

Global Scaling Up Rural Sanitation Project

Progress Report

July 1, 2009–June 30, 2010

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Global Scaling Up Rural Sanitation is a WSP project focused on learning how to combine the approaches of Community-Led Total Sanitation (CLTS), behavior change communications, and social marketing of sanitation to generate sanitation demand and strengthen the supply of sanitation products and services at scale, leading to improved health for people in rural areas. It is a large-scale effort to meet the basic sanitation needs of the rural poor who do not currently have access to safe and hygienic sanitation. The project is being implemented by local and national governments with technical support from WSP. For more information, please visit www.wsp.org/scalingupsanitation.

This Progress Report is one in a series of knowledge products designed to showcase project findings, assessments, and lessons learned in the Global Scaling Up Rural Sanitation Project. This paper is conceived as a work in progress to encourage the exchange of ideas about development issues. For more information, please email Eduardo Perez at wsp@worldbank.org or visit www.wsp.org.

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Executive Summary

Project Development: Objective Results

Global Scaling Up Rural Sanitation is 3.5 years into implementation and is continuing to build on the results delivered and outcomes achieved in each of the three countries. Through the Water and Sanitation Program's support to national and local governments and the private sector, an estimated 8.3 million people have gained access to improved sanitation facilities and are no longer defecating in the open.

The project is on track to either meet or surpass intended outcomes in the states of Himachal Pradesh and Madhya Pradesh, India, and in East Java, Indonesia. In Himachal Pradesh (HP), rural sanitation household coverage is now reaching more than 90 percent at the end of May 2010. In Madhya Pradesh (MP), 410 *Gram Panchayats* have been verified as open defecation free (ODF), representing 789,000 people, or 53 percent of end of project (EOP) targets. In East Java, Indonesia, almost 750,000 people have gained access to improved sanitation and nearly 1,400 communities have been declared open defecation free. WSP is confident that more than 1 million people in East Java will gain access by December, 2010 and that the original target of 1.4 million will be achieved by the end of the project, November 2011.

The project is on track to either meet or surpass intended outcomes in the states of Himachal Pradesh and Madhya Pradesh, India, and in East Java, Indonesia.

In Tanzania, WSP is supporting government efforts to improve the implementation and monitoring of rural sanitation programs. For the first time in Tanzania, the responsibility for monitoring gains in sanitation access has been clearly defined and a set of core performance indicators in line with Joint Monitoring Program (JMP) definitions developed. This is a tremendous accomplishment and lays a solid foundation on which to build capacity at the village, ward and district levels in monitoring and data collection. WSP supported the government roll out of a village registration system to collect data on nine key indicators, including access to improved sanitation. Given the lack of national level data, WSP cannot yet reliably report on the number of people having gained access to improved sanitation facilities.

Enabling Environment

Working with local and national governments and the private sector, WSP has directly contributed to strengthening the enabling environment to adopt, replicate and sustain the project approach beyond the original large scale project areas. To date, an estimated more than US\$33 million has been spent by local and national governments in support of scaling up rural sanitation.

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In India, the states of HP and MP have strengthened the National Total Sanitation Campaign (TSC) program by adopting key project principles advocated by WSP. During this reporting period, WSP India also provided technical support to the National Government's TSC department in carrying out a nationwide assessment of good and weak performers at the state level and identifying key lessons. WSP has also provided support to the national government in supporting a participatory national-wide process to develop a strategy for rural sanitation for the next 10 years.

In Indonesia, in 25 out of 29 project districts, local government has taken over implementation from the resource agencies and are implementing CLTS activities using their own funds.

In Tanzania, the government is poised to pass sweeping legislation in sanitation and hygiene and, with WSP technical assistance, mandate that sanitation progress be measured in line with JMP indicators. Further, a Memorandum of Understanding between the four ministries is nearing finalization. This will create a more rationalized national program management structure and performance framework within which gains in rural sanitation can be monitored by the government and external donor community that is supporting a SWaP approach.

The strategic combination of CLTS, behavior change communications, and social marketing approaches is increasing demand.

Creating Demand

The strategic combination of CLTS, behavior change communications, and social marketing approaches is increasing demand. In HP, where rural sanitation household coverage is now estimated at 90 percent, WSP provided technical assistance to develop communications resources for teachers and students to change sanitation behavior in schools, where poor sanitation persists. In MP, where 44 percent of households have now adopted long-term, safe sanitation practices, WSP is working with state and local district governments on strengthening sustainability through an integrated communications campaign focusing on sustaining use. In Indonesia, CLTS triggering activities ended with the completion of triggering in the final eight project districts. In Tanzania, the complete marketing mix of the communications campaign was launched through direct consumer contact (DCC) roadshows and radio broadcasts. Nearly 550 communities in Tanzania received triggering events, bringing the total to more than 700 overall. The project team estimates that 90 percent of the communities receiving triggering have expressed demand for improved sanitation.

In Indonesia, the project expanded the scale and reach of training programs for masons and sanitarians, bringing the total number trained to 2,300 throughout East Java.

Strengthening Supply

In Indonesia, the project expanded the scale and reach of training programs for masons and sanitarians, bringing the total number trained to 2,300 throughout East Java. The social franchising model, “One-Stop Sanitation Solution” has been replicated in an additional 14 districts and is proving to be an effective approach to scaling up supply. In HP, the supply market is strong and products are readily available in markets throughout the state. WSP conducted a rapid assessment to better understand other supply constraints—quality standards, maintenance services, and consumer perception of quality and affordability. In MP, the state’s rural sanitation efforts were supported through workshops for key stakeholders on technology options and strategies and a total of 150 master masons have been trained in toilet construction. In Tanzania, the project piloted several solutions to close the gap between demand and supply.

Learning: Performance Management, Impact Evaluation, Knowledge Management

While complete project learnings will not be available until late 2011 with the conclusion of endline survey analysis, learning is embedded in all project activities and operational learning is being captured and applied on an ongoing basis through formal and informal activities, including global and country-level performance monitoring systems, impact evaluation studies, workshops, trainings, presentations, and the development and dissemination of knowledge products. In this reporting period, key insights were formulated around modifications to the cascading approach for training and capacity building, strategies to improve district and national level performance benchmarking, and the challenge of achieving sustained behavior change.

The project's global results-based performance monitoring system continues to provide important performance data on the core set of global indicators, which the project management team used to identify key challenges and learnings during this reporting period. In project countries, performance monitoring systems are being used to build the recognition and capacity of local governments in monitoring and reporting. In Tanzania, a recent assessment of the monitoring forms identified several areas in which the project could strengthen the government monitoring systems to create a solid foundation to monitor rural sanitation based on JMP indicators.

In the past six months, the project completed the impact evaluation baseline data entry in each of the three countries. The project used this data to confirm that the IE will adequately measure JMP improved sanitation and open defecation as intermediate outcomes. Summary analysis of the baseline data has been shared with government clients and the data has been used by the IE team to make improvements to the endline surveys. A baseline report for each country is in development or currently being published. Procurement of survey firms for the endline surveys was initiated for all project countries.

Also in the past six months, 14 knowledge products were produced and disseminated and an additional 15 are in draft or in press. The global team conducted 35 presentations and workshops for an estimated 1,550 people, including national and local government officials, sanitation colleagues at the World Bank and other nongovernmental agencies, community leaders, and community members.

Expectations for the Next Six Months

As WSP enters the last six months of implementation under the current grant, the focus will be on strengthening government capacity in the application and use of the tools, methods, and approaches developed during project implementation. In Washington, DC, the management team will be working with the Gates Foundation on a second grant to maintain the momentum of the results achieved in the current countries and to

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expand into additional countries to support government efforts to scale up rural sanitation programs.

Globally and in each country, WSP will continue to use the performance monitoring system to work with national and local governments on improving rural sanitation access, identify strong and weaker performers, understand why performance may be lagging, and provide any support needed to bolster performance. The project anticipates that an outside monitoring and evaluation effort by the private firm Mathematica will help in this effort.

Country teams will work with national governments and development partners to lay the groundwork for larger scale or even national programs. One step toward this goal is a learning exchange visit planned for July 2010 for development partners working in East Africa. Partners (WSP, WaterAid, UNICEF, Plan, IFRC) to visit project sites, compare approaches, and discuss broader learning goals.

In Indonesia, WSP will continue to support local governments implementing the project approach by strengthening sanitation marketing; helping to establish one-stop shops for sanitation services; following up on implementation of governments' sanitation action plans; and helping to establish a sanitation monitoring system based on the short text messaging (SMS) tools in selected districts.

In Tanzania, the priorities for the next six months will be to address the challenges facing masons to secure the quantity of molds necessary to construct sanplat slab latrines to keep up with the demand, and to help the government strengthen monitoring and data collection systems and processes. The team will seek to improve the motivation for reporting against national sanitation and hygiene targets at all levels. This will include working with the national government to raise the priority of reporting on sanitation and hygiene, providing feedback, comparisons and contracts on progress, as well as tools, guidelines, and technical assistance. A national workshop is being planned to help the government develop a strategy for improving the monitoring system. Further, a rapid assessment is being considered to collect data on improvements in sanitation in selected wards.

In India, WSP will continue to support the implementation of the TSC program in both states where the project has been implemented to date. Areas of focus include continuing to strengthen sanitation marketing; improving the sustainability of use; and helping to scale up school-based programming.

Globally and in each country, the impact evaluation team will launch delayed cost-effectiveness studies, finalize impact evaluation baseline reports, revise and pilot questionnaires for longitudinal rounds, strengthen measurement training, and design and collect endline surveys in each country. Research findings from Mathematica's study in Indonesia will provide additional analysis to strengthen monitoring activities across the global project.

Globally and in each country, the knowledge management team will continue to support country and global teams to produce and disseminate resources. Major publications expected in the next six months include a project overview and a Basic Guide to Sanitation Marketing, baseline reports, and research findings from the study on the sustainability of sanitation marketing in Bangladesh.

Enabling environment endline assessments will be carried out in all three countries by external consultants.

WSP teams will continue to provide technical assistance to countries such as Laos and Uganda, which are applying project approaches to strengthen rural sanitation improvement efforts.

Finally, the project team will work to balance growing demands from other WSP focus countries. Based on the experience of the project and the outcomes achieved, WSP has made scaling up rural sanitation one of the main components of the new WSP FY11-FY15 business plan. The current HQ and country-based project team members will provide guidance to other WSP country teams in the design, implementation, and monitoring and evaluation of large scale rural sanitation programs.

I. Achieving Intended Outcomes— The Global Story

Global Scaling Up Rural Sanitation is 3.5 years into implementation and is continuing to build on the results delivered and outcomes achieved in each of the three project countries. As of the end of this reporting period (June 30, 2010), 2,300 communities have been verified open defecation free (81 percent of EOP), representing an estimated 2.4 million people (54 percent of end of project target). An additional 3,200 communities have self-reported that they are 100 percent ODF and have applied for ODF verification (113 percent of EOP), representing an additional estimated 5.9 million people (132 percent of end of project target). Global targets for the number of communities achieving ODF and the number of people having gained access to improved services are on track to be met by the end of the project. Progress toward access to improved sanitation and achieving ODF status is detailed in Table 1.

**TABLE 1: EMERGING OUTCOMES AS OF JUNE 30, 2010
GAINING ACCESS AND ACHIEVING OPEN-DEFECATION FREE (ODF) STATUS**

Outcome-Level Performance Indicators	Country/Region	Cumulative Progress Verified	Cumulative Progress Claimed	Total Cumulative	Results 7/1/09–6/30/10		EOP Target	% Toward EOP Target
					Verified	Applied		
Number of people that have gained effective access to improved sanitation facilities as defined by the JMP and national government standards.	Indonesia	745,440	–	745,440	419,810	–	1,400,000	53%
	India–HP	876,200	2,148,375	3,024,575	426,300	2,148,375	800,000	378% 110% verified
	India–MP	789,250	3,713,325	4,502,575	300,300	3,713,325	1,500,000	300% 53% verified
	Tanzania*	–	–	–	–	–	750,000	0% verified
	Global	2,410,890	5,861,700	8,272,590	1,146,410	5,861,700	4,450,000	147% 54% verified
Number of communities that have achieved ODF status as defined by local governments.	Indonesia	1,360	0	1,360	647	–	870	157%
	India–HP	520	1,275	1,795	250	1,275	400	449% 130% verified
	India–MP	410	1,930	2,340	160	1,930	600	390% 68% verified
	Tanzania **	–	–	–	–	–	960	0%
	Global	2,290	3,200	5,495	1,057	3,205	2,830	194% 81% verified

*Tanzania is not currently reporting progress on access to improved facilities because the figures currently collected by district health workers cannot be fully verified. Both local government monitoring and reporting capacities across districts and wards, and data quality and completeness are inconsistent. The project is developing a plan to strengthen data collection by the end of the next reporting period.

