

SUSTAINABLE SANITATION AND HYGIENE FOR ALL

ASIA WORKSHOP ON

“SCALING UP RURAL SANITATION AND HYGIENE”

NOVEMBER 26 – 30, 2012

NGHE AN PROVINCE, VIETNAM



This workshop report is written with the support from Ingeborg Krukkert and Erick Baetings, IRC International Water and Sanitation Centre, The Hague, the Netherlands

This workshop report can be found on the on the Sustainable Sanitation and Hygiene for All (SSH4A) project pages at: <http://www.irc.nl/page/57188>

CONTENTS

MONDAY 26 NOVEMBER 2012	1
WELCOMES AND INTRODUCTIONS	1
BLOCK I: UNDERSTANDING SCALING STRATEGIES.....	3
PRESENTATION OF THE PROGRAMME AND INTRODUCTORY PRESENTATION FOR BLOCK I BY ANTOINETTE KOME, WASH NETWORK LEADER SNV ASIA	3
SCALABILITY OF THE INNOVATIONS	7
CONTEXT AND CHALLENGES OF SCALING UP RURAL SANITATION AND HYGIENE IN VIETNAM.....	9
PREPARATIONS FOR FIELD TRIP	11
TUESDAY 27 NOVEMBER 2012	13
FIELD VISITS	13
WEDNESDAY 28 NOVEMBER 2012	15
CONSOLIDATION OF FIELD VISIT FINDINGS.....	15
PRESENTATION OF RECOMMENDATIONS TO A PANEL OF NGHE AN PARTNERS.....	15
COUNTRY GROUP WORK.....	20
BLOCK II: EXAMPLES OF SCALING STRATEGIES IN DIFFERENT COUNTRIES.....	20
PRESENTATION FROM INDONESIA	20
PRESENTATION FROM ETHIOPIA	22
PRESENTATION FROM KENYA	24
POCKET VOTING.....	25
THURSDAY 29 NOVEMBER 2012	26
BLOCK III: SCALING UP ACCESS TO SANITATION HARDWARE AND SERVICES IN RURAL AREAS	26
INTRODUCTION TO BLOCK III.....	26
PRESENTATION OF VOTING RESULTS	26
BUSINESS MODELS FOR SCALING UP ACCESS TO SANITATION HARDWARE AND SERVICES.....	26
CHANGING MIND-SETS.....	29
BUSINESS MODEL CANVAS	30
WORLD CAFE ON SCALING UP STRATEGY OF A COUNTRY OR SPECIFIC ASPECTS OF IT.....	32
COUNTRY SHOPPING BAGS.....	32
CLOSING WORDS.....	34
ANNEX 1: WORKSHOP PARTICIPANTS (GROUPED PER COUNTRY)	35
ANNEX 2: GROUPS FOR MONDAY AFTERNOON AND TUESDAY FIELD TRIP	39

ANNEX 3: DAILY BLOG SPOTS BY PARTICIPANTS	6
ANNEX 4: THE BUSINESS MODEL CANVAS.....	13
ANNEX 5: COUNTRY BUSINESS MODELS EXERCISE FOR SCALING UP ACCESS TO SANITATION HARDWARE AND SERVICES DEVELOPED DURING THE MORNING OF THURSDAY 29 NOVEMBER 2012	14
ANNEX 6: COMPARISON OF COUNTRY BUSINESS MODELS FOR SCALING UP ACCESS TO SANITATION HARDWARE AND SERVICES.....	18
ANNEX 7: DETAILS OF FIELD VISIT PRESENTATION OF GROUP 2.....	21

LIST OF FIGURES

Figure 1 Adapted from WHO ExpandNet 2012	4
Figure 2 Perez et al., WSP, "What does it take to scale up rural sanitation?" 2012	5
Figure 3 Three dimensions of scaling horizontal, vertical and functional (SNV, 2012).....	6
Figure 4 Pace of scaling activities (adapted from: WHO "Scaling up health services: Challenges and choices" 2008)	7
Figure 5 Presentation of Dr. Nga	9
Figure 6 Presentation of Dr. Nga	10
Figure 7 Topics of the field visit.....	12
Figure 8 Nghe An Province	14
Figure 9 Sanitation challenge in Indonesia, presentation Deviariandi Setiawan	20
Figure 10 March for ODF village (presentation Selamatwit Tamiru).....	22
Figure 11 CLTS triggering in Kenya (presentation Ruud Glotzbach).....	24
Figure 12 Results of pocket voting by participants	26
Figure 13 Circular problem and circular solution (presentation Lyn McLennan).....	27
Figure 14 The business model canvas, source: http://www.businessmodelgeneration.com	30

MONDAY 26 NOVEMBER 2012

WELCOMES AND INTRODUCTIONS

WELCOME WORDS BY PROFESSOR NGUYEN HUY NGA, DIRECTOR GENERAL OF VIHEMA, MOH

On behalf of MoH I would like to welcome you all for participating in the learning event on scaling up rural sanitation and hygiene. This is the first time that MOH in cooperation with SNV is organizing such an international learning event. It is our great pleasure to welcome all of you coming from so many countries to share and learn on sanitation and hygiene. In Vietnam in rural there sanitation and hygiene are still many things to be done as so far only some 50% of households have access to toilets. By end of 2015 we want to reach our target of over 60%. I will spend more time on the present situation with regards to sanitation and hygiene during my presentation later this afternoon. So I want to limit my welcome words to welcoming you once again. I wish you a successful workshop and a pleasant time at our beach. This is also near the hometown of our first president Hoh Chi Minh so it would be nice if you could pay a visit. Finally I wish you good health.

WELCOME WORDS BY DR CHU TRONG TRANG, VICE DIRECTOR CPM, DOH NGHE AN

Today is the pleasure for me to welcome you to our province for the international workshop on rural S&H. on behalf of the DoH of this province I would like to convey my special welcome to all of you and wish you good health. In the north centre of Vietnam this is the biggest province area wise with some 3 million people (seven ethnic groups) fourth biggest province population wise. Famous for beautiful site seeing and natural conversation areas. Home town of first president of Vietnam and famous for many historical sites. After thousands of historical years people here are known for their hardworking, creative and protecting the nation against its enemies. In recent years while implementing sanitation and hygiene programmes the people's committee province has assigned a number of departments to cooperate with each other and international organisations to implement programmes on sanitation and the environment. These programmes greatly contribute to the health and living standards of the people in the province.

As we all know safe water and sanitation and hygiene plays an important role in our health and for the next generation. It is the responsibility of each member of the community. CLTS has been assigned to the DoH in cooperation with SNV Vietnam. Employed two pilot projects in two different districts. This is considered to be the new approach bringing about sustainable results in the rural areas. We are convinced that this will have sustainable results.

Today is our great pleasure to be selected as the hosting province for this learning event. We consider this opportunity as privileged one so that we can share our experiences and learn from other countries. On this special occasion and on behalf of the department we would like to acknowledge gratitude to SNV for continuing to support our work in the province. Once again I would like to wish you a very successful workshop.

WELCOME WORDS BY JORGE ALVAREZ-SALA, WASH SECTOR LEADER SNV VIETNAM

Warmest welcome to Vietnam; I am happy to have you here and to share our knowledge and experience with all of you. SNV as a capacity building organization pays a lot of attention to these kinds of knowledge sharing workshops. Thanks for coming.

INTRODUCTIONS

Antoinette mentioned that this learning event is in fact a workshop and that you have come to Vietnam to WORK and to SHOP for new ideas. What is your shopping list or in other words what are your expectations for this workshop?

The country teams were asked to discuss their expectations and to write their expectations on individual meta cards. Thereafter the country teams were asked to introduce themselves and to present their workshop expectations in a plenary session. The list with workshop participants is given in Annex 1 and the expectations can be summarised as follows.

Countries	Expectations
Bhutan	<ul style="list-style-type: none">• Learn how to scale up from other countries• Learn how to reach the unreached (equity)• Learn how to scale up with quality
Nepal	<ul style="list-style-type: none">• Discover the challenges to scale up S&H• Learn how to sustain the achievements• Learn how to commercialise S&H service delivery
Vietnam	<ul style="list-style-type: none">• Learn how to implement sustainable S&H programmes• Learn about experiences on scaling up rural S&H programmes• Learn how to monitor and evaluate sustainable S&H programmes• Learn how to sustain programme achievements
Indonesia	<ul style="list-style-type: none">• Learn from each other's experience• Learn how Governments can take over S&H programmes• Understand the challenges of each country• How to share role and responsibilities of all stakeholders
Ethiopia	<ul style="list-style-type: none">• Learn about the institutional set ups in the different countries• Learn about sanitation marketing particularly related to sustaining the achievements• Learn about hygiene promotion strategies
Burkina Faso	<ul style="list-style-type: none">• Understand the magic about CLTS in Asia
Cambodia	<ul style="list-style-type: none">• Understand scaling up strategies employed in other countries• Understand main issues for scaling up• Learn more about motivational methodology on how to work with communities in terms of reaching targets
Laos	<ul style="list-style-type: none">• Learn about accessibility of households to sanitation marketing• Learn about sanitation technology options• Learn more about successful models for engaging and supporting rural communities

BLOCK I: UNDERSTANDING SCALING STRATEGIES

PRESENTATION OF THE PROGRAMME AND INTRODUCTORY PRESENTATION FOR BLOCK I BY ANTOINETTE KOME, WASH NETWORK LEADER SNV ASIA

Antoinette gave an introduction to the Asia workshop on “Scaling up Rural Sanitation and Hygiene” with the help of a Microsoft PowerPoint presentation.

SSH4A is being implemented in five countries: Nepal, Bhutan, Laos, Cambodia and Vietnam. Indonesia will be included in the next phase. The programme is a collaboration of SNV, IRC and national and local governments. This capacity building programme consists of four plus one component which are tailored to suite the context and situations in the different countries, namely:

- 1) Sanitation demand triggering and follow-up
- 2) Strengthening sanitation supply chain development
- 3) Developing behavioural change communication for hygiene and sanitation marketing
- 4) Improving WASH governance and multi-stakeholder sector development
- 5) Analysing, disseminating, and learning in collaboration with IRC.



This regional learning event is part of the learning component and it consists of three parts: Dgroup discussion + Workshop + In-country follow up. The intention is to exchange ideas and deepen our understanding of **Scaling up Rural Sanitation and Hygiene**. This learning event is not about one or two organisations; it is about best practices. Learning should therefore not be limited to the SNV/IRC programme. The workshop has the intention to promote discussion about **best practices in rural sanitation and hygiene** among partners. The objectives of the workshop are to:

- Develop a more systematic approach to scaling
- Learn from scaling experiences in different countries
- Think about key decisions related to scaling, especially related to demand creation and market-based approaches at scale

Besides your experiences, this learning activity draws heavily upon scaling experiences in the broader health sector, especially those from ExpandNet (WHO) (<http://www.expandnet.net/>), MSI worldwide (www.msiworldwide.com) and MCHIP (USAID) (<http://www.mchip.net/>). Moreover, we will use inputs from Inclusive Business thinking (<http://www.inclusivebusiness.org/>), and the tools provided by the Business Model Generation (www.BusinessModelGeneration.com).

Monday afternoon	Block 1	Understanding scaling strategies Vietnam context
Tuesday		Field visit
Wednesday morning		Reporting back
Wednesday afternoon	Block 2	Examples of scaling strategies from different countries
Thursday morning	Block 3	Scaling up access to sanitation hardware and services
Thursday afternoon	Block 4	Country group session and wrap up

The workshop is organised around four blocks: block I on understanding scaling strategies; block II on examples of scaling strategies from different countries; block III on scaling up access to sanitation hardware and services; and block IV on country group session and wrap up. The sequencing of the four blocks is shown in the above table.

INTRODUCTION TO BLOCK 1: UNDERSTANDING SCALING OF RURAL SANITATION AND HYGIENE

We need to achieve the following in sanitation: 1) coverage and quality; 2) equity by reducing disparities; and 3) faster progress. In other words: good quality coverage for everybody and faster.

How are we going to do this? This workshop will talk about what happens when you take any approach – CLTS, SLTS, sanitation marketing, market-based approaches, BCC, total sanitation campaigns, performance monitoring, etc. to scale. Scale means to more districts, to more provinces, etc. Often successful approaches tested at small scale are not that successful when we implement them at scale. So once your approach is successful, how can it be taken to scale without losing the essence of its success?

Scaling of health interventions has learned that three issues influence the key decisions that need to be taken when going to scale: horizontal, vertical or functional scaling. These are:

- WHAT: the innovation and its components
- BY WHOM: who leads, who implements, who supports
- ENABLING ENVIRONMENT

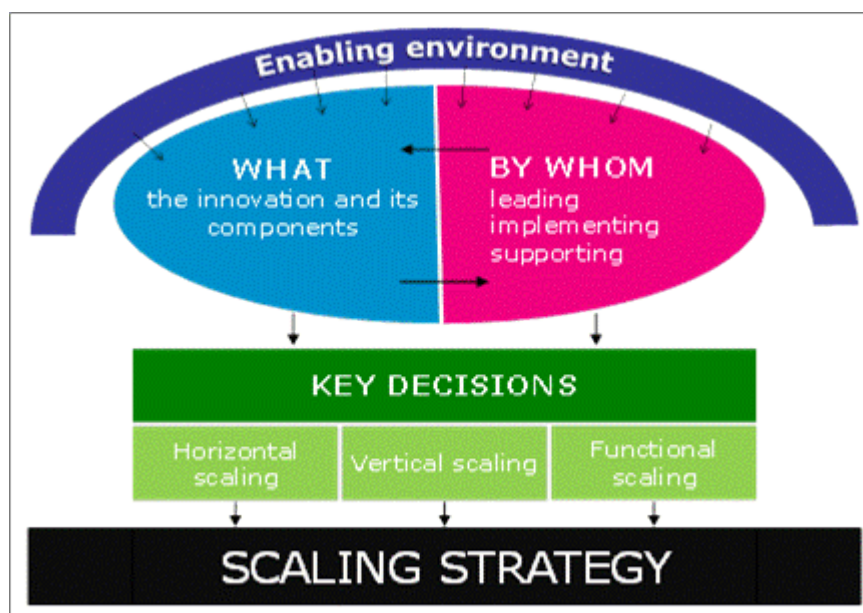


Figure 1 Adapted from WHO ExpandNet 2012

WHAT?

The approach (the innovation) is the first thing we need to be clear about. What is the approach we want to take to scale? Sometimes when we start preparing guidelines we find that the approach is not as clear as we thought. Is the approach effective, credible, affordable? Is there sufficient critical mass and agreement? Can it be simplified? Checklists are available to assess the scalability of the

innovation and to identify actions that could help to enhance scalability. In the subsequent session two CORRECT assessment checklists¹ were introduced.

BY WHOM?

Who should be the main implementing organisation(s) and which different roles need to be played? Who should lead and steer? Who should be supporting? Do the proposed organisations have the capacity (technical capacity, attitudes, outreach, etc.) to assume these roles?

Who is going to take the lead and who is going to support? It can be the same organisation, but sometimes not all the necessary capacity is found within one single organization and partnership is needed. For example one organization might have the technical capacity, but not the network of outreach to communities. In Vietnam Dien Bien the Women’s Union and MoH worked together to combine their strengths: the outreach of the Women’s Union and the sanitation expertise of the MoH. Nepal is also a good example where effective collaboration takes place through a broad alliance among multiple organisations with different geographical reach and skills. In this way, accessibility challenges are overcome.

ENABLING ENVIRONMENT

WSP uses enabling environment assessments consisting of eight elements. If the conditions are not there it is likely we will have a hard time during scaling. An example of such an assessment from Indonesia is shown in the figure to the right.

When considering scaling, most of us are thinking about doing the same in more areas. However, sometimes this does not work because the approach has not sufficiently been institutionalised. In those cases it is necessary to address those aspects first.

The following three scaling strategies should be considered:

- Horizontal scaling: geographic expansion of the same approach to more similar areas. Nepal is a good example.
- Vertical scaling: institutionalisation of the innovation into different levels of government and systems. Rwanda is a good example where institutionalisation precedes going to scale.
- Functional scaling: adjusting the innovation for different ecological and socio-cultural contexts in the country. Bhutan is a good example where their approach was adjusted to different cultural and ecological areas on the basis of four pilots. In Nepal they are now considering adapting their approach so that it can be used in low-lying areas such as the Terai.

TABLE A: RATING DIMENSIONS—INDONESIA

DIMENSION	Indonesia	
	2007	2010
Policy, strategy, and direction	Medium	High
Institutional arrangements	Low	Medium
Program methodology	Low	High
Implementation capacity	Low	High
Availability of products and services	Low	High
Financing and incentives	Low	Medium
Cost-effective implementation	Low	Medium
Monitoring and evaluation	Low	High

Key:

- Low** Needs improvement
- Medium** Progress made, but still not high performing
- High** Performing at a high level

Figure 2 Perez et al., WSP, "What does it take to scale up rural sanitation?" 2012

¹ Assessment checklists adapted from ExpandNet/WHO worksheets July 2012 (www.expand.net) and MSI March 2006 (www.msiworldwide.com).

