



## Sanitation: If We Don't Care We Die

*2008 is the International Year of Sanitation. The Water Sanitation Program of the World Bank (WSP) is part of this initiative. WSP is also working to improve sanitation (toilet provision) and hygiene for Cambodians, especially for the poor. The World Bank Newsletter had an opportunity to interview Mr. Jan-Willem Rosenboom, Country Team Leader of WSP Cambodia, about his work in Cambodia.*

### *Q. What is the WSP?*

A. The Water Sanitation Program of the World Bank was established 30 years ago, and is one of the oldest multi-donor initiatives the Bank administers. Large WSP donors include the United Kingdom, Sweden and the Netherlands. The WSP is field based, with regional offices in East Asia, South Asia, Africa and Latin America. In East Asia the WSP has country offices in Cambodia, Laos, Vietnam, Indonesia and the Philippines. The WSP is independent from the operational arm of the Bank and does not lend money. Its mission is poverty alleviation by helping poor people gain sustained access to water supply and sani-

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*A woman taking water from a polluted pond in Kandal province*

## World Bank Staff Provide Assistance to People Living with HIV/AIDS



*From Left: Ms. Ly Nareth, World Bank Health Development Officer and Toomas Palu, World Bank Lead Health Specialist handing a sewing machine to people who live with HIV/AIDS at Srah Chak Community, December 10, 2008*

“Brothers and sisters at the World Bank Cambodia Office, I would like to thank you all so much for your help and support,” says Bopha (her given name), a mother of two children who is living with HIV/AIDS. She chokes, and tears roll down her emaciated chest as she receives a sewing machine and other gifts from World Bank staff. “I will use this machine to sew clothes to support my son and my daughter,” she says.

Bopha was one of 30 people living with HIV/AIDS who received gifts from World Bank staff. The gifts – including five sewing machines, 25 mosquito-nets, 25 kramas, and 25 mats – were provided by World Bank staff on December 10, 2007, to people living with HIV/AIDS, to mark International AIDS Day. The 30 benefi-

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**Jan-Willem Rosenboom, Country Team Leader of WSP Cambodia**

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tation (sewerage). It works with partners such as governments, NGOs and other organizations to support policy development, to think of innovative approaches, to identify obstacles to getting access to water supply and sanitation, to disseminate information, and to work on legal reform pilot projects.

**Q. What is the WSP's main activity in Cambodia?**

A. In Cambodia, we work in four different directions. The first aims at increasing access to sanitation, specifically in rural areas. Sanitation lags far behind water supply access in rural areas: only 16 percent of people have a toilet; 84 percent use the bush. At Cambodia's First National Forum on Sanitation in November last year, Samdech Prime Minister Hun Sen said Cambodia must focus on increasing access to sanitation, and WSP supports this in different ways. Second, we work with the Ministry of Industry, Mines and Energy and private water supply providers to try to strengthen the providers to run better businesses. We work with the Ministry to develop regulatory reform, licensing options for providers, and strengthening their operations and management. Third, we work with the Ministry of Rural Development and NGOs in partnership with the University of North Carolina to perform field assessments of technologies to improve household drinking water quality. We are evaluating low-

cost options for water treatment to verify that they work as advertised. Fourth, we also work at the national strategic development level on sector support and coordination. WSP together with other donors such as the Asian Development Bank, Unicef, the World Health Organization and the UK Department for International Development provide support to the Technical Working Group on Rural Water Supply, Sanitation and Hygiene, which was established in August last year and is chaired by the Ministry of Rural Development. We support the TWG in carrying out their tasks and developing a national

sanitation strategy for Cambodia. In addition to these national projects, we are working on a specific project to find out what the economic benefits for the country are when it invests in sanitation, or the economic costs if it does not. In other words, what the costs and benefits are, not to individual families, but to the country as the whole. For example, what is the benefit for tourism if we invest in sanitation? This report will be published soon.

