Scaling Up Rural Sanitation

Enabling Environment Endline Assessment: Indonesia

Andy Robinson

November 2011

wsp
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sanitation program

By Andy Robinson

This report is based on fieldwork and research funded by the Bill & Melinda Gates Foundation through the Water and Sanitation Program (WSP). The fieldwork and research could not have taken place without the support and assistance of the Government of Indonesia (Ministry of Health, BAPPENAS), the Government of East Java, and the Water and Sanitation Program.

Special thanks are due to Djoko Wartono, Nilanjana Mukherjee, Deviariandy Setiawan, Ari Kamasan, Amin Robiarto, Effentrif, Wano, Saputra, and Sasya Arifin for their kind assistance and support in Indonesia. Additional thanks are owed to Almud Weitz, Eddy Perez, Nilanjana Mukherjee, Djoko Wartono, and Deviariandy Setiawan for their peer reviews.

Today, 2.6 billion people live without access to improved sanitation. Of these, 75 percent live in rural communities. To address this challenge, WSP is working with governments and local private sectors to build capacity and strengthen performance monitoring, policy, financing, and other components needed to develop and institutionalize large scale, sustainable rural sanitation programs. With a focus on building a rigorous evidence base to support replication, WSP combines Community-Led Total Sanitation, behavior change communication, and sanitation marketing to generate sanitation demand and strengthen the supply of sanitation products and services, leading to improved health for people in rural areas. For more information, please visit www.wsp.org/scalingupsanitation.

This Working Paper is one in a series of knowledge products designed to showcase project findings, assessments, and lessons learned through WSP's Scaling Up Rural Sanitation initiatives. It is conceived as a work in progress to encourage the exchange of ideas about development issues.

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SANITATION FOR ALL
THE DRIVE TO 2015

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Executive Summary

The Water and Sanitation Program (WSP) has implemented the Global Scaling Up Rural Sanitation Project since 2007. One of the central objectives of the project is to improve sanitation at a scale sufficient to meet the 2015 sanitation Millennium Developmental Goal (MDG) targets in Indonesia, India, and Tanzania.

The baseline assessment of the enabling environment was completed in July and August 2007, during the start-up phase of the overall project. This follow up endline assessment was carried out three years later in mid-2010. This report presents the main findings and recommendations from the endline assessment of the ability of the enabling environment to scale up, sustain, and replicate sanitation improvements in East Java, Indonesia.

In order to ensure consistency in the assessment findings, WSP developed a conceptual framework for assessing the enabling environment for sanitation. This framework was developed based on a literature review and a series of discussions with key actors. The framework consists of eight dimensions considered essential to scaling up the total sanitation and sanitation marketing approaches in rural areas:

- Policy, strategy, and direction
- Institutional arrangements
- Program methodology
- Implementation capacity
- Availability of products, tools, and information
- Financing and incentives
- Cost-effective implementation
- Monitoring and evaluation

Total Sanitation in Indonesia

Community-Led Total Sanitation (CLTS) was introduced into Indonesia in May 2005 through field trials in six provinces. The remarkable success of these field trials, implemented with assistance from the MoH and two of its large rural water supply and sanitation programs, caused the CLTS approach to spread to several hundred additional communities, generated significant demand from other districts, and led to its subsequent adoption as the main methodology for sanitation improvement in several large sector programs.

Global Scaling Up Rural Sanitation Project in Indonesia

The WSP decided to implement the project in East Java because the province had an unusually good response to CLTS interventions. Lumajang District in East Java has been the most prominent success story of the CLTS experience in Indonesia, and key stakeholders from East Java (including several local doctors) have been amongst the most visible and vocal supporters of these new approaches to sanitation development.

Baseline Assessment of Enabling Environment

Strong central and local government involvement in the previous CLTS interventions had built consensus and support for the total sanitation approach in Indonesia, which paved the way for the project. A national total sanitation policy and strategy was under preparation at the time of the baseline assessment, and the World Bank-supported Third Water Supply and Sanitation for Low Income Communities Project (known as PAMSIMAS[1]) was due to implement total sanitation and sanitation marketing approaches in 15 other provinces. However, inter-ministerial rivalries were affecting the development of the enabling environment, and were reported to be limiting the political priority given to rural sanitation improvement. The five-year national development plan for 2005–2009 included the target of 100 percent open defecation free status by 2009, but no strategy or medium-term expenditure plan was developed to support this ambitious goal, and it was clear in mid-2007 that this target was unlikely to be reached in even the most progressive and successful areas of sanitation improvement.

Province and district level activities, including project roadshows in East Java, were at that time developing local government support and financial allocations for rural sanitation improvement. However, with the exception of

[1] From the Bahasa Indonesia acronym for Water and Sanitation for Low-Income Communities.

districts that had taken part in the World Bank-funded Second Water Supply and Sanitation for Low Income Commuunities Project (WSLIC 2), few local governments had adequate rural sanitation experience, and few sanitarians were actively engaged in sanitation promotion and monitoring. The project was in the process of hiring resource agencies to provide technical assistance, implementation backstopping, and capacity building to the district governments in East Java, but it remained unclear whether this support would be sustainable and effective.

Finally, the direct implementation activities of the project were targeting only about 11 percent of the rural communities in East Java, which allowed interventions to be implemented largely in above-average communities. As a result, it remained unclear whether, when scaled up to cover more below average and low performing communities, the strategies and approaches utilized by the project would achieve the large-scale results required to reach the 2015 MDG for sanitation.

Endline Assessment of Enabling Environment

The 2010 endline assessment found significant improvements in the enabling environment for rural sanitation improvement. The national environment grew stronger with the MoH's 2008 issue of a *Sanitasi Total Berbasis Masyarakat* (National Strategy for Community-Led Total Sanitation, or STBM using its *Bahasa Indonesia* acronym), which subsequently led to the inclusion of an STBM program in the five-year national development plan for 2010–2014. However, these developments have yet to be institutionalized, as there are currently inadequate budget allocations to meet the ambitious STBM targets, and the STBM secretariat is largely reliant on development partners to finance its activities.

US$1.6 billion has been allocated for the five-year implementation of the Accelerated Sanitation Development of Human Settlements (PPSP) program, marking the first time that the sanitation development budget has exceeded that for water supply development, but this amount is largely for urban sanitation infrastructure through the Ministry of Public Works (MoPW). Rural sanitation improvement remains a relatively low priority for both the Ministry of Health (MoH) and the MoPW, with no evidence of a rural sanitation champion pushing for stronger support or investment at the national level.

Nevertheless, the project has made a significant impact on the enabling environment for rural sanitation in the province of East Java. There is clear evidence of an acceleration in sanitation progress in project communities—estimated to be roughly ten times faster than the national average—and many of the improvements appear to be embedded in district institutions and processes, and should therefore prove scalable and sustainable over time.

Sanitation remains a local government responsibility, and as a result the decentralized and demand-responsive approach adopted by the project in East Java has proved highly appropriate and effective. In the absence of any larger central programs, district governments were convinced to use their own institutions and resources to implement the project, resulting in sustainable arrangements and finance, cost-effective use of local resources, as well as proactive efforts to learn from others, innovate, and develop locally appropriate approaches. The private resource agencies contracted by the project were effective in supporting the districts during this learning and development phase, and most district governments now appear to be confident in managing and sustaining their rural sanitation programs.

There is increasing consensus nationally that total sanitation and sanitation marketing approaches are effective program methodologies, with most rural sanitation programs in Indonesia now utilizing some form of total sanitation approach and many showing interest in developing a sanitation marketing component. Both UNICEF and Plan Indonesia have made explicit requests to WSP for assistance in developing sanitation marketing components for their large-scale sanitation programs.

The main exception is the MoPW and its PPSP program, which in the future will cover both urban and rural settlements using the urban strategic sanitation planning approach developed by the Indonesia Sanitation Sector Development Project (ISSDP). PPSP will divide responsibility between the MoH and MoPW, with MoH responsible for behavior change and sanitation promotion, and MoPW responsible for technical activities and infrastructure projects.

The MoH is likely to utilize the approaches advocated by WSP in its promotional activities, but there remains a risk that the more infrastructure and public finance-based approaches advocated by the MoPW may set the PPSP agenda and dominate program activities unless the MoH makes a stronger and more consistent case for the effective use of the approaches developed under the project.

Further work is required to increase the scale and cost-effectiveness of the sanitation marketing approach, as it has been successful, so far, in only relatively small areas. The project team recognizes the importance and potential of this component, and considerable learning has been gained from the experiences to date. As a result, the team is now working to develop an improved approach to identifying and developing sanitation entrepreneurs, and to solving some of the credit constraints faced by rural households.

The approaches used to develop the enabling environment in East Java have been particularly successful. Exposure visits and regular learning events were central to the spread of innovation and the steady improvement of implementation methodologies across the province, to the extent that several of the districts have taken the initiative to finance and organize their own visits and events.

The main challenge faced by committed districts today is the effective use of their capacity and resources, rather than finding or developing basic implementation capacity, which were the obstacles at baseline. Health departments in the high performing districts in East Java are now facilitating sub-district implementation activities through organizing training, providing technical assistance, and benchmarking progress, rather than managing direct project implementation activities. This arrangement is a more effective use of the extensive human resources at lower levels, enabled by the increased local budget allocations that financial decentralization provides to sub-districts, health posts and village governments.

Despite these improvements, there remain significant challenges in providing adequate incentives for sanitarians to convince them undertake sanitation roles and responsibilities, as well as in finding entrepreneurs interested in working as latrine providers in rural areas. The project includes health post sanitarians in courses devised to train sanitation entrepreneurs, but few have become active to date. This assessment raises doubts over the possible conflict of interest faced by sanitarians with responsibility for sanitation promotion, private service provision, and sanitation outcome monitoring.

There is still no national award or incentive scheme for rural sanitation, and several central stakeholders suggested that there was currently little support for this sort of incentive mechanism due to the negative publicity associated with India's *Nirmal Gram Puraskar* (Clean Village Award). Despite this central stasis, the Java Post Institute of Pro-Autonomy (JPIP) sanitation award given to the elected head of the best performing sanitation district in East Java has proved to be a powerful and effective incentive for increased political commitment to rural sanitation improvement, and provides a useful model for the development of similar incentive schemes in other parts of Indonesia.

The project benchmarking tool, which forms the basis for the JPIP sanitation award criteria, is the only mechanism that encourages the reporting and use of cost-effectiveness data in East Java. Few districts compile the data themselves, but the inclusion of three cost-effectiveness criteria in the JPIP sanitation award has heightened attention on the measures that influence these criteria, including household latrine investments, cost per ODF community, and investment per improved sanitation facility. The cost-effectiveness data confirm the good performance of the project to date, which in turn suggests that the enabling environment has been working well: the 43 percent ODF success rate has exceeded the target set at baseline; the number of verified ODF communities is at 98 percent of the project target; the program cost per ODF community and cost per improved latrine in use are both estimated to be lower than the endline targets; and the program and local government investments have leveraged five times more investment by rural households.

The Indonesian National Socioeconomic Survey (SUSENAS) provide a biennial source of nationally representative latrine usage data, but there is still no institutional system for more regular monitoring and evaluation of national progress on rural sanitation improvement. In addition, the response

categories in the SUSENAS surveys remain too broad to enable accurate classification of household latrines into improved and unimproved sanitation facilities.

As a result, most monitoring and evaluation is conducted through temporary project processes, with little evidence that the data from these processes are being used to inform improved policy and programming. The project has developed a province-wide monitoring system to collect monthly data on sanitation progress, but this system focuses on latrine construction rather than on the sustainability of sanitation outcomes, and has not yet been adopted or replicated in any other provinces. The project is supporting a number of interesting evaluations at the moment, but there is little evidence that other stakeholders have been persuaded of the value of investing in evaluations of effectiveness, sustainability, or impact. The Environmental Health Directorate of the MoH has no budget for program evaluation, and thereby remains dependent on externally derived effectiveness data for its policy and investment decisions.

The short message service (SMS) monitoring system currently being implemented in East Java seems likely to improve the reliability and cost-effectiveness of rural sanitation monitoring, but has not yet been widely adopted even within some of the better performing districts. Further efforts are required to promote this system at both national and provincial levels.

Despite impressive improvements in the enabling environment for rural sanitation and visible gains in East Java, there is not yet any evidence of the large-scale spread and replication of more cost-effective and sustainable rural sanitation approaches to other provinces. The lack of any effective government system to monitor progress towards the government's rural sanitation goals exacerbates this problem. As a result, Indonesia is not on track to meet either its rural sanitation MDG or the government's National Medium-Term Development Plan (RPJMN) target of 100 percent open defecation free (ODF) status by 2014.

However, the project has contributed substantively to the spread of the CLTS and sanitation marketing approaches to Lao PDR, and to recent sanitation innovation and progress in Timor-Leste. The success of the program methodologies has been recognized by a large number of domestic and international stakeholders, with strong regional interest in study tours and exposure visits to East Java, and high demand for more information and tools on the project approaches. Effective response to these demands, such as the recent training course on total sanitation approaches that the project team provided for stakeholders in Laos, will be a significant factor in the spread of these approaches within the region.

Recommendations

The project's undoubted success within East Java means that the majority of the recommendations concern further efforts to strengthen the enabling environment for rural sanitation improvement at national level.

Recommendation 1: Strengthen the Rural Sanitation Elements of PPSP

PPSP is developing into the principal vehicle for sanitation development in Indonesia, attracting substantial budgets, resources, and political priority. WSP's four-year Indonesia Sanitation Sector Development Program (ISSDP) has been successful in influencing the development of a strong framework for urban sanitation planning and finance, including PPSP, through its activities with national and strategic urban partners. On the other hand, much of the project team's efforts have been directed to implementation activities in East Java. Therefore, it is recommended that the project team invest greater effort in influencing the incorporation of STBM into PPSP, particularly to ensure that the universally acclaimed project approaches are built into the rural policy, programs, and practice of the PPSP. In addition, further technical support should be provided to the STBM secretariat to assist it to be more effective and to improve recognition of the importance of its role by government decision-makers.

Recommendation 2: Review and Strengthen the Sanitation Component of the PAMSIMAS Program

The PAMSIMAS program still has the potential to be an important vehicle for scaling up project approaches, subject to revitalization of the sanitation component and stronger consensus on the way to remedy previous program weaknesses. A multi-stakeholder evaluation would be useful to identify the reason for the current problems, with careful efforts made to establish whether the approach has failed,

or whether—as seems likely—the problems derive from poor implementation and institutional problems related to the different priorities of the two main implementation agencies.

Recommendation 3: Incorporate Rural Sanitation Improvement into the National Community Empowerment Program

Another potential vehicle for scaling up rural sanitation is the National Community Empowerment Program (PNPM). In the past, some PNPM components have provided household latrine subsidies that have been reported to undermine the project approaches. There is, however, a conditional grant system incorporated in the PNPM *Generasi*, which focuses on improving twelve health and education indicators. There is considerable potential to use this program to direct finance towards rural sanitation improvement and to use PNPM community block grants to finance environmental sanitation improvements such as drainage and solid waste management systems. In particular, WSP has been examining the potential to include a communal sanitation indicator, such as ODF status, as a pre-condition for some of the conditional payments designed to improve health and nutrition, in the understanding that the effectiveness of some of the PNPM nutrition interventions is limited by continuing diarrheal disease and tropical enteropathy linked to inadequate sanitation and hygiene.

Recommendation 4: Attract Greater Political Support to Rural Sanitation Improvement

The endline assessment makes clear the importance of gaining political support for rural sanitation improvement. While many elements of the political economy are beyond the influence of rural sanitation interventions, it is clear that more institutional approaches are required to attract political support, tackle succession problems, and sequence interventions around election and budget cycles. Lessons drawn from successful efforts to attract greater political support for urban sanitation suggest that regular summits between interested and progressive leaders provide opportunities for incremental commitments, and generate sufficient political capital to draw in previously disinterested elected representatives to future sector policy, planning, and strategy processes. WSP can play an important role in facilitating high-profile rural sanitation summits that engage and commit key political leaders to action on rural sanitation improvement.

Recommendation 5: Facilitate the Spread of Project Approaches to other Provinces

There remains only limited awareness and understanding of the fundamentals of the approaches used by the project, particularly in the realms of sanitation marketing and enabling environment activities, by other sanitation stakeholders. There are also some reservations about the relevance of the approaches developed in East Java to more remote and disadvantaged parts of Indonesia, where different market conditions and consumer priorities recommend the need for separate market research and communications strategy development.

WSP does not have the human resource capacity to implement similar projects in a number of provinces, but it does have the specialist skills and experience needed to design formative and market research, and to develop the communications strategies and marketing tools critical to wider implementation. Therefore, WSP should encourage groups of interested local governments and development partners to co-finance regional sanitation research and development activities designed to provide local sanitation projects with information and tools specially tailored for the effective implementation of project approaches in each region of Indonesia.

The success of the project resource agency model may be difficult to replicate across Indonesia given the shortage of experienced agencies in many areas, so it is also recommended that WSP should support the government in establishing regional sanitation resource centers capable of providing regular technical assistance, backstopping, and capacity building to project-based programs, which could be financed through contributions from the agencies and programs that utilize the resource centers.

Recommendation 6: Develop Project-Based Process Indicators

The varied project implementation approaches adopted by the 29 districts in East Java and the wide variety of sanitation marketing proposals currently being discussed by other stakeholders suggest that it would be useful for WSP

to identify the core elements and processes required to create demand, strengthen supply, and improve the enabling environment for rural sanitation. While it remains important to encourage programming flexibility and innovation, the project team agreed that some core elements are essential to cost-effective and sustainable implementation of project approaches, and that further work is required to identify a simple set of process indicators that could be employed to assess the quality of other interventions and to ensure that critical elements are neither left out nor underutilized.

Recommendation 7: Incorporate Feedback Loops into Capacity Building Programs

The mason training program illustrated the importance of reviewing the effectiveness of capacity building activities, and of creating a feedback loop that allows the findings of the review to inform the improvement of future capacity building activities. These reviews should examine whether the capacity building programs result in any new or improved actions that utilize the built capacity, as well as whether the right capacities have been built in the right people. Therefore, all project capacity building activities should include some performance assessment; these assessments can then used to develop improved selection criteria before investing in capacity building.

Recommendation 8: Seek to Replicate the JPIP Sanitation Award in Other Provinces

Given limited appetite in the central government for the national ranking of districts based on sanitation service provision, and some skepticism regarding large outcome-based incentive systems, it may prove difficult to establish a national sanitation award scheme without further evidence of the benefits. Therefore, it is recommended that award schemes similar to the JPIP sanitation award in East Java should be identified in other provinces, and that efforts should be made to introduce sanitation awards or criteria into these existing systems. When several provincial awards are operational, it will become easier to push for national recognition of the best performing local governments, and to work towards the creation of a national sanitation award system.

Contents

Abbreviations and Glossary

Bahasa Indonesia	The official language of Indonesia
BAPPEDA	Development Planning Agency
BAPPENAS	National Development Planning Agency
Bupati	District Head, an elected official
CLTS	Community-Led Total Sanitation
CSR	Corporate Social Responsibility
DHS	Demographic and Health Survey
EASan	East Asia Ministerial Conference on Sanitation
IDR	Indonesian Rupiah
IFC	International Finance Corporation
IMR	Infant Mortality Rate
ISSDP	Indonesia Sanitation Sector Development Program
ITS	Technical Institute of Surabaya
JMP	WHO-UNICEF Joint Monitoring Program for Water Supply and Sanitation
JPIP	Java Post Institute for Pro-Autonomy
MDG	Millennium Development Goal
MoH	Ministry of Health
MoPW	Ministry of Public Works
M&E	Monitoring and Evaluation
NAP	National Action Plan
NGO	Non-Governmental Organization
NGP	*Nirmal Gram Puraskar* (Clean village award)
ODF	Open Defecation Free
PAMSIMAS	Third Water Supply and Sanitation for Low Income Communities Project
PHAST	Participatory Hygiene and Sanitation Transformation
PMU	Project Management Unit
PNMP	National Community Empowerment Program
PPSP	Accelerated Sanitation Development of Human Settlements (*Bahasa Indonesia* acronym)
Puskesmas	Sub-district health centre
RPJMD	District Medium-Term Development Plan (*Bahasa Indonesia* acronym)
RPJMN	National Medium-Term Development Plan (*Bahasa Indonesia* acronym)
RSM	Rural Sanitary Mart
SMS	Short Message Service (text message)
STBM	National Strategy for Community-Led Total Sanitation (*Bahasa Indonesia* acronym)

SUSENAS	Indonesian National Socioeconomic Survey
TSSM	Total Sanitation and Sanitation Marketing
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Health
WASPOLA	Water and Sanitation Policy and Action Planning Project
WHO	World Health Organization
WSLIC-2	Second Water Supply and Sanitation for Low Income Communities Project
WSP	Water and Sanitation Program

I. Introduction

WSP has implemented the Global Scaling Up Rural Sanitation Project since 2007. One of the central objectives of the project is to improve sanitation at a scale sufficient to meet the 2015 sanitation Millennium Development Goal (MDG) targets in Indonesia, Tanzania, and the Indian states of Himachal Pradesh and Madhya Pradesh.

A consultant was contracted to perform an endline assessment of the programmatic and institutional conditions (referred to by the project as the *enabling environment*) needed to scale up, sustain, and replicate the total sanitation and sanitation marketing project approaches in the province of East Java, Indonesia. The Terms of Reference (TOR) is detailed in Annex 3. This report is the main output of that consultancy.

The baseline assessment of the enabling environment was carried out during the start-up phase of the project in July and August 2007. This follow up assessment was carried out three years later in mid-2010, following the one-year extension of the project from its original mid-2009 end date.

The endline assessment's purpose is three-fold:

- Assess the extent to which the programmatic conditions for scale up and sustainability have improved by the end of the project.
- Recommend what should be done to address any gaps identified by the assessment during the remainder of the project implementation period, or in the future if a follow-on project is undertaken.
- Determine whether an appropriate enabling environment is in place to meet the 2015 MDG sanitation target, and assess whether these conditions are likely to be sustained.

The fundamental determination that the endline assessment should make in relation to Indonesia is if the enabling environment has be institutionalized to support scaling up in a sustainable manner, and whether that scale up can continue after 2010: without assistance, with less assistance, or with difference assistance from the project.

This report presents the main findings and recommendations from the endline assessment of the enabling environment to scale up, sustain, and replicate sanitation improvements in East Java, Indonesia.

II. Assessment Framework and Methodology

In order to improve the comparability of the findings from the assessment in Indonesia with those from the assessments in Tanzania and India, a common assessment framework was developed by the WSP headquarters team and its specialist advisers in Washington DC. The assessment framework consists of eight dimensions that are considered essential to the scaling up, sustainability, and replication of total sanitation and sanitation marketing approaches in rural areas:

- Policy, strategy, and direction
- Institutional arrangements
- Program methodology
- Implementation capacity
- Availability of products, tools, and information
- Financing and incentives
- Cost-effective implementation
- Monitoring and evaluation

Definition of Scale Up: Increase the scale, rate of provision, and sustainability of sanitation services to reach the three-year 2010[2] targets in the project and the MDG targets for 2015 (see Table 1).

2.1 Assessment Dimensions

The eight assessment dimensions[3] represent a conceptual framework for assessing scalability and sustainability.

2.1.1 Policy, Strategy, and Direction

Establishing a shared vision and strategy and ensuring the political will to implement a program is the starting point for scale up. Developing this shared vision and strategy in a collaborative manner is also the foundation for coordination and for creating motivation at all levels. Policy is defined as the "set of procedures, rules, and allocation mechanisms that provide the basis for programs and services. Policies set the priorities and often allocate resources for implementation. Policies are reflected in laws and regulations, economic incentives, and the assignment of rights and responsibilities for program implementation."[4]

TABLE 1: PROJECT AREAS AND NUMBERS OF BENEFICIARIES (MILLIONS)

Project Areas (population)	People without Access to Sanitation (2006 estimate)*	People Who Will Gain Access to Sanitation during Three-Year Project (estimate)	Additional Access to Sanitation Needed to Meet 2015 MDG Targets**
Tanzania (26.7 million rural)	14.25	0.75	6.5
East Java, Indonesia (36.5 million total)	**18.60**	**1.40**	**10.0**
Himachal Pradesh, India (5.5 million rural)	4.30	0.70	1.2
Madhya Pradesh, India (45 million rural)	43.60	1.10	20.0
Totals	80.75	3.95	37.7

* Best estimates given poor status of data
** Accounts for population growth estimates

[2] The original project design included two-year 2009 targets, but these were revised to three-year 2010 targets when the project period was extended.
[3] The baseline report included nine assessment dimensions, but the *partnerships* dimension was particular to the handwashing project and was therefore merged with the *institutional arrangements* dimension for this endline assessment.
[4] Elledge et al. (2002). *Guidelines for the Assessment of National Sanitation Policies* Washington, DC: United States Agency for International Development, Environmental Health Project, Strategic Report 2.

2.1.2 Institutional Arrangements

In order for total sanitation and sanitation marketing approaches to be scaled up, the right institutions must be in place with all key roles and functions covered and clearly understood. These institutions must also have the resources to carry out their roles. In addition to clear roles and responsibilities, institutional arrangements include the mechanisms for actors at all levels to coordinate their activities and establish partnerships between the public, private and non-governmental organization (NGO) sectors, and between communities and local governments.

2.1.3 Program Methodology

The program methodology consists of the program rules along with specific activities and their timing and sequence. Each country will adapt and apply the program methodology making it specific and appropriate to the country context. A workable program methodology that is clear and agreed upon by all key stakeholders is a key programmatic condition.

2.1.4 Implementation Capacity

Institutions at all levels must have the capacity to carry out their roles and responsibilities. Institutional capacity includes adequate human resources with the full range of skills required to carry out their functions, an "organizational home" within the institution that has the assigned responsibility, mastery of the agreed upon program methodology, systems, and procedures required for implementation, and the ability to monitor program effectiveness and make continual adjustments.

2.1.5 Availability of Products, Tools, and Information

The ability of target consumers to adopt the promoted behavior(s) is highly dependent on the existence and availability of products, tools, and information that respond to consumer preferences and their willingness and ability to pay for them. Any and all relevant products and services need to be considered, specific to each country situation. *[NB: As each project area will be conducting market surveys and market analysis in conjunction with the private-sector partners, this assessment dimension will be dealt with in broad, general terms with a focus on the government role and its policy implications.]*

2.1.6 Financing

This dimension assesses the adequacy of arrangements for financing the programmatic costs. These costs include training, staff salaries, transportation, office equipment and supplies, and the development of communication and education materials as well as programmatic line items in budgets for program and promotion activities.

2.1.7 Cost-Effective Implementation

While it will not be possible to assess the cost-effectiveness of the approach or how best to achieve economies of scale and scope until the end of the project, data must still be collected during implementation to make this determination at the end of the project. Therefore, the focus in this assessment category is to ensure that systems and procedures for collecting cost information are in place from the outset and that the capacity to use the collected information exists.