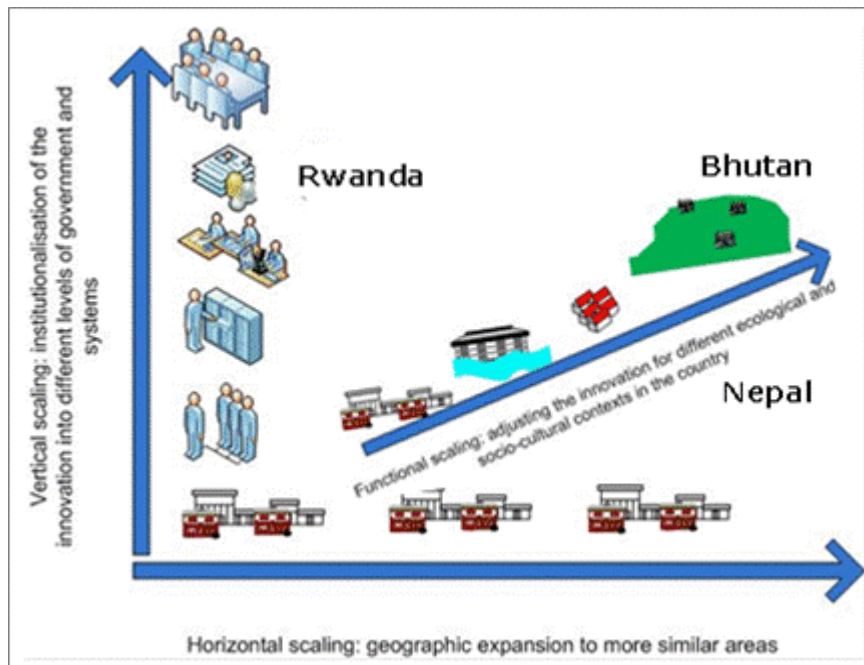


Figure 3 Three dimensions of scaling horizontal, vertical and functional (SNV, 2012)

In the Dgroup we discussed about Enablers and Constraints for scaling, responses can be summarised as follows.

Enablers	Constraints
<ul style="list-style-type: none"> Local coordination National policy/ roadmap Local leadership Master training in the area National leadership 	<ul style="list-style-type: none"> Low commitment of local HR High cost of sanitation hardware No clarity about use of subsidies No national programmatic alignment Low priority of local authorities

Another aspect is the pace of scaling: how fast do we intend to scale up? Again different options exist, such as all at once, in batches, gradually or first carrying out try outs and only going for scale when the organisations are ready and the systems are in place. The different pacing strategies are shown in the following figure.

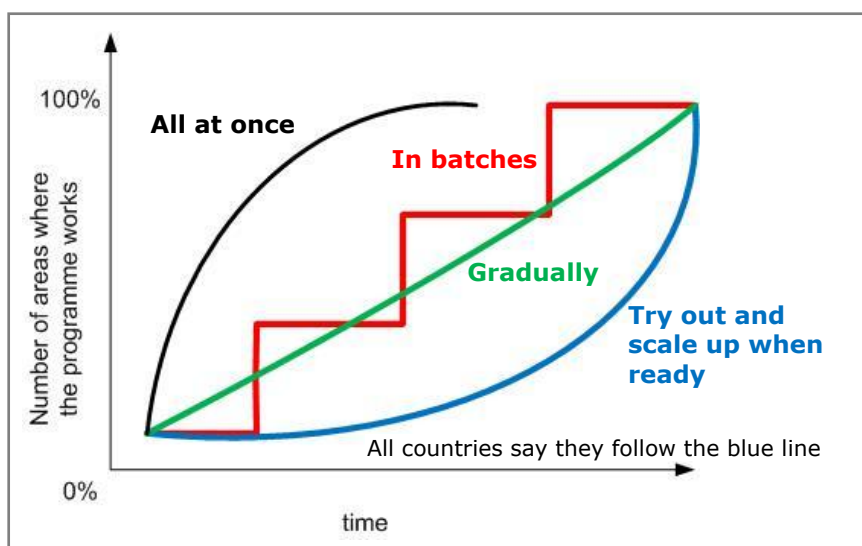


Figure 4 Pace of scaling activities (adapted from: WHO “Scaling up health services: Challenges and choices” 2008)

In the Dgroup discussions practically all respondents indicated that in their country scaling was following the blue line (start slow and move fast when ready). Nepal is an example of a country that is ready to scale up with speed.

It is important to keep up the motivation and momentum of leaders and local professionals when going for scale. Some of the external (“sticks” and “carrots”) and internal motivators that came up during the Dgroup discussion are summarised below.

External motivators	Internal motivators
<ul style="list-style-type: none"> ■ Using carrots, such as awards, incentives etc. ■ Using sticks, such as performance contracts, executive orders (for example Bhutan where the government is accountable for showing performance on key sanitation targets) 	<ul style="list-style-type: none"> ■ Convincing leaders and professionals directly ■ Peer-to-peer pressure and horizontal learning (for example Indonesia where there is an association of mayors promoting sanitation)

Finally Antoinette introduced what we are going to focus on in block 1. We are going to talk about what, by whom and a bit on key decisions. The following are the main elements of block 1.

- Scalability of innovations
- Introductions about Vietnam
- Preparation of field work
- Field work: come up with recommendations for scaling up in Nghe An
- Sharing and feedback of field visit
- Recommendations for scaling in your country

SCALABILITY OF THE INNOVATIONS

The participants were divided into five predetermined mixed groups for group work during day one but also for the field work during day two. In warming up exercise, scalability of innovations was discussed using the MSI or ExpandNet checklist. See Annex 2. Each group used the case of one country.

Group	Country discussed	Country resource person
1	Laos	Boulaphanh Phethlavanh
2	Nepal	Ram Chandra Devkota
3	Indonesia	Kristin Darundiyah
4	Cambodia	Khonn Lydo
5	Bhutan	Sonam Gyatshen

Antoinette introduced the session by asking the groups to assess whether the approaches applied in the countries at present are ready for scaling their approach, by using one of the scalability checklists. Three different checklists were provided (see annex 2). This required first of all a discussion of the approach (innovation) to come to a common understanding. The resource persons played an important role to explain what approach is being followed in their country. Thereafter the groups were asked to discuss the approach and to come to a consensus on whether the innovation is scalable. Most used the checklist adapted from MSI.

After the coffee break the groups were invited to share the outcomes of their discussions. Antoinette explained that this is an exercise and that it should normally take more time and involve implementing teams. Another aspect which is important to consider is that there are no perfect approaches, and that waiting for an approach to be perfect takes too much time. The checklist only helps to have a more in-depth discussion whether the approach is ready for scaling up.

The groups gave a first impression on the scalability of the approaches which is presented in the following table.

Group	Country	Impression
1	Laos	Definitely interesting discussion but Laos is still in the stage of piloting at a small scale. Before going to scale they should consider the approach and the human resources requirements. Probably not yet ready! Many organisations implement rural S&H programmes sometimes using a subsidy approach. This is something the government should take into account when thinking about scaling up.
2	Nepal	Sanitation master plan is in place and there is a clear potential for scaling. Not sure whether all the stakeholders support the implementation of the master plan. Is there real consensus? Are all actors doing the same thing? Government has ambitious targets (100% coverage by 2017) considering that less than 50% coverage now. Very challenging! Investments in improved sanitation are made by households and this could be a huge challenge for individual households.
3	Indonesia	Scaling up would be possible if the same conditions would exist from national to province and from province to district, the approach probably need some functional scaling. Roadmaps developed in Indonesia help to scale up
4	Cambodia	Possible to scale up as there are many strong stakeholders. However it is not clear how they work together. Main players are now small NGOs and other donors. How can the responsibility be shifted to the government. But considering the small size of the population and the limited costs related to this innovation it should be doable. Strong willingness by the government and strong commitment by the stakeholders to follow the same approach. Regulations and guidelines need to

Group	Country	Impression
		be developed before scaling up.
5	Bhutan	<p>Not so many stakeholders in the sector and scale of the programme is still relatively small but approach looks scalable.</p> <p>In Bhutan the opportunities are much less than in Nepal (HR capacity and resources). Bhutan is not using CLTS as it does not want to use the 'shaming' methodology of CLTS. Focus is very much on health benefits.</p> <p>Stakeholders from non-pilot districts have been engaged extensively during pilot phase. Costing in terms of time and money has been carried out to get an impression of going to scale costs.</p>

CONTEXT AND CHALLENGES OF SCALING UP RURAL SANITATION AND HYGIENE IN VIETNAM

Professor Nguyen Huy Nga, Director-General, Vietnam Health Environment Management Agency (VIHEMA) of the Ministry of Health, presented an overview of the context and challenges of the rural sanitation and hygiene sector in Vietnam.

Professor Nguyen Huy Nga started with presenting the overall sanitation status in Vietnam. Total population of Vietnam is around 88 million of which some 70% live in rural areas. The country coverage rate for improved sanitation stands at ~76%. Toilet coverage in urban areas is nearly 90% but there are critical issues with urban wastewater treatment and solid waste management.

The rural coverage is more than 82% but only 55% meet the MOH standards of hygiene latrines. This means that the economic loss to the country is some US\$ 780 million per year equal to some 1.3% of GDP. The child stunting rate is 31.9% and child malnutrition rate is 19%. There are large regional differences with lower access rates among the poor, ethnic minorities, and remote and flood plain regions. 84% of health clinics have latrines that comply with MOH standards and school

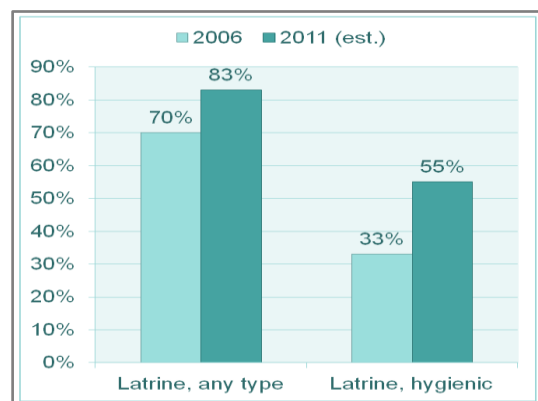


Figure 5 Presentation of Dr. Nga

sanitation coverage stands at 87%.

The National Target Programme for Rural Water Supply and Sanitation (NTP-RWSS) is the Government of Vietnam's main instrument to increase access among rural households. The overall objective of the programme is to improve the living conditions of the rural population by increasing access to WSS, awareness raising, sanitation behaviour change, and mitigation of environmental pollution. The first phase of the programme started in 2000 and is currently in its third phase covering 2012 to 2015.

The Ministry of Agriculture and Rural Development (MARD) is responsible for water supply, animal pens and overall management and coordination. MARD collaborates closely with the Ministry of Health (MOH) responsible for household sanitation, and the Ministry of Education (MOE) responsible for school sanitation.

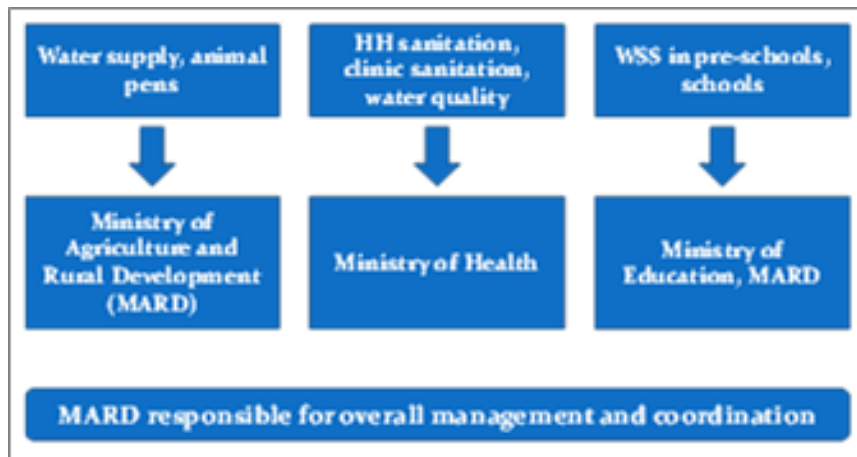


Figure 6 Presentation of Dr. Nga

Some of the achievements between 2006 to 2011 are: 1) an increase in sanitation coverage from 33% in 2006 to an estimated 55% in 2011; 2) improved inter-ministerial coordination; 3) strengthened legal and policy framework; 4) strong and coordinated support from international donors; 5) improved sanitation monitoring; and 6) establishment of annual Patriotic Sanitation Day (July 2).

The main sanitation challenges faced during the 2006 and 2011 period are related to insufficient enabling policies, limited budget allocations, weak coordination particularly at provincial level, limited awareness and appreciation for sanitation among local leaders and communities, limited insight in progress achieved due to limitations of the current monitoring systems, and finally the lack of sanitation promotion and follow up to sustain the results.

The focus of the current 3rd phase of NTP is to increase rural household access to improved sanitation and to change personal hygiene behaviours. By 2015 it is expected that 65% of rural households will have access to hygienic latrines. This is equivalent to some 1.6 million new latrines.

Professor Nguyen Huy Nga presented an array of measures that will be taken over the next years to improve policy, institutional, programmatic and implementation areas. For example the MOH will establish a special Standing Office for Sanitation within the Ministry. There will also be efforts to promote and enable increased use of behaviour change communication, pilot and scale up new sanitation promotion approaches that are tailored to different target groups, and make available a broader array of (low-cost) latrine models and designs. There are also plans to integrate SLTS in to CLTS. During 2012 CLTS TOT courses will be organised in a total of 20 provinces.

The presentation was concluded with a list of lessons learned of which the most important are summarised below:

Lessons learned regarding institutional and organisational issues:

- Guidance and instructions from central level are important;
- Provincial authorities and communities must take ownership;
- Inconsistencies among programs implemented in the same areas may delay or limit results of CLTS;
- Promoting CLTS implementation through NTP3 & relevant programs will accelerate the implementation progress;

Lessons learned regarding approaches and methodology:

- CLTS has to be tailored to fit Vietnam's context and local situation;
- SLTS should be designed and implemented as a complementary part to CLTS;

- The other steps of “Total Sanitation”, such as animal and solid waste management, should follow ODF; and
- Sanitation marketing as a next step to create a sustainable and demand-responsive market for sanitation.

Lessons learned regarding capacity building:

- Strengthen central counterpart capacity on technical support and monitoring; and
- Build up local capacity on CLTS implementation, with focus on TA and monitoring.

Lessons learned regarding communication:

- CLTS video works well to support CLTS event and information sharing;
- Posters must be designed to fit local context;
- Dissemination through local media (TV, radio...) are useful; and
- “Direct communication” experiences in CLTS implementation could also be utilised for other WASH IEC activities.

The Question & Answers session brought up the following discussions:

- Kabir Rajbhandari: Who does triggering? Answer: At the end of each training course, demonstration triggering is carried out. Facilitators trained at provincial level carry out triggering. All people in village are invited to join the triggering event. Facilitators are often from the Women Union.
- Ruud Glotzbach: Post-triggering needs support and monitoring. For how long and for whom? Answer: Now we monitor for two years but it actually requires continuous follow up and monitoring to enhance sustainability. Village health workers monitor health indicators at village level each month.
- Petra Rautavuoma: Now that the new CLTS approach is integrated in NTP, is there still room for subsidies? Answer: MARD has used subsidies in the past but we are not following any subsidy approach at this moment. We do built some demonstration toilets and poor households can obtain loans from the government owned Social Bank with very low interest.
- Thea Bongertman: Miniature latrines; how small are they? Answer: Models are used to show different sanitation technology options.
- Lok Nath Regmi: In how many provinces is CLTS being implemented? Answer: At the moment CLTS is implemented mainly in poor provinces or provinces with low coverage; some 20 provinces.

PREPARATIONS FOR FIELD TRIP

Antoinette provided some explanations on the field visit scheduled for the second day of the workshop. She started by explaining the objectives of the field visit, namely:

- Reflect and discuss about key decisions of a scaling strategy
- Learn about the context and experience in Nghe An province

The following specific assignments were given to the groups: 1) develop recommendations for the scaling strategy of rural sanitation and hygiene in Nghe An; and 2) make a photo diary of your visit.

The activities include the following:

- Prepare for field trip (in the afternoon of day one)
- Visit to village (in the morning of day two)
- Visit to stakeholders (in the afternoon of day two)
- Consolidate ideas in the group (in the morning of day three)

- Present findings and recommendations to Nghe An partners (in the morning of day three)

The field trips are to be carried out in the five groups determined earlier in the afternoon. The groups are expected to come with recommendations for the scaling strategy for Nghe An province by focusing on the following topics:

Group	Focus	Where
1	Role of health sector	OO village, Tuong Son commune, Anh Son district
2	Sanitation supply chains and finance	Cong Hoa or Phu Lien village, Quynh Long commune, Quynh Luu district
3	Sanitation demand creation	No 4 village, Khai Son commune, Anh Son
4	Role of local authorities	No 2 or No 4 village, Son Hai commune, Quynh Luu district
5	Role of education sector	Gai Hop village, Tuong Son commune, Anh Son district

The same groups and roles can also be presented as shown in the figure below.

