

Sanitation, Hygiene And Water (SHAW) Programme for East Indonesia

IRC Mission Report

December 2010



Prepared for

simavi
MET MOEDERS WERKEN AAN GEZONDHEID



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The findings, interpretations, comments and conclusions contained in this report are those of the author and may not necessarily reflect the views of either Simavi or the partner NGOs.

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Summary

This report is the result of an IRC mission to the SHAW programme in December 2010 to develop a better understanding of the programme and its partners and in particular in relation to the specific support requirements of the partner NGOs to develop and apply a community-based monitoring system and a knowledge management component. During the mission individual one-day meetings were held with Plan Indonesia, Yayasan Dian Desa and CD Bethesda, three meetings were held with Martin Keijzer, and finally a one-day debriefing meeting was conducted with all three partner NGOs to wrap up the mission. Unfortunately it was not possible to meet with the fourth partner NGO Rumsram as they were not able to travel to Yogyakarta.

From the point of view of IRC, the mission has been very helpful in building a basis of mutual trust and understanding and to lay the foundation for effective future cooperation. This would not have been possible without the positive and constructive attitude of the partner NGOs and the SHAW programme coordinator Martin Keijzer. Discussions were often lively and sometimes passionate but conducted in an open, free and frank atmosphere. Many thanks to all the people I was able to meet in person from Plan Indonesia, Yayasan Dian Desa and CD Bethesda as well as Martin Keijzer for the insightful and inspiring discussions.

This report will not give a complete insight in what has been achieved to date due to the restricted focus of the mission – this was not a comprehensive programme review – as well as the limited time spent with the three partner NGOs. However, to be able to appreciate the work done by the partner NGOs to date and to put the conclusions in some perspective it is important to understand that the programme, although implemented by the four partner NGOs, is to be supported by a number of international organisations including UNICEF, IRC, WASTE and ZZL. To date little or no support has been made available which has negatively influenced performance and progress.

The following is a summary of observations and lessons learned during the mission¹:

- The three partner NGOs met during the mission are exceptionally motivated and committed towards the SHAW programme. At the time of the mission they were all actively making the final preparations to be able to commence programme implementation in early 2011. All three partner NGOs are making use of their own experiences and expertise.
- The period April 2010 to February 2011² is being used by the partner NGOs to lay the foundation stones for a successful implementation of the programme. The main focus of the activities undertaken during the inception and preparation phases was to develop the demand creation component, develop monitoring tools and conduct initial baseline surveys, hire (and train) programme staff, build relationships with (sub) district level actors, conduct road shows and organise training for NGO and (sub) district health staff.
- The final SHAW programme document is the outcome of a complicated and lengthy process including the necessary negotiations between a magnitude of partners with different interests. As a consequence the level of commitment and comfort towards different components of the programme varies between partners. I got the impression that at present the partner NGOs' principal commitment is towards objective 1 (improve the health status of rural communities through the provision of improved sanitation and water services) with thus far little attention to programme objectives 2 and 3.

¹ This is a shorter version of the conclusions provided in section 3.1 of this report.

² An Inception Phase from April to September 2010 followed by a Preparation Phase up to February/March 2011.

- The direction as well as the speed of moving from planning and preparation to programme implementation differ for each partner NGO and appear to be influenced by their experience, expertise and overall confidence. The three partner NGOs are unique and all three have valuable experiences that could be beneficial to others.
- The partner NGOs are all in the process of developing and testing their own monitoring systems and tools for the programme. Although the impression was given that the partner NGOs were making use of or building on their existing monitoring systems, it appears that except for Plan Indonesia the other partners are developing new systems. The partner NGOs were more or less forced to develop their own monitoring systems because after the May 2010 workshop on monitoring and the August 2010 draft district toolkit for performance monitoring of household and school sanitation and hygiene, additional support to be provided by IRC did not materialise.
- During 2010 the four partner NGOs participated actively in four SHAW programme workshops. Even so I got the impression that they are operating pretty much independently at this stage with little active consultation or cooperation/collaboration outside or beyond the workshops that were organised in 2010. The present mode of cooperation seems to be somewhat inefficient given the fact that they are all developing approaches and tools for the different programme components independently. There is potentially more scope for cooperation.
- The three partner NGOs expressed the need for external support in a number of areas. It also became clear that in future support needs to be more flexible – responding more effectively to the specific needs, capacities and experiences of each partner NGO – and support modalities need go beyond one-time workshops. Introduction of ‘new’ concepts will have to go together with hands-on support to operationalise these concepts in practical frameworks or approaches.

It would help if all the SHAW programme partners understand the uniqueness as well as the complexity of the programme. The programme consists of a number of components that cannot be seen in isolation from each other and which requires an implementation strategy that ensures that the components are integrated, connected and interlocked somewhat similar to a jigsaw puzzle. Both the work of the partner NGOs and the support to them by the international partners need to be synchronised in such a manner that reflects this.

The main areas of attention that need to be considered are summarised below³:

1. A common understanding of the different components that make up the SHAW programme and their interrelationships. The different components need to be implemented in a more integrated and overlapping manner instead of addressing them as isolated issues that are carried out in a sequential order one after the other.
2. A common language on the main programme components as a means to support the first point. During the debriefing meeting it became clear that there is still some confusion about and misunderstanding of concepts such as sanitation marketing and knowledge management. The immediate needs of the programme appear to be centred around:
 - Sanitation marketing (linking supply to demand)
 - Knowledge management and at this stage focusing particularly on knowledge development
 - Capacity building of (sub) district actors/partners
3. Effective cooperation between the partner NGOs by creating more space for sharing and learning. It is unnecessary to develop a standard approach that is to be followed by all partner NGOs considering that each organisation is unique and should make use of their own experiences and expertise. However, efficiency and effectiveness can be enhanced through closer cooperation including where appropriate joint development of programme components.

³ This is a shorter version of section 3.2 of this report.

4. Knowledge development as part of the knowledge management component by documenting what we are doing in the field. In this way the programme will be able to develop explicit evidence-based content (backed by data from the monitoring systems) which will help to identify and shape knowledge products about 'what works'.
5. The intended speed of implementation could be reduced so that adequate time becomes available to start addressing the above points. This will, at the same time, also create time for reflection of programme activities on the basis of regular monitoring, which will allow for learning from past experience and subsequent adjustments and modifications that will help to improve programme implementation.
6. The monitoring systems and tools need to be finalised and tested as soon as possible so that they are ready when programme implementation starts. There should be enough flexibility to allow for different systems and tools that meet the specific needs and desires of the different partner NGOs. However, as a minimum the different systems will have to provide the information that meets the reporting requirement of the programme.
7. Even though the SHAW programme is quite unique we should consider whether it is worthwhile to learn from similar programmes inside Indonesia and within the region. Making use of knowledge (experiences and lessons learned) produced by other programmes is likely to enhance the effectiveness of the programme as well as save energy and costs. This could help us to resolve some of the immediate and urgent needs of the programme (e.g. sanitation marketing) but could also be relevant at a later stage for other programme components.

On the basis of the outcome of this mission, IRC's proposed support for 2011 to the partner NGOs focuses on the following areas⁴:

- ✓ Finalise the development and testing of the monitoring systems and tools (attention point #6)
- ✓ Follow up mission to review and improve monitoring systems (attention point #6)
- ✓ Finalise the implementation cycles/strategies (attention points #1, #2 and #4)
- ✓ Follow up mission for tailor-made support to partner NGOs (attention points #1, #2 and #4)
- ✓ Reflection and learning workshop (attention points #3 and #7)
- ✓ Regular support from the Hague on the above topics

⁴ More information and details are provided in section 3.3 of this report.

1. Introduction

1.1 Background and Context

In the first quarter of 2010, Simavi successfully submitted a funding proposal for a Sanitation, Hygiene And Water (SHAW) programme to the Embassy of the Kingdom of the Netherlands (EKN) in Jakarta. On the 9th of April 2010 the EKN agreed to co-finance the programme. The five-year SHAW programme will be implemented in nine districts in Eastern Indonesia by four Indonesian SIMAVI partner NGOs⁵ and coordinated by Simavi. Other partners including UNICEF, IRC, WASTE and ZZL will support the implementation of the programme in their specific areas of expertise.

The overall goal of the programme is to reduce poverty by improving the health status of rural communities in Indonesia and by doing so enhance sustainable and equitable rural development. This is to be achieved by providing support to communities and (sub) districts in their effort to establish and implement effective, sustained services for improved sanitation, hygiene and water. The programme will be implemented in accordance with the STBM⁶ approach which was adopted by the Ministry of Health as the national sanitation strategy in 2008. Although a number of isolated pilots took place, the SHAW programme is the first attempt to implement the STBM approach at scale. The programme is ambitious and innovative in nature and because of limited experience in implementing the new concepts a number of international organisations, such as IRC, have been invited to support the SHAW programme.

In the beginning of 2010 IRC was involved in the proposal formulation phase and in a limited number of support activities which focused primarily on conducting a workshop on monitoring in May 2010 and developing a district level monitoring toolkit during July and August 2010. During October and November 2010 extensive communication between Simavi Nederland and IRC were initiated to help clarify expectations concerning IRC's support and contributions.

1.2 Terms of Reference and Objectives of this mission

The rationale for the December 2010 mission was to lay the foundation for effective future collaboration. Clearly defined or explicit expectations as well as mutual trust are essential requirements for effective collaboration. Effective collaboration starts with a commitment to involve others as well as a shared vision on how to achieve the objectives of the SHAW programme. Therefore the purpose of this mission was to get to know each other better and to build a basis of mutual trust and understanding and to support to the monitoring systems under design/already designed.

Prior to the mission a Terms of Reference (TOR) was finalised and a contract⁷ was signed between Simavi and IRC that outlines IRC's support for the duration of the SHAW programme. The December mission focused primarily on achieving the following objectives which were elaborated in the TOR:

1. Develop a better understanding of the programme and its partners and lay the foundation blocks for successful collaboration.
2. Develop a better understanding of the specific support NGO partners need from IRC to be able to develop and apply a community-based monitoring system.
3. Develop a better understanding of the initial ideas concerning the knowledge management component to be implemented at national level.