2.1.8 Monitoring and Evaluation

Large-scale sanitation programs require regular monitoring and periodic evaluation and, perhaps more importantly, the willingness and ability to use the monitoring process to make adjustments in the program. Effective monitoring will identify strengths and weaknesses in the program methodology, implementation arrangements, and cost efficiencies. Overall monitoring responsibility must be at the highest level of the program, but must be based on information collected at the local government or community-level.

2.2 Methodology of Assessment

An international consultant carried out the endline assessment in Indonesia with significant support from the WSP team, notably Deviariandy Setiawan, and with overall direction and management by the WSP Task Team Leader (Djoko Wartono), the Regional Team Leader (Almud Weitz), and the WSP Global Task Team Leader (Eddy Perez).

The endline assessments were conducted through a series of one-to-one interviews with key stakeholders at national, province, district, and village level. Based on the assessment framework a generic interview guide form was prepared, and further revised and developed by the consultant and the project team in order to match the questions and language more closely to local contexts and norms. The Indonesia-specific interview guide was used in each interview, although some dimensions and questions were not considered relevant (or appropriate) to some stakeholders (e.g., asking local retailers about national strategy issues).

All the dimensions of the assessment framework were covered, but not by every stakeholder.

The interview guide is included as Annex 2.

Primary data sources were main stakeholders and partners for the in-country program work, including but not limited to government agencies, international agencies, international NGOs, local NGOs, private-sector businesses, and community-based organizations. These primary data sources were contacted at all appropriate levels: national, provincial, district, and local. Secondary data sources comprised key documents, and potential influencers or secondary implementers such as media, ministries with no direct involvement, advocacy groups, and so on.

Due to the limited time available, only two (of the twenty-nine) districts in East Java were visited during the assessment. Based on performance information provided by the project team, one above-average district and one below-average district were selected[5] from the districts where more than 100 community interventions had taken place. Trenggalek district was originally selected as the above-average district, but the WSP team noted that a new *Bupati* (district head, an elected position) was recently elected and that he is not supporting the sanitation efforts. Therefore, Lumajang district, the only other district with above-average performance and more than 100 triggered communities was selected. Jombang district was selected from the four below average districts with large-scale implementation.

Lumajang was one of the top performing districts, but was initially only rated as an above average district due to its relatively low ODF success rate: only 42 percent of the 360 triggered communities have been declared open defecation free compared to 54–100 percent ODF communities in the other high-performing districts. However, the assessment was conducted in the awareness that Lumajang district was the pioneer of CLTS development in Indonesia, and that there remains a strong commitment and an unusually high level of political support for sanitation.

After the district selection was made and the schedule was fixed, updated project benchmarking data for March 2010 revealed that a broader assessment of performance, including several cost-effectiveness measures, ranked Lumajang as the second best performer out of the 29 districts. This higher performance rating was supported by the assessment, and was factored in during the analysis of the assessment findings.

Jombang was rated as a 'below average' district based on its low ODF success rate (19 percent) and below average financial allocations. Jombang was ranked 15th out of the 29 districts in the March 2010 performance benchmarking, but was nevertheless reported to have a good enabling environment and progressive district governance, as reflected by its early adoption of the SMS monitoring system.

[5] Districts were divided into four performance categories: high performing, above average, below average, and low performing.

III. East Java Context

3.1 Population

East Java contains 16 percent of the 223 million total population of Indonesia.[6] The rural-urban population split in East Java mirrors the national ratio, with 18.2 million (52 percent) rural inhabitants out of the 35.6 million total population. East Java is dominated by tropical coastal and inland volcanic habitats, with a wide and somewhat unpredictable variation in the availability of water. East Java is divided into 29 districts, in which 31.9 million people live (in 657 sub-districts and 8,506 villages[7]). The district populations exclude that of the nine major cities, but include both urban and rural areas, with some 13.7 million people among the district population reported to be urban residents. The 2007 Indonesia Demographic and Health Survey (DHS) suggests an average of 4.0 members per rural household, down from 4.2 members per rural household in the 2002 DHS, with a total of about 4.5 million rural households.

3.2 Health Data

The infant mortality rate (IMR) in East Java has dropped significantly in the last five years, from 43 deaths per 1,000 live births reported in the 2002 DHS to 35 deaths per 1,000 live births in the 2007 DHS. As a result, the infant mortality rate in East Java is now lower than the national average of 39 deaths per 1,000 live births. No disaggregated data are available for East Java, but IMR rates at national level are much higher in rural areas at 45 deaths per 1,000 live births, than in urban areas where 31 infant deaths occur per 1,000 live births (see Figure 1).

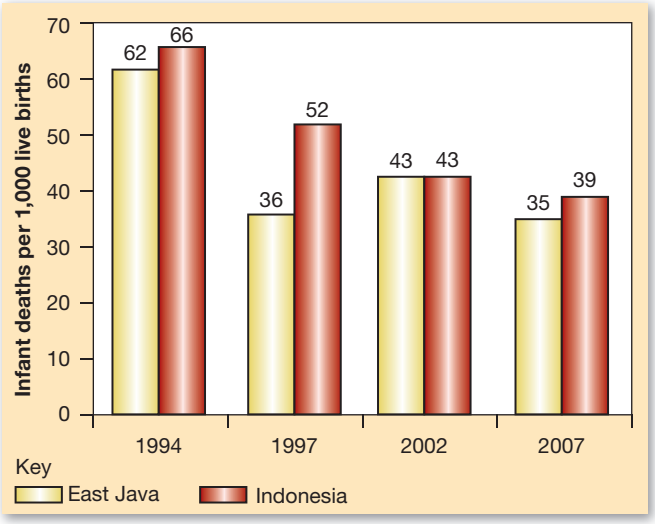
Health data from the 2007 DHS suggest that East Java has average health outcomes: acute respiratory infection rates in children under the age of five were slightly worse than average, at 12 percent compared to 11.2 percent nationally; fever rates were 34.3 percent compared to 31.6 percent nationally; and diarrhea rates were slightly better than average, at 13.3 percent compared to 13.7 percent nationally.

3.3 Poverty

Indonesia has made progress in reducing poverty but many people remain poor and vulnerable. Sustained economic growth has helped more Indonesians escape poverty by creating more jobs and increasing public expenditures for health, education and infrastructure. Since the 2004 national elections, the poverty headcount has fallen from 16.7 percent to 14.2 percent. Despite these gains, 32.5 million Indonesians currently live below the poverty line and approximately half of all households remain clustered around the national poverty line (IDR 200,262 or US$22.30[8] per month)[9].

The gap between the poor and non-poor has widened, and regional disparities persist; eastern Indonesia lags behind other parts of the country, notably Java. Furthermore, 17 percent of rural people are poor, compared to 11 percent of urban people, which, because of the larger rural population, means that 70 percent of the poor live in rural

FIGURE 1: INDONESIA INFANT MORTALITY RATE (1994–2007)



Source: IDHS 2007

[6] UN 2009.
[7] Administrative unit names in *Bahasa* Indonesia language: district = *kabupaten*; sub-district = *kecamatan*; village = *desa*; and community = *dusun.*
[8] At the time of the assessment in July 2010, the official exchange rate was US$1 = Indonesian Rupiah (IDR) 8,975.
[9] http://data.worldbank.org/country/indonesia, accessed online 18 August 2010.

areas. Poverty levels are marginally higher than average in the province of East Java: 20 percent (6.5 million people) of the population were below the poverty line in 2004, and seven districts were reported to have poverty levels above 25 percent.[10]

The 2004 SUSENAS household survey data reveals substantial differences in the living conditions of rural households in East Java:

- 33 percent houses have dirt or earth floors (compared to only 11 percent in West Java and 22 percent nationally)
- 34 percent houses have non-brick walls (compared to 51 percent nationally)

Since 2007, the Government of Indonesia has launched several large poverty reduction programs, including the PNPM Rural *(Mandiri*), which provides community block grants to support a wide range of sub-district infrastructure proposals, including water supply and sanitation; and the PNPM *Generasi*, which provides annual block grants and conditional grants designed to improve twelve basic health and education indicators. Both of the PNPM programs operate in East Java, with significant impacts on the implementation of rural sanitation programs due to the large and extensive community investments provided through these programs.

3.4 Legal Framework

Environmental laws and regulations are well established in Indonesia, at least as a theoretical framework. An environmental legal system to match the level of developed countries has been promulgated, from the Environmental Management Act, which is a basic law for environmental policy as a whole, to a variety of laws and regulations relating to water pollution, air pollution, waste management, environmental assessment, and standards concerning noise, vibration, and offensive odors. However, the current legal framework lacks an environmental monitoring system, which is a major prerequisite for implementing or enforcing such laws and regulations.

Law No. 23/1992 on Health contains a section on environmental quality, which in Article 22, states, "improvements to produce sound environmental quality should be implemented in public places, settlements, working environment, public transportation and others. A healthy environment means improvement in water and air quality and better control of solid waste, wastewater, gas waste, radiation, noise, vector diseases and other health and safety issues."

3.4.1 Community Water and Sanitation Policy

In 1998, the Government of Indonesia embarked on an initiative to develop a national policy for the development of community-based water supply and environmental sanitation through the *Water and Sanitation Policy Formulation and Action Planning* (WASPOLA) project.[11] The new community-based policy was approved in 2003 and a national level inter-ministerial working group funded by the Government of Indonesia, known as the *AMPL Pokja* (working group on water supply and sanitation),[12] was set up to guide the policy implementation process.

3.4.2 Decentralization

In 2004, the Government of Indonesia devolved a number of functions to district governments under Law No. 32/2004, including responsibility for the provision of both urban and rural sanitation services. The autonomy provided to district governments by this law is now a significant factor in central/district relations, as the central government has limited powers to enforce implementation of central policies or programs if these are at odds with district requirements.

[10] Ibid.
[11] Government of Indonesia partnership with the Water and Sanitation Program—East Asia and the Pacific.
[12] *AMPL Pokja* is an abbreviated form of the *Bahasa Indonesia* for Water Supply and Sanitation working group.

IV. Rural Sanitation Improvement

4.1 MDG Progress in Indonesia

Indonesia is not currently on track to achieve its sanitation MDG. Government investments including donor funds have remained around US$27 million annually for the past 30 years, yet conservative estimates state that achievement of the sanitation MDG targets will require new investments of around US$600 million per year until 2015.[13] A number of large sanitation improvement programs are now underway, but few of them cover more than a handful of provinces. As a result, there has been little measurable impact on national sanitation coverage.

A review of the JMP progress estimates suggests that rural sanitation coverage in 2008 was 36 percent, up from only 22 percent in 1990[14]. This represents a higher rate of progress than previously estimated, and sets the rural sanitation MDG at 61 percent (with the total sanitation MDG set at 67 percent).[15] Shared sanitation coverage is high in rural Indonesia, with 11 percent estimated to use shared or public sanitation facilities of an otherwise improved type.[16] Open defecation continues to be prevalent in rural areas, with the two most recent surveys, the 2007 DHS and SUSENAS surveys, finding that 32-39 percent of rural households practice open defecation.

At the current rate of progress, only 41 percent of the rural population will be using improved sanitation by 2015—some 20 percent short of the rural sanitation MDG. However, while the JMP estimate of rural sanitation coverage in 2008 is five percent lower than the estimate made two years earlier, the faster rate of progress indicated by recent survey data suggests that the rural sanitation MDG will be reached by 2040, some 75 years quicker than indicated in the 2007 baseline assessment. It is significant that the 2010 JMP report noted that more people (59.7 million) gained access to improved sanitation in Indonesia since 1990 than in any other country except China and India.

4.2 Indonesia Sanitation Sector Development Program

The Indonesia Sanitation Sector Development Program[17] (ISSDP) was established to strengthen and develop the sanitation sector. ISSDP ran from April 2006 until January 2010 with several goals: to create an effective enabling and investment framework for sanitation; to stimulate sanitation demand through a targeted public awareness and marketing campaign; and to build local government capacity for sanitation planning, implementation, and management.

Despite its apparently broad area of responsibility, ISSDP was primarily an urban program. ISSDP worked with the BAPPENAS-led inter-ministerial working group and with small to medium sized municipalities, using the lessons from this experience to inform advocacy and guide policy in support of a national sanitation strategy that would raise the profile of urban sanitation and create an enabling environment for accelerated progress in urban sanitation nationwide.

A key success of the ISSDP was the formal adoption and launch of the 2010–2014 roadmap for the Accelerated Sanitation Development of Human Settlements (PPSP in Bahasa Indonesia), which contained commitments to scale up both planning and investment in over 300 cities.

4.3 CLTS in Indonesia

During December 2004 a high-level Government of Indonesia team visited Bangladesh and India to see the results of the zero-subsidy Community-led Total Sanitation (CLTS) approach. The visit sparked significant interest in testing

[13] WSP (2007) *It's Not a Private Matter Anymore! Urban Sanitation: Portraits, Expectations and Opportunities* Jakarta: World Bank Water and Sanitation Program and National Development Planning Agency (BAPPENAS).
[14] JMP (2010) *Progress on Sanitation and Drinking Water: 2010 Update* Geneva: World Health Organization.
[15] The 2010 JMP report contained revised sanitation estimates for Indonesia, as recent surveys indicated a faster rate of progress than previously assumed, which lowers the 1990 baseline estimate, and thus also alters the MDG target.
[16] The Government of Indonesia counts the use of shared sanitation facilities as MDG progress; whereas the JMP classifies the use of shared or public sanitation facilities as unimproved sanitation. This use, therefore, is not counted in the JMP estimate of MDG progress.
[17] ISSDP is a partnership between the Government of Indonesia, Water and Sanitation Program—East Asia and Pacific, and the Government of Netherlands.

the approach in the Indonesian context. In May 2005, field trials were launched in six districts in six provinces covered under two large-scale Rural Water and Sanitation programs.[18] After two years of field trials and another three years of large-scale implementation, the CLTS approach is now widely used, spreading from the initial 11 sites to several thousand communities across Indonesia. Hundreds of these communities have now been declared Open Defecation Free (ODF).

4.4 Global Scaling Up Rural Sanitation in Indonesia

WSP implemented the project in the province of East Java because of its unusually good response to recent CLTS interventions. In 2007, Lumajang District in East Java was the most prominent success story of the CLTS experience in Indonesia, and key stakeholders from East Java (including several local doctors) have been amongst the most prominent and vocal supporters of new approaches to sanitation development as a preventive health intervention.

In addition, East Java is not covered by the US$275 million World Bank-supported PAMSIMAS project, currently the largest rural sanitation and hygiene improvement program in Indonesia. The PAMSIMAS project includes a US$25 million component for improving sanitation and hygiene behavior and services, based on a similar program design and methodology to the project, thus PAMSIMAS was originally intended as the vehicle for scaling up the implementation tools developed and field tested by the project.

The Global Scaling Up Rural Sanitation project as implemented in Indonesia covers all 29 districts of East Java province. The design of the project is demand-responsive. Building on prior CLTS successes in East Java, the project team conducted a series of district roadshows to explain the project, generate demand, and encourage district administrations to commit resources to the project. Districts that wanted to participate in the project submitted formal letters of intent confirming that they would like to take part in the project and were willing to finance district implementation activities (beyond the training and support activities financed through the project).

The original plan was to target 30 communities in each district (a total of 870 communities across the 29 districts) over the two to three year duration of the project, with the intention of achieving a minimum of 300 open defecation free communities.

The key project components were as follows:

1. Project roadshows and ownership workshops designed to spark the interest of districts, sub-districts and villages in being selected as project participants.
2. Identification of project institutional framework and technical assistance agencies.
3. Sanitation market assessment, development of local supply improvement program, and implementation of supply improvements.
4. Capacity building of local government agencies, local sanitation service providers, and community organizations so that they could undertake their program roles.
5. Development and implementation of demand-generation activities for sanitation and hygiene improvement through both community-level initiatives and mass media channels.
6. Monitoring and evaluation, documentation, and dissemination of lessons learned.

[18] World Bank-supported Second Water and Sanitation for Low Income Communities (WSLIC 2) Project and the Asian Development Bank-supported Community Water Sanitation and Health (CWSH) project.

V. Baseline Findings

The baseline assessment of the enabling environment for scaling up rural sanitation in East Java was completed in August 2007. The main findings were that successful CLTS interventions had built significant policy consensus and support for implementation of the total sanitation approach, but that inter-ministerial rivalries had limited political awareness and impeded the scaling up of rural sanitation improvement in Indonesia.

However, a draft rural sanitation strategy promoting total sanitation approaches was under preparation, and the large-scale PAMSIMAS program was due to introduce the project methodology in 15 provinces. It was hoped that the learning from the project would inform the large-scale implementation of the PAMSIMAS program and build national support for further scaling up.

While central ownership of rural sanitation activities appeared relatively low, intensive promotional efforts at the district level in East Java had produced strong local commitment to rural sanitation improvement using project approaches. There was already evidence that districts were prepared to allocate development resources to finance and implement rural sanitation activities, and that similar institutional arrangements to those developed under WSLIC-2 could be used for effective district implementation.

The baseline assessment identified severe capacity constraints across the subsector; very few professional staff had any experience in the field building household sanitation facilities in rural areas, or knowledge of promotional tools such as CLTS and sanitation marketing, and very little government finance was allocated to rural sanitation. The project was in the process of recruiting resource agencies to provide capacity building and technical support to the district teams, but the lack of district finance for rural sanitation activities by health center staff remained a critical constraint.

The baseline assessment also queried whether the project would operate on a large enough scale to have a province-wide impact on rural sanitation. The project was targeting direct implementation in only 11 percent of the rural communities in the province, which could allow districts to target easy opportunities (pick the low-hanging fruit) and neglect the more challenging problems found in communities with difficult physical and social conditions. It was hoped that the sanitation marketing approach would reach a larger proportion of the population, but this approach was untried in East Java at the time of the assessment.

VI. Endline Findings

6.1 Policy, Strategy, and Direction

Key Findings

- While there has been an increase in political support for sanitation and hygiene improvement, there remains a lack of vision and leadership for rural sanitation.
- Policy alignment has improved in the rural sanitation and hygiene sector, most significantly with the approval of the National Strategy for Community-Led Total Sanitation (STBM).
- Other international actors have appealed to WSP for information and assistance in the design of sanitation marketing interventions linked to total sanitation projects.

A number of significant sanitation events have taken place since the 2007 baseline assessment of enabling environment. The first Indonesian Sanitation Summit took place in November 2007, at which a number of ministers,[19] governors, mayors and district heads signed a *National Sanitation Commitment* recognizing the impact of poor sanitation on health and economic development, and committing the government to increase the coverage and effectiveness of sanitation services through multi-stakeholder partnerships between government, non-government organizations, private sector and communities.[20] A second Indonesian Sanitation Summit was held in November 2009, following up on the commitments made in the first summit.

Indonesia also sent representatives to the first regional sanitation conference, the East Asia Ministerial Conference on Sanitation and Hygiene (EASan), held in Japan shortly after the national summit in late 2007, and later to the second EASan held in Manila in January 2010. The high-level participants at these regional sanitation conferences pledged to improve sanitation, with several representatives at the second EASan noting that these regular high-level conferences put pressure on governments to make good on their promises and demonstrate real progress (see Table 2).

6.1.1 Political Support

Political support for sanitation and hygiene improvement has improved. The current five-year National Medium-Term Development Plan 2010–2014 (RPJMN) includes US$1.6 billion allocated to the PPSP, with provision for an increased allocation in the latter stages of the plan. For the first time ever, the RPJMN allocated more finance to sanitation development than water supply development. However, while there is substantially more central sanitation investment than included in previous plans, PPSP is

TABLE 2: ENABLING ENVIRONMENT: POLICY, STRATEGY, AND DIRECTION

Indicator	2007 Baseline	2009 Target	2010 Achieved
Strategic planning			
STBM approved	No	Yes	**Yes**
District strategies implemented	0	14 (48%)	**6 (21%)**
Political support			
RPJMN sanitation allocation	US$1.3 million	US$2.2 million	**US$800 million***
Policy alignment: total sanitation			
UNICEF	No	Yes	**Yes**
Plan	No	Yes	**Yes**
MoPW	No	Yes	**Partial**

**Note:* The majority of this amount is earmarked for urban sanitation infrastructure.

[19] Ministers of National Development Planning (BAPPENAS): Public Works, Health, Home Affairs, Industry and Environment.
[20] Colin 2009.

largely an urban program, resulting in little of the funds being designated for investments in rural areas.

The 2010–2014 RPJMN sets the same 100 percent open defecation free (ODF) target for 2014 that was included in the previous five-year plan ending in 2009. The baseline assessment noted that no specific finance, programs, or other resources were provided to support the achievement of the ambitious 2009 target, and BAPPENAS recognized that the previous failure to attract adequate support for sanitation targets reflected the lack of a detailed national strategy. During the development of the current five-year plan, the PPSP roadmap for urban sanitation was used to good effect in attracting finance, whereas the STBM roadmap is still being finalized, meaning that little central budget was allocated to rural sanitation outside of that already committed through donor-supported programs. Despite assurances that STBM is an important government strategy, only a limited government budget has been allocated to support the nascent STBM secretariat, thus it is currently being financed largely through short-term arrangements with external support agencies.

PPSP is becoming established as the primary national sanitation program, with growing support. The government recently decided that STBM should come under the same umbrella and follow a similar modality. Therefore, each local government will be required to: develop a "white book" summarizing the baseline sanitation data; conduct an Environmental Health Risk Assessment; undertake sanitation mapping to identify priority areas for sanitation development; and produce a strategic sanitation plan. The Environmental Health Directorate in the MoH report that 41 districts began the rural version of the PPSP process in 2010, and that 100 districts will undertake PPSP activities in 2011. By 2014, the MoH plans to have used the PPSP process to implement the STBM strategy in 20,000 villages, or about 27 percent of the total number of villages in the country.

The establishment of a funded national sanitation program that covers both rural and urban areas will be a significant step forward, but the proposed approach was developed by the ISSDP for small and medium-sized cities, and does not appear to recognize the processes developed by the project for working with district and sub-district governments on rural sanitation. In particular, the special sanitation account provided to districts under PPSP is intended for sanitation infrastructure under technical guidance from the MoPW, and the relevant ministries have not yet agreed upon the details of using these funds for the promotion of rural sanitation through the MoH.

6.1.2 National Vision and Sector Leadership

Despite the significant sector progress described above, there remains a lack of vision and national leadership in the rural sanitation sub-sector. Several stakeholders commented that the rural sanitation sub-sector advanced rapidly during the first two years of the project, but that recent retirements and promotions among key government stakeholders have left the sub-sector lacking strong or influential champions.

As a result, the development of the enabling environment for rural sanitation at national level has lost some momentum, and urban stakeholders now dominate many of the sector discussions and activities.

This lack of leadership is also evident in the limited attention paid to sanitation MDG progress in Indonesia. Debates about differences between the national definition of improved sanitation, which includes shared sanitation facilities and low-cost latrines, and the international classification, which does not include shared facilities, have obscured the slow sanitation progress reported by JMP. However, a recent ministerial MDG progress meeting highlighted this discrepancy and led to the President of Indonesia encouraging the sector to promote *jamban sehat* (healthy latrines) and work towards the MDG.

6.1.3 National Targets

In 2006, the Ministry of Pubic Works issued the National Action Plan (NAP), which targeted rural sanitation coverage of 64.5 percent by 2009; and 71.4 percent access by 2015. As with the RPJMN, the 2006 NAP appeared to be a largely theoretical exercise, with no evidence of any matching investments, implementation, or actions.

It remains unclear whether Indonesia is on track to achieve the NAP targets due to the different sanitation definitions and classifications used by the Government of Indonesia

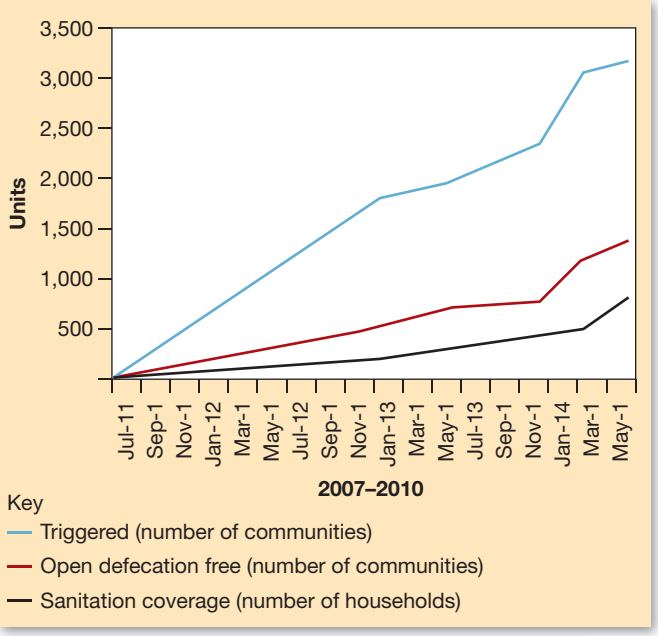
and its Bureau of Statistics. The 2007 SUSENAS household survey found that 59.2 percent of rural households used improved sanitation facilities; and the 2007 DHS found 52.4 percent rural coverage. However, these coverage figures include the use of shared and public sanitation facilities, which the government classes as improved sanitation even though the JMP excludes shared usage due to concerns about the risk of less hygienic outcomes. In addition, the JMP does not include all sanitation facilities classified as "traditional latrines" because some of these may be unimproved facilities. As a result, the JMP estimated that access to improved sanitation coverage *including shared facilities* was 47 percent in 2008, but only 36 percent of the rural population was estimated to use an improved sanitation facility that is not shared or public.

The project monitoring data show more rapid progress in more than 3,000 project communities in East Java, but the total population of these small *dusuns* is only 2.7 million, or about 15 percent of the rural population of the province. The project has increased access to improved sanitation in 23 percent of households in these project communities, totaling more than half a million people; an increase of 3.4 percent in rural sanitation coverage across the province during the three years of the project.

While the absolute numbers appear relatively low when compared against the provincial population, the project monitoring data are starting to show acceleration in progress (see Figure 2).[21] Data collected in 2010 show that rapid gains have been made in the number of ODF communities and the population gaining access to improved sanitation. This recent acceleration suggests that project investments in developing the enabling environment and building district ownership are beginning to show benefits.

The JMP estimates that rural sanitation coverage in Indonesia has increased by six percent in the last eight years (see section *5.8 Monitoring*), at an average of 0.75 percent per year. Taking this average progress as the counterfactual, improved sanitation coverage in the project communities would have grown by 2.25 percent in the last three years

FIGURE 2: GLOBAL SCALING UP RURAL SANITATION PROJECT PROGRESS IN INDONESIA (JULY 2007–MAY 2010)



without any project assistance. In practice, progress has been ten times faster than the national average, with improved sanitation coverage growing by 23 percent during 2007–10.

6.1.4 Policy Alignment

Policy alignment has improved in the rural sanitation and hygiene sector. The most significant development has been the 2008 approval of the STBM. While the final version of the strategy differed from the draft reviewed during the baseline assessment, the main elements remained similar, including:

- Include three main strategy components for achieving total sanitation: enabling environment, increased demand, and improved supply;
- Provide no subsidies for basic sanitation facilities;
- Provide subsidies only for communal sanitation facilities; and

[21] Some caution should be exercised in using these data as they are often collected and reported by those responsible for implementing and promoting the project. No rigorous or independent household survey data are yet available to confirm whether the progress indicated by these district and project monitoring data is genuine and sustained.

