



Global Scaling Up Sanitation Project Second Annual Progress Report

Indonesia, Tanzania and the States of Himachal Pradesh and Madhya Pradesh, India

July 1, 2008 – June 30, 2009

Prepared by Catherine Amelink, Craig Kullmann, Eduardo Perez, Nat Paynter, Ajith Kumar, Upneet, Singh, Ousseynou Diop, Jason Cardosi, Ratna Josodipoero, Nila Mukherjee, Jacqueline Devine, Alex Orsola and Jack Molyneaux.

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The Global Scaling Up Sanitation Project, supported by the Bill & Melinda Gates Foundation, works with national and local governments to learn how to combine the promising approaches of Community-Led Total Sanitation and Sanitation Marketing to generate sanitation demand and strengthen the supply of sanitation products and services at large scale, leading to improved health for people in rural areas

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Executive Summary

The Global Scaling Up Sanitation Project is 36 months into implementation of the now five year project.¹ The project is on track to either achieve - or, in some cases - surpass intended outcomes. And now, with the launching of activities in the demand and supply components in Tanzania, the project is on track to deliver results in each of the four components across all three countries and four regions. By the end of 2011, 4.45 million people will have gained access to improved sanitation facilities and we will be able to measure the impacts these gains have had on young children suffering from diarrheal disease and on the productivity of households, especially among the rural poor. We are also on track in terms of learning what it takes to scale up sanitation programs sustainably and effectively and in capturing those learnings into knowledge products and resources that can be used by others to replicate the project using the Total Sanitation and Sanitation Marketing (TSSM) approach.

Scaling Up Access to Improved Sanitation

In both India and Indonesia, the number of communities that have become Open-Defecation-Free (ODF) and the number of people gaining access to improved sanitation services are substantial. Since the beginning of the project, 4.2 million people have gained access to improved sanitation services (94 percent of the *global* end of project target²) and 1,236 communities have become ODF (55 percent of the *global* end of project target). An additional 1,656 Gram Panchayats (GPs) in India have claimed ODF and are awaiting verification by the state monitoring system. Increases in access cannot yet be reported in Tanzania, given the recent launching of CLTS triggering activities, although implementation plans are in place to quickly reach scale in the 10 project districts.

Strengthening Ownership through Advocacy, Improving Policies and Capacity Building to Improve the Practices of Partners

The goal of each country is to help operationalize the sanitation objectives of the national government. In this respect, both India and Indonesia had a solid basis on which to work, whereas Tanzania's national objectives were less clear. By advocating the TSSM approach, providing tools, skills and trained resources to help facilitate implementation and sustain the outcomes achieved, TSSM-India has influenced the national Total Sanitation Campaign in Himachal Pradesh (HP) and Madhya Pradesh (MP). The TSSM approach has been fully adopted throughout the 12 project districts in HP and in 10 of the 20 project districts in MP. State-wide award schemes developed

¹ A one year no-cost extension to the four year project was approved during this reporting period to allow for sufficient time to complete the impact evaluation endlines following a sufficient implementation exposure time to do the necessary analysis and document the findings for both the country and global impact evaluations.

² For India, this number was derived at by multiplying the number of NGP applications by the average population of GPs. It is highly likely that this number will decrease as not all of the GPs applying for ODF status will be verified as such. Further, the TSC monitoring system, on which this figures relies, does not account for persons gaining access to sanitation outside of ODF verified communities. Revised numbers will be provided once the third party monitoring surveys are conducted in both States in October 2009. Further, this discrepancy will be dealt with through the IE endline surveys.

by the project have achieved full participation (HP) and district performance and progress towards becoming ODF is being measured for the first time.

Indonesia also had a solid foundation on which to build. Through advocacy and partnership building, TSSM-Indonesia introduced the “CLTS ++” approach (demand generation, sanitation supply improvements and enabling environment creation) which was endorsed by the national government, declaring it the National Strategy for Community-Based Total Sanitation (launched by the Health Ministry in August 2008). The project is now effectively leveraging the national strategy to increase community interest to become ODF, improving policies to strengthen the capacity at the local government level, and leveraging additional funds in support of project activities (US\$460,000 in this reporting period alone).

The policy and strategy environment was far less developed in Tanzania. TSSM-Tanzania has committed significant time and resources to build relationships with national and local government officials, to educate them on the CLTS-Tanzania approach, and to advocate that the approach be integrated into the national and local strategic planning and budgeting processes. Through the Ministry of Water and Irrigation’s National Water Sector Development Program (WSDP), the project team has been able to integrate both rural sanitation and hygiene. The TSSM/HWWS project districts have recently been designated as national “incubators” for sanitation and hygiene by the WSDP. This designation brings with it national recognition, additional funding and an opportunity to replicate the experience and lessons learned in the 10 project districts throughout other districts of the country.

Increasing Sustainability through Enabling Products and Environments

Sustainability for the Global Scaling Up Sanitation Project means different things at different levels. At the household and community level, a major contributor to sustainability is that the new latrine just bought and built does not break down or, if it does, it can be easily fixed. It means the lid is not made of wood, which, in Indonesia, would be quickly eaten by termites. It means that the mason who built the latrine has the skills and technology he or she needs to fix it if it does break. To help ensure sustainability at this level, the Global Scaling Up Sanitation Project has made significant gains in this reporting period developing the capacity of masons/service providers and introducing new sanitation products that are affordable and responsive to consumer needs. In this reporting period:

- 600 masons were trained in 10 districts in Indonesia.
- An upgraded and affordable latrine based on consumer research was introduced in Indonesia through a select number of trained masons, generating tremendous demand (500 orders were received by just one mason).
- An additional 100 master trainers were trained in India to train masons at the GP level.
- A sanitation marketing and communication strategy was finalized in HP.

At the community, district, regional and national level, sustainability means that there is broad-based commitment to the approach, recognition of the results being achieved and action to continue to support the gains made to replicate them in other areas of

the country. In this area too, the Global Scaling Up Sanitation Project has made measurable progress during the reporting period. National and local governments are allocating additional funds in support of project activities (US\$460,000 in Indonesia). All of the recent gains in access to improved sanitation in Indonesia are fully financed by the community households themselves, despite every sanitation program in the past offering subsidized or free latrines or sanitation credit, while routinely failing to push up people's access to sanitation. For the first time, sanitation program performance has been included as one of the main criteria for good governance in an annual province-level competition in East Java and national leaders in India and programs in Tanzania are recognizing TSSM-supported activities as models for the way in which other states or districts should promote improved sanitation in order to achieve the national sanitation goals. In India, the state and local governments in HP have spent approximately US\$2.9 million over the last two years through the Total Sanitation Campaign in all 12 districts.³ In MP, the total expenditure by the state over the last two years where TSSM has been scaled up is approximately US\$9.5 million.⁴

Learning to Replicate – Learning Component

The Global Scaling Up Sanitation Project is designed to learn about implementation and achieving results at scale with a focus on sustainability and replicability. Rich learning is taking place both at the country level and globally with 33 percent of expected knowledge products completed. We are on track to deliver other knowledge products and resources that will be useful, not only in the current programs, but for further scaling up and replication in other countries.

Through the research being conducted in the field and team experiences, we are learning more about what it takes to adapt CLTS to a particular country context (Tanzania), what conditions are necessary to develop an enabling environment in order to effectively create local support, ownership and behavior change (Indonesia, India), what it takes to foster an institutional learning culture, and the ways in which awards, recognition and incentives can be used to trigger community action to become ODF (Indonesia, India HP). We are learning that progress towards becoming ODF can be objectively measured through performance benchmarking tools (India HP and Indonesia) and that these tools can be useful to both monitor progress and provide assistance to communities. Through formative research and market assessments, we now have a better understanding of the household misconceptions about what constitutes a true (safe) toilet and what are the social drivers to improved sanitation practices. We are learning about the differences in the “readiness” of different countries to replicate/adapt the TSSM model to scale up rural sanitation. As a team, we are also learning how to learn and, more importantly, how to effectively capture this learning in the form of knowledge products to facilitate capacity building, broader understanding and replication.

Monitoring to Learn – Performance Monitoring Component

³ Financial information was obtained from Total Sanitation Campaign's online management information system <http://ddws.gov.in/crspnet/crspasp/main.htm>

⁴ *ibid*

The Global Scaling Up Sanitation Project is now well positioned to effectively monitor the implementation of the breadth of activities being implemented throughout the three countries. Reporting systems have been developed to ensure country teams are receiving regular information from their contractors against key performance targets. Country Management Information Systems, either already operating or currently being finalized, will capture this data and will provide a powerful management tool for project teams to manage for results. Finally, the Global Management Information System, which was rolled out during this reporting period and used for this reporting process, will capture data on the key global indicators and provide the headquarters team with performance information on a regular basis.

Laying the Foundations for Evaluating Impact - Impact Evaluation Component

Overall, the impact evaluation is on track to meet the intended objectives within the extended 5-year time frame. At the time of the writing of this report, all of the baseline surveys have either been completed (Indonesia) or launched (India and Tanzania). Findings from the Indonesia baseline have been compiled in a draft report and the results shared with a wider group of government partners and stakeholders in July 2009. Draft reports and stakeholder engagement workshops will be held for the remaining countries in the winter of 2009/2010.

Project Management

The overall project management capacity of the Global Scaling Up Sanitation Project has continued to strengthen over the reporting period. Short-term resources have been added to country teams to support in the areas of sanitation marketing and behavior change (India), monitoring and Management Information System (MIS) design (India and Tanzania) and knowledge management. The HQ team has provided direct assistance in budgeting and overall technical assistance through numerous missions. The greatest challenge the team will face in the next reporting period finding a suitable replacement for the Senior Impact Evaluation Specialist, who will be leaving the Scaling Up projects in September 2009. Work is already underway to identify a replacement for this key position on the team.

With the completion of all of the major procurements, country and global project staff were able to dedicate their time and energies more fully to project implementation, monitoring and learning.

Expectations for the Next Six Months

- Continue to expand implementation of the demand generation and supply development activities.
- Continue to strengthen capacity of local and national government partners to ensure sustainability of outcomes achieved and plan for replicating in other areas of the countries.

- Use implementation data emerging from country and global Management Information Systems (MISs) to track implementation of activities across all three countries and identify opportunities for improvement.
- Expand our ability to better translate learnings into knowledge products and to share these with other WSP countries, development partners, client governments, and with other Bill and Melinda Gates Foundation WSS grantees, etc. A major focus will be on the development of capacity building materials, manuals, etc. for local governments and the local private sector.
 - I. Begin planning for the end of project transition and related replication phase.⁵

⁵ While the IE will continue during the last year of the no-cost extension, implementation funds are expected to be spent by the end of 2010, early 2011.

I. Achieving Intended Outcomes – The Global Story

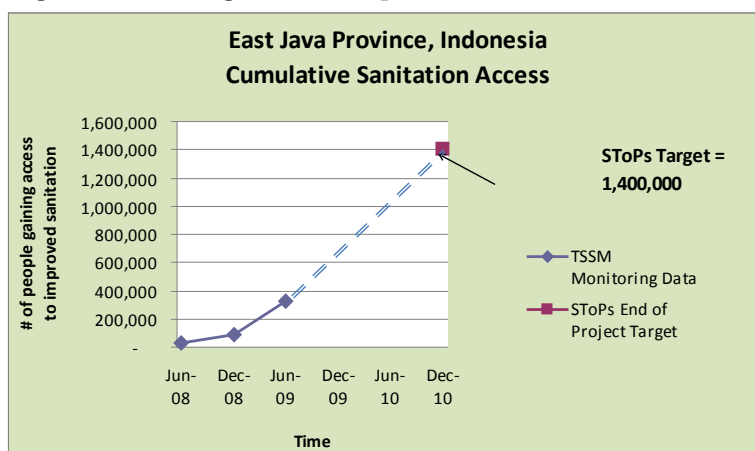
The Global Scaling Up Sanitation Project is now well into the second year of implementation of the five-year project in Indonesia, Tanzania and the States of Himachal Pradesh (HP) and Madhya Pradesh (MP) of India.⁶ The project is on track to either achieve - or, in some cases - surpass intended outcomes. With the launching of activities in the demand and supply components in Tanzania, the project is effectively building on the results already emerging in all of the project countries and project components. Overall, the project is now well positioned to deliver access to improved sanitation facilities to 4.45 million people across three countries by the end of project implementation (the Project Development Objective, or PDO).

In both India and Indonesia, the Global Scaling Up Sanitation Project is effectively increasing access to improved sanitation on a wide scale and stopping the practice of defecating in the open in a large number of communities (outcomes on access have not yet been achieved in Tanzania). Across the three countries, governmental and non-governmental partners are recognizing the effectiveness of the TSSM approach. Public sector partners are increasing funding in support of the approach and tools developed by the project are being used by government partners and other programmers in the field. Finally, newly trained providers are selling affordable sanitation products that meet the needs of consumers, and consumers are buying them. The project is now beginning to meet the demand that it has effectively generated. In the process, sustainable sanitation is being recognized, not just as a

Box 2: Measurable Outcomes in Focus

- 4.2 million people have gained access to improved sanitation services (94percent of EOP target).
- 1,236 communities have become ODF (55percent of EOP target).
- An additional 1,656 GPs in India have claimed ODF and are awaiting verification by the state.
- Over US\$460,000 in government funds has been leveraged at the national and local levels to support TSSM activities.
- TSSM approach is being scaled up by national governments and other donors (the World Bank WSLIC 2 and PAMSIMAS projects, UNICEF and PLAN International in Indonesia, and by the Water Sector Development Program, a multi-donor nationwide SWAP in Tanzania).
- More than 500 orders have been received by one local mason in Indonesia to build newly developed and affordable latrines, increasing access while moving people up the sanitation ladder.