⁵ Implementing partner NGOs: Plan Indonesia, Yayasan Dian Desa (YDD), CD-Bethesda and Rumsram.

⁶ STBM (Sanitasi Total Berbasis Masyarakat) is a further development of the CLTS approach and consists of five pillars: 1) open defecation free villages; 2) hand washing with soap; 3) household water treatment and safe storage; 4) household solid waste management; and 5) domestic wastewater management. For further information in Bahasa Indonesia see also the official website: <http://stbm-indonesia.org>

⁷ Contract between Stichting Simavi and IRC International Water and Sanitation Centre concerning Sanitation, Hygiene and Water (SHAW) for East Indonesia; Programme number: 3409001; Programme duration: 15 April 2010 until 31 December 2014.

This post mission report will summarise the findings of the mission and will present a number of recommendations covering areas for possible future support.

2. Debriefing on the Mission

2.1 Activities

Excluding travelling time from the Netherlands to Indonesia and back, the official mission took place from Monday 13 December to Saturday 18 December 2010. During that period the following activities were executed:

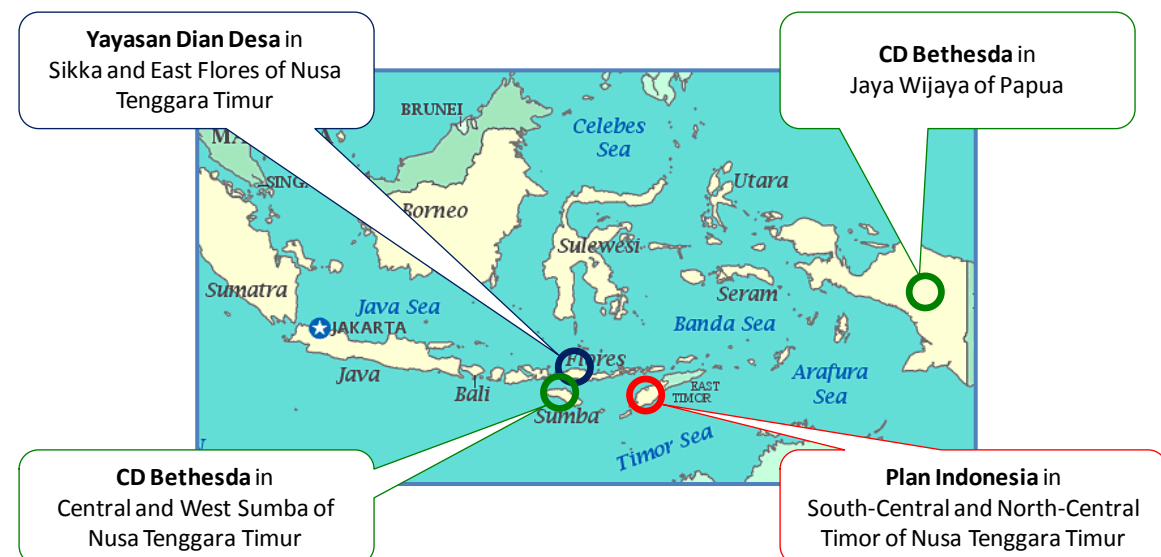
1. Meetings with three out of the four local partner NGOs⁸ namely: Plan Indonesia in Jakarta on Monday 13 December; Yayasan Dian Desa in Yogyakarta on Wednesday 15 December; and CD Bethesda in Yogyakarta on 16 December.
2. Meetings with Martin Keijzer, Simavi SHAW Programme Coordinator on Tuesday 14 December and Saturday 18 December.
3. Debriefing meeting with the local partner NGOs and the Simavi SHAW Programme Coordinator on Friday 17 December including a preparation meeting with Martin Keijzer in the morning.

Outside of the scope of the mission meetings were also held at WSP-ESA on Monday 13 December and at the Royal Dutch Embassy and UNICEF on Monday 20 December in Jakarta. A brief summary of the topics discussed during these meetings is provided in Annex 4. A complete list of organisations and individuals met during the mission is provided in Annex 1.

2.2 Debriefing on meetings with local partner NGOs

The following sections will give brief summaries of the outcome of the meetings with the three local partner NGOs. The findings, interpretations, comments and conclusions contained in this report are those of the author and may not necessarily reflect the views of either Simavi or the partner NGOs.

The intervention areas of these NGOs are shown in the following figure.



⁸ No meeting could be organised with Rumsram as it was not possible for them to travel to and fro Yogyakarta. Similarly considering the short time frame of the mission it was also not possible for the consultant to travel to and fro Papua.

2.2.1 Plan Indonesia

Facts and figures (obtained from SHAW Programme Inception Report of October 2010)

SHAW Programme intervention areas			Totals
Province	Nusa Tenggara Timur		
Districts	South-Central Timor	North-Central Timor	
Total # of sub-districts	21	24	45
Total # of villages	240	175	415
Current levels of latrine coverage	49%	46%	
Planned # of HH with improved sanitation			48,218
Planned # of HH as % of total # of HH			30%
Planned # of HH with access to safe drinking water			10,000

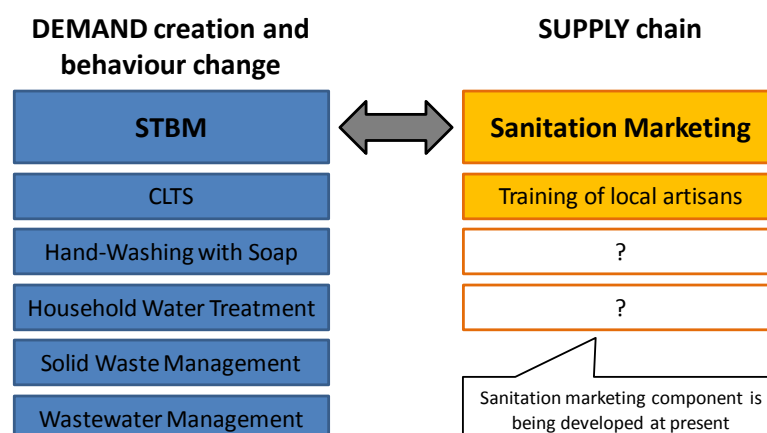
Plan Indonesia has set itself a target of creating 620 Open Defecation Free (ODF) villages in all the Plan intervention areas by 2014. Plan Indonesia's current WASH activities concentrate around the following three programmes:

1. AusAID funded CLTS program in Grobogan (Java): ~2 years (2010-2011); 10 sub-districts; 153 villages; 65% of ~500,000 people will be targeted.
2. DGIS funded Simavi coordinated SHAW program in South-Central and North-Central Timor districts: >4 years (2010-2014); 2 districts; 415 villages; ~600,000 people.
3. Plan's regular activities: support to Pokja AMPL at national level and support to Plan's regular programme.

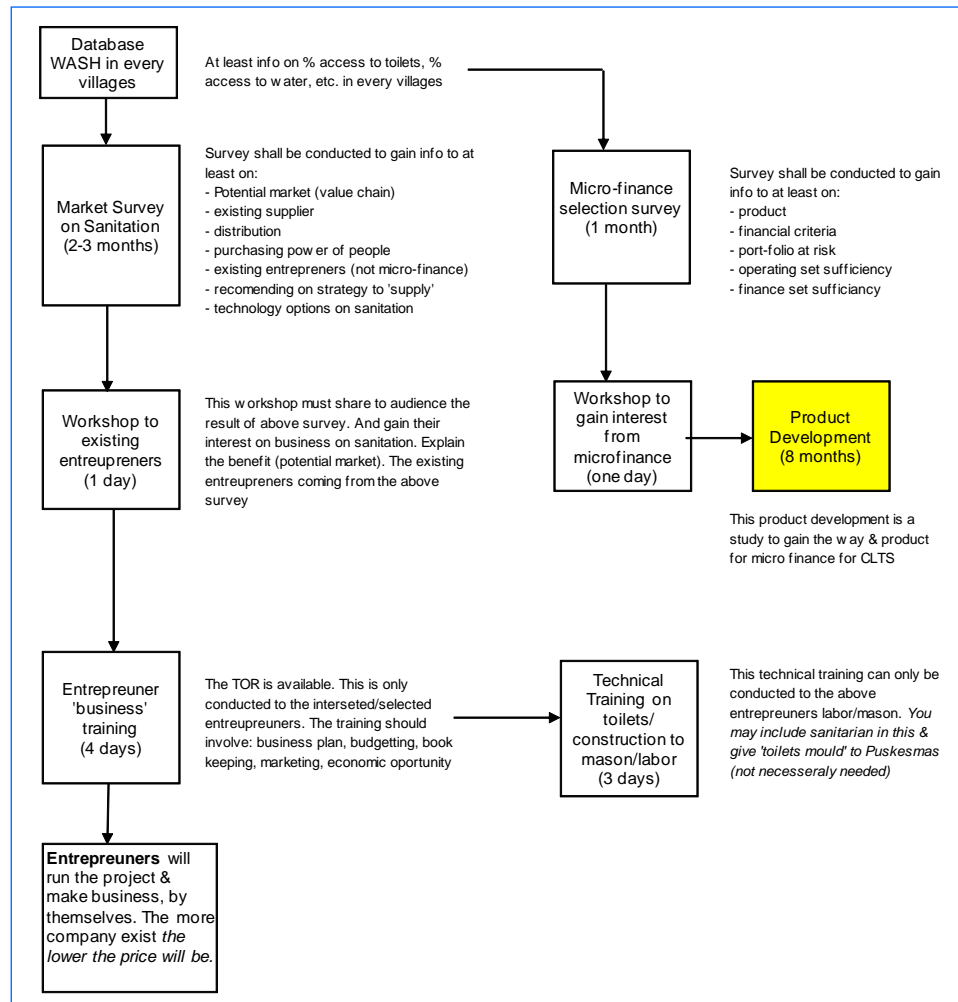
During the past decade Plan Indonesia has gone through a number of sanitation intervention strategies. In 2003 it applied, what it calls, the Total Sanitation approach where latrine construction was promoted through subsidies. During that time some US\$ 1.5 million was spent to construct 15,000 toilets which benefited some 45,000 people. Some of the lessons learned were that toilets were often abandoned by the people due to a lack of ownership and no behaviour change took place during and after construction. As a consequence Plan Indonesia embraced the CLTS approach in 2007. Some of the lessons were that the CLTS approach achieved much better results for much less costs (~10% of previous costs spent on triggering). In 2008 Plan Indonesia adopted the STBM approach after the proclamation of then STBM strategy by the Government of Indonesia in the same year.