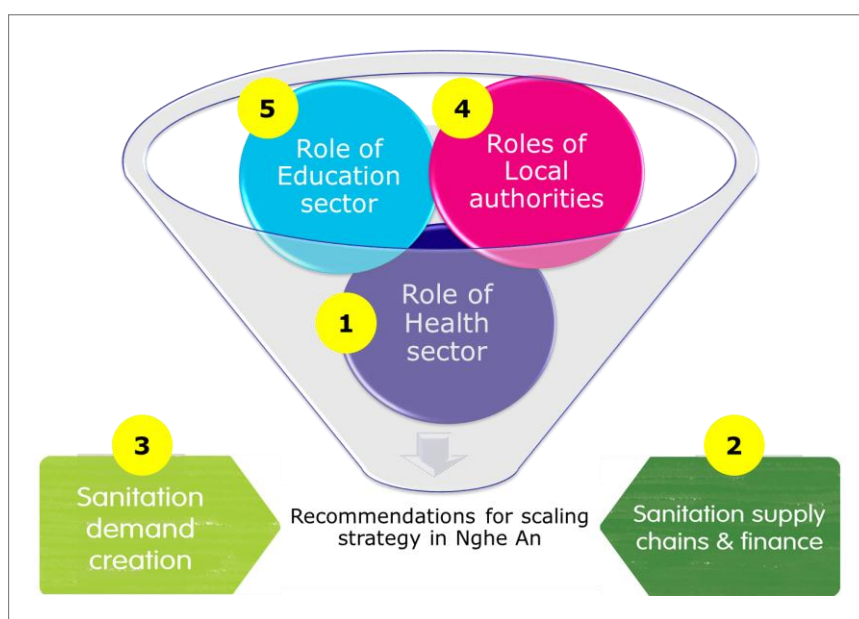


Figure 7 Topics of the field visit

Other suggestions that were provided were:

- Agree on what you would like to know
- Make our own questions
- Clearly divide roles and responsibilities in the group
- Make sure that everybody is involved in spite of language barriers

TUESDAY 27 NOVEMBER 2012

FIELD VISITS

The entire second day of the workshop was spent by the five groups to visit villages and stakeholders in different locations in the Nghe An Province and to work on the different assignments as shown in the following table.

Group	Focus	Where
1	Role of health sector	OO village, Tuong Son commune, Anh Son district
2	Sanitation supply chains and finance	Cong Hoa or Phu Lien village, Quynh Long commune, Quynh Luu district
3	Sanitation demand creation	No 4 village, Khai Son commune, Anh Son
4	Role of local authorities	No 2 or No 4 village, Son Hai commune, Quynh Luu district
5	Role of education sector	Gai Hop village, Tuong Son commune, Anh Son district

The following village information was provided prior to the field visit.

Group	District	Commune	Village Name English	Total HH	Total persons	Low- & middle-income areas	Flood-prone or high water tables	High population density	Narrow access roads	Number of household had latrine	Access to improved sanitation
1	Anh Son	Tuong Son	O O	80	325	✓		✓	✓	27	NA
2	Quynh Luu	Quynh Long	Cong Hoa	313	1573			✓		127	NA
			Phu Lien	299	1654			✓		266	NA
3	Anh Son	Khai Son	No 4	135	440	✓				135	NA
4	Quynh Luu	Son Hai	No 2	299	1031			✓		63	NA
			No 4	231	1037			✓		115	NA
5	Anh Son	Tuong son	Gia Hop	68	271	✓		✓	✓	22	NA

Source: Nghe An Province Centre for Preventive Medicine (CPM)

GENERAL INFORMATION ON NGHE AN PROVINCE AND QUYNH LUU AND ANH SON DISTRICTS

Located in the North Central region of Vietnam, Nghe An province has a large area (largest province in Vietnam) with dense population (fourth largest in Vietnam). Known as the hometown of Ho Chi Minh, this province is a well-known for its natural diversity which attracts interests and investment from both international and domestic investors.

Quynh Luu district is a coastal district located in the north of Nghe An province. With a land area of 607 square kilometres it had a population of some 380,000 in 2010 in a total of 538 villages spread over 41 communes and two towns.

Anh Son district is a mountainous district located in centre of Nghe An province. Anh Son's land area is 603 square kilometres and it had a population of some 102,000 in 2010 in a total of 252 villages spread over 20 communes and one town.

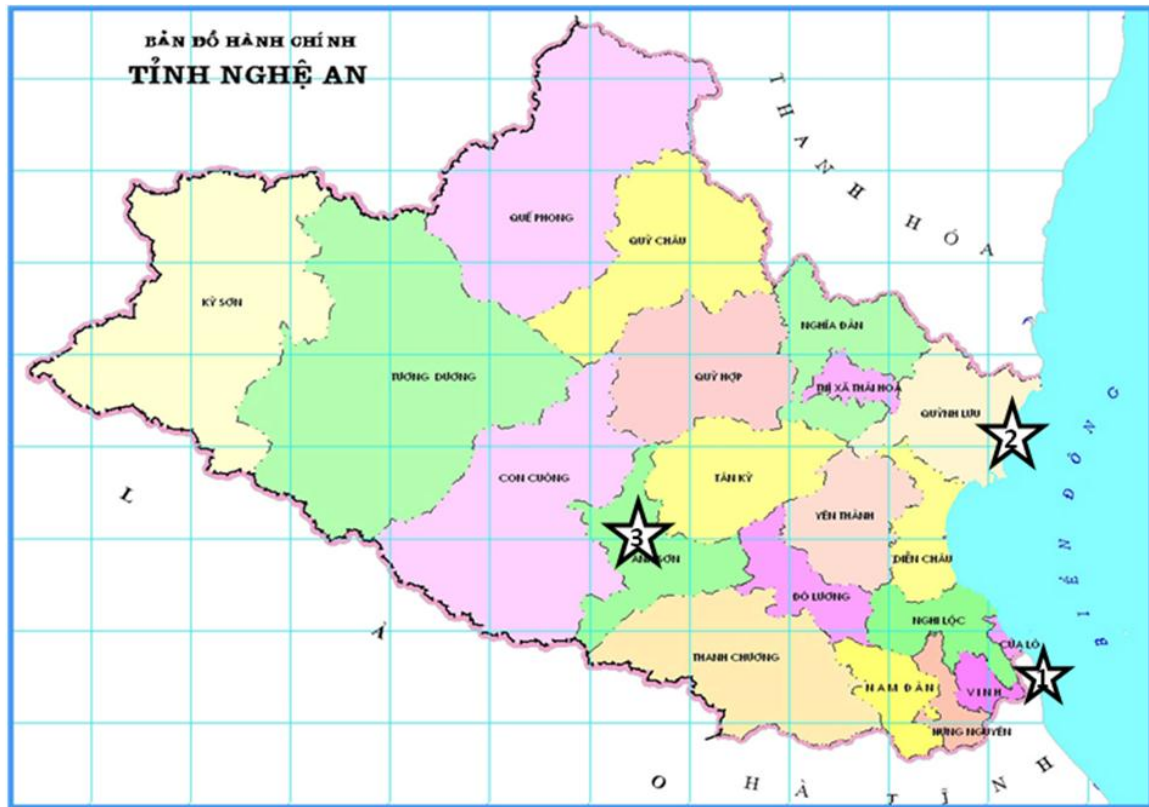


Figure 8 Nghe An Province

Notes: 1 = Cua Lo Town (Sai Gon Kim Lien Resort); 2 = Quynh Luu District; 3 = Anh Son District

WEDNESDAY 28 NOVEMBER 2012

CONSOLIDATION OF FIELD VISIT FINDINGS

In the morning the groups worked on reviewing and consolidating the findings from their field visits and on preparing the presentations and photo diaries.

PRESENTATION OF RECOMMENDATIONS TO A PANEL OF NGHE AN PARTNERS

Groups were invited to present their findings from the previous day's field visits.

Group	Focus	Where
1	Role of health sector	OO village, Tuong Son commune, Anh Son district
2	Sanitation supply chains and finance	Cong Hoa or Phu Lien village, Quynh Long commune, Quynh Luu district
3	Sanitation demand creation	Khai Son commune, Anh Son
4	Role of local authorities	Quynh Long commune, Quynh Luu district
5	Role of education sector	Gia Hop village, Tuong Son commune, Anh Son district

GROUP 3 ON SANITATION DEMAND CREATION

Tshering Tashi representing the group started with a general introduction on the villages visited. Access to toilets has been standard practice for more than years with sanitation coverage reported to be 100% although this could not be verified. The main issue concerns the hygiene use and maintenance of the facilities. Sanitation technology options limited to double pit and septic tank. CLTS is very new and therefore capacity and experience is still limited. The stakeholders reported that the main barriers were the lack of resources, materials and incentives.

Recommendations for sanitation approach:

- Focus on the post triggering part of CLTS in terms of upgrading and hygiene use of toilets.
- Need to innovate and explore different behaviour change communication channels and approaches including non-health messages.
- Need to include more technology options and information.
- Need to strengthen the BCC capacities and skills required at commune and village level.

Recommendations for implementation:

- Clarify the issue of incentives if approaches rely on village level volunteerism.
- Planning is required to overcome the significant human resource implications and there is a need to focus on issues beyond initial such as coaching, mentoring and follow up.
- Need to ensure that the monitoring systems define toilet types, sanitary designs and hygienic usage.

Recommendations for steering, implementation and supporting:

- Within the government structure the provincial level CPM should be clearly responsible for steering the programme.

- A cascading model is necessary to implement the programme from Provincial PCM, District PCM to Commune and Village Health Workers and Women Union. Where the village health workers, village leaders and the Women Union members at village level should be responsible for BCC messages and follow up.
- The Women Union and potentially the Youth Union should be involved to support the implementation of the programme, technical assistance should be provided by development partners, linkages should be established with existing loan programmes, and there is also a role for the private sector (e.g. masons, carpenters, SMEs).

GROUP 2 ON SANITATION SUPPLY CHAINS AND FINANCE

Phetmany Cheausongkham gave a general overview of the field visit. Thereafter Ruud Glotzbach presented the findings in relation to scaling opportunities. The barriers and motivators of the three main target groups (consumers, people's committee, suppliers & producers) formed the basis for the recommendations. Details are provided in Annex 7.

Findings and recommendations:

- Make sure that the supply chain meets the expectations, aspirations and preferences of the consumers
- Adopt technologies to the environmental context (e.g. technologies that can be used in flood-prone areas)
- Raise the priority levels of consumers for sanitation
- Enhance availability to financial options both for producers and consumers
- Existence of different government institutions at different levels makes it possible to scale up
- Think at scale right from the beginning
- Be aware about the capacity of the private sector being able to produce the right products but also being able to run a business
- Identify the demand side motivators. Villagers prefer expensive toilets even though they may not have the resources to obtain them. It is therefore important to understand the barriers or misconceptions to be able to reach all people.

GROUP 1 ON THE ROLE OF THE HEALTH SECTOR

Mrs Cao Thi Thu started the presentation by showing a number of pictures taken during the field visit to study the conditions in the village and to conduct a meeting at the commune health station.

Deviariandi Setiawan presented the findings and recommendations starting with the strengths for scaling up:

- Commitment and ownership of the CPM at provincial level
- Integration and alignment with NTP; allocation of NTP budget for scaling up
- Possibility to integrate with other government programmes
- Regular meetings: village → commune → district → province
- Health sector has clear mandate for sanitation
- Potential for close cooperation of different stakeholders in sanitation and hygiene (e.g. mass organisations, health sector, schools)
- Regular training and workshops organised at all levels

The group also came up with the following constraints for scaling up:

- Limited capacity at local level (village, commune, district)
- Limited technical knowledge and skills on design and latrine construction at local level

- Toilets are not a priority of households and they expect financial support (subsidy)
- Lack of clear strategy on how to reach the poorest households
- Results from research on supply chain, demand creation and baseline need to be translated into clearer how-to-do strategies
- Not (properly) functioning toilets can reduce demand, so quality is a priority.
- Strength of Women's Union not used optimally (compared to Dien Bien)

Finally the recommendations for scaling up were presented:

- Need to strengthen the implementation capacity at local levels
- Ensure that households can make an informed choice to buy and build a latrine
- Recognise best practices, results or progress in village/commune (healthy competition)
- Enhance learning and exchange between districts and communes
- Involve non-programme districts in key capacity building events
- Advocate to use less NTP funds for 'model toilets' (subsidy)
- Ensure transparent selection criteria for subsidy or other support to reach the poorest
- Set clear targets at different levels and regular monitor progress/results against the targets

GROUP 4 ON THE ROLE OF LOCAL AUTHORITIES

Khonn Lydo provided a general impression of the field visit and presented the findings of the group. In the morning the village was visited and it transpired that the villagers still practice open defecation on the beach. The practice and lack of toilets stood in sharp contrast to the relatively good luxurious housing. In the afternoon the district authorities were visited. The group reports that the strategy at the district level to achieve universal access to sanitation is not very clear.

Recommendations on demand creation:

- Build capacity at commune and district level to increasing access to sanitation facilities.
- Link triggering elements of CLTS and SLTS better with sanitation marketing.

Recommendations on supply chains:

- Link existing market facilities with the communities through effective sanitation supply chains.
- Make use of financial motivations provided by government for promoting supply chains and developing effective market linkages.
- Commercialise the toilets as a commodity by making it attractive, and cheaper.

Recommendations on governance:

- Need for strong enforcement of policy regulation at district and commune level, especially when new houses are built.
- Develop a common plan for village (in line with NTP) for enhanced coordination and collaboration among X-sector actors both at district and commune level.
- Develop a scaling strategy with ODF as the minimum milestone with effective monitoring framework.

GROUP 5 ON THE ROLE OF THE EDUCATION SECTOR

Loknath Regmi started with a general impression of the village visited and thereafter presented the detailed findings of the group. 'All' households reported as having latrines. Many are unimproved dry pit latrines with limited superstructures and as a consequence are located far from the houses. In the afternoon the Cam Son primary school was visited. This particular school has some 224 students, of

which 158 girls, in grades I to V. The school sanitation facilities (2 strip urinals for boys and girls, and 2 latrines for girls and 1 latrine for boys as there are more girls than boys, with 1 broken latrine) were built at different times with financial support from the parents. A separate handwashing station was built this year (with soap in nets and towels) with financial support from the parents.

Recommendations:

- Horizontal scaling not required as everyone has some sort of toilet
- Use schools/ students to spread messages in community (e.g. drama, songs, creating IEC material, extra-curriculum activities, triggering)
- Use Community Learning Centre to share messages on benefits of improved sanitation and technical/ financial advice
- MoE to collaborate more with MoH to identify messages that MoE can disseminate
- Convince various levels of government why improved sanitation is essential (health and economic benefits)
- Need formative research on impacts of sanitation on school attendance, drop out, repeat, pass rates for boys and girls
- Need to adjust approach for seven ethnic groups in the province (functional scaling)

DISCUSSIONS ON PRESENTATIONS

Questions raised on the presented findings were around the issue of demand creation and scaling up when communities have 100% coverage. The group who worked on demand creation in the field visit explained that the focus will be on further hygiene behaviour change: using and maintaining the toilet in a hygienic way. It was also emphasized that 100% coverage should be coverage of improved sanitation, until then the work is not done. Often traditional IEC materials were used and some participants recommended exploring also other ways to motivate. If we are going to scale we need more facilitators. Demand creation is more than advocating for open defecation free. It is also about upgrading. It is important to understand the motivators such as pride as well as the barriers, like the cost of a toilet which was told to be 1500 dollar in the villages visited. This relates to the lack of technology options. Consumers who want to build a toilet often choose the design of their neighbour. For scaling up we need to look at technology options that meet the preferences of the consumers.

Costs of a latrine and access to finance are issues that raised quite some discussion. A toilet could cost as much as US\$ 1,500 at least this is what many field visit groups heard in the field. Although this is not the average cost of a latrine according the SNV Vietnam team, at least perceptions are such. So what are the critical things people aspire to have a toilet. However, household members don't trust the quality of a toilet less expensive. When promoting a latrine it should be marketed as good quality latrine.

Not everyone has the means to buy a latrine and that is why the subsidy issue keeps coming up. The Vietnam team mentioned that the Vietnam Social Bank has a social policy and provides soft loans. Households are able to access bank loans; a local branch of Women's Union provides the possibility to get credit for sanitation and they are monitoring progress. However, others mentioned that there is also a risk in soft loans as ultra poor may not be able to pay back. Moreover, some participants asked whether it is justified to provide soft loans for a 1500 USD toilet. Participants said this is not the best use of public funding.

“I think we have to carefully look at it [soft loans]. Today if we can give loan for construction, tomorrow they may come for maintenance. There’s a need for clear criteria and guidelines.” says Selamawit Tamiru, WASH Advisor SNV Ethiopia.