**In Tanzania, ODF is not a focus due to high sanitation coverage. Progress against the ODF indicator is therefore not tracked. Instead, the focus is moving up the sanitation ladder to improved facilities. Village registers developed by the project allow a community to make a declaration that they have fully covered their community with safe sanitation and hygiene facilities. The project will continue to support the district governments in implementing the village registers over the next six months and aggregating data up to the national level.

WSP has seen significant reform and related strengthening of the enabling environment at both national and local government levels and among various stakeholders in the rural sanitation ecosystem.

Strengthening the Enabling Environment for Scaling Up, Replication, and Sustainability

Working within existing institutional and policy structures to strengthen the enabling environment for rural sanitation is a major feature of the project, and has been from the beginning. WSP is delivering technical assistance, training, advisory services, and systems to strengthen various dimensions of the environment in which rural sanitation programs are implemented and sustained over time. This approach works to strengthen not just a few actors or aspects of rural sanitation, but the entire “ecosystem.” The rural sanitation enabling environment encompasses eight distinct dimensions: policy, strategy, direction; institutional arrangements; program methodology; implementation capacity; availability of products and tools; financing; cost-effective implementation; and monitoring and evaluation. Before implementation began, enabling environment assessments were conducted in each project country to gauge the level of development within each dimension and identify the ecosystem of stakeholders engaged in each of the dimensions, along with relative roles and interests. The enabling environment assessments also defined the roadmap for development that constitute the basis of WSP’s work program. Based on the assessments, WSP has worked with the national, regional, and local governments, private sector, partners, and other actors in the ecosystem to develop a plan to achieve a series of specific milestones within each dimension. Progress in each dimension has been monitored over time and is directly contributing to the project’s ability to achieve intended Intermediate Outcome in a sustainable and large-scale manner.

During the second half of 2010, external consultants will carry out a systematic end-line assessment of the enabling environment in each project country. In the meantime, WSP has seen significant reform and related strengthening of the enabling environment at both national and local government levels and among various stakeholders in the rural sanitation ecosystem. Illustrative examples are described below.

Household and community behaviors and practices have changed. In India and Indonesia, communities have united behind two related goals: to stop defecating in the open and to receive recognition from local authorities for ODF achievement. In both countries, becoming ODF is valued as a major achievement. Through the village prize award program in India, an increasing number of communities are working to become ODF for the recognition and the prestige now associated with ODF verification. In East Java, Indonesia, WSP has worked with local and district level government to promote CLTS to communities, and verify and reward communities that achieve ODF status. ODF achievement is recognized with a prize that is often awarded personally by the head of the local government.

In Tanzania, the major pathway to disease is not through open defecation but can be attributed to the low quality, unhygienic sanitation facilities that do exist.

BOX 1: REACHING CHILDREN IN TANZANIA



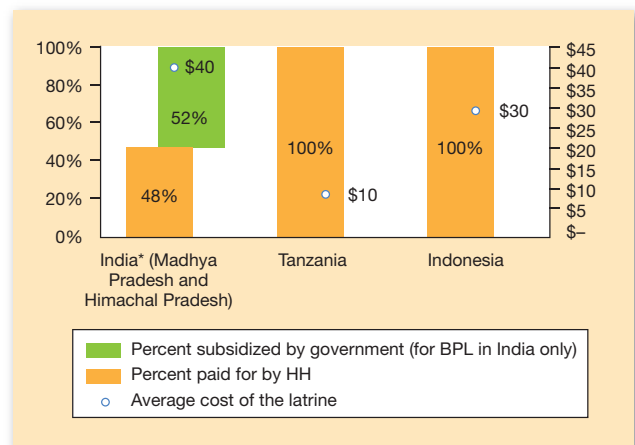
As part of the project’s *Choo Bora* campaign, a radio soap opera launched in May features Mtafungwa, a loud and opinionated sanitation skeptic and rural household head who is convinced to install an improved latrine. He is so impressed with the results that he gets training to become a mason and constructs and sells upgraded latrines. In Rufiji district, during the stage set up for a community sanitation education event, the children began singing the show’s *Choo Bora* theme song.

Government sanitation policies and practices have changed. Within project countries, governments at the local, regional, and national levels have changed as a result of the project. In India, the governments of HP and MP are spending money more effectively. They reward achievement only after a community becomes ODF, rather than providing the community and households with sanitation funding upfront. In HP, a competition-based rewards program to recognize the cleanest schools was introduced by the state. In just a few months, more than 290 clean schools have received an award. As of the end of this reporting period, rural sanitation access is 90 percent in HP and is continuing to increase in MP. WSP is supporting government efforts to institutionalize performance-based benchmarking at district and national levels, as shown in Annex 2, a poster from a national workshop hosted by the Government of India with support from WSP. These efforts are gaining traction. In her closing remarks at the workshop the union secretary expressed on record her appreciation for the technical analysis and support provided by WSP and endorsed the key messages emerging from the different assessments, including the need to focus on processes and improve monitoring to achieve sustainability (Annex 3).

WSP is working with local governments and local champions to educate communities about the need to upgrade facilities to improved latrines. People have responded. An estimated 90 percent of the communities receiving triggering and promotional activities have expressed demand for improved sanitation. More than 400 masons trained by the project have backorders they are working to fill. Anecdotal evidence suggests children are being reached by campaign messaging to improve sanitation (Box 1). And while the government verification system is not yet fully operational, the project has seen firsthand that improved slabs are being constructed and used.

In all three countries, households are spending their own money to build improved facilities (Figure 1).

FIGURE 1: WHO PAYS AND AVERAGE COSTS OF HOUSEHOLD



In Indonesia, where the partnership with the local government has been very strong, local governments throughout East Java are delivering CLTS with their own funds. A total of 25 of the 29 district governments in which the project has worked are implementing CLTS triggering programs and have allocated almost US\$1 million to support the process.

In Tanzania, a modified version of the project approach¹ advocated by WSP was proposed to be scaled up nationally by a joint supervision mission of the Water Sector Development Program (funded through a SWaP mechanism) by MoHSW, MoWI, UNICEF, and WaterAid. Further, a Memorandum of Understanding to clarify roles and responsibilities for sanitation and hygiene has been signed by four government ministries and stipulates that the Ministry of Health and Social Welfare take the lead in implementing the National Sanitation Campaign.

Other governments have changed. Beyond current project countries, governments at the local, regional, and national levels have changed as a result of project approaches. Following workshops conducted by WSP to introduce project approaches, Lao PDR declared its first ODF community in May 2010. All households in the village now have toilets built by local residents and five more villages are awaiting ODF verification. In Uganda, WSP collaborated with the Ministry of Water and Environment to pilot a cascading training model using the project approach. During the pilot, 40 CLTS national master trainers were trained. They, in turn, trained 192 CLTS facilitators in six districts. In addition, 90 masons were trained in three districts. Following the success of the pilot, the Ministry of Water and Environment earmarked funds to scale up to 20 additional districts.

WSP, World Bank, and other development partners have changed. WSP, the World Bank, and other development partners have changed as a result of the project. During this reporting period, WSP developed its five-year business plan. For the first time, rural sanitation based on the project approach is now featured as a major component in WSP's strategy. Increased recognition of rural sanitation and the project approach were presented during WSP's Donor Council meetings in May 2010. WSP is also exploring ways in which the newly developed, results-based WSP business plan can adapt the approach used by the project for its own performance monitoring and reporting needs. In addition, the WSP India team contributed to a proposed World Bank water and sanitation project in Ghana, advocating strategies based on project experiences that combine CLTS with sanitation marketing.

¹ Modifications to the project approach include expanding available products and the possible use of sanitation centers.

The project is learning and has changed. WSP is using a combination of approaches to change people's behavior through the sustained use of safe sanitation facilities. To better understand the sustainability of behavior change, several research projects were completed during this period.

In Bangladesh, WSP contracted a firm to carry out a comparative analysis on the sustainability of sanitation behavior, facilities, and programming in communities that experienced open-defection free approaches in rural union *parishads* at least four years ago. The study analyzed four approaches (CLTS; non-CLTS (led by NGO); Local Government with Donor Support; Local Government Only) in a randomized sample of 50 union *parishads* (out of approximately 450 that were declared 100 percent sanitized) representing the four approaches and different geographic areas. Data was collected through a mix of qualitative and quantitative assessment tools: survey of 3,000 households and in-depth qualitative research conducted in 13 of the 50 union *parishads*. Field work ended in April 2010 and a draft report is currently in review.

In Vietnam, WSP collaborated with IRC International Water and Sanitation Centre and ADCOM, a Vietnamese consultancy firm, to investigate the long-term effects of sanitation marketing introduced into rural communes in Vietnam by International Development Enterprises (IDE) between 2003 and 2006. The research showed that three years after the pilot ended, access to sanitary toilets in the pilot areas was still increasing, in part because of continued involvement by promoters and providers. The study also revealed that one district had used its own funds to scale up sanitation marketing activities across its communes. Research for the case study was conducted from June through August 2009 in Vietnam and a full report was released in April 2010.

During this reporting period concerns were raised regarding possible discrepancies between data collected as part of the impact evaluation study and data collected in the project's Management Information System (MIS). The Bill and Melinda Gates Foundation (BMGF) retained Mathematica, a consulting firm, to conduct a study to provide additional clarification. Mathematica will pilot test in one district in East Java (scheduled July 2010) followed by testing in six districts (scheduled August–October 2010). In preparation for this study, WSP project staff in Jakarta conducted a two-day briefing, providing feedback on Mathematica's data collection protocols, and facilitating introductions to relevant stakeholders. It was agreed that WSP's East Java coordinator will introduce the Mathematica team to the provincial and district respondents, explaining that they were from the BMGF and not WSP, but would not be present during actual data collection in order to make sure that the assessment is independent and bias-free. WSP is providing support as needed.

Key areas of learning that the project team hopes will be answered include:

- to fully clarify whether there really are discrepancies between data from the impact evaluation and the MIS

- to clearly document how the academic rigor required by the impact evaluation sampling process has impacted project implementation and results, and vice-versa, in Phase 2 districts, as compared to the implementation process and results in Phases 1 and 2
- to find out what it will take for the project's MIS and other innovations to be scaled up to the rest of Indonesia
- and to identify ways in which the project could further improve the entry strategy into new provinces/districts, as will soon be required in new provinces asking for project-like assistance.

II. Delivering Intended Results

Component 1: Demand

Creating community-based and household level demand that spurs people to stop open defecation, to move up the sanitation ladder, and to build and use basic hygienic sanitation facilities.

Table 2 shows progress against relevant performance indicators for the Demand Component.

India—Himachal Pradesh (HP)

In HP, the State Sanitation Rewards Program has helped propel rural sanitation household coverage to 90 percent. Given the high household coverage rate, WSP is working with the state to strengthen the state’s efforts to improve sanitation in schools, where coverage stands at just 55 percent. To support the state’s new school sanitation incentive program, WSP developed an educational toolkit on safe sanitation for teachers and students. The program’s first competition drew an enthusiastic response, with 293 schools receiving awards for achievements in sanitation. Key stakeholders are now well aware of the school-targeted sanitation marketing tools and efforts are underway to take the schools program to the district and sub-district levels.