Intervention logic and strategy

Plan Indonesia will be working on the following SHAW programme components:



Plan Indonesia plans to work on all five STBM pillars: activities at sub-village or dusun level will start with CLTS triggering (pillar 1) to create demand for sanitation and the other four pillars focusing on behavioural change will be incorporated in the follow up activities. At this moment Plan Indonesia is still developing the sanitation marketing component and therefore it is not yet clear what elements will be included. The following draft sanitation marketing approach was received after the mission.



The period from May till December 2010 was used to make the necessary preparations to enable smooth implementation of the programme as from early 2011. On the basis of the discussion we had on Monday 13 December the following step-by-step approach plan was established.

1. A STBM road show was conducted during 2010 to obtain support from the relevant district leaders. At the same time discussions were initiated at district level to develop and agree on a district level Memorandum of Understanding.
2. Exposure visits were organised for district leaders to other Plan program areas.
3. Road maps (action plans) were developed in each district aiming at district-wide ODF.
4. STBM monitoring trainings were organised for sub-district health department staff as they will be responsible for programme monitoring activities.
5. Road shows will be organised to inform village leaders.
6. Thereafter village leaders will have to prepare request letters if the village is interested to participate in the programme.
7. On the basis of the village request letters triggering will commence at sub-village level.
8. Post triggering follow up visits will be organised which will include STBM/hygiene promotion activities.

CLTS triggering will be applied to create demand for sanitation. Prior to triggering STBM/CLTS trainings will be organised to train two village representatives as CLTS facilitators from each participating village. The training will be conducted by experienced trainers from the Ministry of Health, Plan Indonesia and the Provincial Health Department. The actual team constitution as well as the actual number of trainers will depend on their availability. The trained villagers will be responsible for triggering at sub-village (dusun) level. Sub-district health centre staff will not be directly involved in triggering. Triggering will be carried out in all villages in one continuous flow. Considering that a number of villages have been triggered in the past by other organisations, a total of 1027 sub-villages⁹ will have to be triggered. As this will require the training of some 620 village level CLTS facilitators, it is anticipated that the STBM/CLTS training activities and subsequent triggering events could last from January to December 2011.

Programme monitoring

At present all efforts to establish a monitoring system are geared towards the monitoring of results of the 5 STBM pillars. Similar to the other partner NGOs, Plan Indonesia established a rough initial baseline during the inception phase by collecting secondary quantitative data at (sub) district level. Plan Indonesia invested time and resources for district staff to collect data at sub-district level. Given the fact that the reliability of the available data is somewhat questionable, and more so in many cases incomplete, the baseline data will be verified and improved at the time of triggering.

Regular progress and result monitoring will be carried out on the basis of household cards (see example below with 8 questions and a total of 28 data entry options) that will provide information on the five STBM pillars.

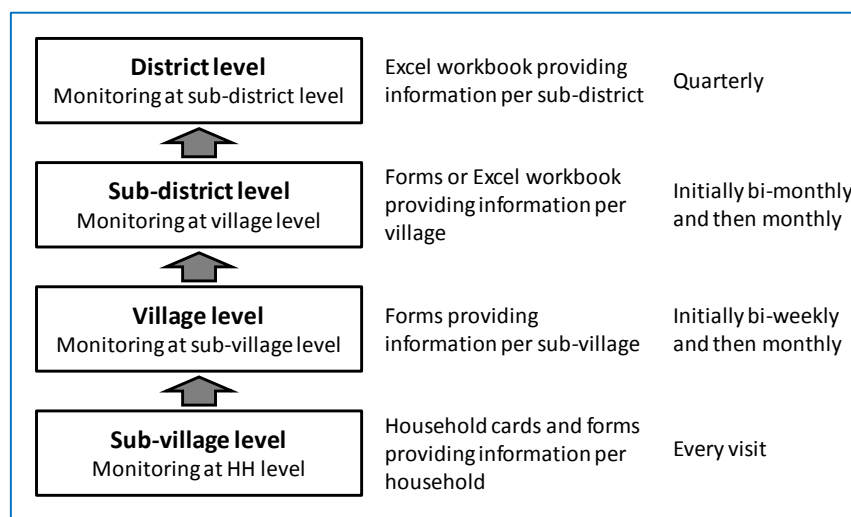
PILAR STBM	Cara Monitor untuk di kompilasi ke Laporan dusun
1. Stop BABS Jenis Sarananya 1) <i>Cemplung dengan tutup</i> 2) <i>Plensengan dengan tutup</i> 3) <i>Leher Angsa</i> Apakah Pemilik Rumah Menggunakan Jamban ? 1) <i>Ya</i> 2) <i>Tidak</i>	Jika jenis sarana adalah salah satu dari 3 opsi dan pemilik rumah menjawab 'ya', maka KK tersebut ODF (atau stop BABS)
2. Cuci tangan Pakai Sabun (CTPS) Tersedianya Sarana Cuci Tangan A) Air 1) <i>Ya</i> 2) <i>Tidak</i> B) Sabun 1) <i>Ya</i> 2) <i>Tidak</i> C) Pesan CTPS 1) <i>Ya</i> 2) <i>Tidak</i> Apakah bisa mempraktekkan CTPS 1) <i>Ya</i> 2) <i>Tidak</i>	Jika: Air = 'ya' dan Sabun = 'ya' dan Pesan CTPS = 'boleh 'ya' atau 'tidak' dan Praktik = 'ya' Maka KK tersebut sudah CTPS
3. Pengolahan Air Minum (PAMRT) Kebiasaan KK dlm mengkonsumsi air minum 1) <i>Direbus/ Dimasak</i> 2) <i>Ceramik Filter</i> 3) <i>Sodis</i> 4) <i>Lainya</i> Tempat/ wadah penyimpanan Air Minum di tutup 1) <i>Ya</i> 2) <i>Tidak</i>	Jika, Kebiasaan KK memilih salah satu dari opsi 1 atau 2 atau 3 dan wadah minum tertutup = 'ya' Maka KK tersebut sudah PAM-RT
4. Pengolahan Sampah Rumah Tangga Sampah Rumah Tangga Biasanya.... 1) <i>Dijadikan Kompos</i> 2) <i>Dibuat Kerajinan</i> 3) <i>Tidak di Apakan</i> 4) <i>Di Timbun</i> 5) <i>Di Bakar</i>	Jika pengolahan sampah memiliki salah satu dari opsi 1 atau 2 atau 4 atau 5 Maka KK tersebut sudah Pilar-4
5. Pengolahan Limbah Cair Rumah Tangga Air di Dapur atau Cucian Diapakan ? 1) <i>Diresapkan ke lubang tanah</i> 2) <i>Dimanfaatkan Untuk Tanaman</i> 3) <i>Dibuang ke Saluran Air</i> 4) <i>Dibiarkan Menggenang</i>	Jika pengolahan limbah cair memilih opsi 1 atau 2 atau 3 Maka KK tersebut sudah Pilar-5

⁹ Triggering will have to take place in 401 sub-villages (124 villages) in Kefa and 626 sub-villages (186 villages) in Soe district. These numbers do not include the villages triggered by other organisations previously.

These household cards will be updated at sub-village level under the responsibility of the trained STBM/CLTS village facilitators. Plan Indonesia anticipates that local champions/natural leaders will take an active role at sub-village level and thereby support the initial efforts of the STBM/CLTS village facilitators. On the basis of the household cards, the village facilitators will prepare overviews at sub-village and village level under the overall responsibility of the village head.

Progress monitoring of villages (including ODF verification) will be the responsibility of the sub-district authorities (STBM team), whereas the progress monitoring of sub-districts will be the responsibility of district authorities (Pokja AMPL).

Plan Indonesia is proposing to carry out data entry manually with the use of fill-in forms at sub-village, village, sub-district and district level. As a consequence of the design of the monitoring system data is aggregated at each level. This means that household level data is only available at sub-village level. Plan Indonesia is considering entering or tabulating the data provided by the sub-districts in a database (Microsoft Excel) only at district level. If this plan is pursued it would mean that only aggregated or cumulative data per sub-district will become available at the highest level. Obviously this will provide very limited data for detailed analysis and interpretation at district level. It was discussed whether the data entry in Microsoft Excel couldn't be done at an earlier stage as this would make more data/information available and at more regular intervals. This would however require the development of a simple-to-use Microsoft Excel workbook that can be used at sub-district level. The monitoring system as developed by Plan Indonesia is presented in the following figure.



Plan Indonesia is considering carrying out cost-effectiveness analysis during the life of the project. The following anticipated costs per household were provided by Plan:

- AusAID funded program in Grobogan: ~US\$ 9 per household (densely populated areas)
- SHAW program: ~US\$ 25 per household¹⁰

The following issue requires specific attention:

- Consider involving sub-district health staff actively in the programme activities – e.g. demand creation through CLTS triggering – to build their capacity for future application and scaling up beyond the SHAW programme intervention areas.

¹⁰ Similar calculations presented in Section 3 of this report show higher figures in the range from US\$55 to US\$ 104 per household!

Final observations

1. The Plan Indonesia WASH Programme Manager raised the need to clarify a number of expected results included in the interim report (e.g. 'At least 80% of the covered sub-districts will become and remain ODF': HHs, sub-villages, villages or sub-district?)
2. The present set of result indicators developed by Plan focus only on the five STBM pillars. It is not yet clear how the other result areas will be monitored (e.g. sanitation marketing; sustainable access to safe drinking water; school S&H; results at district level; etc.).

