

# Water and Sanitation in Rural Area of Cambodia

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## Abstract

Water related diseases are caused by unsafe drinking water and improper waste disposal and it has an immediately impact on peoples' life especially for the children under 5 years old. In Cambodia based on the study of WHO, 2003 child mortality is 153 per 1,000 for males and 127 for females, which is one of the highest rates in 27 countries and percentage of total life expectancy lost is 12.1 for males and 13.3 for females. Expenditure on health is 11.8% of GDP=\$270. As stated in the baseline survey of the national census in 1998 only 8.3% of rural population is having access to sanitation and 23.7% of rural population has access to safe drinking water sources.

Based on situation analysis described above we realize that the main root cause is lack of understanding on water and sanitation of people, inadequate of safe drinking water sources and sanitation facility (family latrine) which we need to have a proper strategy and approach to address these issues.

There are three proposed strategies that could solve the problems: Provide awareness to people about water and sanitation, Provide safe drinking water source and Sanitation (Family latrine) facility.

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## Introduction

1. Introduction covering location and problem definition

Samaki Meanchey district is located in far southwestern part of Kompong Chhnang province of Cambodia. It covers an area of 694.4 km<sup>2</sup> with population density of 82.3 people per km<sup>2</sup>. The Lutheran World Federation is working with 5 communes that have total population of 32,920 with 6,227 families. The literacy rate of the people is 52.2%; 60.2% among men and 45.3% among women.

Large families (average household 5.0 persons), a young population (50% under 15 years) and a high population growth put a lot of strain on the limited resources of households and particularly on women. Preventive rural health services for hygiene and nutritional related diseases and for maternal childcare, family planning and HIV/AIDS awareness, where available, are very rudimentary in the areas.

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Most rural communities in the areas suffer from a high rate of water-borne disease, which is linked to drinking and using unsafe water and poor hygiene and sanitation. Many pond, small river and hand-dug wells do not provide potable drinking water and dry out during the dry season. People have to walk long distances and even then the water collected is often unsafe. As traditional most villagers use open place for defecating this creates diseases and polluted water sources. They are not educated to the dangers of drinking contaminated water and proper keeping waste disposal due poor health service from the government institution.

2. Situation Analysis: describe the socio-economic characteristics of the area involved and quantify the problem to the extent possible (population size, percentage of population with potable water service, percentage with sanitation or wastewater, etc.)

The poor status of social welfare in remote areas and poor attitude towards rural services can be seen in the living conditions of homeless widows, widows as heads of families, the presence of many street children and orphans, disabled people who have lost self-confidence and are neglected by society.

As stated in the baseline survey of the national census in 1998 only 23.7% of rural population has access to the safe drinking water, and 8.3% have access to sanitation (reference 1). The situation is even worse when considering only the poorest people, because poor people do not have any means to construct clean water wells and sanitation facilities. In some villages, owners of the clean water sources do not allow the poorest people to access those sources, then the poorest have to go to get water from the polluted sources for daily domestic use.

Droughts frequently occur the areas that it is main catalyst to dry out water sources and people will use polluted water sources with small quantity for daily life. It will be a speedy movement to spread out more disease in the whole area which it will be a serious matter of children under 5 years to be in dangerous situation.

3. Description of Problem that needs to be solved

Based on factors described above safe drinking water sources, sanitation facilities and awareness of people of water and sanitation are the main key issues need to be addressed. Water related diseases are caused by unsafe drinking water and improper waste disposal and it has an immediately impact on peoples' life especially for the children under 5 years old. In Cambodia based on the study of WHO, 2003 child mortality is 153 per 1,000 for males and 127 for females, which is one of the highest rates in 27 countries and percentage of total life expectancy lost is 12.1 for males and 13.3 for females (reference 2).

Year round access to safe drinking water with proper management of waste disposal will contribute to poverty alleviation by eliminating the need to buy drinking water, reducing ill health in the household thus reducing expenditure on health care and medicine, reducing the time away from more productive pursuits due to ill health, reducing time spent caring for sick dependents or reducing time and money spent collecting water from remote sources. Based on WHO expenditure on health of Cambodian is 11.8% of GDP=\$270 (supporting information 1).

One more thing is understand about water use and good practise of sanitation of households will contribute to reduce rate of water related diseases and lead to prevent and mitigate poverty status of rural communities.

#### 4. Preliminary Approaches that you are Considering

Based on situation analysis described above we realize that the main root cause of water related diseases is lack of understanding on water and sanitation of people, inadequate of safe drinking water sources and sanitation facility (family latrine) which we need to have a proper strategy and approach.

There are three proposed approach that could solve the problems:

- Provide awareness to people about water and sanitation
- Provide safe drinking water source through Water Point Committee
- Sanitation facility (Family latrine)

**Provide awareness to people about water and sanitation** - In this activity we should develop an appropriate IEC material for educating to rural people about water and sanitation who are low education and illiteracy. The awareness should be done in face to face by invite them to participate in awareness session. If possible we should have TV show about polluted water source and its negative impacts and good water source and its positive impact. We can also broadcast through TV but it is more expensive then face to face awareness. Women and children are out main beneficiaries for the awareness.

**Provide safe drinking water source through Water Point Committee** - A hand pump well (figure 1) will be constructed where the ground water source is available by facilitate people to form Water Point Committee (5 member, 2 are female). This committee is responsible for collecting people contribution both in kind and in cash. Cash amount \$70.00 will be collected from the water user group who will use water from the hand pump well for future hand pump maintenance. This money will be kept by the WPC in the village. One hand pump well can give water to 35-40 families (175-200 people). WPC members will be trained on hand pump maintenance and book keeping. In addition to that people will contribute sand and stone for well's platform construction if those material are available in the village.

## Appendix

### A. References

1. General Population Census of Cambodia 1998 Final Results
2. WHO website about Cambodia

### B. Supporting Information