To help communicate options that will encourage communities to move up the sanitation ladder, WSP developed and pre-tested a sanitation marketing materials kit. The kit includes a television spot and a latrine catalogue that describes five models of varying cost and quality, ranging from “standard” to “star plus.” The state government reviewed the kit at a workshop conducted during this reporting period (Box 2) and workshops will be held with stakeholders at the district and sub-district levels in the next reporting period. In addition, a communications strategy using various mass media and interpersonal communication tools was finalized and rolled out in the last six months. The tools promote adopting safe and improved sanitation as a new, positive social norm, and associate a negative image for those who continue to practice open defecation.

India—Madhya Pradesh (MP)

Together, WSP and the state of MP have trained more than 1,000 master trainers and CLTS motivators, creating a solid basis on which to build and sustain gains in access to improved sanitation. By the end of this reporting period, 22 out of 50 districts had begun to adopt the CLTS training tools developed by the project.

TABLE 2: EMERGING RESULTS IN THE DEMAND COMPONENT PROGRESS AGAINST RELEVANT PERFORMANCE INDICATORS

Performance Indicator	Country/Region	EOP Target	Cumulative Progress to Date	Results (1/1/10–6/30/10)	Results for the Reporting Period (7/1/09–6/30/10)	% Toward EOP
1.1 Number of communities that have received CLTS promotional triggering events.	Indonesia	2,700	3,151	816	1,160	117%
	Tanzania	1,496	731	543	711	49%
	India HP and MP do not report on progress against this indicator.					
1.2 Number of communities exposed to promotional events where demand for ODF has been triggered.	Indonesia	1,350	1,792	436	1,162 ²	
	Tanzania	1,196	660	489	640	
	India HP and MP do not report on progress against this indicator.					

² The number of communities ignited in this period exceeds the number that received triggering because of the time lag between a community’s triggering and its stated commitment to becoming ODF.

BOX 2: COMMUNICATIONS CAMPAIGN WORKSHOP IN HIMACHAL PRADESH (HP)

In May, WSP organized a two-day communications workshop in Shimla, Himachal Pradesh to support the Government of India's Total Sanitation Campaign. Approximately 25 stakeholders from key agencies at the state and district level participated in the event. Communication materials including television ads, radio jingles, posters, flip charts, and product catalogues were reviewed. Participants analyzed the materials against the maturity of the sanitation programs in their districts to determine which would best enhance existing initiatives and accelerate progress toward TSC objectives. Participants drafted district-level sanitation promotion plans incorporating the most relevant products from the campaign.

To strengthen the policy environment for rural sanitation, WSP has facilitated exposure visits for government officials and has hosted advocacy workshops. Recent policy developments have been encouraging. For instance, the state government has altered incentive payouts to households that have been verified as ODF. Households now receive the money after they have been verified as ODF. Previously, they had received the payouts before verification. The state has also introduced financial incentives for motivators who are actively involved in community mobilization and demand-generation activities.

Indonesia

In Indonesia, project-funded CLTS triggering activities ended with the completion of triggering in the final eight project districts. The local government has taken over implementation, and 25 of the 29 districts and provincial governments are now funding scaling-up activities for rural sanitation. WSP hired a communications agency to develop and pre-test a campaign (Box 3) to encourage households sharing sanitation facilities to

move up the sanitation ladder. These materials will be completed by the end of July and will be added to the menu of communication tools already available to districts.

Tanzania

In the last six months, nearly 550 communities received triggering events, bringing the total for the project period to more than 700 communities. Plan International partnered with WSP to trigger 100 of these communities. The project team estimates that 90 percent of the communities receiving triggering and promotional activities have expressed demand for improved sanitation. In part, this can be attributed to Tanzania's high level of sanitation awareness (88 percent basic sanitation coverage) and culture of supporting consensus-based initiatives. Also, in the last six months, the complete marketing mix of the *Choo Bora*

BOX 3: MOVING UP THE SANITATION LADDER— COMMUNICATIONS CAMPAIGN IN INDONESIA

The 2008 Nielsen formative research study in East Java showed that people who share sanitation facilities report lower satisfaction with their latrines, indicating that they may be more likely to defecate in the open. The project focused on a communications campaign to motivate the 34 percent who said they were satisfied or very satisfied to immediately build improved facilities. A communications agency is pre-testing posters, radio spots, stickers, and other materials for the campaign, which will have two main components:

- **Emotional Appeal** to encourage households who share facilities to acquire their own. The campaign targets the husband's pride as head-of-household with the message that good sanitation is about protecting the family's health and its community standing.
- **Appeal to Reason** to build consumer awareness of the one-stop shop supplier network and emphasize that the franchises can help ease the acquisition of a new latrine.



Illustration 1: Audiences of 2,000–7,000 people participated in each *Choo Bora* roadshow. Above, images from a roadshow held in Rufiji district.

Chawezekana! campaign was launched, combining behavior change communications and sanitation marketing approaches to increase both demand and supply. *Choo Bora Chawezekana! Tumeamua Maendeleo Hadi Chooni* roughly translates to “A Good Toilet Is Possible! We’ve Taken Our Development All the Way into the Latrine.” The implementing firm conducted 31 direct consumer contact (DCC) roadshows, exceeding the audience target of 30,000 with a total estimated audience of 80,000 people (Illustration 1). A radio soap opera series whose plot focused on household sanitation reached an estimated 127,000 households in project wards, another 204,000 households across the ten project districts, and a total of 3.5 million households nationally (Box 4).

Component 2: Supply

Working with the local private sector to improve the quality and increase the range of sanitation products, facilities, and services that households consider desirable and affordable.

Table 3 shows progress against relevant performance indicators for the Supply Component.

Indonesia

During this reporting period WSP expanded the scale and reach of training for masons and sanitarians. Local government courses, the training institution, sanitation entrepreneurs, and study tours produced a total of 800 additional masons and sanitarians. Approximately 2,300 suppliers have received training to date.³

TABLE 3: EMERGING RESULTS IN THE SUPPLY COMPONENT PROGRESS AGAINST RELEVANT PERFORMANCE INDICATORS

Performance Indicator	Country/Region	End of Project Target (EOP)	Cumulative Progress to Date	Results (1/1/10–6/30/10)	Results for the Reporting Period (7/1/09–6/30/10)	% Toward EOP
Percent of communities covered by project trained artisans.	Indonesia	50%	18%	3%	0	36%
	Tanzania	75%	100%	100%	0	125%
	India HP and MP do not report on progress against this indicator.					

BOX 4: INCREASING DEMAND AND SUPPLY IN TANZANIA

Campaign Platform: In Tanzania, the project mainly targets rural heads of household and their families. Formative research revealed that the campaign needed to propose that good sanitation is something easily achieved and not just for the wealthy, as many assumed. In addition, sanitation improvements needed to be linked with improvements in status, convenience, and safety—especially for children. This led to the development of a marketing campaign, *Choo Bora Chawezekana! Tumeamua Maendeleo Hadi Chooni*—roughly “A Good Toilet Is Possible! We’ve Taken Our Development All the Way into the Latrine.” The Swahili version was found by representatives of the target audience to be nuanced and humorous while linking the desire to improve one’s life to sanitation. *Choo Bora* messaging is integrated into all aspects of the intervention and the target audience encounters it through a number of junctures, including masons, community sanitation committees, mass media (radio), and direct consumer contact (DCC).

Product: While the project encourages households to make a variety of upgrades, special attention has been placed on the Sungura slab, also known as a *sanplat*. This 2 ft by 2 ft concrete slab is a consumer favorite—smooth, washable, and safe for children. It has a drop hole in the middle and comes with a concrete cover that seals the hole, effectively containing the feces. It also has raised footrests to ensure good aim, especially at night. The slab is especially useful for upgrading existing latrines, which is what most rural Tanzanian households need to do to realize the health and economic benefits of sanitation.

Price: A Sungura slab is about US\$5 to purchase and about US\$4 to produce. In some areas, US\$5 will include installation; in others, customers have to pay about US\$1 extra.

Place/Distribution: Because of the dispersed nature of villages in Tanzania, transportation is a major constraint. Sanitation goods and services are not readily or widely available. Approximately 470 masons residing in or around priority villages were trained to produce and sell Sungura slabs (image above). Masons purchase raw materials and manufacture them on-site near village centers, sometimes using makeshift workshops. Orders are taken directly from households. Access to capital is a continuing issue for masons who are not often able to buy in bulk on their own. Masons often rely on the district government to loan them the molds needed for manufacturing.



Promotion: Promotion is taking place through mass media, DCC, and interpersonal communication (IPC), as well as through sanitation committees, masons, and promotional materials.

- **Mass Media.** Initially this is carried out through a five-episode, 15-minute soap opera airing twice a week just before the evening news on the popular TBC Taifa station (AM and FM frequencies). The show is supported by spots, songs, and DJ mentions.
- **DCC.** Direct consumer contact brings the campaign to villages through highly interactive road shows that promote sanitation upgrading through entertainment, contests, and testimonials.
- **IPC.** In Tanzania, initial community engagement comes through Community-Led Total Sanitation triggering in which the community decides how and when to improve their sanitation facilities, following guidelines established by Plan International, with support from Karmal Kar. WSP also received advice and feedback from Robert Chambers. CLTS events are carried out by district or ward facilitators with coaching from Resource Agencies. CLTS is unbranded and not explicitly linked to the *Choo Bora* campaign.
- **Sanitation Committees and Masons.** Once the community triggers and establishes an action plan, a mason can begin promoting upgrades and a CLTS Committee is formed to carry out day-to-day promotion and monitoring.
- **Promotional Materials.** The campaign developed promotional materials such as calendars for offices and public places, T-shirts for sanitation committees, masons, and champions, point-of-sale branding for masons, kangas for households, and notebooks and pens for local officials.

BOX 5: LUMAJANG DISTRICT LEADING THE WAY IN SUPPLY & DEMAND

After gaining nationwide recognition as the country's first CLTS-triggered ODF sub-district, Lumajang is using sanitation marketing to encourage the entire district to become ODF. The community started by identifying sanitarians who would participate in entrepreneurship training held by WSP. Endorsed by local governments, these sanitarians will play key roles in developing sanitation supply to cater to growing demand. They will operate their businesses as one-stop sanitation providers while facilitating the replication process of this business model for other interested entrepreneurs.

A business run by two government-endorsed sanitarians, Mr. Haryanto and Mrs. Endang, has filled about 500 orders in the last four months, with another 2,000 orders pending. Haryanto successfully encouraged four more sanitarians to start their own one-stop sanitation business.

Based on the positive responses from the communities being served (Box 5), the project has solidified the social franchising model of the “One-Stop Sanitation Solution.” To date, the project has trained 14 one-stop shop providers from 14 districts. An additional seven providers received training from the cohort of providers trained by the project. Each franchise employs at least two laborers and two salespersons who may be sanitarians, midwives, and/or community facilitators.

Tanzania

Overall, supply in Tanzania has improved. The complete marketing mix of the *Choo Bora Chawezekana!* campaign, combining behavior change communications and sanitation marketing approaches has effectively increased both demand and supply (Box 4). Sanplat latrines with covers are sold in almost 90 percent of rural communities in the 10 project districts. Also known as a “Sungara slab,” the sanplat is a consumer favorite because it is smooth, washable, and safe for children. The purchase price is about US\$5 and the production cost is about US\$4, though prices vary by region. The slab presents an affordable means to upgrade existing latrines.

However, supply lags behind demand. While every priority village now has access to a project-trained mason, masons face serious obstacles to translate their new skills into viable businesses. Demand for their services exists (most masons have outstanding orders), but many lack the means to invest in basic equipment. Each of the project's 470 trained masons requires at least ten slab molds to operate, but most cannot afford the purchase price of US\$50 each and have very limited access to financial capital. Local government officers have a limited number of molds available for loan, but not enough to allow masons to keep pace with demand. Further, the lack of reliable transportation between villages makes it difficult to move existing molds around to different villages to be used as needed by masons. Simply giving away the molds is not financially viable or sustainable—the project does not cover all of the wards in each of the 10 project districts and the molds have a “shelf life” and would need replacement.