2.2.2 Yayasan Dian Desa

Facts and figures (obtained from SHAW Programme Inception Report of October 2010)

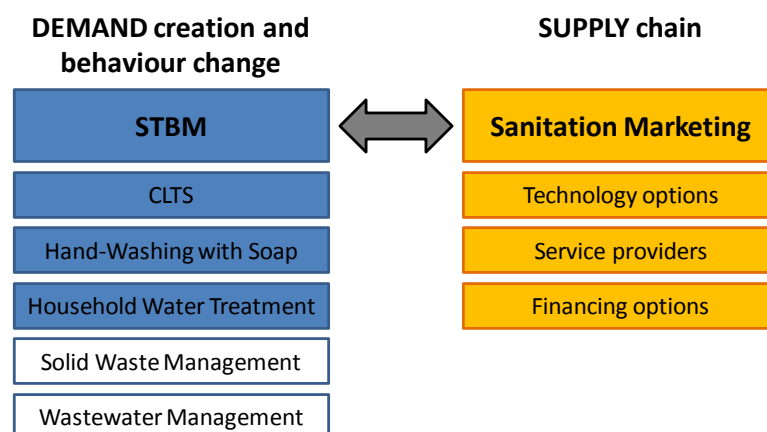
SHAW Programme intervention areas			Totals
Province	Nusa Tenggara Timur		
Districts	Sikka	Flores Timor	
Total # of sub-districts	21	19	40
Total # of villages	160	225	385
Current levels of latrine coverage	38%	30%	
Planned # of HH with improved sanitation			77,890
Planned # of HH as % of total # of HH			62%
Planned # of HH with access to safe drinking water			40,000

Yayasan Dian Desa's (YDD) experience in the WASH sector has shown that it is important to combine problem citing through demand creation with problem solving. YDD strongly believes in the need to provide solutions in the form of developing and promoting appropriate technologies. This is not surprising given the fact that YDD is from origin an appropriate technology centre. As a consequence YDD will be focusing on the following two programme components:

- Component A: STBM (or WASH programme); and
- Component B: development and promotion of sanitation systems for difficult conditions.

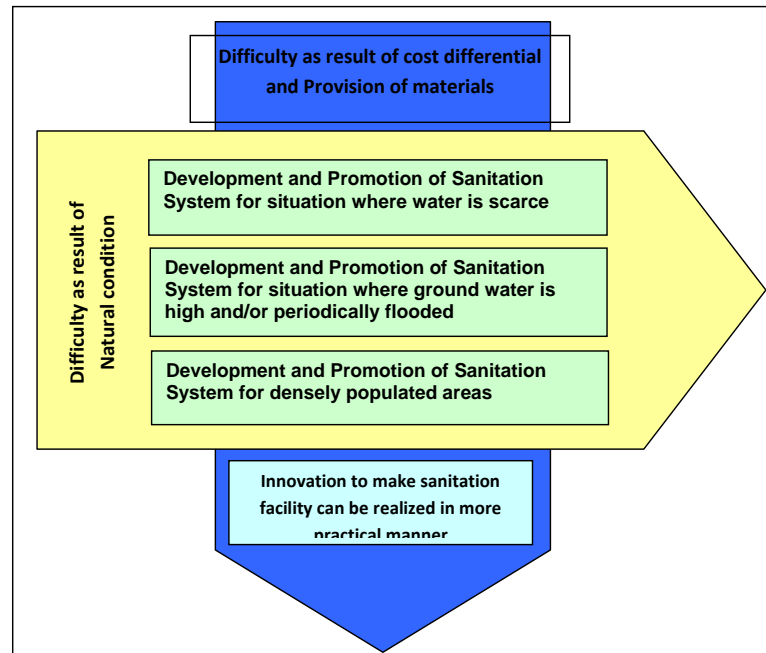
Intervention logic and strategy

YDD will be working on the following SHAW programme components:



YDD has decided to work initially only on the first three STBM pillars: activities at sub-village or dusun level will start with CLTS triggering (pillar 1) to create demand for sanitation and the other two pillars focusing on hand washing with soap and household water treatment (and safe storage) will be incorporated in the follow up activities. Although there is still a lot of confusion regarding the sanitation marketing component, YDD appears to be the only organisation which has started to develop ideas on how to implement this

component. In our discussions YDD explained that they will focus their efforts on the following three sanitation marketing elements: 1) developing and promoting a range of appropriate technology options for sanitation and hygiene (YDD's component B shown in the figure below¹¹); 2) supporting the establishment and developing the capacity of sanitation service providers; and 3) exploring, identifying and facilitating different financing options.



The period from May till December 2010 was used to make the necessary preparations to enable smooth implementation of the programme as from early 2011. YDD has developed a very detailed planning overview covering the first two years of implementation up to May 2012. On the basis of the discussion we had on Wednesday 15 December the following step-by-step approach plan was established.

1. Stakeholder workshops were held at district level to obtain the interest and support of the district leaders. A coordination meeting with the Pokja AMPL of Sikka district was also organised.
 - YDD recognizes the need for close coordination with the district level Pokja AMPL and other NGOs operating in the district to be able to synergise efforts with regards to improving access to improved sanitation and safe drinking water.
2. An initial STBM training was organised for health promoters and sanitarians of 21 sub-districts of Sikka district.
3. Following the training STBM road shows were organised in 6 sub-districts of Sikka district. The road shows to the remaining 15 sub-districts of Sikka district are expected to be completed by mid February 2011.
4. Starting in early 2011 village leaders and village cadres (3 per village) will be trained on STBM. STBM training of village cadres is expected to start on 21 February 2011.
5. Following these trainings village maps will be developed (incl. wealth ranking; access to sanitation and access to water points/facilities).
6. Triggering at sub-village (dusun) level will be conducted by YDD, trained village cadres and sub-district health promoters/sanitarians.
 - Triggering may not be necessary in all dusuns as triggering has been done by others in the past (51 out of 160 villages in Sikka have already been triggered by UNICEF, Plan and others) and YDD believes that a discussion on sanitation technical options might motivate people to take action.

¹¹ Section E of YDD's Inception Report on the WASH Programme of September 2010 provides further details on component B.

- YDD will combine certain PHAST tools with triggering (e.g. identifying good, neutral, bad behaviour through 3 piles sorting exercise).
 - YDD will combine problem citing (“barking”) with problem solution by showing different options to solve sanitation and hygiene related problems during triggering or post-triggering follow up visits (sanitation technologies, hand washing facilities, water treatment and storage options).
7. Post-triggering regular follow up will be carried out by the same people involved during initial triggering (or any combination of the CLTS facilitators depending on availability).

At present YDD is starting up the SHAW programme in Sikka district. Activities in Flores Timur are delayed due to the current unstable political situation.

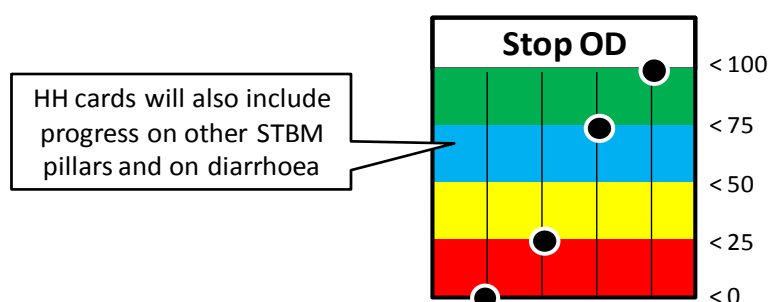
Programme monitoring

YDD has been actively developing and testing a new monitoring system focusing on the 5 STBM pillars. Similar to the other partner NGOs, YDD established a rough initial baseline during the inception phase by collecting secondary quantitative data at (sub) district level. The secondary data was enriched during stakeholder workshops where sub-district sanitarians and other partners verified and where necessary corrected the data. The baseline will be further enriched or revised during actual programme implementation (e.g. during the village mapping exercises).

During August and September 2010, YDD conducted a quick sanitation affordability study in Sikka. Although the final report is not yet released it is expected that it will provide insight in the ability and willingness to invest in improved sanitation facilities. The report is expected to provide valuable input when developing the sanitation marketing strategy.

YDD is in the process of finalising what they call “Towards Healthy Household” cards that will be the basis for regular programme monitoring. An earlier version – a combination of a household card and questionnaire with information on the 5 STBM pillars – was tested in the field (130 questionnaires with 13 village cadres). The household level monitoring questionnaire consists of 5 pages with a total of 17 questions and some 69 data entry options. Particularly the level of detail in relation to the household composition – although perhaps relevant for a baseline survey to obtain detailed information that could help in developing appropriate intervention strategies – appears to be too detailed and cumbersome for regular monitoring purposes. The initial impression of the questionnaire is that it is too much work to collect, process and interpret the data. During the discussions we considered relaxing the data requirements and looked at the possibility to limit the amount of segregated data or instead to monitor progress on the basis of a scientific sampling size. As programme implementation will commence in Sikka district, an alternative is to use the monitoring exercise in Sikka as a practice run and to learn and adapt the tool prior to commencing work in East Flores.

Following the testing YDD is now modifying the household cards by applying the MPA (Methodology for Participatory Assessment) concept to visualise qualitative and quantitative data. If well developed and used this household card could be an effective tool in promoting improved sanitation and hygiene practices at household level. The author’s interpretation of the household card is shown in the figure below.



During the debriefing meeting on Friday 17 December, YDD explained that they intent to use the household monitoring questionnaire and household card only once every six months as it would take too much time and effort to increase the frequency of monitoring. The frequency of six months was questioned as monitoring is carried out to 1) review progress; 2) identify problems in planning and/or implementation; and 3) to make adjustments so that it is more likely that the intended programme results are achieved. A frequency of six months is therefore unlikely to provide timely management information for steering and to undertake remedial action.

YDD intends to be heavily involved in data collection, analysis and interpretation and they plan to carry out data entry at sub-village level on the basis of household questionnaires in a computerised database software package. As a consequence detailed household level data will be available at all intervention levels.

Final observations

1. Considering the present monitoring system that appears to be too cumbersome and time consuming for frequent monitoring, the question should be asked what information is required for regular progress and impact monitoring.
2. The present set of result indicators developed by YDD focus only on the five STBM pillars. It is not yet clear how the other result areas will be monitored (e.g. sanitation marketing; sustainable access to safe drinking water; school S&H; results at district level; etc.).