Figure 1: Increasing access to improved sanitation in Indonesia



⁶ A one year no-cost extension to the four year project was approved during this reporting period to allow for sufficient time to complete the impact evaluation endlines following a sufficient implementation exposure time to do the necessary analysis and document the findings for both the country and global impact evaluations.

policy or development issue with which the public sector must deal, but as a business opportunity.

Emerging Outcomes

Scaling Up Access to Improved Sanitation

In Indonesia and the States of HP and MP of India, some 4.2 million people have gained access to improved sanitation services (94 percent of the global end of project target),⁷ 1,236 communities have become open-defecation-free (55 percent of end of project target) and an additional 1,656 Gram Panchayats (GPs) in India have applied to the State for verification of their ODF status, which will be confirmed through the national monitoring survey

being conducted in the next several months (Table 1).⁸ Increases in access cannot yet be reported in Tanzania given the recent launching of Community Led Total Sanitation (CLTS) triggering activities, but implementation plans are in place to quickly reach scale in the 10 project districts.

Figure 2: Increasing access to improved sanitation in Himachal Pradesh, India

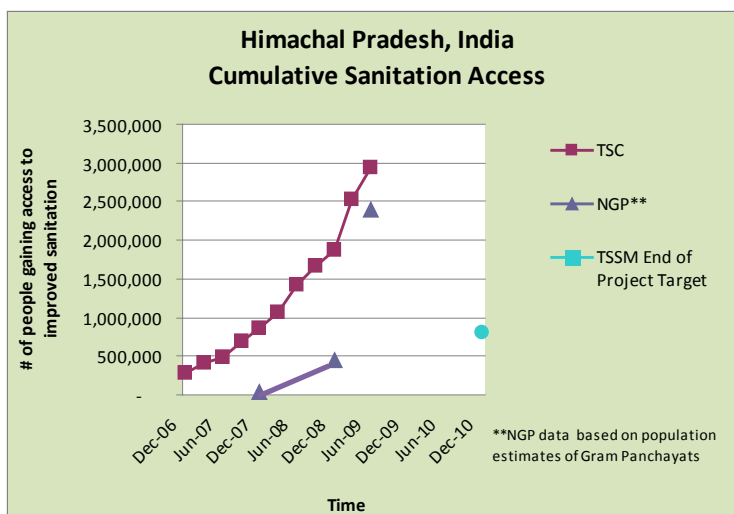


Table 1: TSSM Emerging Outcomes as of June 30, 2009 Gaining Access and Achieving Open-Defecation-Free (ODF) Status				
Outcome-Level Performance Indicators	Results (7/1/08 – 12/31/08)	Results (1/1/09 – 6/30/09)	Percentage Increase over Six Months	Percentage of EOP Targets Met
Number of people that have gained effective access to improved sanitation facilities as defined by the JMP and national government standards.	1,023,011	3,137,681	307%	94%
Number of communities that have achieved open-defecation-free status as defined by local governments.	782	<ul style="list-style-type: none"> 1,236 verified ODF 1,656 in India applied for ODF 	157%	55% (expected to significantly increase by October, 09)

⁷ For India, this number was derived at by multiplying the number of NGP applications by the average population of GPs. It is highly likely that this number will decrease as not all of the GPs applying for ODF status will be verified as such. Further, the TSC monitoring system, on which this figures relies, does not account for persons gaining access to sanitation outside of ODF verified communities. Revised numbers will be provided once the third party monitoring surveys are conducted in both States in October, 2009. Further, this discrepancy will be dealt with through the IE endline surveys.

⁸ The third party monitoring by national government for the Clean Village Prize (Nirmal Gram Puraskar) has not been undertaken during the reporting period. It is expected to be undertaken during August - October 2009.

Table 1: TSSM Emerging Outcomes as of June 30, 2009 Gaining Access and Achieving Open-Defecation-Free (ODF) Status				
Outcome-Level Performance Indicators	Results (7/1/08 – 12/31/08)	Results (1/1/09 – 6/30/09)	Percentage Increase over Six Months	Percentage of EOP Targets Met
Total amount of budgets successfully leveraged for TSSM activities by districts, provincial/state and national governments (indicator relevant for only Indonesia and Tanzania)	Cumulative results to date: US\$460,000		-	56%

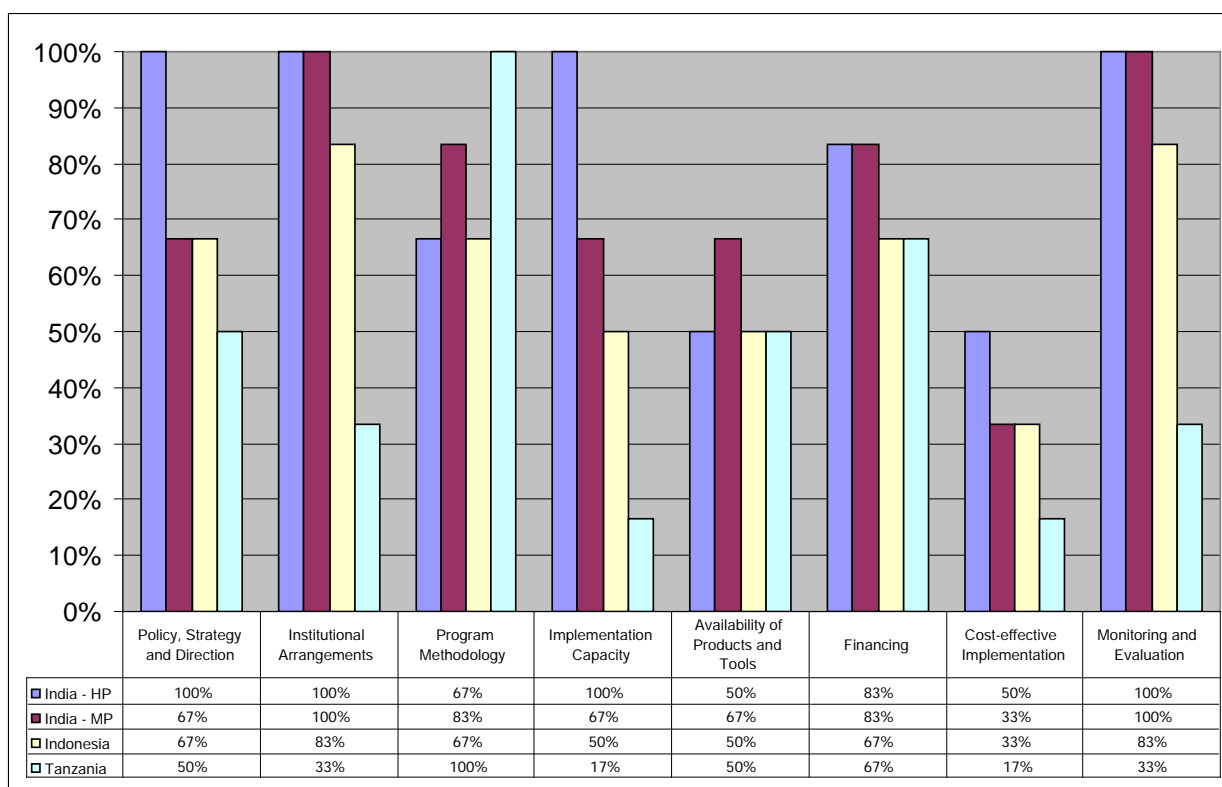
The significant increases in the number of people gaining access to improved sanitation facilities and in the number of communities becoming ODF over the last six months can be attributed to two main factors: additional data on ODF status has become available for communities targeted earlier in the project in India and Indonesia and both of these projects are well into implementation and are effectively scaling up their respective approaches and achieving outcomes

Strengthening Ownership through Advocacy and Partnerships

The most dramatic outcome demonstrated to date is that a community-based approach to achieving improved rural sanitation is proving to be effective at scale. CLTS approaches that create community demand and change community behaviors combined with social marketing techniques that strengthen household demand for sanitation products and services by the local private sector can create behavior change at scale and deliver products that meet consumer demands and preferences. Evidence emerging from the countries demonstrates that through changes in the policy, tools, strategy and capacity at both the national and local levels can create an “enabling environment,” ripe for scaling up and long term sustainability. The following graph depicts the progress made to date for each country across each of the eight dimensions identified in the enabling environment for TSSM.⁹

⁹ Graph is based on country Spider Diagrams, a set of scales used to measure progress across 8 dimensions. Graph depicts the percent completion of the 7-point scale of the Spider Diagram (from 0 to 6). Country Spider Diagrams are included as Annex 3 of this report.

Figure 3: Progress to Date Across the 8 Dimensions of the Enabling Environment by Country



As the previous graph demonstrates, countries are making significant progress in several key areas of the enabling environment, including policy, strategy and direction, institutional arrangements, methodology, capacity and M&E. These are also the areas reported to be key contributing factors to effectively scale up the TSSM approach and sustaining it.

Translating Ownership into Action (and Funding)

Broad ownership for the TSSM approach has been created in national and local government agencies, individual policy makers and community leaders. Through advocacy and capacity building, the project is effectively translating this newly cultivated ownership into action. National and local governments are allocating additional funds in support of TSSM activities (US\$460,000 in Indonesia);



Award ceremony for the best performer in sanitation, the Regent of Lumajang, Mr. Sharazad Masdar (the 3rd from right).

for the first time, sanitation program performance has been included as one of the main criteria for good governance in an annual province-level competition in East Java and national leaders in India are recognizing TSSM-supported activities as models for the way in which other States should promote improved sanitation in order to achieve the goals set for the Total Sanitation Campaign (TSC). In India, state and local governments in HP have spent approximately US\$2.9 million over the last two years through the Total Sanitation Campaign in all 12 districts.¹⁰ In MP, the total expenditure by the state over the last two years where TSSM has been scaled up is approximately US\$9.5 million.¹¹

Learning to Leverage as we Move Forward

The lessons we are learning and the body of knowledge we are developing will contribute to building a pathway for replication that will help to achieve the MDG goals for sanitation by 2015. This was the idea when the project was designed, but it was only a hypothesis. We were not sure if the TSSM approach could be effective at scale. We did not know what kind of advocacy work was needed to garner the support of government partners. We did not know how best to monitor the performance of communities in the triggering process in order to influence their efforts to become ODF. About these things we are now learning, and capturing, in the form of knowledge products and field notes. As we enter the final stages of implementation, the focus of the project turns to better capturing the body of evidence being generated through our experiences in order to develop tools for future programmers, allowing them to take our experiences, tailor them to local contexts and implement them. Only in this way will we be able to come closer to the MDG target for sanitation and truly achieve the objectives of the TSSM project.

II. Delivering Intended Results – Implementation Progress and the Project Components

Summary

Implementation progress across all three countries (and four regions) has improved substantially over this reporting period and the project is on track to achieve the intended results defined for each of the four components, now in all three of the



CLTS master trainer trained by the project maps community sanitation access with community members. Tanzania, 2009

¹⁰ Financial information was obtained from Total Sanitation Campaign's online management information system <http://ddws.gov.in/crspnet/crspasp/main.htm>

¹¹ *ibid*

TSSM countries. The most important achievement in this reporting period is the launching of activities in the demand and supply project components in Tanzania. In the last few months, the Tanzania project has trained 60 CLTS master trainers to work in all ten project districts, triggering 18 communities in three districts. This marked the start of the Choo Bora Chawezekana campaign (“A Good Toilet is Possible”) which is designed to create demand for moving up the sanitation ladder. In addition to CLTS, the campaign will include training and branding of masons, as well as radio and district marketing events.

Other aspects of the TSSM global project which had, until now, been delayed (the launching of the IE baseline surveys and lack of progress in the effective training of masons to meet the newly created demand for affordable sanitation products) are back on track. Training of masons has increased dramatically in Indonesia and is climbing in India; the project is now better able to meet the demand being generated by the triggering and promotional events. The Impact Evaluation (IE) baseline surveys have been launched in both states in India and a scaled-back version of the Tanzania baseline was launched by the time this report was submitted.¹²

This section of the report summarizes the results achieved in each component of the project: demand, supply, learning, and monitoring and evaluation. It assesses the extent to which project components are on track to achieve the end of project targets defined for each of their key respective indicators. It also highlights examples and case studies from the TSSM countries that demonstrate progress or the achievement of a particular result which supports the overall objective of achieving behavior change at scale that is sustainable and can be replicated. A more in-depth examination of the developments in each of the three countries is included in the country stories (Annex 2).