WSP has piloted several solutions. Possibilities include creating a mason's fund (Box 6); the use of district revolving funds; leveraging funds from other development projects at the district level; helping masons construct their own molds

³ The original project target of 870 communities was increased to 2,700 during implementation to expose a sufficient number of people to the CLTS message in order to reach the 1.4 million people gaining access to improved sanitation target at the PDO level. The number of trained masons needed to sufficiently cover 2,700 communities therefore tripled from 4,350 to 13,500. To date WSP, in partnership with the government, has been able to achieve only 18% of this target.

rather than relying on prefabricated molds; and developing a new distribution system. The team will work with suppliers of manufacturing materials and other actors along the supply chain to test new mold distribution systems and technological innovations and may engage an agency to pilot mold rentals.

India—Himachal Pradesh (HP) and Madhya Pradesh (MP)

In HP, the supply market is strong and products are available in the nearby market; the key remaining challenges involve ensuring the good quality of construction, operation and maintenance services, and convincing consumers that a safe toilet is not necessarily an expensive one. To address these challenges, a rapid assessment was undertaken to assess the safety, quality, and sustainability of sanitary facilities in Nirmal Gram Puraskar (NGP) *Gram Panchayats*.

In MP, the state government strongly supports policies that strengthen the capacity of the local private sector to supply affordable sanitation options to the poor. Now households or groups of households can procure their own pans from the local market because many of the WSP-supported districts have shifted from centralized procurement to the private market supply of materials. To support the state’s efforts, WSP held stakeholder workshops for senior government representatives, including political and administrative heads, to discuss technology options and strategies. Another workshop was held for key suppliers and officials from the state to discuss strengthening both the supply stream and quality of sanitation materials.

In MP, a total of 150 master masons to date have been trained in toilet construction. The masons have increased the supply of safe sanitation technologies in 12 of the 22 districts supported by the project. During this reporting period, three more districts requested WSP support to train engineers and masons. A total of 40 masons and engineers were trained in response to these requests.

Component 3: Learning

Taking a proactive and strategic approach to the learning process to ensure that responsive knowledge

BOX 6: INNOVATIVE FINANCING—A MASON FUND IN RUFJI DISTRICT



In Tanzania, Rufiji district has piloted a mason fund with the cooperation of local suppliers of cement, wire mesh, and other materials. In this arrangement, masons compile lists of customer orders and present them to ward officers for validation and notarization.

The masons, all of whom have been trained by the project, present these official lists to suppliers upon the purchase of manufacturing materials. Once construction is complete, the masons reimburse their suppliers with revenues collected from households. In the first round, masons borrowed and repaid suppliers for the equivalent of US\$200 worth of building materials.

products are developed and shared with other programmers in the field to encourage knowledge uptake, adaptation, and replication.

Table 4 shows progress against relevant performance indicators for the Learning Component.

This period marked a notable increase in the production and dissemination of knowledge products. Between

TABLE 4: EMERGING RESULTS IN THE LEARNING COMPONENT PROGRESS AGAINST RELEVANT PERFORMANCE INDICATORS

Performance Indicator	EOP Target	Cumulative to Date	Total Produced 1/1/10–6/30/10	% Toward EOP Target
Number of knowledge products completed per project learning plan	51	41	14	80%

January 1–June 30, 2010, 14 knowledge products, including two videos, were published and disseminated and an additional 15 are in draft or in press. During this same period, the global team conducted 35 presentations and workshops for an estimated 1,550 people, including national and local government officials, sanitation colleagues at the World Bank and other nongovernmental agencies, community leaders, and community members.

See Annex 4 for a summary of learning activities and Annex 5 for a description of knowledge products completed or drafted during the past six months.

There is evidence that project learnings have begun to influence practitioners in the sanitation sector.

There is evidence that project learnings have begun to influence practitioners in the sanitation sector. For example, the Chief for Water and Sanitation at UNICEF/Nepal used the “Training and Capacity Building to Scale Up Rural Sanitation” learning note for lessons applicable in Nepal; in Niger, a sanitation specialist for *Objet de Développement Durable* (a French NGO) reviewed the working paper *Introduction to SaniFOAM* and contacted the author for additional guidance on how to use the framework in their research.

In India, the project team is successfully capturing and sharing learning through presentations, workshops, and knowledge products (Illustration 2) to support work to strengthen the enabling environment and support scaling up and replication. Central topics have included strengthening performance-based monitoring at district and national levels (workshops and a learning note); building communications capacity to support TSC objectives (workshops and a sanitation marketing materials kit) and strengthening ODF validation to support state and national incentive programs (workshops and a working paper). Two videos are in final production.

In Indonesia, learning activities focused on capturing and sharing insights on monitoring information flow (working paper) and strengthening the enabling environment through presentations on the project approach and results to government stakeholders at all levels (several presentations and workshops) and

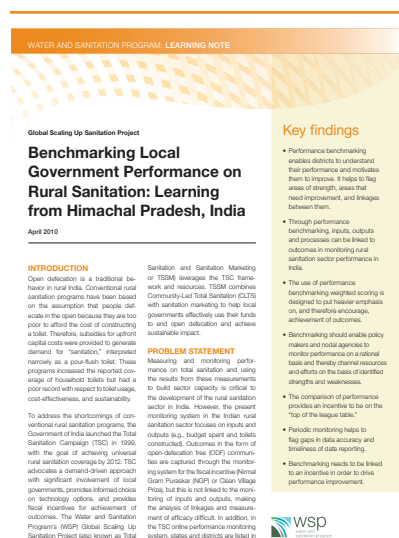


Illustration 2: Example of Learning Note

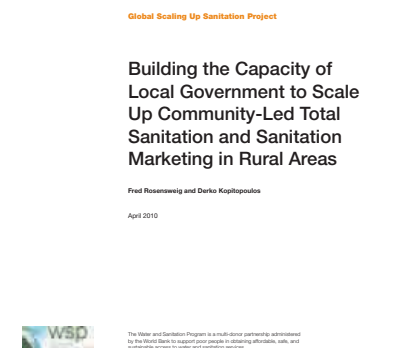
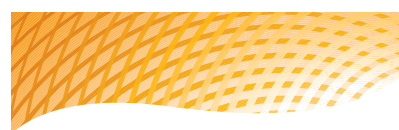


Illustration 3: Example of Working Paper

nongovernmental agencies. A video was produced and presented at the WSP Donor Meeting in Stockholm (June 2010) and posted online.⁴

In Tanzania, a video was produced, presented at the WSP Donor Meeting in Stockholm (June 2010) and posted online⁵ and several knowledge products were drafted. Overall, however, the development of knowledge products to capture and share learning to date has lagged while the team balances increasing operational demands, low government sanitation disbursements, and decreased staffing levels on WSP’s country and regional teams. To strengthen knowledge management, a consultant has been hired to help write and produce knowledge products.

A number of steps were taken to operationalize knowledge product production, promotion, and dissemination: In January 2010, design templates for Learning Notes and Working Papers/Technical Papers (Illustrations 2 and 3) were implemented for all global knowledge products. To reduce frequent contracting, a procurement process initiated in October 2009 for a typesetter under an indefinite award contract was completed in May 2010. To increase exposure, multiple channels were used to promote knowledge products, including digital, print, and video media; and email, web, and in-person (conferences and brown-bag lunches) outreach:

- To launch a new knowledge product, an email containing a summary, a link to download the publication, and link to an accompanying feature story (see below) was sent to WSP’s 40,000 subscribers. Feature stories on Working Papers and Technical Papers were written and posted on WSP’s homepage (www.wsp.org) and archived for future promotion.
- New knowledge products were announced in *Access*, WSP’s bi-monthly newsletter to 40,000 subscribers and some were selected for cross-promotion in World Bank newsletters.
- New publications were announced on USAID’s listserv on water, sanitation, and hygiene.
- Knowledge products were distributed at several regional and global conferences, including the World Bank Group’s Annual Spring Meetings (April 2010); WSP’s Annual Donor Meeting (June 2010), LatinoSAN, and the International African Water and Sanitation Congress and Exhibition (both March 2010).
- The project Web site continued to be improved. The Publication and Tools page was reorganized by component and country listings and now includes descriptive text for each publication.

⁴ Available on WSP Channel on YouTube: Moving up the Sanitation Ladder: Marketing Latrine Upgrades in Rural Tanzania (<http://www.youtube.com/user/WaterSanitation#p/a/u/2/Dv4ErUcU2H8>)

⁵ Available on WSP Channel on YouTube: Moving up the Sanitation Ladder: Marketing Latrine Upgrades in Rural Tanzania (<http://www.youtube.com/user/WaterSanitation#p/a/u/0/XCDw2pn9BxX>)

- The homepage (www.wsp.org/scalingupsanitation) had 3,036 page views in the last year, 2,393 of which were logged in the past six months. Publications and Tools (by Country—1,106; combined Country and Component—1,359) was the most visited subpage, followed by Core Components (1,023 page views). Knowledge products with the greatest downloads included *Learning at Scale* (101 downloads, average viewing time 3:55), *Information Catalog: Choices of Sanitation Facilities* (94 downloads, average viewing time 3:05), and *Introducing SaniFOAM* (62 page views, average viewing time 3:49).

Component 4: Performance Monitoring and Evaluation

Performance Monitoring and Evaluation consists of two interrelated areas. The performance monitoring work is designed to develop and implement responsive systems and tools to collect performance data on a regular basis and to enable the effective operational management and learning of the project, at both the global and country levels. The evaluation work consists of a rigorous impact evaluation implemented in each of the countries and designed to collect data on behavior change and the health outcomes.

Global Performance Monitoring System

The global performance monitoring system has been in place for three reporting periods and continues to provide important performance data for the project management team. The data entered by country teams provides the basis for progress reporting.

Country Performance Monitoring Systems

India—Himachal Pradesh (HP) and Madhya Pradesh (MP)

A system to benchmark districts based on performance has been adopted in HP (Box 7). The government of MP has undertaken a periodic grading of districts performance on the TSC, which assigns a low value for outcome. The project has undertaken advocacy with the state government to adopt the indicators and weights developed by the project under the performance monitoring and benchmarking system. The project developed an innovative rating scale that enables a quantitative measurement of the quality of implementation processes across different levels (states/districts/blocks). This assessment is compared with outcomes to make linkages between process and results. In MP, the rating scale has been applied and completed at the district level (a stratified random sample of 12 districts) and a similar assessment is planned for HP. The results of this assessment will feed into an advocacy discussion with state and district level stakeholders to help them understand that a high-quality process (a community-led approach with sanitation marketing principles) is directly correlated with high-quality outcomes and is therefore essential to ensure sustainability. Similar assessments at the state level have

A system to benchmark districts based on performance has been adopted in Himachal Pradesh

