FOSTERING COLLECTIVE ACTION TO IMPROVE SANITATION IN RURAL CAMBODIA

June, 2018

BACKGROUND

Cambodia Rural Sanitation and Hygiene Improvement Program

Rural Cambodia is home to the largest proportion of individuals practicing open defecation in Southeast Asia (People practicing open defecation, 2015). These poor sanitation practices have important health consequences; the incidence of diarrheal disease among young children in Cambodia, for example, tends to be higher than the average regional incidence of diarrheal disease in young children in Southeast Asia as a whole (Miller-Petrie, Voigt, Mclennan, Cairncross, & Jenkins, 2015).

The Cambodia Rural Sanitation and Hygiene Improvement Program (CRSHIP) has sought to address these harmful sanitation practices by increasing access to improved sanitation and promoting proper hygiene in rural target areas. The program, funded by the Global Sanitation Fund via the Ministry of Rural Development, reached 2,027 rural villages in Kampong Cham, Tbong Khmum, Svay Rieng, Kampong Speu, Kandal, and Takeo in its first phase (CRSHIP 1) between 2011 and 2016. The second phase of the program (CRSHIP 2) began in 2016 and targets villages in Kampong Thom, Kratie, Kampot, Prey Veng, and Kampong Chhnang. Figure 1 displays the distribution of the provinces targeted by CRSHIP 1 and CRSHIP 2.

CRSHIP implementing partners (IPs) utilize participatory development approaches such as Community-Led Total Sanitation (CLTS), School-WASH, and Sanitation Marketing to increase awareness of the negative consequences of open defecation while promoting ownership of and defecation in latrines as the new normative behavior. Community-Led Total Sanitation calls for the facilitator to 'trigger' collective action and assist the community in village planning for achievement of Open Defecation Free (ODF) status (Kar and Chambers, 2008). Thus, CLTS and other participatory development approaches leverage the community's sense of collective efficacy in order to mobilize stores of social capital toward the community-level goal of total sanitation.
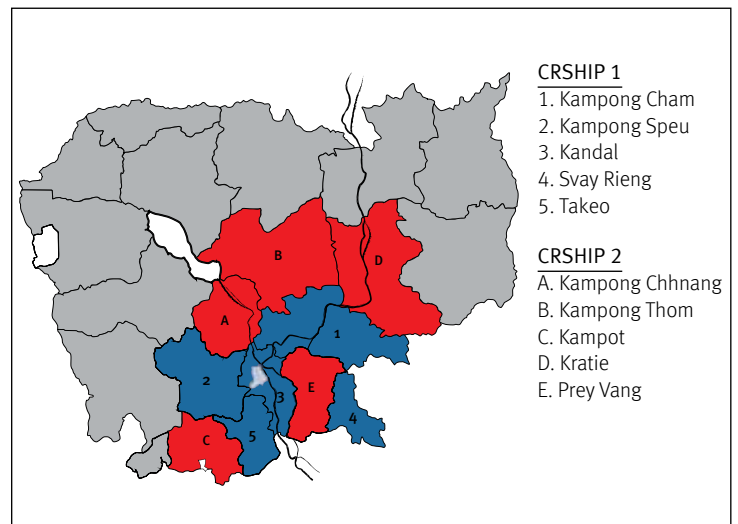

CRSHIP 1
1. Kampong Cham
2. Kampong Speu
3. Kandal
4. Svay Rieng
5. Takeo

CRSHIP 2
A. Kampong Chhnang
B. Kampong Thom
C. Kampot
D. Kratie
E. Prey Vang

Figure 1. CRSHIP Target Provinces

OVERVIEW

Evaluations of the first phase of CRSHIP identified social context as an important mediating factor between program implementation and success as measured by sanitation uptake. To explore this concept further, CRSHIP commissioned a study that assessed the social factors that influenced sanitation uptake, particularly through the lenses of collective efficacy and social capital, a related sub-construct. The study found that households that owned or had access to latrines were more likely to report higher levels of intra-group connections between friends and family (bonding social capital), but were not more likely to report higher levels of ties with non-familial groups/associations in the community (bridging social capital) or with other institutions such as government agencies (linking social capital).

The findings from the study indicate that collective efficacy and social capital facilitate collective action and the reinforcement of community norms. This is important in the case of participatory development programs, such as CRSHIP, as these initiatives often require communities to set community-level goals, to work cohesively toward achievement of those goals, and to disseminate and enforce new sanitation norms that favor the construction or purchase of latrines and discourage or denormalize open defecation.

Collective Efficacy

Bandura defines collective efficacy as "a group's shared belief in its conjoint capabilities to organize and execute the courses of action required to produce given levels of attainment" (Bandura, 1997, p.477). The published literature suggests that collective efficacy influences group members' motivational investment in the given goal, which in turn affects "staying power" in the face of obstacles, and ultimately predicts accomplishment of group tasks that require collective action (Bandura, 1997).

