SToPS!!
Sanitasi Total & Pemasaran Sanitasi

TSSM
Total Sanitation & Sanitation Marketing

Scaling up community-led approaches to safe, healthy sanitation and improved hygiene behavior
Why is sanitation critically important for Indonesia?

1. Substandard sanitation and poor hygiene behavior impact on infant mortality, child illness and child malnutrition rates, which pose the greatest threat to Indonesia’s human resource potential. Today, 100,000 children die each year from diarrhea. Indonesia has more cases of typhoid than any other country in East Asia. But it does not need to be like this, because Indonesia’s per capita income is now more than US$ 700.

2. In Indonesia, economic losses due to inadequate sanitation are estimated at 2.4 percent of GDP (ADB study, 2002). This translates as a potential loss of income of more than Rp 120,000 a month for each household. Indonesia cannot afford such a drain on its national productivity.

3. Safe and healthy sanitation, on the other hand, is associated with economic growth. A WHO study showed that, in developing countries like Indonesia, every US$ 1 invested in improving sanitation produced an economic return of between US$ 8 and US$ 21.

4. Poor rural and urban dwellers have low access to sanitation, and use of polluted surface water sources continues unabated. This very hazardous condition cannot be allowed to continue. The decrease in the quality and quantity of water resources has reached a critical point on densely populated islands like Java and Bali, which also have the largest populations of poor people in Indonesia.

5. For more than thirty years, access to sanitation in rural areas has remained unchanged. According to the WHO-UNICEF Joint Monitoring Program, access to improved sanitation in rural areas remains unchanged at 38 percent for the last three decades. At that rate, Indonesia will not achieve the Millennium Development Goal (MDG) for Sanitation.

**Indonesia - rural - Access to improved sanitation coverage**
The Challenge of Rural Sanitation Development in Indonesia

Rural sanitation development is generally associated with behaviors that are closely linked to cultural practices. Sanitation development in Indonesia is a social-cultural challenge. Here, people are accustomed to defecating in the open, especially in places where there is water that is also used for washing, bathing and other hygiene needs. According to the 2004 national census, access to sanitation facilities is 53%; but only one quarter of these are improved facilities incorporating septic tanks. For the rest, the waste is dumped in paddy fields, ponds, lakes, rivers or the sea.

Funds from government and donors are not sufficient to solve the rural sanitation problem. As a conservative estimate, new investment of more than US$ 600 million a year for the period 2005-2015 is needed to achieve the MDG targets for water supply and environmental sanitation (WSES).

Average government (plus donor) investment in the past 30 years has been just US$ 27 million, and the majority of this was allocated for investment in the urban sector.

To achieve the MDG for sanitation, a new approach needs to be found that can accelerate investment in large amounts, primarily from the household sector and from the private sector. Funding from government sources falls far short of need, so an innovative approach needs to be found to increase investment from non-government sources. Strategies to achieve the MDG for sanitation must harness public purchasing power and market power, and ensure that sanitation market growth is geared to the interests of poor people.

A new era in the approach to rural sanitation

Prompted by the failure of traditional approaches in provision of sanitation infrastructure in rural areas, in 2001, a new approach to rural sanitation development was developed in South Asia, called Community-Led Total Sanitation (CLTS).
This approach facilitated the empowerment of communities to analyze the condition and risk of environmental pollution caused by open defecation, and to build and use latrines without external subsidies.

The Indonesian government has conducted field trials of the CLTS approach since May 2005, in 18 communities in 6 districts in 6 provinces with different characteristics. The results of these trials are quite promising. During the one year of its implementation, this approach enabled 159 communities to become open defecation free and changed defecation behavior in around 28,000 households.

In the same period, in Bangladesh, Vietnam and several countries in Africa, non-subsidized, market-based sanitation programs showed similarly promising results in scaling up access to sanitation among poor rural dwellers.

-learning from the CLTS experience and sanitation marketing, the Indonesian government decided to implement the SToPS program in Jawa Timur for the period 2007-2010. This is being done as a way of rapidly scaling up access to safe and healthy sanitation, and sustainable hygiene behavior.