2.2.3 CD Bethesda

Facts and figures (obtained from SHAW Programme Inception Report of October 2010)

SHAW Programme intervention areas				Totals
▪ Province	Nusa Tenggara Timur		Papua	
▪ Districts	Sumba Tengah	Sumba Barat	Jaya Wijaya	
▪ Total # of sub-districts	4	5	33	42
▪ Total # of villages	43	45	375	463
Current levels of latrine coverage	18%	1%	1%	
Planned # of HH with improved sanitation				13,789
Planned # of HH as % of total # of HH				11%
Planned # of HH with safe drinking water				14,655

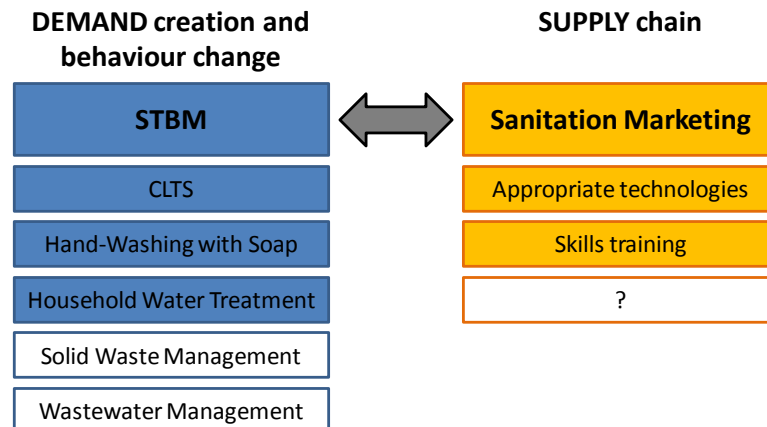
In comparison with Plan Indonesia and Yayasan Dian Desa, CD Bethesda's (CDB) experience in the WASH sector appears to be somewhat limited. To date CDB has only experience in applying subsidy (supply driven) approaches for improving access to sanitation. As CLTS and STBM are new concepts, CDB will need time to adapt to these new approaches. During the initial discussions on Thursday 16 December, the author got the feeling that CDB is not yet fully convinced that CLTS triggering can work. CDB field staff will need adequate training and support – but above all it requires a change in attitude, behaviour and practices – before they will be able to embrace, adapts and implement CLTS inspired approaches.

CDB has a long tradition of working with and through People Organisations (basically the same as community based organisations) and believes that this way of working is the only way of enhancing sustainability of development efforts at community level. Also in the SHAW programme, CDB will engage People Organisations (PO) at village level. The existence of POs will be a decisive criteria during the selection of participating villages.

Finally the situation (e.g. demographics, socio-economical, cultural) in Jaya Wijaya is very different – and apparently much more difficult – than in Sumba. This requires careful consideration during implementation and some suggestions will be made in the section on recommendations.

Intervention logic and strategy

CDB will be working on the following SHAW programme components:



Similar to YDD, CDB has decided to work initially only on the first three STBM pillars: village level activities will start with CLTS triggering to create demand for sanitation; hand washing with soap and household water treatment (and safe storage) will be incorporated in the follow up activities. CDB hasn't really embraced the concept of sanitation marketing wholeheartedly at this moment. This is likely to be caused by a lack of understanding of the concept, but also by a strong belief that existing knowledge and skills available in the communities should be employed and where necessary strengthened. CDB's initial ideas focus on the following two elements:

1. Appropriate sanitation technologies by exploring, promoting and utilising local skills and local materials.
2. People Organisations should be encouraged to take up an active role in becoming local sanitation service providers.

CDB is not yet fully convinced of the need to promote different sanitation technologies that represent different service levels or different steps on the sanitation ladder. During the meeting on Thursday 16 December we had a long discussion about the fact that consumers are unique and that they have often different needs and preferences. Consumer preferences for different mobile telephones was used as a simple example; the five CDB staff participating in the meeting had all different mobile telephones representing different needs, preferences and ability and willingness to pay.

Similar to the other partner NGOs, CDB used the period from May till December 2010 to make the necessary preparations to enable smooth implementation of the programme as from early 2011. On the basis of the discussion we had on Thursday 16 December the following step-by-step approach plan was established.

1. Pre-baseline survey introductions were made in participating villages during October – December 2010.
2. A monitoring (incl. baseline survey) training for CDB staff will be organised in January 2011.
3. Thereafter an STBM training for CDB field staff by MoH trainers will be organised towards the end of January 2011.
4. Following the trainings village level sanitation cadres and health centre staff will be selected and trained in February 2011.
5. A baseline survey will be conducted in February 2011.
6. Actual triggering events are expected to start in March 2011. Initial thoughts were to carry out triggering at village or desa level in all 25 villages before organising follow up visits instead of carrying out triggering events at sub-village or dusun level.
7. Following triggering follow up visits will be organised to support toilet construction (advising on options) and to use IEC/BCC tools to work on the other STBM pillars.

8. Regular monitoring activities will be carried out to monitor progress.
9. Capacity strengthening of sanitation cadres and People Organisations will continue throughout the lifetime of the SHAW programme.
10. CDB has planned a first program review in May/June 2011 which will be carried out together with the district Pokja AMPL.

We discussed the planned activities for the period January to June 2011 and the following issues require specific attention:

- Consider inviting the MoH trainers to support initial triggering activities in the field through on-the-job training and coaching as staff are not familiar with the new approach.
- Consider starting at a slower speed in Sumba so that staff get experience and confidence before starting in Jaya Wijaya (learn to ride a bicycle before trying to drive a truck).
- Consider conducting triggering events at sub-village or dusun level as triggering with only a handful of villagers at village or desa level is unlikely to be very effective.
- Consider using the May/June 2011 review to learn from initial experiences by assessing process and progress and to make modifications before scaling up activities in Samba and Jaya Wijaya.

Programme monitoring

CDB is in the process of developing and testing a new monitoring system focusing on the 5 STBM pillars. Similar to the other partner NGOs, CDB established a rough initial baseline during the inception phase by collecting secondary quantitative data at (sub) district level. A detailed baseline survey questionnaire is being developed and the baseline survey will be carried out in February 2011 – after the training of CDB staff in January 2011 and prior to actual CLTS triggering. The developed questionnaire will be used to collect data on a wide range of issues (e.g. access to clean water, sanitation practices, wealth ranking, hand washing practices, household water treatment, perception about water & sanitation related diseases, sanitation needs and People Organisations). Considering the fact that CDB works with and through People Organisations, baseline survey activities will start in villages where POs already exist. The baseline survey will be carried out by CDB staff together with the trained village sanitation cadres. CDB intends to collect the baseline data through public meetings at sub-village or dusun level – no household interviews are planned at this stage. It is not clear how this will work as household questionnaires have been developed for data collection.

For regular progress monitoring purposes, household questionnaires (cards) are developed. These will be completed and kept by the village sanitation cadres once every three months (maybe even every two months in the beginning). The household questionnaire is too detailed to be used for self-monitoring and will not easily visualise progress like the household cards being developed by YDD. CDB was initially not convinced that households could be trusted with the task of monitoring their own progress. Following data collection by the village sanitation cadres, CDB field staff will collect the completed questionnaires and carry out data entry, data analysis and modifying the work plans.

2.3 Debriefing meeting

A debriefing meeting was conducted on Friday 17 December 2010 with the local partner NGOS – except for Rumsram – and the Simavi SHAW Programme Coordinator. This meeting was preceded by a meeting between the author and the Simavi SHAW Programme Coordinator to prepare for the debriefing meeting. During the debriefing meeting the following topics were discussed:

1. Debriefing of findings of the different meetings with partner NGOs to present and validate the findings of the mission so that everybody was well informed.
2. Discussion on community-based monitoring to determine what kind of tailor-made support would be required by the partner NGOs to develop and apply the appropriate monitoring tools. This session was also used to present and discuss the monitoring and reporting framework developed by the Simavi SHAW Programme Coordinator.

3. Discussion on knowledge management to identify initial priority or focus areas while developing the knowledge management component.

The debriefing session focused on a presentation of the findings obtained during the meetings with the individual partner NGOs. Ample time was taken to discuss the findings and where necessary make corrections. The findings are presented in sections 2.2.1 to 2.2.3 of this report. After the presentation some time was taken to reflect on it during a plenary discussion. The outcome of that discussion can be summarised as follows.

Similarities between the partner NGOs:

1. The use of household cards to monitor progress at household level (although very different)
2. Triggering at dusun (sub-village) level although this requires a different approach by CD Bethesda
3. The use of local promoters/facilitators
4. The establishment of a baseline
5. The adaptation of sanitation marketing

Missing elements or issues:

1. Need to think beyond the stage where initial ODF status is achieved in a community (e.g. need for continuous monitoring; need to prepare the institutional setting; etc.)
2. Need to document programme approach and results for sharing and influencing at different levels
3. Need to build in critical reflection sessions at community level (and other levels) where monitoring information is used
4. Need to consider making more effective use of religious (and other) leaders
5. Need to think about a scaling up strategy

The session on monitoring was introduced by Martin Keijzer where he focussed on the programme's reporting needs towards the donor, the national level Pokja as well as to stakeholders active in the sanitation sector. Martin presented an overview of (monthly, three-monthly and six-monthly) reporting requirements that the partner NGOs are expected to follow. The detailed overview provided in annex 2 of this report is basically an elaboration of the indicators included in the Overall Programme Logical Framework attached as annex 3 to the Inception Report. Initially the presentation on the reporting requirements – particularly the monthly reports – created some consternation among the partner NGOs. Find below a quick overview of monitoring frequencies as worked out by the partner NGOS.

	Monitoring frequencies		
	Monthly	3-monthly	6-monthly
Plan	At village level	At sub-district level	At district level
YDD			✓
CDB		✓	

Martin Keijzer in a first reaction to a draft of this report explained that the reporting schedule with monthly, quarterly and six monthly reports was discussed and agreed upon with all the partner NGOs during workshop IV organised in September 2010. The reporting schedule was also included in the SHAW programme work plan for the period October 2010 up to December 2011 attached as annex 1 of the Inception Report. Furthermore, the reporting requirements also include a number of process indicators whereas to date the partner NGOS worked primarily on result indicators.