- Develop a community reward system to as an incentive to improve and maintain the sustainability of total sanitation

It is significant that STBM adopts a broader environmental sanitation definition of *total sanitation* than that used in the project. STBM states that *total sanitation* is achieved when a community has met the following five criteria:

- Does not defecate openly (open-defecation free)
- Washes hands with soap
- Treats drinking water and handles food safely
- Treats garbage properly
- Treats household wastewater safely

The approaches used in the project focus largely on the first two pillars of the STBM, in the understanding that interventions that attempt to change multiple hygiene behaviors are often less effective than more focused interventions, and that the priority should be to ensure the hygienic separation of human excreta from human contact. However, each local government develops its own STBM strategy. Therefore, some variation across districts is found, and also some variation within districts with some communities identifying other pillars of the STBM as critical to their local sanitation situation.

6.1.5 Support for the Total Sanitation Approach

The MoH reports that as many as 250 out of the 349 districts in Indonesia are now implementing CLTS interventions in some form, with some implementing a full five-pillar STBM approach and others focusing on achieving ODF status. While the quality and effectiveness of these interventions remains uncertain, there has been a significant spread since mid-2007 when only 54 districts were reported to be implementing a total sanitation approach.

The STBM has greatly increased policy alignment, political support, and programming of total sanitation approaches that aim to end open defecation without using hardware subsidies. In 2007, several major stakeholders, including UNICEF, Plan Indonesia, and the MoPW, were not convinced of the benefits of CLTS despite strong support for this approach from the MoH. In 2010, both UNICEF and Plan are utilizing CLTS variants[22] as central components of their sanitation programs, and most other stakeholders are either starting CLTS interventions or planning them.

The most significant exception to this greater policy alignment is the MoPW. The ministry is one of the most important stakeholders in the sector, yet many officials remain ambivalent about CLTS. The MoPW is managing implementation of the US$275 million World Bank-supported PAMSIMAS project, which includes a substantial CLTS component being implemented through the MoH, but sanitation progress has been slow. Given that PAMSIMAS was seen as one of the major vehicles for scaling up the project approaches, this is a significant disappointment.

While a review of the PAMSIMAS project was not part of this assessment, several conclusions may be drawn. It appears that PAMSIMAS implementation has not been linked to the project; that the sanitation component has not been well supported or prioritized within the PAMSIMAS program; that the sequencing of community activities outlined in the PAMSIMAS design, which started with the achievement of open defecation free status, has not been followed; and that institutional issues, such as the priority use of the community facilitator team for water supply development, have constrained the pace and effectiveness of sanitation development. Some stakeholders suggested that these problems reflect the unrealistic nature of the original design, which sought to improve cost-effectiveness through implementing further activities only when communities proved responsive to the CLTS triggering process, but did not allow for the difficulty of achieving ODF status at scale; whereas other stakeholders suggested that the "design is ideal" and that the problems are the result of poor implementation due to policy, management, and institutional issues related to the executing agency's preference for infrastructure development. In addition, there is a tension between the executing agency's target-driven approach and the more demand responsive and community development driven approaches to

[22] UNICEF has developed an approach called *Community Approaches to Total Sanitation.*

sanitation development required by the PAMSIMAS implementation process.

The MoPW has now recognized the shortcomings of the PAMSIMAS sanitation implementation and has requested WSP assistance in improving project performance. Initial investigations by WSP confirm the problems and constraints mentioned above, but it remains unclear whether these program issues can be easily resolved given the current institutional arrangements.

6.1.6 Support for Sanitation Marketing

While limited understanding of the principles of sanitation marketing among rural stakeholders remains, there is growing demand in the region for information on, and support for, sanitation marketing interventions. The government's adoption of the STBM strategy has strengthened this support due to the inclusion of the policy mentioned in Section 6.1.4 that there should be no subsidies for basic sanitation facilities.

The scaling up of total sanitation-based approaches has generated widespread demand for rural sanitation services. There is increasing recognition among implementers of the durability problems associated with low-cost pit latrines, and a number of international stakeholders have requested information from WSP about the sanitation marketing component of the project in East Java.

UNICEF Indonesia and Plan Indonesia made formal approaches to WSP for information and assistance in the design of sanitation marketing interventions linked to total sanitation projects, and the AusAID-supported East Timor Rural Water Supply and Sanitation Project also requested information.

Support for sanitation marketing is less apparent from central government officials, with the main focus of government interest being on the now-familiar total sanitation approach—due in large part to the successful approval and adoption of the STBM. However, there is considerable interest in sanitation marketing at the local government level, as many of the district programmers and implementers have witnessed the limitations of a total sanitation-based approach, and are now keen to move households up the sanitation ladder to the use of more durable and hygienic improved sanitation facilities.

While some of the district stakeholders reported that they were not using the marketing communications materials prepared by the project, and the majority of the trained masons were found to be no longer active in latrine construction or sanitation development, there was considerable interest and enthusiasm for the entrepreneur-based approach currently being promoted by WSP.

Nevertheless, it remains important to differentiate sanitation marketing from the unsuccessful supply-driven approaches used in the past (e.g., the provision of free latrine material packages; and the provision of latrine pan molds for the production of cement pans) using clear explanations of the key principles and tools of the marketing approach, and reliable evidence of the scale, cost-effectiveness, and sustainability of this approach.

6.1.7 Decentralization

Deepening decentralization has a significant effect on local policy, strategy and political support. Several of the districts in East Java, notably Lumajang district, have a clear vision and commitment to rural sanitation improvement, which is reflected in the progressive and comprehensive approaches adopted. On the other hand, other districts, especially Tuban district, remain unconvinced by the zero-subsidy policy embedded in the national STBM strategy and in the total sanitation approach promoted by the project, and therefore continue to implement subsidy-based rural sanitation interventions.

This wide variation in policy and programming is a result of the autonomy accorded to the *Bupati* by Law no. 32/2004, and is reflected in the highly variable progress across the 29 districts. Policy alignment is improving as more information is shared between districts through horizontal learning activities; as stronger evidence emerges of more cost-effective implementation by some districts; and as improved benchmarking exposes the worst performing districts to greater scrutiny.

Following two years of steady progress in increased district commitment, and improving policy and strategy

alignment, the last year of the project has begun to be affected negatively by the electoral cycle. Trenggalek was one of the leading districts until the *Bupati* changed in early 2010, but the new *Bupati* does not see sanitation as a priority and the altered planning and resource allocations have slowed sanitation progress considerably. Another 16 of the 29 districts face elections in the next year, and reports are already emerging that previously approved sanitation budgets are being slashed to help finance more populist investments linked to the forthcoming elections.

6.1.8 Evidence of Local Support for the Project

All twenty-nine districts are now taking part in the project:

- Phase 1: 10 districts (Oct. 2007 to April 2008)
- Phase 2: 11 districts (May–Oct. 2008)
- Phase 3: 8 districts (Nov. 2008–April 2009)

All but one of the districts allocated a proportion of their annual development budget to project implementation. District investments over the last three years have varied considerably, from zero in Mojokerto district up to IDR 1.47 billion (US$163,500) in Jember district, with an annual district average of IDR 118 million (US$13,100). These budget allocations highlight an increase in the use of district funds for rural sanitation improvement, but still represent a relatively small proportion of the district budget. However, WSP has also been encouraging districts to use other national sources of finance for sanitation development, including corporate social responsibility and PNPM community development budgets, resulting in a steady growth of funds being directed towards rural sanitation promotion.

Provincial budget allocations have also been increasing annually, from IDR 828 million in 2008 to IDR 1.1 billion in 2010 (US$92,000–122,000). A wide range of activities is now supported at the province level, including: preparation of district strategies, CLTS refresher trainings, follow-up with trained sanitarians, coordination, monitoring, and financial support of horizontal learning events. These activities suggest that provinces may be able to provide a substantial proportion of the finance required to continue activities that are currently project funded, such as specialist trainings, coordination activities, benchmarking, and learning events.

6.1.9 Strategic Planning

The STBM Secretariat and the Sanitation Working Group is finalizing an STBM roadmap. This should provide some strategic assessment of relative sanitation priorities and specific challenges found across the diverse islands of Indonesia. It should also attempt to link sector targets, such as the RPJMN goal of ODF status by 2014, the NAP coverage targets, and the 2015 sanitation MDG, with realistic investment plans and implementation programs.

PPSP will include both urban and rural elements, and now provides a mechanism for more coherent planning of urban and rural sanitation development, which should be able to identify gaps between activities in the two sub-sectors, and encourage coordination of the currently separate planning processes, programs, and activities.

The project undertook a strategic assessment and planning process in East Java by asking each of the 29 districts to conduct baseline surveys, prepare comprehensive plans for achieving universal rural sanitation, and estimate the financial requirements of these plans. The initial focus was on implementation in 30 rural communities in each district, but there has since been a wider planning and assessment process to raise awareness, introduce some more strategic thinking, and encourage district governments to plan activities beyond those directly supported by the project.

Project support was provided to ten districts to prepare a detailed District Sanitation Strategy, but only six districts managed to complete their strategy; twenty-three districts remain without a medium or long-term sanitation strategy. The endline assessment also suggests that, even in the few districts where the strategy development process encouraged the local government to look further ahead and adopt multi-year strategies, political expediencies and the annual planning processes favored by local government made effective use of multi-year strategies difficult.

6.2 Institutional Arrangements

Key Findings

- The STBM secretariat has been moved to the WASH working group offices in an effort to improve utility and effectiveness.
- The national sanitation working group remains an important coordination body through which many subsector activities are planned and monitored.
- The project approach generated strong local commitment and investment in district sanitation projects.

Little change has taken place in institutional arrangements at the national level. The MoH remains the main institution responsible for rural sanitation improvement, and the WASH working group (*Pokja AMPL*) remains the main coordination mechanism through its sanitation working group.

Efforts are being made to establish a stronger institutional set-up for rural sanitation, with the nascent STBM secretariat recently moved out of the MoH, where it was receiving little support or attention, to the WASH working group offices in the hope that its proximity with other key sector coordination actors will improve its utility and effectiveness.

The main tasks of the STBM secretariat are to coordinate government and external activities in rural sanitation, provide master trainers for CLTS and STBM capacity building, provide information on STBM, and advocate for STBM at both national and provincial levels. As noted earlier, insufficient government budget was allocated for the operations of the STBM secretariat in 2010.

One of the institutional weaknesses identified by the assessment was the lack of any high-level champions for rural sanitation. The main government actors are at director level or below, with few more senior officials showing interest or taking an active role in supporting rural sanitation. As a result, rural sanitation issues rarely receive any priority in high-level forums. The central projects are viewed as the main vehicles for any government involvement in rural sanitation, but there is little high-level attention to the performance and outcomes of these projects, despite large government contributions.

Institutional issues appear to be one of the main constraints in the PAMSIMAS program, due largely to the division of responsibilities between two competing agencies. The main implementing agency (MoPW) has favored its water supply interventions over the sanitation interventions managed by the MoH, with the result that local governments and communities have limited incentives or resources for the implementation of sanitation improvements through PAMSIMAS. As a secondary agency, the MoH has felt little accountability for the PAMSIMAS sanitation interventions, and has not been active in improving the institutional arrangements.

6.2.1 Project Approach

The institutional model used by the project, which leaves the district government directly responsible for all implementation, has been successful in developing ownership among the district governments, both in leveraging the use of local government funds and resources for rural sanitation, and in providing the flexibility required to encourage innovative approaches and context-specific solutions. In addition, this approach has encouraged cost-effectiveness, as the district stakeholders employ far more cost-effective approaches when the funds are coming from their own tight budgets rather than from an externally financed project.

Most project activities have been demand-responsive, making districts and sub-districts responsible for deciding whether to adopt particular approaches, utilize project tools, or take part in capacity building and training activities. As a result, there has been a wide range of institutional outcomes and a considerable amount of learning.

This district-based demand-driven model contrasts strikingly with the PAMSIMAS institutional model, which is based on central program management with implementation through district program management units and technical assistance by centrally contracted management consultants. The more centralized PAMSIMAS institutional arrangements limit local ownership and financial allocations, resulting in a less flexible and less demand-responsive program. The centralized model is designed to tackle the problem of inadequate capacity and poor governance in remote rural districts, but fails to commit local

governments to rural sanitation improvement or generate any local accountability for the intervention outcomes.

6.2.2 Resource Agency

The main mode of project support to the districts was through the two resource agencies contracted to support project implementation. WSP provided some training to the resource agencies at the outset of the project since few suitable agencies were available with prior experience and knowledge of the rural sanitation sub-sector in East Java, or of the total sanitation and sanitation marketing approaches.

The resource agency contracts finished shortly before the enabling environment endline assessment took place, and the districts were in the process of adjusting to implementation without regular assistance and backstopping from the district coordinators that the resource agencies placed in each district.

In general, the districts were coping well with the reduced support, with no discernible slowing of implementation or narrowing of scope. The main area in which the lack of resource agency support was visible was in the collection and reporting of monitoring and benchmarking data, which was becoming harder for WSP's provincial coordinator to obtain in a timely fashion.

Interestingly, the main comment from the districts was that sufficient district finance and human resources were now available for implementation, with the challenge being how to best use these resources effectively. However, only a few districts have made a strategic assessment of the resource and capacity requirements required to meet their medium-term sanitation targets. Institutional arrangements are sufficient for the current level of implementation, but greater finance and resources will be required to achieve the sanitation MDG or the government's 100 percent ODF target.

All stakeholders noted that the horizontal learning events organized by the project had been particularly useful in providing the motivation and knowledge sharing needed to improve effectiveness, and requested that these events should be continued in the future. The provincial health office has allocated funds for these events in its 2010 budget, and it is anticipated that WSP will provide technical assistance in the implementation of these learning events.

The strong ownership felt by many districts for their rural sanitation programs has led to independent efforts to organize study tours, for instance visits to other districts that were known to be successful in CLTS or in sanitation marketing. It was also recognized that, in the absence of the resource agency support, the district government could contract directly with specialists if required. Several private consultants who had previously worked for the resource agencies had already offered their services in support of district implementation.

6.2.3 Coordination

The national sanitation working group remains an important coordination body through which many sub-sector activities are planned and monitored. The meetings of the sanitation working group are, at endline, more frequent than at baseline, with regular monthly meetings reported compared to quarterly meetings three years ago (see Table 3). However, the sanitation working group still lacks an institutional space to distinguish it from the more established WASPOLA-driven WASH working group, the *AMPL*

TABLE 3: ENABLING ENVIRONMENT: INSTITUTIONAL ARRANGEMENTS

Indicator	2007 Baseline	2009 Target	2010 Achieved
Sector coordination	*Last meeting:*	*Last meeting:*	***Last meeting:***
National sanitation group	3 months	3 months	**1 month**
East Java sanitation group	—	1 month	**2 months**
District WASH groups (average)	—	6 months	**4 months**
Lead rural sanitation agency			
National	—	MoH	**—**
District	Health dept.	Health dept.	**Health dept.**

Pokja. Neither the national sanitation working group nor *AMPL Pokja* has been afforded legal status and therefore they have no power to enforce compliance or ensure involvement in key sector decisions.

Following indications that the active members of both the WASH and sanitation working groups in local government tend to be the same people, BAPPENAS recently announced that the two coordination groups would be combined at province, district and sub-district level. On the surface, this appears to be a retrograde step in the struggle to ensure that sanitation receives some distinct priority and political attention from that accorded to water supply, but BAPPENAS argues that equal space and priority will be given to each sub-sector in the working group meetings, and that the combined format will be more efficient for the busy members of these working groups. The endline assessment found that most district WASH groups do not meet as regularly as intended, although meetings are now being held on average every four months.

6.2.4 Interproject Coordination and Policy Alignment

In most cases, coordination between local stakeholders is reported to be good. The exception is coordination between centrally managed projects, which tend to follow central policies and implementation plans, with little recognition of common or overlapping objectives, project areas, or resource usage by projects run by other ministries or agencies.

Examples were given of the PNPM *Mandiri* project financing the construction of household latrines, including payments for labor provided for latrine construction in the same areas where other projects were promoting no-subsidy total sanitation and sanitation marketing approaches. In general, involvement in sanitation development by broader community development programs has undermined project implementation due to the different policies and approaches adopted; however, some cases were found where local governments have used PNPM funds to subsidize facilities for poor households within the framework of the total sanitation activities being promoted by the project.

BAPPENAS is now working with the central management of the PNPM poverty programs to align subsidy policy, starting with the Urban Poverty Project due to the closer starting alignment of STBM and Urban Poverty Project policies on household contribution. The substantial budget attached to the various PNPM programs mean that its policies have significant influence on local governments, but many of the key stakeholders in these poverty alleviation programs do not participate in the sanitation coordination bodies. Therefore, it is important that WSP and its sector partners target improved alignment and harmonization with these large and influential programs.

6.2.5 Sanitarian Role

The health center sanitarian is a key actor in the sanitation improvement process. The provincial environmental health section and the project have worked to re-activate sanitarian involvement in sanitation improvement in East Java, as many of them had turned to non-sanitation related roles due to the low priority previously accorded to sanitation.

The sanitarian now plays a key role in the total sanitation triggering process, and in the monitoring of sanitation progress. More recently, provincial health officials have encouraged sanitarians to adopt the role of sanitation service provider, based on the successful business model developed by an enterprising sanitarian in Nganjuk district, and the project has supported this trend through the training of 14 sanitarians as sanitation entrepreneurs. The intention is that these sanitarians will establish "one-stop shops" that enable consumers to order a latrine in one visit, with the purchase and transport of materials as well as the design and construction of the latrine being undertaken by the sanitation entrepreneur.

Only 14 sanitarians out of the 632 currently working in East Java[23] have been trained as sanitation marketing entrepreneurs, just two percent of the total. Nevertheless, the six trained sanitarians who have already established latrine businesses are extremely happy with the arrangement. Three of these entrepreneur sanitarians were interviewed during the assessment, and all three commented that this new role fitted well with their mandate to promote improved sanitation, to monitor sanitation improvement, and solved the growing problem of what to do when total sanitation interventions result in households asking for advice in choosing latrine

[23] The East Java Bureau of Statistics states that there were 833 public health centers (*Puskesmas*) operating in the districts in 2008, thus at most 75 percent of sanitarian positions are filled.

technologies and service options. The sanitarians view this business as a chance to generate some private income while also contributing to local sanitation improvement: a win-win situation. However, there is a substantial risk of a conflict of interest between the sanitarian's various roles as sanitation promoter, service provider, and monitor.

There is already evidence that the sanitarian entrepreneurs favor the more expensive latrine options, which they believe offer a higher and more hygienic level of service. The risk is that this belief leads to short-circuiting of the demand-responsive total sanitation process, with these promoter/suppliers encouraging households to buy the technologies and services that are most profitable. At present, the sanitarians have no rivals, and clear advantages through their respected position at the health center, and their knowledge of the sanitation improvement program. While the current small batch of sanitarian entrepreneurs appear altruistic and committed enough to provide objective information and affordable services to rural households, the scaling up of this approach may risk some government sanitarians putting private profit before their public health roles.

The project is planning to encourage other stakeholders to become sanitation entrepreneurs, through broadening the selection criteria for trainees, but notes that the sanitarians value this business opportunity more highly than most other stakeholders. The ideal institutional arrangement would provide functional separation—with the regulatory and monitoring role undertaken by the government sanitarian, the promotional role by NGOs or other independent agencies (on contract to the health department), and the main sanitation service provider role by local firms or private individuals.

In addition, few sanitarians appear to have the entrepreneurial drive required to develop a viable sanitation business. The sanitation entrepreneur model currently being formulated by WSP in Indonesia requires individuals capable of taking on the business aggregator role, which means financing sales and marketing activities, coordinating transporters and suppliers, managing cash flow, supervising artisans, and assuring the quality and durability of installations. While many sanitarians now recognize the potential income from a successful sanitation business, it is likely that few of them will have the requisite skills and drive to build such a business alongside their existing government roles and responsibilities.

6.2.6 Partnerships

Project activities are largely local government driven, with few other partners. While a number of stakeholders are involved at community and sub-district level, the planning, decision-making and management of interventions are entirely by the local government.

At the national level, WSP has shared the progress and learning from the project through the sanitation working group, and WSP was also active in the development of STBM strategy. However, there has been no significant change since the baseline assessment when it was noted that few formal partnerships exist between the project and central government. In part this reflects the provincial nature of the project and its district-driven process, but it appears that the limited partnership between the project and central government has allowed other policies and approaches to gain central support at the expense of the project's approaches. For instance, the planned adoption of the urban planning process in STBM reflects the close relationships developed by the ISSDP program and its central government partners.

The government clearly values WSP as an important sector partner, but insufficient knowledge management and advocacy at national level mean that this regard has not yet translated into national policies and programs that build on project learning. Given the important transition that is taking place at the moment, with the introduction of STBM into PPSP, it will be critical for WSP to forge stronger links at the national level in order to ensure that STBM builds on the valuable learning from the project.

6.2.7 Private Sector Partnerships

The project attempted to partner with some large private companies in the sanitation marketing component, notably the HOLCIM cement corporation, but no formal partnerships have been completed. HOLCIM was reported to be interested in including sanitation services linked to the project in their franchise model, but only if given exclusive rights to this franchising model. The exclusivity requirement runs counter to the open and competitive approach being promoted by the project, and no commercial

enterprises have yet been willing to become involved in providing branded sanitation services without some form of commercial advantage to sweeten the deal.

The International Finance Corporation (IFC) sanitation market assessment[24] examined the potential for private sector participation in rural sanitation improvement through small local businesses, such as hardware stores, district-level small and medium enterprises, and large established businesses. Few operational models were found, and the study concluded that medium-sized businesses used to working with local suppliers and service providers offered the best potential in the short-term. These findings contributed to the WSP development of the business aggregator model, which encourages a move up the supply chain towards medium-sized enterprises capable of managing finances, organizing service providers (suppliers, transporters, masons), marketing products, and supervising sales teams.

Corporate Social Responsibility (CSR) initiatives provide another avenue for private sector involvement in sanitation improvement. Several district governments have now signed memorandums of understanding for financial support from private companies with CSR programs, for example, Bojonegoro District with Exxon Mobile, and Gresik District with Hertz. The impact of these CSR initiatives was uncertain at the time of the assessment, but it seems likely to encourage better performance monitoring and reporting by local governments, and may lead to the introduction of more effective private sector approaches to market research, sales and follow-up.

6.3 Program Methodology

Key Findings

- The basic elements of the program methodology, which combines total sanitation, sanitation marketing, and enabling environment activities, are now well accepted by most sector stakeholders.
- Program methodology has improved since baseline, especially the use of sub-district roadshows to introduce the methodology and market the approaches of the project.
- Each district was free to determine the size of its program, the local priorities, and the strategy that it wished to follow, allowing a number of different targeting strategies to be tested and adopted.

Three years after the baseline assessment, total sanitation approaches remain the main elements of the project (see Table 4). The sanitation marketing approaches are developing fast, but the focus of most government stakeholders is on scaling up and improving the effectiveness of total sanitation approaches.

While support for sanitation marketing is spreading, few of the activities or outcomes are yet visible or operational at large scale. More than 1,700 masons were trained, but only three percent are reported to be active in providing sanitation services; and only one percent of the sanitarians in East Java have established one-stop shops. On average, the sanitation entrepreneurs have only sold 200–300 latrines in the last six months, with most finding

TABLE 4: ENABLING ENVIRONMENT: PROGRAM METHODOLOGY

Indicator	2007 Baseline	2009 Target	2010 Achieved
Total Sanitation at scale			
Districts using total sanitation	54 (15%)	150 (43%)	**252 (72%)**
UNICEF Indonesia	No	Yes	**Yes**
Plan Indonesia	No	Yes	**Yes**
Sanitation marketing at scale			
Districts using sanitation marketing	0	—	**28**
UNICEF Indonesia	No	Yes	**Planning**
Plan Indonesia	No	Yes	**Planning**

* At least one district in East Java (Tuban) has not adopted the main elements of the TSSM methodology.
** *Both UNICEF Indonesia and Plan Indonesia have made explicit requests to WSP for assistance in developing sanitation marketing interventions.*

[24] Glitner and Surianingrat 2010.

that, while demand is high, the majority of their potential customers need a simple credit facility, such as payment by installments, before they can afford a market-bought latrine.

The basic concept of the program methodology, which involves combining total sanitation, sanitation marketing, and enabling environment activities, is now well accepted by most sector stakeholders, but few stakeholders have adopted the program methodology wholesale. UNICEF and Plan Indonesia are eager to add sanitation marketing to their existing total sanitation projects, and have made explicit requests to WSP for assistance in developing their sanitation marketing interventions, with both organizations noting that there was only limited information available on the sanitation marketing interventions in East Java. Other stakeholders, such as World Vision International and Mercy Corps, have focused largely on the total sanitation component and want to see how this core approach works in practice before introducing additional elements such as the sanitation marketing approach.

6.3.1 Evolution of the Program Methodology

The program methodology has been improved over the last three years. In particular, the introduction of sub-district roadshows increased the speed and effectiveness of implementation. During the roadshows stakeholders below district level are introduced to the program methodology and efforts are made to market project approaches to them.

The sub-district and health center staff are the front-line implementers—if their local managers are not convinced of the efficacy and priority of rural sanitation interventions, then it becomes much harder for the district officials to drive the process.

The annual learning events, which were held at provincial, district, and sub-district levels, were also reported to be highly effective. These events provided a forum for practitioners to discuss their experiences, share innovations, and benchmark themselves against their peers in other areas. The learning events led to direct communication between districts, with several subsequently arranging district-to-district study tours and training events in order to learn in more detail about new approaches and ideas. In addition, the learning events put some peer pressure on low performing districts, and renewed enthusiasm for rural sanitation improvement.

6.3.2 Program Targeting

The program methodology did not provide detailed guidance on community selection since each district was free to determine the size of its program, the local priorities, and the strategy that it wished to follow. As a result, a number of different targeting strategies were tested and adopted.

The project supported implementation in 30 communities in each district through the two resource agencies, with the districts then adding to this number depending on their commitment and resources. By June 2010, five districts had triggered interventions in less than 50 communities; twelve had triggered 50–100 communities; and another twelve had triggered 100–360 communities.

In general, the districts opted either to cluster the triggered communities in one area, or in sub-districts where conditions were considered conducive, or to use a more scattergun approach, with the intention that the triggered communities would provide models that spread to the surrounding communities. In almost all cases, priority was given to communities that were thought likely to achieve ODF status quickly; most of the triggered communities had above-average baseline sanitation coverage.

The most interesting learning was in Lumajang, where efforts to achieve entirely ODF sub-districts found that the previous methodologies were not effective in triggering behavior change in difficult communities. The head of the public health center (*Kepala Puskesmas*) in Senduro sub-district noted that their initial efforts failed in eight villages due to pessimistic facilitators, ineffective coordination, and inadequate monitoring. A new action plan was drawn up based on a more structured, organized, and integrated approach, including advocacy, detailed monitoring and intensive CLTS elements. In several cases, paid informers were introduced into communities to discover

the real reasons for not building and using latrines, as well as to demonstrate good practices. This comprehensive and intensive approach was ultimately successful, with 11,237 households in 55 communities now declared entirely ODF.