“In Dien Bien we have the programme connecting with the social development bank for constructing a latrine. And with support of INGOs and NGOs we create revolving funds to support households to build improved latrine. We coordinate suppliers and masons and provide soft loans in coordination with suppliers and masons to households, not directly” says Cao Thi Thu, Specialist of Family and Social Department, Women Union, Dien Bien, Vietnam.

It is very important to be sure who provides these loans: are the ones providing sanitation the same as the ones to provide the loan? In Indonesia there was a civil fund to let the community use this fund. This did not work. Timing is also important: when will funding be given? It is not always easy to know when there will be demand for funding.

From a previous learning event in Dien Bien, Vietnam we learned that the people in Vietnam who took up output-based aid were not the poorest. Those who can use output based subsidies are not the poorest, so public funding is used for not the poorest quintile. Is this the best use of public funding?

REACTIONS BY THE VIETNAMESE NATIONAL AND PROVINCIAL PARTNERS

After the group presentations Antoinette invited the Vietnamese delegation to come to the front and to give their response to the findings and recommendations presented by the different groups.

Phu Tran Dac, Vice Director of VIHEMA, Vietnam started by saying that some findings are not new, but some findings are very new. Good and helpful input to further develop the policies related to NTP. He provided some insight in the sanitation situation in Vietnam and he also provided some information on the 3rd phase of the National Target Programme for RWSS. In Vietnam 55% of the communities nation-wide have improved latrines; in ten provinces the ratio of households having a toilet is less than 30%. In Nghe An Province less than 50% of the households have a toilet.

Phu Tran Dac raised a lot of issues that had also been covered during the afternoon of the first day. He talked about the need to improve the quality of communication towards the rural households and for that purpose MOH has designed a range of communication products that have been disseminated to the provinces (e.g. manual on different types of toilets, construction techniques for improved latrines, leaflets, posters, etc.). He reiterated the Government of Vietnam targets for the sector and the fact that some 1.5 million latrines need to be constructed over the next years to be able to reach the target of 65% of rural households having access to improved sanitation.

Mr Phu emphasised the importance of consistent policies; sharing of experiences and of documenting these experiences. For the purpose of sharing and learning there is a sanitation and hygiene task working group meeting on a quarterly basis with the participation and representatives from different agencies, ministries as well as experts.

Mrs Cao Thi Thu , representative of Women’s Union, Dien Bien province started by thanking all for the findings and recommendations and she hopes that Nghe An province can scale up the model and use the recommendations of the workshop. What she liked most is how we can cooperate and collaborate and pulling the knowledge and resources together from the government and the international partners. She concluded by saying that capacity building is very important both for staff of implementing organisations but also for communities and schools.

Mrs Le Thi Nga , representative of CPM, Nghe An province thanked all the participants for all the recommendations made as they will be very useful for Nghe An province. In her opinion the role of local government is important in raising awareness as well as in changing the behaviour of the rural people. Regarding BCC the schools play an important role as the students are expected to bring back the messages to their families. Capacity building of teachers is therefore crucial. There is no doubt that BCC should not be the responsibility of MOH only but should also be the responsibility of MOE.

COUNTRY GROUP WORK

After lunch the participants were asked to go back to their own country teams. The teams were then asked to reflect on the field visits and the presentations of the morning and then identify what they would like to take back to their own country.

BLOCK II: EXAMPLES OF SCALING STRATEGIES IN DIFFERENT COUNTRIES

PRESENTATION FROM INDONESIA

Deviariandy Setiawan, WSP Indonesia Country Programme Coordinator, started his presentation by putting the spotlight on Indonesia. Of a total population of 240 million people, some 130 million have access to sanitation. Only 39% of the rural population has access to sanitation and there are still 63 million people practising open defecation.



Figure 9 Sanitation challenge in Indonesia, presentation Deviariandi Setiawan

CLTS field trials were carried out in 2004-2006 covering 12 villages in six districts to explore and demonstrate the potential of the approach to work on province wide STBM implementation. WSP initiated the Total Sanitation & Sanitation Marketing (TSSM) Project which ran from 2007 to 2011. The Project combined CLTS and Sanitation Marketing approaches field-tested elsewhere. The project followed the hardware subsidy-free policies that had been established by the government in 2008 and leveraged local government and community funding through existing systems. WSP provided time-bound TA at scale in the province of East Java, consisting

29 districts with a population of 38 million.

TSSM project targets and results	Target	Result
No. of additional people with access to improved sanitation	1.4 million	1.4 million
No. of communities 'triggered' (demand creation event)	2,700	6,250
No. of open defecation-free communities	870	2,200

Other results are that sanitation entrepreneurs sold more than 15,000 latrines with a total business volume of US\$ 1.3 million. Coverage in the project area improved 10 times faster than the national average. The project shows that access to improved sanitation can be accelerated rapidly. The challenge now is to replicate the approach at scale so that it can support the Government goal of reaching 20,000 villages by 2014.

Key lessons learned from implementing the TSSM project are:

- Approach fits country context: client ownership of ‘boring’ rural sanitation is possible and leads to strong results
- In-depth understanding and tailoring of interaction – national government, local district heads, media, health center staff, communities - key to success
- Team composition critical: community development, engineering, commercial marketing, public health and hygiene, economist
- Keep learning while doing: frequent global learning exchanges to adjust and improve approach

Although STBM has the potential to be successful replicated at scale nationally, Deviariandy briefly described a number of challenges. The lack of sufficient understanding and capacity at the different levels came up. Furthermore, the lack of operational guidelines as well as a functioning progress and outcome monitoring system were mentioned. Also as a consequence of the scattered institutional mandate, extra efforts are required for effective coordination.

WSP is now in the process of supporting the scaling up the approach from one province to five provinces with the ultimate goal of going nation-wide. As a consequence of scaling up, less intensive interventions are being employed when compared with the earlier TSSM project. For scaling up to be successful WSP is working on a number of key activities such as developing province-wide scaling up strategies, developing nation-wide Web and SMS-based monitoring, evaluation and benchmarking systems, institutionalizing the capacity building programme and so forth.

	TSSM	Scaling Up Programme
Scale	One province	Five provinces, plus National (STBM Secretariat)
Facilitators at	District and Regional level	Province and National level
Funding for triggering by	TSSM and District	Districts and Projects
Duration	3 years, 8 months/district	24 months/province
M&E system	District level	Centralized at National level
Knowledge management	Focus in project area	National and international experience through website / e-newsletter
Supply improvement	TSSM	APPSANI, private sector, Projects and Local Government
BCC promotion	TSSM and District Health Promotion Unit	Health Promotion Unit (Central and Local)

Q&A

- Your results are much higher than the original targets; have you been working outside your intervention area? Answer: In general the success ratio for triggering is three triggering events for each community as a community usually consists of three sub-villages.
- Who participated in the triggering events? Answer: One district can have from 100 to 400 villages. The MOH has the branches up to the lowest level including health cadres at village level. Health cadres carried out much of the triggering events at community level.
- Only 2,200 communities achieved ODF status out of a total of 6,250 triggered communities. What will you do with the remaining communities? Answer: There is a difference between

projects and empowerment. We need to understand why some people want to change their behaviour fast. This is not a simple question but we have carried out research why some areas are doing better than others. The research revealed that the quality of triggering is very important. The expectation for subsidies is another factor that influences the outcome.

- I was impressed about the market development achievements. How did you manage to achieve the entrepreneurs to take up this opportunity? Answer: I have an excellent marketing specialist who has been working on this during the past years. Research has also helped us to understand the sanitation business better. We started with training masons but we found out that only 3% of those trained remained active. Thereafter we shifted our focus towards existing SMEs. Screening of potential entrepreneurs is critical as not everybody has the inclination to become a successful entrepreneur.
- Why you use the number of communities instead of the number of households in the results indicators? Answer: Initially we counted the number of toilets constructed. Later the indicator shifted towards behaviour change by counting the number of communities that reached ODF status. Number of people is also a proxy for the number of households or families. You will only reach the public health objectives if all people use hygienic toilets.
- What type of collaboration was established among the institutions? In Answer: Indonesia there are a lot of development partners each with their own agenda. We are not there to impose our own agenda but to support the government. At local government levels there are many different departments. Strong collaboration therefore is necessary among development partners but also among the different government departments.

PRESENTATION FROM ETHIOPIA

Selamawit Tamiru, SNV Ethiopia WASH Advisor, started her presentation by showing a number of pictures to give an impression of how things look like in Ethiopia. The presentation started with providing the country profile. Out of Ethiopia's total population of 83 million (2010), some 69 million people are living in rural areas. In 2010 the population using improved sanitation was 20%.



Figure 10 March for ODF village (presentation Selamawit Tamiru)

Rural hygiene and sanitation programme is part of the National WASH Programme which is implemented jointly by four ministries, namely the Ministry of Water & Energy, the Ministry of Health, the Ministry of Education and the Ministry of Finance and Economic Development. The sanitation and hygiene targets for 2015 are: 1) to increase the proportion of households using improved sanitation from 20% to 82%; 2) to increase the proportion of villages (kebelles) free of open defecation from 15% to 80%; and 3) to increase the proportion of households using household water treatment and safe storage

practices from 7% to 77%.

CLTS was introduced in 2005 to 2009 by Plan International, SNV and other development partners. In 2009-2010 CLTS was included in the national strategy to improve household sanitation and hygiene. Right now three districts and 15,000 kebelles (sub-districts) have reached ODF status which is roughly 50% of the total population in the south.

The CLTSH approach is being followed for scaling up rural sanitation and hygiene. A lot of efforts have been put in developing the human resource capacities. More than 38 thousand (92% of the required) female health extension workers have been deployed to promote preventive health through house to house visits. The development army supports health extension workers to accelerate the achievement and sustainability HEP. The development army means that for each 7 households, there is one household taking the lead and motivating the others. Kebele Development Committees are responsible for information management, planning and implementation of the kebele development programs. Woreda (District) WASH Teams are responsible for technical support, M&E, and financial allocations. Furthermore there is a strong learning strategy that consists of periodic review meetings at all levels, Coffee Ceremonies, Integrated Supportive Supervision, and Integrated Refresher Training for health extension workers. Coffee Ceremonies are traditional ceremonies in Ethiopia and attract a lot of people.

Similarly efforts are made to ensure quality standards are maintained by using capable trainers for organising TOT trainings, organising backstopping support for the Woreda WASH teams, and standardising sanitation and hygiene instruments (e.g. National CLTSH guidelines, verification protocol, and M&E framework). Finally a bottom-up reporting system is put in place. Similarly sustainability is enhanced through improved community ownership, improved implementation quality, improved technology adaptation, and an integrated government framework to implement the WASH programme (e.g. (harmonisation, alignment, integration, partnership). Political commitment has been key to the success of the programme where the government has taken the lead in scaling achievements by laying out proper institutions with the required resources.

Q&A

- Use of improved sanitation is 20% in 2010? Does that mean that you are going to increase access by 65% in the next years? Answer: There is a difference between access and use. Access is much higher than actual use because in the past a government quota system was used to increase number of toilets. This meant that each village leader had to achieve their quota of toilets built. This resulted in rapid increase in coverage, but not in use. That is why Ethiopia changed its approach focussing now on use.
- What are the standards for a latrine? Answer: The basic latrine can be made with a wood or cement slab but it needs to be plastered (with soil or cement) and it needs to have a cover. Underground structure is normally a simple unlined dug pit.
- The targets are very impressive. But why are there so many latrines that are not being used? Answer: The problem was the old quota system where the focus was on building latrines without raising the awareness about the benefits of improved sanitation. Latrines were often not well constructed.
- Why is the 2015 target for water less than that for sanitation? Answer: In Ethiopia it is not easy to provide water to communities due to a serious lack of easily accessible water sources. The technology is often very expensive as water has to be obtained from very deep wells of up to 300 meter deep.
- What are the incentives for the 38,000 health extension workers? Answer: They work on many other health related issues beyond sanitation and hygiene. The concept of the army came up to support the health extension workers as otherwise they would not be able to reach all the households regularly. Health extension workers are government employees and they also receive regular refresher training.

PRESENTATION FROM KENYA



Figure 11 CLTS triggering in Kenya (presentation Ruud Glotzbach)

Ruud Glotzbach, SNV Network Leader West and Central Africa, presented the lessons from process monitoring of CLTS in Kenya and started with the context and the challenges. In 2010 32% of the rural population had access to their own improved facilities and 18% had access to shared facilities. The first ODF village was achieved in 2007. Initially CLTS uptake was very slow because there was no buy in from the Government before 2010 and numerous NGOs continued their subsidy inspired WASH programmes. In the beginning many ODF villages

fell back and returned to OD practices. Now there is a much higher rate of success and sustainability, mainly through improvements in learning,

monitoring and follow-up of district staff.

The leading stakeholder in the sanitation and hygiene sector is the Ministry of Health and Sanitation. The Division of Sanitation and Hygiene Promotion has a clear mandate related to sanitation and hygiene. Now, the quality of the three CLTS triggering phases has been improved and performance improvements and confidence building of DPHOs and facilitators have been realised which has resulted in faster ODF achievements. 746 villages reached ODF status in 6 months, directly benefitting 571,231. The achievements were acknowledged by UN Secretary Ban Ki-Moon.

The main lessons learned was the need for regular district level reflection for continued learning, the fact that follow-up visits after triggering are crucial, and that the adequate collection of monitoring data is essential to operate at scale with quality. Strong government leadership is a pre-condition for this, as is institutionalisation of the approach. MOPHS is playing that role by adapting CLTS as the national strategy and fully participating in the processes at national and sub-national levels.

Ruud concluded his presentation by mentioning the following main conclusions:

- Government leadership is crucial for vertical scaling of CLTS
- Starting point for scaling up is at local level
- Scaling up requires continuous learning, adaptation and innovation
- Synergy between District reflection and Government leadership key to success
- If Government staff are provided with training, tools and guidance they become good facilitators

Q&A

- What is the next activity after ODF? Answer: Providing follow up and monitoring is also a challenge in Kenya. Most of the regular monitoring is done by the communities themselves, however, district staff do carry out some follow up activities.
- Is there a nation-wide ODF verification/declaration and monitoring system? Answer: There is a functioning unit responsible for monitoring at national level, but there are plans to decentralize these tasks to lower levels.
- Are there other ministries and development partners involved in CLTS? Answer: The MoPHS is taking the lead but there are a number of other ministries involved, for example the

Ministry of Local Development. There are quite a number of other partners involved in CLTS including UNICEF.

POCKET VOTING

Antoinette introduced the final activity of the day by saying that during the fourth and final day of the workshop the focus will shift to sanitation marketing. To be able to make a bridge to that topic the participants were invited to vote on eight different statements. A vote using a green card means that an individual participant agrees with the statement and a vote using a red card means that the individual does not agree with the statement.

Participants were asked to vote on the following statements.

STATEMENTS
1. NGOs play a role in collecting orders and channel those to the private sector.
2. Price is the only concern for rural households.
3. Once everybody has a toilet there is no sanitation market anymore.
4. The majority of households can be reached by the market. Support should be given only to the poorest 5%.
5. Government and NGOs should stimulate and support research on more affordable sanitation technologies.
6. Hardware subsidies to households hamper the development of the private sector.
7. Private sector development in rural context starts with the training of masons.
8. Government is responsible for raising priority for sanitation among households. Not the private sector.
9. Government can supply sanitation hardware cheaper than the private sector.

THURSDAY 29 NOVEMBER 2012

BLOCK III: SCALING UP ACCESS TO SANITATION HARDWARE AND SERVICES IN RURAL AREAS

INTRODUCTION TO BLOCK III

Antoinette introduced block III and provided an overview of the sessions of the final day.

PRESENTATION OF VOTING RESULTS

Antoinette presented the results of the pocket voting exercise carried out at the end of the third day as shown in the figure below.