**Q. Will you give some examples of how the WSP works to improve sanitation and hygiene?**

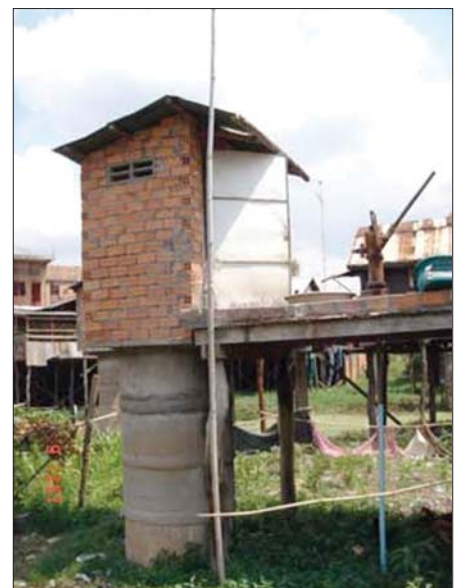
A. We work on different levels. One is social marketing of the sanitation project, which means dealing with constraints in supply and demand. We have done research on how people can go about buying a toilet, where they can buy it, what it costs, what type of material people want, how much they can afford. From our analytical research, we found that a lot of toilet materials are available at the market, but the typical toilet costs \$120, Most households can only afford to pay \$20, so this is a huge gap between demand and supply. Therefore, our pilot project is trying to raise the amount of information and increase households' understanding of the importance of having a toilet. Once they have one, this is good for health, for convenience and for privacy. Then we work with suppliers to develop low-cost toilets that people can afford. On the policy side we work with the government to develop a national strategy that looks at how the country supports national ef-

forts to improve sanitation, and asks questions like: "Should we provide subsidies to the people who can't afford a toilet?" and if so, how we can do that. At the community level we are working on ensuring information and materials allowing choice, such as a flooded area latrine, wet and dry latrine, and latrines for disabled people. This means providing a manual for people who want to build a toilet.

**Q. Fundamentally, sanitation and hygiene are about encouraging people to use a toilet rather than go in the bush, aren't they?**

A. Yes, that's right. In Cambodia 10 million people still go in the bush every day. In November at the Sanitation and Hygiene Forum, Samdech Prime Minister Hun Sen joked: "Imagine 10 million people all taking a pee at the same time... We'd have a flood." Of course, this is a funny joke, but what happens when people go in the bush every day affects everyone: just imagine how much human waste accumulates in the environment. Truck loads. And where does it go? Into rivers, into water wells, and dried up as dust throughout the environment. Then we drink it and it makes us sick. 11,000 people die every year from diarrhea in Cambodia because of bad sanitation – and most of them are young kids. So we urgently need people to stop using the bush and build toilets. For a community to get the health benefit, all people must have a toilet, not just the rich. And when you have toilet you have to use it every time

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**A toilet built in a flooded area**

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and wash your hands after use. Another finding from our research is that subsidies have benefited the middle class, not the poorest people, because the poorest cannot afford even a share of the cost. We and our partners are also encouraging the Community Led Total Sanitation (CLTS) approach which moves away from subsidies for building toilets, and focuses on raising awareness in the community about the waste accumulating in the environment and the effect on everybody's health. This awareness leads to a desire for people to change their behavior and want to have a clean community and better health through their own actions (like stopping open defecation).

### ***Q. What progress is there in building toilets in Cambodia?***

A. The latest figure we have is for 2005. By then in rural areas 16 percent of people had toilets, which is up from 8 percent. So there has been progress. The government's target is to have 30 percent coverage in rural areas by 2015 and 100 percent coverage by 2025.

### ***Q. Do you think Cambodia can achieve that goal?***

A. The honest answer is that it will be really, really tough. If you had asked me a year and half ago, I would have said there is no way to reach the goal. We looked at the figures and saw that at the rates of progress then, to reach 30 percent coverage would take 182 years, and to reach 100 percent 886 years! And those figures didn't allow for population growth. It seemed impossible. However, in the last year there have been a lot of positive developments. Now the government begins to speak out on the importance and priority of sanitation and we all strongly believe that if we are going to see change it needs support from the higher level; it needs reflection in national planning and in the national budget. The higher level needs to stand up and say "Yes, we believe that water supply and sanitation are important for the well-being of our rural population and decreasing poverty." Another point that makes me feel more positive is the involvement of donors. Don't forget, to have a toilet is one thing, but to use it is another. And to wash one's hands after



***Waste can pollute water resources such as rivers and water streams***

use, to wash one's hands after cleaning children's bottoms and to wash one's hands before preparing food for the family are also important.

### ***Q. What challenges do we face in achieving the government's target?***

A. Excellent question. The biggest challenge in Cambodia is to translate from the awareness to behavior. When we talk to people, including ministries, we find that awareness of appropriate hygiene behavior is very high. People know they should use toilets and should wash their hands. Yet they don't. When we did our research, people told us that the cheapest toilet costs \$17, and they can afford to pay \$20 for a toilet. Yet they don't buy one. There was something else than just the price of the latrine. Then we saw that people want to have a nice toilet with a brick wall, tin roof and so on which costs more than \$100; therefore, they can't buy it. So we are working to improve the culture of waiting to a culture of acting. For example, by developing ways for people to make small upgrades to a latrine over time, and after some time, they can have a very nice toilet. Just take many small steps, instead of one big one.