Similar learning was derived from the Pacitan experience, where a clustered approach was used to achieve ODF status in areas that already had high levels of pit latrine usage. Pacitan had triggered 354 communities by June 2010, and reports a 100 percent success rate with all 354 communities declared ODF. It appears that a critical saturation was reached when most communities in a sub-district were ODF, which enabled much faster progress due to the growing pressure from the encircling communities and local governments on the last few communities.

6.3.3 Methodological Weakness: Safe Disposal of Infant Excreta

The baseline assessment identified the safe disposal of infant and child excreta as a methodological weakness as there did not appear to be any implementation approaches or monitoring indicators designed to address this important sanitation issue. Infant and child excreta contain higher pathogen levels than adult excreta, and are often disposed close to the home, and it follows that safe disposal can be critical to the health benefits derived from interventions designed to improve rural sanitation.

No development was evident in this area. The main project monitoring indicators remain improved sanitation coverage and ODF status, with little specific monitoring of critical hygiene practices, such as handwashing with soap after defecation, or intra-household differences in sanitation practice, such as the safe disposal of infant excreta.

The total sanitation and sanitation marketing approaches focus largely on the use of improved household sanitation facilities, and there was little evidence that either handwashing with soap or safe child excreta disposal were being promoted by the project.

6.4 Implementation Capacity

Key Findings

- Since baseline, the project has successfully built capacity at the local level, with many districts now confident in their ability to continue the program without external support.
- Low staffing on the local governmental level remains a concern.
- There remains a shortage of capacity and experience for effective sanitation marketing.

Local government capacity to implement the project has proved adequate, with all districts implementing in more communities than originally envisaged despite the limited budget provided by the project for direct implementation.

At the start, most stakeholders were unsure how the project was going to work given its dependence on district governments that previously lacked the finance, experience, and capacity to undertake many of the tasks devolved to them. In 2007, district governments were still coming to terms with their responsibilities, whereas most districts now suggest that they have sufficient funds and resources for the implementation of rural sanitation interventions but are still developing the knowledge and experience to make effective use of these resources. Over the last three years, the project has provided much of the required knowledge and has assisted in building local capacity, with the result that many districts are now confident in their ability to continue the rural sanitation program without external support.

6.4.1 Project Capacity

The baseline assessment noted that the WSP team lacked capacity for the significant management, monitoring and technical assistance required by the project. In contrast, the endline assessment found that the WSP team was adequately staffed and was coping well with the many demands of this large project.

The one exception was in the production of formal knowledge management products, now much in demand

by other stakeholders in and outside Indonesia. The day-to-day demands of the project leave little extra time for the preparation of the detailed documentation, training packages, and advocacy materials that are needed to share the project learning effectively with a wider audience. In addition, the limited capacity assigned to this role has resulted in a growing backlog. While the project plan scheduled the preparation of the bulk of the knowledge management tools and products towards the end of the project, once the learning from implementation and the evaluation data were available, the feedback from other sector stakeholders suggests that a more constant feed of knowledge products and events is important to inform the ongoing spread, replication, and improvement of the project's approaches.

6.4.2 Sanitarian Staffing

Given the central role played by the sanitarian in project methodology, the current low government staffing levels give cause for concern (see Table 5). The MoH reported that, in 2010, only 632 sanitarians were employed in East Java's 833 rural health posts. Given that some of these sanitarians are stationed in district health offices, rather than at the lower health post level, these MoH data suggest that less than 75 percent of the sanitarian positions in East Java are currently filled. In the Jember, Banyuwangi, and Bangkalan districts, barely one in three health posts employs a sanitarian.

Community midwives are reported to undertake most of the sanitation and hygiene monitoring roles when sanitarians are unavailable. However, not only do these midwives lack the technical training and knowledge to undertake many of the sanitarians' other tasks, but many were already over-burdened by their core midwifery and community health duties before being asked to cover for unfilled sanitarian positions.

6.4.3 Sanitation Marketing Capacity

There remains a shortage of capacity for effective sanitation marketing. As noted earlier, some 1,700 latrine masons were trained, but more than 97 percent are reported to be either inactive or using their improved skills in other sectors or areas. The training provided by the Technical Institute of Surabaya (ITS) appears to have been adequate in providing technical skills and awareness, but few of the trained masons saw latrine construction as a viable long-term business, or were able to tap into the growing demand for sanitation services created by the project. It seems that some masons migrated to higher-paying urban work, others continued in their previous activities, and very few started active sanitation businesses.

The selection process for trainees is clearly one factor in this disappointing outcome. Working masons were selected from a small number of villages in each district, with two masons chosen from each of the 870 communities initially

TABLE 5: ENABLING ENVIRONMENT: IMPLEMENTATION CAPACITY

Indicator	2007 Baseline	2009 Target	2010 Achieved
Knowledge management			
Exposure visits (people per year)	0	200	**160***
Best practice seminars	0	4	**4 provincial**
WSP field notes	0	1	**1****
Active Sanitarians			
East Java: filled positions	620/826 (75%)	750/833 (90%)	**632/833 (76%)**
East Java: active entrepreneurs	0	29	**6**

* Fourteen internal district-to-district and nine international/external (from Cambodia, Laos, East Timor, Philippines, Vietnam, India, Pakistan, WSLIC-2, and the Asian Development Bank-supported Community Water Services and Health Project) exposure visits over the last two years
** WSP 2009.

targeted by the project. Not all of the selected masons turned up for the training, but those that did were provided with business development training and latrine construction skills. Both ITS management and the project team now realize that, even though appropriate capacity had been built, very few of these trainees had the right mix of dynamism, ambition, people skills, and technical capacity needed to develop viable sanitation businesses.

This finding suggests that a tougher selection process is important to winnow out trainees that lack the entrepreneurial spirit or commitment to use their new skills and capacities. It also informed the design of the entrepreneur training and one-stop shop model, due to the recognition that a business aggregator mechanism was needed to connect household demand, material suppliers and service providers.

A second phase of training was designed with the aim of developing a small cadre of sanitation entrepreneurs. Fourteen sanitarians were trained in the first batch, of which around six have gone on to start up active latrine construction businesses. Some of these sanitarian entrepreneurs are now employing project-trained masons to install latrines, thereby using some of the previously built capacity as originally intended.

While it is yet early days in this process, the sanitation entrepreneur model appears to be a much stronger and more sustainable way of building local sanitation services than the previous mason-training model. In order to scale up direct marketing activities across the province, the key challenge is how best to identify local individuals or enterprises with the right mix of skills and engagement, and how to persuade these agents that latrine construction is a viable, long-term business.

6.4.4 Training Capacity

The STBM secretariat established a core team of master trainers that were assigned the responsibility for conducting CLTS training across Indonesia. In practice, this relatively small group of central trainers has proved unable to keep up with the national training demands. As a result, the WASH working group is now directing stakeholders that require CLTS training towards districts like Lumajang that have developed effective implementation approaches and comprehensive internal training programs.

Lumajang district has introduced a budget line for annual sanitation training courses designed to refresh internal skills, disseminate updated guidelines and approaches, and ensure that learning and capacity are not lost when key sanitation personnel are transferred. During the endline assessment fieldwork, six teams from World Vision International were being provided with CLTS training by the Lumajang district team, without assistance from any external trainers.

This horizontal training model appears more cost-effective and sustainable than the vertical center-to-district model because it allows districts to compete for the provision of training services, thus ensuring a higher quality of training. It also allows practitioners to select training partners with comparable contexts and conditions. Perhaps most importantly, the Lumajang trainers have gained significant experience in the real life challenges of scaling up and sustaining CLTS interventions through local government and as a consequence have a more relevant and appropriate perspective than many of the central trainers.

6.4.5 Central Government Capacity

There remains a shortage of staff dedicated to rural sanitation improvement in central government. A small number of individuals in the MoH and BAPPENAS are tasked with the enormous job of developing policies, strategies, investment plans, and implementation programs for rural sanitation improvement, while also keeping up with the diverse monitoring and evaluation requirements across the thousands of islands that comprise Indonesia. The establishment of the STBM secretariat should have tackled these capacity issues through the provision of a specialist and dedicated team, but the limited support and finance provided by the government to this secretariat have hindered progress and constrained the development of the national enabling environment for rural sanitation.

6.5 Availability of Products, Tools, and Information

Key Findings

- At baseline the market for sanitation goods and services was relatively well developed, allowing the main focus of the project to be improving the quality, availability, and affordability of existing goods and services.
- Demand-led interest has resulted in an increase in retail sales of sanitation supplies.
- Indications are that many poor households would be willing to invest in the mid-priced pour-flush latrine options if some form of credit to enable payment by installments was available.
- Further investigation is needed to ascertain why some districts and sanitation entrepreneurs are not using project supplies marketing materials, and what revisions to content, pricing, and distribution would be needed to improve utilization.
- Several technical innovations were discovered during the assessment fieldwork, but no formal system is in place at district, province, or national level to collate and share innovative designs and technical options.

The Nielsen *Total Sanitation and Sanitation Marketing Research Report* confirmed that the market for sanitation goods and services was already relatively well developed in East Java at the outset of the project.[25] Most sanitation goods were readily available from local suppliers at reasonable prices, and several competent service providers were available in most areas. There were few gaps in the market, letting the main focus of sanitation marketing activities be to improve the quality, availability, and affordability of existing goods and services (rather than to create new supply chains or service categories) and to ensure that demand creation and enabling environment activities were linked and coordinated with marketing activities.

Since 2008, the project has undertaken a number of activities to strengthen the supply of sanitation goods and services: masons have been trained in latrine production and marketing techniques; a sanitation marketing communications strategy was developed, including a range of communications and marketing products (brands, logos, product promotion packages); and districts were encouraged to use the pool of trained personnel and communications materials in their sanitation implementation activities.

Valuable learning was gained from these early experiences, with the key development being recognition that, despite the ready availability of materials and services, latrine construction remained a fairly complicated process. Following the initial discussion and choice of a latrine model, the client still had to purchase construction materials and sanitary wares from a variety of different suppliers, arrange to transport the materials to site, hire a mason, and supervise construction. Therefore, it was realized that a "one-stop shop" approach was needed, whereby customers could organize latrine construction in one easy visit, making the shop responsible for the purchase and delivery of latrine materials, and the supervision of the timely installation of the selected latrine model. The project has given entrepreneur training to 14 sanitarians to encourage them to set up one-stop shops, although to date only six have started active businesses.

The sanitation entrepreneur model was based on the initiative of Sumadi, a sanitarian from Nganjuk district who re-launched his flagging latrine construction business when the project introduced him to more effective demand generation and marketing approaches. Sumadi developed a number of affordable pour-flush latrine models that sell for US$40–100, which have proved highly popular in his area due to the easy menu-driven service that enables households to choose from a range of attractive latrine designs, and the lower costs enabled by his efficient operations.

These improved latrine designs and technology options have now spread into many of the districts in East Java, both through project training courses and knowledge sharing at stakeholder events. The prior CLTS activities had already increased the number of low-cost dry latrine options available, and the sanitation marketing activities have now improved the affordability and availability of more durable pour-flush latrine options.

[25] Nielsen 2009.

6.5.1 Retail Sales Increasing in Some Areas

Despite the relatively small scale of the direct marketing successes, the impact is already evident among local suppliers in the vicinity of these nascent sanitation businesses. The Nielsen research conducted in 2008 found that local retailers sold "up to 30 [pour-flush pans] per month,"[26] whereas one of the suppliers visited in Jombang district during July 2010 reported sales of 200–500 pans per month.[27] It seems likely that much of this growth is through self-supply by those households able to organize and finance latrine construction without assistance, but further investigation is required to confirm whether these sales result directly from the broader promotional activities or whether the sanitation entrepreneurs are already having an impact on local sales patterns.

6.5.2 Level of Service

Based on the district feedback, the WSP provincial coordinator estimated that the following technology options were utilized in East Java:

- 10 percent dry pit latrines (average cost IDR 180,000 = US$20)
- 60 percent pour-flush pit latrines (average cost IDR 400,000 = US$45)
- 30 percent pour-flush latrines with offset lined pits and soakaway system (IDR 800,000–1,100,000 = US$90–125)

Slightly different technology preferences were found in Lumajang district, where the CLTS approach has proved popular with both local governments and communities, and 100 percent latrine coverage has been achieved in four subdistricts (which requires the use of latrines by even the poorest households). The Lumajang district officials suggested that up to 40 percent of households had built dry latrines with earth-covered slabs, approximately 45 percent had built pour-flush pit latrines, and the remaining 15 percent had built more expensive twin pit and septic tank systems.

These data suggest that 10–40 percent of the population either prefer a simple dry pit latrine, generally with an earth-covered slab, or are unwilling or unable to invest the additional US$25 required to build a pour-flush latrine. These data fit well with the housing data reported in the baseline assessment, which found that 33 percent of rural houses in East Java have earthen floors and non-brick walls, and thus suggested that simple latrines with earth floors might be appropriate for the poorest third of the population.

However, the strong demand for pour-flush sanitation facilities with concrete slabs revealed by the sanitarian entrepreneurs suggests that the more attractive and affordable technology options being promoted by these entrepreneurs may be changing spending preferences, and that many poor households would be willing to invest in the mid-priced pour-flush latrine options if some form of credit to enable payment by installments was available.

No recent information was available on user satisfaction with sanitation facilities so it was not possible to assess whether satisfaction had increased since baseline. The 2008 Nielsen survey found 85 percent satisfaction among improved sanitation users, 57 percent among users of unimproved sanitation facilities, and only 34 percent among users of shared sanitation facilities[28] (see Table 6).

6.5.3 Demand for Marketing Communications Materials

The project literature presented a compelling picture of well-branded products and well-designed communications materials adding value to the sanitation marketing component. The design of these communications tools and materials was informed by the SaniFOAM[29] conceptual framework for sanitation behavior change, and through formative research in East Java. The professional production of the tools and materials was financed by WSP through the project, with further reproduction and implementation to be financed by districts following their choice of appropriate tools and materials from a menu of options. The intention was to develop a sustainable and self-financing system that would provide effective communications and marketing materials to the districts for reasonable prices.

[26] Nielsen 2009.
[27] Ten pour-flush latrine pans had been sold on the day of the assessment interview.
[28] Nielsen 2009.
[29] SaniFOAM (Sanitation Focus, Opportunity, Ability and Motivation) focuses attention on what and whose behaviors need to be improved, and categorizes sanitation behavioral determinants under three headings: Opportunity, Ability, and Motivation.

TABLE 6: ENABLING ENVIRONMENT: AVAILABILITY OF GOODS AND SERVICES

Indicator	2007 Baseline	2009 Target	2010 Achieved
Technology options			
Promoted by local producers (nr)	5	10	6
Found in poor households (nr)	2	4	3
Rural service providers			
Number of trained masons	0	+25%	+3%
Number of sanitation businesses	0	+44%	6 nr
User satisfaction			
Improved latrine owners	Unknown	75%	85%*
Unimproved latrine owners	Unknown	—	57%
Shared latrine users	Unknown	—	34%

* User satisfaction data from Nielsen (2008) needs updating, but illustrates that user satisfaction is far higher among owners of improved latrines, thus that average satisfaction should increase as improved sanitation coverage rises.

Little evidence of the use of the printed marketing materials was found in the two districts visited during the assessment, even though 50 percent of the active sanitarian entrepreneurs were interviewed. However, regular radio spots were being broadcast in Jombang district, and the project video was used in the mobile campaigns in Lumajang district. The project team reported that some districts decided not to buy any of the materials and others opted to purchase only one or two of the tools or products. When asked why the branded materials had not been more widely adopted, the district health officials in Lumajang gave the blanket response that "they were not effective."

The sanitarian entrepreneurs in the two districts visited were using either photocopied or self-printed leaflets to promote and sell their products, with no branding or naming of products, and no use of the thumbs-up or *WC-ku sehat* logos. The original source of these amateur leaflets was apparently Sumadi, the successful sanitarian from Nganjuk district who provided the model for the sanitarian entrepreneurs, and all of the leaflets contained the same range of latrine options with only minor variations in price.

The project team reports that the intention of the communication materials and strategy were to provide ideas on how to promote services, which has led to some service providers developing their own brand names and promotional materials. However, further investigation is needed to ascertain why some districts and sanitation entrepreneurs are not using the materials, and what revisions to content, pricing, and distribution would be needed to improve utilization.

6.5.4 Technical Knowledge Management

Several technical innovations were discovered during the assessment fieldwork, but no formal system is in place at district, province, or national level to collate and share innovative designs and technical options. This sort of knowledge management is critically important in programs that encourage local solutions to sanitation problems, as local innovators often develop highly cost-effective approaches.

One example was seen in Jombang district, where a mason was using a construction technique that he'd witnessed in a local concrete yard for the fabrication of concrete rings. Several stakeholders had noted that the construction of these rings required expensive steel molds bought from Surabaya for IDR 1.6 million (US$180), whereas this mason was using tin sheeting, old bicycle rims, wooden spacers, and steel-fixing wire that had cost only IDR 100,000 (US$12). The quality of the concrete rings produced using these local production tools appeared similar to those from the more expensive molds, yet none of the stakeholders present were previously aware of this production technique. Many similar innovations and developments are likely to be happening across the province as service providers experiment and scale up activities, but the project and its local government partners are not currently collecting, documenting and sharing technical best practice and innovation through the annual stakeholder reviews or through any other active system.

6.6 Finance and Incentives

Key Findings

- For the first time, more funds have been committed to sanitation than to water supply, but most of these funds are earmarked for urban sanitation activities.
- A clear difference in spending priority is visible between the few districts that developed and implemented strategic medium- and long-term sanitation plans, and those that continue with an annual planning process driven by short-term priorities.
- Finance for sanitation in East Java remains below the levels needed to achieve the sanitation MDG at province level.
- There is currently no national incentive framework in place, there seems to be little support in central government for the concept.

For the first time ever, RPJMN (2010–14) committed more development funding to sanitation than to water supply. However, the vast majority of these funds are allocated to urban sanitation activities through PPSP. As noted earlier, the STBM secretariat remains without government funding, and the majority of central government finance for rural sanitation is channeled through donor-supported projects that work in specific geographical areas rather than through a national program.

Rural sanitation allocations have increased in East Java, with both the provincial government and the district governments increasing their commitments as a result of project activities (see Table 7). By 2010, IDR 14.4 billion (US$1.6 million) had been contributed to rural sanitation improvement by the province and its 29 districts through their annual development plans (see Figure 3).

FIGURE 3: DISTRICT ALLOCATIONS TO SANITATION DEVELOPMENT 2007–2010 (PROVINCIAL DEVELOPMENT BUDGET)

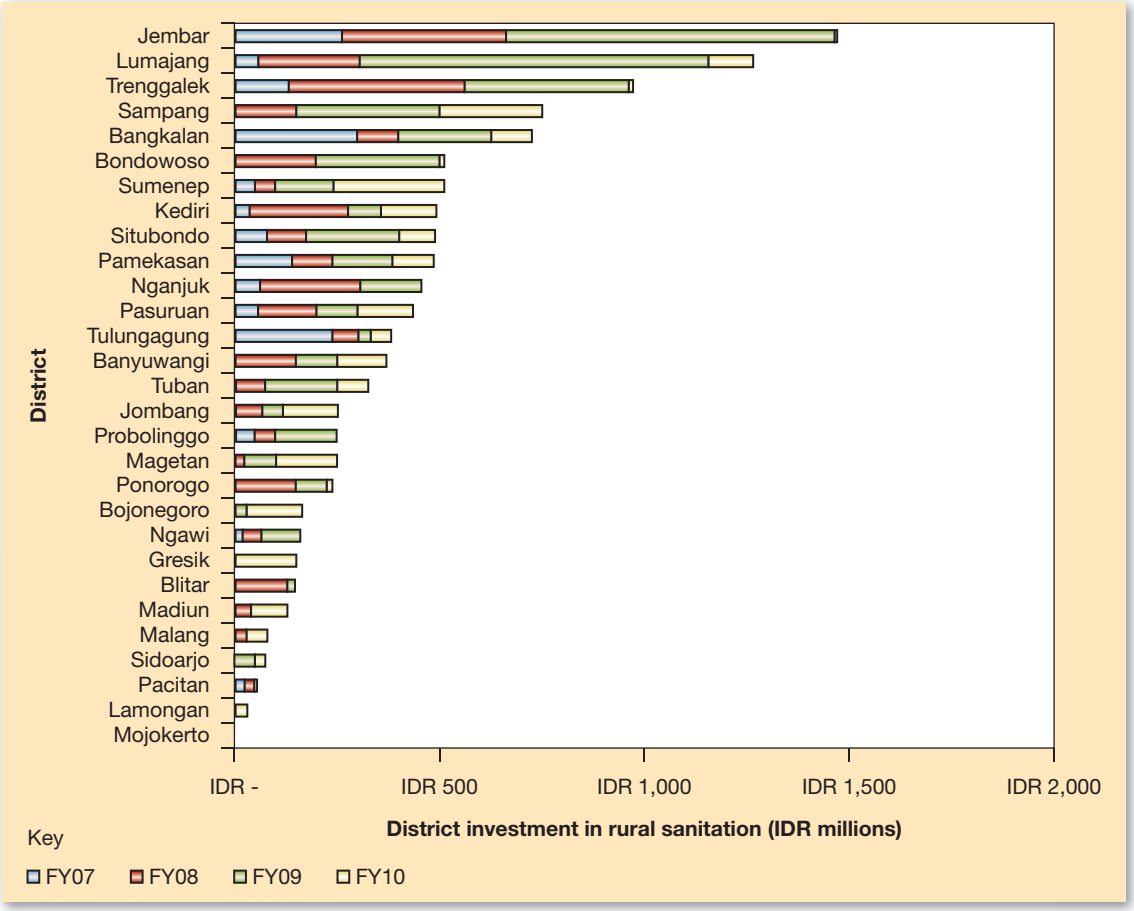


TABLE 7: EAST JAVA: DISTRICT FINANCIAL COMMITMENTS TO RURAL SANITATION (IDR MILLIONS)

Local Government	2007	2008	2009	2010	Total
PROVINCE	0	828	811	1,100	2,740
Jember	263	400	800	8	1,471
Lumajang	60	245	149	110	1,265
Trenggalek	132	430	400	11	973
Sampang	0*	150	350	250	750
Bangkalan	300	100	225	100	725
Bondowoso	0*	200	300	13	513
Sumenep	50	50	141	270	511
Kediri	37	240	80	135	492
Situbondo	80	95	225	90	490
Pamekasan	140	100	145	100	485
Nganjuk	63	245	149	0	457
Pasuruan	60	139	100	135	434
Tulungagung	240	62	30	50	382
Banyuwangi	0*	150	100	120	370
Tuban	0*	75	175	75	325
Jombang	0*	68	50	135	253
Probolinggo	50	50	150	0	250
Magetan	0*	25	75	150	250
Ponorogo	0*	150	75	13	238
Bojonegoro	0*	0	30	135	165
Ngawi	20	44	98	0	162
Gresik	0*	0	0	150	150
Blitar	0*	130	18	0	148
Madiun	0*	40	0	90	130
Malang	0*	30	0	50	80
Sidoarjo	0*	0	50	25	75
Pacitan	25	25	0	6	56
Mojokerto	0*	0	0	0	0
Total	**1,520**	**4,071**	**5,427**	**3,351**	**14,369**

Source: WSP
* No contribution due to later start (Phase 2 and 3 districts).

Most district governments in East Java have increased public finance of rural sanitation, but by little more than was previously allocated to the WSLIC-2 project. A clear difference is visible between investment levels and resource use in the few districts that developed and implemented strategic sanitation plans that highlighted the medium-term investments needed to achieve district sanitation targets, and those that continue with an annual planning process driven by short-term priorities.

Nevertheless, these development allocations to rural sanitation represent a substantial step forward as they are driven by district priorities rather than by centrally determined project contributions. The amounts remain low, averaging only

IDR 200 per capita per year (US$0.02), or about IDR 1,600 (US$0.16) per unserved household, but the district funds are being used more cost-effectively than before and are therefore reaching more unserved households. In practice, the district investments have been focused in only 13 percent of communities, making the effective investment per capita higher in the project communities. These local government investments have managed to leverage substantial amounts of household investment (see Section 6.7 on Cost effectiveness).

At the outset of the project, when districts funds were unavailable, some sub-districts used part of the scarce operational funds allocated to rural health centers to support and develop the project interventions. At the time of the endline assessment, increased budgets had been provided to most levels of local government, and since 2011 the MoH has allocated an increased operational budget for public health centers that will enable the sanitarian and other staff to be paid travel costs and expenses while undertaking sanitation improvement activities.

These additional investments are difficult to determine reliably and so are not included in the sanitation development expenditures listed above. Neither are a large number of other local government costs, including a proportion of the salaries of staff that work on sanitation improvement, as well as relevant government office and overhead costs.

This discrepancy helps to explain why Pacitan district appears to have invested so little in its rural sanitation program, only IDR 56 million (US$6,200) according to the district development allocations, yet has one of the largest and most successful district programs in terms of ODF achievements. Inputs by lower level (sub-district and health center) health staff and by other government departments operating in campaign mode were significant in Pacitan but were not accounted for in these development budgets. Therefore, those figures have not been captured in the project estimates of cost-effectiveness.

6.6.1 Credit Constraints

The six sanitarian entrepreneurs operating in East Java found that demand was strong for their sanitation products, and that initial customers were able to pay the full amount for these products up front in cash. However, few non-poor households in East Java lack a latrine, and the second wave of orders came from poorer households that asked to pay by installments. The sanitarians agreed to these requests, but soon found that they were only able to obtain one month of credit from their suppliers, whereas most customers wanted to pay by installments over three to nine months. This difference in credit terms quickly led to cash flow problems, and most of the sanitarians have now had to stop offering credit themselves and encourage their customers to find other sources of credit. As a result, progress has slowed and most of the sanitarians now have a large backlog of orders that cannot be filled until more credit is available.

A number of informal credit mechanisms were reported during the assessment. A local businessman is providing credit to toilet customers in *Nganjuk* district, with full payment made to the sanitarian when each customer signs an agreement agreeing to pay the total plus an additional ten percent over a period of less than one year. Similar arrangements, known as factoring, have been made by an entrepreneur in Sidoarjo district who finds local investors that provide the credit and carry the risk, with the village head notarizing the contracts.[30] Several of the sanitarians reported that traditional *arisan* revolving-credit groups had been established, whereby a number of households pay a fixed amount each month and one household per month is given the money to pay for a new toilet, with the scheme continuing until all contributors have received a toilet. In some of the communities visited during the assessment, better off households were loaning cash for poorer households to build latrines as a philanthropic gesture. However, these informal loans were only made available to neighbors considered to be low risk debtors, excluding many of the poorest households.