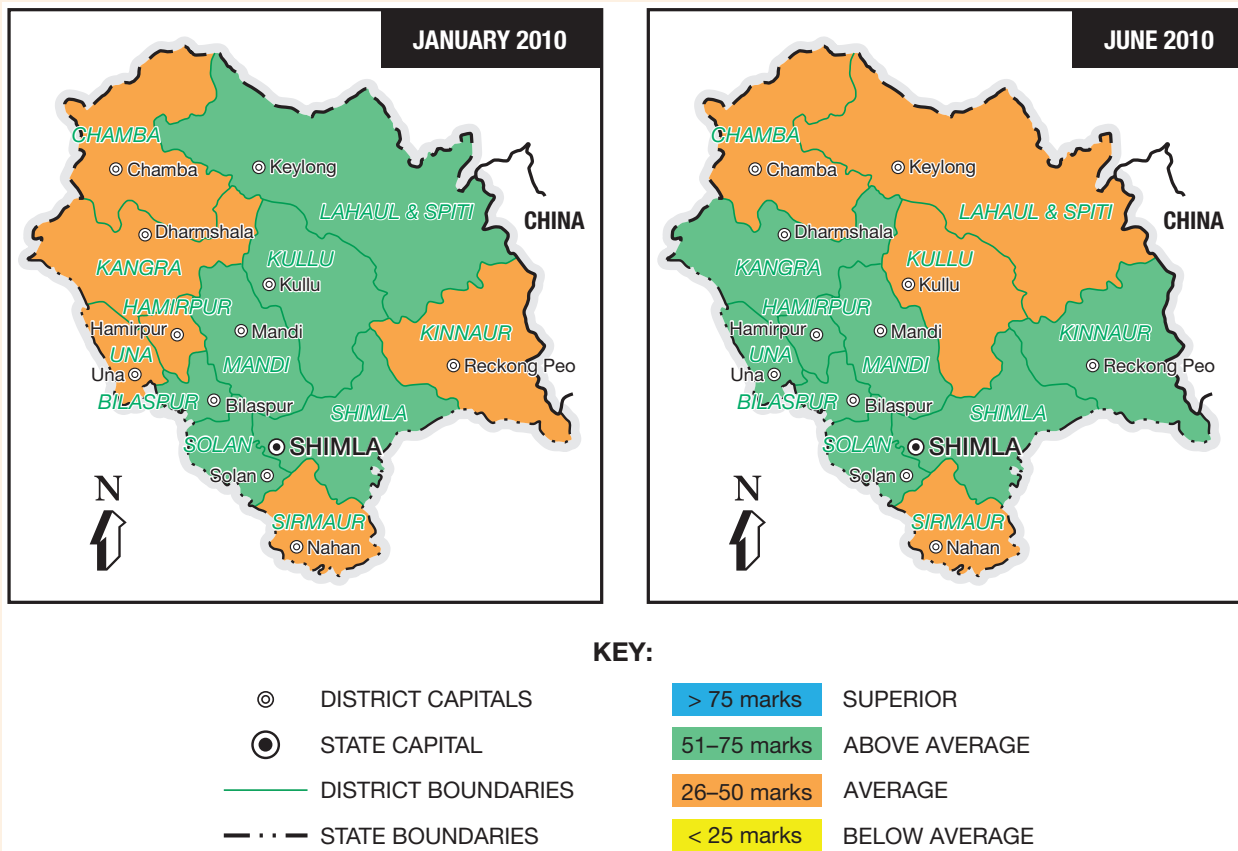
been proposed at periodic intervals. In addition, a national level assessment (involving 22 districts in 21 states) was completed using this approach.

Indonesia

During 2009, it was observed that, while monitoring data was being generated regularly in the communities, much of this data was not reaching sub-district, district, or higher levels for regular consolidation. To overcome bottlenecks, the project piloted a process that uses text-messaging capabilities

During 2009, it was observed that, while monitoring data was being generated regularly in the communities, much of this data was not reaching sub-district, district, or higher levels for regular consolidation.

BOX 7: PERFORMANCE MONITORING IN HIMACHAL PRADESH: JANUARY TO JUNE 2010



Four performance bands to assess comparative progress towards community and household sanitation within a programmatic and incentive framework that includes access, ODF, investments made, etc. Progress is quantified and ranked into Superior, Above Average, Average and Below Average bands. Benchmarking data shows significant progress in HP between January and June 2010. In January (above left) six districts merited Above Average and six districts were rated Average. By June (above right) two districts rose from Average to Above Average. As of June 30, there are eight districts in the Above Average band and four in the Average band.

on mobile phones to communicate monitoring data to a computer system. Using this system, sanitarians in the two pilot districts attached to *puskesmas* (health centers at the sub-district level) were required to routinely collect data from the community level and use their phones to upload the data in real time into a computer-based gateway system located at the district health office. The system automatically verified newly reported progress against baseline and previous month's data, and generated reports, thus eliminating the need for manual data entry. Periodic, random checks are made at the community level and during ODF verification exercises to verify text-reported data. The results of the pilot have been encouraging. By end of March 2010, 22 *puskesmas* had sent baseline and progress data through the mobile phone gateway, as compared to 13 *puskesmas* prior to implementation of the new monitoring system. The text messaging system helped reduce reporting errors that occur in manual collection and data entry systems. Data verification was easier because records were stored in the sanitarians' mobile phones.

During this reporting period, gains were made to strengthen the project's monitoring and reporting system.

Tanzania

During this reporting period, gains were made to strengthen the project's monitoring and reporting system. The project's web-based MIS was designed and launched with technical support from WSP's regional and headquarters monitoring specialists and village register monitoring process was validated. Both processes helped to identify gaps in data collection procedures (Box 8). As a result, the project will be focusing on strengthening the government capacity in monitoring and reporting in the next few months.

Impact Evaluation

Washington, D.C.

During the last six months, baseline data entry was completed in each of the three countries (Annex 6). This data was used to confirm that IE study will adequately measure JMP improved sanitation and self-reported open defecation as intermediate outcomes. However, based on a review of the data, several important decisions were made regarding the design of the impact evaluation (see Challenges, Emergent Learnings, and Project Responses).

Procurement of survey firms for the endline surveys was initiated for all project countries.

Procurement of survey firms for the endline surveys was initiated for all project countries. In Indonesia, the team completed negotiations with Survey Meter. In India, the evaluation of proposals is underway.

Contractual arrangements for the centralized data entry were finalized with Kimerica. They are now supporting preparations for the endline surveys and advising on data management, data reduction strategies, and quality standards to use during negotiations with the survey firms.

BOX 8: WORKING TO IMPROVE MONITORING AND REPORTING IN TANZANIA

To address the weaknesses in the village-, ward-, and district-level monitoring and reporting processes, the project introduced village registers: forms to be used by triggered sub-villages to help track sanitation improvements in line with JMP. The forms were to be filled out at the sub-village level and then fed up to the village, ward, and ultimately, collected by the district executive officer.

The success of the registers has been mixed, with some villages using them effectively and feeding the data to the respective ward level officers, while others have not used them at all. Given the distances between villages in Tanzania and the lack of reliable internet access, the project team believes that the main entry point for an effective monitoring and reporting system is the current institutional structures.

In the next few months, the project will be working with district, ward, and village executive officers to use their regular monthly meetings as a vehicle to collect data on sanitation improvements, share at ward and district levels, and discuss emerging challenges and needed support. The project team is also working with national government to create demand and incentives for local-level monitoring of sanitation and hygiene improvements.

In addition, the selection of a firm to define an economic evaluation methodology (cost-benefit and effectiveness analysis, or CBA) is underway. This CBA will be carried out for both Global Scaling Up Rural Sanitation and Global Scaling Up Handwashing. During this time period, the consultants will develop the methodology and conduct field tests in three countries (Tanzania and India, along with Peru for the handwashing project). Note that the final CBA will not be completed until the final impact evaluation endline data is collected.

A knowledge product map was developed to plan the content, audience, and objectives of IE-related knowledge products; data access agreement forms and use protocols for researchers affiliated with the impact evaluation team were also developed.

India

Analysis of the baseline data was completed and a report has been distributed for comments (Box 9). Results from the baseline report were shared in meetings with

BOX 9: IMPACT EVALUATION BASELINE SURVEY: SAMPLE RESULTS FROM MADHYA PRADESH, INDIA

In Madhya Pradesh, more than 80% of households resort to open defecation, while just 6% use a simple pit latrine. More than 60% of households had visible feces in the vicinity of the home, in large part because families tend to dispose of child feces in bushes or on the ground. This disposal method is more prevalent in poorer households (54%) than less poor ones (about 32%). About 87% of households share their defecation facility or site with neighbors and only 22.6% of households believe that their defecation facility or site is safe for women to use at night.

When asked about main constraints for building a private toilet facility, households cite high cost (79%), savings or credit issues (28%); and lack of materials (26.5%); 35% were unable to cite a constraint for not building a toilet. Households that do have toilet facilities listed convenience, safety, and privacy as the main reasons they built latrines.

government officials. During the meetings, the co-principal investigator presented the details and design of the impact evaluation study and shared the technical results of the baseline data.

In India, as a result of the midterm review, the project is adding a survey, which will be conducted after some of the control communities are incorporated into treatment. Government officials in the state of Madhya Pradesh have an initial agreement with WSP for the extra survey. The endline contract will include a provision to allow later negotiating and completion of the extra survey. Data from this extra round will be collected, at the earliest, during the third quarter of 2011. Analysis of this extra round may not be finished before the grant closes, but the project team believes that the extra data collection is still worthwhile, even if analysis is not conducted under the current grant.

Tanzania

Data entry was completed and a simplified baseline note is in progress. After visiting Tanzania, the impact evaluation team concluded that there is enough local capacity to undertake the endline survey and a procurement process was started. Following a request from the country team, a decision was made to reschedule the

BOX 10: IMPACT EVALUATION BASELINE SURVEY: SAMPLE RESULTS FROM EAST JAVA, INDONESIA

In Indonesia, about 40% of households defecate in the open, without even bushes for protection or bodies of water to wash the waste away. Another 38% of respondents report they defecate in rivers. In 25% of the cases feces were observed inside and/or around the dwelling and 36% of latrines were characterized as either dirty or very dirty. (In 13% of cases, flooding was observed around the latrine.) The proportion of households using shared sanitation facilities is 58%, and is more common among the poor than the rich (73% and 37% respectively).

Among the poorest households, 14% spend more than 10 minutes walking to their main sanitation facilities. In all, a rather high percentage of the female respondents (85%) feel secure using the facility at night. For households that actually built a latrine facility in or around the home, convenient location was the main reason, followed by health consideration. The majority of households reported high cost as the major constraint for building the sanitation facility in the house.

endline survey for May 2011, pending completion and strengthening of program implementation (scheduled to end in first quarter of 2011). Under these circumstances, the challenge is to complete that final analysis and reporting before the grant's closure.

Indonesia

Analysis of the baseline data was completed and a draft report has been distributed for comments (Box 10). Ten rounds of longitudinal data have been collected and analyzed. A short community survey was designed and will soon be implemented. The team has maintained close communication and collaboration with the Mathematica consultants conducting an external assessment in Indonesia.

III. Challenges, Emergent Learnings, and Project Responses

There have been increasing reports from Tanzania and Indonesia that suppliers are unable to meet the demand created through the project.

Masons in Tanzania are facing similar challenges and demand may well erode if supply continues to lag.

Meeting Growing Demand

There have been increasing reports from Tanzania and Indonesia that suppliers are unable to meet the demand created through the project. A study in East Java, led by IFC and executed by CoWater, found that all of the sanitation entrepreneurs interviewed had backlogs of orders, the highest being about 150 latrines. One entrepreneur had even stopped taking orders for fear of not being able to fulfill them in a timely manner. In the past year, the project in Indonesia has focused on replicating some of the approaches used by a successful sanitation to build the capacity of sanitations in other districts to become “one-stop shop” service points for sanitation. However, the IFC/CoWater study identified three other possible business models for further accelerating scaling up of supply. Of those models, the study recommends encouraging small and medium-sized enterprises, such as district hardware stores, to enter the market by offering incentives, including exclusivity in operations for a period (e.g., through a concession type of arrangement). These suppliers would receive technical assistance and access to finance for working capital, the lack of which has been a major constraint for entrepreneurs to grow their businesses. WSP and IFC will discuss the way forward during the next reporting period.

Masons in Tanzania are facing similar challenges and demand may well erode if supply continues to lag. In Tanzania, WSP has begun discussions with Monitor Group, which is implementing a 14-month project to identify and evaluate business models that effectively serve lower-income populations in six African countries (Senegal, Ghana, Kenya, Tanzania, Uganda, and South Africa). Although the study is not focusing on sanitation, Monitor Group has identified possible limitations to the traditional “mason model” based on its work both in Africa and India. Monitor Group has drafted a concept note to carry out a detailed diagnostic and propose business models that would enable a more rapid market transformation at scale. The emergent global learning from the project is that sanitation marketing needs to go beyond the traditional mason model. A graduate student from the London School of Economics is doing a master’s thesis on the supply chain in Tanzania. Her analysis may feed into any work with the Monitor Group in addition to other efforts to strengthen supply.