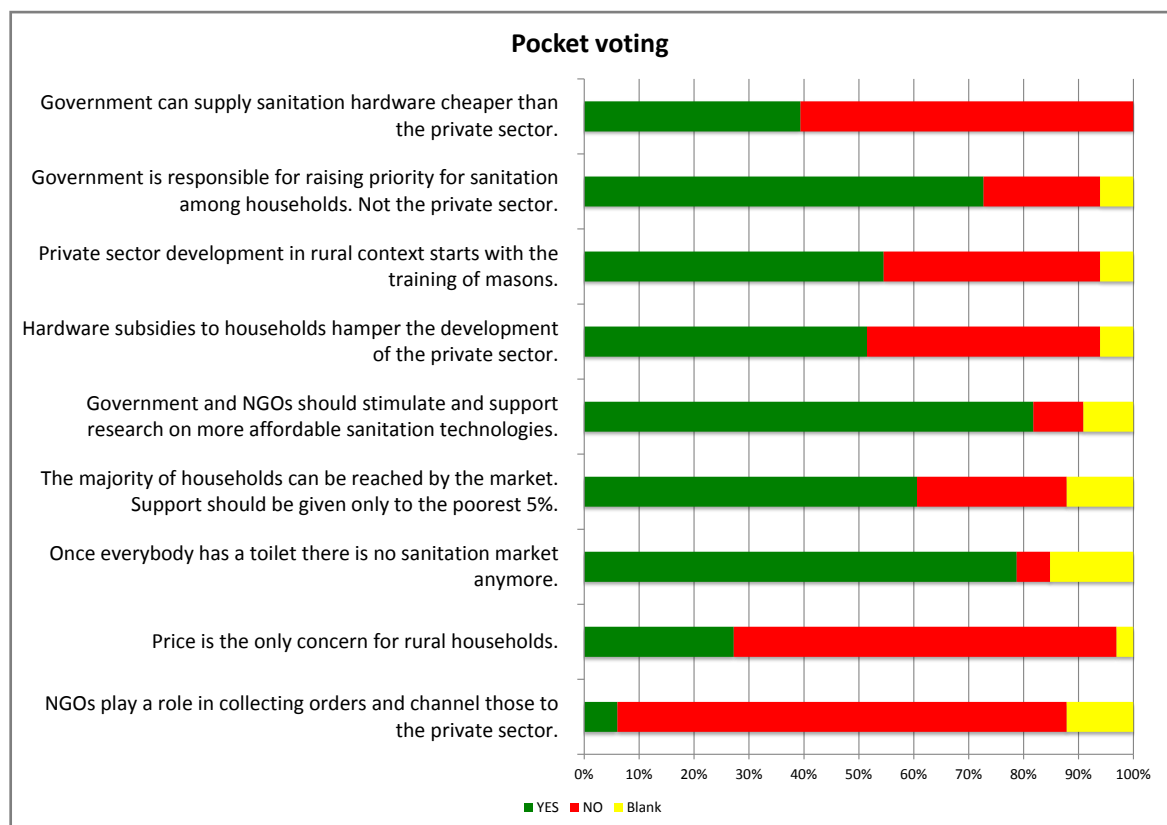


Figure 12 Results of pocket voting by participants

BUSINESS MODELS FOR SCALING UP ACCESS TO SANITATION HARDWARE AND SERVICES

Lyn McLennan, WaterSHED Cambodia, presented a case on sanitation marketing in Cambodia. She started by introducing herself. Lyn works for a local NGO in Cambodia called WaterSHED.

What did WaterSHED do? They looked at the private sector and how they could find meaningful ways to serve consumers. WaterSHED recognises that the market is only one part of the puzzle; a part that needs more attention though. Often when people speak about a market based approach, the private sector is private sector and the government does not play a role. However, Lyn emphasizes, it does

have a role to play whether the government or private sector likes it or not. For example in mobilising the community to understand the importance of significant sanitation and hygiene behaviour change.

Lyn showed a video is called Making the impossible possible, which showed the importance of political will and a pro-active local leader². The video showed a normal village where the market started bringing affordable latrines to the community; everyone could buy a dry pit or pour flush latrine. The leadership shown by the village chief and commune council was very important. The film showed the significance of the role the government plays and the ability to work together. Lyn stressed that it is important to find the balance in each country.

She explained why a market-based approach is important. WaterSHED was focusing on engaging the private sector to start delivering sanitation products and service to consumers. At the moment the poorest quintiles are the challenge to reach all over the world. She showed a slide indicating the circular problem many countries are facing:

Information at Government and NGO level was no problem. To serve the poorest, subsidies were provided. However, subsidy made people wait. Nobody was buying until they received subsidy. The private sector is passive in this situation, so nothing happens. See the circular problem diagram below:

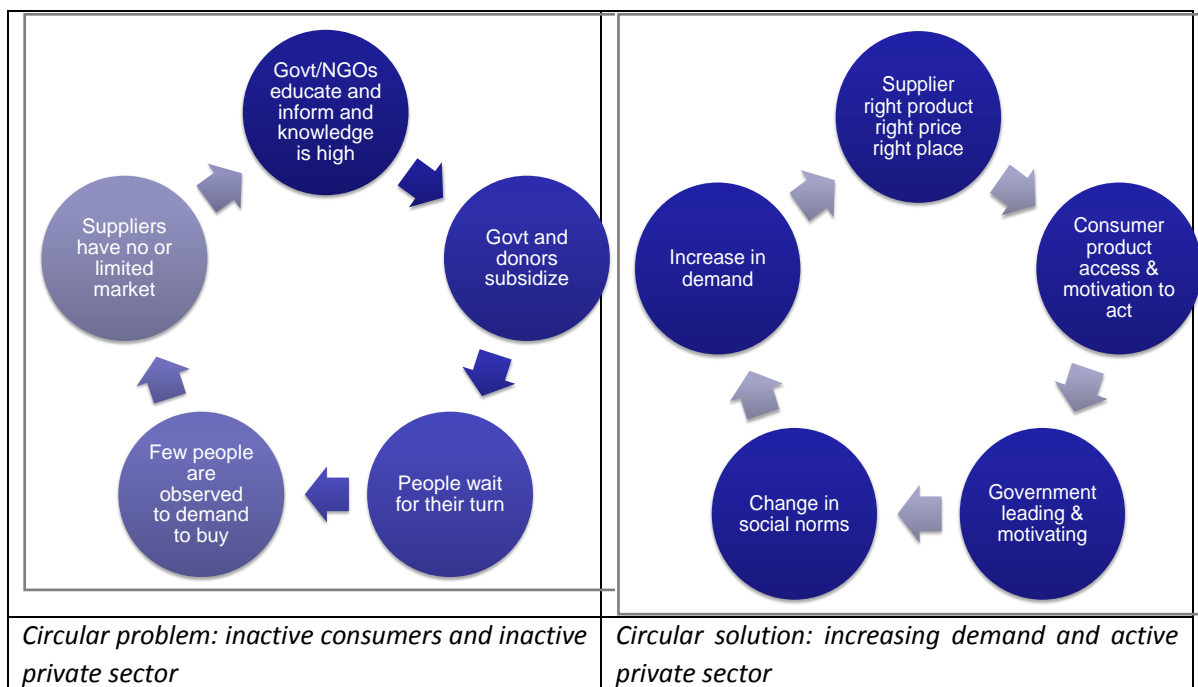


Figure 13 Circular problem and circular solution (presentation Lyn McLennan)

How could this be changed? WaterSHED realised they had to offer a business proposition to the private sector. This is not different from other countries where the government is involved. It can be important to support the private sector to get them started.

² Available in Khmer with English subtitles at watershed.asia.org

Demand and supply side and the role of the government

Some of the barriers in Cambodia were: price; distance to market; not able to buy whole toilet in one place; don't trust the mason; did not see the customer potential.

In order to overcome barriers and to engage the private sector and the government, WaterSHED looked at the demand side first: product preference; ease to purchase; access to supplier/delivery; trust in supply chain; seasonal cash flow; messages and images that resonate.

WaterSHED started with the consumer: what were the important elements they needed. What do they want. How did they find the supplies in the market place. Do they trust the players. What are the images and messages that appeal to them. Sometimes people respond and buy something because of social or emotional reasons, not rational reasons. WaterSHED did some proto-typing of models to get an idea, but most of the information came from formative research.

What WaterSHED understood: by far the majority of the consumers wanted a pour flush latrine. Cambodia does not have a national standard for sanitation and the pour flush is the most simple latrine that is available. There are dry pit options available but people were not eager to have these.

Supply side: what about the level of business skills; sales approach (active or passive); knowledge of consumer demand; perceptions of consumer's ability to pay; complimentary lines of business; access to credit?

WaterSHED tried to identify those who were already in business, e.g. concrete manufacturers. These are the majority of the business they sorted out and they talked to them about their current businesses and discussed the gap in sanitation, about costs and prices. They also looked at labour, materials, commission for sales agent, and profit margins. Without profit there is no incentive to start a business. WaterSHED looked at introducing other ways of marketing (not just sit and wait for customers), e.g. 600 sales agents do door-to-door selling and sales events.

Another important step to take is to understand the government as enabler. In Cambodia all of the provincial, district, commune and village leaders started with a latrine. They realised: *"if we are not changing how will anybody else?"* The government plays strong role in changing social norms; village leader has strong say and sales events can be organised with support of chief. Lyn emphasizes that it is important to find leaders who go beyond just stating: "yes it is important", and actually do change their own behaviour.

Finally, Lyn says they had to think a lot about their own role, the role of the government department and the private sector organisation. Often what we have seen, organisations are using the same people for different purposes and this may not be a good idea. For example: good facilitators may not be good business man.

Lyn: *"We asked ourselves for each step and activity: is this sustainable? We may have to withdraw, so we tried to invest in the relation between the customer – private sector and government. We recognize it is not a silver bullet but has to go in conjunction with other approaches."*

Q&A

The questions raised were mainly around sustainability. How can these businesses continue? Answer: Latrines are often only one component in the business. Most of the businesses WaterSHED has relationships with were already businesses. A good relation with the customer is important. As one business owner said: *"the best thing is the consumer knows me so they buy other things too"*. The

good running existing businesses were also adding other elements to their sanitation products. Lyn: “the sanitation market does not stop when everyone has a toilet”. In Australia for example the bathroom industry is one of the biggest in the country. Lyn emphasized that there are also other services that can be provided.

The participants questioned the risk for the small business and their barriers. Answer: In an area where triggering (demand creation) takes place it may be attractive, but what happens when this is finished? A business owner needs to see there is profit in what he is doing or planning to do. WaterSHED showed these business owners how they can get a return on an investment, e.g. by buying a mould for pit latrine rings or a pan. By doing this WaterSHED eliminated the need to make these rings on site. This means there is low investment cost upfront.

For a good, sustainable business one needs to know their consumers. However, there are some things the private sector will not do by themselves as small businesses. So there is a role for others to play, this can be government organisations but NGOs can also play that role.

One of the barriers identified by consumer research was distance. People said it was too far to go to the market. That’s why WaterSHED introduced a sales agent, carrying a promotion kit with simple visual aid materials: Bringing the product to the consumer. For many consumers this was the first time they heard about low-cost options. WaterSHED believes it is about face to face opportunities of a low-cost product. In addition sales techniques are changed, by organising sales event and getting orders at events. The sales agents also try to focus on other elements; they talk about pride, status, dignity, etc. Unfortunately however, many fall back to health messages.

According to Lyn, it is important to keep in mind that business owners are driven by profit, they are in it for their family income. There has to be a business opportunity. This can be a good thing though. In Cambodia for example, these 600 sales agents are promoting sanitation every week, of high importance for public health, paid by the private sector and consumers.

When people invested their own time and money they are more likely to stay in their business. So far in Cambodia there was no problem in finding businesses, however, the more remote the more challenging it gets and different strategies are needed there.

CHANGING MIND-SETS

The participants were invited to think, with a different hat on, about a family member or relative who owns or runs a business. The participants were asked to think about:

- Why and how the business in their family started?
- How it attracts customers?
- How it deals with competition?
- It’s relationship with the government; how the government is involved in running the business from day to day?

However, when asked who has a family member or friends with a business, almost none had relatives with a business. Imagine therefore how difficult it must be to think as a business owner.

Two examples were given by the group on businesses:

- Laos team: “We were visiting a business last week. The government gave a mould to the business. With the profit the business owner made, the government was paid, so they could buy new moulds.”

- Vietnam team: “A woman was building a latrine in her area. She is familiar with the households in her community. She is a mason and contacted a supplier to get the materials and started a business for building up latrines for local households.”

BUSINESS MODEL CANVAS

Antoinette introduced a tool called the “Business Model Canvas” which was shared with the participants. The model³ is provided in Annex 4.

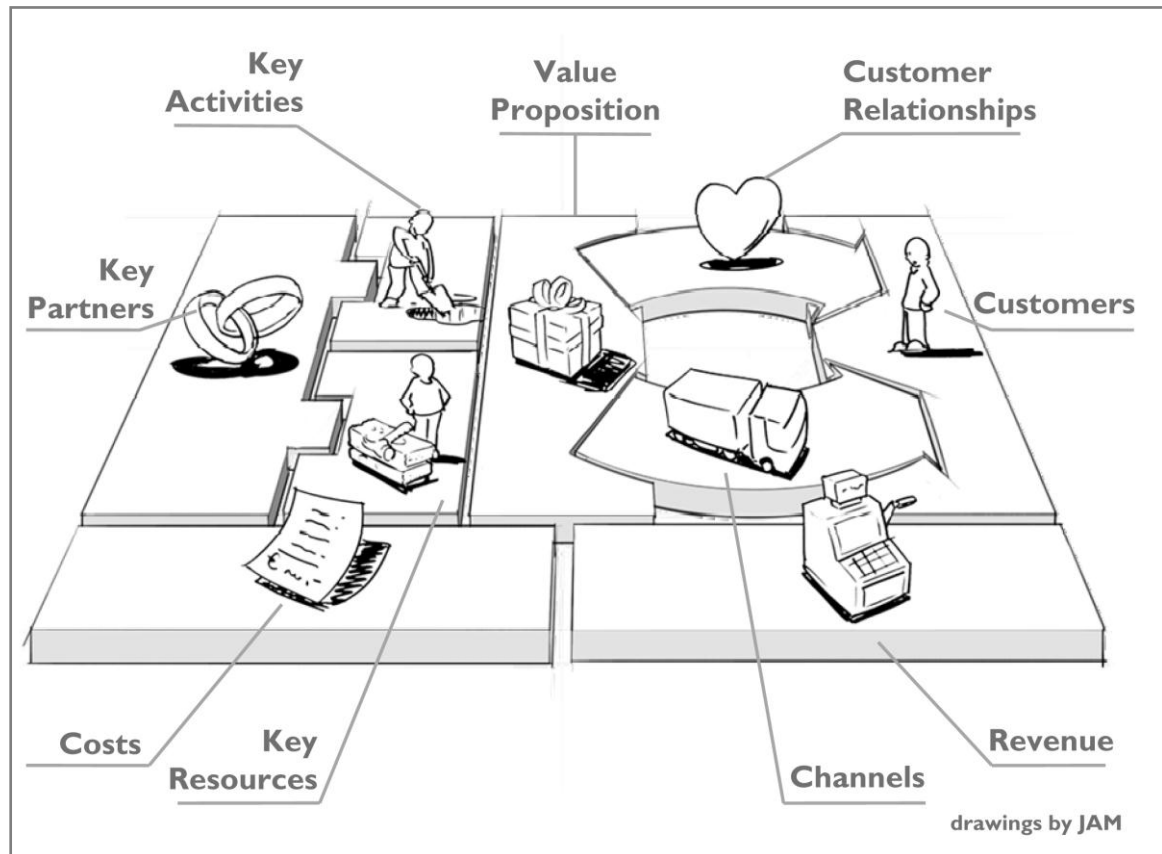


Figure 14 The business model canvas, source: <http://www.businessmodelgeneration.com>

The model looks very complex but it isn't; consider the following:

1. First focus is to look at the consumer. What type of consumer and what do they want?
2. Then the other thing is: what is the value proposition; what is the product that we want to sell? Only a pan or pan with underground structure? Does it come with delivery? Etc. all things related to products.
3. How to establish a relation with that consumer? In the case of Cambodia they found that consumers prefer face2face relations. We need to understand how our rural consumers establish relations.
4. How is your product going to get to the consumers? Do they have to get off their mountains and go to different villages to get all their parts in different places (Nepal) or is it in one shop and delivered in two days on your doorstep (Cambodia)?

³ The Business Model Canvas is explained in a two minute video on the following website: <http://www.businessmodelgeneration.com/canvas>

5. All these things, having the relations, transport, etc. is going to define which kind of activities you need to do in your business and what resources you need to have. Partnerships are important as you may not have all yourself.
6. All these channels, partnerships etc. will define how much the cost of your products are going to be and how much revenue can be made selling these products.

Antoinette asked the country teams to use the Business Model Canvas and to identify business ideas by considering how a business model would look in their own country? The country teams worked on their country specific business model using the Business Model Canvas template provided by Antoinette. The results of the country teams are presented in Annex 5 and a comparison of the outcomes of the different countries is presented in Annex 6. The business models and comparison should not be used for detailed analysis, because the exercise was only a first step for the teams to use the model. Obviously more time and research is needed to develop viable and solid business models.

After the country presentations, Antoinette asked the participants whether they would their own money in these businesses. Those who would were asked to raise their hands. Almost none raised their hands to indicate that they were interested to be part of such a sanitation business. Those who did not raise their hands were asked whether there is a real business opportunity. Lyn asked the participants what they thought about putting the hat on of a private business. Was it challenging?

Kabir mentioned that it had been a good exercise, and that even though they are in an immature state of sanitation marketing they could make a start. However, in remote places they do not have access to materials. In remote areas it is not good to have big businesses, but better to start with very small ones. Sanitation promotion is like this: after triggering demand is high, but will fall down. He concluded by saying that they need to develop different approach for each context.

Jorge representing Vietnam mentioned that if he were a mason in a village he would see a big opportunity when a programme is creating demand. But what will happen after that? Shall I move to another geographical area or diversify? Problems we are facing in our programmes, we work in some geographical areas and masons cannot go to other areas. Hung thought that the tool is very good.