Several of the sanitarians also suggested that they were short of the working capital needed to scale up their services, notably due to the high cost of production tools such as the metal forms used to fabricate concrete rings. One of the sanitarians in Lumajang district has taken out a IDR 20 million (US$2,200) loan from the Health Department Cooperative in order to finance his rapidly growing sanitation business, with a significant proportion of this loan invested in the purchase of a pick-up truck to transport

[30] Glitner and Surianingrat 2010.

materials and latrine components. However, the Health Department Cooperative only provides loans to health officials because it is able to deduct the repayments directly from their salaries to avoid defaults. This credit mechanism is not available to other sanitation entrepreneurs.

A recent IFC study[31] examined microfinance and credit options for sanitation improvement but noted few viable options for the provision of household sanitation credit. Discussions with an IFC representative in Jakarta confirmed that few existing microfinance or credit options would be available to poor households that lack credit history (for example, through the repayment of previous loans) or sufficient collateral to provide loan security, or are unable to meet the bureaucratic demands of cautious financial institutions. The IFC is currently working with WSP to build a case for making sanitation credit more attractive to financial institutions, with the possibility of IFC funding being used to provide loan guarantees, commercial risk assessment, or two-step loans to enable smaller household loans by local banks.

6.6.2 Finance to Reach Sanitation MDG in East Java

Finance for sanitation in East Java remains below the levels needed to achieve the sanitation MDG at province level. The project has achieved a 23 percent increase in improved sanitation coverage in its 3,151 project communities during the three years since the project launched, which is broadly similar to the 25 percent increase in rural sanitation coverage needed to achieve the sanitation MDG in Indonesia.[32]

On this basis, similar interventions will be required in every community in East Java in order to reach the rural sanitation MDG.[33] There are 24,180 *dusun* (sub-village communities) in East Java, of which only 13 percent have been covered under the project. Some 21,000 communities have not yet been triggered, thus 4,200 per year will need to be triggered in order to cover all of the communities by the end of 2015.

The average local government development expenditure has been about US$500 per community, which is less than half that estimated in the baseline assessment, and less than US$1.50 per household. It is also likely that the project communities started with better than average sanitation conditions, as many districts have deliberately targeted progressive and well-developed communities in order to achieve some early gains. Therefore, it is likely that the cost per community will rise as more challenging and under-developed communities are addressed. Assuming that current project cost efficiency can be maintained across the province, US$2.1 million per year would be required to cover every community by 2015, which is roughly four times the total annual investment by local government during the last three years.

These figures ignore project expenditures, which have averaged about US$900,000 per year, approximately 70 percent higher than the investments by local government. The majority of project investments have been in capacity building, institutional strengthening, formative research, development of promotional tools and materials, awareness raising, and knowledge management activities that will have long-lasting benefits; it is hoped that provincial investments will increase as the province assumes more of the facilitation, capacity building, and monitoring roles previously undertaken by the project, and that district investments will rise as political pressure grows to reach the national development goals, such as 100 percent ODF by 2014. However, the recent trend shows district sanitation investments decreasing, apparently because local leaders are distracted by the requirements of forthcoming elections. There remains a definite need for expenditure tracking and budget advocacy activities to maintain and increase sanitation investments.

6.6.3 Finance to Reach Sanitation MDG in Indonesia

Considerable investments in rural sanitation are being made through PAMSIMAS, and through other donor-supported rural water supply and sanitation projects. However, little monitoring data were available from these projects, making it difficult to estimate whether similar progress is being made in other parts of Indonesia.

Sector stakeholders suggest that the accelerated progress reported under the project is not being mirrored in most

[31] Glitner and Surianingrat 2010.
[32] 1990 baseline for rural sanitation coverage = 22 percent; 2015 MDG target for rural sanitation = 61 percent; 2008 JMP estimate for rural sanitation coverage = 36 percent; therefore, there has been a 14 percent increase in rural sanitation coverage since 1990, and another 25 percent is required to reach the MDG.
[33] The baseline assessment of enabling environment assumed that only 50 percent of communities would need to be covered in order to reach the sanitation MDG.

other projects or areas. In addition, large parts of Indonesia are not covered by any projects or interventions. Therefore, it seems likely that other part of Indonesia will require an initial investment in capacity building and institutional strengthening, along the lines of the project, as well as dramatically increased local government investments.

The incorporation of STBM strategy into PPSP provides an opportunity for scaling up implementation through increased investment in rural sanitation. The MoH report that it is planning STBM interventions in 20,000 villages by 2014, although the central plan only included a budget of about US$1.3 million for STBM. Other funding may be available for STBM interventions through the PAMSIMAS Asian Development Bank-supported Community Water Services and Health Project, and ICWRI programs, whose combined total budgets exceed US$33 million, but the details of STBM's financial strategy remain uncertain. If successful, STBM interventions would reach close to 30 percent of Indonesia's rural communities, but this means that they would need to achieve almost 100 percent improved sanitation coverage in every community for the 25 percent coverage rise required to reach the rural sanitation MDG. Therefore, it appears that current investments remain well below the level needed to achieve the rural sanitation MDG.

6.6.4 Outcome-Based Incentive Frameworks

Both BAPPENAS and MoH expressed interest in the development of a national incentive framework during the baseline assessment and it appeared likely that some sort of framework would be put in place once adequate financing was sourced. However, there is currently no national incentive framework in place, and several key officials reported that there is currently little support in central government for an incentive system due to concerns that these incentive systems can encourage coercive interventions with low quality and unsustainable outcomes.

In contrast, the project has been successful in introducing a province-level sanitation award linked directly to district-level sanitation outcomes (see Figure 4). For the last two years, the *Java Post Institute for Pro-Autonomy*[34] (JPIP) has extended its annual awards to district *Bupatis* to include a sanitation award based on the top-performing district identified by the benchmarking system developed by the project.

The JPIP award is based on the following eight indicators:

1. Local government sanitation budget allocation per unserved household (10 percent)
2. Proportion of local government sanitation budget used for software (10 percent)
3. Number of communities triggered in last year (10 percent)
4. Number of trained and accredited masons per sub-district (5 percent)*
5. Number of accredited sanitation vendors per sub-district (5 percent)*
6. ODF success rate (15 percent)
7. Proportion of population gaining access to improved sanitation (15 percent)
8. Leverage ratio: US$ household investment per US$ local government invested (10 percent)
9. Cost per ODF community (10 percent)
10. Bang for buck: number of people gaining access to improved sanitation per US$110 of local government investment in last year (10 percent)

* Indicators 4 and 5 have not yet been utilized due to a lack of information in this area.

The JPIP sanitation award was won by Lumajang District in 2009, but several other districts are challenging for the award in 2010. Significant publicity is accorded to the JPIP awards through the *Java Post* newspaper, thus the district *Bupatis* have shown unusual interest and attention to the award. Following the last award, several *Bupatis* contacted WSP and the provincial government to ask what they needed to do to win the award, and many districts have now expanded their monitoring systems to cover the benchmarking criteria included in the JPIP award.

The East Java provincial government awarded IDR 5 million (US$560) to 40 villages that declared ODF status in 2009, and Trenggelek district awarded the same amount to 25 of its ODF villages in the same year (see Table 8). While

[34] An institute financed by the *Java Post* daily newspaper.

FIGURE 4: BENCHMARKING: DISTRICT PERFORMANCE ACCORDING TO JAVA POST INSTITUTE OF PRO-AUTONOMY (JPIP) CRITERIA

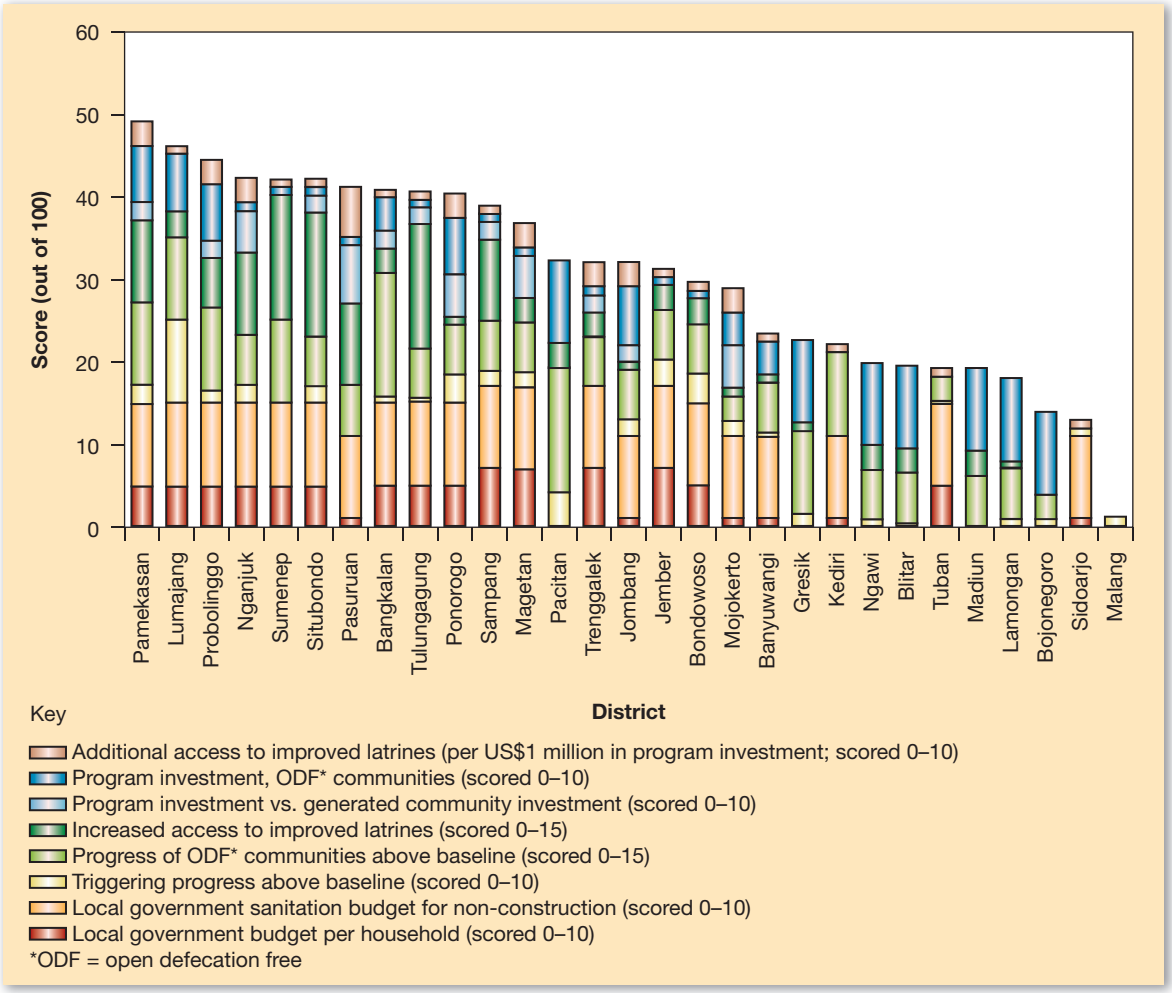


TABLE 8: ENABLING ENVIRONMENT: FINANCE AND INCENTIVES

Indicator	2007 Baseline	2009 Target	2010 Achieved
Sanitation finance			
Annual sanitation budget (East Java)	US$169,000	US$750,000	**US$372,000***
Sanitation incentives			
National sanitation award	No	Yes	**No**
East Java sanitation award	No	Yes	**Yes**
East Java ODF incentive	0	US$67,000	**US$22,000****

*Total budget allocations by the provincial government and 29 district governments peaked at US$603,000 in 2009, then declined to US$372,000 in the 2010 election year.
**IDR 200 million awarded in 2009, but stopped in 2010 due to problems in meeting strict government audit rules regarding accountable use of public funds.

small amounts, these financial awards also provided some prestige and recognition to the village leaders, and were successful enough that additional finance had been proposed for the 2010 awards. Government auditors subsequently ruled that these payments contravene government expenditure rules, as they were taken from development budgets intended to finance measurable outputs. No further provincial awards have been budgeted.

6.7 Cost-Effective Implementation

Key Findings

- Cost-effectiveness data were unavailable at the national level, and largely unavailable at the district level.
- The latest monitoring data suggest that the average cost per ODF community, including both local government and project expenditures, is now 30 percent lower than the baseline assessment target.
- The project has contributed 15 percent of the total investment, compared to nine percent by local government, and the remaining 76 percent by private households.
- ODF success rate has been much higher than anticipated.

No data on cost-effectiveness were available at national level, although some national stakeholders were aware that the project collects data on cost-effectiveness, and there was a widespread perception that the project was cost-effective.

In East Java, few cost-effectiveness data were available at district level. The districts reported that cost-effectiveness was assessed at the annual stakeholder review, but there was little evidence that these data had led to any revisions in policy or programming. However, the JPIP award includes three cost-effectiveness criteria: leverage ratio (US dollars in household investment leveraged by each US dollar of local government investment), cost per ODF community (local government investment per ODF community declared) and "bang for buck" (number of people that gained access to an improved sanitation facility for each US$110 invested by local government).

High-level interest in JPIP performance means that district officials are now paying more attention to these cost-effectiveness measures, but the WSP provincial coordinator remains the main force behind efforts to compile and present the cost-effectiveness data. Remarkably, the benefits that more cost-effective policy and implementation would have on the scale and impact of improved sanitation outcomes, and on the effective use of district funds, appear less important to district leaders than the higher JPIP scoring that improved cost-effectiveness brings to the JPIP rankings.

6.7.1 ODF Success Rate

One of the key elements of the total sanitation methodology is the focus on achieving collective outcomes, rather than just counting completed latrines. The Project Implementation Plan stated that the project target was that at least 300 of the 870 project communities be declared open defecation free (ODF), implying an ODF success rate of 34.4 percent. This target ODF success rate is marginally lower than the average ODF success rate of 37 percent found across all CLTS interventions in Indonesia in mid-2007,[35] thus the baseline assessment proposed that the baseline ODF success rate be taken as 35 percent, with the target to raise this success rate to 40 percent by the end of the project.

In fact, the project has been successful in surpassing both the Project Implementation Plan target and the higher target suggested by the baseline Enabling Environment Assessment. To date, 1,367 ODF declarations have been made among 3,151 triggered communities, which suggest an ODF success rate of 43 percent (see Table 9). Interestingly,

TABLE 9: EVIDENCE: COST-EFFECTIVE IMPLEMENTATION

Indicator	2007 Baseline	2009 Target	2010 Achieved
Effectiveness (East Java)			
Nr. triggered communities	0	4,046	**3,121 (78%)**
Verified ODF communities	0	1,395	**1,367 (98%)**
ODF success rate	35%	40%	**43%**
Cost-effectiveness (in US$)			
Program cost per ODF community	6,400	4,000	**1,060**
Program cost per latrine in use	9	5	**4.26**
Leverage ratio (household: program)	2:1	4:1	**5.3:1**

[35] 149 ODF communities declared from 400 CLTS triggered communities.

the ODF success rate among the 18 Phase 1 and Phase 3 districts has been considerably higher, averaging 54–56 percent, but the overall average has been pulled down by the much lower ODF success rate among the Phase 2 districts, where the ODF success rate has averaged only 18 percent—well below the national average.

Further investigation is required to determine why the ODF success rate has been so much lower in these second phase districts, although several stakeholders noted that the impact evaluation affected community selection in these districts, and it is conceivable that the additional activities may have had a negative impact on community willingness to participate in the project. Other factors may be that the second phase districts were less interested and committed than the first phase districts; while the third phase districts benefited from awareness raised by the earlier phases and from the introduction of improved approaches, for example the sub-district roadshows, that were not available when implementation started in the second phase districts.

6.7.2 Cost per ODF Community

The baseline assessment found that about US$1,200 per community was being spent on CLTS activities, and estimated that, when sanitation marketing costs and project costs were included, the average cost of achieving an ODF community was about US$6,700. The baseline assessment suggested that the project should aim to reduce this cost by 40 percent, thus set a target of US$4,200 per ODF community.

The latest monitoring data suggest that the average cost per ODF community, including both local government and project expenditures, is about US$2,900, some 30 percent lower than the baseline assessment target. The local government component is only US$1,060 per ODF community, or about US$5 per household.

6.7.3 Leverage Ratio

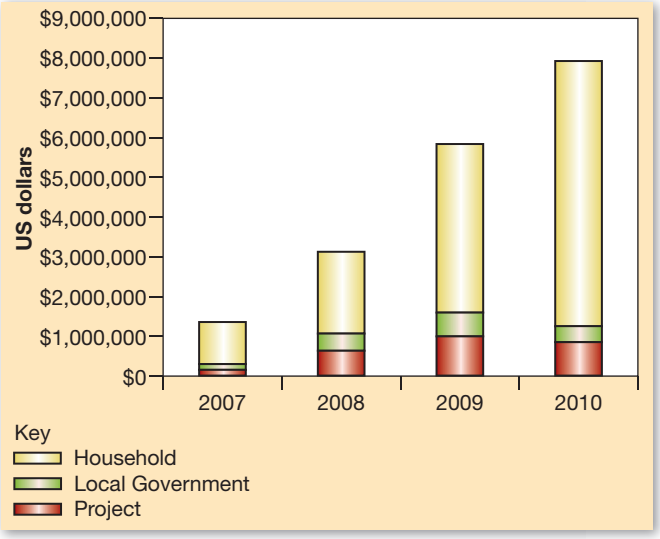
Preliminary estimates of total investment in the project in East Java suggest that the total project investment is about 70 percent higher than the local government development budget allocations during the four-year project period. The importance of developing a sustainable enabling environment is clearly demonstrated by an analysis of the growing household latrine investments leveraged during each year of the project. Combined project and local government investments of US$343,000 in 2007 leveraged more than US$1 million in household investments—a leverage ratio of around 3.0—whereas in 2010, US$1.257 million of combined project and local government investment leveraged US$6.68 million of household latrine investment—a leverage ratio of 5.3. Overall, the project has contributed 15 percent of the total investment, compared to 9 percent by local government, and the remaining 76 percent by private households (see Figure 5).

6.7.4 Sustainability

Given the high investment by the project in capacity building, communication tools, and strategy development, and other short-term enabling activities, it seems likely that these improvements in cost-effectiveness will continue to increase over time.

As noted earlier, these costs ignore the cost of routine government involvement in sanitation interventions. Significant district health office and rural health centre time and resources are required to implement effective large-scale sanitation interventions, but routine costs (salaries, training, overheads) are not yet counted in cost-effectiveness assessments.

FIGURE 5: TOTAL INVESTMENT IN RURAL SANITATION, EAST JAVA (2007–2010)



6.8 Monitoring and Evaluation

Key Findings

- The annual SUSENAS socio-economic household survey provides nationally representative data on the use of household sanitation facilities, and implementation projects provide more detailed monitoring data in specific project areas, but no other data are reported on a regular basis.
- There remains no regular or reliable monitoring of sanitation outcomes like latrine usage, open defecation rates, the practice of handwashing with soap, or the safe disposal of infant excreta.
- A number of project-related evaluations are currently underway in East Java, including action research to examine the factors that influence the achievement of open defecation free (ODF) status.

There remains no functional national monitoring system for rural sanitation. The annual SUSENAS socio-economic household survey provides nationally representative data on the use of household sanitation facilities, and implementation projects provide more detailed monitoring data in specific project areas, but no other data are reported on a regular basis beyond the high-level indicators required by BAPPENAS to monitor against national and district development plans (RPJMN and RPJMD).

The MoH is planning to introduce an STBM monitoring system designed to monitor progress against the national strategy for total sanitation (STBM). This system focuses on process rather than outcomes, with monitoring likely to be against the following goals in the 20,000 target villages:[36]

- Establishment of a village WASH forum
- Formulation of a village STBM plan
- ODF declarations in 1–2 communities (*dusun*)

While this system will raise awareness of sanitation priorities, it does not appear to be linked with a large-scale public health system designed for systematic monitoring of sanitation and hygiene progress or outcomes.

6.8.1 Sanitation Coverage Trends

The latest JMP estimates suggest that rural sanitation coverage has increased from 30 percent to 36 percent in the eight-year period 2000–2008, with roughly four million rural inhabitants, or just under one million households, gaining access to improved sanitation facilities.[37]

The SUSENAS socio-economic household surveys provide a somewhat different picture. The 2004 and 2007 household surveys found that the proportion of households using a private toilet facility has barely changed, from 51.3 percent to 52.0 percent[38] in this two-year period. In East Java, the survey found that the proportion using private sanitation facilities decreased marginally from 50.8 percent to 50.4 percent[39] in the same period.

The SUSENAS surveys are reported to be representative at the district level, with more than 15,000 households surveyed in East Java; these data should be a reasonable reflection of household sanitation practices at the province level.

A more detailed analysis suggests that the positive trend shown in the JMP progress estimate reflects households upgrading their latrines from simple pit latrines, *pit latrines with slab* in the JMP terminology, to pour-flush latrines with "septic tanks." The SUSENAS surveys in 2004 and 2007 indicated that the total number of households using improved sanitation facilities (including shared facilities) had barely changed, from 59.7 percent to 59.2 percent, but in the same period around seven percent of the population were found to have upgraded from simple pit latrines to pour-flush latrines.

The SUSENAS household surveys provide a regular and reliable national mechanism for monitoring sanitation coverage, but are not used adequately by national sector stakeholders. In addition, there remains a tendency for national agencies to over-report the findings, with the national reporting generally including all shared and all traditional pit latrine facilities, whereas the international JMP estimates exclude shared and public sanitation facilities, and only

[36] From a total of 74,000 villages (*desa*).
[37] Rural population has declined from 119 million in 2000 to 110 million in 2008 (UN Population division, 2009).
[38] This proportion contains all households using pit latrines and shared latrines, and is therefore higher than the JMP estimate of improved sanitation coverage.
[39] http://dds.bps.go.id (accessed 26 August 2010).

count 50 percent of pit latrines due to concerns that this category includes unimproved sanitation facilities with inadequate slabs and open pits.

As a result, there is a significant gulf between progress estimates—a national MDG progress report in 2007 reported 60 percent improved sanitation coverage in rural areas in 2006, and suggested that the sanitation MDG had already been met;[40] whereas the latest JMP estimate for Indonesia, which is based on the household survey data available in 2008, was 36 percent improved sanitation coverage in rural areas.

Following a recent JMP-supported workshop on harmonization of monitoring, and the President of Indonesia's intercession at the MDG summit in Bali, the MoH reports that a more conservative interpretation of the household survey data will be used in future, with a focus on ensuring that only *jamban sehat* (hygienic latrines) are included in national sanitation coverage reports.

6.8.2 Definition of an Improved Sanitation Facility

The SUSENAS surveys do not differentiate adequately between an improved *pit latrine with slab* and an unimproved *pit latrine without slab*, as there is only one dry latrine response possible: *Cubluk* (pit). As a result, the JMP counts only half the simple pit latrines as improved sanitation facilities, thus halving the decrease in the proportion considered to be using improved pit latrines and resulting in an estimated 3.3 percent rise in improved sanitation coverage estimated between the SUSENAS 2004 and SUSENAS 2007 surveys.

The project monitoring data suggest that progress has been much faster in the 3,039 "triggered communities" in East Java. Since 2007, there has been an increase of 23 percent in the proportion of households reported to use improved sanitation facilities, and 56 percent of the 2.71 million population now live in ODF communities (where everyone is reported to use some form of latrine).[41] However, these district monitoring data focus largely on facility construction rather than latrine usage, and have not yet been verified by a large-scale household survey.

The total population that has gained access to improved sanitation in East Java is reported as 622,000, well short of the project target of 1.4 million people; however, the lower than anticipated progress is partly a reflection of the definition of an improved sanitation facility adopted by the project. The project monitoring criteria assume that dry pit latrines without a squat-hole cover, and dry pit latrines with wood or earth covered slabs, are unimproved sanitation facilities whereas the JMP classification for an improved *pit latrine with slab* does not require that the squat-hole is covered, or that the slab is concrete. If the lower international definition of an improved sanitation facility were adopted, the population assessed to have gained access to improved sanitation would be considerably higher.

6.8.3 Monitoring of Enabling Environment

The project introduced an annual assessment of the enabling environment in each district based on a performance scale developed for each of the eight dimensions. The annual assessments are marked on an eight-armed "spider diagram" with subsequent assessments overlaid so that progress in each dimension is apparent.

The performance scales developed in Indonesia are not the same as those used in the other country projects, due to differences in the project mode and manner in each country. The Indonesia scales require some subjective assessments, such as whether there is "political support from stakeholders" or whether "funding sources [are] being utilized effectively." The intention was that each district government would make a self-assessment of its progress in improving the enabling environment, and that this process would both monitor progress and encourage local governments to think harder about non-implementation issues, thereby promoting more investment of time and effort in strengthening any areas of weakness suggested by the self-assessment process.

In practice, the spider diagrams have been of limited value for local governments. As can be seen in the Probollingo district example in Figure 6, some districts gave themselves high marks at the outset, despite mediocre overall performance, and then had little room to show any subsequent

[40] UNDP (2007) *Let's Speak Out for MDGs: Achieving the Millennium Development Goals in Indonesia* Jakarta: United Nations Development Programme.

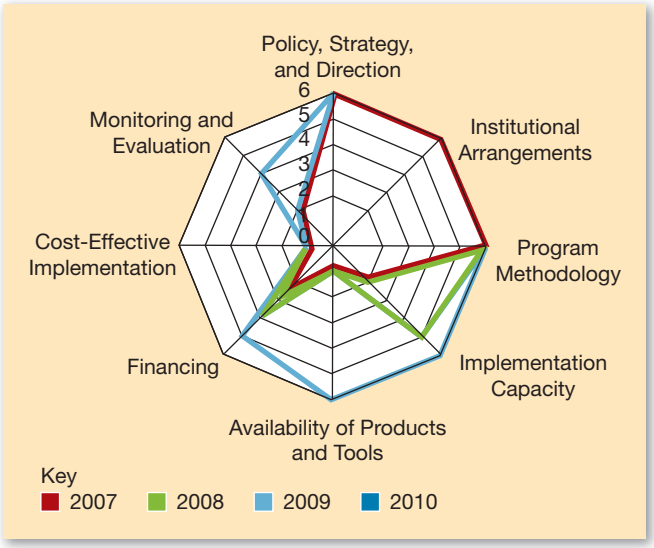
[41] This proportion is likely to include households that use unimproved sanitation facilities and shared sanitation facilities, and is reported by the promoters and communities themselves without any independent or third-party verification of ODF status.

improvements. In contrast, some of the better performing districts marked themselves harder at the beginning, often due to a deeper understanding of the enabling environment improvements required, and thus were reported to have a worse enabling environment than their lower performing neighbors. These districts have since been able to measure and report genuine progress, although their status still appears to compare badly with those of the less carefully assessed districts.

There has been little demand for this information from the district governments. It remains a project requirement to monitor progress in improving the enabling environment, but few of the districts would prepare these data without specific requests from the WSP project team, and even fewer use these data themselves.

There remains some potential to use the spider diagrams to monitor enabling environment progress at the national level, and they might be used to encourage the collection and reporting of performance indicators linked to enabling environment improvements. However, the rating scales would need to be improved in order to capture more fully the range of elements within each dimension of the enabling environment framework, and some recognition should be given to the need to apply different weightings to the various dimensions, for instance to recognize that progress in the *policy, strategy, and direction* dimension is likely to be more critical to scale, sustainability, and impact than progress in the *cost-effective implementation* dimension.