Impact Evaluation

Global

Based on a midterm review, the project made several important decisions regarding the design of the impact evaluation:

- The longitudinal measurements were halted. Analysis in India and Indonesia showed signs of underreporting and fatigue from respondents, with sharp declines in diarrhea prevalence that did not seem related to the intervention.

- Due to the difficulties of measuring diarrhea, the project will focus on respondents' heights as a main outcome in accordance with recent research trends showing height is a good predictor of health-related outcomes. The project will invest in improved training and instruments for anthropometric and age measurement in the endline collection. Team members believe this will help to improve the quality of measurements and lead to less variability in the observations.
- Measurements on the intervention will be reinforced to strengthen assessment, with additional focus on exposure and intensity. In India and Indonesia, a community survey and a rapid assessment have been drafted and discussed with survey firms to replace the remaining longitudinal studies.

Key operational lessons include:

- The implementation of a robust impact evaluation creates significant additional operational burdens on the project management team (e.g., additional procurement, management and oversight of contractors, etc). The potential benefits of an IE need to be communicated to the project team and support provided to management to effectively coordinate implementation.
- Defining and communicating the differences, and complementarities, between an impact evaluation and a project monitoring system is important to do early on in project implementation. As the expected magnitude of impact is closely related to the intensity and reach of interventions, the impact evaluation relies heavily on data provided on reach and intensity from the project monitoring system. Processes should be defined to ensure alignment between monitoring and evaluation as part of project preparation.
- In real world settings, demand-driven interventions create challenges to be true to treatment and control areas (India-HP and some villages in Indonesia) and can pose a risk to the design of the impact evaluation.
- Repeated measurements may cause survey fatigue and underreporting by respondents, as was the case with the longitudinal rounds incorporated to measure diarrhea. Alternative outcomes could be pursued, such as height.
- Quality of measurement. The outlier observed variability in some outcomes underscores the importance of investing in improved training and instruments for anthropometric and age measurement in the endline.
- The importance of baseline collection to revise assumptions on statistical power of the studies. One of the main purposes of baselines collection in randomized controlled trials (RCTs) is precisely to reduce uncertainties and risks on final samples and to revise minimum detectable sizes.

BOX 11: STRENGTHENING TRAINING AND CAPACITY BUILDING

Rural sanitation programs at scale require development of a high-quality, effective cadre of human resources for implementation in a given host country. Local governments are the focal point for development of this human resource. A cascading training model (where national- or regional-level trainers train local governments, or local governments train communities, and other similar schemes) is effective for implementation of rural sanitation projects at scale.

Trainers in this model must have both technical expertise and training skills. High quality, standardized training materials and methodologies enable high quality replication of projects at scale. Examples include maximum use of an experiential learning cycle, inclusion of a facilitator guide, a participant manual, and visual aids. Successful replication in other regions, districts, and countries will benefit from development of national or regional training resources.



Monitoring the effectiveness of training materials and designs is critical to ensure high quality programs. In late 2009, country visits were conducted in India, Indonesia, and Tanzania to analyze training materials and approaches and identify areas to strengthen and a Learning Note summarizing insights was published in June 2010.

The photograph shows a December 2009 training session held in Indonesia.

In India, a key challenge involves reconciling the findings of external evaluations, Nirmal Gram Puraskar figures, and self-reported progress data collected under the TSC.

India

In India, a key challenge involves reconciling the findings of external evaluations, Nirmal Gram Puraskar figures, and self-reported progress data collected under the TSC. The project is also addressing the challenge of coordinating the impact evaluation study, which was cancelled in HP in this reporting period due to the contamination of the control areas given the demand-driven nature of the interventions and the government’s commitment to respond to community demand for becoming ODF. Resources previously allocated to HP were shifted to reinforce measurements and to track reach and exposure in MP. The baseline data will provide important descriptive information for the government and other practitioners.

Tanzania

Based on the baseline experience in Tanzania, the project did not conduct longitudinal data collection and instead prioritized additional funding for

strengthening the endline data collection and finishing the sampling for the remaining five districts. Thus, in Tanzania, the endline survey will rely on a single post-treatment design.

Improving the Quality and Scaling Up of Trainers for Both Demand Generation and Supply

The project team identified several weaknesses in the implementation of training of trainers and the “cascade model,” which was employed to increase the number of trained trainers quickly.

- The quality of the training delivered by the trained trainers varied.
- Incentives for trained trainers to deliver training were lacking.
- The number of trainers needed to achieve the project targets was insufficient.

To address these issues, and in this reporting period, country visits were conducted in India, Indonesia, and Tanzania to analyze training materials and approaches and identify areas to strengthen. A Learning Note was published in June 2010 (Box 11).

The project team identified several weaknesses in the implementation of training of trainers and the “cascade model,” which was employed to increase the number of trained trainers quickly.

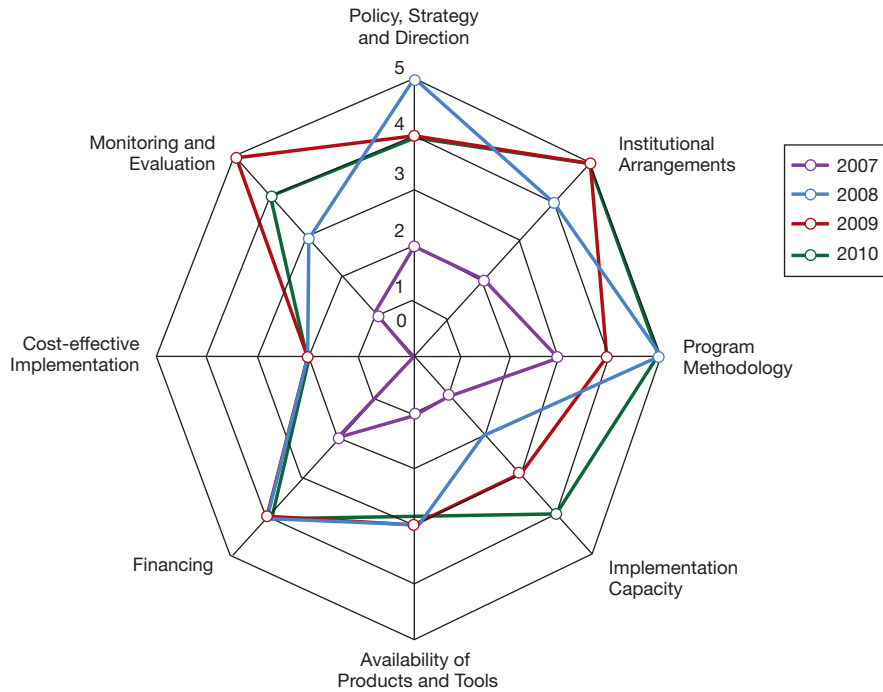
IV. Project Management

As WSP's overall focus on rural sanitation increases with the implementation of the new FY11–FY15 business plan, there are growing demands on the DC team to support rural sanitation projects in other WSP focus countries while continuing to provide ongoing support to the project countries. Main project management changes in this reporting period include the following:

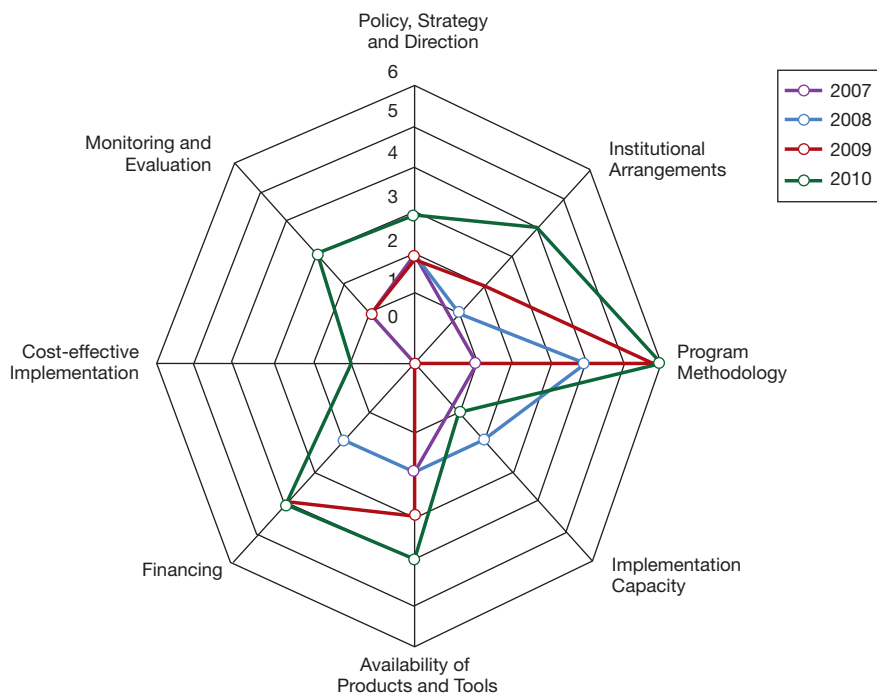
- Two additional staff were temporarily relocated to Tanzania to provide technical and operational support, Upneet Singh from India (three months) and Craig Kullmann from Washington DC (six months).
- Also in Tanzania, Kaposo Mwambuli was promoted as an ETC operations analyst, replacing departing staff.
- In Washington DC, Kara Watkins was recruited as an STC production coordinator, replacing Anne Marie Coonan.

Annex 1: Enabling Environment Spider Diagrams (as of June 30, 2010)

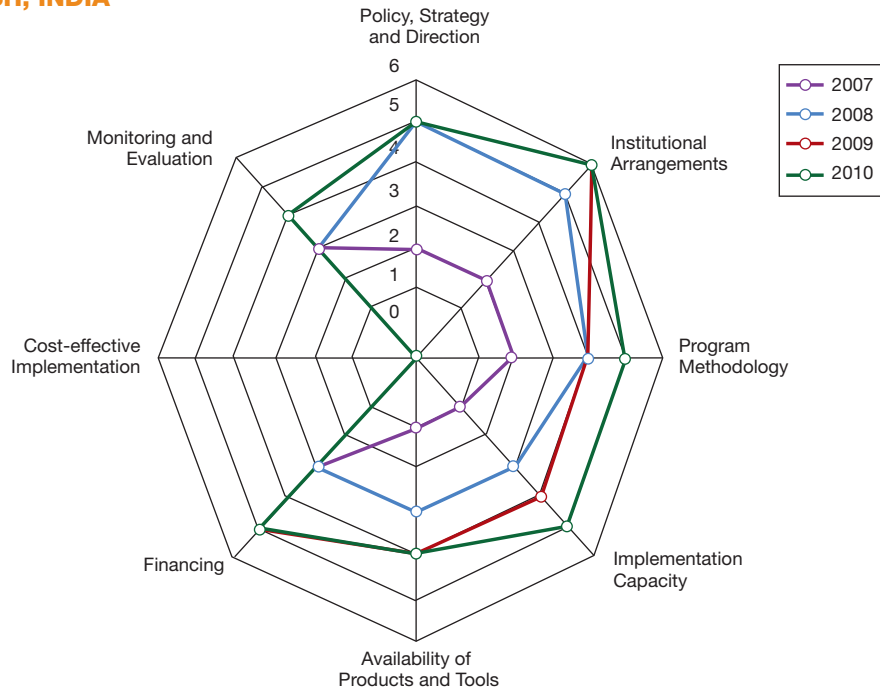
INDONESIA



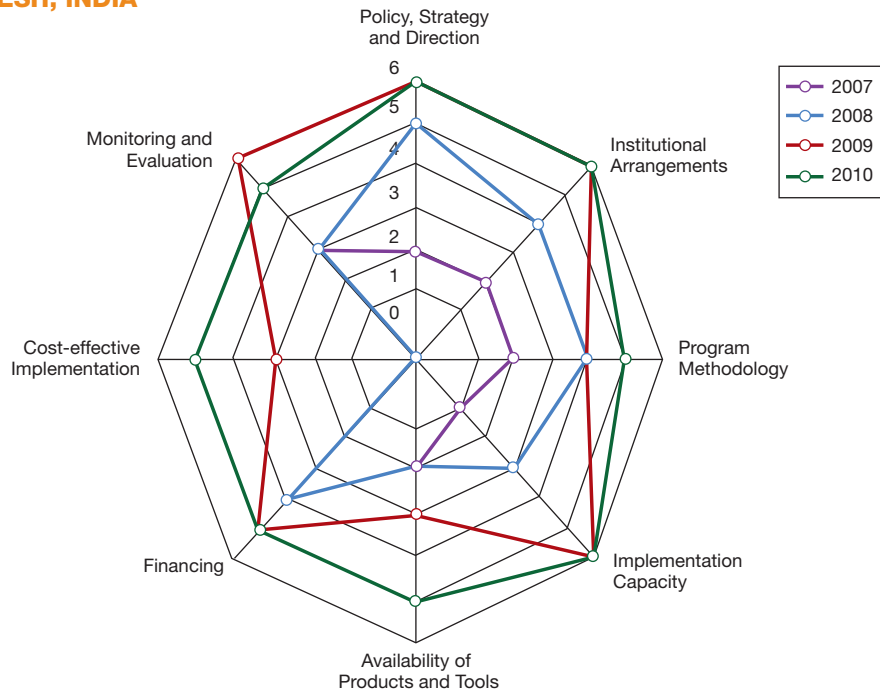
TANZANIA



MADHYA PRADESH, INDIA



HIMACHAL PRADESH, INDIA



Annex 2: Performance Monitoring and Benchmarking TSC in India (Poster)