Component 1: Demand

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

Table 2: Emerging Results in the Demand Component Progress Against Relevant Performance Indicators						
Performance Indicator	Country/Region	End of Project Target (EOP)	Cumulative Progress to Date	Results (1/1/09 – 6/30/09)	Percent towards EOP	Percent of Progress in the last 6 months
1.1 Number of communities that have received CLTS promotional triggering events	Indonesia	2,700	1,991	1,383	74%	51%
	Tanzania	1,496	20	20	1%	1%

¹² This will be explained further in the Impact Evaluation section of the report, page 17.

character called “Lik Telek,” the campaign features a series of posters, radio commercials and an 8-minute video drama. Districts are able to fund this campaign, or parts of it, through their budgets after having received an orientation and a menu containing prototypes of the tools. As of April 2009, five districts have committed to replicating some of the materials using their own budgets. TSSM will also air the radio spots and video drama in May and June on provincial media and orient all by the end of May 2009.

Tanzania

This reporting period marked the launching of CLTS implementation in Tanzania. The Global Scaling Up Sanitation Project partnership, consisting of WSP, government, the resource

agencies and Plan International, trained 60 CLTS master trainers from the 10 project districts and triggered 18 communities in Musoma, Mpwapwa and Iringa districts. These master trainers are in the process of training approximately 350 ward extension workers who will, in turn, carry out CLTS triggering and provide ongoing support in project wards. The extension workers will have the ongoing support of both the master trainers and resource agencies to ensure high quality and the ongoing monitoring of activities that will take place at the ward level.

These triggerings marked the launching of the Choo Bora Chawezekana campaign (“A Good Toilet is Possible”). The campaign is an integrated one, combining, CLTS, mass media (radio), direct consumer contact events, print materials and advertisements, as well as personal messaging through trained masons and suppliers. A radio soap opera has been developed and is expected to begin airing in August. Direct Consumer Contact (experiential events) will start in October in all 10 project districts.

Box 3: CLTS in Tanzania

As widespread open defecation is not practiced in Tanzania, the CLTS messaging in TZ focuses on the need to upgrade the poor latrines being used by the vast majority of the rural population. The triggering has led to communities pledging not only to be open defecation free, especially when it comes to the disposal of children’s feces, but to also commit to becoming “Improved.” A key performance measure for Tanzania is not only the number of ODF communities, but the number of households which have an improved latrine which is being used.



India – HP and MP

The TSSM-India project team, and the projects in the states of MP and HP, continues to effectively influence the way in which the national TSC program is implemented and is building the capacity of state and local government officials to strengthen their approach.

In Himachal Pradesh, the national rewards program for clean villages (*Nirmal Gram Puraskar*) saw a scaling up this year with 526 Panchayats applying for this award. At the state level, a Clean Week Event (*Swachata Week*) which was launched along with the state-level competitive rewards program (*MVSSP*), gained significant momentum in 2009 with participation by all villages in the state in the campaign to observe total sanitation for one week. About 868 villages applied for the competition this year, across all 12 districts. Increased attention is being paid to sanitation facilities in schools and *Anganwadis* (preschool *crèches*) and the national profile on sanitation increased with significant media coverage of the campaign.



Community meeting, India, 2009.

“All the States (of India) should undertake the Clean Week Event like that of the Government of HP to promote sanitation and ensure continuous IEC (Information, Education and Communication) in the Panchayats”

- The Joint Secretary of the Government of India regarding the implementation of the 2009 State Award Scheme, Swachata Week (Clean Week Event)

All 12 districts in which the project is working have adopted the TSSM approach and are proactively applying CLTS tools to mobilize communities to become ODF. District officials are, in turn, building the capacities of local governments to ensure that gains at the community level are monitored, verified and sustained. WSP trained master trainers have further trained motivators at the Gram Panchayat level. About 500 master trainers have been trained in CLTS approaches across the state and according to recent State Monitoring reports, about 7,363 trained motivators have been trained by these master trainers and are available across the State.

In MP, 10 out of the 20 districts where the Global Scaling Up Sanitation Project has provided capacity-building support have scaled up the approach to create demand for sanitation and to end open defecation. These districts have adopted the CLTS approach as a core strategy to generate demand for adopting safe sanitation facilities at scale. Senior officials at the district and GP levels have provided the required policy, administrative and management support to frontline staff and master trainers. A total of 700 master trainers have been trained in MP, 156 of which were trained in the last

six months. These master trainers are training frontline workers to facilitate villages to become open-defecation-free and have trained approximately 1,200 motivators.

Component 2: Supply

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

Work in the supply component has progressed well in this reporting period, despite initial challenges in launching the training of master trainers/masons in each of the TSSM countries. The training of masons has been accelerated in both India and Indonesia. Technical options have been developed based on consumer research and households have begun to purchase new, affordable products being provided by masons trained by the project.

Box 4: Two Unique Environments, One Country

Madhya Pradesh (MP) is one of poorest states in India and literacy levels are far lower than those in HP. As such, rural sanitation takes a back seat to poverty alleviation programs. With the support of the TSSM project, this has changed dramatically over the last few years, with rural sanitation gaining in both political commitment and funding. Pressure from the national government to implement other flagship projects (like the employment guarantee scheme) often limits the actual roll out of the TSC project. As a result, it is taking longer than expected to shift the mind set of government and communities from traditional thinking towards the TSSM approach.

**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 (1/1/09 – 6/30/09)	Percent Towards EOP	Percent of Progress in the Last 6 Months
Percent of communities covered by project trained artisans	Indonesia	50%	15%	15%	30%	100%
	Tanzania	75%	0%	0%	0%	0%

Indonesia

Substantial progress has been made in the supply component in this reporting period. A total of 600 providers have been trained in ten (10) districts in order to respond to the demand created by the sanitation promotion activities supported by the project, with some additional 1,100 to be trained by the end of August. These trainings have been conducted jointly with district officials to build the capacities of local governments. Several other districts (Ponorogo, Blitar and Jombang) have also planned their own training, to be paid for with their own funds.

Outcomes observed to date from the supply strengthening efforts include the introduction of lower cost ceramic pans and the emergence of full-service sanitation businesses, which the Project intends to replicate through the 3S model (see Box 5).

Product Branding

TSSM is currently identifying popular configurations that enable modular upgrades. These standardized options will be promoted through selected members of the accredited network (particularly the 3S providers) and be branded using names from the East Javanese royal caste, appealing to the social status driver identified in research.¹³ Branding eases advertising (for example promoting “Prosperity” rather than a “lined pit with ceramic pan and concrete slab”), can create aspiration, enables economies of sale (for example the same leaflet can be used by all providers) and facilitates client-provider discussions, among other advantages.



Providers who have successfully completed the ITS training will be accredited and authorized and encouraged to use the logo “WC-Ku Sehat” created by the Global Scaling Up Sanitation Project to signify “safe toilets.” They will receive an initial lot of materials such as caps, t-

shirts and stickers bearing the logo. Selected providers will also receive point-of-sale materials, a common commercial marketing tool. Their use will serve to heighten the visibility and awareness of qualified providers, a factor that research showed significantly correlated with adoption of improved sanitation.

Tanzania

Although the training of masons had not yet begun in Tanzania by the end of the reporting period, training schedules have been developed and the criteria for selecting masons to participate in the training were defined with the participation of local officials. During a planning visit to several of the triggered villages, eight slabs were unexpectedly sold by masons who had received technical training on the building of slabs through the Water Sector Development Program and supplemental sales training by the TSSM project.

Box 5: The Story of Sumadi and the Development of the 3S Model

Sumadi is a sanitation provider from Nganjuk district who began offering the upgradable product to his customers. By June 2009, Sumadi has received 500 orders for the product, 180 of which are from a single village. These orders are not only coming from his own district of Nganjuk, but also from the neighboring districts of Kediri and Jombang. To meet the new demand, Sumadi has recruited new masons and divided them into two teams, one in Nganjuk and one in Kediri. He has also entered into an agreement with a local bank for credit to support his services in providing customers with up to six months payment time.

The project intends to document and to replicate Sumadi’s business model to selected providers using the concept of a social franchising model to be known as 3S (‘Solusi Sanitasi Satu-atap’ or One Stop Sanitation Solution).



¹³ A “soft” branding approach not involving formal registration or trademarks will be used.

The training roll out plan is designed to synchronize the training for masons and the CLTS activities being implemented in each district. The project will train about six artisans per ward—at least four of which will be in the four CLTS villages - for a total of 540 trained masons, with an average of 54 per project district. The training itself covers retro-fitting latrines, building latrines, customer orientation, and basic marketing and sales.

India - HP

The strategy to develop the capacity of masons and other front line workers to promote safe sanitation options available to them is on track to meet intended results in Himachal Pradesh. The strategy employs a “cascade model,” in which trained Master Trainers, government and NGO staff members train masons and frontline motivators. A total of 500 Master Trainers have been trained as of June 30, 2009.

In this reporting period, a state-level sanitation marketing strategy was finalized based on a country-level outline. This strategy specifically seeks to strengthen the integration between the supply and demand components and contains directions on how to move forward with the activities under the supply component. A behavior change communication strategy for the State and associated materials and tools are being developed to raise consumer demand and promote an affordable menu of technical options. During the reporting period, an advertising agency was contracted to develop a series of communications tools (including a catalog of technology options) to be used by districts in HP. The approach to be used will build on the experience and lessons learned from the project in Indonesia. The concept retained for pre-testing is one focusing on improved quality of life from sanitation and will be presented to the State in August.

India - MP

Further progress has been made in this reporting period in MP, with the training of an additional 40 master trainers, for a total 250 master trainers trained (63% of end of project target). Moreover, district-level officials in MP, recognizing the gaps in the supply chain, have requested assistance from the Global Scaling Up Sanitation Project to address these gaps. To date, eight districts have requested TSSM support, five in this reporting period alone. The project will assist in the development of a behavior change communications campaign that will include materials and tools to strengthen the project supply component.

The supply component in MP has faced an ongoing challenge in completing the consumer research. Based on contractor performance issues, the contract for this piece of work was cancelled in this reporting period. Consumer research findings will now be put together based on secondary sources such as behavior change communications research undertaken by our partner (UNICEF). Additionally, the project team has initiated advocacy with the state to contract a creative agency to develop communications materials and tools based on the consumer research.

Finally, some of the gaps identified on the supply side (lack of informed choice and awareness of diverse technology options, limited capacity of masons) are being addressed through training provided to districts that come forward and request TSSM support in the area of supply.

Component 3: Learning

The TSSM Learning Component is designed to take a proactive and strategic approach to the learning process to ensure that responsive knowledge products are developed and shared with other programmers in the field in an effort to encourage knowledge uptake and replication.

Table 4: Emerging Global Results in the Learning Component				
Performance Indicator	End of Project Target	Cumulative Progress to Date	Progress 1/1/09 – 6/30/09	Percentage of EOP Target
Number of knowledge products completed per project learning plan	51	17	2	33%

The global Global Scaling Up Sanitation Project is designed to learn about implementation and achieving results at scale with a focus on sustainability and replicability. Rich learning is taking place both at the country level and globally, and teams are using various methods to capture learning, such as field reports, After Action Reviews, and meetings with resource agencies. Overall, progress has been made to further develop the learning culture within the TSSM team and with our partners. Together, the Global Scaling Up Sanitation Project team is learning how to learn (Box 6).

Country Learning

In Indonesia, the TSSM team is fostering a learning culture both within the project team and in collaboration with a wider group of stakeholders. Learning review workshops have been conducted to collectively analyze implementation experiences and exchange lessons learned. The team has developed a learning incentive system with the development of Learning Champion Awards, which recognize individuals and districts for proactively sharing key learnings that can move the project forward.

“Instead of advising communities that they can become open defecation free by covering their latrine pits with a plank of wood, which would soon get eaten by termites, it is more useful to offer them choices for more permanent and healthier latrines. My customers don’t really want pits. What they really want is safe sanitation, but at prices and payment arrangements that they can afford. I try to meet those expectations.”
 - From Sumadi’s presentation at 2009 Stakeholder Learning Review, Surabaya, March 19, 2009)

In India, the performance benchmarking system developed and adopted in HP is being used to monitor district progress towards becoming ODF. The tool is also encouraging cross-district learning, taking the lessons learned from high performing districts to those at lower levels of performance in order to identify possible constraints and plans to improve overall performance.

In Tanzania, the TSSM team has applied the results of the formative research to adapt CLTS to the Tanzanian context. This learning has been used as a major tool in their advocacy efforts, educating officials on the process and potential outcomes of the CLTS approach to garner their commitment and financial support.

Headquarters

The headquarters team continues to work to cultivate the learning culture throughout the TSSM country teams. Managing the knowledge product development process, the HQ team has engaged several consultants to assist in the knowledge product development process. Several Emergent Learning Notes country field notes were written during this reporting period and shared with other programmers in the field.

A global consultancy, designed and managed by HQ, was also implemented during the reporting period. The aim of the consultancy was to analyze the management models of local governments with which we are working and to assess how effective the project has been to date in building local government capacity. This is distinct from the work to create enabling environments at the national government level for national large scale sanitation programs. Key findings from the consultancy are provided in the next section, Emergent Learning, and a more detailed summary of the consultancy is included in Annex 4.