Lyn concluded the session by saying that she was pleased that it was challenging. We need to keep thinking how to adapt and adopt and to look how we can tackle sanitation at scale. The market may provide part of the solution for the remote/hard to reach areas but not all. Many people have already some business to take care of. Changes happen in communities which trigger other forms of businesses. We should not train them only to build toilets, but to learn them other business skills too (e.g. rainwater tanks, small house renovations, or anything else).

There is no such thing as a free lunch. We get sucked in by companies by offers, good deals, etc. Discounts need to be integrated into the cost structure. There is lots of value in keeping businesses local. We need to keep it simple. If I do that for you I am not earning income for my family. Often we think of business who are making huge profits, but in our countries they are often small businesses that earn money to maintain their families.

Every entrepreneur has to look at the ability to generate income. What is their core business? We want to reach the poorest, disabled, most remote, but to initiate a business they need to be able to earn an income. As a first step we need to look for areas where businesses can see that there is some profit to be made. If we overburden businesses by starting off too difficult they will drop out. Try to have your plan as simple as you can: do not try to reach everyone at the same time.

The Bhutan team responded by saying that the activity had been very interesting. We can incorporate the learning when working with our SMEs and masons. The model will give us a structured way to look at it. We have been doing it but without a structure. What more can we do in terms of activities.

Antoinette concluded the session by asking why we are talking about this. Notice that in the countries where we work, a lot of good ideas are “copy-catted”. In very few countries, private sector will develop business models for sanitation spontaneously by themselves. If we can develop a good business model, this will go by itself because it will be copied. So a significant segment of the population will be able to acquire sanitation hardware and services through the private sector. Governments will then have more time and resources to focus on the groups lagging behind.

WORLD CAFE ON SCALING UP STRATEGY OF A COUNTRY OR SPECIFIC ASPECTS OF IT

Antoinette introduced the World Café concept and gave a recap of the scaling up strategy framework (see figure page 4. We talked about roles in scaling up. Who should be leading, who should be implementing? Is there a need for a support unit; specific resources; for example the CLTS unit in Cambodia. In Nepal there is also a support team at national level. And we have spoken about strategic decisions, how much institutionalisation we need to do, how fast. We also talked about scaling strategies; about different types of scaling and that countries take different paths. See slide with examples from Bhutan (functional scaling), Nepal (horizontal scaling) and Rwanda (vertical scaling). And we have spoken about motivators. How do we motivate our local leaders?

With the World Cafe we want to make the exercise useful for your country. This is your chance to shop for ideas and inputs from your colleagues.

All countries participated and there were also 6 “consultancy teams”. Outcomes of the world café were integrated in the final shopping bag of each country.

Country teams	Consultancy teams
<ul style="list-style-type: none"> • Prepare in country teams in 30 minutes focusing on aspects they want to receive advice on such as country scaling strategies or any other specific aspect that you would like to get solved • Have a country owner who stays at the country table 	<ul style="list-style-type: none"> • Formed consultancy teams by individuals who have something to offer • The consultancy teams will rotate over the countries • Give advice • 20 minutes per country

COUNTRY SHOPPING BAGS

The country teams were asked to develop a list of ideas that they will put into their shopping bag as a result of all the sharing and learning during the week. These are the ideas that they will take home.

Laos shopping bag:

- ✓ Experiences from Vietnam of cooperating with the Women’s Union
- ✓ Idea of multi-stakeholder approaches where the government collaborates closely with the donors
- ✓ Will contact WSP Indonesia to learn more about sanitation marketing
- ✓ Capacity development of key actors at the local levels
- ✓ Would like to test business model development approaches in Laos

Nepal shopping bag:

- ✓ Need to accelerate the current momentum
- ✓ Consider alternative financing mechanisms to reach the ultra-poor
- ✓ Develop a business model for promoting sanitation marketing and supply chains and for attracting the private sector (local entrepreneurs)
- ✓ Incentivizing private sector to work on sanitation supply chains or market strengthening in remote areas
- ✓ Revise and develop appropriate alternative low-cost technological options to suite different situations in the country (e.g. Terai plains and mountainous region)
- ✓ Need a better and improved communication strategy / methodology to resolve the problem of attitudes
- ✓ Without strong BCC and follow up, sanitation cannot be sustainable as learned from Kenya and Ethiopia
- ✓ Leadership of central and local governments is crucial for scaling up

Indonesia shopping bag:

- ✓ Experiences, principles and tips shared by Cambodia and Indonesia on sanitation marketing
- ✓ Efforts to address various geographical challenges such as in Bhutan
- ✓ Honest and frank sharing by the Vietnamese Government on the issues and challenges of sanitation and hygiene
- ✓ Workshop methodology: participatory & varied
- ✓ Importance of training / ensuring capacity of local masons
- ✓ Importance of using the results of various studies, analysis, etc.
- ✓ Next time there should be more entertainment / energizers

Vietnam shopping bag:

- ✓ Carrot and stick policy
- ✓ SMS-based system for monitoring & evaluation from Indonesia
- ✓ World Café methodology as we love coffee
- ✓ Workshop methodology: participatory
- ✓ Functional scaling: local adaptations
- ✓ Change mindset of policy makers on sanitation
- ✓ Horizontal and vertical scaling up (where are we?)
- ✓ “Yes we can” scale up rural sanitation at a large scale as shown by the presentations from Indonesia, Ethiopia and Kenya
- ✓ Test targeting different business entrepreneurs (e.g. retailers, SMEs, etc.) for sanitation marketing
- ✓ Shocking message + photo from Cambodia
- ✓ Using vendors and corner shops (existing traditional networks) in new ways to advertise / sell sanitation related materials / products
- ✓ Types of incentives for village health workers in Ethiopia

Cambodia shopping bag:

- ✓ Result of World Café; we got a lot of advice about scaling up our programme
- ✓ Capacity building from central level to grass root level
- ✓ Experiences from other countries in the region during the different country presentations
- ✓ Business model sharing
- ✓ Incentive for appreciation letter (cultural family or household)

Bhutan shopping bag:

- ✓ Develop strategy for quality facilitation as done in Vietnam
- ✓ Setting realistic goals
- ✓ Follow the middle road approach (functional scaling) \
- ✓ Business model canvas from Cambodia
- ✓ Reflection workshops
- ✓ Develop a scaling strategy using the experiences from the other countries

Africa team shopping bag:

- ✓ Need to invest in creating a good initial business model
- ✓ Sanitation enterprise development concept
- ✓ SMS-based for updating sanitation data
- ✓ CLTS is not static
- ✓ Pricing of sanitation products
- ✓ Business model canvas

CLOSING WORDS**FINAL WORD BY TRAN NGUYEN TRUYEN, HEAD OF COMMUNITY HEALTH, CPM NGHE AN, VIETNAM**

It is my pleasure on behalf of Nghe An to have been present today to discuss one of the issues Nghe An very much cares about. I have worked for so many years in the sector. The scaling up model is not yet there in Nghe An province nor any other province. Before the workshop was organised I realised it is a very good opportunity to learn from other countries especially from Indonesia.

During the four day's workshop we learned a lot of from other countries and I will take these experiences home today. We commit to use the lessons learned in Nghe An Province.





We are very pleased to have been able to organise this workshop in cooperation with SNV.










Antoinette thanked everybody for participating in the learning event. She also thanked the Nghe An provincial partners and the SNV Vietnam team for co-organising the workshop.





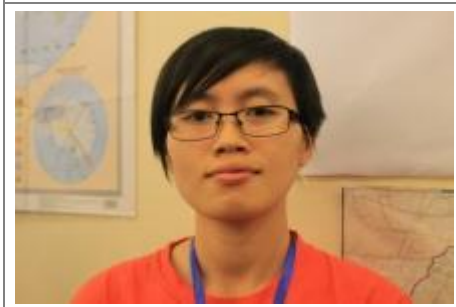




Finally a group photo was taken.

ANNEX 1: WORKSHOP PARTICIPANTS (GROUPED PER COUNTRY)

		
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ANNEX 2: GROUP COMPOSITION OF MIXED GROUPS AND CHECKLISTS FOR SCALABILITY OF INNOVATIONS

Group 1

- 1) Petra Rautavuoama
- 2) Deviarandi Setiawan
- 3) Boulaphanh Phethlavanh
- 4) Lamngeun MANIVONG
- 5) Ingeborg Krukkert
- 6) Tao Thi Thu
- 7) Viet Tran Hung

Group 2

- 1) Tashi Dorji
- 2) Lyn McLennan
- 3) Phetmany Cheausongkham
- 4) Anoulack Luanglathbandith
- 5) Ram Chandra Devkota
- 6) Ruud Glotzbach
- 7) Nguyen Huy Nga
- 8) Jorge Aluarex-Sala

Group 3

- 1) Thea Bongertman
- 2) Tshering Tashi
- 3) Kabir Rajbhandari

- 4) Kristin Darundiyah
- 5) Chhorn Chhoeurn
- 6) Selamatit Tamiru
- 7) Tran Nguyen Truyen

Group 4

- 1) Gabrielle Halcrow
- 2) Khonn Lydo
- 3) Chhabi Pokhrel
- 4) Anita Andryani
- 5) Alfred Lambertus
- 6) Nitish Jah
- 7) Le Thi Nga

Group 5

- 1) Sonam Gyatshen
- 2) Hilda Winartasaputra
- 3) Shiriin Barakzai
- 4) Erick Baetings
- 5) Vanny Suon
- 6) Kong Ieng Ry
- 7) Lok Nath Regmi
- 8) Le Thanh Ha

Reflection on the scalability of the rural sanitation and hygiene innovation (approach)

This group work aims to familiarise participants with a check-list for scalability of innovations developed by ExpandNet/ WHO and the checklist from Management Systems International (MSI). Another objective is to share the context of the different countries. Therefore each group will work on a different country.

This checklist of questions aims to assess the scalability of the innovation and also to identify actions that could help to enhance scalability. Note that “scalability” is not a black and white thing, there are no perfect innovations and nobody can foresee all issues that will come up. However, the questions can help to decide whether it is appropriate to proceed with scaling up plans or whether the innovation is too complex and difficult for large scale replication and institutionalisation. They also highlight critical gaps in the innovation.

The term “the innovation” refers to the package of interventions to improve rural sanitation and hygiene, often consisting of several components. Before starting the discussion it is important to list all components or main activities of that package.

In some countries there may not be consensus about the national approach (yet). In theory, you would then need to do the exercise for each approach, in order to assess the relative scalability of each. However for this exercise, please work on one approach agreeable to the group.

The checklist uses the abbreviation CORRECT as shown below.

Credibility	• Is the innovation based on sound evidence and/or advocated by respected persons or institutions?
Observability	• Can potential implementers of the innovation easily see the results in practice?
Relevancy	• Does the innovation address felt priorities of key stakeholders?
Relative advantage	• Does the innovation have an advantage over existing practices or over other approaches?
Ease of transfer	• Will it be easy or complicated to implement the innovation in new areas with the implementing organisation?
Compatibility	• Is the innovation compatible with established values, practices and workprocesses of the implementing organisation and target population?
Testability	• Can the implementing organisation introduce the innovation gradually and/or test it without fully adopting it?

On the next two pages, the detailed questions for each of these aspects are given, the first is the MSI format and the second the ExpandNet format. For this exercise it will be impossible to fully discuss all these questions, so please use it only as background. For sharing you can score the above items on a scale from 1 (absent or incipient) to 10 (very good).

OPTION 1: SCALABILITY CHECKLIST ADAPTED FROM MSI

	5	4	3	2	1	
Credibility of the innovation						
Based on sound evidence						Little or no solid evidence
Evaluated independently						Not evaluated by independent sources
Supported by respected individuals and institutions						Not supported by respected individuals
Observable results						
Very visible to casual observation, easily communicated to the public						Not very visible, not easily communicated to public
Clearly associated with the innovation						Not clearly linked to the innovation
Has a clear emotional appeal						Little or no emotional appeal
Relevance of the innovation for stakeholders						
Addresses a persistent problem						Addresses a temporary problem
Addresses a felt need by the target group						Addresses a minor issue for the target group
Addresses a priority of the implementing organisation(s)						Addresses a low priority of the implementing organisation(s)
Relative advantage of the innovation						
Current solutions are considered inadequate						Current solutions are considered equally adequate or better
More cost-effective than current solutions						Little or no evidence that the innovation is more cost-effective
Easy to transfer						
Decision for adoption of the innovation depends on 1 or few decisions makers						Decision for adoption of the innovation depends on many decisions makers
Innovation is similar to current practices and behaviours in target population						Innovation is very different from current practices and behaviours in target population
Innovation is similar to current practices and behaviours in implementing organisation(s)						Innovation is very different from current practices and behaviours in implementing organisation(s)
Innovation has little emphasis on process quality and values						Innovation has strong emphasis on process quality and values
Innovation requires little technical knowledge						Innovation requires in-depth technical knowledge
Innovation has few components						Innovation has many components
Innovation can be implemented with current infrastructure						Innovation requires new infrastructure
Testability of the innovation						
Able to be tested by the implementing organisation(s) on a limited scale						Cannot be tested without complete adoption at scale (= high risk)
Availability of funding						
Innovation is much less expensive than current practice						Innovation is more expensive than current practice
Innovation will be fully funded by revenues or a dedicated funding source						No dedicated funding source/ zero or low cost recovery

OPTION 2: DETAILED QUESTIONS ADAPTED FROM THE EXPANDNET WORKSHEET

CREDIBILITY

1. How sound is the evidence for the success of the innovation?

- Have the innovation's results been documented? Where? How? By whom? (internal or external)
- Is there a causal link between the innovation and the observed results?
- Is the innovation supported by respected individuals and institutions in the sector? If so, by whom?

What else can/should be done to increase the credibility of the innovation? (Further evidence, better documentation or better sharing for example)

2. What are the most important components of the innovation?

- Which components of the innovation are central to the success and which are less essential to achieving impact?
- Can the innovation be simplified to facilitate scaling up? (without losing its essential technical, service delivery, gender and human rights components)

3. To what extent has the innovation been tested in the institutional setting and within the resource constraints which will characterize scaling up affecting implementation and sustainability?

- What is likely to be different in scaling up in terms of institutional setting, human resources and financial constraints? Does this need further testing or evidence?
- Is there evidence that the innovation is sustainable in the setting where it was tested? Is it likely to be sustainable in the settings where it will be scaled up? What can be done to ensure sustainability?

OBSERVABILITY

How observable are the results of the innovation? Should the results be made more observable, better measured, or communicated to decision makers, the public and other key stakeholders?

RELEVANCY

1. Does the innovation address a felt need or priority of the different stakeholders? Which stakeholders are more likely to see the innovation as relevant and which will oppose it (actively or passively)? How can we improve the link between stakeholders' priorities and the innovation?
2. Does the innovation strengthen the quality of overall WASH service delivery or drains resources from other key activities?

RELATIVE ADVANTAGE

1. Does the innovation have relative advantage over other existing practices? In which way?
2. Is the innovation cost-effective in comparison to existing practices, other models or in comparison with doing nothing? Does the innovation's cost and cost effectiveness need to be assessed or documented?

EASE OF TRANSFER

1. What is the degree or amount of change implied by the innovation?
 - How different is it from current beliefs and practices of the implementing organization? Does it require a change in values, attitudes or skills? What implications does this degree of change have for the extent and pace of scaling up?

- How to ensure that the essential components of the innovation are maintained in the process of scaling up and become part of general service delivery?
- 2. Are there major additional resource requirements in scaling up the innovation? What are these and what are the implications of this for scaling up?

COMPATIBILITY

1. Is the innovation compatible with current practices and work processes of the implementing organization? Does the innovation need to be differently presented/packaged to make it more compatible? How?
2. What components might need more local adaptation? Is that realistic?

TESTABILITY

1. Can the innovation be introduced in stages, or do all components need to be introduced simultaneously in each setting? If yes, what is the appropriate sequencing or phasing?

ANNEX 3: DAILY BLOG SPOTS BY PARTICIPANTS

MONDAY 26 NOVEMBER 2012

This is **Mr. Kabir Das Rajbhandari**, as a participant representing SNV Nepal, I am really excited and pleased to write below a piece of information as a brief report on 1st day of the regional workshop **“Scaling up Sanitation and Hygiene”** from the workshop venue in Nghe An Province of Vietnam..

Today, 26th November 2012 is a day we all SNV-ers from 6 different SNV countries (i.e. Bhutan, Cambodia, Indonesia, Laos, Nepal, Vietnam and Netherlands) gathered together with our delegates from the government officials of respective countries to learn and share experiences with each other so that we all could shop the ideas from the brains of the all the experts gathered here for 5 days’ Asia workshop on **“Scaling up rural sanitation and hygiene”**. This workshop is a part of SNV’s Sustainable Sanitation and Hygiene for All (SSH4A) Programme implemented in partnership with your agency. The main objective of this learning event is to exchange ideas and deepen understanding of the process and dynamics of scaling of Rural Sanitation and Hygiene and at the same time to look at different scaling up strategies, the pace, phasing, roles of different stakeholders etc. and so on.