FIGURE 6: PROGRESS IN THE ENABLING ENVIRONMENT: PROBOLLINGO DISTRICT, 2007–2010



6.8.4 Outcome Monitoring

There remains no regular or reliable monitoring of sanitation outcomes like latrine usage, open defecation rates, the practice of handwashing with soap, or the safe disposal of infant excreta. The RPJMD requires that each district report annually against its ODF and sanitation coverage targets. As a result the district health department must supply these data to BAPPEDA, but there are no clear instruments or guidelines to verify open defecation status, measure latrine usage over time, or assess hygiene behavior.

The project has encouraged the districts to collect latrine usage data on a monthly basis, through completion of a standard monitoring form by each sanitarian. The latest version of the monitoring form classifies each household facility as a "permanent hygienic toilet" (*Jamban sehat* permanent), "semi-permanent hygienic toilet" (*Jamban sehat* semi-permanent) or "open defecation."

These categories differentiate between latrines with a concrete slab (permanent) and a non-concrete slab (semi-permanent), but now differ significantly from the JMP definitions as any household facility that has an open squat-hole (i.e., dry latrine without a tight-fitting lid) is classified as an "open defecation" household. These revisions to the monitoring criteria, which used to be aligned more closely with the JMP categories, mean that the use of unimproved latrines is no longer reported separately from open defecation. This change reflects concerns about the durability of low-cost homemade latrines and the sustainable use of these low-cost latrines, with the intention being to monitor whether households are using hygienic facilities, as defined nationally,[42] and if they are moving toward sustained use of improved and durable sanitation facilities. In practice, the sanitation behavior change associated with fixed point

[42] STBM defines hygienic toilets as those that "prevent the transmission of disease," which has been informally elaborated to include flyproofing (GoI, 2008).

defecation is no longer measured or reported, even though upgrading these basic latrines to improved sanitation facilities often requires only minor upgrades, such as the addition of a tight-fitting lid.

More significantly, there was little evidence that the current monitoring system is effective in capturing sustainability losses due to collapsed, damaged or abandoned latrines. The current system is designed to measure incremental increases in latrine coverage as a result of newly constructed latrines, with little emphasis on regular monitoring of the functionality and use of existing latrines. The project also set out to collect disaggregated monitoring data on sanitation coverage among poor households, but the current monitoring forms do not include any disaggregated categories due to revisions made to simplify the SMS monitoring system.

6.8.5 SMS Monitoring System

Regular outcome monitoring is difficult at scale. The public health institutional structure in East Java allocates responsibility for sanitation monitoring to the sanitarian housed in each rural health center. If all of the sanitarian positions were filled, then each sanitarian would be responsible for monitoring sanitation outcomes in about 29 *dusuns* containing around 2,500 households. Collecting monitoring data from this many communities and households every month presents significant challenges, as does the processing and utilization of the data by district, provincial, and central monitoring staff.

The project encountered these practical monitoring problems as the number of project communities rose into the thousands, which led to the development and introduction of a SMS text-based monitoring system. The SMS monitoring system had only been implemented in three of the twenty-nine districts in East Java at the time of the endline assessment, but the early responses in these districts demonstrate the potential of this system to facilitate large-scale monitoring of household sanitation outcomes.

Despite this potential, some teething problems were evident. Some of the leading districts have expressed little interest in the system, and some sanitarians were reluctant to utilize the SMS system due to unfamiliarity with mobile phones, concerns about the cost of the monitoring texts, or a preference for the old paper-based system. It was also noted that the implementing districts had not yet reconciled the SMS and paper-based systems, with some sanitarians continuing to use paper reports while others had adopted the SMS reporting. These districts were unable to produce current progress figures without separate consultations of the SMS database and the paper files. The findings suggest that many of the districts remain unconvinced of the value of the SMS monitoring system, which raises questions about the sustainability of the system once the direct project support and monitoring demands cease.

6.8.6 Evaluation

A number of project-related evaluations are currently underway in East Java, including action research to examine the factors that influence the achievement of open defecation free (ODF) status and the project impact evaluation. In addition, an external process evaluation by Mathematica Policy Research is taking place to examine differences between the project monitoring data and longitudinal assessments of outcomes and impact, and to investigate reasons for differential progress across the different phases of the project.

The UK-based Institute of Development Studies is also starting up a health impact study, which will attempt to correlate clinical data from rural health posts with sanitation monitoring data. The intention is to determine whether improved sanitation outcomes, such as ODF status, are associated with measurable improvements in health outcomes.

There remain few centrally financed or administered evaluations of rural sanitation due to the limited budget available for these activities. This gap appears to reflect the lack of a national sanitation program and the consequent dependence of project-based and geographically focused implementation and monitoring systems.

6.8.7 Knowledge Management

The project developed an effective horizontal learning program through regular exposure visits and annual stakeholder reviews at province, district and sub-district levels. The review process proved to be a highly cost-effective way of exchanging views and experiences, sharing innovation

and learning, and building relationships between administrations and stakeholders. The East Java provincial government has included funding for next year's annual stakeholder reviews in its 2010 budget, and has requested technical assistance from WSP in organizing and facilitating the reviews. The provincial budget allocation and demand indicate the value of this process and recommend further efforts to support and enhance this sort of horizontal learning.

External stakeholders, both within and outside Indonesia, expressed strong demand for more information on the processes, outcomes and learning from the project, with particular interest being shown in the sanitation marketing and SMS monitoring activities. This demand confirms high regard for the TSSM approaches and the quality of WSP's knowledge management products. However, to date, the project team in Indonesia has produced few learning products or tools, which suggests that insufficient capacity and resources were allocated to this important task.

Several products and tool kits are currently under preparation, but this assessment suggests that more specific resources and responsibility need to be allocated to knowledge management as few of the project implementation team have time or space available to produce high quality documents and learning products. While a number of informal knowledge exchanges have taken place, there remains a risk that opportunities to influence the policy and programming of significant sector stakeholders have been missed as a result of the slow production of more formal learning products.

VII. Conclusions

7.1 Policy, Strategy, and Direction

There have been significant improvements in the enabling environment for rural sanitation since the baseline assessment in mid-2007. STBM has been approved and is now being implemented, either wholly or partially, in about 70 percent of Indonesia's 349 districts. The MoH is also planning to implement STBM strategy in 20,000 villages (27 percent total) under the current 2010–2014 national development plan, and has formulated a draft roadmap to reach the ambitious sanitation targets for 2014.

As a result, policy alignment has increased dramatically, with most sector stakeholders now using total sanitation approaches in their implementation programs. Interest in sanitation marketing has also increased due to recognition of the demand for low-cost goods and services created by total sanitation approaches, although few stakeholders are yet implementing programs with well-designed sanitation marketing components.

Sanitation has a higher profile in Indonesia than it did three years ago, but much of this progress has been driven by urban priorities. US$1.6 billion has been allocated to PPSP, but this budget is almost entirely for urban sanitation activities and will be implemented using the urban sanitation planning approach developed by the ISSDP project. The rural component of PPSP is currently being planned, with early indications being that little learning from the project will be incorporated into the design due to the dominance of urban stakeholders in the process.

These national developments are linked to the absence of a high-level advocate for rural sanitation, and recent changes in personnel in key government ministries. While the impact of personnel changes is difficult to predict or influence, this assessment suggests that the disappointing performance of the PAMSIMAS sanitation component, which should have been a vehicle for scaling up and institutionalizing the project policies and approaches, has been another major factor in undermining the impact of the project on the national stage and diminishing support for rural sanitation. WSP is becoming involved in supporting the PAMSIMAS sanitation program following a request from the MoPW, but it will be difficult to repair the damage done to the enabling environment through the poor performance of this ostensibly similar program.

Indonesia does not appear to be on track to meet its rural sanitation MDG, or to achieve the RPJMN target of 100 percent ODF by 2014, in large part because improvements in the national enabling environment have not been matched by the strong political commitment and bureaucratic consensus needed to drive a national program that could scale up cost-effective approaches and learning across the country.

New developments, such as the incorporation of STBM into the large-scale PPSP program, are promising for larger scale progress in the future, but the inadequate attention given to the PAMSIMAS sanitation program, and the failure of central government to allocate any finance to the STBM secretariat, provide more objective indicators of the limited political support for rural sanitation improvement.

Nevertheless, the project has made a significant impact on the enabling environment for rural sanitation in East Java. There is clear evidence of an acceleration in sanitation progress in project communities—estimated to be roughly ten times faster than the national average—and many of the improvements appear to be embedded in district institutions and processes, and thus should prove scalable and sustainable over time. In addition, the project has contributed to the spread of CLTS and sanitation marketing approaches to Lao PDR, and to recent sanitation progress in Timor-Leste, through the provision of support to exchange visits, capacity building activities, and the dissemination of knowledge management products.

7.2 Institutional Arrangements

There have been no significant changes in institutional arrangements during the last three years, but existing arrangements are working reasonably well. The WASH and sanitation working groups have provided effective coordination at national level. Most stakeholders are aware of sector developments, and there was evidence of efforts to harmonize rural sanitation approaches and coordinate activities.

The STBM secretariat could play an important role in institutionalizing total sanitation approaches and increasing support for rural sanitation improvement, but it remains an under-supported and under-funded institution. The incorporation of STBM into PPSP provides an opportunity for a larger role within a well-funded government program, but also carries the risk that STBM requirements will remain secondary to the urban priorities and infrastructure bias of the MoPW.

Rural sanitation continues to carry low priority among the broad responsibilities of either the MoH or the MoPW. The two ministries have not worked well together on the sanitation component of the PAMSIMAS program, and inter-ministerial and inter-project coordination remain major institutional weaknesses.

Sanitation remains a local government responsibility. As a result, the decentralized and demand-responsive approach adopted by the project in East Java has proved highly appropriate and effective. In the absence of any larger central programs, district governments were convinced to use their own institutions and resources to implement the project, which has resulted in sustainable arrangements and finance and cost-effective use of local resources, as well as pro-active efforts to learn from others, innovate, and develop locally appropriate approaches. The private resource agencies contracted by the project were effective in supporting the districts during this learning and development phase, and most district governments now appear to be confident in managing and sustaining their rural sanitation programs.

The role of the sanitarian is the one area of institutional concern at district level. The project has promoted sanitarians as potential entrepreneurs, which conflicts with their other important roles as sanitation promoters, monitors, and regulators. Given that the sanitarian is likely to remain tasked with monitoring the status of public health, (which includes assessing whether installed latrines are working well and producing sanitary outcomes) and with promoting sanitation and hygiene (which involves encouraging people to address sanitation problems through viable local solutions) then it seems clear that they should not also be allowed to sell latrines, as this carries the risk that the personal profit motive will override public health concerns and lessen promotion of less profitable sanitation solutions.

7.3 Program Methodology

There is increasing consensus that total sanitation and sanitation marketing approaches are effective program methodologies, with most rural sanitation programs in Indonesia now using some form of total sanitation approach and showing interest in developing a sanitation marketing component.

The main exception is the MoPW and its PPSP program, which will cover both urban and rural settlements using the urban strategic sanitation planning approach developed by the ISSDP project. PPSP will divide responsibility between the MoH and MoPW, with MoH responsible for behavior change and sanitation promotion, and MoPW responsible for technical activities and infrastructure projects. The MoH is likely to use project approaches in its promotional activities, but there remains a risk that the more infrastructure and public finance-based approaches advocated by the MoPW may set the PPSP agenda and dominate program activities unless the MoH makes a stronger and more consistent case for the use of more district-based and demand-driven approaches.

At district level, the project has been successful in marketing the program methodology to district governments—initially through district and sub-district roadshows, and subsequently through the stakeholder reviews and benchmarking activities. The majority of the district governments in East Java have adopted the approaches promoted by the project, and have become increasingly convinced that of the advantages of these approaches as implementation has scaled up. A few exceptions remain, such as Tuban district where a subsidy-based latrine program continues to operate due to the personal convictions of the Bupathi, but in most cases district stakeholders have reached consensus on the best program methodologies and tools.

As coverage has increased in districts like Lumajang, improvements have been made to the program approaches in order to reach difficult or resistant communities. More structured and institutional approaches have been used, with a focus on intensive door-to-door promotional

activities, analysis of the root causes of non-compliance and non-adoption, and detailed monitoring of practices and progress. It has also become clear that a "clustered" approach to village selection, whereby efforts are made to saturate specific sub-districts until every village and community is reached, has advantages over a "scattered" approach in which project villages are selected across the entire district. Success in achieving an ODF sub-district, even when due to favorable conditions and committed staff, demonstrates that universal outcomes are possible. This success engenders learning as the last few communities are reached and creates competitive pressures on other sub-districts. Once the majority of communities in an area are verified as ODF, the local authorities are able to concentrate their efforts on the exceptions and it becomes extremely difficult for these exceptions to resist the pressure to conform.

Further work is required to increase the scale and cost-effectiveness of the sanitation marketing approach, as it has been successful in only relatively small areas to date. The project team recognizes the importance and potential of this component. Therefore, the team has been working hard to develop an improved approach to identifying and developing sanitation entrepreneurs, and to solving some of the credit constraints faced by rural households.

The approaches used to develop the enabling environment in East Java have been particularly successful. Exposure visits and regular learning events were central to the spread of innovation and the steady improvement of implementation methodologies across the province, to the extent that several of the districts have taken the initiative to finance and organize their own visits and events.

The success of the program methodologies has been recognized by a large number of domestic and international stakeholders, with strong regional interest in study tours and exposure visits to East Java, and high demand for more information and tools on the project approaches. Effective response to these demands, such as the recent training course on total sanitation approaches that the project team provided for stakeholders in Laos, will be a significant factor in the spread of these approaches within the region.

7.4 Implementation Capacity

7.4.1 National Implementation Capacity

The assessment identified shortages in national management, monitoring and training capacity, evidenced by the current limited knowledge of sector progress by central government, by the ongoing problems faced by the STBM secretariat, and by the inability of the central training cadre to keep up with district demands for capacity building.

Within WSP, a shortage of knowledge management capacity was apparent. The main implementation team has been strengthened considerably since the baseline assessment, but still lacks capacity for the regular capture of learning, and for the production of the high quality documents and tools required for the rapid spread of programmatic learning around the region. One project-based WSP Field Note has been produced since 2007, but there remains significant demand for more detailed information on both the total sanitation and sanitation marketing aspects of the project.

7.4.2 District Implementation Capacity

Where local governments are committed to the sanitation program and are well governed, implementation capacity does not appear to be a major constraint. Where political support and governance are lower, the release of appropriate government finance, resources, and capacity for rural sanitation improvement becomes an issue.

The main challenge faced by committed districts is in effective use of their capacity and resources, rather than in finding or developing implementation capacity. Health departments in the high performing districts in East Java are now facilitating sub-district implementation activities by organizing training, providing technical assistance, and benchmarking progress, rather than managing direct project implementation activities. This arrangement is a more effective use of the extensive human resources at lower levels, enabled by the increased local budget allocations that financial decentralization provides to sub-districts, health posts, and village governments.

Despite this, there remain significant challenges in providing incentives for sanitarians to undertake their sanitation roles and responsibilities, and in finding entrepreneurs interested in working as latrine providers in rural areas. The

project has attempted to tackle both issues by training health post sanitarians as sanitation entrepreneurs, but only six have become active to date, and this assessment raises doubts over the possible conflict of interest faced by sanitarians with responsibility for sanitation promotion, service provision and outcome monitoring.

7.5 Availability of Products, Tools, and Information

There have been no significant changes in the availability, affordability, and quality of sanitation goods and services in Indonesia since the baseline assessment. However, sanitation promotion activities have been effective in increasing demand for sanitation, and this increased demand has led a few individuals to develop a range of more affordable and attractive latrine options that are starting to shift spending preferences.

A small number of sanitation entrepreneurs, trained and supported by the project, are now offering one-stop services for low-cost latrine construction in East Java based on the model developed by Sumadi in Nganjuk district, but these activities are yet to have a significant or large-scale impact upon service availability, price, or quality.

In the four months since the entrepreneur training was completed, it has become apparent that there is strong local demand for the low-cost (US$20–120) latrine packages being offered by the trained sanitarian entrepreneurs. Initial demand was largely from non-poor households able to finance their latrine purchase without credit, but the latrine customers are increasingly poor households that would like to pay in installments, generally over a four to twelve month period.

The main constraints on the availability of sanitation goods and services appear to be a shortage of entrepreneurial service providers willing to invest time, energy and capital into the development of latrine construction businesses and the lack of household credit to facilitate the purchase of latrines by low-income households. New sanitation marketing models are being developed and implemented by the project, and a number of potential credit options are being investigated, but no large-scale implementation was visible at the time of this assessment.

7.6 Finance and Incentives

Central government finance of rural sanitation remains largely project-based, with little accountability for project performance, and few incentives for more coherent planning and policy. The 2010–2014 national development plan contains provisions for financing STBM's national strategy through PPSP, but there have been no firm financial commitments and no mechanisms proposed for increased rural sanitation funds to be channeled to local governments. As a result, it seems unlikely that sufficient funding or resources have been allocated to reach either the rural sanitation MDG or the government's 2014 target for 100 percent ODF status.

Local governments in East Java have increased public finance of rural sanitation, but in most cases by little more than was previously allocated to WSLIC-2. As a result, the level of investment still remains some way short of that required to meet the rural sanitation MDG in East Java. A few exceptions exist, including high-performing districts like Lumajang that have increased investments and used highly cost-effective approaches to scale up implementation and improve outcomes across the entire district. In many cases, increased district investments have been linked to strategic planning to achieve medium-term sanitation targets, which has highlighted previous under-investment and encouraged more programmatic financing of activities.

There is still no national award or incentive scheme for rural sanitation, and several central stakeholders suggested that there was currently little support for this sort of incentive mechanism due to the negative publicity associated with India's *Nirmal Gram Puraskar*. Despite this central government unwillingness to consider incentives at this time, the JPIP sanitation award given to the elected head of the best performing sanitation district in East Java has proved to be a powerful and effective incentive for increased political commitment to rural sanitation improvement, and provides a useful model for the development of similar incentive schemes in other parts of Indonesia.

There is strong demand for sanitation credit from poor households that would like to spread latrine payments over several months, and from sanitation entrepreneurs that require working capital to scale up latrine production and

sales. A number of informal and traditional credit mechanisms are being used, but few of these are operating at large scale. While there remains potential to interest commercial lenders in developing micro-loans for household latrine construction, or possibly to finance a loan guarantee scheme that encourages micro-finance institutions to take on unsecured latrine loans, it appears that most of these commercial avenues have stringent requirements regarding household eligibility that may constrain the large-scale finance of latrine loans to poor households.

7.7 Cost-Effective Implementation

Cost-effectiveness remains an underused metric in the rural sanitation sub-sector in Indonesia. Few organizations compile cost or effectiveness data, and there was little cost-effectiveness data or future plans to collect these data at national level. Despite limited attention in this area, there was a general perception among national stakeholders that the project "is a cost-effective program."

The decentralized nature of the project has encouraged better cost monitoring at provincial and district level in East Java. Most districts were aware of the headline cost of implementing the total sanitation approach in a community, and produced reasonably accurate annual development budgets for rural sanitation activities. However, few districts have examined the effectiveness of these investments in any detail, and very few have calculated or analyzed the cost-effectiveness of their sanitation interventions.

The WSP benchmarking tool, now incorporated into the JPIP award criteria, is the only mechanism that encourages the reporting and use of cost-effectiveness data in East Java. Few districts compile the data themselves, but the inclusion of three cost-effectiveness criteria in the JPIP award has heightened attention to the measures that influence these criteria, including household latrine investments, cost per ODF community, and investment per improved sanitation facility.

The cost-effectiveness data confirm the good performance of the project to date, which in turn suggests that the enabling environment has been working well. The 43 percent ODF success rate has exceeded the target set and the number of verified ODF communities is at 98 percent of the project target. In addition, the program cost per ODF community and cost per improved latrine in use are both lower than the endline targets, while program and local government investment have leveraged five times more investment by rural households.

7.8 Monitoring and Evaluation

The SUSENAS household surveys provide a biennial source of nationally representative latrine usage data, but there is no institutional system for more regular monitoring and evaluation of national progress on rural sanitation improvement. In addition, the response categories in the SUSENAS surveys remain too broad to enable accurate classification of household latrines into improved and unimproved sanitation facilities.

As a result, most monitoring and evaluation is conducted through temporary project processes, with little evidence that the data from these processes are being used to inform improved policy and programming. The project has developed a province-wide monitoring system to collect monthly data on sanitation progress, but this system focuses on latrine construction rather than the sustainability of sanitation outcomes, and has not yet been adopted or replicated in any other provinces. The project is supporting a number of interesting evaluations at the moment, but there is little evidence that other stakeholders have been persuaded of the value of investing in evaluations of effectiveness and sustainability. The Environmental Health Directorate of the MoH has no budget for program evaluation and is consequently entirely dependent on externally derived effectiveness data for its policy and investment decisions.

The SMS monitoring system currently being implemented in East Java seems likely to improve the reliability and cost-effectiveness of rural sanitation monitoring, but has not yet been widely adopted even within some of the better performing districts. Further efforts are required to promote this system at both national and provincial levels.

The project has institutionalized cost-effective knowledge management tools such as the annual stakeholder reviews in East Java, but has failed to keep up with the strong sector and regional demand for regular and detailed information on the TSSM approaches and the learning gained from the broad TSSM activities.

VIII. Recommendations

8.1 Policy, Strategy, and Direction

The project has been successful in scaling up rural sanitation improvement in East Java, and in developing a sustainable, appropriate, and broadly replicable program model, but has not yet found a vehicle for spreading this program model to other provinces. Therefore, it is recommended that any future phase of the project should concentrate on three areas:

- Developing a support package and standard tools for implementation of a similar project in another province,
- Identifying specific project elements that require specialist technical assistance and resources that are not widely available in Indonesia, and
- Developing partnerships with other stakeholders, projects, and programs with the potential to scale up and replicate the project approaches in other areas.

In this regard, PPSP and its STBM component look likely to be the main government vehicle for scaling up rural sanitation improvement, so significant efforts are needed to ensure that the project approaches and learning are recognized in the design and implementation of the policies, strategies, and processes under this program.

PAMSIMAS still has the potential to be an important vehicle for scaling up the project approaches, subject to revitalization of the sanitation component and stronger consensus on the way to remedy previous program weaknesses. A multi-stakeholder evaluation should be used to identify the reason for the current problems, with careful efforts made to establish whether the approach has failed, or whether—as seems likely—the problems derive from poor implementation and institutional problems related to the different priorities of the two main implementation agencies.

PNPM provides another potential vehicle for scaling up rural sanitation. In the past, some PNPM components have provided household latrine subsidies that have been reported to undermine the project's demand-driven approaches. However, there is considerable potential to utilize the conditional grant system incorporated in PNPM *Generasi*, which focuses on improving 12 health and education indicators, to direct finance towards rural sanitation improvement; and to use PNPM community block grants to finance environmental sanitation improvements such as drainage and solid waste management systems. In particular, WSP has been examining the potential to include a communal sanitation indicator, such as ODF status, as a precondition for some of the conditional payments designed to improve health and nutrition, in the understanding that the effectiveness of some PNPM nutrition interventions is limited by continuing diarrheal disease and tropical enteropathy linked to inadequate sanitation and hygiene.

Discussions with key national stakeholders exposed concerns that the favorable enabling conditions in East Java might mean that the current project approaches cannot be transferred wholesale to more remote, low-income and subsistence parts of Indonesia. In particular, the different market conditions and consumer priorities in these areas recommend that separate market research and communications strategy development would be required. It was also noted that many other stakeholders would be unwilling or unable to invest sufficient resources to obtain the specialist technical assistance needed to undertake these activities. Therefore, it is recommended that WSP should explore the potential to produce regional market research studies and communication strategies that could be co-financed by a group of interested stakeholders as a collective resource for future sanitation improvement activities.

8.1.1 Attracting Greater Political Support

The endline assessment makes clear the importance of gaining political support for rural sanitation improvement. While many elements of the political economy are beyond the influence of rural sanitation interventions, it is clear that more institutional approaches are required to attract political support, tackle succession problems, and to sequence interventions around election and budget cycles.

Lessons drawn from successful efforts to attract greater political support for urban sanitation suggest that regular summits between interested and progressive leaders provide opportunities for incremental commitments, and generate

sufficient political capital to draw in previously disinterested elected representatives to future sector planning and strategy processes.

8.2 Institutional Arrangements

The rural component of the sanitation roadmap should be used to highlight the important roles that the STBM secretariat can play in the scaling up of the STBM strategy across Indonesia. Without an effective secretariat, or at least some regional STBM centers, it will be difficult to plan the national strategy, monitor progress, and share learning. Predictable government finance will be required to develop the STBM secretariat into a sustainable and effective institution capable of leading the sub-sector and directing the growing PPSP resources in line with the national strategy.

Improved inter-project coordination will also be important to scaling up rural sanitation, both to leverage the large resources allocated to other programs for sanitation improvement, and to ensure that their rural policies and practices do not undermine those promoted by other stakeholders in the sanitation sub-sector. As noted in the baseline assessment, rural sanitation programs need to strengthen links with other sanitation programs and with broader health, community development, and poverty alleviation programs. Many of the large-budget health and nutrition programs in Indonesia contain hygiene improvement and public health components, often involving well-designed mass media campaigns. However, there is currently little coordination or alignment of the hygiene messages and sanitation policies promoted by the wide array of health, sanitation, and community development programs being implemented in Indonesia. Improved linkages with long-term health and community development programs will assist both the scaling up and replication of the project methodologies.

The sanitarian is the key frontline government official for sanitation improvement. In order to achieve functional separation between service provision, monitoring of services, and promotion of improved practices, it is recommended that sanitarians should not sell sanitation facilities, but rather focus on the core health center functions of monitoring sanitation status and public health along with supporting the sanitation promotional activities implemented by local government. Alternative service providers, including private enterprises and local NGOs, should be encouraged to develop latrine businesses along the lines of the sanitation entrepreneur model currently being formulated by WSP.

8.2.1 WSP Role

WSP lacks the manpower to manage implementation of the project across several provinces, and has found it difficult to maintain its position as an independent reviewer while also being held responsible for project performance. Therefore, it is recommended that the WSP proposals for the development of several resource centers in Indonesia should be supported through the project, in order to develop a long-term institutional support mechanism that can provide the back-stopping, technical assistance, capacity building, and knowledge management services currently provided by WSP.

While it would be difficult to develop two or more of resource centers with the same caliber of staff as the WSP project office in Indonesia, it seems reasonable that WSP could continue to innovate and undertake more specialist tasks, while leaving the more day-to-day support to well-trained resource center staff. It is also possible that a national version of the WSP multi-stakeholder financing model, whereby a number of donors co-fund WSP based on their assessment of the relevance and effectiveness of its operations, may be relevant for sustainable long-term finance of these resource centers. Several sector stakeholders could club together to finance support in each region, thus ensuring that the centers remain responsive and accountable to local demand for their services.