Emergent Learning

Strengthening the Capacity of Local Governments

Local governments are at the center of implementation of the Global Scaling Up Sanitation Project in all three countries and have a variety of roles to play in scaling up and sustaining it. Given the rapid pace of the project and the gains being made, the role of CLTS implementation

Box 6: Learning about Learning

- **Alignment is key** - align people, processes and learnings around results, monitoring and reporting systems.
- **Emergent learning is a useful framework** - for reflection within teams, but also as an overall tracking tool.
- **Systematic capturing and sharing is hard** - capturing and sharing across teams has happened most successfully when a concrete event and urgency existed, such as semi-annual reports, conferences, BBLs, or requests for information by managers.
- **Capturing and sharing is also personality driven** - capturing seems to happen more easily through interviewing and in conversations within teams and among stakeholders than by soliciting individual reflections and writing.
- **Keeping at it – behavior change takes time** - holding steady and modeling learning is key to focusing attention on learning and making it important.
- **The need for evidence** - capturing stories and understanding the perceptions and experiences of current and future stakeholders and team members are key to understanding behavior change. These stories are based on perceptions and need to be balanced with empirical data.

is the primary focus of local governments; other important functions are not being given the attention required to ensure all aspects of the project are effectively implemented, monitored, scaled up and sustained throughout the respective districts. The Training of Trainers capacity-building approach is appropriate, but needs to be strengthened to ensure high quality and delivery of skills in the full spectrum of roles required of the local governments. The project is now working to strengthen the training curricula and the delivery mechanisms to ensure local government capacity is developed to the extent needed to scale up and sustain TSSM.

Promising Approaches for Creating Demand and Strengthening Supply

- Fostering innovation takes time, and building capacity and a thriving industry is a more complex and lengthy process than we may have assumed. Not every mason can be an entrepreneur. We need to ensure this capacity-building is sustained by creating centers of excellence/training institutions, enlisting members of the public sector as custodians of quality assurance, identifying private sector champions who can lead business-to-business networking, etc. We need to think more holistically to foster the development of an enabling environment in which new products and services can be developed, brought to market, financed and maintained. This encompasses much more than just the training of masons.
- From inception, operationally integrating the three main program components (demand, supply and enabling environment) is critical to success. A programmatic approach integrating all three components must have activities from all components properly sequenced in the implementation plan. Creating demand creates an opportunity on which the project must be able to seize. New demand must be met by supply in a timely fashion. This requires a tight sequencing of training and activities in the community.
- Competition schemes, incentive systems and rewards are proving to be compelling drivers for government support and community action to accelerate progress towards ODF.

Conditions in the Enabling Environment Needed to Scale Up and Sustain Sanitation Programs

- More local policy and regulatory support is needed to scale up district-wide total sanitation programs. National level policies provide a platform, but this needs to be reflected in local policies, strategies and funding priorities.
- Commitment of political decision-makers is required to adopt total sanitation and sanitation marketing as a district strategy to develop rural sanitation sectors and allocate adequate funds for software activities.
- Institutional capacity-building at all levels has to be strengthened regarding TSSM's principles and mechanisms to widely disseminate knowledge and skills in institutions for developing demand creation and sanitation marketing interventions.

Conditions for Replication

We are learning about the differences in the “readiness” of different countries to replicate/adapt the TSSM model to scale up rural sanitation. If we were to replicate in

another country with similar readiness levels as Tanzania, we could do it better and more efficiently but probably not much faster, as project preparation in terms of advocacy, buy-in, capacity building and research takes time and preparation. World Bank investments, for example, often schedule a two-year preparation period. As previously noted, the conditions present in both India and Indonesia were more fully developed and more receptive to scaling up TSSM. Tanzania had to develop these conditions through advocacy, education, research and partnership-building.

Component 4: Monitoring and Evaluation

Monitoring for Performance and Results

The projects are now well positioned to effectively monitor the implementation of the breadth of activities being implemented throughout the three countries. Reporting systems have been developed to ensure country teams are receiving regular information from their contractors against key performance targets. Country Management Information Systems, either already operating or currently being finalized, will capture this data and will provide a powerful management tool for project teams to manage for results. Finally, the Global Management Information System, which was rolled out during this reporting period and used for this reporting process, will capture data on the key global indicators and provide the headquarters team with performance information on a regular basis. It will also serve as a means for country teams and HQ to share performance data and emergent learning and to identify areas of the project that are underperforming and in need of attention.

The system was also designed to reinforce/strengthen the alignment between learning and monitoring for results. Two of the learning questions are included in the system, along with a series of questions designed to encourage teams to reflect on “more than just the numbers.”

Global Management Information System Home Page

Global Scaling Up
Handwashing with Soap Project (HWWS)
Global Management Information System (GMIS)

Reporting

Choose the current user

Enter Country Details	Enter Baseline and Target Values	Create a New Progress Report	Edit an Existing Progress Report	View an Existing Progress Report
Use this screen to enter country details including users, population statistics, etc.	Use this screen to enter baseline and target values for all performance indicators.	Use this screen to create a new progress report.	Use this screen to modify an existing progress report.	Use this screen to view an existing progress report.

Resource Material

Results Chain	Results Framework	Users Manual	Data Dictionary	Export Data to Excel
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Progress Reporting Section for Component 2: Enabling Environment

Date of Report:	7/8/2009	Global Scaling Up Handwashing with Soap Project (HWWS) Global Management Information System (GMIS) Progress Reporting	Save / Close	
Country:	Peru		Delete	
Author:	Rocio Pescheria		Save	
Reporting Period:	Jan 1, 2009 - Jun 30, 2009		Print All	
Look up a previous report		11		
Setup PDO C1 - Programming C2 - Enabling Environment C3 - Learning C4 - Monitoring and Evaluation Footnotes				
Project Component Two: Enabling Environment Increased capacity to sustain large-scale handwashing programs.			Print Page	
2.1 Evidence that the enabling environment for large scale HW programs has been strengthened in the following dimensions.				
Dimensions	Baseline Value	End of Project Target	Total Progress to Date	Progress during last 6 months
1. Policy, Strategy and Direction	1. Advocacy plan to gain political support from stakeholders	1. Advocacy plan to gain political support from stakeholders 2. Shared vision for policy.	1. Advocacy plan to gain political support from stakeholders 2. Shared vision for policy.	2. Shared vision for policy, strategy and direction by regional and/or local stakeholders: clear leadership
2. Partnerships	1. Stakeholders from public and private sectors identified	1. Stakeholders from public and private sectors identified 2. Partnership formalized.	1. Stakeholders from public and private sectors identified 2. Partnership formalized, roles and responsibilities.	4. Partnership functioning according roles and responsibilities at regional/local
3. Institutional Arrangements	1. National home/lead institution/ministry identified/established for handwashing	1. National home/lead institution/ministry identified/established for handwashing	1. National home/lead institution/ministry identified/established for handwashing	4. Clear links established with other sectors
4. Program Methodology	None	1. Country program methodology framework established for HWWS 2. Stakeholders and	1. Country program methodology framework established for HWWS but not well understood by	2. Stakeholders and partners have clear understanding of HWWS regional methodology
5. Implementation Capacity	1. Capacity plan developed	1. Capacity plan developed 2. Sufficient capacity developed at regional/local levels (political decision)	1. Capacity plan developed 2. Sufficient capacity developed at regional/local levels (political decision)	2. Sufficient capacity developed at regional/local levels (political decision makers)
6. Availability of Products and Tools	1. No products or tools available (unavailability of	1. No products or tools available (unavailability of	1. No products or tools available (unavailability of	None
Record: 1 of 1 (Filtered)				

The roll out of the system was not without its challenges and more work needs to be done to refine the system to make it more user friendly and easier to function as a reporting tool. A new programmer will be hired in the coming months to enhance some of the features of the system to make the monitoring and reporting process even easier for the next round.

Impact Evaluation

Overall, the Global Scaling Up Sanitation Project impact evaluation is back on track to meet the intended objectives within the extended five-year time frame. Findings from the Indonesia baseline have been compiled in a draft report (found on learningtoscaleup.org, excerpts in Box 7 and detailed performance indicator data included in Annex 5) and the results were presented to the national government (Ministry of Health, National Planning Agency) and the donor community in July 2009. The India baseline surveys will be completed in August, with preliminary data analysis shared with the country team in September.

Tables 5 and 6 present the current status and planned activities for each phase of the baseline and longitudinal surveys.

1. Baseline Surveys

Table 5: Status and Schedule of Baseline Surveys				
Country	Baseline survey launched	Preliminary data analysis completed and shared with country team	Final report completed and disseminated	Results shared with team and wider group of stakeholders and government partners
Indonesia	√	√	Draft report completed (on learningtoscaleup.org). Final report due end of September.	July 2009 in Jakarta.
India – HP	√	September 2009	October 2009	December 2009
India - MP	√	September 2009	October 2009	December 2009
Tanzania	√	December 2009	Early 2010	Early 2010

2. Longitudinal Surveys (pre-intervention and mid-term)

Table 6: Status and Schedule of Longitudinal Surveys					
Country	All necessary preparation for launch completed ¹⁴	Pre-intervention monitoring surveys launched	Pre-intervention monitoring survey data analyzed and shared with country teams by PIs	Mid-term monitoring surveys launched	Mid-term monitoring survey data analyzed and shared with country teams by PIs
Indonesia	√	√	August 2009	√	
India – HP	√	September 2009	January 2010	April 2010	Summer 2010
India - MP	√	September 2009	January 2010	April 2010	Summer 2010
Tanzania	Due to the problems encountered with the contractor, this survey will not be conducted. An additional mid-term monitoring survey will be conducted in 2010.			May 2010	Fall 2010

¹⁴ This includes the following deliverables: firms recruited, questionnaires finalized and translated to local languages, pilots conducted and timeline for the longitudinal set up.

The Impact Evaluation in Tanzania

Due to serious performance issues of the household survey firm, MUHAS, the Tanzania baseline survey, initially launched in February, was halted. After several rounds of negotiations, we have agreed to significantly reduce the scope of work of the contract, scaling back the baseline survey to include only five of the originally planned ten districts.

The major change that this has had on the experimental design has been to scale back the expectations of the baseline survey, and to enhance plans for the endline.

Assuming MUHAS is able to complete the baseline as now proposed, the role of the baseline will be limited to assessing the treatment/control balance of non-health indicators, including socioeconomic indicators as well as sanitation and hygiene behaviors and facilities. This scaled-back baseline survey will also provide our government partners with an assessment of their current sanitation and hygiene conditions and pressing needs—an important benefit of the baseline survey. An important implication of this revised role is that the formal health outcome impact tests, and perhaps some behavioral indicators, will rely on an enhanced end-line survey of the randomly assigned treatment and control areas. Should MUHAS be unable to complete reliable data collection in the five districts, we will rely exclusively on the end-line comparisons.

Box 7: Results from Indonesia Baseline Survey

Sanitation and Drinking Water

- Only 49percent have access to improved sanitation
- 38percent of respondents report that they defecate in rivers
- Rivers are seldom used as a source of drinking water
- 54percent of toilets have a handwashing facility
- 36percent of latrines were characterized as either dirty or very dirty
- In 13percent of cases, flooding was observed around the latrine
- 71percent of respondents report that they wash their hands after defecating
- The majority of households obtain water from a well: 22percent protected versus 36percent unprotected
- 97percent of households report that they boil their drinking water prior to drinking
- 38percent of households who do not have a private latrine claim they want to build one
- The high cost of building a latrine is reported as being a major constraint

Child Health

- Diarrhea prevalence in the baseline is high: 10.9percent of children report having had diarrhea in the past two weeks
- Acute Lower Respiratory Infection rates are also high; 29percent of children aged under five are reported as having a cough in the previous 2 weeks, 50percent are reported as having a blocked nose and 7percent have had difficulty breathing
- 2.5percent of children are anaemic (having an HB level below 8)
- 27percent of adults reported working fewer hours than normal in the previous week because they were caring for a sick child under the age of 5

Differences across districts

- Only 14percent of households in Bondowoso (the poorest district) have access to improved sanitation
- Bondowoso also has the highest diarrhea prevalence, with 18percent of children under 5 having had diarrhea in the previous 2 weeks
- Access to sanitation is not uniformly related to income levels, though; for example, Lombok is

III. Challenges and Project Responses

The Global Scaling Up Sanitation Project confronted several challenges during this reporting period. The demand generated by the project triggering and promotional activities has been significant in both India and Indonesia. The delays in the supply component in the consumer research, training of masons and the cascade model in India have created challenges for the projects with respect to effectively responding to the high levels of demand. The rapid expansion of the mason training in Indonesia (600 trained in this reporting period alone), the launch of the promotional campaign, and the increase in master trainers in India have all combined to effectively address this challenge.

Another challenge, particular to Tanzania, was the continued lack of performance of the Impact Evaluation baseline survey firm MUHAS. In order to salvage the baseline survey in Tanzania, a deal was made to scale back the IE baseline to only five of the 10 project districts. Although not the optimal solution, this was seen as the only way forward, given the performance issues and time constraints. As discussed in the previous section, the enhanced end-line combined with the longitudinal surveys should be sufficient to provide a complete picture of the impact-level indicators.