The workshop is being held in Nghe An Province in the North Central Coast region of Vietnam, about 300km south of the capital Hanoi. There are about 36 participants, all working in rural sanitation and hygiene, from the said countries in this workshop which was kicked off today from 1:00 PM Golden Key Meeting Room of SAIGONKIMLIEN RESORT adjacent to sea-beach in Nghe An Province of Vietnam.

The workshop was started with interesting session of group introduction from each participating countries by one of the members together with their expectations from the workshop. This was followed by the opening remarks from director and vice director of VIHEMA, MOH, Vietnam. This was then followed by a session on scalability of innovations. Ms Antoinette Kome led this session to discuss on the different aspects of scaling up starting from the conceptual understanding of scaling up; approach and components required for scaling up. She highlighted who should lead this process and by whom this could be possible. Similarly, she didn’t forget to mention about the significant role played by enabling environment in the process of scaling up – be it horizontal scaling up, or vertical scaling or be it functional scaling up. While explaining the scaling up process, different pace of scaling up (i.e. scaling up is planned and phased) was also discussed linking participating countries progress on scaling up sanitation with following 4 paths:

- a. Working as a planned roll-out, in batches (red line)
- b. Start in practically all areas at once (black line)
- c. Increase areas gradually over time (green line)
- d. Start slowly with a few areas and then make a great final leap once all issues are tackled (blue line).

After this session, a presentation was made from Mr. Ha Thanh Le Director of CPM Nghe An, on how scaling up in Vietnam in sanitation is being realized with specific focus on national Target programme (NTP Phase 1, 2 and coming up 3rd phase) on Sanitation. The lively discussions took place after presentation highlighted key learning, challenges and way ahead based on past experiences of NTP- 1 & 2.

After presentation, the entire participants were divided into five different mixed groups (i.e. Group 1: Role of health sector; Group 2: Role of education sector; Group 3: Sanitation marketing and supply chains; group 4: Role of local authorities; and Group 5: Sanitation demand creation) formed among the participants. This writer (*Mr. Kabir Rajbhandari from Nepal – one of the participants of this workshop*) belonged to Group 4. The main objective of this group work is to explore and discuss some of the strategic decisions around scaling up processes. All these 5 groups discussed together for their preparatory work for their group work in the five different fields in this Nghe An province. This field assignment has been scheduled for 2nd day (27th Nov 2012, Tuesday) of the workshop and during which each of the 5 groups will collect information from 5 different fields based on the discussions and observations the groups have with the Nghe An partners.

In this way, the first day of the workshop on “Scaling up Rural Sanitation and Hygiene” concluded at 18:00 PM leaving field assignment to each of the 5 mixed groups with an expectation that each group will come up with recommendations for devising scaling up rural sanitation and hygiene in Nghe An Province based on each of the participants’ sector expertise.

Kabir Das Rajbhandari

Senior WASH Advisor/Programme Leader for Sanitation & Hygiene

SNV Netherlands Development Organisation, Nepal

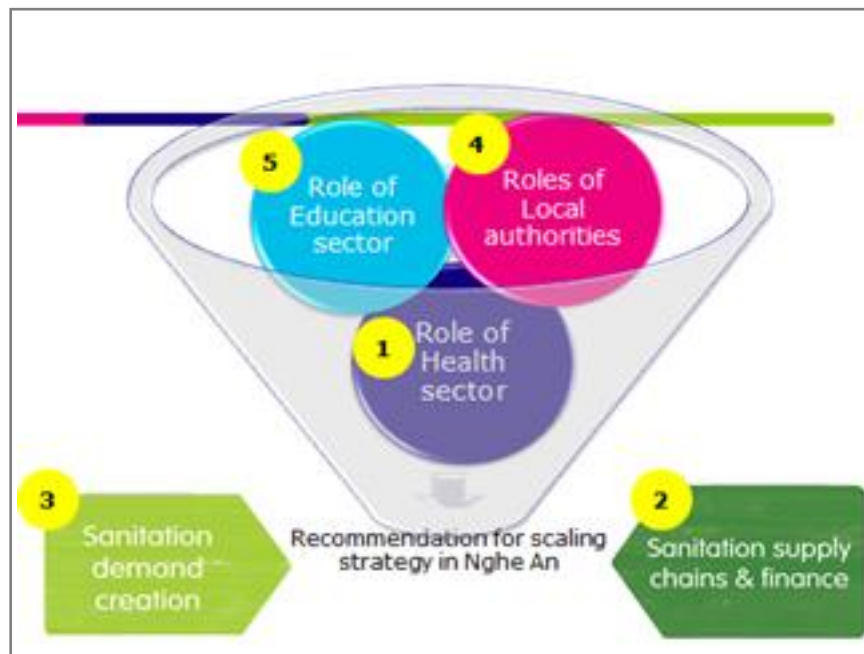
TUESDAY 27 NOVEMBER 2012

Good evening from Nghe An,

In the 2nd day of the Regional Workshop on Scaling up Rural Sanitation and Hygiene all the participants had an opportunity to visit the Sustainable Sanitation and Hygiene for All (SSH4A) program target area in Nghe An Province. The main objective of the field visit/ assignment was to learn from the experiences in the implementation of SSH4A in Nghe An and explore, discuss and provide recommendations for the scaling up strategies.

Five groups with participants from different countries had a specific assignment to explore the potentials and provide recommendations for scaling up strategies:

- Group 1: Role of Health Sector
- Group 2: Sanitation Supply Chains & Finance
- Group 3: Sanitation Demand Creation
- Group 4: Roles of Local Authorities
- Group 5: Role of Education Sector



Three groups (1, 3 and 5) visited the mountainous Anh Son district and two groups (2 and 4) visited the coastal Quynh Luu district.

The SSH4A programme has been implemented in Nghe An province since October 2011 with the funding from UK Department for International Development (DFID). The programme started first in one mountainous Anh Son district and was scaled up to the coastal district of Quynh Luu in August 2012. The main objective of the SSH4A programme in Nghe An is to improve the health and quality of life for 30,000 households in Anh Son and Quynh Luu districts, through enhanced access to improved sanitation and hygiene practices, with specific focus on the households living in poverty, ethnic minority groups and the villages where the sanitation coverage is the lowest.

In Nghe An province, Centre for Preventative Medicine (CPM) is the lead agency responsible for the implementation, coordination and monitoring of the SSH4A programme and the integration and alignment with the Government of Vietnam National Target Program on Rural Water Supply and Sanitation (NTP RWSS). The Alignment with the NTP is considered crucially important in improving effectiveness and ensuring sustainable sector development.

During the field assignment the Group 1 had a meeting with the key program partners in the health sector at provincial, district, commune and village level to assess the commitment, capacity, opportunities and challenges in scaling up rural sanitation and hygiene in Nghe An. The Group 1 also visited OO Village in Tuong Son commune where all the people are ethnic minorities. When the SSH4A programme started one year ago none of the 77 households in OO village had access to sanitary toilet. Through the CLTS triggering and post-triggering events the demand for improved toilets has increased and 22 new improved toilets have just been constructed (or are still under construction). The results and recommendations of the field assignments of the five groups will be presented in tomorrow morning.

We look forward to continuing the interesting discussions tomorrow!

Best regards,

Petra Rautavuoma
Senior Advisor/ WASH Program Leader
SNV Netherlands Development Organisation, Cambodia

WEDNESDAY 28 NOVEMBER 2012

Greetings from the evening of Day 3 of the Regional Workshop on “Scaling up Rural Sanitation and Hygiene” held by the somewhat windswept Cua Lo Beach.

This morning the pressure was on for the 5 groups to prepare their findings and recommendations for scaling up to the Nghe An partners and the broader group after the field visit. As Petra wrote yesterday, the groups visited different geographic areas, with specific assignments to explore scaling of sanitation demand creation facilitation, supply chains, the roles of the health sector, education and local authorities. All to inform their recommendations for scaling – vertically, horizontally and/or functionally.

The presentations – accompanied by photo journals and video clips – generated lots of debate and discussion as the teams tried to consider the strategic decisions related to increasing coverage and outreach with quality. Specifically - *Who should be steering? Who should be implementing? Who should be supporting? How should it be phased and planned?*

Some of the areas discussed are common challenges relating to understanding consumer needs and motivators (such as pride), managing aspirations when households may not trust or prefer the more affordable models, the use of soft loans and their limitations in potentially not reaching the poorest households, going beyond demand creation and ODF and ensuring quality facilitation skills whilst working within cascade training models.

The Deputy Director of VIHEMA, representatives from Nghe An’s Department of Health CPM and the Dien Bien Women’s Union then reflected on the presentations and recommendations with the group.

In the afternoon, examples of scaling strategies were presented from both Asia and Africa. Starting with WSPs work in Indonesia with the Total Sanitation and Sanitation Marketing Project 2007-11 (TSSM), then to a case study from Ethiopia and finishing with the experiences from Kenya in terms the role of district level reflection, government leadership and process of monitoring of CLTS. Each presented different approaches within very different contexts – from the scale of the challenge in Indonesia, to Ethiopia’s Health Development Army which supports 38,000 female extension workers to the work of the dedicated CLTS unit within Kenya’s Ministry of Public Health and Sanitation.

Tomorrow we move on to the final block of scaling up access to sanitation hardware and services. But for now the Bhutan team are heading out in search of seafood.

Best wishes to all and good night,

Gabrielle Halcrow
WASH Sector Leader
SNV Netherlands Development Organisation, Bhutan

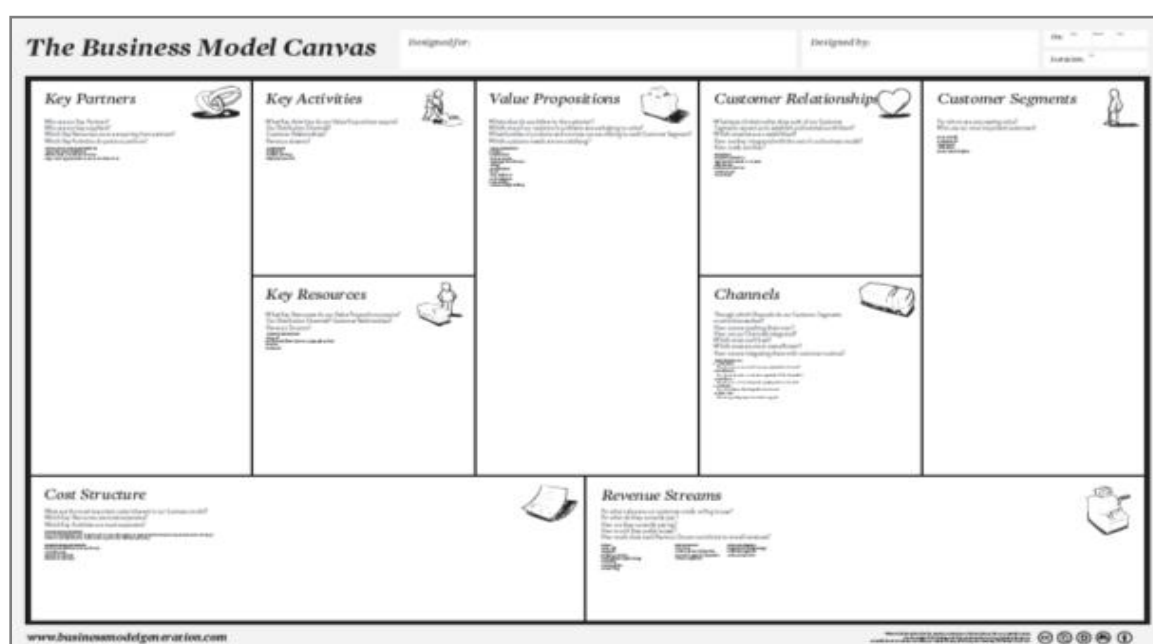
THURSDAY 29 NOVEMBER 2012

Today was our last day of the Regional Learning Event on “Scaling up Rural Sanitation and Hygiene” here in Nghe An, although this is not the end of our learning process on scaling up rural sanitation.

In the morning, Lyn McLennan from WaterSHED made a very interesting presentation of Sanitation Marketing in Cambodia.

WaterSHED has produced an inspirational video showing the impact of sanitation marketing activities in one village of rural Cambodia (<http://www.watershedasia.org/inspirational-video-latrines-for-all-cambodia/>). Her presentation showed how sanitation marketing is a powerful tool to provide low cost solutions and a sustainable model that relies on the capacity of the market to continue generating services without external support.

Our morning session continued with another interesting tool: the Business Model Canvas (www.businessmodelgeneration.com). We had a brief introduction of this innovative model and we had the opportunity to practice the model with an exercise where each country had to put themselves in the shoes of a local entrepreneur. The exercise helped us to identify the challenges and difficulties of an entrepreneur when marketing their sanitation services.



In the afternoon, the “World Café” dynamic facilitate one of the objectives of this learning event: the exchange of knowledge and experiences among the different participants.

Each country delegation prepared a list of “burning questions” on how to scale up rural sanitation that were analysed in small groups by participants from other countries. This was one of my favourite activities as I received some good recommendations from other colleagues; and I hope that I also contributed to give other countries some good ideas.

During the evaluation session that took place at the end of the event, we wrap up all the learnings in a “shopping cart” where we included those aspects that will be useful when we are back into our daily activities. Some of these learnings will have an immediate application and impact in our programmes, while others will require some time to be integrated and adapted to the local context.

During the social dinner that took place tonight I could see the faces of satisfaction of most of the participants.

As a host of this event I have a double satisfaction: I’m happy for what I have learned from other colleagues during these days, and I’m happy that almost all the participants are satisfied as well.

It has been an intense week, but a great opportunity to learn from different experiences and to improve.

I hope that this learning process doesn't stop here, but we continue sharing knowledge in the next phase.

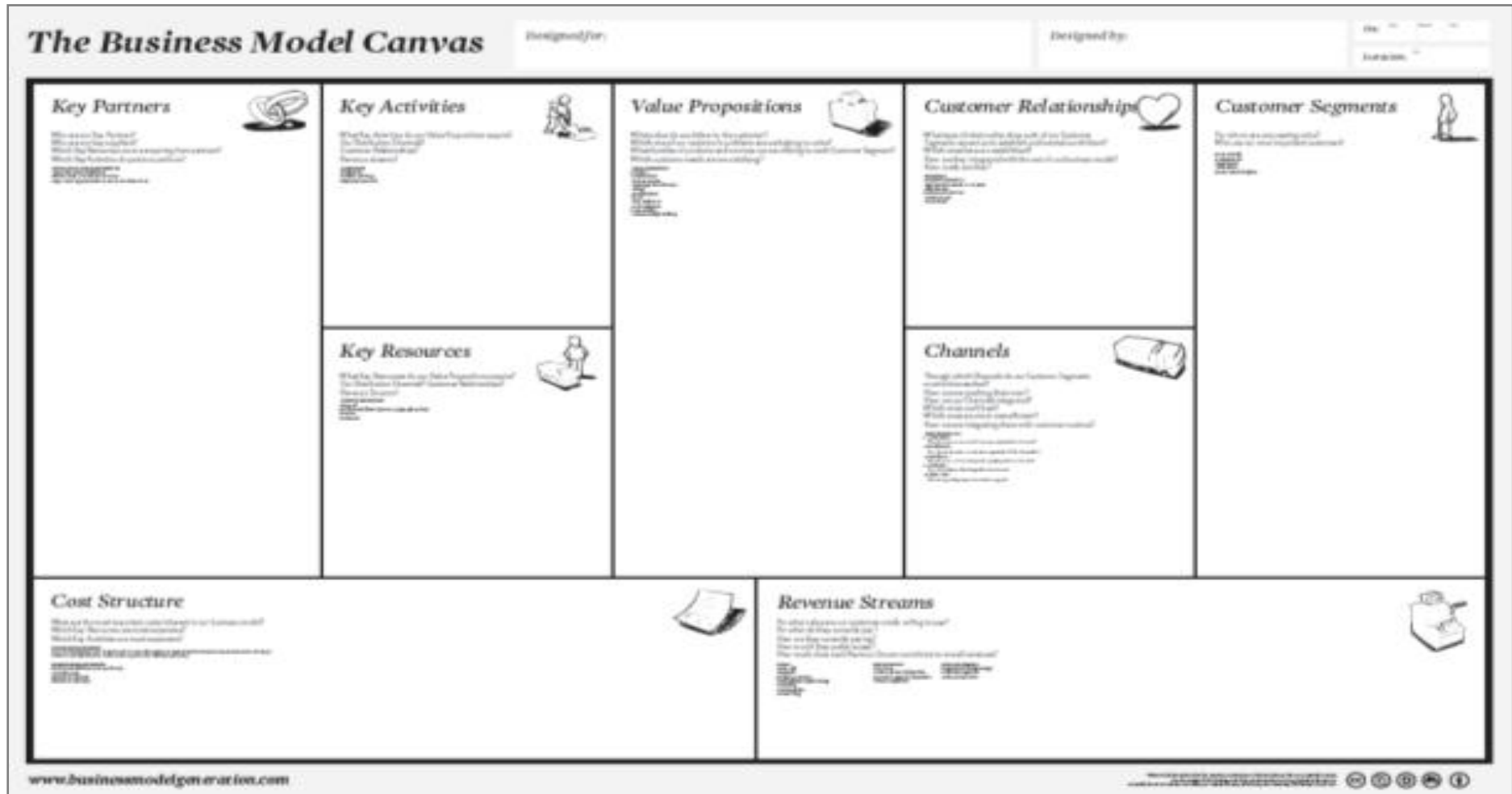
Regards,

Jorge Alvarez-Sala

Senior Advisor/ Programme Leader Water Sanitation and Hygiene

SNV Netherlands Development Organisation, Vietnam

ANNEX 4: THE BUSINESS MODEL CANVAS



Source: http://www.businessmodelgeneration.com/downloads/business_model_canvas_poster.pdf