Social Capital

Putnam, whose work on social capital is cited frequently in the literature, defines the construct as "the features of social organization, such as trust, norms and networks, which can improve the efficiency of society by facilitating coordinated action," (Putnam, 1993, p.36). Social capital theorists have differentiated between three aspects of social capital; these include bonding, bridging, and linking (Vicheth et al., 2012). Box 1 includes the definitions of bonding, bridging, and linking social capital as conceptualized within the study.

Box 1. Differentiating between three aspects of social capital, as defined within the study

Bonding social capital includes intra-group linkages, such as between friends and family.

Bridging social capital includes the ties across groups in a community; refers to local associations and groups formed by communities to address shared needs.

Linking social capital is defined as vertical linkages, such as relationships between people or institutions with unequal power or resources.

Community Clean Up Activity
Credit: Kosal Phoeurn / Khmer Youth Association

SAMPLING STRATEGY AND DATA COLLECTION

The quantitative component of the study involved the administration of a household survey in four provinces of interest (Kampong Cham, Kampong Speu, Kandal, and Takeo). The household survey consisted of a series of indices designed to measure various factors of social capital and collective efficacy. The survey was administered in 30 randomly selected villages for a total sample size of 600 households.

The qualitative component of the study consisted of 19 key informant interviews (KIIs) and 12 focus group discussions (FGDs) across six provinces of interest (Kampong Speu, Kampong Thom, Kampot, Kandal, Kratie, and Takeo). The KIIs and FGDs were designed to better understand perceptions of social capital and collective efficacy and contextualize the quantitative findings. The KII participants included local authorities and particularly active community members who were identified as key informants by a local authority. Focus group discussions were held with one group of 8-10 women and one group of 8-10 men in each of the seven villages selected for qualitative data collection.

FGD with Females in Kampot
Credit: Sotheanin Net/WaterAid

LIMITATIONS

The methodology utilized in the study does not allow for the researchers to draw conclusions about causality; the findings do not indicate whether the presence or degree of the measured social factors cause certain sanitation outcomes. Rather, the findings reflect associations of social factors with sanitation outcomes. The integration of data from the quantitative household survey, interviews, focus group discussions, and program reports, however, improves the validity of the findings.
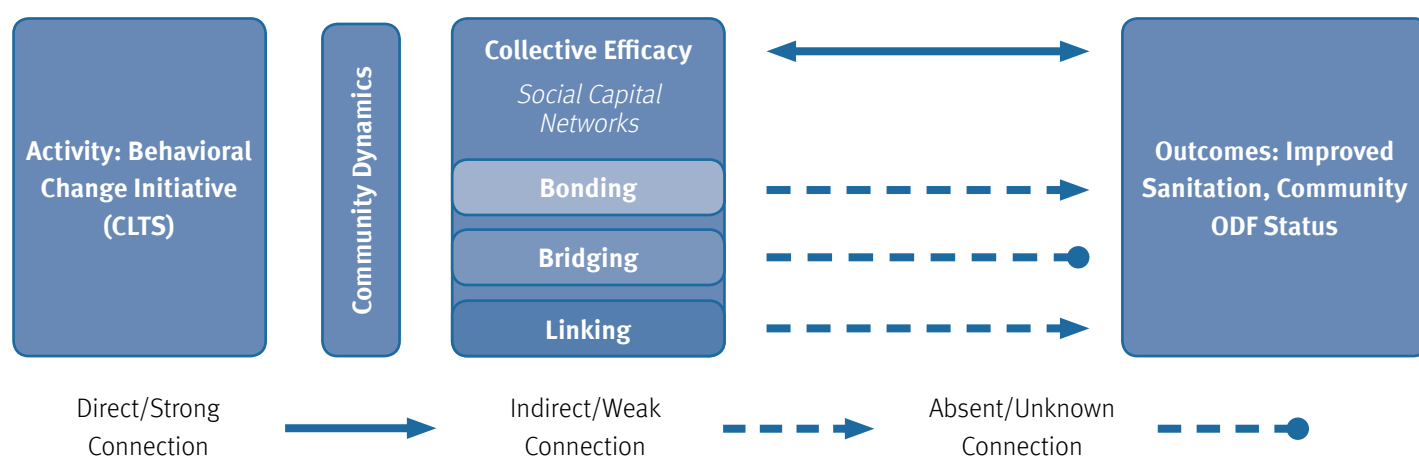
DISCUSSION OF FINDINGS

Overall, in sampled rural Cambodian communities, improved household sanitation outcomes were strongly associated with factors of collective efficacy and somewhat associated with bonding social capital. Linking social capital was somewhat associated with community ODF status, but was not associated with household-level sanitation outcomes; no association was found between outcomes and bridging social capital (Figure 2). Bonding social capital is evidenced in rural Cambodian communities by the extent to which village members are included in both community and personal events as well as by the presence of strong kinship bonds. Linking social capital can be seen in the integral roles and responsibilities held by local leaders, particularly as liaisons between outside organizations or resources and the community. In contrast, bridging social capital was not as strong in the sampled villages, leaving the responsibility of addressing community needs to local village authorities where community groups and organizations were lacking.