8.3 Program Methodology

The MoH reports that 252 of the 350 districts in Indonesia are now implementing the STBM strategy. In practice, there are large variations between implementation approaches within a single project, and across administrative areas, due to the different contexts, personalities, and political economies found in each locality. Similarly, discussions with key sanitation stakeholders revealed a wide disparity in understanding of the principles of an effective sanitation marketing approach, with some willing to learn from project experiences, others eager to start implementing immediately despite only limited awareness of supply and demand issues, and a few stakeholders eager to restart

previous supply-driven approaches under the cover of a new name.

Given these wide variations in interpretation and implementation, WSP should produce some knowledge products and implementation tools that clearly identify the key features and indicators of effective total sanitation and sanitation marketing approaches, with a view to distinguishing genuine implementation of these approaches from either poor implementation or implementation using lower quality approaches.

8.3.1 Evolution of Program Methodologies

The achievement of open defecation free sub-districts in East Java required development of a wide range of more deliberate and institutional approaches to tackle the difficult and resistant communities and households encountered at this sort of scale. The ongoing action research into the behavior change process behind the achievement of ODF communities should provide some useful information in this regard, but it is also recommended that more specific research be undertaken to identify whether any particular processes or innovations were developed and improved in the pursuit of ODF sub-districts. This can be done with a view to refining and documenting methodologies that are responsive to the full range of conditions and contexts found during large-scale implementation.

8.3.2 Broader Methodologies Required

The assessment suggested that current project methodologies fail to tackle the important areas of safe disposal of infant and child excreta, and handwashing with soap after defecation. While these omissions reflect the project origins from the total sanitation and sanitation marketing approaches, and the fact that there is less consensus on cost-effective methodologies for safe child excreta disposal and improved handwashing with soap, these are critical sanitation and hygiene behaviors for improved health, and it is therefore recommended that additional components should be added to the project methodology to address these areas.

8.4 Implementation Capacity

The conversion of recently built capacity into new or increased activities and improved outcomes remains a challenge. The learning from the disappointing mason training model confirms that stronger incentives are required to retain trained personnel, that more careful selection processes are required before investing in capacity building, and that the outcomes of large-scale capacity building activities need to be carefully monitored and evaluated. Therefore, it is recommended that all capacity building courses include an initial selection process designed to identify individuals that are genuinely motivated, committed, and capable of utilizing the additional capacities provided by the course. In addition, these courses should always include some form of survey or evaluation to assess the performance of the capacity building program.

A number of different methods could be trialed for improving selection prior to capacity building: applicants could be made aware that, for instance, only the top performing 30 percent in the entrance tests will win places on the course; that a non-refundable application fee would be charged to individuals that are not selected for the course, or that the cost of the course would only be refunded to individuals that meet specific performance criteria during the first six months after the course. The intention should be to discourage non-interested individuals from taking up valuable places, to improve the quality and commitment of those that are trained, and to increase the proportion of trained personnel that go on to take advantage of their enlarged capacities to undertake new or improved activities.

Lumajang district introduced a budget line for annual sanitation training courses designed to refresh skills, disseminate updated guidelines and approaches, and ensure that learning and capacity are not lost when key sanitation personnel are transferred. This capacity building approach should be promoted across the province.

8.4.1 Technical Capacity

Technical knowledge remains a weakness across the project. Several trained sanitarians interviewed during the assessment were unable to explain why vent pipes were included on pour-flush latrine designs with unlined pits, or how to enable hygienic emptying and disposal of the wet septage from solid-lined latrine pits in rural areas.

Further investigation revealed that even some of the technical trainers were either unsure or misinformed about these

issues. Few sector practitioners, including engineers and sanitation specialists, have a practical, rather than a theoretical, understanding of how and why toilets function. It is therefore recommended that additional technical materials should be developed to identify practical shortcomings, tackle common misconceptions, and share experiences with innovative, effective, and sustainable technical options.

8.5 Availability of Tools, Products, and Information

The preliminary findings from the sanitarian entrepreneur pilots suggest that the one-stop shop approach has resulted in viable and thriving latrine businesses for a small number of trained sanitarians. The next challenge is to open this model up to a wider selection of potential entrepreneurs in order to promote competition and innovation, and to develop a system that monitors the performance of completed latrines in order to identify any potential sustainability or public health problems associated with particular technology options or related sanitation services.

In the long term, the role of the sanitarian should be to promote and monitor improved public health outcomes, with a particular focus on environmental sanitation. Given the need for some form of public monitoring of sanitation outcomes, including the regulation of service providers when required, it is recommended that the sanitarian should not become the sole commercial provider of latrine construction services in any area. This recommendation reflects the potential conflict of interest between the commercial profit motive and the sanitarian's public promotion and monitoring role, as well as the need to ensure competitive and accountable service provision.

8.5.1 Effectiveness of Sanitation Marketing Communication Materials

The project team remains confident that the communications strategy and branded marketing materials were used effectively and that they contributed to the increased uptake of improved sanitation facilities in East Java. Little evidence of this effective use and contribution was evident from the fieldwork and discussions conducted for this assessment. Consequently, a more comprehensive assessment should be made of the cost-effectiveness and sustainability of the strategic communications materials and sanitation marketing tools developed and implemented by the project in order to determine how best to use and improve these important elements of the sanitation marketing approach.

8.5.2 Development of Pit Emptying and Disposal Services

It is also recommended that additional investment be made in the development of viable latrine pit and septic tank emptying services for rural areas. The ITS technical training and the local innovations developed by Sumadi[43] in Nganjuk district have encouraged the promotion of twin pit latrine designs that operate like septic tanks, with lined pits connected in series to a soakaway. There is little recognition of the potential hazards associated with future emptying and disposal of the wet, pathogenic pit contents, with several stakeholders commenting that the tanks would take 15–20 years to fill, or that some proprietary products could be added to the pits to dissolve any sludge.[44]

WSP experiences from the Philippines[45] suggest that mechanized septic tank emptying services are rarely an economic alternative in rural areas, and that safe disposal of septage is difficult to regulate even when suitable disposal or treatment sites are available. Rapid installation and use of these "septic pit" latrines may be creating future long-term problems that will require the development of appropriate manual desludging and disposal techniques, such as the use of manual diaphragm pumps to desludge to disposal pits dug within 20m of the emptying site. Sanitarian involvement in the promotion, implementation, and regulation of safe pit-emptying and disposal services would be a useful long-term role.

[43] The first sanitarian entrepreneur developed a number of twin-pit latrine designs that operate similarly to a septic tank (with in-line pits overflowing) that are likely to contain wet septage that will be difficult to empty and will require safe disposal to avoid re-contamination of the local environment.

[44] The effectiveness of septic system additives in prolonging life and improving performance is highly questionable: inorganic additives tend to destroy the biological function of the tank; organic solvent additives kill bacteria and can contaminate groundwater; and biological additives do little to tanks already full of active bacteria. One study of 48 septic tanks found no difference in sludge level between tanks that used bacterial additives and those that did not (McKenzie 1999).

[45] Robinson 2009.

A related issue is the lack of knowledge management products and events to share technical best practice and innovation. It is recommended that more explicit mechanisms should be introduced to collect, document and share technical best practice through annual competitions, local technology catalogues, learning events, and newsletters that promote cost-effective and innovative products, and highlight technical issues that need careful attention, such as the safe-disposal problem discussed above.

8.6 Finance and Incentives

The current backlash against incentive schemes among national stakeholders appears to be driven by the belief that one-time awards, such as those for the achievement of ODF status, may encourage short-term and coercive approaches with the risk of unsustainable outcomes. While a comprehensive system of sanitation incentives and awards with different criteria and objectives should be the ultimate aim, the JPIP model provides a high-profile alternative that has demonstrated the potential to include a sanitation prize into larger award schemes that generate greater incentives, better information, and high political capital.

The narrowly targeted JPIP sanitation award has shown the value of outcome-based incentive schemes in generating political and bureaucratic support for rural sanitation in East Java, which in turn are important in improving local financial allocations to rural sanitation improvement.

The JPIP sanitation award was incorporated into an existing award of some prestige, and thus gained from the prior infrastructure and profile of a tried and tested provincial award system, which may not be available in other provinces. The JPIP sanitation award was also based on a detailed benchmarking assessment, which requires annual data collection across the province. This process was facilitated in East Java by project investments in improved monitoring systems. Any larger award scheme would first require the establishment of a reliable data collection and outcome verification system.

Given limited appetite in government for the national ranking of districts based on service provision, and some skepticism regarding outcome-based incentive systems, it may prove difficult to establish a national award scheme along similar lines without further evidence of the benefits. Therefore it is recommended that award schemes similar to the JPIP should be identified in other provinces, and that efforts should be made to introduce sanitation awards or criteria into these existing systems. When several provincial awards are operational, it will become easier to push for national recognition of the best performing local governments, and to work towards the creation of a national sanitation award system.

8.6.1 Local Election Cycles

The majority of districts in East Java have elections in 2010, which has had a negative impact on sanitation finance due to the diversion of previously allocated sanitation funds to election-related expenditures. This constraint highlights the importance of designing implementation, capacity building and advocacy activities around the election cycle in order to recognize and counter the effects of these political processes.

8.6.2 Availability of Credit Facilities

It is recommended that WSP support and document the informal credit mechanisms being developed to finance household latrine construction in East Java. A broad range of different approaches is being used, including traditional *arisan* savings schemes, community-based loans through local philanthropists, and conventional money lending with interest charges. Further work is required to assess whether these informal credit systems can be improved and scaled up while WSP works with the IFC to examine more formal credit options for large-scale sanitation improvement in the longer term.

8.7 Cost-Effective Implementation

The value of the cost-effectiveness data collected by the project remains limited by the quality of the monitoring data and, in particular, the lack of a reliable measure of latrine usage and sustainability in the benchmarking framework. As a result, the effectiveness data is relatively weak, and there is a risk that these "cost-effectiveness" assessments remain dependent on supply-side monitoring systems and disconnected from the more reliable household survey data emerging from other instruments and evaluations.

Therefore, it is recommended that the annual benchmarking and cost-effectiveness assessments include an additional

comparison against the latest household survey data in order to evaluate any sustainability losses that are not captured by routine monitoring. More routine use of the household survey data should encourage greater recognition of the sustainability challenges, more realistic assessments of cost-effectiveness, and more regular evaluation of sanitation outcomes and program effectiveness.

In addition, further work is required to identify the significant costs expended below district level. Leading districts like Pacitan have allocated very little district development budget to rural sanitation, but have leveraged significant sanitation improvements through effective use of lower level resources. The current cost-effectiveness data include only the officially declared district development budget allocated to rural sanitation, thus exclude project expenditures (some of which may have direct benefits), and exclude the increasingly significant expenditures and resource allocations made by sub-districts, health centers, other projects and other stakeholders including future CSR contributions by private companies and individuals.

WSP is currently working with Mathematica Policy Research to examine discrepancies between the monitoring and impact evaluation data, including the anomaly of the lower ODF success rate found in Phase 2 project districts. It is hoped that this process evaluation will contribute to improved understanding of the factors that influence cost-effectiveness, and identify appropriate monitoring mechanisms and indicators.

8.8 Monitoring and Evaluation

The current dependence on the SUSENAS household survey as the main source of sanitation outcome data argues for increased efforts to harmonize the indicators with international response categories, and improve the disaggregation of these data. In particular, it is recommended that efforts should be made to elaborate the response categories *cemplung/cubluk* (pit/hole) and *lubang tanah* (dry pit) as these categories do not allow reliable differentiation between an improved *pit latrine with slab* and an unimproved *pit latrine without slab*. As a result, there remains some controversy over national progress reports that include all pit latrines as improved sanitation facilities, despite awareness that some of these facilities are likely to be unimproved pit latrines.

Similarly, national monitoring systems should enable disaggregated reporting of shared sanitation facilities. At present, national reports count all users of shared sanitation facilities as having access to improved sanitation, despite awareness that there are large variations in the regularity of usage and hygienic condition of shared facilities.

Following discussions during the endline enabling environment assessment, the project monitoring system will be adjusted so that only co-owning latrine sharers would be counted as having access to improved sanitation. This decision follows growing anecdotal evidence of partial usage and intermittent open defecation among latrine sharers that have not invested in the construction or maintenance of the shared facility.

8.8.1 Process Quality Monitoring

It is recommended that WSP develop a set of process indicators that enable monitoring of the quality of total sanitation and sanitation marketing processes. The intention is that these process monitoring indicators could be readily used to compare process quality against outcomes in order to identify low quality approaches, and monitor process quality as these approaches are more widely adopted and scaled up by other stakeholders across Indonesia.

8.8.2 Knowledge Management

The learning focus of the project argues for a stronger allocation of resources for documentation and other forms of knowledge sharing. The project team holds huge amounts of learning in their heads, but since little of this knowledge is being documented or shared, there is a substantial risk that much of this learning will be lost as the project winds up and key personnel move on to new roles and activities.

This is particularly true for sanitation marketing, because much of the work in this area has been innovative and groundbreaking. Important learning can be gleaned from the disappointing results of the mason training program, the limited utilization of the impressive communications strategy, and the eventual development of the more promising one-stop entrepreneur model. Without rapid dissemination of this learning, other stakeholders may follow the same route and make the same mistakes.

Finally, it remains important to capture and share as much of the technical innovation from the project as possible. The open and flexible approaches that are inherent in the project promote innovation, diversity, and cost-effectiveness, as witnessed during the short assessment period. At present, the main system designed to capture and document innovation and diversity, or to share these technical ideas, is the annual stakeholder reviews. Therefore, it is recommended that the project assist the provincial government to develop, among other things:

- Annual latrine competition in each area (ceremonial awards for best design, best innovation, best latrine in difficult circumstances)
- Technology and product catalogues (updated annually with competition winners)
- Annual workshops to share best production techniques and labor-saving devices
- Latrine sales competition (awards for highest sales volume, most low-cost sales, most innovative promotional techniques)

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Annex 1: Activities in Indonesia

The following list details the stakeholders interviewed by the assessment team in Indonesia during 05 to 24 July 2010:

Jakarta, 05–06 July

1. WSP Indonesia Team, Jakarta 05 July
2. Almud Weitz, Regional Team Leader, WSP Indonesia, Jakarta 05 July
3. Djoko Wartono, WSP TSSM Project Manager, Jakarta 05 July
4. Devi Setiawan, WSP Indonesia Co-Country Team Leader, Jakarta 06 July

Surabaya, 07 July

5. Pak Saputra, WSP East Java Province Coordinator, Surabaya 07 July
6. Mohammed Iksan, Provincial Health Department, Surabaya 07 July
7. Bambang Harsoyo, Provincial BAPPEDA, Surabaya 07 July
8. Edy Sudjono, Surabaya ITS, Surabaya 07 July

Jombang, 08–09 July

9. Hery Priyanto, District Health, Jombang 08 July
10. Luna Agustin, District Health, Jombang 08 July
11. Camat, Peterongan sub-district, Jombang 08 July
12. Kepala Puskesmas, Peterongan sub-district, Jombang 08 July
13. Sri Suparmi, Sanitarian Peterongan sub-district, Jombang 08 July
14. Retailer, Jombang 08 July
15. Kepala Dinas, District Health, Jombang 09 July
16. Retailer, sub-district, Jombang 09 July
17. Budi Winarno, BAPPEDA, Jombang 09 July
18. Kepala Puskesmas, Sumowito sub-district, Jombang 09 July
19. Sanitarian and mason, Sumowito sub-district, Jombang 09 July
20. Kepala Desa, Sumowito sub-district, Jombang 09 July
21. Camat, Sumowito sub-district, Jombang 09 July

Lumajang, 12–15 July

22. Budi Purwanto, District Health, Lumajang 12 July
23. As'at Malik, Vice Bupathi, Lumajang 12 July
24. Heads of Department, Lumajang 12 July
25. Pak Nugraha, Chief of Social and Culture Dept. BAPPEDA, Lumajang 12 July
26. Pahadi, District Public Works, Housing and Settlements, Lumajang 12 July
27. Ibu Enda, District Public Works, Environment Health, Lumajang 12 July
28. Ibu Juli Haris, Radio Information Center, Lumajang 12 July
29. Eva, Dian, and Lia, ex-consultants for Resource Agency, Lumajang 12 July
30. Dr. Tjahjo Bagus, Head of Puskesmas, Yosowilangun sub-district 13 July
31. Ibu Endanani, Sanitarian, Yosowilangun sub-district 13 July
32. Kepala Desa and health volunteer, Desa Karanganyar 13 July
33. Budi Purwanto, District Health, Lumajang 13 July
34. Retailer, Lumajang 13 July
35. Kepala Puskesmas and sanitarian, Senduro sub-district 14 July
36. Pak Harianto and team, and sanitarian, Gucialit sub-district 14 July
37. Chairman, local association of water CBOs, Gucialit 14 July
38. Pak Kris, Chief Health Cooperative, Lumajang 15 July
39. Buntaran, Chief of District Health, Lumajang 15 July

Jakarta, 16–23 July

40. Ir. Nugroho, BAPPENAS, Jakarta 16 July
41. Ibu Ita, BAPPENAS Jakarta 16 July
42. Nila Mukherjee, WSP Consultant, Jakarta 18 July
43. Dr. Solahudin Imani, Director Environmental Health, MoH Jakarta 19 July
44. Ibu Christine, Environmental Health MoH, Jakarta 19 July

45. Begna Edo, UNICEF WES Specialist, Jakarta 21 July
46. Robby Kamarga, UNICEF WES Specialist, Jakarta 21 July
47. Fany Wedahuditama, UNICEF Consultant—WES Secretariat, Jakarta 21 July
48. Eka Setiawan, Plan Indonesia WES Adviser, Jakarta 21 July
49. Grace Retnowati, IFC, Jakarta 21 July

National Enabling Environment Learning Event, Jakarta 20 July

50. Mike Ponsonby, WSLIC-2 Team Leader
51. Nina Shatifan, WLSIC-2 Participatory Development Specialist
52. Aldi, BAPPENAS
53. Budi, Plan Indonesia
54. Begna Edo, UNICEF Indonesia
55. Mercy Corps (×3)
56. Arianto, Environmental Health MoH
57. Ari Kamasan, WSP
58. Amin, WSP
59. Wano, WSP
60. Nila Mukherjee, WSP Consultant
61. Devi Setiawan, WSP
62. Djoko Wartonon, WSP

Annex 2: Interview Guide

Total Sanitation-Sanitation Marketing (TSSM) Enabling Environment Assessment—Endline Interview Guide for Indonesia

Introductions (5 minutes)

- Introductions
- Appreciation for time
- Purpose of interview
- Confidential, won't use name or other identifying information
- Have series of questions, but not exclusive of other questions

NB—For TSSM, it will be essential to define "rural sanitation" and what is being promoted in the national/provincial context (in the purpose of interview).

Opening (10 minutes)

- Tell me something about the importance of Sanitation.
- Tell me something about your organization and briefly what your organization does to support TSSM/sanitation work. And what you plan to do.

Dimensions Interview (50–60 minutes)

Use attached interview guide.

Closing (5 minutes)

- What do you see as the single most important success factor in the TSSM project?*
- And what would you recommend be done to improve the environment in which this sort of project will be successful and sustainable?*
- Thanks for his/her time.

Notes:

1. Questions highlighted in **bold** type are considered "core questions" that should always be asked (if that dimension is relevant to the interviewee).
2. Questions marked with an asterisk "*" are considered suitable for use in FGDs.

1. Policy, Strategy, and Direction

Establishing a shared vision and strategy and ensuring the political will to implement a program is the starting point for scale up. Developing this shared vision and strategy in a collaborative manner is also the foundation for coordination and for creating motivation at all levels.

1. **To what extent is there political will and support to expand access to and use of sanitation facilities, and at what levels (national, province, district, local)?***
2. If not, what is needed to generate stronger political will and support? Who are the key decision-makers whose political support is needed?
3. What are the best channels for influencing policy relevant to the program?* How are sanitation policy and decision-makers held accountable by rural households?
4. **If there is a political will for sanitation in general, to what extent is there political will to use:**
   a. **the total sanitation approach (focused on ODF)?**
   b. **the sanitation marketing (SM) approach?**

5. Evidence: what policy changes, budget allocations, or program activities have people or organizations already made to follow up on that political will? Are more changes needed for the sanitation program to be successful?
6. **What are the key policy barriers to scaling up the program and how are they being addressed? (e.g., related to policy alignment, subsidies, availability of products, policy on dry toilets etc.)***
7. Are the overall goal and specific objectives of the program clear and understood? Is there a shared vision and direction among key stakeholders (at all levels)? What is this shared vision?
8. **Has a detailed strategy (and investment plan) to meet these objectives been developed? Is there coordinated implementation by key stakeholders (at all levels)? What are the key elements of the strategy? Have targets been set to support the achievement of strategic objectives?**
9. What are the strengths and weaknesses of this strategy? What recommendations would you make to overcome these weaknesses? Who needs to act and how?
10. What are the institutional incentives, e.g., financial, recognition, training, at the national, province, and local government levels, that support program implementation? What additional incentives might be needed?
11. Which organizations, individuals, or agencies could act as champions or catalysts for the program? What would it take to mobilize them successfully? *Note: these might include government units and programs, NGOs, CBOs, and for-profit companies.*

2. Institutional Arrangements

Institutions at all levels must clearly understand their roles, responsibilities, and authorities. They must also have the resources to carry out their roles. In addition to clear roles and responsibilities, institutional arrangements must include the mechanisms for actors at all levels to coordinate their activities.

1. What process has been/is being used to plan this program? Who is involved?
2. How has the project/program been organized? Please describe the institutional set-up for the TSSM project in terms of the following institutional functions:
   a. setting policy
   b. developing program methodology
   c. implementation (start-up, IEC, latrine construction, institutional sanitation)
   d. program coordination
   e. training
   f. monitoring and evaluation (ODF status, incentives, progress towards objectives, impact assessment)
3. **To what extent are these implementation arrangements (roles and responsibilities) clearly defined? Are existing institutional arrangements adequate for effective large-scale implementation (to meet program objectives)?**
4. Have reforms been required to support large-scale implementation? What implementation mechanisms are already in place? If still being put in place, then what is the process?
5. What mechanisms have been established for coordination among relevant partners (at national, provincial and district levels)? How many "coordination points" are active?
6. **How well are coordination mechanisms working (when was the last meeting)? Have any coordination bodies collapsed or proved redundant? How might they be improved?***
7. **Has the program fully explored potential strategic alliances with public, private, and NGO sector organizations? What has been done to explore these potential strategic alliances? What/who has been considered (or excluded)?**
8. **Are partners fully aware of the overall goal and objectives of the program? Do partners participate actively in planning decisions and discussions?**
9. How would you describe the quality of the partnerships between district/municipal governments and implementing NGOs? How might they be improved?*
10. How would you describe the working relationships between the partners (e.g., NGOs) and the communities with which they work? How might they be improved?
11. To what extent (and how) have partners integrated the program into their ongoing activities and/or budgets? To what extent do they plan to do so?*

3. Program Methodology

The program methodology consists of the program rules, specific activities and their timing and sequence. Each country will adapt and apply the program methodology making it specific and appropriate to the country context. A workable program methodology that is clear and agreed upon by all key stakeholders is a key programmatic condition.

1. To what extent is there a defined and detailed methodology for implementing the program?*
2. **Is the methodology achieving the desired outcomes and objectives? Is it being implemented at large scale? If not, does the methodology need to be modified for large-scale implementation?**
3. **To what extent is the program methodology widely understood and accepted by program partners and implementers? Who has the main responsibility for implementation of the program methodology?***
4. How fully/effectively has this program methodology been applied? What challenges have been experienced? What improvements would you recommend?*
5. What kind of evaluation (if any) has there been of this methodology?
6. How has the methodology been documented? How complete is it? How useful and operational is the documentation?
7. How easy would it be for someone else (e.g., another agency) to implement the program methodology in another location (e.g., another province)? Would the methodology achieve similar outcomes in another location, or are the methodology and outcomes particular to *East Java*?

4. Implementation Capacity

Institutions at all levels must have the institutional capacity to carry out their roles and responsibilities. Institutional capacity includes adequate human resources with the full range of skills required to carry out their functions, an "organizational home" within the institution that has the assigned responsibility, mastery of the agreed upon program methodology, systems and procedures required for implementation, and the ability to monitor program effectiveness and make continual adjustments.

1. How would you rank capacity (financial, human resources, training, technology, transport) to implement and monitor the main program components at different levels: national, provincial, district, community (1 lowest–5 highest):
   - Total sanitation
   - Sanitation marketing
   - Enabling environment improvements
2. What resources are in place to build, strengthen and support the required capacity? What is lacking?
   a. Financial
   b. In-kind
   c. Human resources
   d. Capacity building/training (skills development)
   e. Technology
3. Are capacity building mechanisms effective? How is this effectiveness monitored?
4. **Where/what are the biggest capacity constraints (barriers to progress)? What is/will be needed to implement this program at larger scale (hiring staff, training, increased financial resources, incentives etc.)?**
5. **To what extent is there adequate capacity to plan and implement *behavior change* activities in the government sector? What about among NGOs? Among other major stakeholder groups (e.g., private sector)?***
6. Describe a behavior change program you consider successful (at national or provincial level). What made it successful?*
7. To what extent is there adequate capacity in the private sector to provide affordable goods and services and respond to consumer preferences? Will the private sector be able to respond to increased demand as the program scales up? If not, what mechanisms are in place to build private sector capacity and local markets?

5. Availability of Sanitation Products, Services, and Information

Target consumers ability to adopt improved behaviors is highly dependent on the availability and affordability of appropriate products, services and information. Any and all products, services and information need to be considered, specific to each country situation.

1. How would you rank the availability and consistent supply of the following Sanitation product and services? [1 lowest to 5 highest]
   - Direct sanitation services (i.e., sanitation masonry and construction)
   - Related sanitation services (i.e., provider financing and transportation)
   - Key sanitary products (i.e., ceramic pans and plastic slabs)
2. Have there been any improvements in the availability, affordability or quality of sanitation goods and services since 2007? If so, what enabled these improvements?
3. Are products/services reasonably priced for the poor and of dependable quality? Is there a range of options for other unserved groups (non-poor, tribal etc.)?
4. Is information readily available on the quality and price of different product/service options? How can rural households access this information?
5. **Do existing policies and guidelines influence or limit the range of sanitation goods and services available to households (e.g., fixed ideas on technology)?**
6. **What should the government *start doing* (or stop doing) to facilitate increased availability and consistent supply of sanitation products and services?**
7. **What should the government *start doing* (or stop doing) to *ensure affordability and dependable quality* of the above sanitation product and services?**
8. Are there any local institutions (government agencies or civil organizations—i.e., associations) in place to ***facilitate the availability, affordability, or quality*** of the above sanitation product and services? If so, can you name them and detail their function and responsibilities? How would you rank the efforts made by these institutions [1 lowest/worst to 5 highest/best]?

6. Financing and Incentives

This dimension assesses the adequacy of arrangements for financing the programmatic costs. These costs include training, staff salaries, transportation, office equipment and supplies, and the development of communication and education materials as well as programmatic line items in budgets for program and promotion activities. It also examines incentives for scaling up, improving quality and meeting program targets.