ANNEX 5: COUNTRY BUSINESS MODELS EXERCISE FOR SCALING UP ACCESS TO SANITATION HARDWARE AND SERVICES DEVELOPED DURING THE MORNING OF THURSDAY 29 NOVEMBER 2012

Indonesia business model

Key partners	Key activities	Value proposition	Customer relationships	Customer segments
<ul style="list-style-type: none"> ▪ Government ▪ Local banks ▪ Suppliers ▪ Local masons ▪ Cooperatives 	<ul style="list-style-type: none"> ▪ Obtaining info on triggering activities ▪ Obtain info on villages with action plan ▪ Informing potential sales agents ▪ Receive and monitor orders ▪ Participate in exhibitions 	<ul style="list-style-type: none"> ▪ More practical ▪ Durable ▪ Easy to maintain ▪ Economical ▪ Purchasable by credit/instalment 	<ul style="list-style-type: none"> ▪ Health workers ▪ Village cadres ▪ Vendors visiting villages 	<ul style="list-style-type: none"> ▪ Poor communities in remote areas already triggered ▪ Not poor from already triggered
	<p>Key resources</p> <ul style="list-style-type: none"> ▪ Production and marketing teams ▪ Local suppliers of materials ▪ Promotional materials ▪ Show room 		<p>Channels</p> <ul style="list-style-type: none"> ▪ Collaboration with local masons for production in place ▪ Use of own transport means ▪ Customers come and collect themselves 	
Cost structure		Revenue streams		
<ul style="list-style-type: none"> ▪ Labour costs ▪ Material costs ▪ Promotional costs ▪ Transportation costs ▪ Commission ▪ Profits 		<ul style="list-style-type: none"> ▪ Cash incomes ▪ Instalment incomes ▪ Special discounts ▪ Bonuses 		

Bhutan business model

Key partners	Key activities	Value proposition	Customer relationships	Customer segments
<ul style="list-style-type: none"> ▪ MOH ▪ Dzongkhag ▪ Local leaders ▪ HA's ▪ Masons 	<ul style="list-style-type: none"> ▪ Identify existing network ▪ Sale events, home delivery, marketing ▪ Product display ▪ Explore provider with competitive price 	<ul style="list-style-type: none"> ▪ Pour-flush package home delivery (\$27) ▪ Full toilet constructed (materials + labour) 	<ul style="list-style-type: none"> ▪ Trusted locals ▪ Face to face ▪ Masons/agents ▪ Social trip to India 	<ul style="list-style-type: none"> ▪ Rural HHs without improved sanitation ▪ HHs that want to upgrade
	<p>Key resources</p> <ul style="list-style-type: none"> ▪ Info on preferences ▪ Info on when demand was created ▪ Marketing materials ▪ Cash in hand info 		<p>Channels</p> <ul style="list-style-type: none"> ▪ Home delivery ▪ Network (SMEs, local leaders) ▪ Sale events (CDH, sanitation fair) ▪ Marketing materials 	
Cost structure		Revenue streams		
<ul style="list-style-type: none"> ▪ Time ▪ Transportation (mountainous terrain) 		<ul style="list-style-type: none"> ▪ Cash ▪ Labour exchange ▪ Credit 		

Nepal business model

Key partners	Key activities	Value proposition	Customer relationships	Customer segments
<ul style="list-style-type: none"> ▪ Manufactures ▪ Transport contractors ▪ Local masons & other manpower ▪ VWASHCC/DWASHCC ▪ Financing institutions 	<ul style="list-style-type: none"> ▪ Buy ceramic or plastic pans ▪ Cement materials ▪ Plumbing materials ▪ Transportation ▪ Develop promotion materials 	<ul style="list-style-type: none"> ▪ Pour-flush toilet with ceramic/plastic pan ▪ Superstructure from solid construction materials ▪ Under-structure with plumbing facilities ▪ Other market options such as twin pit and Ecosan ▪ Considering need of people (something easy to clean and does not smell) 	<ul style="list-style-type: none"> ▪ Media (TV, mobile phone) ▪ Door 2 door by sales agent ▪ Leave promotion materials with VWASHCC/DWASHCC ▪ Sales centres at VDC and weekly local markets ▪ Promotion on bulk orders 	<ul style="list-style-type: none"> ▪ Rural people ▪ Inaccessible areas ▪ Poverty status ▪ Ethnicity / caste
	Key resources <ul style="list-style-type: none"> ▪ Sales / marketing people ▪ Logistics ▪ Coordination ▪ Shop premises 		Channels <ul style="list-style-type: none"> ▪ Distributors and VDC centres ▪ Establish own sales centre at VDC 	
Cost structure		Revenue streams		
▪		▪		

Laos business model

Key partners	Key activities	Value proposition	Customer relationships	Customer segments
<ul style="list-style-type: none"> ▪ Sales agent ▪ Commission for selling ▪ Promotion door to door ▪ Local authorities 	<ul style="list-style-type: none"> ▪ Demonstration of technology options ▪ Outreach by supplier ▪ Supplier not enough customers ▪ Customers want to select their own package ▪ Leaflets 	<ul style="list-style-type: none"> ▪ Want to buy all in one package in one place ▪ Pre-financing ▪ Customer pay after delivery (max. 6 months) ▪ Interest included in price ▪ Only for people supplier trust ▪ Pay cash when no trust ▪ Village leader certify ▪ Supplier: friendly, can deliver, has all material and reasonable price 	<ul style="list-style-type: none"> ▪ Trust supplier ▪ Good service 	<ul style="list-style-type: none"> ▪ Pour-flush toilet ▪ 3 concrete ring underground ▪ Offset or drop pit ▪ Quality product / less cost ▪ Easy to get (not far) ▪ Appropriate technology
	Key resources <ul style="list-style-type: none"> ▪ Technological know-how ▪ Trained masons ▪ Labour ▪ Material ▪ Promotional skills ▪ Negotiating skills ▪ Business skills 		Channels <ul style="list-style-type: none"> ▪ Delivery at home 	
Cost structure		Revenue streams		
▪		▪		

Cambodia business model

Key partners	Key activities	Value proposition	Customer relationships	Customer segments
<ul style="list-style-type: none"> ▪ Central government ▪ Provincial government ▪ Local authorities ▪ Local suppliers ▪ Sale agents 	<ul style="list-style-type: none"> ▪ Technical training to LS, SA 	<ul style="list-style-type: none"> ▪ Latrine package of services including installation and delivery 	<ul style="list-style-type: none"> ▪ Door to door ▪ Village meeting ▪ Small group meeting ▪ True supplier 	<ul style="list-style-type: none"> ▪ Flooded area ▪ Remote area ▪ Seasonal income ▪ Disable people
	Key resources <ul style="list-style-type: none"> ▪ Seed capital ▪ Technical labour ▪ Production site ▪ Materials 		Channels <ul style="list-style-type: none"> ▪ Sale agent ▪ Communes council ▪ Brochure ▪ Demonstration ▪ Phone calling ▪ Neighbouring 	
Cost structure			Revenue streams	
<ul style="list-style-type: none"> ▪ \$25 - \$45 ▪ Travel costs ▪ Promotion materials costs ▪ Production costs 		<ul style="list-style-type: none"> ▪ \$33 - \$50 		

Vietnam business model

Key partners	Key activities	Value proposition	Customer relationships	Customer segments
<ul style="list-style-type: none"> ▪ Retailer / wholesaler for construction materials and other hardware (toilet pan) ▪ Transporters ▪ Local authorities for permits, training, certification and control 	<ul style="list-style-type: none"> ▪ Marketing (flyers and toilet design) ▪ Consulting (materials and providers) ▪ Construction 	<ul style="list-style-type: none"> ▪ Labour and information 	<ul style="list-style-type: none"> ▪ Face to face 	<ul style="list-style-type: none"> ▪ 'Rich' want latrine with septic tank and nice tiles; at least as good as neighbour ▪ Toilet and shower ▪ No land: so should be compact
	Key resources <ul style="list-style-type: none"> ▪ Knowledge & skills: construction, technological choices, material, market ▪ \$: product, tools, advance of materials, transport, work 		Channels <ul style="list-style-type: none"> ▪ Multi stakeholder ▪ Former clients 	
Cost structure			Revenue streams	
<ul style="list-style-type: none"> ▪ 		<ul style="list-style-type: none"> ▪ 		

WaterSHED Cambodia business model

Key partners	Key activities	Value proposition	Customer relationships	Customer segments
<ul style="list-style-type: none"> Village chief Commune authorities CCWC (commune person responsible for watsan) MFIs Input suppliers 	<ul style="list-style-type: none"> Village sales events Door to door sales Shop sales Local production & assembly Installation services 	<ul style="list-style-type: none"> 4 elements: capability, impact, proof, cost Local production Local knowledge One stop shop Lower cost 'kit' option Product can be 'optioned-up' Customised products 'free' home delivery DIY installation Installation services (optional) Payment options (varies) Range of other products / services 	<ul style="list-style-type: none"> Village based sales agents Direct with business owner 	<ul style="list-style-type: none"> Non seasonal incomes Regular cash incomes Multiple incomes Women Accessible areas Non flood areas
			Channels <ul style="list-style-type: none"> Sales agents (mobile) Village & commune authorities Point of sales displays Village static displays Banner (point of sale + various locations) Brochures Word-of-mouth 	
Cost structure		Revenue streams		
<ul style="list-style-type: none"> Fixed costs (salaries, rent, depreciation) Variable costs (materials, labour, utilities, fuel, commissions, marketing) 		<ul style="list-style-type: none"> Direct sales (latrines) Installation services (latrines) Other hardware products & services Construction activities 		

Business model developed by African participants

Key partners	Key activities	Value proposition	Customer relationships	Customer segments
<ul style="list-style-type: none"> Private sector Government NGOs Media Transporter Wholesaler / retailer Micro credit institutions 	<ul style="list-style-type: none"> Market analysis Identifying product demand Enterprise self-assessment Production Marketing After sales services 	<ul style="list-style-type: none"> Produce products not available locally Selling completed units (costs lower) Selling parts (costs higher) Complete unit purchase (incl. free services) 	<ul style="list-style-type: none"> Quality products (value for money) Offer after sales services Building trust Offer payment in instalments 	<ul style="list-style-type: none"> Households Institutions Market (public) places Commercial centres (shops, restaurants, hotels) Religious institutions
			Channels <ul style="list-style-type: none"> Shop-door delivery Village centres Towns 	
Cost structure		Revenue streams		
<ul style="list-style-type: none"> Transport Marketing Materials Labour Training Profit margins Depreciation 		<ul style="list-style-type: none"> Initial investments Economies of scale Profit margin 		

ANNEX 6: COMPARISON OF COUNTRY BUSINESS MODELS FOR SCALING UP ACCESS TO SANITATION HARDWARE AND SERVICES

	Bhutan	Cambodia	Indonesia	Laos	Nepal	Vietnam
Key partners	MoH Dzongkag Local leaders Health Assistants Masons	Central government Provincial government Local authorities Local suppliers Sale agents	Government Local banks Suppliers Local masons Cooperatives	Sales agent Commission for selling Promotion door to door Local authorities Masons	Manufactures Transport contractors Local masons & other manpower VWASHCC/DWASHCC Financing institutions	Retailer/wholesaler (construction materials; hardware: toilet, pan) Transport Local authorities: permit, training, certification and control
Key activities	Identify existing network Sale events, home delivery, marketing Product displays Explore sanitation provider with competitive price	Technical training to LS, SA	Obtaining info on triggering activities Obtain info on villages with action plan Informing potential sales agents Receive and monitor orders Participate in exhibitions	Demonstration of technology options Outreach by supplier Supplier not enough customers Customers want to select their own package Leaflets	Buy ceramic or plastic pans Cement materials Plumbing materials Transportation Develop promotion materials	Marketing: flyers, toilet design Consulting: materials, providers Construction
Key resources	Info on preferences Info on when demand was created Marketing materials Cash in hand info	Seed capital Technical labour Production site Materials	Production and marketing teams Local suppliers of materials Promotional materials Show room	Technological know-how Trained masons Labour Material Promotional skills Negotiating skills Business skills	Sales / marketing people Logistics Coordination Shop premises	Knowledge & skills: construction, technological choices, material, market \$: product, tools, advance of materials, transport, work

	Bhutan	Cambodia	Indonesia	Laos	Nepal	Vietnam
Value propositions	Pour flush package home delivered (\$27) Full toilet constructed (materials and labour)	Latrine package of services including installation and delivery	More practical Durable Easy to maintain Economical Purchasable by credit/instalment	Want to buy all in one package in one place Pre-financing Customer pay after delivery (max. 6 months) Interest included in price Only for people supplier trust Pay cash when no trust Village leader certify Supplier: friendly, can deliver, has all material and reasonable price	Pour-flush toilet with ceramic/plastic pan Superstructure from solid construction materials Under-structure with plumbing facilities Other market options such as twin pit and Ecosan Considering need of people (something easy to clean and does not smell)	Labour and information* [“Initially we came with a whole package, however, the competitors only provide labour and information, so we decided to do that”]
Customer relationships	Trusted locals Face to face Masons/agents Social trip to India	Door to door Village meeting Small group meeting True supplier	Health workers Village cadres Vendors visiting villages	Trust supplier Good service	Media (TV, mobile phone) Door 2 door by sales agent Leave promotion materials with VWASHCC/DWASHCC Sales centres at VDC and weekly local markets Promotion on bulk orders	
Channels	Home delivery network (SMEs, local leaders) Sale events (CDH,	Sale agent Communes council Brochure	Collaboration with local masons for production in place	Delivery at home	Distributors and VDC centres Establish own sales	Multi stakeholder Former clients

	Bhutan	Cambodia	Indonesia	Laos	Nepal	Vietnam
	Sanitation Fair) Marketing materials	Demonstration Phone calling Neighbouring	Use of own transport means customers come and collect themselves		centre at VDC	
Customer segments	Rural HHs without improved sanitation People who want to upgrade	Flooded area Remote area Seasonal income Disable people	Poor communities in remote areas already triggered Not poor from already triggered	Pour-flush toilet 3 concrete ring underground Offset or drop pit Quality product / less cost Easy to get (not far) Appropriate technology	Rural people Inaccessible areas Poverty status Ethnicity / caste	'Rich' want latrine with septic tank and nice tiles; at least as good as neighbour Toilet and shower No land: so should be compact
Cost structure	Time Transportation (mountainous terrain) Revenue needs to be put on time. How people can get money: through cash, labour and perhaps some suppliers can supply through credit.	\$25 - \$45 Travel costs Promotion materials costs Production costs	Labour costs Material costs Promotional costs Transportation costs Commission Profits	-	-	-
Revenue streams	Cash Labour exchange credit	\$33 - \$50	Cash incomes Instalment incomes Special discounts Bonuses	-	-	-

ANNEX 7: DETAILS OF FIELD VISIT PRESENTATION OF GROUP 2

Barriers	Motivators
Consumers	
Setting too high standards for infrastructure	Interest for sanitation facilities
Lack of other technological options (knowledge)	Hardware components nearby
Environmental conditions - high water table - population density - space (small alleys) - financial situation (perception is wrong: consumers want very sophisticated toilets)	Local materials available
Lack of broader understanding about OD	Social pressure
No formal back-up mechanism in support of consumer	Families discuss obtaining (access) sanitation facilities (toilets)
Sanitation has low priority	Local technicians (masons) available
Doubt about quality of low-cost technology	Finance options available
Knowledge about credit options	Sanitation is status
	Access to media
	Existence of grassroot organisation
	Feeling ashamed about OD
People's Committee	
People's Committee are not sanitation specialists	Having baseline data on: coverage; service providers; hardware providers
Sanitation responsibility felt to belong somewhere else	It is a recognized institution
No strong leadership on the sanitation issue	Potential networking
Lack of resources (money)	
No strategic sanitation plan (low priority)	
No quality check	
Messages (awareness, etc.) are limited to health	
Producers / suppliers	
No business plan	Products on display were on loan
Lack of longer term vision	After sale service demand
No product promotion	Local network, mobile network (accessibility)
Passive marketing	Provision of service package (sell, install)
Poor market intelligence	
Individual approach no membership	
Risky business	
Lack of interest to expand	
Consumers have to buy materials	
Low demand for sanitation constructions and high demand for other constructions	
Demand for 'high tech' sanitation solutions	