Finally, another challenge confronted is in the area of monitoring and, more specifically, managing for results. With the development and roll out of the Global Management Information System (GMIS), country teams were required to enter baseline and end of project target values for each of the global indicators. These values define the project “playing field,” defining where the project started and what is meant by success. Up until now, it has been extremely difficult to get country teams to commit to end of project targets for the global set of performance indicators. There are a variety of contributing factors, not all of them known, which may include:

- the lack of local management information systems from which to generate targets for the more “process oriented” indicators to then aggregate up to a more macro, global level
- a lack of clarity on the linkages between monitoring, reporting and targets
- an overall hesitation to quantify performance targets so as to be held accountable for delivering on specific numbers achieved

Box 8: Challenges in Focus – Indonesia

At the start of the TSSM project, the local government mindset was fully focused on a conventional approach and existing sanitation projects provided only household latrine subsidies. Construction and physical targets were used to measure performance. Targeted communities were not aware what they had to do and whether they had any role in selecting the most adequate sanitation solution for themselves.

Leveraging district investment on sanitation through sanitation promotion was another challenge. We know that districts have resources for health promotion. Previously, we faced difficulties in accessing this resource, since our main counterpart in local government is from the Environmental Health subsector, while funds for sanitation promotion lie with the Health Promotion subsector. Therefore, building capacity in both subsectors has become necessary through sanitation marketing workshops. Following the Sanitation marketing workshop (18 - 20 May, 2009), each district developed its own sanitation promotion draft plan, which will be proposed for funding approval in year 2009 -2010 district plans and budgets.

Inadequate government support in budget allocation for the rural sanitation subsector was common. The Bupati (head of district) plays a very important role in the district budgeting process. Motivating Bupatis is also our campaign objective, so that they will prepare sanitation programs. In collaboration with Java Pos Institute for Pro-Autonomy (JPIP), we evaluated and selected a district for the JPIP Sanitation award, which is highly prestigious for Bupatis. For 2009, the award went to Lumajang. Nganjuk district came second.

Whatever the reasons, one of the greatest value added the GMIS has had on the project is that it forced project teams to go through this analysis to the level of detail required to set targets for all of the global performance indicators. In the process, several issues with the existing targets and some of the underlying assumptions on which the projects are based have been uncovered. More work now needs to be done to address these issues and to better align the local monitoring frameworks and systems to the global one, and vice versa. Also, as several of the global indicators rely

on data provided by the work of the Impact Evaluation, greater coordination is needed between the monitoring and IE teams to ensure data is effectively shared and teams have the right data, in the right way, when they need it. These are some of the issues that the Senior Monitoring Specialist will focus on in the coming months.

IV: Project Management

- The project management capacity of both the country teams continued to be strengthened during this reporting period as a result of additional experience and adding expertise to its staff, as needed. For example, WSP-India added a consultant to the Delhi team with expertise in behavior change to help strengthen their sanitation marketing component. Most countries now have a consultant to help with the collection and management of the M&E data.
- At the HQ level, the decision of the senior Impact Evaluation specialist to accept a new position represents a significant setback. Efforts are now underway to advertise the open position and to recruit qualified candidates with the goal of having a new IE specialist on board before the end of September, when Jack Molyneaux is due to leave. We recognize that there is a risk that a new person may not be on board by the end of September and we will need to develop some sort of interim plan to minimize the risks of the Impact Evaluation experiencing any delays.
- With the completion of all of the major procurements, country and global project staff were able to dedicate their time and energies more fully to project implementation, monitoring and learning.

V. Budget

Budget Updates

As mentioned in the last progress report, WSP undergoes its business planning cycle every six months, at which time it updates its project budget forecasts to reflect the latest planning assumptions. In March 2009, WSP updated its forecasts for the TSSM project, which was the third update to the budget, with the previous ones taking place in March 2008 and October 2008.

Annex 1: Global Scaling Up Sanitation Project Results Framework	
Project Objectives	Performance Indicators
<p>Project Goals</p> <p>1. Reduced diarrheal disease in young children.</p> <p>2. Increased productivity in households with young children.</p>	<p>1. Percent reduction in children under 3 suffering from diarrheal disease.</p> <p>2. Increased number of hours of productive work by household members per week (HHs with children under 3).</p>
<p>Project Development Objective</p> <p>Bring sustainable sanitation services to 4.45 million people in 3 countries in 4 years.</p>	<p>1. 4,450,000 people having gained effective access to improved sanitation facilities as defined by the JMP and national government standards.</p> <p>2. Percent of HHs with children under 3 for whom the youngest child's feces are disposed of safely as defined by JMP.</p> <p>3. 2,247 communities have achieved open-defecation-free status as defined by local governments.</p> <p>4. Amount of budgets successfully leveraged for TSSM activities by district, provincial/state, and national governments.</p> <p>5. Evidence that the enabling environment for large-scale sanitation and hygiene programs has been strengthened.</p> <p>6. Evidence that government agencies, donors and NGOs are interested in replicating TSSM in other areas of the three countries.</p>
<p>Project Components</p> <p>Component One: Demand</p> <p>1. Create large-scale, sustainable and effective demand for sanitation and hygiene.</p> <p>Component Two: Supply</p> <p>2. Create large-scale, sustainable and effective supply of sanitation and hygiene services and products in the 3 countries.</p> <p>Component Three: Learning</p> <p>3. Enhanced learning about effective approaches to scaling-up and sustaining large-scale sanitation programs.</p>	<p>1.1 4,196 communities that have received triggering events in Indonesia and Tanzania.</p> <p>1.2 2,546 communities where demand for becoming ODF has been triggered in Indonesia and Tanzania.</p> <p>1.3 Percent of heads of households reporting “technical complexity, poor options, high costs, no one to build, savings/credit issues and competing priorities” among 3 top constraints for owning sanitation facility.</p> <p>2.1 Percent communities covered by project-trained skilled artisans.</p> <p>2.2 Percent of household heads who know who to contact to access sanitation goods and services.</p> <p>2.3 Percent of heads of households who agreed with the statement that “affordable sanitation products and services that meet their needs are available”.</p> <p>3.1 51 knowledge products completed per project learning plan.</p> <p>3.2 Number of visits to project knowledge products on WSP website.</p> <p>3.3 Percent uptake of project knowledge products among</p>

Annex 1: Global Scaling Up Sanitation Project Results Framework	
Project Objectives	Performance Indicators
<p>Component Four: Monitoring & Evaluation</p> <p>4. Strengthen knowledge of effectiveness of large scale sanitation programs including impact.</p>	<p>relevant program implementers in the field.</p> <p>3.4 Evidence that advocacy efforts have contributed to an increase in donors and governments promoting TSSM.</p> <p>4.1 Number of documents produced that address pre-specified impact evaluation questions identified for each country.</p> <p>4.2 Evidence that M&E framework is used by other projects within the 3 countries and by other governments or donors outside of the three countries.</p> <p>4.3 After project completion: number of peer reviewed TSSM articles published in leading journals and number of annual citations for each article.</p>

Annex 2: Country Stories

Indonesia TSSM Project Country Report July 1, 2008 – June 30, 2009

1. Project Description:

The Indonesia TSSM project, implemented in partnership with the national government and local governments of 29 districts in East Java, is operationalizing the Government of Indonesia's new National Strategy for Community-based Total Sanitation.

2. Intended Project Outcome:

Increased access to sustainable sanitation services for 1.4 million people in East Java, Indonesia in 4 years.

3. Overall Progress to Date:

Outcomes achieved to date are impressive, with 715 communities becoming ODF, bringing access to improved sanitation facilities to more than 325,000 people. Significant progress has been made in the demand component – more than 1,900 communities have been exposed to the TSSM/CLTS program, local governments are co-funding project interventions, progressively internalizing the new methodologies and approaches, and scaling up their application to the whole district. Progress has also been made in the supply component, especially in the last six months. The consumer research has been finalized, promotional materials developed, 600 masons have been trained, and innovative and affordable products are being brought to market by newly trained masons and consumers are buying them. A rich harvest of learning is being gathered about how to combine community-level demand creation with consumer-research-based enhancement of market supplies of improved sanitation products and services. What it takes to foster an enabling policy and institutional environment for sustainable sanitation programs is also on the project's agenda for learning jointly with stakeholders.

4. Status of Implementation:

On track to achieve intended outcomes.

On track to deliver results in all four components.

5. Highlights for the Reporting Period:

Scaling Up

- An additional 227,000 people gained access so far in 2009, a significant increase over previous reporting periods.
- Number of people gaining access increased by more than 250 percent between January and July, 2009 over the previous reporting period.
- Media materials based on the FOAM framework were offered to district governments as a Communication Tools Menu in a form that is ready-to-replicate,

along with costing estimates. District governments have begun to select media materials from the menu, replicating them with their own funds and using them in their districts. By March 2009, four districts had spent USD 4,500 from local budgets to reproduce posters, stickers and mobile display units featuring items from the menu, which were visible in village offices in remote communities and in outreach health centers.

Replication and Learning

- Adoption of TSSM interventions in the remaining 12 months of the WSLIC 2 project. US\$1.2 million allocated for TSSM approaches in 6 provinces (South Sumatera, Bangka Belitung, West Java, South Sulawesi and South East Sulawesi).
- TSSM has shared the approach and lesson learned to UNICEF and PLAN International projects in Indonesia through series of meeting under coordination of Bappenas (National Planning Office).
- International study visit from Philippines, Laos, Vietnam and Timor Leste delegation to learn TSSM approach in several villages.

Sustainability

- National and local governments are allocating additional funds in support of CLTS/TSSM activities (US\$460,000 in Indonesia).
- The annual province level competition for district governments (Jawa Pos Institut Pro-Otonomi Sanitation Award) for the first time included sanitation program performance as one criteria for good governance.
- All of the recent gains in access to improved sanitation in East Java are fully financed by the community households themselves, despite every sanitation program in the past offering subsidized or free latrines or sanitation credit, while routinely failing to push up people's access to sanitation.
- In TSSM districts, rural sanitation is becoming a favorite sector with local leaders, who are giving district sanitation programs unprecedented annual funding increases over the 2007, pre-TSSM allocations. They have seen that funding the new approaches being promoted by TSSM has brought forth community investments for sanitation improvements in amounts 10-30 times larger than the cost of government interventions in different districts.

Project Implementation

6. Key Insights or Lessons Learned in this Period:

Scaling Up

- While CLTS offers an explosive impetus for collective behavior change to stop open defecation, the East Javanese are not really content just to dig and cover pits in order to become an open-defecation-free community. If they have access to markets, and financing options are available, people seem to move up the sanitation ladder quickly, and even poor consumers find the means to pay for what they like.

- While TSSM has produced the tools for operationalizing the new national (STBM) strategy, and a pool of trained manpower in East Java, it is not yet clear how the national government plans to utilize them in the post-TSSM period, for scaling up to other provinces. During the remaining project period, TSSM will need to divert some attention and resources towards firming up strategic links with existing institutional programs of the Health Ministry, and also identify additional partners for the purpose of post-TSSM scaling up.

Sustainability

- Most districts adopt the TSSM approach based on individual commitment of officers handling sanitation programs. To sustain the TSSM momentum beyond counting open defecation free communities and move on to viable programs to achieve all four total sanitation goals in each district, the Global Scaling Up Sanitation Project needs to strategize to secure sustainable institutional and political commitment before concluding at the end of 2010. Helping all districts to develop District Strategic Plans for Total Sanitation as a part of Regional Medium Term Plans for the 2010-2015 period will be critical to secure funding commitments to translate the new STBM strategy into operation at scale.
- Technical options for specific conditions need to be developed e.g. (for high ground water table, tidal area, water scarce areas) with consideration of appropriate, low cost materials, ease of construction and maintenance.

Replication

- New TSSM interventions such as sanitation marketing are proving promisingly effective, but have also proved both skilled manpower-heavy and resource-intensive. Replicating them as they were demonstrated in East Java through the Global Scaling Up Sanitation Project may not be feasible through existing government budgets available in other provinces. Economies of scale and support strategies will have to be identified in consultation with the national government, to enable new provinces to embark on sanitation marketing interventions.

7. Newly Emerging Questions:

- How to institutionalize the TSSM approach to a sustainable rural sanitation program in district?

Focal points to be addressed:

- Strengthen local government capacity to adopt TSSM approach align with national strategy on community based total sanitation.
- Reshape TSSM intervention strategy by considering local condition, character and culture.
- Encourage local government to optimize their capacity and potential to scale-up rural sanitation program through TSSM approach.

8. Areas of Focus for the Next Six Months:

- Implement activities in the remaining eight districts.

- Firming up links between TSSM approaches and national programs of the Ministries of Health and Home Affairs.
- Assist the national government in formulating mechanisms and structures that would enable scaling up the TSSM approaches field-tested in East Java to other provinces cost-effectively.
- Help all East Java districts develop Strategic Plans for district wide Total Sanitation , and integrate them with District Medium Term Strategic Plans (RENSTRADA) for the 2010-2015 period.

**Tanzania TSSM Project
Country Report
July 1, 2008 – June 30, 2009**

1. Project Description:

The Tanzania TSSM project, implemented in partnership with the national government, the local governments of 10 districts and in close collaboration with the HWWS project, is operationalizing the sanitation objectives of the Ministry of Water and Irrigation's National Water Sector Development Program (WSDP).