KII with Commune Chief in Kampong Thom
Credit: Sotheanin Net/WaterAid

Figure 2. Observed Pathways Between Social Factors and Improved Sanitation Outcomes

This has several implications for Cambodia's WASH programs. In order to improve the design and implementation of WASH projects, sector stakeholders should take into consideration the following:

- **Progress towards community-wide behavior change is not likely to grow organically from households or the community itself, but instead requires effort from local community leaders or NGOs.** Among the selected villages, nearly all of the groups and committees that did exist had been formed by NGOs or commune-level authorities, rather than by community members themselves. Village chiefs played a vital role in mobilizing villagers and in securing resources and support from external sources for households. This strongly supports the view that the involvement of local authorities is needed in order to activate and sustain community-based behavior change initiatives.

- **While households that own or have access to latrines are more likely to report higher levels of connections between close neighbors and family they were not necessarily more likely than non-owners to have community group or local authority networks as these were extremely sparse and relatively ubiquitous, respectively.** These results may reflect strong familial bonds that likely increased access to financial support and assistance with labor for latrine construction. However, the study did not find any evidence of households, regardless of income, contributing material or financial support to any other household in the village for the purposes of latrine construction. Participant rationale for refusal to do so included lack of benefit to their family or the rest of the community, belief that NGOs will provide latrines to those who cannot otherwise afford them, the prohibitive cost of purchasing a latrine for other households, perception that latrines do not provide a communal benefit in the same way as roads, canals, or water points, and lack of existing tradition of providing assistance for

anything other than death, illness, or emergency. Qualitative findings revealed that community members do not view total sanitation as an immediate need in the way that a neighbor's illness or death might pose an immediate need.

- **Strong social networks play an important role in the reinforcement of social norms, including the criticism of others who practice unsafe WASH behaviors such as open defecation.** More than 80 percent of household survey respondents reported that people in their villages were likely to be criticized for not owning a latrine. This criticism was reported to come mainly from family members, close neighbors or village leaders, rather than from general members of the larger community. It was also found to be generally acceptable for elders to criticize or advise villagers about proper sanitation and hygiene behaviors, whereas it is unacceptable for non-elders who are not neighbors or relatives to advise villagers about such behaviors, especially if there is not already a commonly understood community rule. Additionally, the presence of a 'mind your own business' mentality reduced willingness to intervene in many communities.

- **Although strong bonding social networks may facilitate latrine sharing among extended family members or neighbors, this is often restricted to particular times or circumstances, thereby limiting actual latrine access and use.** The FDGs revealed, for instance, that some villagers were only allowed access to neighbors' latrines during the day as gates to their compound would be locked at night, or when they had diarrhea and were unable to reach the forest or open defecation fields in time. Therefore, sharing may lead to overestimates of sanstion coverage when measured according to latrine access, or underestimates of sanitation coverage when measured according to latrine ownership.

RECOMMENDATIONS

Based on the above findings, the following recommendations focus on ways in which participatory sanitation and hygiene programs, like CRSHIP, may be able to utilize existing social structures and controls within rural Cambodian communities.

Focus on National Institutions to Prioritize and Sustain WASH

Attention toward engaging local leaders and building their capacity is critical to ensure that they have ownership of programming, behavior change is maintained, and long-term goals are achieved. While village chiefs and other local leaders play an important role in mobilizing communities, enforcing social rules, and securing financial and material resources from NGOs and higher levels of government, such a strategy is insufficient without support from national institutions. Therefore, targeted advocacy and institutional triggering (based on triggering activities outlined by the CLTS approach) should be carried out to generate buy-in, or political will, at various levels of government. Once established, this political will can and should be translated into the prioritization of sanitation and hygiene in government action plans and allocation of government funds.

Promote Sanitation as a Public Good Among Community Members

While household-level interventions have been effective in many contexts, the findings of this research revealed that villagers in Cambodia do not view sanitation as a communal good, as a village well or paved road would be. As a result, community groups that exist to collect funds for the construction of village infrastructure or the immediate needs of community members were apprehensive to incorporate fundraising or other activities for sanitation promotion. Therefore, WASH program messaging around the collective benefits of total sanitation is needed in order to motivate the collective action required to support all members of the community, especially the disadvantaged, to gain access to sanitation and achieve ODF status.