SToPS is the first program in Indonesia to translate on a large scale the Indonesian government’s new strategy towards community-based sanitation.
The SToPS Program

SToPS is a collaborative program between the Government of Indonesia, Water and Sanitation Program (WSP), and the Bill and Melinda Gates Foundation. US$ 1.9 million from the Bill and Melinda Gates Foundation will be used for the comprehensive development of this approach in Indonesia. The SToPS program will be implemented in all 29 districts in the province of Jawa Timur.

What does the SToPS program want to achieve?

By 2009 (end of program), the SToPS program is expected to:

- Raise the number of people with access to safe and hygienic sanitation by at least 1.4 million in Jawa Timur, by:
  - Increasing demand for improved hygiene behaviors from households and communities on a large scale.
  - Improving local supply of a variety of sanitation products and services, on a large scale.
  - Building the capacity of central and regional governments in developing and implementing policies that support the sustainability, effectiveness and efficiency of rural sanitation programs.
- Learn lessons about sustainable adoption of the approach on a larger scale in Indonesia, in the effort to achieve the MDG targets for rural sanitation before or by 2015.
- Contribute to global knowledge to support the scaling up of this approach in 5-15 other countries, and increasing access to safe and hygienic sanitation for more than 250 million more people by 2015.

What are the benefits for districts participating in the SToPS program?

Districts participating in the SToPS program will receive technical assistance to:

- Strengthen political commitment to the scaling up, among local leaders and figures, such as district heads, regional parliament/politicians/political parties, leaders of community organizations, NGO activists, sub-district heads and local media.
- Build institutional capacity and implementation support for local government (health service, regional development planning agency, and relevant partner organizations) to manage creation of DEMAND, increase in SUPPLY, and MONITORING of implementation and outputs.

The SToPS program is an opportunity for the districts to:

- Learn how villages, sub-districts and districts can become free from open defecation, and achieve district MDG targets for rural sanitation.
- Learn how to manage hygiene and sanitation programs to maximize impacts on health and the local economy.
- Develop the districts as learning centers for other provinces in Indonesia.

Facilities provided by the SToPS program

Training of Community Facilitators to: a) introduce CLTS and develop it in the districts, b) trigger CLTS at the community level, c) implement post-
triggering activities with the community and service providers, d) monitor progress and impacts together with the community as a part of monitoring MDG targets for sanitation.

**Technical assistance for sanitation market research:** Assessing consumer demand and available supply capacity in Jawa Timur.

**Technical assistance for development of media campaigns to increase demand, and support for their implementation at the provincial level.**

**Supply improvement programs in different regions in Jawa Timur.**

**Implementation support for supply improvement programs for participating districts, to strengthen market capacity to supply a variety of sanitation products and services in the districts.**

**Institutional learning mechanism** linked to the program monitoring and evaluation system, and the system of monitoring MDG targets for local sanitation.

**Learning activities** across communities, sub-districts, and districts, for example through monitoring workshops, preparation and replication of communication materials, and field visits. Learning activities could also be managed across provinces.

**What can the districts do to benefit from the SToPS program?**

> Districts can synchronize existing sanitation programs with the SToPS program approach (see the principles of total sanitation in the box below).

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**Principles of Total Sanitation**