2. Intended Project Outcome:

Increased access to sustainable sanitation services for 750,000 people in Tanzania in 4 years.

3. Overall Progress to Date:

Significant progress has been made in raising the profile of sanitation both nationally and within the 10 project districts. Advocacy and partnership building efforts have effectively positioned the Global Scaling Up Sanitation Project districts as national "incubators" for sanitation and hygiene. This designation by the Ministry of Water and Irrigation's National Water Sector Development Program (WSDP) brings with it national recognition, additional funding and an opportunity to replicate the experience and lessons learned in the 10 project districts in other districts of the country. The project team has tailored the CLTS approach to the Tanzanian context, expanding the definition of Open Defecation to include the use of unimproved latrines. The CLTS training and triggering marks the first stage of the *Choo Bora Chewezekana* (A good toilet is possible) campaign which is promoting latrine building, upgrading and the strengthening of consumer-oriented sanitation services. To date, 20 communities have been triggered.

4. Status of Implementation:

On track to achieve intended outcomes.

On track to deliver results in all four components.

5. Highlights for the Reporting Period:

Scaling Up

- 20 communities triggered in Masasi, Musoma, Mpwapwa and Iringa districts.

- 60 CLTS master trainers trained from the 10 project districts are currently training 350 Ward extension workers to carry out CLTS triggering and follow up.
- Choo Bora Chawezekana (a good toilet is possible) campaign to prompt households to invest in improved latrines launched.

Replication and Learning

- Within the Ministry of Water and Irrigation's National Water Sector Development Program (WSDP), the 10 TSSM/HWWS project districts have been positioned as sanitation and hygiene incubators to help drive learning and scaling up.

Sustainability

- The project districts are eligible to receive increased sanitation and hygiene budget allocations, initially up to USD 45,000, and other districts intend to learn from their experiences as sanitation and hygiene interventions using TSSM approaches are scaled up nationally.
- The project approaches are being integrated into the National Water Sector Development program, a multi-donor, nationwide basket funding mechanism.

6. Key Insights or Lessons Learned in this Period:

Scaling Up

- When developing a strategy for demand creation, approaches should be adapted to the local context.
- While good planning is important, projects should also take a learn-by-doing approach. Momentum must be built and maintained for the larger lessons to emerge. The richness of the triggering experiences have been invaluable in planning the roll out of this component, from the time of day that works best in a particular districts to how the involvement of women varies throughout the many cultural contexts found in the country.

Sustainability

- It is important to sequence and package demand and supply activities carefully so demand does not go unmet and suppliers have a market for their products.
- In order to achieve sustainability and scale, the project should be linked to a national program or movement. The project has been able to do this through the National Water Sector Development Program, which is national, government owned program covering all districts in the country and through which TSSM approaches are being mainstreamed.

Replication

- Project teams should consider country conditions and other development experiences when defining time, budget and effort needed for preparation and implementation.

7. Newly Emerging Questions:

- Developing motivational and incentive package for CLTS trainers and communities.
- Determine right number of masons to be trained per ward.

8. Areas of Focus for the Next Six Months:

- Completing mason training in latrine upgrading and sales
- Launching radio soap opera and experiential marketing events
- Continuing roll out of CLTS
- Documenting lessons and experiences

**India TSSM Project
Country Report
Himachal Pradesh and Madhya Pradesh
July 1, 2008 – June 30, 2009**

1. Project Description:

The India Global Scaling Up Sanitation Project supports the implementation of the Government of India's Total Sanitation Campaign, which aims to achieve universal rural sanitation coverage, in the States of Himachal Pradesh and Madhya Pradesh.

2. Intended Project Outcome:

Increased access to sustainable sanitation services for 800,000 people in Himachal Pradesh and 1.5 million people in Madhya Pradesh, India in 4 years.

3. Overall Progress to Date:

Outcomes achieved to date are impressive, with over 500 communities verified ODF, another 1,600 communities having applied for ODF verification, potentially amounting to 3.8 million people gaining access to improved sanitation facilities. Through advocacy, capacity building, training and technical assistance, the project has created widespread commitment to the TSSM approach in all of the districts in which the project is working in HP (12) and in 10 of the 20 districts targeted in MP. District officials are proactively applying CLTS tools to mobilize communities to become ODF and are building the capacity of local governments to ensure these gains are effectively monitored and sustained. Master trainers trained by the project are training community activators to trigger demand. Master trainers have also been trained to provide training to masons to deliver affordable and responsive sanitation products to move people up the sanitation ladder. Performance benchmarking tools developed by the project are being used by government officials in HP to monitor district and community progress towards achieving ODF. The clean village competitions developed and supported by the project are gaining national recognition and other States in India have requested TSSM assistance.

4. Status of Implementation:

On track to achieve intended outcomes.

On track to deliver results in all four components.

5. Highlights for the Reporting Period:

Scaling Up

- Although not yet verified by third party monitoring surveys, 2.9 million people have gained access to improved sanitation facilities in both HP and MP since January 1, 2009 (1.9 million and 962,000 respectively).
- 33 percent of districts in HP have moved from below average to average in the performance benchmarking system in just the last four months.
- In MP, 156 master trainers were trained to deliver community triggering and 40 master trainers trained to train masons.

Replication and Learning

- An additional eight districts in MP have expressed interest in seeking WSP support through the TSSM project. The project is conducting an assessment of the extent of interest and potential for commitment to TSSM approaches. Based on the results, WSP will facilitate an initial workshop to introduce the approach, followed by a more intensive workshop if continuing interest is expressed by district officials.

Sustainability

- The HP Award Scheme (Maharishi Valimki Sampoorna Swachata Puraskar), launched in 2007 increased from 1 district participating in 2007 to all 12 districts in 2009. The campaign seen participation from about one third of the local governments in the state (entry criteria being a ODF status) and has started receiving recognition from other states and at national level.

6. Key Insights or Lessons Learned in this Period:

Scaling Up

- advocate for buy-in at different levels of implementation
- take up implementation in a phased manner
- contain strong incentives/disincentives to accelerate achievement of program goals
- have an outcome-focused monitoring system for a two way exchange of information that captures progress and gaps

Sustainability

- invest resources in building the capacity of institutions at different levels in the program management chain

Replication

- building 'champions', along with institutionalization of principles buy-in for key principles at policy level e.g. post-achievement incentives, focus on behavior change, strengthening decentralized supply systems for sanitation products and services

7. Newly Emerging Questions:

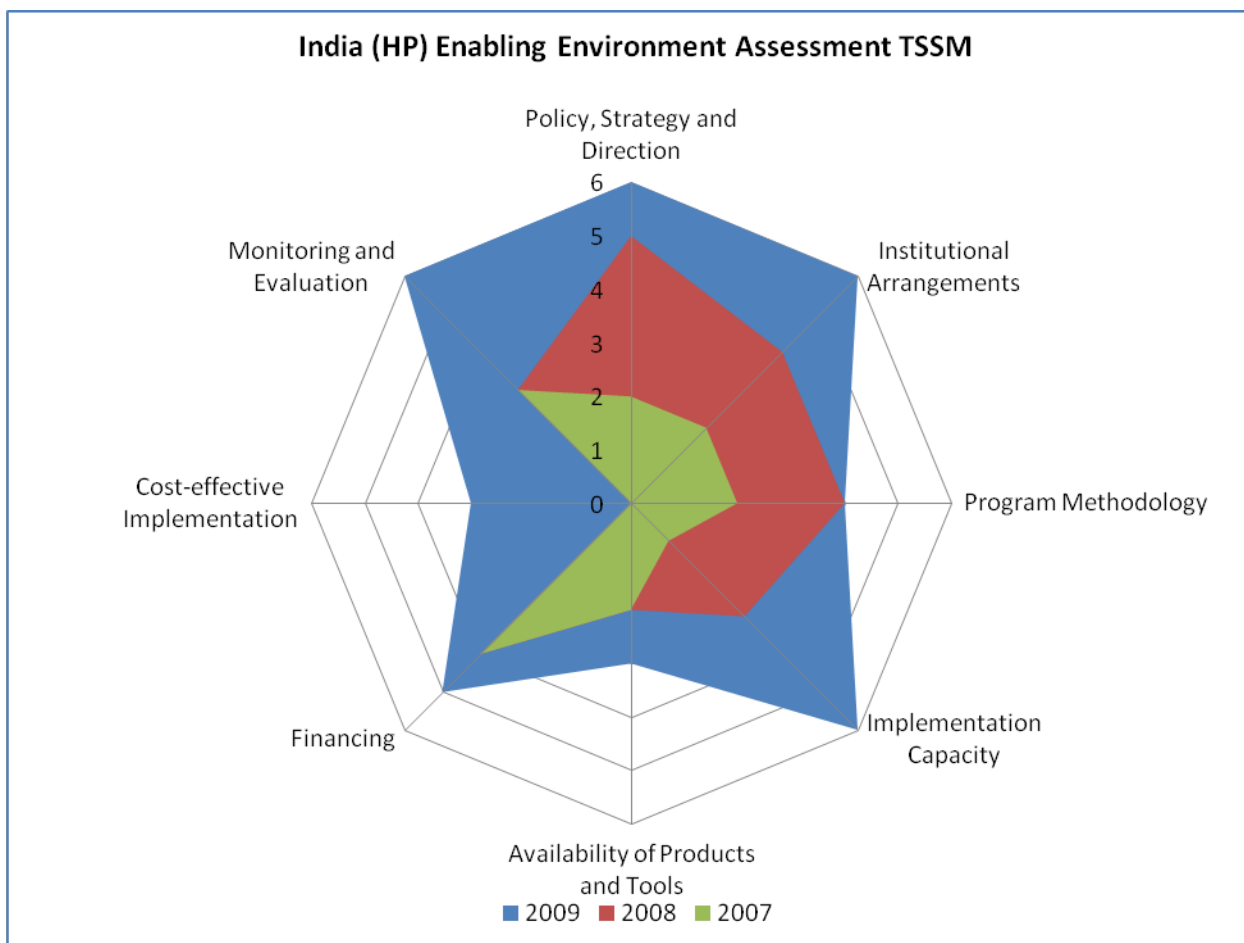
- Keeping the momentum of reform based approaches, in the face of frequent changes in administrative leaderships.
- Sustaining the campaign momentum over a period of several years, especially in the face of multiple government welfare programs.
- Ensuring the sustainability of outcomes, beyond the immediacy of an achievement.

8. Areas of Focus for the Next Six Months:

- Focus on addressing sustainable solutions to solid and liquid waste management for rural communities.
- Ensuring sustainability of the ODF outcomes achieved.
- Institutionalizing the outcome focused monitoring system and incentive programs.
- Capturing learning and documentation of processes and results.

Annex 3: Country Enabling Environment Spider Diagrams

India – Himachal Pradesh TSSM Enabling Environment

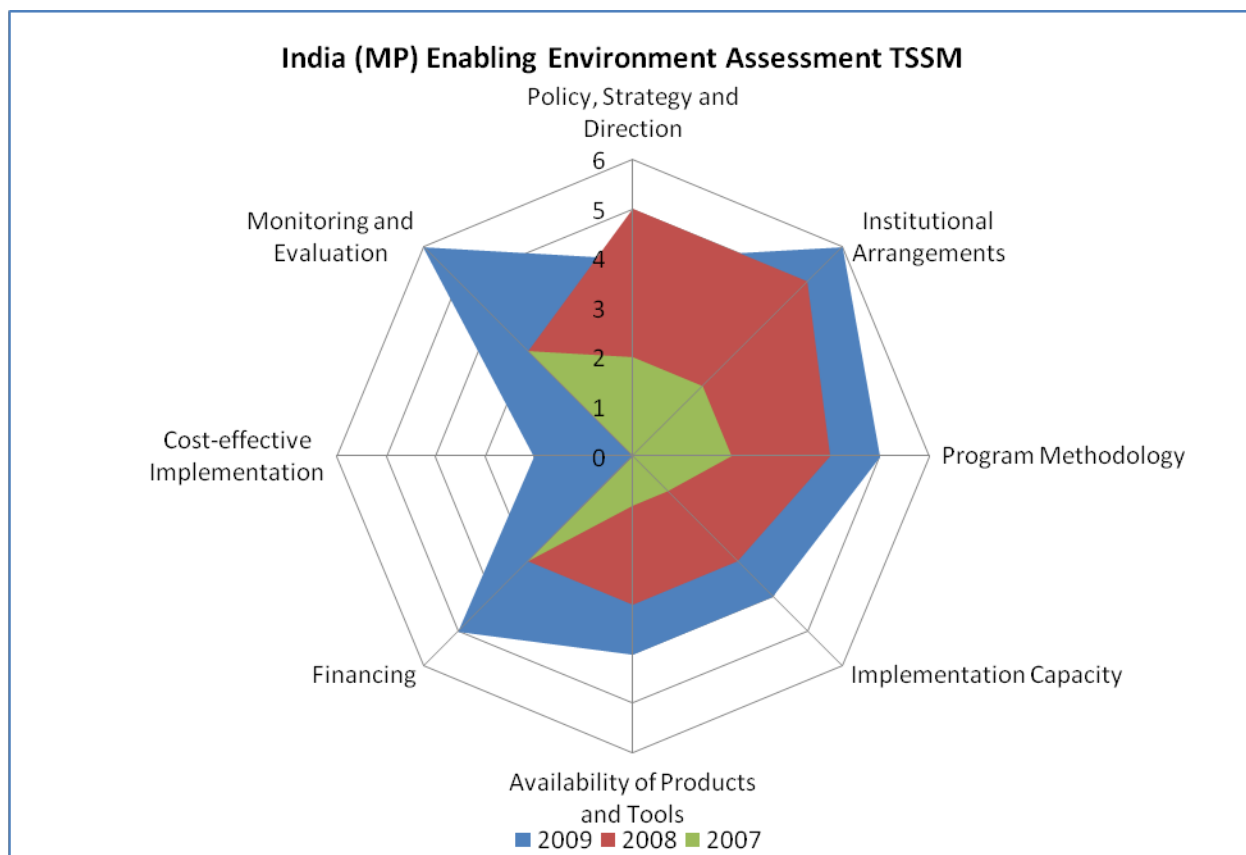


Considerable progress on the enabling environment has been achieved in Himachal Pradesh. The policy components have been achieved, institutional arrangements have been fully defined, and the implementation capacity well developed. Additionally, the M&E systems have been developed and are being used to influence the State's programmatic design.

