ABSTRACT

Context: Lack of clean water is a chronic problem particularly in rural areas of Cambodia. Although the country is richly endowed with natural lakes and rivers, access to clean water for drinking especially during flood time is very limited. Water, sanitation and health are intimately entwined issues. The high prevalence of diseases associated with contaminated water and poor hygiene is appalling which gives a ring of urgency for the much needed water filtration system and community awareness raising on water and sanitation to reduce the burden of water-borne diseases that endanger the lives of Cambodian adults and children.

Methods: This baseline assessment was conducted in two Operational Districts of Bakan and Sampov Meas in Pursat Province covering 25 HCs and 123 villages. The respondents were 492 women; 426 (86.6%) of them have children ageing less than 36 months. The questionnaire translated in Khmer was the primary data gathering tool. The results were analyzed using frequency, percentage and mean.

Results: Majority of the households in Bakan (94.6%) and Sampov Meas (82%) ODs did not use water filter. Only few households were using ceramic and biosand filter types and some of them even stopped using it (ceramic 90%; biosand10%) because they reported that ceramic filter is easily broken and biosand filter works slow. They also indicated that the household filter is hard to maintain because it becomes dirty easily when water from the river is put directly into it.

Every household consumes an average of 210 liters per day. During dry season, 49.2% of the respondents use water from the pond and river and during wet season, 64.6% use rainwater. Majority (82%) of the households who drink water directly without filtering or boiling it have children who got diarrhea during the last 2 weeks. Diarrhea (60.9%) ranks 1st among the common diseases of children ageing <3 years old. Common diseases among children 3 to 14 years old were respiratory tract infection (43.7%), fever (37.3%), typhoid (16.7%), dengue fever (9.0%), diarrhea (7.4%) and parasite (5.5%).
In terms of hand washing practices, 90.2% of the respondents wash their hands before eating; 14.6% wash their hands before feeding a child and 5.7% wash their hands after changing the baby’s diaper. Of the 10 mothers who always wash their hands with water, 7 (70%) have children who got diarrhea during the last two weeks. Out of 15 mothers who always wash their hands with soap and water, 6 (40%) have children who got diarrhea. Household spending for treatment of the disease was within the range of less than 20,000 Riel (less than $5 USD) to more than 200,000 Riel, (>50 USD).

**Conclusion:** Water and sanitation are currently issues of interest in the rural community of Cambodia. Water filtration system is a necessity as majority of the residents of Bakan and Sampov Meas ODs did not use household water filter. Their sanitation practices were still very low which pose an eminent health hazard among the people other than lack of access to clean drinking water. This situation is marked by extremely high incidence of diarrhea among children less than 3 years old. Proper hand washing during five critical times was not practiced by most of the women. The availability of clean water for hand washing is equally important as the incidence of diarrhea among children was relatively high despite their mothers practiced hand washing with soap and water. Spending for the treatment of the disease is an added burden to the poor households. Boiling putrid water for domestic consumption will increase household spending for fuel and will create more pressure on the community woodland. Hence, there is an urgent need to improve access to clean water through large-scale filtration system and to integrate water and sanitation into the various health messages to raise the awareness of the community on hygiene and the importance of drinking clean water.

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