1. Are you aware of the costs of implementing the program? Which costs (breakdown)?
2. To what extent is sustainable financing available to meet the costs of implementing the program? (costs such as staff salaries, training, transport, etc.)*
3. **Do current arrangements for program financing ensure adequate, timely and predictable payments to:**
   - **Districts**
   - **Program partners (e.g., NGOs)**
   - **Communities/local governments**
4. Who is responsible for financial planning? Could this process be improved?
5. What are the financing opportunities and willingness to finance among public (or other) agencies at national, provincial, and local levels?*
6. **To what extent have promotional activities been included in provincial-, district-, and local-level budgets? Are these budgets adequate for the required promotional activities?**
7. **How are households mobilized to invest in sanitation facilities? What schemes or mechanisms are in place to mobilize households? Are any of these mechanisms aimed at the poorest households?**
8. To what extent are there local opportunities to fund community and/or household investments (such as micro-financing, group savings/credit schemes, capital for initial investments)? Is credit available for toilet upgrades?
9. Is credit available to local entrepreneurs/producers? If so, who provides the credit and on what terms? If not, does this lack of credit affect the availability, affordability or quality of sanitation goods and services?
10. To what extent will the national government be able to sustain the costs of implementing the TSSM approach after the program is over? What needs to be done to ensure continued financial support (and ongoing monitoring and follow-up) from the national government?
11. Are there any incentives/rewards/benefits available to high performers? Anything to encourage people to become actively involved in sanitation programs?

7. Cost-Effective Implementation

While it will not be possible to assess the cost-effectiveness of the approach and how best to achieve economies of scale until the end of the project, data must still be collected during implementation to make this determination at the end of the project. Therefore, the focus in this assessment is to ensure that information will be collected from the outset and that the capacity to collect the information is in place—systems and procedures for collecting cost information and capacity to use and collect it exist.

1. **How is "effective implementation" measured? Is there any distinction between program outputs (e.g., nr. toilets) and program outcomes (e.g., toilets in use, improved sanitation behaviors and health indicators)?**
2. **What information do you collect on program costs (e.g., hardware, software, program, partner costs etc.)?**
3. **What assessments are made of cost-effectiveness?* What factors influence cost-effectiveness? Has anything been done to improve cost-effectiveness?**

Note: It might be necessary to explain difference between cost efficiency (cost per output) and cost effectiveness (cost per outcome/impact).

4. How is the size of the targeted and affected (beneficiary) program population assessed?* (give example if possible)
5. Does the program depend on other non-permanent, supporting programs or resources (e.g., use of salaried local government staff)? Is any information collected in order to measure these supporting costs?
6. To what extent does the capacity exist at the local government and provincial level to produce cost-effectiveness data?* What needs to be done to ensure that this information is collected and reported?

8. Monitoring and Evaluation

Large-scale sanitation programs require regular monitoring and perhaps more importantly, the willingness and ability to use the monitoring process to make adjustments in the program. Effective monitoring will identify strengths and weaknesses in the program methodology, implementation arrangements, and cost efficiencies. Overall monitoring responsibility must be at the highest level of the program, but must be based on information collected at the local government or district-level.

1. **What are the most important program monitoring indicators? What is the main use of the monitoring data?**
2. Is there sufficient monitoring capacity at the national/provincial/district levels?
3. **Is there a national monitoring process that measures program effectiveness and outcomes (or collects this data from the program)?**
4. **Is there any performance benchmarking across program units (e.g., districts)? Has this benchmarking had any impact on policies, activities, or investments?***
5. How will the monitoring (local and national) be sustained once the main program activities are complete?
6. What other sectors (*whoever you are not interviewing)* have strong M&E components and which organizations facilitate the process at different levels? What other monitoring processes provide information to the program (e.g., health data)?
7. **To what extent is the (current or planned) process sufficient to monitor quality of services, outcomes, identify gaps and weaknesses, and determine lessons learned and best practices?***
8. **What is the most effective M&E tool for learning, identifying weaknesses and driving improved performance?**
9. **What would be required to replicate the TSSM M&E systems/processes in another location (e.g., province)?**
10. What technical, administrative or financial improvements or support are needed to ensure that the existing monitoring systems are adequate to support an expanded program?
11. What incentives exist to engage in and apply the results of monitoring activities? What might encourage programs to value monitor?

Annex 3: Terms of Reference

Endline Assessments of the Enabling Environment to Scale Up, Sustain, and Replicate Sanitation Approaches in the Global Scaling Up Rural Sanitation Project in Indonesia, India, and Tanzania
DRAFT Revised: February 25, 2010

1. Overview of TOR

The Water and Sanitation Program (WSP) is in the final phase of a project entitled "Total Sanitation and Sanitation Marketing: New Approaches to Stimulate and Scale up Sanitation Demand and Supply." The project has as one of its central objectives to improve sanitation at a scale sufficient to meet the sanitation MDG targets by 2015 in Indonesia, Tanzania and the Indian states of Himachal Pradesh and Madhya Pradesh.

The purpose of this consultancy is to carry out an endline assessment of the programmatic conditions needed to scale up, sustain and replicate the total sanitation and marketing approaches. The programmatic conditions are the eight dimensions that are defined in the conceptual framework in Section 3 of this TOR. Scale up is defined as meeting the 2015 MDG targets in each country. Sustainability is defined as the ability to maintain programs after external funding has ended. Replication is the eventual application of the TSSM approach in other countries at scale.

The endline assessments will be carried out during the final phase of the overall project during late 2010 and early 2011. The endline assessments in each country will be carried out by two-person team consisting of an international specialists and a local consultant of country WSP staff member. The consultant teams will be hired as independent consultants but will function as one overall team under the direction of the WSP Country Task Manager for the TSSM project with support from the Global Task Team Leader.

2. Background/General Description

The Water and Sanitation Program (WSP) is an international partnership to help the poor gain sustained access to water supply and sanitation services. Administered by the World Bank with financial support from several bi-lateral, multi-lateral, and private donors, WSP is a decentralized partnership and operates through offices in Africa, East Asia, Latin America and South Asia. A major thrust of the programs is to help its clients prepare for and implement actions towards meeting the water supply and sanitation (WSS) Millennium Development Goals (MDGs). In pursuing their mission, WSP staff provides advisory support to projects and policies to help identify and disseminate best practices and lessons from experience across countries, assist clients in the implementation of pilot projects to test out new ideas, and facilitate informal networks of practitioners and sector stakeholders. Additional information about WSP can be found on the program website (www.wsp.org).

The Water and Sanitation Program is implementing the "Total Sanitation and Sanitation Marketing (TSSM): New Approaches to Stimulate and Scale Up Sanitation Demand and Supply Project." This project has the primary goal of learning about scaling up and about effective and efficient sanitation interventions that improve health. The TSSM project is a large-scale effort to meet the basic sanitation needs of the rural poor who do not currently have access to safe and hygienic sanitation. That aim will be accomplished by developing the practical knowledge for designing sanitation and hygiene programs that are effective at improving health and are sustainable at *large scale* for rural areas. The project will test proven and promising approaches to create demand for sanitation, and to use marketing techniques to improve the supply of sanitation-related products and services.

The project is designed to achieve key milestones in each country at the end of four years of project implementation (including the start up period) that will facilitate the achievement of the MDG 2015 sanitation targets. These milestones should indicate if the key program elements are in place by mid-2010 to meet the 2015 MDG targets. The specific targets for scaling up in each country are in Table 10.

TABLE 10: GEOGRAPHIC AREAS AND BENEFICIARIES

Geographic Areas Where the Project Will Take Place/Population	Estimated Number of People without Access to Sanitation in 2006*	Estimated Number of People Who Will Gain Access to Sanitation during Two-Year Pilot Phase	Vision of Number of Additional People Who Will Get Access to Sanitation by 2015 to Meet MDG Targets**
Tanzania (rural)/26.7 million in 2006	14.25 million	750,000	6.5 million
Indonesia (East Java province)/36.5 million	18.6 million	1.4 million	10 million
Indian state of Himacahal Pradesh (rural)/5.5 million rural population	4.3 million	700,000	1.2 million
Indian state of Madhya Pradesh (rural)/45 million rural population	43.6 million	1.1 million	20 million
Totals	80.75 million	3.75 million	37.7 million

* Best estimates given poor status of data.
** Accounts for population growth estimates.

The purposes of this terms of reference are to 1) assess to extent to which the programmatic conditions for scale up and sustainability have improved by the end of the TSSM project and, 2) on the basis of the endline assessment findings and learnings, recommend what should be done to address the gaps during the remainder of the TSSM project implementation period or for the future if a follow on project is undertaken. Determine if the programmatic conditions are in place to meet the 2015 MDG targets and are likely to be sustained over time. The fundamental question that the assessment is intended to answer is whether the country can continue to scale up after 2010 without assistance, with less assistance or with different assistance, from the TSSM Project and whether the TSSM project conditions are institutionalized to support scaling up in a sustainable manner. Strengthening the enabling environment is integral to increasing demand at the household and community levels and improving the supply of affordable and appropriate sanitation products and services.

The overall TSSM project is four years in duration with three distinct phases. Phase I—December 2006 to August 2007—is the initial six to nine month start-up period for detailed studies, planning, and procurement at the global and country level. Several assessments including the one for scalability, approaches for demand creation, sanitation marketing, and the baseline for the impact evaluation will be carried out during this period. Phase II is the three-year implementation period and Phase III is the three to six month wrap-up phase that will include the final evaluation and dissemination of lessons learned. This final programmatic assessment will take place during Phase III.

In the larger sense, the assessment will answer the question whether there is an enabling environment in place in each country that can continue after the end of this project and meet the MDG targets by 2015.

3. Conceptual Framework

In order to ensure consistency in the assessment findings, WSP developed a conceptual framework for assessing scalability. This framework was developed based on a review of relevant literature and discussions with key individuals. The framework consists of eight dimensions that are considered essential to scaling up the total sanitation and sanitation marketing approaches in rural areas using on-site sanitation facilities.

- Policy, strategy, and direction
- Institutional arrangements
- Program methodology
- Implementation capacity
- Availability of products, tools and information
- Financing and incentives
- Cost-effective implementation
- Monitoring and evaluation

In the rest of this section, each of these dimensions is defined along with key questions to answer during the assessment. These questions are not intended to be answered

analytically. Rather the assessment should determine to what extent each aspect exists at the beginning of the TSSM project and then measure the changes after the two years of project implementation in the final assessment.

Definition of Scale-up: Increase the scale, rate of provision, and sustainability of sanitation services to reach the three-year 2010 targets in the TSSM project and the MDG targets for 2015. The specific targets are provided in Table 10.

3.1 Policy, Strategy, and Direction

Establishing a shared vision and strategy and ensuring the political will to implement it is the starting point for scale up. Without political will and a shared vision and strategy among stakeholders at all levels, scale up will remain an elusive goal. Developing this shared vision and strategy in a collaborative manner is also the foundation for coordination and for creating motivation all levels.

Policy is defined as the "set of procedures, rules and allocation mechanisms that provide the basis for programs and services. Policies set the priorities and often allocate resources for implementation. Policies are reflected in laws and regulations, economic incentives, and the assignment of rights and responsibilities for program implementation."[46]

- Does political will to expand access to and use of sanitation facilities through the total sanitation and sanitation marketing approaches exist at the national, state/provincial, and local government level? Is the level of political will adequate to achieve MDG targets and objectives at scale?
- Have the key policy barriers essential to scale up been identified and are they being addressed?
- Are there institutional incentives at the national, state/provincial, and local government levels that support program implementation?
- Do champions exist that act as catalysts for the program?
- Is there a shared vision and strategy among key stakeholders at all levels that will provide direction and a basis for effective coordination?

3.2 Institutional Arrangements

In order for the total sanitation and sanitation marketing approach to be scaled up, the right institutions must be in place with all key roles and functions covered. The assessment must determine if the current institutional setup is adequate to scale up the TSSM approach. Institutions at all levels must clearly understand their roles, responsibilities, and authorities and must also have the resources to carry out these roles. In addition to clear roles and responsibilities, mechanisms should exist for actors at all levels to coordinate their activities and establish partnerships between the public, private, and NGO sectors and between communities and local governments.

- Is the current institutional setup adequate to scale up the TSSM approach and reach the MDG targets?
- Are there clear implementation arrangements including well defined roles and responsibilities at all levels?
- Have mechanisms been established for national level coordination (and in the case of India, state level coordination) among relevant national or state agencies?
- Have partnerships been developed between local government and NGOs that act as intermediaries with communities and the private sector that provides sanitation products and services?
- Have sustainable institutional support mechanisms to support the community after the initial phase of implementation been established?

3.3 Program Methodology

Total sanitation and sanitation marketing are two complementary approaches to scaling up sanitation, but they are not detailed program methodologies. A program methodology consists of the program rules, specific activities and their timing and sequence. Each country must develop a program methodology based on these approaches that is specific and appropriate to the country context and covers all phases of project implementation including demand creation. A workable program methodology that is clear and agreed upon by all key stakeholders is a key programmatic condition. Since one of the objectives of the TSSM project is to establish a

[46] Elledge M, Rosensweig F, and Warner D, *Guidelines for the Assessment of National Sanitation Policies,* EHP Strategic Report 2, July 2002.

workable program methodology, it is unlikely that a widely accepted program methodology will be in place at the time of the baseline assessment. Nevertheless, the extent to which there is a program methodology in place should be assessed.

- Is there a defined and detailed program methodology for implementing the total sanitation and sanitation marketing approaches? Has the methodology been documented and disseminated?
- Is the program methodology widely understood and accepted by program implementers?
- Has the methodology been applied in practice or it still awaiting application? If it has been applied, has it been evaluated and adjustments made?

3.4 Implementation Capacity

Clearly defined and workable institutional arrangements are necessary but not sufficient for programs to operate at scale. In addition, institutions at all levels and including both government staff and contracted organizations must have the capacity to carry out their roles and responsibilities. Institutional capacity includes adequate human resources with the full range of skills required to carry out their functions; an "organizational home" within the institution that has the assigned program responsibility; mastery of the agreed upon program methodology, systems and procedures required for implementation; and the ability to monitor program effectiveness and make continual adjustments.

- Is there adequate capacity (in terms of numbers and skills) in social intermediation in order to create demand and facilitate community and household level action at scale?
- Is there adequate capacity in hygiene promotion?
- Are there adequate incentives in place to motivate staff involved in social intermediation and hygiene promotion?
- Has capacity been built in the private sector to provide quality goods and services (i.e. training of plumbers and masons), supply affordable components, market their services, and respond to consumer preferences at different levels of service?
- Has capacity been developed at national/state and local government levels to oversee and monitor program implementation at the community level?
- Does the absorptive capacity exist to implement TSSM at scale?

3.5 Availability and Knowledge of Sanitation Products and Services

The sanitation marketing approach is predicated on the existence of the sanitation services and products that respond to consumer preferences and their willingness and ability to pay for them. The focus of this scalability assessment assignment should be on the role of government in creating an enabling environment for the private sector. The role of government is not to contract directly with the private sector, but rather to assist in creating a market for sanitation products and services and build the capacity of private providers. The role of government in creating an enabling environment for the local private sector should be assessed in this enabling environment assessment.

- Has the government (national or local) created conditions that facilitate, enable, and provide the right incentives to consumers and providers?
- Is the government playing a role in facilitating the flow and access of information related to the availability of sanitation products and services in the local private sector?
- Is the government playing any kind of regulatory or related role (such as certifying providers) to protect the consumers?

3.6 Financing and Incentives

This dimension is aimed at assessing the adequacy of arrangements for financing the programmatic costs of a scaled up program. These costs include social mobilization such as training, staff salaries, transportation, office equipment and supplies, and the development of communication and education materials. In addition, programs must establish the mechanisms that enable communities to achieve improved and total sanitation and ensure that individual households have the means to pay for on-site sanitation facilities. This is especially important to ensure that the poorest members of the community are able to afford sanitation facilities and therefore help communities achieve open defecation free status.

- Is there sustainable financing to pay for the ongoing programmatic costs including identification of

the financing sources and mechanisms for long-term behavior change?
- Is there a workable mechanism in place to mobilize household investment in sanitation, especially for the poor? (e.g., microfinance schemes or community financial incentives.)
- If needed, are the financial mechanisms in place to enable the poor to move up the sanitation ladder?
- Is there a clear understanding among stakeholders regarding financial responsibilities?
- Are there incentives that support scaling up?
- Are there incentives to communities and institutions that recognize their participation and achievements and also ensure long term sustainability for behavior change?

3.7 Cost-Effective Implementation

The potentially high costs of social intermediation at scale make cost-effective implementation a key element. It is essential to understand how the unit costs change as activities are scaled up. While it will not be possible to assess the cost effectiveness of the approach and how best to achieve economies of scale until the end of the project, data must still be collected during implementation in order to make this determination at the end of the project. Therefore the focus in the scalability assessment is in ensuring that information will be collected from the outset and that the capacity to collect the information is in place.

- Do program implementers at all levels know what information must be collected on program costs?
- Does the capacity exist at the local government and state/provincial level to collect the information? The capacity includes the systems and procedures to collect the information, a focal point of responsibility including assigned staff, and the commitment to collect the information on a regular basis.
- Does the applied strategy and approach have any economies of scale?

3.8 Monitoring and Evaluation

A large-scale sustainable sanitation program requires regular monitoring and perhaps more importantly, the willingness and ability to use the monitoring process to make adjustments to improve and strengthen the program. Effective monitoring will identify strengths and weaknesses in the program methodology, implementation arrangements, and cost efficiencies. Overall monitoring responsibility must be at the highest government level of the program but must be based on information collected at the local government or district level.

- Does an M&E process at the macro level exist to measure program effectiveness and outcomes?
- Is there a commitment at the local government level to monitor program implementation?
- Does the capacity exist to implement the M&E process?
- Is the process sufficient and independent to monitor quality of services, identify gaps and weaknesses, and determine lessons learned and best practices?
- Has M&E been institutionalized so that evaluations and mid-course corrections are an ongoing component of the program?

The conceptual framework above is the original framework developed at the start of the global TSSM project. The country teams have had significant experience and related learnings over the past three years regarding the conceptual framework and conceptual thinking has evolved.

4. Scope of Work

International Specialist Consultant

The tasks in the scope of work are divided into three overall phases: preparation, endline assessment in the field and, capturing and documenting learnings. The international consultant will carry out all of the tasks in these three phases, with assistance from the WSP country teams during the main periods of fieldwork.

4.1. Review key background and program documents provided by WSP. Participate in a planning meeting with the Global TSSM Task Team Leader. This may take place in WDC or in a mutually convenient meeting place in Europe. The objectives of the planning meeting will be to ensure that the international consultant understands the background and objectives of the assessment; what expectations are in terms of deliverables, etc.

4.2. Work with the respective WSP Country TSSM Task Managers via email and phone as needed to

develop a work plan and schedule for the endline assessments, including agreement and arrangement of preliminary meetings (in order to reduce the time spent in the capital on arrival).

4.3. Travel to each country and participate in a planning meeting in each of the countries with the TSSM country task manager, the WSP coordinator or STC consultant assignment to be part of the endline assessment team in support of the international specialist, and other TSSM team members as appropriate. The purpose of the meeting will include providing the international consultant with an update on work done and related accomplishments in the enabling environment and also to include a review and discussion of the self-assessed "spider diagram" progress reports showing progress in strengthening the enabling environment. This initial meeting should also allow the country team to share learnings about the process of strengthening the enabling environment since the baseline with the consultant. Finally, as needed, the meeting should also confirm any related administrative or travel related logistics for the field assignment.

4.4. Finalize the interview protocols for the respective countries based on the baseline documents and any new information or revised analytical framework provided by WSP-WDC or WSP-Countries either before or during the initial planning meeting (as per 4.3 above). For example, while the original concept and related baseline focused on the enabling environment at the national or state government level, WSP countries have in many cases extended the concept to local government levels. The conceptual framework is intended to provide a common approach to the assessment so that the results are comparable across countries. Each dimension has a set of questions to be answered during the assessment. The consultant will be responsible for determining what information needs to be collected to answer these questions, how the information will be collected, and for developing interview protocols.

4.5. Carry out the endline assessment of the programmatic elements required for scale up of the total sanitation and sanitation marketing approaches. While the specific activities for each assessment will be determined by the consultant team, the assessment is expected to include the following aspects:

- Review of key documents (assessment reports, progress reports, sector strategies, laws, regulations, etc.)
- Meetings with key stakeholders including government officials at the national, provincial, and local government levels; private sector providers of sanitation products and supplies; NGOs; and donors
- Debriefing state, provincial, and national governments as appropriate to test the validity of key findings

4.6. Based on the results of the endline assessments, formulate recommendations for improved implementation and for creation of the enabling environment necessary to meet the 2015 MDG targets.

4.7. Debrief the WSP Country TSSM Task Manager, and as appropriate, other WSP country staff and key government officials responsible for the program. The consultant should discuss the recommendations and actions needed to strengthen those elements that were found to be blockages to scaling up rural sanitation.

4.8. Write a report with findings, recommendations for moving forward and filling remaining gaps in the enabling environment and, lessons learned by the WSP team, government partners and other stakeholders as appropriate using the format that is agreed upon in the team planning meeting. As a starting point, the basic report will look like the baseline reports (see WSP website to review each of the reports) and revise and improve as appropriate and agreed to with the Global TSSM Task Team leader.

4.9. When all the country reports are completed, the consultant will then prepare a global report that synthesizes the findings and recommendations from all three countries. Among other things, the synthesis report should identify and discuss common cross-global findings and recommendation. The starting point for the format of the approach should be the synthesis report prepared on the baselines assessments (report can be found on WSP website).

4.10. Based on this assignment, prepare a guidance document for carrying out enabling environment

assessments for rural sanitation programs. This document will be similar to the guidance note developed for carrying out a handwashing enabling environment assessment that can be found of the WSP website.

4.11. Based on the lessons from this assignment and the overall TSSM Global project experience, prepare a WSP Learning Note on the challenges and opportunities for strengthening the enabling environment for large scale rural sanitation programs.

WSP Coordinator

WSP should provide one experienced staff member (preferably one of the TSSM project field coordinators) to assist with the implementation of the endline assessments.

Preparation

- Develop list of stakeholders (at central, provincial and district levels)
- Collect local policies, strategies, and other background documents
- Collect and organize all enabling environment spider diagrams and related documentation
- Assist in review of background documents (arrange translation where appropriate)
- Set up meetings and plan field visits for assessment (with WSP assistance)
- Plan feedback/debrief sessions
- Organize logistics for assessment

Endline assessment

- Participate in team planning meeting
- Participate in finalizing (and translating if needed) interview protocols and questionnaires
- Participate with international consultant in all field work related to the endline assessment
- Assist with translation (if needed), processing and analysis of information from assessment
- Assist with debrief of WSP and government officials

5. Expected Products/Outcomes

5.1. The international consultant will be responsible for the following deliverables: An Enabling Environment Endline Assessment Report for each country (India report to include both HP and MP in separate sections). As a starting point, the outline for the report should be as below. Final revision of the outline should be carried out during the initial global planning meeting.

- Introduction. This section should explain the context and purpose of the assessment, summarize the TOR, and explain the methodology of the assessment.
- Summary of conceptual framework and assessment dimensions that guided the assessment
- Summary of findings
  - Policy, strategy, and direction
  - Institutional arrangements
  - Program methodology
  - Implementation capacity
  - Availability of products and tools
  - Financing
  - Cost-effective implementation
  - Monitoring and evaluation
- Conclusions. Based on the specific findings, this section should summarize the overall conclusions of the assessment team, especially those that are cross-cutting and not captured in the findings for each assessment dimension.
- Recommendations. These are specific recommendations that may still be needed to fill any remaining gaps in the conditions necessary for scale up and sustainability.
- Action plan directly based on the recommendations in the assessment report. This section should include the following:
  a. Actions that need to be taken. Where possible, these actions should be linked to existing programs that are seeking similar reforms.
  b. Sequence in which they should be addressed and a timeline.
  c. Skills and expertise and estimated LOE needed to implement the actions.
  d. Expected implementation challenges, risks, and assumptions.
- A final section in the report with lessons learned by the WSP team and government partners in strengthening the enabling environment for a large-scale rural sanitation program.

5.2. A global synthesis report. This should be a short (no more than 30 pages) synthesis of the findings, conclusions, and recommendations from the enabling environment endline assessments in all three countries. The suggested draft outline is based on the synthesis report for the baseline enabling environments and can be revised based on an agreement with the global task team leader:
- Executive summary
- Introduction with relevant background and context
- Summary of country projects
- Analysis by dimension
  1. Policy, strategy and direction
  2. Institutional arrangements
  3. Program methodology
  4. Implementation capacity
  5. Availability and knowledge of sanitation products and services
  6. Financing and incentives
  7. Cost-effective implementation
  8. Monitoring and evaluation
- Overall conclusions

5.3. A guidance document for carrying out enabling environment assessments for rural sanitation programs that are large scale and sustainable. The following draft outline is based on a similar guideline developed for handwashing and should be considered as a starting point:
- Purpose of the guideline
- Background
- Understanding what is meant by scalability and sustainability
- Assessment methodology including description of conceptual framework and related dimensions
- Annexes (resources and tools to be used by assessment team):
  - Sample TOR
  - Sample study protocol
  - Sources by Dimensions Table (*blank table used to identify the dimensions relevant to interviews with stakeholder organizations)*
- Proposed report outline
- Interview guide

5.4. A WSP learning note on the experience, challenges, and opportunities for strengthening the enabling environment for large-scale rural sanitation programs. Learning notes are 2–4 pages long and designed to be accessible for a wide audience. Therefore, they should be written in a non-technical language and can incorporate graphics (maps, photographs, charts, etc.). Each note includes the following sections: Introduction, Problem Statement, Action, Key Learnings, and What Else do We Need to Know?

6. Personnel and Estimated Level of Effort

The assessment in each country will be carried out by a two-person team consisting of an international consultant and a WSP coordinator. The international consultant should have the following qualifications:

- 15 years of experience in the water supply and sanitation sector, especially in project design and implementation and sector reform
- Extensive consulting experience
- Significant and in-depth experience in institutional development
- Knowledge of sanitation and the related institutional and programmatic issues
- Excellent communication and report writing skills in English

7. Estimated Schedule

A detailed schedule is suggested in the attached annex. Final scheduling will depend on specific arrangements worked out with each WSP TSSM country team for the field missions. The general timing should be as follows:

- Preparation: July 01–21, 2010
- India: late July 22 to late August
- India final reports (HP & MP): mid-December
- Indonesia: late September to late October
- Indonesia final report: mid-December
- Tanzania: mid-Jan to mid-Feb 2011
- Tanzania final report: end March 2011
- Synthesis final report: end April 2011
- Enabling Environment Assessment Guidance Note: May 2011
- Enabling Environment Emergent Learning Note: To be determined

8. Management and Logistical Support

The consultants will report to the WSP Global TSSM Task Team Leader (Eddy Perez) with support as needed from the respective WSP TSSM Country Task Managers. All international travel logistics and administrative support will be provided by the WSP-WDC. All local travel and administrative support will be provided by the respective WSP country teams.

wsp
water and
sanitation program

SANITATION FOR ALL
THE DRIVE TO 2015