With the role out of the baseline and implementation activities, the HP program has been gathering data on cost-effective implementation. The next step is to use this information to help influence program planning. The sanitation marketing component is just getting off the ground in HP, and as it develops, they will help in designing products and tools to serve the consumer's preferences. To support this, a state-level sanitation marketing strategy was finalized. It seeks to strengthen the integration between the supply and demand components, and helps to address gaps and build on strengths on the supply side in a systematic fashion. Further, a Behavior Change Communication Strategy for the State and behavior change communications materials and tools development is currently underway to raise demand and promote an affordable menu of technical options. The program in HP is now working on integrating

the TSSM approach into other national programs.

India – Madhya Pradesh TSSM Enabling Environment



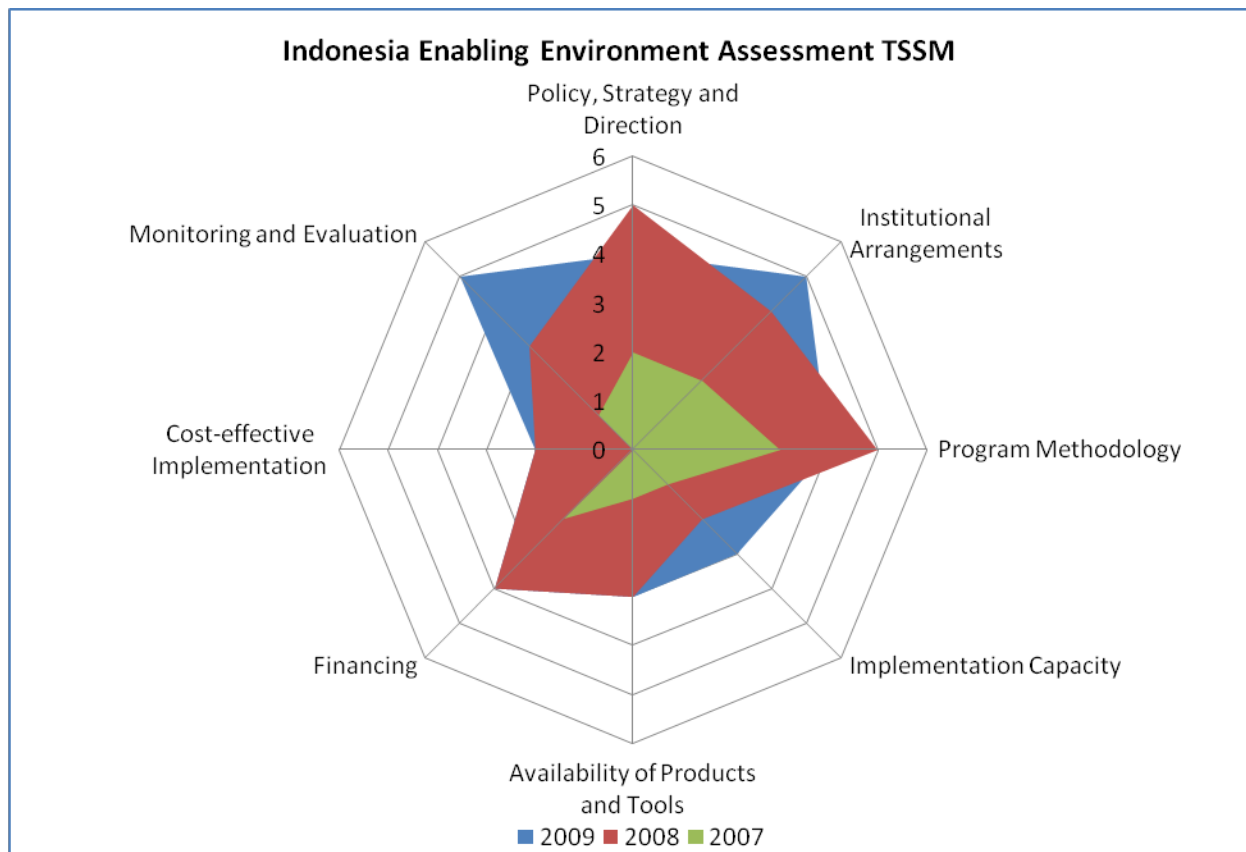
In Madhya Pradesh, strong progress has been made across a number of dimensions in the Enabling Environment. The M&E component has been fully developed and is now influencing state-level program design. Additionally, the institutional arrangements have been well defined, and links are being established with other sectors. Financing under the project has been secured entirely within the country – no external funding has been needed, nor is it anticipated to be sought.

With the growing development of the sanitation marketing component, the implementation capacity of the private sector is hoped to improve. At the same time, the capacity for CLTS has been strengthened – in 10 out of 17 districts, capacity-building events have been held to create demand for safe sanitation and end open defecation. Similarly, the supply chain has improved under the private sector development, improving the availability of products. The project has started collecting and analyzing cost-effectiveness data, and in the coming year hope to use it to help guide program design. Also, as in HP, a state-level sanitation marketing strategy was finalized.

A major challenge faced during this period was the limited capacity of firms to undertake consumer research. The firm selected was unable to provide quality outputs despite several rounds of feedback. To address this situation, consumer research findings were assembled from secondary sources (e.g., BCC research

undertaken by UNICEF. The findings will be ground-truthed through other studies). Next, the team has advocated the state to contract a creative agency to develop communications materials and tools based on the consumer research.

Indonesia TSSM Enabling Environment

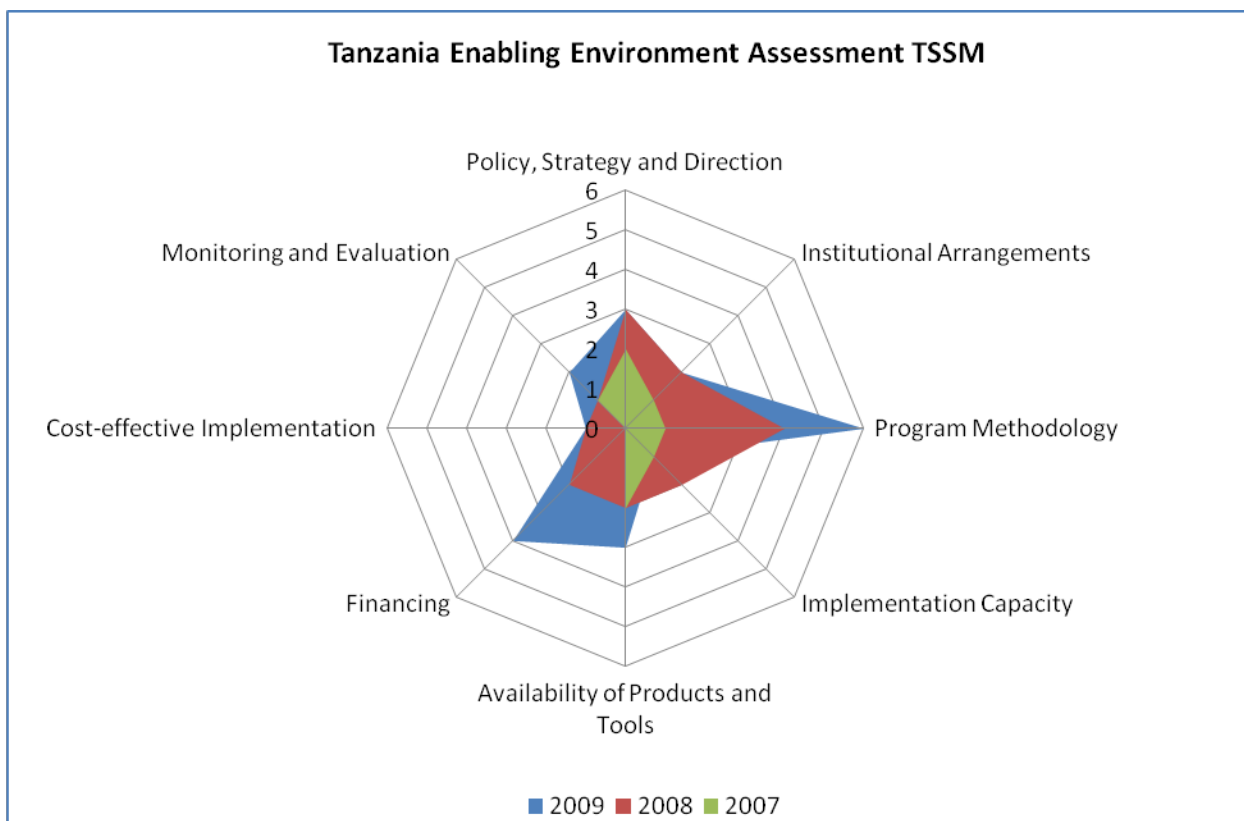


The Indonesian program has seen EE progress primarily across M&E, institutional arrangements, and implementation capacity. Over the past year, capacity has been built for district-level M&E, and the results are being used to improve program implementation. The team has improved on the institutional arrangements through clarifying the sanitation roles and responsibilities, as well as the operational structure. Nonetheless, institutional capacity building at all levels has to be strengthened on TSSM's principles and mechanisms. Work on building implementation capacity has focused on the local level, primarily building it within districts and communities.

The policy work is well established, and in the future the program will focus on developing institutional incentives for TSSM as well as a legislative framework for sanitation. However, more local policy and regulatory support is needed for scaling up district-wide total sanitation programs. The program methodology has been developed and adapted to Indonesia (provincially and locally), but will need to be better linked to other national programs. Finally, funding is strong as well, with additional work focusing on better utilization of funds, and securing resources for expansion and sustainability.

While cost-effectiveness data are being collected, thus far they are not being analyzed and cannot yet be used to guide program implementation. Capacities and methodologies for the analysis need to be developed. The CLTS work has helped in developing products for the sector, and now the team is working on improving the supply chain, and developing products that respond to consumer preferences.

Tanzania TSSM Enabling Environment



Tanzania has seen strong progress in the past year primarily on program methodology, although greater financing is also becoming available. The program design has been refined with an integration of sanitation marketing and total sanitation approaches. The team has successfully had the approach adopted by both local and national governments, with the national government viewing the Global Scaling Up Sanitation Project as an incubator in anticipation of a national roll out. The Ministry of Water has agreed to dedicated budget line for sanitation and hygiene, and local governments are now utilizing their sanitation resources more effectively. TSSM in TZ has developed promotional tools to help in stimulating demand for sanitation, including the campaign slogan, *Choo bora Chawezekana* (a good toilet is possible).

As the program begins to roll out, the Tanzania project will begin to gather data on cost-effectiveness (with input from the DC team). On the policy front, WSP has been supporting the design of a national sanitation and hygiene policy, which will now need to focus on finalizing the policy and moving it towards implementation. In order to improve the institutional arrangements, the coordinating mechanism needs to be strengthened, and the sanitation roles and responsibilities need to be clarified. These

will lead to clarity in the operational structure and improved links to other sectors. Implementation capacity in the country remains low, although progress has been made at the district level. With program implementation, national capacities should improve, including among the private sector and NGOs.

Annex 4: Excerpts from the Draft Report from the Global Consultancy on Local Government Capacity

One of the central premises of the Global Scaling Up Sanitation Project is that local governments can provide the vehicle to scale up rural sanitation. In all three TSSM countries – India, Indonesia, and Tanzania – local governments are at the center of the implementation arrangements. The reasons for scaling up through local governments are that functioning local government administrations exist throughout most countries and with increased decentralization, have been delegated the mandate for rural sanitation, and that local governments have the necessary infrastructure in place in terms of staffing and resources to play this role. A global expert consultancy was carried out earlier this year to look at the experience to date in three TSSM locations in developing the capacity of local government to carry out its role in rural sanitation.

We learned that the role of local government in TSSM should be defined in seven specific functions: strategy and planning; advocacy and promotion; capacity-building; supervision; monitoring and evaluation; regulation; and coordination.

