNV's approach to developing capacity?

SSH4A is essentially a capacity building approach. The four key capacity building principles are:

Capacity for steering and implementation of sanitation demand creation: for example, how to use the CLTS tool to create sanitation demand and facilitation skills.

Capacity for sanitation supply chains and finance: for example, linking sanitation suppliers to communities and MFIs, as well as developing their business skills

Capacity for BCC: for example, developing BCC tools to improve sanitation and hygiene practices.

Capacity for WASH governance: for example, improving the capacity of local WASH authorities at the district and provincial level to integrate WASH in the village, commune, and district development plans and budgets.

Was it easy to find masons to train?

Interest and recruitment is key. Not all trained masons see sanitation as a viable business or want to take the risk to engage. They travel and work on other projects that pay well, such as building houses and other concrete work.

Can you provide an example of how you build capacity of a stakeholder?

Yes. We provided technical support and capacity building specifically for the pro-poor mechanism to ensure that it would be implemented successfully. This included an orientation meeting for all those involved in the process. Then we had meetings at the district and commune level. We had three district-level meetings and three to five meetings per commune. We also provided training for the individuals responsible for monitoring.

Did you build the capacity of your own staff?

Yes, through quarterly meetings, exposure field study, and national and regional learning workshops.

**Did any other organization provide capacity developing activities?**

The SNV advisor and local consultants are often the trainers. The government also provided capacity building to the provincial and district level.

Lessons

Any lessons on capacity development you would like to share with other implementers?

- It is important to learn from failure. For example, the pro-poor mechanism was a pilot; it was, therefore, important to allow those involved to reflect on what was working and what was not working. We made sure that the district- and commune-level meetings allowed for reflection.

- Providing one-off training is not sufficient. Annual refresher training is often needed.

- Ensure that the local suppliers are trained on quality control, pricing, technical construction, marketing, and business management.

Village focal pssoint presenting their plan to the workshop
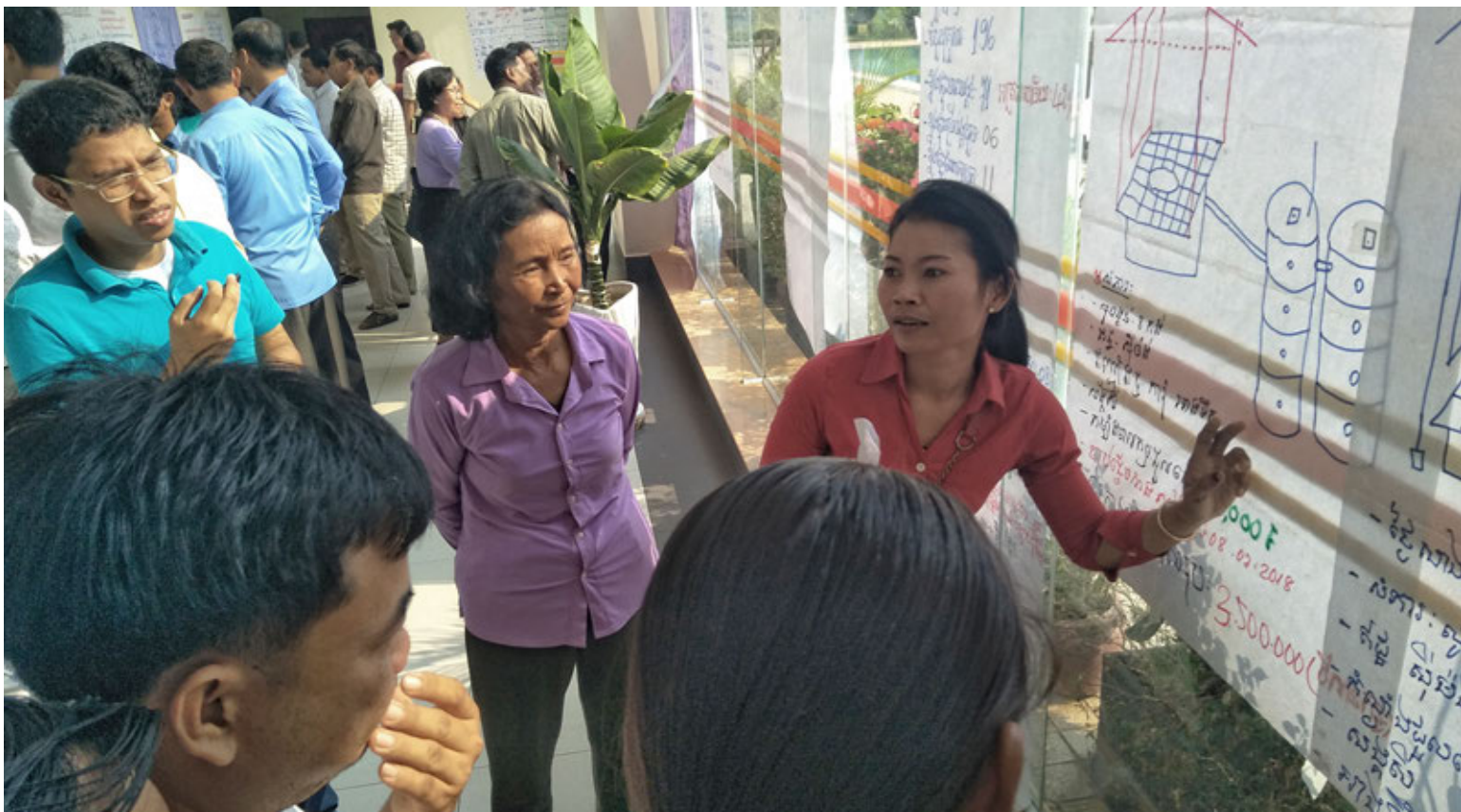
Monitoring for improvement

Monitoring is essential to continuously improve a latrine program. It should be practical; all information collected should be used to measure how well goals are met and to identify ways to improve the activities. Let's find out more about how SNV effectively monitors a latrine program.