Total Sanitation Campaign: Performance Monitoring and Benchmarking

Benchmarking: Four Step Process

STEP 1: Select Indicators and Collect Data

STEP 2: Assign Scores to Each Indicator

#	Indicator	Indicator Type	Max Score	Min Score
1	% Rural Sanitation Budget Spent	Input	5	0
2	% Population Targeted by Coverage	Output	15	0
3	% Sanitary Transitions Target Achieved	Output	20	0
4	Population (Reached over the NQIP period)	Process	10	0
5	Average Productivity per NQIP	Process	15	0
6	Success Rate of NQIP Applications	Process	15	0
7	% of NQIP Plans/works	Subtotal	30	0
8	% NQIP Performance	Outcome	10	0
TOTAL SCORE			100	0

STEP 3: Sum up Scores and Benchmark Performance

STEP 4: Disseminate Results at Periodic Intervals

How are States and Districts Performing on the Total Sanitation Campaign?

BEST FIVE PERFORMING DISTRICTS IN INDIA

State	District	Score	#
Andhra Pradesh	Prakasam	85	1
Chhattisgarh	Bilaspur	82	2
Madhya Pradesh	Jabalpur	81	3
Madhya Pradesh	Indore	80	4
Madhya Pradesh	Bhopal	79	5

Best Five Performing Districts in South India

State	District	Score	#
Andhra Pradesh	Prakasam	85	1
Chhattisgarh	Bilaspur	82	2
Madhya Pradesh	Jabalpur	81	3
Madhya Pradesh	Indore	80	4
Madhya Pradesh	Bhopal	79	5

Best Five Performing Districts in North East India

State	District	Score	#
Assam	Assam	75	1
Assam	Assam	74	2
Assam	Assam	73	3
Assam	Assam	72	4
Assam	Assam	71	5

Best Five Performing Districts in West India

State	District	Score	#
Andhra Pradesh	Prakasam	85	1
Chhattisgarh	Bilaspur	82	2
Madhya Pradesh	Jabalpur	81	3
Madhya Pradesh	Indore	80	4
Madhya Pradesh	Bhopal	79	5

Best Five Performing Districts in East India

State	District	Score	#
Assam	Assam	75	1
Assam	Assam	74	2
Assam	Assam	73	3
Assam	Assam	72	4
Assam	Assam	71	5

Best Five Performing Districts in South India

State	District	Score	#
Andhra Pradesh	Prakasam	85	1
Chhattisgarh	Bilaspur	82	2
Madhya Pradesh	Jabalpur	81	3
Madhya Pradesh	Indore	80	4
Madhya Pradesh	Bhopal	79	5

Legend:

- > 75 marks (Superior)
- 51-75 marks (Above Average)
- 26-50 (Average)
- < 25 marks (Below Average)

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 New Delhi-110005, India
www.wsp.org

Annex 3: National Workshop in India: “A Decade of the Total Sanitation: Lessons Learnt and Way Forward”

Back to the Office Report by Upneet Singh

Introduction

A National Workshop on “A Decade of the Total Sanitation Campaign: Lessons Learnt and Way Forward” was organized in New Delhi on 22nd and 23rd April 2010 by the Department of Drinking Water Supply (DDWS), Government of India, in partnership with WSP. The workshop was held at an opportune time—the Total Sanitation Campaign (TSC) of the Government of India (GOI) has recently completed one decade and the rural sanitation incentive program, the Nirmal Gram Puraskar, has completed five years of operation. The TSC goal is to achieve universal rural sanitation coverage by 2012 and over the past decade, there has been significant progress, e.g., rural sanitation coverage has nearly tripled from just 21% in 2001 to 61% at present. The number of NGP winners (clean village award given by GOI to local governments for ODF+ villages) has also increased from just 40 when the incentive program was launched to over 22,000 today. However, these national aggregates hide considerable disparities between and within states and districts in terms of performance on the TSC. In addition, while scaling up has been impressive, there is a need to focus on sustaining the gains achieved in terms of usage of sanitation facilities created and measurement of health impacts.

The workshop was inaugurated by the Honorable Minister of State for Rural Development, Ms Agatha Sangma. From the national level, participants included the Union Secretary, Mrs. Rajwant Sandhu; Jt Secretary, Mr. JS Mathur; Jt Secretary, Mr. TM Vijay Bhaskar; and Director, Mr. Vijay Mittal, of the DDWS. In addition, representatives from 21 States and three sector partners (UNICEF, Water Aid and Arghyam) joined the event to share their insights and map

the way forward. The total number of participants was around 85.

Objectives

This workshop was organized in response to a request from the Department of Drinking Water Supply, GOI, for a discussion and analysis of the processes that underpin differential performance of the TSC across and within states and districts. The workshop provided an opportunity to share the results of this assessment, which was based on field visits to 22 districts across 21 states of India, and also other studies on toilet usage and health impacts of rural sanitation undertaken by WSP. Accordingly, the objective of the workshop was to review the status of the TSC, identify the lessons learnt in the implementation of the campaign, and plan for the way forward toward the goal of making the rural areas ODF a reality by 2012.

Highlights

The workshop provided an opportunity to discuss the emerging trends in TSC implementation over the last decade.

Day 1: On the first day, a presentation was made to highlight the performance on different components of the TSC, focusing on the process factors and efficiency rather than quantum of spend. The discussions triggered by the presentation brought out the fact that we have to assess our progress towards the Millennium Development Goal or Nirmal Bharat not just in terms of physical coverage, which has been impressive, but usage of the sanitation facilities created. There was also an opportunity to discuss the findings of two rapid assessments undertaken by WSP. The first was on the

patterns of usage and quality of toilets in Nirmal Gram Puraskar winning *panchayats* vs non NGP *panchayats* in five states. The assessment put the focus on the need to address sustainability of progress achieved under TSC. The second assessment shared the findings of the impact of access to sanitation and hygiene on health (measured in terms of incidents of worm infestation and diarrhea in households with children under five) and brought out that it was not singular interventions, but an integrated package of sanitation and hygiene, that is most effective in reaching health outcomes.

Day 2: The second day provided an opportunity to share the results of a National level assessment of the TSC undertaken by WSP at the request of the DDWS to understand the processes that underpin scaling up and sustainability of TSC. Six program processes were studied: Strategy for TSC Implementation, Institutional Structure, Approach to Creating Demand and Scaling-up, Technology Promotion and Supply Chain, Financing and Incentives, and Monitoring. Based on findings from 22 districts across 21 states, the study findings showed that districts/states that follow the TSC guidelines in the right spirit and focus on quality of processes tend to perform better in terms of achieving TSC program goals. In terms of areas of improvement, it was highlighted that the monitoring system of the TSC can be improved to focus on long-term achievement in addition to short-term targets. This will help to put the spotlight on sustainability of progress achieved in addition to achieving scale.

The union secretary placed on record her appreciation for the technical analysis and support provided by WSP and endorsed the key messages emerging from the different assessments, including the need to focus on processes and improve monitoring to achieve sustainability. In her closing remarks, she stressed that increase in subsidy was not the answer to the challenges faced in implementing TSC and also pointed out that many states and districts asking for an increase in subsidy were in fact the ones performing poorly on sanitation outcomes and with unspent balances in their TSC account.

Next Steps

Following the National Workshop, WSP was invited by the National Government to share the findings of the studies presented at Delhi at national-, state-, and regional-level workshops. WSP was invited to present the topline findings at the conference of state secretaries of water supply and sanitation, scheduled in the first week of May. In addition, WSP was also invited to participate in sub-national workshops being organized by the DDWS and chaired by the union secretary in those states that are lagging in terms of TSC performance to give a fillip to the TSC. The objective is to review the progress achieved, identify and address gaps in the current TSC program framework, and plan for sustainability post-2012. The Government of Sikkim, the first Nirmal Rajya in India, has expressed an interest in conducting an assessment of sanitation and health as was presented by WSP during the National Workshop. Following a request from the state, we have shared the Terms of Reference and research instruments developed for this study.

Acknowledgements

Many people contributed towards organizing this event. The assessment of the processes that underpin TSC outcomes was based on field visits to 22 districts in 21 states, undertaken by a team of seven investigators: Ajith Kumar, Upneet Singh, Aravinda Satyavada, Kakumanu Arokiam, Manu Prakash, Prapti Mittal, Rajiv Raman, and Suseel Samuel. Coordinating the logistics of the assessment and workshop was very capably supported by Lira Suri. Printing of posters on key technical findings of studies for display at the venue was facilitated by Vandana Mehra. At the venue, Rakesh Bhati organized the setting up of a Knowledge Stall to showcase WSP publications and films on rural sanitation, which was very well received. We extend our thanks to all those who have contributed to both the content and logistics for organizing this workshop.

Annex 4: Learning Activities, January 1–June 30, 2010

Date	Location	Topic	Audience	Participants
January 2010	Vientiane, Lao-PDF (Indonesia)	Training of trainers on CLTS and scaling up total sanitation and sanitation marketing (Indonesia team)	CLTS trainees	20
January 2010	Bhopal and Dhar, MP, India	Master mason training	Mason trainees	57
February 2010	Tanzania	2010 roles, responsibilities, communication modalities, targets, action plans.	Project team	25
February 2010	Ujjain, MP, India	Divisional Workshop		60
February 2010	Washington DC	Sanitation Marketing	USAID's Sanitation Working Group	30
February 2010	Tanzania	Participatory Approaches and Sanitation: A Discussion with Robert Chambers	National stakeholders	20
February 2010	Jakarta, Indonesia	Total Sanitation and Sanitation Marketing	Plan International	8
March 2010	Tanzania	Presentation to project appraisal team and country management	African Development Bank staff	8
March 2010	Jakarta, Indonesia	Project Approach and District Benchmarking	National government, provincial and district governments, consultants, WSP, local champions, natural leaders and facilitators	100
March 2010	Jakarta, Indonesia	Project Approach and Results	WSS National Working Group meeting with national government and development agencies	25
March 2010	Jakarta, Indonesia	Stakeholders Review Meeting	Provincial-level project managers, sanitation and hygiene consultants working on PANSIMAS, Component B	100
March 2010	Tanzania	Project site visits	National stakeholders	30
March, April, May, June	Tanzania	Workshops in CLTS and DCC planning, held in partnership with districts	Ward and village level government officers	150
April 2010	Tanzania	Media briefing on project approach and results; chaired by the World Bank country director and the Ministry of Health; included presentations from project team, district officials, masons.	Media professionals	40

(Continued)