Quite a bit of time was spent on discussing the consequences of the new reporting requirements and an attempt was made to take away the fears. On the basis of the discussions Martin suggested to make a few changes to the monthly reporting requirements. There were also some discussions on what some of the indicators meant (e.g. the difference between financial and economic sustainability) and the need to develop a common language to ensure consistency in reporting.

As time was running out a quick round was made to check how the final hour should be spent. After some deliberations it was decided that some of that time should be used to explore knowledge management¹² issues. The topic was introduced by quickly revisiting the first slides of the PowerPoint presentation where the expected outputs of the SHAW programme were compared with the larger sanitation needs of Indonesia (see also section 3.1 of this report). This was done to raise the awareness of the participants and the need to look beyond the direct beneficiaries of the programme and its potential benefits for a larger section of the Indonesian population.

The following is the outcome of a quick brainstorming session with regards to the importance of knowledge management:

- Sharing of lessons learned
- Potential of replication of what works
- Maximising success
- Avoid decaying
- Help further developments in the sector
- Sharing of local success stories for wider impact

Given the limited time available and to be able to manage some of the worries and concerns among the participants, the discussion was kept light and focused primarily on the knowledge development component: identifying and creating knowledge (information). It is all about documenting (with different communication means) what we are doing in the field and ‘what works’. Mr Anton Soedjarwo, Director Yayasan Dian Desa, made an earnest attempt to further define and clarify the knowledge management concept with the use of a PowerPoint presentation.

The final half hour of an extremely enlightening and inspiring day of discussions was used for a quick moment of reflection. The following is a summary of the most noticeable comments made.

Who	Position	Comments during round of reflections
Mr Eka Setiawan	WASH Programme Manager, Plan	<ul style="list-style-type: none"> ▪ Afraid of monthly reporting needs ▪ Will need help with developing an automated monitoring tool ▪ Will need help with developing a sanitation marketing approach ▪ Continue with these regular meetings as it helps to generate more knowledge
Ms Christa Dewi	M&E Officer, CDB	<ul style="list-style-type: none"> ▪ Discussion on monitoring was helpful
Ms Dewi Utari	SHAW Project Manager, CDB	<ul style="list-style-type: none"> ▪ We need to be realistic: not too ambitious otherwise it will drive us crazy ▪ We learn a lot from this partnership ▪ Advise has been very helpful
Mr Erwan Kow	SHAW Programme Coordinator, YDD	<ul style="list-style-type: none"> ▪ A bit confused about monitoring and reporting requirements ▪ Don’t know what will happen next BUT I feel optimistic
Mr Simon Heintje Tulado	Senior M&E Officer (Soe/Kefa), Plan	<ul style="list-style-type: none"> ▪ Gained some knowledge and skills that I will apply when I am back in the field ▪ ‘Tomorrow will be better’
Mr Fadillah Efendi	Project Manager (Soe/Kefa), Plan	<ul style="list-style-type: none"> ▪ Agree with Simon Hentje’s comments ▪ Not sure yet how the new knowledge will be applied in the field

¹² Knowledge management (KM) comprises a range of strategies and practices used (in an organisation) to identify, create, represent, distribute, and enable adoption of insights and experiences by making it available to others. In the context of the WASH programme it is a process for optimising the effective application of knowledge obtained during the course of programme implementation (e.g. lessons learned) by others to achieve larger sector objectives.

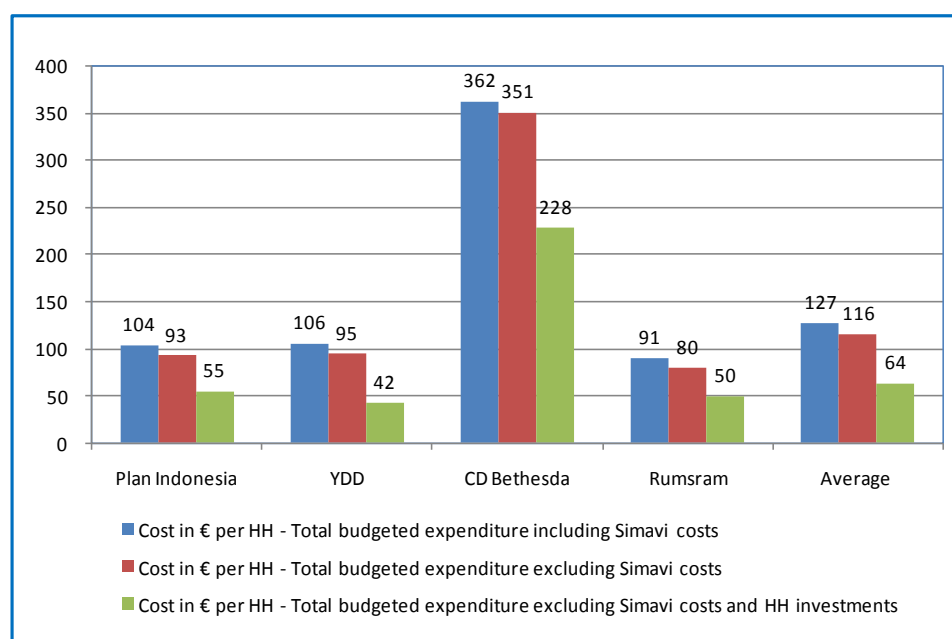
Who	Position	Comments during round of reflections
Ms Christina Aristanti	SHAW Project Coordinator, YDD	<ul style="list-style-type: none"> ▪ Feel triggered by the discussions ▪ It helps to rethink certain issues like revisiting the monitoring and reporting tools ▪ However I feel a bit confused
Mr Anton Soedjarwo	Director, YDD	<ul style="list-style-type: none"> ▪ Liked the meeting ▪ Maybe I was too straightforward at times but it is better to confront each other in the beginning ▪ Slowly we can resolve the problems ▪ Monitoring is necessary to change gears, direction and/or tactics ▪ Interaction with IRC should not be limited to monitoring only
Mr Supriyono	Program Manager PME, Plan	<ul style="list-style-type: none"> ▪ Meeting was enlightening and I got a lot more information ▪ Need to take the knowledge management issue broader within Plan ▪ Expect direct contact with IRC / Erick in future
Mr Martin Keijzer	SHAW Programme Coordinator, Simavi	<ul style="list-style-type: none"> ▪ Discussions as well as differences ▪ We took an important step towards each other ▪ How much are organisations willing to learn? We need more active exchange!

3. Conclusions and Way Forward

3.1 Conclusions

The Government of Indonesia has taken important initiatives towards environmental protection and universal health coverage in line with its long term development agenda like the adoption of the national sanitation strategy in 2008. While access to improved sanitation is gradually increasing there is still a long way to go to reach universal access particularly in rural areas of Indonesia. The most recent WHO/UNICEF JMP estimate, using 2008 data, shows that 67% of urban households and 36% of rural households had access to improved sanitation, giving a combined national coverage of 52%. This means that in 2008 some 109 million Indonesians lacked access to improved sanitation of which some 59 million were defecating in the open.

It is obvious that in the coming years a lot more needs to be done to improve the health and overall living conditions of millions of Indonesians to achieve the health-related Millennium Development Goals of reducing child mortality and combating diseases. The SHAW programme’s ambition to develop and test innovative approaches for sustainable sanitation that can then be replicated at scale in other areas in Indonesia, is commendable. It might also be one of the main justifications for allocating such a vast amount of financial resources towards the programme. The following chart shows the average costs per household of the SHAW programme.



During the debriefing meeting some time was used to put the expected SHAW programme achievements in a broader national perspective. The SHAW programme is expected to benefit some 152,000 households directly – roughly 625,000 people. This is equal to 0.6% of the 109 million¹³ Indonesians presently without access to improved sanitation. However, concurrently with the timeframe of the SHAW programme – covering the period 2010-2014 – the population of Indonesia is expected to grow with another 12 million people! Given the above facts and the need to make a difference it is crucial for the SHAW programme to look beyond its direct beneficiaries and make a valuable contribution to the WASH sector in Indonesia by developing (or adapting), experimenting, testing, learning, improving and scaling up, and finally disseminating cost-effective approaches during the course of the SHAW programme.

¹³ If the lowest average cost per household (excluding Simavi overhead and household investments) is used, it would require a staggering €1.7billion to facilitate universal access to improved sanitation.

The three partner NGOs as well as the Simavi SHAW coordinator were extremely open and honest during the discussions. As a consequence it was possible to obtain a wealth of information and create a good insight in the programme in a rather short time. As a consequence of the openness it has been possible to be somewhat critical in the next sections. However it must be said that there is no intention whatsoever to be judgmental or disapproving of what is taking place on the ground. The next sections should be seen as a constructive contribution to help making the programme more effective and successful.

The somewhat limited focus of the mission as well as the limited time spent with the three partner NGOs means that this report will not be able to give a complete insight in what activities have taken place and what has been achieved to date. This mission was not intended to conduct a comprehensive programme review. For the same reason it was decided not to give a detailed background of the programme. However, to be able to appreciate the work done by the partner NGOs to date and to put the conclusions in some perspective it is important to understand that the programme, although implemented by the four partner NGOs, is to be supported by a number of international organisations including UNICEF, IRC, WASTE and ZZL in their specific areas of expertise. To date little or no support has been made available to the partner NGOs which might have negatively influenced programme performance and progress.

The following is a summary of what I observed and learnt during the mission:

- The three partner NGOs met during the mission are exceptionally motivated and committed towards the SHAW programme. At the time of the mission they were all actively making the final preparations to be able to commence programme implementation in early 2011. All three partner NGOs are making use of their own experience and expertise.
- The period April 2010 to February 2011¹⁴ is being used by the partner NGOs to lay the foundation stones for a successful implementation of the programme. The main focus of the activities undertaken during the inception and preparation phases was to develop the demand creation component, develop monitoring tools and conduct initial baseline surveys, hire (and train) programme staff, build relationships with (sub) district level actors, conduct road shows and organise training for NGO and (sub) district health staff.
- The final SHAW programme document is the outcome of a complicated and lengthy process including the necessary negotiations between a magnitude of partners with different interests. As a consequence the level of commitment and comfort towards different components of the programme varies between partners. I got the impression that at present the partner NGOs' principal commitment is to improve the health status of rural communities through the provision of improved sanitation and water services as expressed in objective 1. To date little attention has been given to programme objectives 2 and 3.
- The direction as well as the speed of moving from planning and preparation to programme implementation differ for each partner NGO and appear to be influenced by their experience, expertise and overall confidence. The three partner NGOs are unique and all three have valuable experiences that could be beneficial to others. Some examples:
 - Plan Indonesia has experience in implementing CLTS inspired programmes in Indonesia and is putting everything in place for rapid scaling up of the demand creation component – through CLTS triggering – in their working areas.
 - Yayasan Dian Desa has a strong appropriate technology research and development background and is putting a lot of emphasis on providing access to appropriate and affordable sanitation (and hygiene) technologies.
 - CD Bethesda has a more modest experience in implementing WASH programmes at scale if compared to Plan and YDD but their approach has been strongly influenced by their community development and social mobilisation experiences. They are planning to make effective use of the community-based People Organisations they supported in the past.