While there are variations in the local government management models that reflect the country contexts, all three countries have placed local governments at the center of the implementation arrangements. In all three countries, the roles and responsibilities of the districts are carried out at three levels of local government – district, sub-district, and village. We learned that the fundamental management model of implementing TSSM through local government with the support of resource agencies is appropriate. Even though local governments lack capacity in some areas, nevertheless, they remain the only structure in the country that has the legal mandate, the staff, and the physical infrastructure required to implement TSSM at scale. Local governments understand TSSM, accept their central role in TSSM, and are highly engaged in the project. Implementation is proceeding at a rapid pace and creating momentum on the ground and local governments are at the center of these activities. National direction and support have played a role in bringing about this level of interest and engagement.

But we also learned that local governments are not carrying out the full range of roles needed to implement and sustain TSSM. In order to narrow the deficit in sanitation coverage and show results in communities, the focus has been primarily on those roles related to implementation. Local governments have made more progress in their role in supporting CLTS than sanitation marketing. While districts have developed implementation plans, they have not yet developed strategic plans or strategies for scaling up TSSM within the district. The cascading TOT approach used in every country to develop the capacity of local government at all levels is appropriate, but needs more rigor in its application to assure quality.

Based on the above learnings, the Global Scaling Up Sanitation Project will now work towards developing the capacity of local government in the full range of roles required to implement and sustain TSSM; developing a package of standardized tools and

training materials for each level of the cascading TOT; producing training materials with a separate trainer's guide and participant manual and that are adapted for use at each level; developing a more rigorous approach to training master trainers; and institutionalizing mechanisms for districts to share experiences and lessons learned with one another.

Annex 5: Results from Indonesia Baseline Survey - Program Performance Indicators

Prevalence of diarrhea incidence among children under 3 (during last 48h)

	Total		Treatment		Control		p-value
	n =	percent	n =	percent	n =	percent	
Poor households	657	0.052	325	0.058	332	0.045	0.432
Non-Poor households	1442	0.045	725	0.036	717	0.054	0.133
Access to improved sanitation	1022	0.032	519	0.037	503	0.028	0.491
Access to unimproved sanitation	1077	0.061	531	0.049	546	0.073	0.105
All households	2099	0.047	1050	0.043	1049	0.051	0.418

Households whose caregivers lost productive hours (school or work) caring for sick children (during past week)

Poor households	655	0.113	325	0.117	330	0.109	0.814
Non-Poor households	1430	0.080	715	0.095	715	0.066	0.157
Access to improved sanitation	1012	0.066	515	0.074	497	0.058	0.382
Access to unimproved sanitation	1073	0.114	525	0.130	548	0.099	0.289
All households	2085	0.091	1040	0.102	1045	0.079	0.251

Households with access to an improved sanitation facility

Poor households	656	0.332	326	0.374	330	0.291	0.166
Non-Poor households	1432	0.556	717	0.551	715	0.561	0.832
All households	2088	0.486	1043	0.496	1045	0.476	0.666

Households with children under 3 for whom the youngest child's feces are disposed safely

Poor households	657	0.391	326	0.426	330	0.358	0.254
Non-Poor households	1432	0.594	717	0.601	715	0.586	0.739
Access to improved sanitation	1014	0.819	517	0.826	497	0.811	0.590
Access to unimproved sanitation	1074	0.258	526	0.272	548	0.245	0.578
All households	2089	0.530	1043	0.547	1045	0.514	0.482

Households reporting "technical complexity, poor options, high costs, no one to build, savings/credit issues and competing priorities" among 3 top constraints for owning sanitation facility

Poor households	657	0.428	326	0.439	330	0.418	0.687
Non-Poor households	1432	0.317	717	0.326	715	0.308	0.571
Access to improved sanitation	1014	0.140	517	0.147	497	0.133	0.644
Access to unimproved sanitation	1074	0.552	526	0.572	548	0.533	0.418
All households	2089	0.352	1043	0.361	1045	0.343	0.549

Indonesia – Health and Child Development Indicators

Prevalence of acute lower respiratory infection among children under 3 (during past 48h)

	Total		Treatment		Control		p-value
	n =	percent	n =	percent	n =	percent	
Poor households	657	0.021	325	0.028	332	0.015	0.334
Non-Poor households	1442	0.019	725	0.017	717	0.021	0.598
Access to improved sanitation	1022	0.017	519	0.017	503	0.016	0.849
Access to unimproved sanitation	1077	0.022	531	0.023	546	0.022	0.960
All households	2099	0.020	1050	0.020	1049	0.019	0.896

BMI for age for children under 3 (z-score)

	Total		Treatment		Control		p-value
	n =	mean	n =	mean	n =	mean	
Poor households	644	-0.384	321	-0.491	323	-0.278	0.073
Non-Poor households	1411	-0.334	712	-0.263	699	-0.406	0.101
Access to improved sanitation	1003	-0.366	510	-0.316	493	-0.417	0.324
Access to unimproved sanitation	1052	-0.334	523	-0.352	529	-0.317	0.708
All households	2055	-0.350	1033	-0.334	1022	-0.365	0.686

Head circumference for age for children under 3 (z-score)

	Total		Treatment		Control		p-value
	n =	mean	n =	mean	n =	mean	
Poor households	651	-0.432	322	-0.468	329	-0.397	0.525
Non-Poor households	1418	-0.389	710	-0.415	708	-0.363	0.568
Access to improved sanitation	1004	-0.399	506	-0.449	498	-0.348	0.356
Access to unimproved sanitation	1065	-0.406	526	-0.415	539	-0.398	0.844
All households	2069	-0.403	1032	-0.431	1037	-0.374	0.456

Length/height for age for children under 3 (z-score)

	Total		Treatment		Control		p-value
	n =	mean	n =	mean	n =	mean	
Poor households	656	-1.013	324	-0.978	332	-1.048	0.643
Non-Poor households	1426	-0.812	717	-0.839	709	-0.784	0.585
Access to improved sanitation	1012	-0.654	513	-0.642	499	-0.666	0.845
Access to unimproved sanitation	1070	-1.085	528	-1.115	542	-1.055	0.611
All households	2082	-0.875	1041	-0.882	1041	-0.869	0.890

Arm circumference for children under 3 (z-score)

	Total		Treatment		Control		p-value
	n =	mean	n =	mean	n =	mean	
Poor households	610	-0.068	304	-0.059	306	-0.076	0.892
Non-Poor households	1305	0.072	657	0.109	648	0.034	0.508
Access to improved sanitation	915	0.058	465	0.113	450	0.000	0.404
Access to unimproved sanitation	1000	0.000	496	0.002	504	-0.002	0.969

All households	1915	0.028	961	0.056	954	-0.001	0.560
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Indonesia – Health and Child Development Indicators (Continued)

Weight for length/height for children under 3 (z-score)

	Total		Treatment		Control		p-value
	n =	mean	n =	mean	n =	mean	
Poor households	643	-0.466	321	-0.570	322	-0.362	0.067
Non-Poor households	1414	-0.414	715	-0.340	699	-0.489	0.080
Access to improved sanitation	1005	-0.421	513	-0.377	492	-0.467	0.349
Access to unimproved sanitation	1052	-0.438	523	-0.444	529	-0.432	0.892
All households	2057	-0.430	1036	-0.411	1021	-0.449	0.610

Weight for age for children under 3 (z-score)

	Total		Treatment		Control		p-value
	n =	mean	n =	mean	n =	mean	
Poor households	648	-0.878	323	-0.928	325	-0.828	0.343
Non-Poor households	1418	-0.729	713	-0.687	705	-0.771	0.205
Access to improved sanitation	1007	-0.660	510	-0.605	497	-0.717	0.127
Access to unimproved sanitation	1059	-0.885	526	-0.914	533	-0.856	0.472
All households	2066	-0.776	1036	-0.762	1030	-0.789	0.642

Anemia among children under 3 (anemia <11 g/dl)

	Total		Treatment		Control		p-value
	n =	percent	n =	percent	n =	percent	
Poor households	517	0.731	250	0.728	267	0.734	0.886
Non-Poor households	1064	0.703	532	0.716	532	0.690	0.398
Access to improved sanitation	755	0.690	378	0.688	377	0.692	0.903
Access to unimproved sanitation	826	0.732	404	0.750	422	0.716	0.380
All households	1581	0.712	782	0.720	799	0.705	0.593

Indonesia – General Indicators of Baseline Balance

Household characteristics	All households	Treatment	Control	P-values
Household roster	n = 2923	n = 1446	n = 1477	
Number of persons in household	4.563	4.599	4.527	0.418
Years of education of head of household	7.112	6.958	7.262	0.354
Household member died in past year	1.077	1.032	1.120	0.094
Household asset/durable goods (IDR * 1e6)				
Value of owned house	29.55	29.30	29.80	0.468
Value of owned land	13.33	10.20	16.40	0.279
Value of owned animal stock	1.78	1.54	2.02	0.447
Value of owned vehicles	5.33	4.86	5.80	0.349
Value of owned equipment	0.60	0.74	0.46	0.405
Value of owned appliances	2.72	2.54	2.91	0.291
Value of owned jewelry	0.69	0.66	0.72	0.470
Value of other owned items	0.28	0.21	0.36	0.000
Household income				
Total income	1.03	0.94	1.11	0.447
Per capita income	0.24	0.21	0.26	0.402
Dwelling characteristics				
Rooms in dwelling	5.682	5.357	6.000	0.212
Owns home outright	0.010	0.013	0.008	0.239
Owns home, paying off mortgage	0.832	0.845	0.819	0.162
Rents home	0.017	0.015	0.018	0.294
Borrowed home	0.141	0.127	0.155	0.149
Water treatment				
Drinking water/How: Boil	0.866	0.964	0.769	0.074
Drinking water/How: Strain through a cloth	0.133	0.107	0.158	0.334
Drinking water/How: Let it stand and set	0.160	0.107	0.211	0.231
Water source				
Piped into yard	0.047	0.015	0.078	0.015
Public tap/standpipe	0.016	0.007	0.025	0.028
Tubewell or borehole	0.003	0.001	0.006	0.160
Protected well	0.227	0.228	0.227	0.494
Unprotected well	0.362	0.384	0.342	0.328
Protected spring	0.101	0.095	0.106	0.378
Unprotected spring	0.186	0.208	0.165	0.301
Rainwater	0.022	0.029	0.016	0.153
Tanker truck	0.000	0.001	0.000	0.159
Cart with small tank	0.001	0.003	0.000	0.159
Bottled water	0.030	0.029	0.032	0.384
Source covered	0.338	0.056	0.614	0.140
Source uncovered	0.349	0.339	0.359	0.401
Source covered and uncovered	0.021	0.016	0.027	0.174
Store drinking water at home	0.975	0.964	0.986	0.286
Treat water everyday during last week	0.915	0.922	0.908	0.389
Treat water every other day during last week	0.017	0.016	0.017	0.480
Treat water once or twice in last week	0.068	0.062	0.075	0.350

Indonesia – General Indicators of Baseline Balance (Continued)

Household characteristics	All households	Treatment	Control	P-values
Sanitation facilities	n = 2923	n = 1446	n = 1477	
Flush/poor flush: to piped sewer system	0.070	0.079	0.061	0.302
Flush/poor flush: to piped sewer system	0.361	0.359	0.363	0.475
Flush/poor flush: to pit latrine	0.031	0.031	0.032	0.463
Flush/poor flush: to elsewhere	0.009	0.003	0.014	0.075
Ventilated pit latrine	0.004	0.006	0.003	0.251
Pit latrine with slab	0.020	0.021	0.018	0.388
Composting toilet	0.000	0.001	0.000	0.159
Pit latrine without slab / Open latrine	0.108	0.110	0.105	0.446
Bucket	0.000	0.000	0.001	0.159
Hanging toilet / Hanging latrine	0.001	0.003	0.000	0.159
No facility: bush	0.013	0.015	0.011	0.299
No facility: river	0.382	0.371	0.393	0.425
Sanitation facility is shared	0.631	0.581	0.680	0.267
Handwashing and hygiene				
self-report washing hands after toilet	0.981	0.975	0.987	0.029
Handwashing facility inside toilet	0.776	0.756	0.795	0.042
Handwashing facility in kitchen	0.081	0.085	0.077	0.273
Handwashing station within 3 feet of toi	0.026	0.024	0.028	0.331
Handwashing station 3-10 feet from toile	0.030	0.041	0.019	0.008
Handwashing station more than 10 feet fr	0.087	0.093	0.081	0.222
Handwashing device: tap / faucet	0.130	0.137	0.124	0.236
Handwashing device: tippy tap / pour	0.001	0.001	0.000	0.159
Handwashing device: bucket / basin	0.238	0.258	0.219	0.047
Handwashing device: container from which water is poured	0.631	0.604	0.657	0.021
Clean environment				
Garbage visible in kitchen or house	0.386	0.290	0.480	0.052
No visible feces in or around house	0.606	0.613	0.600	0.474
1-5 feces visible in or around house	0.205	0.129	0.280	0.159
5-10 feces visible in or around house	0.172	0.226	0.120	0.168
Over 10 feces visible in or around house	0.016	0.032	0.000	0.150
Interviewer smells feces in or near house	0.245	0.290	0.200	0.235