Date	Location	Topic	Audience	Participants
April 2010	New Delhi, India	Results of National Assessment of TSC, presented at A Decade of the Total Sanitation Campaign: Lessons Learned and Way Forward	Representatives from national government, 21 states, and 3 sector partners	85
April, 2010	Washington DC	Sanitation Marketing	Sustainable Development Network Learning Week World Bank, WSP Colleagues	20
April, 2010	Washington DC	Project Approach and Results	Sustainable Development Network Learning Week World Bank, WSP Colleagues	200
April, 2010	Washington DC	Results Management for a Global Framework	Sustainable Development Network, senior managers from the World Bank and OPECS, WSP Colleagues	20
April 2010	New Delhi, India	“A Decade of the Total Sanitation Campaign: Lessons Learned and Way Forward”, organized by WSP-India and the Department of Drinking Water Supply (DDWS)	National government, 21 states, and 3 sector partners	85
April 2010	Washington DC	Brown-bag lunch on <i>Case Study of Sustainability of Rural Sanitation Marketing in Vietnam</i>	WSP, World Bank, and sector colleague	19
May 2010	Washington DC	Brown-bag lunch on <i>Case Study of Sustainability of Rural Sanitation Marketing in Vietnam</i>	WSP, World Bank, and sector colleague; chaired by World Bank’s East Asia Pacific sector leader	16
May 2010	Shimla, HP, India	Communications campaign to support TSC	State and district level implementation agencies	25
May 2010	India	MP State Sanitation Workshop	Senior officers in charge of sanitation from all districts in MP	70
May 2010	India	State Sanitation Secretaries Workshop	Secretaries/senior officer in charge of sanitation from all the states participated	40
May 2010	Jakarta, Indonesia	Total Sanitation and Sanitation Marketing	UNICEF	8
May 2010	Medan, North Sumatra, Indonesia	CLTS training	District-level demand facilitators	70
May 2010	Makasar, South Sulawesi, Indonesia	Training on institutionalizing a rural sanitation program	District-level government representatives from PASIMAS project locations and project resource persons	30
May 2010	Solo, Central Java, Indonesia	Training on institutionalizing rural sanitation program	District-level government representatives from PASIMAS project locations and project resource persons	35

(Continued)

Date	Location	Topic	Audience	Participants
June 2010	Washington DC	Brown-bag lunch on sanitation marketing and behavior change communications, lessons learned from Tanzania and Indonesia	WSP, World Bank, sector colleague	64
June 2010	India	Strategy Building Workshop, Rural Sanitation 2010-2022 (northern regional consultation)	Senior officers in charge of sanitation from eight northern states	35
June 2010	Switzerland (Washington DC)	AQUASAN meeting, Keynote on Project Approach and Results	Representatives from global WASH sector	50
June 2010	Stockholm (Washington DC, India, Indonesia, Tanzania)	Sanitation Workshop, WSP Donor Meeting	WSP Donors	52

Annex 5: Knowledge Products, January 1–June 30, 2010

India

Benchmarking Local Government Performance on Rural Sanitation: Learning from Himachal Pradesh, India

Describes the process of developing a benchmarking performance system for rural sanitation, measuring progress at both district and state levels eight indicators. Indicators include input, output, process and outcome (with more weight given towards outcomes than towards inputs). A periodic (monthly, quarterly and annually) benchmarking of districts/states enables comparisons in performance, helping focus attention on laggards and encouragement to achievers.

Outcome Focused Monitoring Systems for Incentives

Describes the outcome-based, objective, and transparent monitoring system developed to incent, verify, and reward open defecation free communities in rural India. The verification process for Nirmal Gram Puraskar, a national reward program, incentivizes state and local governments through milestones, state-level competitions, and rewards. Includes a discussion of the verification process, lessons, and suggestions for projects seeking to replicate elsewhere. (in production)

A National Sanitation Campaign Concept Note

A starting point to formulate a three year plan for improving hygiene and sanitation nationally; discusses promotional activities, targets, and roles and responsibilities, including a new lead role of the Ministry of Health and Social Welfare to coordinate sanitation and hygiene activities within the WSDP. (in draft)

Best Practices in Rural Sanitation, Himachal Pradesh

The video documents the six villages which won the divisional level prizes in the state competitive reward program

for improved sanitation in 2009, showing how these communities, under the leadership of the *Gram Panchayat*, used innovative approaches to improve sanitation, including waste management, water conservation, water management, and other related developmental issues. The video will be used as an advocacy tool in other villages to enable them to draw inspiration from their peers. (in production)

Best Practices in Waste Management

The video documents best practices initiated by communities to manage environmental waste. Four case studies are presented in which communities have managed solid waste to generate wealth and power for the community; in addition, these communities have also managed wastewater from their villages for productive use. These models of success are being managed by the *Gram Panchayats* on a sustainable basis. (in production)

Indonesia

Sanitation Marketing in East Java

In East Java, local entrepreneurs have been trained to develop a sanitation business and increase their customer base. Using sanitation marketing approaches, local entrepreneurs can develop a sanitation business. Steps include identifying potential entrepreneurs at the district level; leveraging capacity and skills through training on upgradeable sanitation options, promotion, selling strategies, and simple book keeping; and developing a range of products with upgradeable, affordable options that meet market preferences. (in production)

Monitoring and Evaluation System

A monitoring and evaluation system has been implemented to support a large scale, rural sanitation improvement project in East Java. This paper reviews approaches and key learnings to date. A robust monitoring and evaluation system measures

and monitors outcomes by all stakeholders, is accurate and periodic, and includes collaborative data collection by communities and local government through fully public and transparent tools such as social mapping. In addition, community members must be fully able to monitor their own progress. A new system uses mobile phones, short text messaging (SMS), and central computer-based databases. (in production)

Tanzania

A National Sanitation Campaign Concept Note

A starting point to formulate a three-year plan for improving hygiene and sanitation nationally; discusses promotional activities, targets, and roles and responsibilities, including a new lead role of the Ministry of Health and Social Welfare to coordinate sanitation and hygiene activities within the WSDP. (in draft)

Validation of Village Registers to Monitor Change in Sanitation and Hygiene Status

Manual data collection is always subject to error. A certain level of error is acceptable and is built into the interpretation of data. However, it is important to establish the level of error to understand how representative and accurate the data is. In Tanzania, village registers have been introduced to monitor change in sanitation and hygiene status. The registers have been managed in different ways in different districts. The project wanted to assess how the village registers are being used, what the level of error is, and whether there is any potential to scale-up use as a monitoring tool. (in draft)

Community-Led Total Sanitation and Sanitation Marketing: Lessons from Tanzania

With diarrheal disease taking an annual toll of two million children, many agencies are searching for the best way to prevent the illness among children under five. The government of Tanzania, with support from WSP, is implementing a program that combines two behavior-change approaches to improve sanitation: community-led total sanitation (CLTS) and sanitation marketing. These approaches were developed in Bangladesh and Vietnam, respectively, but Tanzania provides an example of developing and implementing an integrated

intervention. This note describes how it has been adapted, combined, and applied in Tanzania. (in draft)

Building Local Government Capacity: Lessons from Tanzania

Many large-scale sanitation and hygiene interventions overlook the district and sub-district capacities, or set up parallel systems that hamper sustainability. In Tanzania, WSP's engagement with local governments has evolved over the course of implementation as a process of getting buy-in at district level and working towards consensus on a vision for implementation. As district buy-in improved, it became clear that local capacities needed to be strengthened in a systematic way. The question then was how best to strengthen local capacity in a manner that was replicable nationally, while still accommodating local challenges. (in draft)

Global

Research on the Sustainability of Rural Sanitation Marketing in Vietnam

In 2009, WSP, the IRC International Water and Sanitation Centre, and ADCOM conducted a study to assess the sustainability of sanitation marketing approaches as a follow-up to a pilot project conducted from 2003 to 2006 by International Development Enterprises (IDE). This Learning Note distills key findings and recommendations from the full report, *Case Study on Sustainability of Rural Sanitation Marketing in Vietnam*.

Training and Capacity Building to Scale Up Rural Sanitation

As part of WSP's Global Scaling Up Rural Sanitation Project, a cascading training model has played an essential role in building the capacity of local governments to scale up rural sanitation in India, Indonesia, and Tanzania. This Learning Note reviews training and capacity-building activities and recommends four areas for further improvement.

Benchmarking Local Government Performance on Rural Sanitation

To strengthen outcome-focused management of the rural sanitation sector in India, WSP's Global Scaling Up Rural Sanitation

Project, in partnership with the Government of Himachal Pradesh, developed a five-step process to monitor and benchmark performance on a monthly basis across all 12 districts in the state. “Benchmarking” introduces the five-step process and key learnings drawn from experiences to date.

Case Study on Sustainability of Rural Sanitation Marketing in Vietnam

To investigate the sustainability of sanitation marketing as an approach to creating and meeting rural sanitation demands in Vietnam, WSP collaborated with IRC International Water and Sanitation Centre and ADCOM to follow-up on a pilot project conducted by International Development Enterprises (IDE) from 2003 to 2006. This Technical Paper discusses the research and offers recommendations that can be applied to similar sanitation projects worldwide, including WSP’s Global Scaling Up Rural Sanitation Project.

Building the Capacity of Local Government to Scale Up Community-Led Total Sanitation and Sanitation Marketing in Rural Areas

One of the central premises of WSP’s Global Scaling Up Rural Sanitation Project is that local governments can provide the vehicle to scale up rural sanitation. In all three project countries—India, Indonesia, and Tanzania—local governments are at the center of the implementation arrangements. This report looks at the experience to date in the three project locations in developing the capacity of local government to carry out its role in rural sanitation.

Progress Report July 1, 2009–December 31, 2009

This reporting period marks the beginning of the final year of implementation. WSP’s Global Scaling Up Rural Sanitation Project expects to meet or exceed global targets for the number of people having gained access to improved sanitation or have claimed open-defecation free (ODF) status.

Introducing SaniFOAM: A Framework to Analyze Sanitation Behaviors to Design Effective Sanitation Programs

Why do individuals with latrines continue to defecate in the open? What factors enable individuals or households to

move up the sanitation ladder? Before sanitation behaviors can be changed, they must first be understood. The SaniFOAM framework, developed to help answer some of these questions, categorizes sanitation behavioral determinants under Opportunity, Ability, and Motivation. With the letter F for Focus, these categories spell out F-O-A-M.

Sanitation Marketing as an Emergent Application of Social Marketing: Experiences from East Java

The article showcases how the Global Scaling Up Rural Sanitation Project is seeking to overcome the challenges in East Java where innovative formative research, social franchising, product branding, and integrated communications using mass media are being introduced. Published in *Cases in Public Health Communication and Marketing*, Volume 4.

Global Learning Strategy

The purpose of this learning strategy, applicable to the entire Global Scaling Up Rural Sanitation Project team, is to develop a structured process of generating, sharing, capturing, and disseminating knowledge about what works in scaling up and sustaining sanitation programs. This learning process will help enable evidence-based decisions by policy-makers and implementation of large-scale programs.

Global Scaling Up Rural Sanitation: Project Overview

This overview introduces the project approach, business model, and profiles of project implementation in Indonesia, India, and Tanzania. The project approach combines Community-Led Total Sanitation, behavior change communications, social marketing of sanitation; the business model works with national government to improve policy and funding strategies; with local government to implement at scale; and with the local private sector to improve supply. (in draft)

Value for Money

A two-page summary focusing on project inputs and anticipated outputs was prepared for DFID-UK Department for International Development to share with clients and stakeholders. (in draft)

Performance Monitoring System

An overview on planning, implementing, and sustaining a computer-based global performance monitoring system. (in draft)

Rough Guide to Sanitation Marketing

A guide to sanitation marketing for practitioners and program managers. (in draft)

Case Study on Sustainability of Rural Sanitation Marketing in Bangladesh

Results on a study on sustainability of sanitation marketing in rural Bangladesh four years after sanitation marketing pilot activities ceased. Comparative analysis of four implementation approaches using a mix of qualitative and quantitative data collection. (in draft)

Annex 6: Timeline of Longitudinal and Endline Surveys