What do you monitor?

We have an SSH4A standardized monitoring framework that includes key performance indicators to measure changes in sanitation and hygiene behaviours and practices; it is used to gather qualitative information that is qualified with the help of progressive scales called ladders.

What are these ladders?

The sanitation ladder was developed by the WASH actors in Cambodia. It includes five levels:

1. Use simple dry pit latrine
2. Use improved dry pit latrine
3. Upgrade dry pit to pour flush latrine
4. Upgrade pour flush latrine to improved pour flush latrine
5. Apply handwashing practices, drink safe water, and maintain a good environment.

How do you monitor?

Village focal points collect data within the village before the CLTS triggering and then record updates monthly. The information is then analyzed and shared with the commune focal points. The commune consolidates all the village data for the commune, checks quality of data, analyzes it, and reports that data to the district. The district focal point then consolidates the commune-level data, checks quality of data, and analyzes it. Every quarter there is a district progress meeting.

On top of this, annual household surveys are conducted to see progress on the ladder. This process is conducted by trained enumerators. They collect data from the adult member of the sampled household using a structured questionnaire (supported by observations). The enumerators come from MRD and PDRD.

What tools do you use to monitor?

We primarily use two tools:

The village log book, which records: the number of households; number of household members; poverty status of the household; overall population; and the number of households with own dry pit, own pour flush toilets, or who share a facility with another household. It is easy to understand and fill in. It is also low-cost and easily copied.

We also use Akvo FLOW, an Android smartphone application and an internet-based management tool for data collection and reporting. It enables users to easily collect geographically-referenced data through mobile-based questionnaires, store the data, and manage it in an effective way. Akvo FLOW comes with a dashboard for data visualization.

What was your experience like using new technology for data collection?

The increasing availability and affordability of smartphones and cloud-based open source software solutions makes gathering, analyzing, and disseminating real time data easier than ever. Better data facilitates a better understanding of contexts, leading to more informed and quicker decisions and, consequently, to better and more sustainable results.

How do you use the results to improve your project?

The data is used during village, commune, and district meetings to reflect on progress, formulate appropriate interventions, and feed into commune and district investment plans. It also informs the ODF verification process.

How has the program impacted the health and quality of life for people living in the district?

It is difficult to measure accurately the impact of the program on the health and quality of life for people living in Banteay Meas because of the lack of effective health indicators in the baseline and the lack of data that was collected on rates of diarrhea and respiratory infections during implementation. Although the measurement of these health and quality of life impacts is outside the current SSH4A performance framework, we believe they should be considered for inclusion in future programs. Despite this, we have seen evidence from health centres and interviews with health professionals that demonstrate that there has been a sizeable reduction in the incidence of diarrhea across the district over the last few years.

Sanitation logbook monitoring by DoRD officer

Lessons

Any lessons on monitoring you would like to share with other implementers?

Engaging local users in the design and review of the monitoring tools and systems both improves the data and creates buy-in. Establishing and sharing uses for the data ensures that the data continues to be collected. Procedures and formats for data collection, verification, analysis, and reporting need to be clear and easy to use. And roles and responsibilities need to be clearly defined.

Fecal Sludge Management

Latrine pits and tanks will eventually fill up. Fecal sludge management includes emptying, transportation, treatment, and use or disposal of fecal sludge from an on-site sanitation technology (like a pit latrine or septic tank). Let's find out more about how SNV manages fecal sludge.

Have you incorporated fecal sludge management into the project?

Not yet. Upon achieving ODF, the focus has shifted to post-ODF plans. The success and learnings in Banteay Meas provides a useful resource supporting the government in developing the national post-ODF guidelines that will offer a framework for sustaining ODF status and move beyond ODF to addressing SDG 6 in rural areas.

Have any of the latrines filled up?

The SSH4A started in 2012, so most latrines have not had time to fill.

Any initial thoughts on how FSM will be implemented in these rural areas?

Now SNV is focused on FSM. We will promote twin pits—the household can use one pit, and when it is full, they can close it and use the other pit. After a year or two, the other pit can be emptied and the treated sludge can be used as fertilizer. Where there is not enough land available for a second pit, an emptying service could be used, but this is very expensive. SNV is focusing on how to manage FSM on-site.

Lessons

Any lessons on fecal sludge management you would like to share with other implementers?

- FSM will be challenging at the beginning of the program because people will not consider it an issue and not pay attention to the importance of FSM.

- On-site FSM by promoting twin pits is cheaper than pit emptying services by truck. But this option is still expensive for beneficiaries, and they will need to pay in installments.