Co-Create Community Sanitation Rules

To further encourage reinforcement of new sanitation norms and 'correction' of undesired sanitation behaviors, village chiefs and communities should be encouraged to co-create 'official' or agreed upon community sanitation rules. Participants reported an increased willingness to intervene when there was an existing community rule concerning the specific behavior or issue in question.

Set Shared Community Goals for Sanitation

The current process of village planning to achieve ODF status yields a list of households and the dates by which those households have agreed to construct latrines and/or change sanitation behaviors. However, by emphasizing change at the household level, this process understates the need for collective action and demotivates community members from monitoring their neighbors thereby placing the onus for monitoring and follow-up on NGOs rather than on the community. Therefore, to increase ownership and effectiveness of village planning for ODF, implementing NGOs should assist their targeted communities in setting and enforcing their own village-level goals on sanitation.

Assess Current Levels of Social Capital and Collective Efficacy

Communities that have lower levels of collective efficacy or fewer stores of social capital may struggle to find success in programs that utilize participatory development approaches and require collective action. In order to assess existing levels of collective efficacy or social capital in target communities, IPs or other organizations may seek to identify evidence of the various domains or factors of collective efficacy and social capital (Table 1).

Tailor Programs to Assessed Levels of Collective Efficacy

While organizations in communities with high levels of collective efficacy or social capital may tailor their programming to emphasize setting goals toward total sanitation, those operating in communities with lower levels of collective efficacy or social capital may need to manufacture/enhance a sense of collective efficacy in order to improve group performance and mobilize community members to work together towards a common goal. Organizations may consider tailoring programming for these communities such that community members participate in activities designed to help build trust, a sense of solidarity, and collective accomplishment before they are asked to set goals collectively and hold neighbors accountable for undesired sanitation behaviors. For example,

organizing a community clean-up day or other volunteer activities which result in observable 'quick wins' for the community would demonstrate their ability to successfully engage in collective action.

Adapt Programs for Poor and Disadvantaged

Participatory development approaches, such as CLTS, assume that communities will come together to support those households that are otherwise unable to purchase or construct latrines. However, this research found that this kind of intra-village assistance does not occur naturally in Cambodia. Therefore, implementing NGOs and government officials will need to consider introducing alternative interventions in the design of their programs for helping the poorest and most disadvantaged community members gain access to sanitation. Such interventions may include targeted subsidies, fundraising during community events and festivals, organizing work teams etc.

Table 1: Collective Efficacy Indicators*

Domain of Collective Efficacy	Examples of evidence
Social Capital	- trusting relationships among community members - trusting relationships between community members and community leaders - presence of community groups and associations - dense social networks
Social Cohesion	- successful community-initiated development projects - positively identifying with or feeling attachment to the community - equitable distribution of power and resources amongst community members
Social Control	- existence and regular enforcement of community rules, sanctions, or other mechanisms that serve to reinforce desired behavior and/or penalize undesired behavior - evidence of informal social control, such as gossip, criticism, or exclusion from social events in response to undesired or non-normative behavior
Agency	- self-reported belief in one's own ability to make positive change in the community - perceived control over one's own future and/or future development of one's community - presence of village structures that allow community members to voice concerns, propose solutions, and create change

*Adapted from Delea, M.G. & Sclar, G.D. (2016)

ABBREVIATIONS

CLTS   Community-Led Total Sanitation
CRSHIP Cambodia Rural Sanitation and Hygiene Improvement Program
FGD   Focus Group Discussion
HH   Household
KII   Key Informant Interview
NGO   Non-Government Organization
ODF   Open Defecation Free
WASH   Water, Sanitation, and Hygiene

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ACKNOWLEDGEMENTS

ABOUT THIS DOCUMENT

This learning note combines the findings and recommendations from two concurrent studies that assessed the social factors that influenced sanitation uptake in CRSHIP communities:

- Causal Design, 2017. Assessing the Influence of Social Context on Sanitation Uptake
- Salinger, Allison, 2017. Influence of Collective Efficacy on Sanitation Uptake in Rural Cambodia

The above studies and this summary was commissioned by the Cambodia Rural Sanitation and Hygiene Program's (CRSHIP) Learning and Documentation (L&D) project. The L&D project supports program implementation from within to help solve complex implementation problems, and to increase the overall effectiveness and the quality of the results on the ground by making learning and knowledge emergent, context driven, available in real-time, dynamic and evolving. The L&D project is a Global Sanitation Fund (GSF) funded initiative jointly designed by GSF, CRSHIP and WaterAid Cambodia building on GSF's Real-Time (Emergent) Learning approach. The L&D project is managed by WaterAid Cambodia in partnership with Plan International, the Ministry of Rural Development, and CRSHIP implementing partners.

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