### ***Q. It's maybe a stupid question. Why should we care about sanitation and hygiene?***

A. It's simple and important message: if we don't care, we die. This is all too true a reality for many people in Cambodia. There are many individual reasons to own and use a toilet: it gives you convenience, privacy, better safety for women when they don't have to go to the bush at night, even status. But the main reason for people like me to focus so much on latrine promotion

is that we want you to live, we want you to be healthy; that's why we want you to use a toilet and wash your hands every time.

### ***Q. What are the costs to the economy when you have poor sanitation?***

A. The study we did for Cambodia indicated the total cost to the economy of not investing in sanitation is almost \$450 million, which translates to a cost of \$32 for each person. Close to \$200 million (or 42 percent) of this is due to impacts on health. The impact on water resources is also big: it's around \$150 million, or 33 percent of the total. The impact on tourism adds up to 16 percent of the total, or almost \$75 million.

### ***Q. You said bad sanitation can affect the tourism industry. Could you elaborate?***

A. The assumption underlying the model set up by the study is that the popularity of tourist destinations is in part related to sanitation conditions. If the areas are unattractive, smelly, dirty because of the lack of sanitation, they may not go there. They don't want to get sick. If they do, the destination will get a bad reputation, and tourists will stay away. There are very few studies in the region which have been done to look at this impact.

### ***Q. If you were asked for recommendations to help Cambodia, what would your top three points be?***

A. First, for the government to continue to speak out on the importance of sanitation and to reflect that in action by clearly placing water supply, sanitation, and hygiene *see SANITATION page 4*

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ciaries, who live in the Srah Chak community in Phnom Penh, also received notebooks and pencils for their children.

The National Center for HIV/AIDS, Dermatology, and Sexual Transmitted Infection (NCHAD) estimates that the prevalence of HIV/AIDS in Cambodia declined to 0.9 percent in 2006. But it says 67,000 people between the ages of 15 and 49 have HIV/AIDS. Of those more than 30,000 are AIDS patients and nearly 23,000 are receiving ARV treatment. There are also nearly 4,000 children under the age of 15 who are HIV positive and of those more than 2,000 are under ARV treatment.

The World Bank's health specialist, Toomas Palu, one of the organizers of the December 10 event, said International AIDS Day reminds people of the challenge that the world and millions of people are facing in dealing with the disease.

"We see that these people are full members of the community: they are working and supporting families and contributing to community and society; they are parents of children," he said. "But now they are struggling to live a normal life, and sometimes they suffer because parents, children, spouses or relatives have lost their lives, and sometimes they are challenged by the high cost of medicine. So they need care, support and encouragement from the community and from all of us."



*A solidarity lunch with all participants at the ceremony in Srah Chak Health Center in Phnom Penh, December 10, 2008.*

He said although the gifts were small, they presented an opportunity to people living with HIV/AIDS, bringing hope back into their lives and offering a means of supporting their family and children.

"We know that these gifts are not enough to solve all the problems they are facing, but at least they can help them to get back in work to support their lives and families," Mr. Palu said.

Mom Sophal, HIV/AIDS program coordinator for the Phnom Penh Health Department, said the gifts are a great help to people who live with HIV/AIDS.

"I am so impressed with the generosity of World Bank staff sharing the burden of the victims of HIV/AIDS and pro-

viding them with support."

The event was jointly hosted by the Phnom Penh Municipality Health Department, World Bank, Vithey Chivet, the Indradevy Association, and Sangkat Srah Chak. Vithey Civeth is an organization formed by a group of people living with HIV/AIDS to provide support and care to people with HIV/AIDS. Indradevy is also an association to support and improve home based care for people who live with HIV/AIDS. The event ended with a solidarity lunch for all participants.

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giene into its Rectangular Strategy and

the National Strategic Development Priority. Second, for development partners



**Jan-Willem: if the areas are unattractive, smelly, dirty because of the lack of sanitation, the tourists may not go there. They don't want to get sick**

to work together with the government on developing a practical approach to increasing sanitation demand, and work on the financial options for households. Third would be working on awareness raising and social marketing of toilets. We need to remember that of all the toilets that exist in Cambodia 80 percent are the result of private household investment and 20 percent come from projects implemented by the donors. So we can't solve the problem just by projects, we need to enable families to make the decision to improve their sanitation and we should make options available in terms of information, technology options and finance.

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