- **a)** Total sanitation is an approach to trigger behavior change.
- **b)** Total sanitation is about collective action.
- **c)** Total sanitation is about *local choice* (choice of the local community), not standard design prescriptions.
- **d)** *Incentives* for achieving community-wide behavior change are key, because they can trigger collective action.
- **e)** Total sanitation recognizes the need for a *stepped approach* towards behavior change.
- **f)** The *approach is 100 percent based on community demand*. It is not top-down.
- **g)** *Community-led* in terms of planning, implementation, and monitoring progress towards achievement of total sanitation.
- **h)** Achievement indicators and impact monitoring focus on *behavior change achieved*, not on sanitation construction.
- **i)** The role of local government is to create local demand for behavior change, strengthen the supply capacity of the local private sector, set local MDG targets and monitor progress and impacts in local communities.
- **j)** The role of central government is to formulate operational strategies and implementation guidelines, support local government capacity building, and monitor progress towards the achievement of national MDG targets.
> Find alternate ways to use funds already available for subsidizing household latrine construction, such as:
  ° providing rewards for communities for achievement of collective behavior change
  ° stimulate competition between villages and sub-districts to achieve open-defecation free status
  ° developing local sanitation markets, and
  ° promoting hygiene behavior, creating demand, and so on.
> Adopt and develop the SToPS approach across a wider area, bearing in mind that this program is being implemented in a limited area and for a limited period only as a learning opportunity.
> Form district working teams.

**District Teams**

> Based on adoption of the CLTS approach in several districts, the district team is an inclusive team, open to anyone interested in adopting and developing this approach.
> The more stakeholders involved, the faster the scaling up.
> Potential stakeholders can be targeted during the orientation, preparation, implementation and support phases of the StoPS program.

**How will the program work in the districts?**

> The program will recruit consultancy agencies to prepare experienced teams of facilitators who will work intensively to assist the district teams.
> These agencies will facilitate several neighboring districts and adjust the support timeframe to the agreed plan.
> The duration of support for each district is nine months: three months for orientation and preparation, and six months for implementation and learning lessons.
Timeframe

SToPS PROGRAM ACTIVITIES IN JAWA TIMUR PROVINCE

- Communication of lessons learned
  - Final report

Implementation in second group of (14) districts
- Advocacy
- Supplier mapping
- Training
- Triggering
- Post triggering response
- Analysis of lessons learned + documentation

Implementation of pilots by facilitators in the first group of (15) districts
- Advocacy
- Supplier mapping
- CLTS/supply development training, technical / MSE training for target groups
- Triggering
- Post triggering response
- Analysis of lessons learned + documentation

Briefing at 2-3 consultancy agencies
Developing supply development programs

Grouping of districts for implementation
Evaluation of proposals from consultancy
Preparation of CLTS training

Short list of consultancy agencies and requests for proposals

Orientation at the central level
Project planning at the provincial level
Assessment of environmental condition + global baseline study (managed by WSP head office)
Finalization of PIP

District orientation roadshows with all stakeholders

Jan - Apr '07  May - Jun '07  Jul - Aug '07  Sep '07 - Jun '08  Jul '08 - Mar '09  Apr '09 - Sep '09

Timeframe

SToPS PROGRAM ACTIVITIES AT THE DISTRICT AND COMMUNITY LEVELS

1. StOOPS Orientation + Advocacy
   - Building commitment with district leaders + stakeholders
   - Preparing Total Sanitation Plans + District Sanitation Marketing

2. StOOPS Preparation – District Level
   - Market + consumer diagnosis & action plan for the district
   - Identify sanitation options for promotion
   - Training for primary health centers/NGOs/local govt./local sanitation suppliers.
   - Prepare data baseline for impact evaluation
   - Monitoring training

3. StOOPS Implementation at the Community Level
   - Preparation of data baseline for impact monitoring
   - CLTS triggering
   - Post triggering response + facilitating informed choice
   - Facilitating contact between consumers and providers
   - Progress monitoring as per prepared framework
   - Analysis of lessons learned & dissemination activities.

4. Consolidation of Lessons Learned
   - Participation in impact evaluation
   - Institutionalization of sanitation and hygiene behavior monitoring systems

6 months

3 months
Support Funds

Primary support for program implementation and development comes from the districts. Examples of allocation of support funds:

- Transport costs and out-of-pocket expenses for staff taking part in training and monitoring
- Rewards for communities that achieve open defecation free status
- Financing “informal leaders” to do triggering in other locations or take part in workshops within or outside the district
- Transport costs and out-of-pocket expenses for staff attending meetings at the provincial/central level
- Cost of development activities as per targets.
Water and Sanitation Program for East Asia and the Pacific (WSP-EAP)

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