¹⁴ An Inception Phase from April to September 2010 followed by a Preparation Phase up to February/March 2011.

However, CD Bethesda are a bit more concerned and therefore less excited to embrace CLTS triggering and social marketing approaches due to a lack of experience.

- The partner NGOs are all in the process of developing and testing their own monitoring systems and tools for the programme. Although the impression was given that the partner NGOs were making use of or building on their existing monitoring systems, it appears that except for Plan Indonesia – who is using a monitoring system initially developed for the AusAID funded CLTS programme in Grobogan (Java) – the other partners are developing new systems. The partner NGOs were therefore more or less forced to develop their own monitoring systems because after the May 2010 workshop on monitoring and the August 2010 draft district toolkit for performance monitoring of household and school sanitation and hygiene, additional support to be provided by IRC did not materialise.
 - As a consequence of the development of different monitoring systems, there appears to be little consistency between these systems with regards to the type and amount of data that is to be collected, the frequency of data collection and the actors that are responsible for data collection, tabulation, analysis, and reporting. This is expected to make it more difficult to work towards the development of an effective monitoring system that can be applied by sector actors throughout Indonesia as expressed in objective 3.
 - Although possibly somewhat late, the draft reporting requirements developed in December 2010 and discussed during the debriefing meeting will help to create clarity on monitoring and reporting needs and consistency among the partner NGOs. A consequence of the reporting requirements is that the monitoring systems will have to include output and process indicators in addition to the outcome and impact indicators developed by the partner NGOs.
 - NGO-specific tailor-made support will have to be provided to each partner NGO in future in order to improve and enhance the monitoring systems developed to date.
- During 2010 the four partner NGOs participated actively in four SHAW programme workshops. Even so I got the impression that they are operating pretty much independently at this stage with little active consultation or cooperation/collaboration outside or beyond the workshops that were organised in 2010. The present mode of cooperation seems to be somewhat inefficient given the fact that they are all developing approaches and tools for the different programme components independently. There is potentially more scope for cooperation.
- The three partner NGOs expressed the need for external support in a number of areas. It also became clear that in future support needs to be more flexible – responding more effectively to the specific needs, capacities and experiences of each partner NGO – and support modalities need go beyond one-time workshops. Introduction of ‘new’ concepts will have to go together with hands-on support to operationalise these concepts in practical implementation frameworks or approaches and work plans.

3.2 Way forward – Points of attention

The partner NGOs are now moving rapidly towards programme implementation as most of the preparations have been completed. This section includes a number of areas that requires everybody’s attention to boost efficient and effective programme implementation.

I believe it would help if all the SHAW programme partners understand the uniqueness as well as the complexity of the programme. The programme consists of a number of components that cannot be seen in isolation from each other and which requires an implementation strategy that ensures that the components are integrated, connected and interlocked somewhat similar to a jigsaw puzzle. Both the work of the partner NGOs and the support to them by the international partners need to be synchronised in such a manner that reflects this. The priority areas to be addressed in the short and immediate-term are: 1) integrating the sanitation marketing component more distinctly with the demand creation component; 2) integrating the capacity building component with the other components right from the

start; 3) integrating the learning and sharing (knowledge management) component in all the different implementation phases; and 4) facilitating enhanced learning and cooperation between the partner NGOs.

The main areas of attention that need to be considered can be summarised as follows:

1. A common understanding around the different components that make up the SHAW programme and their interrelationships. The different components need to be implemented in a more integrated and overlapping manner instead of addressing them as isolated issues that are carried out in a sequential order one after the other.¹⁵ For example at present there is a risk that the sanitation marketing component – addressing the supply chain dynamics – will only be addressed after the completion of the demand creation component in all the target villages¹⁶.
2. A common language on the main programme components as a means to support the first point. During the debriefing meeting it became clear that there is still some confusion about and misunderstanding of concepts such as sanitation marketing and knowledge management. Ideally these kinds of topics should be addressed in a single ‘work’ shop to create common understanding as well as common language, and to develop pragmatic and concrete implementation strategies. From what I have observed the immediate needs of the programme appear to be centred around:
 - Sanitation marketing (linking supply to demand)
 - Knowledge management and at this stage focusing particularly on knowledge development
 - Capacity building of (sub) district actors/partners
3. Effective cooperation between the partner NGOs by creating more space for sharing and learning. I believe it is undesirable and unnecessary to develop a standard approach in the form of a blue print that is to be followed by all partner NGOs considering that each organisation is unique and should make use of their own experiences and in-house expertise. However, to enhance efficiency and effectiveness there is plenty of scope for closer cooperation including where appropriate joint development of certain programme components.
4. Knowledge development as part of the knowledge management component by documenting what we are doing in the field. In this way the programme will be able to develop explicit evidence-based content (backed by data from the monitoring systems) which will help to identify and shape knowledge products about ‘what works’. This requires that everybody embraces knowledge management as an important element of the programme; essential in realising objectives 2 and 3.
5. The intended speed of implementation could be reduced so that adequate time becomes available to consider and start addressing the above points. This will, at the same time, also create time for reflection of programme activities on the basis of regular monitoring. This will allow for learning from past experience and subsequent adjustments and modifications that will help to improve programme implementation. It is necessary to remember that the programme period until December 2014 provides for ample time! Some explicit examples:
 - Most partner NGOs have planned an implementation cycle of continuous demand creation (through CLTS triggering) whereby all the target villages will be visited one after the other. Given the fact that demand creation is a crucial element in the programme this process is

¹⁵ Sustainable sanitation provision is a complex problem which requires a holistic approach that emphasises the importance of the whole (all components) as well as the interdependence of the individual parts (or components).

¹⁶ There is a danger here that benefitting households (consumers) are not able to move forward after demand creation unless they have immediate access to adequate information about sanitation technology options, financing options and suppliers. Some argue that supply bottlenecks should be tackled first, before demand creation, as a means to cost-effectively moving consumers up the sanitation ladder (Morella, E., Banarjee, S.G. and Foster, V., 2008, *Sanitation: Moving up the ladder*, Ch. 17 in *Africa's Infrastructure: A time for Transformation*). Available on: http://www.infrastructureafrica.org/system/files/WB147_AIATT_CH17.pdf

unlikely to allow for sufficient time for reflection, learning and adjustment of the approach if found to be ineffective.

- Demand creation needs to be followed up immediately and continuously thereafter to ensure the installation of hygienic, durable and therefore sustainable sanitation facilities. This requires the integration of the demand creation component with sanitation marketing elements (e.g. informed choice on sanitation technologies). Timely, appropriate and adequate follow up could become a problem if programme staff are continuously conducting triggering events in new villages.
6. The monitoring systems and tools need to be finalised and tested as soon as possible so that they are ready when programme implementation starts. There should be enough flexibility to allow for different systems and tools that meet the specific needs and desires of the different partner NGOs. However, as a minimum the different systems will have to provide the information that meets the reporting requirement of the programme.
 7. Even though the WASH programme is quite unique we should consider whether it is worthwhile to learn from similar programmes inside Indonesia¹⁷ and within the region¹⁸. Making use of knowledge (experiences and lessons learned) produced by other programmes is likely to enhance the effectiveness of the programme as well as save energy and costs. This could help us to resolve some of the immediate and urgent needs of the programme (e.g. sanitation marketing¹⁹) but could also be relevant at a later stage for other programme components.

3.3 Way forward – Proposal for IRC support in 2011

On the basis of the outcome of this mission a number of issues should be taken forward during 2011. This section will briefly discuss the possible areas of IRC's support to the partner NGOs during 2011.

Points of departure while developing this proposal:

- The conclusions and points of attention as formulated in this report form the basis for this proposal.
- The support to be provided to the partner NGOs needs to be a mix of introductions on generic concepts (e.g. sanitation marketing or knowledge management) – to bring the partner NGOs up to speed on relevant programme components and sector developments – as well as partner NGO specific tailor-made and hands-on support so that they can translate the (new) concepts into practical implementation plans/strategies.
- Workshops and support missions will build on experiences of the partner NGOs gained during programme implementation but will also try to include exposure to knowledge, experiences and best practices of similar type of programmes inside and outside Indonesia.
- Given the broad range of areas that require attention at the onset of the programme, it is foreseen that a larger than average investment in time is required during 2011.

¹⁷ The WSP-ESA Total Sanitation and Sanitation Marketing (TSSM) is a good example. According to a recent report (Achieving and Sustaining ODF Communities: Learning from East Java, Indonesia, WSP, November 2010) over 900,000 people gained access to improved sanitation during the course of the programme. A total of 3,228 communities were triggered in 29 districts in East Java (70% with government budget) and 1,469 of these achieved open defecation free (ODF) status, equal to a 'hit' rate of 45%.

¹⁸ Examples are the AusAID funded Sustainable Sanitation and Hygiene for All programme which is currently being implemented by SNV with support from IRC in five Asian countries, and UNICEF's global Community Approaches to Total Sanitation (CATS) programme.

¹⁹ With WSP-ESA there might even be scope to cooperate on the sanitation marketing component and in particular with regards to developing and conducting market research to obtain a better understanding of the different consumer segments, supply chain elements and to bridge the gaps between consumer demand and local supply capacities.

Proposed areas of support

1. Finalise the development and testing of the monitoring systems and tools (attention point #6)

This needs to be completed as soon as possible and where possible before actual field work commences in early 2011. Most of the partner NGOs plan to enhance the quality of their initial performance monitoring baselines either prior to or during CLTS triggering. To avoid double work this will require the completion of their monitoring tools. For this purpose it is suggested that a mission is conducted in February 2011 to visit and support all four partner NGOs individually. Some topics that could be addressed:

- Finalise the development and testing of the monitoring systems and tools that meet both the needs of the individual partner NGOs as well as the overall monitoring and reporting requirements of the programme.
- Support the improvement and completion of the initial baseline surveys on the basis of the finalised monitoring systems
- Support the analysis and interpretation of data

2. Follow up mission to review and improve monitoring systems (attention point #6)

It is suggested that another monitoring related mission is conducted somewhere in the 3rd quarter of 2011 to review the effectiveness, appropriateness and quality of the monitoring systems and tools and where deemed necessary to provide hands-on support to improve the monitoring systems.

- Review and where necessary provide support to improve the monitoring systems after the first six months

3. Finalise the implementation cycles/strategies (attention points #1, #2 and #4)

It is suggested to organise a 'work' shop in the second half of April 2011 to improve the implementation strategies developed by the partner NGOs. This workshop will be a mix of general introductions of the programme components (e.g. sanitation marketing or knowledge management) to bring the partner NGOs up to speed as well as partner NGO specific tailor-made and hands-on support to incorporate the (new) concepts in their implementation strategies.

- Create a common language, agree on principles and support the development of a common implementation framework
- Develop location and organisation specific sanitation marketing strategies
- Support an assessment of immediate knowledge management needs at different levels up to the national level and an assessment of current knowledge management practices and capacities (including activities and products), interests, preferences and ambitions of the NGO partners
- Support the identification and development of different methodologies, tools and products to ensure that relevant evidence-based knowledge is developed (documentation of experiences and lessons learned) right from the beginning

4. Follow up mission for tailor-made support to partner NGOs (attention points #1, #2 and #4)

It is suggested that another mission is conducted somewhere in the 3rd or 4th quarter of 2011 to provide general field-based support to the partner NGOs as a follow up of the April 2011 workshop as well as using the outcomes of the mid-year review meeting. Support will be demand-driven and is therefore expected to differ among the partner NGOs depending on their specific needs.

- Review progress on the ground and provide specific support on the basis of the outcome of July 2011 programme review meeting

5. Reflection and learning workshop (attention points #3 and #7)

It is suggested that IRC will facilitate the scheduled mid-year review meeting in July 2011 to improve sharing, learning and cooperation between the partner NGOs as to enhance efficiency and effectiveness of programme implementation.

- Support the organisation of regular reflection and learning meetings like the programme review workshop scheduled for mid 2011
- Encourage and where necessary facilitate cross-learning and cooperation between partner NGOs

6. Regular support from the Hague on the above topics

It is suggested to establish some sort of distance helpdesk for the partner NGOs. This will make it easier for partner NGOs to contact IRC if they have specific questions or support needs in between missions as well as for IRC to contact the partner NGOs to follow up on work carried out in the field.

Summary of the proposed IRC support activities

The detailed calculations of IRC's proposed support during 2011 are provided in Annex 5 of this report which is summarised below.

What	When	Estimated number of days ²⁰	Estimated costs
1. Finalise the development and testing of the monitoring systems and tools	February 2011	15 days	€14,027
2. Follow up mission to review and improve monitoring systems	3 rd quarter 2011	11 days	€10,634
3. Finalise the implementation cycles/strategies	April 2011	30 days	€27,561
4. Follow up mission for tailor-made support to partner NGOs	4 th quarter 2011	24 days	€19,124
5. Reflection and learning workshop	July 2011	18 days	€18,559
7. Regular support from the Hague on the above topics	Throughout 2011	20 days	€14,480
Totals for 2011		118 days	€114,824

²⁰ These figures represent the total number of estimated days (preparation in The Hague, mission in Indonesia, and report writing upon return in The Hague).

Annex 1: People met during the mission

Date	Organisation	Person	Contact details
13 December	Plan Indonesia	Mr Eka Setiawan WASH Programme Manager	Menara Duta Building 2 nd and 6 th Floor Jl. H.R. Rasuna Said Kav. B-9, Kuningan Jakarta Selatan 12910, Indonesia O: 62 21 5229566 Ext. 814 www.plan-international.org Eka.setiawan@plan-international.org
14 December	Simavi Indonesia	Mr Martin Keijzer SHAW Programme Coordinator	O: +62 274 883789 M: +62 811 250-71 40 Martin.Keijzer@Simavi.nl
15 December	Yayasan Dian Desa	Mr Anton Soedjarwo Director	Jl. Kaliurang Km. 7 Jurug Sari IV/19 PO Box 19 Bulaksumur Yogyakarta, Indonesia O: +62 274 885423-885247 Soedjarwo@gmail.com as6079@hotmail.com
		Ms Christina Aristanti SHAW Project Coordinator	christina@arecop.org
		Mr Erwan Kow SHAW Programme Coordinator	erwankow@gmail.com
16 December	CD Bethesda	Ms Paula Tyas Director	Klitren Lor GK III/374 Yogyakarta 55222, Indonesia O: +62 274 514100-548694 phtys@yahoo.com www.cdbethesda.org
		Ms Dewi Utari SHAW Project Manager	M: +62 811 267605 Utari_dewi2004@yahoo.com
		Ms Christa Dewi M&E Officer	M: +62 811 292699 Christa_dw@yahoo.com
Others			
13 December	WSP-ESA	Ms Almud Weitz Senior Regional Team Leader	Indonesia Stock Exchange Building BEI, Tower II, 13 th Floor Jl. Jenderal Sudirman Kav. 52-53 Jakarta 12190, Indonesia O: +62 21 5299 3180 M: +62 811 958632 www.wsp.org aweitz@worldbank.org
		Mr Djoko Wartono Senior Water and Sanitation Consultant	O: +62 21 5299 3173 M: +62 811 132810 dwartono@worldbank.org
		Mr Deviariandy Setiawan Community Development Specialist	O: +62 21 5299 3175 M: +62 817 133144 dsetiawan@worldbank.org
20 December	Embassy of the Kingdom of the Netherlands	Mr Peter de Vries First Secretary / Themadeskundige Water	Jl. H.R. Rasuna Said Kav. S-3, Kuningan Jakarta 12950, Indonesia O: +62 21 524 1060 M: +62 811 886027 www.mfa.nl/jak

Date	Organisation	Person	Contact details
			peter-de.vries@minbuza.nl
20 December	Embassy of the Kingdom of the Netherlands	Ms Liliana D. Tunggal Senior Policy Advisor / WatSan & Energy Sector	O: +62 21 524 8247 Liliana.tunggal@minbuza.nl
20 December	UNICEF	Mr Francois Brikke Chief Water, Sanitation and Hygiene	World Trade Centre Wisma Metropolitan II, 10 th -12 th Floor Jl. Jenderal Sudirman Kav. 31 Jakarta 12920, Indonesia O: +62 21 2996 8040 M: +62 811 8401468 www.unicef.org/indonesia fbrikke@unicef.org

Participants in the joint meeting on 17 December 2010 at the office of Yayasan Dian Desa in Yogyakarta

Organisation	Person	Position
Simavi Indonesia	Mr Martin Keijzer	SHAW Programme Coordinator
	Ms Yuli Arisanti	Assistant
Plan Indonesia	Mr Eka Setiawan	WASH Programme Manager, Country Office
	Mr Supriyono	Program Manager PME, Country Office
	Mr Fadillah Efendi	Project Manager STBM (Soe/Kefa)
	Mr Simon Heintje Tulado	Senior M&E Officer (Soe/Kefa)
Yayasan Dian Desa	Mr Anton Soedjarwo	Director
	Ms Christina Aristanti	SHAW Project Coordinator
	Mr Erwan Kow	SHAW Programme Coordinator
CD Bethesda	Ms Dewi Utari	SHAW Project Manager
	Ms Christa Dewi	M&E Officer
IRC	Mr Erick Baetings	Senior Programme Officer Sanitation

Annex 2: Reporting requirements for NGO partners (Draft 16 December 2010)

Topics for narrative reports	Reports		
	1 monthly	3 monthly	6 monthly
Progress during the period covered by report			
Where was your project active:			
# dusun	X	X	X
# desa	X	X	X
Names of desa			X
# sub-districts	X	X	X
Names of sub-districts		X	X
Names of districts	X	X	X
Target groups:			
# persons reached by STBM intervention	X	X	X
# households reached by STBM intervention	X	X	X
# and type of persons trained to do STBM interventions	X	X	X
# and type of persons trained to do monitoring activities	X	X	X
# and type of persons active in follow-up support	X	X	X
# and type of private sector enterprises active in sanitation marketing	X	X	X
# persons with STBM pillar 1 completed	X	X	X
# persons with STBM pillar 2 completed	X	X	X
# persons with STBM pillar 3 completed	X	X	X
# persons with STBM pillar 4 completed	X	X	X
# persons with STBM pillar 5 completed	X	X	X
# schools with school water supply activities	X	X	X
# schools with sanitation activities	X	X	X
# schools with hygiene activities	X	X	X
STBM achievements:			
# toilets constructed by population	X	X	X
# toilets constructed by private sector	X	X	X
# of other STBM facilities constructed by private sector	X	X	X
# desa with ODF verification	X	X	X
# desa with ODF declaration	X	X	X
Monitoring:			
# desa monitoring forms elaborated by sub-district STBM team	X	X	X
# desa health data forms elaborated by sub-district STBM team	X	X	X
# sub-district monitoring data elaborated by District Pokja		X	X
# district monitoring data elaborated by Province Pokja		X	X
# province monitoring data elaborated by Pokja Nasional		X	X
Support sessions, after triggering as continued support/refreshers:			
# support sessions by desa STBM team within dusun	X	X	X
# support sessions by sub-district STBM team	X	X	X
# support sessions by District Pokja		X	X
Support sessions, upon request or upon observed problem:			
# intervention sessions by sub-district STBM team	X	X	X
# intervention sessions by District Pokja		X	X
To elaborate:			
Elaborate on the approach followed to introduce STBM			X

Topics for narrative reports	Reports		
	1 monthly	3 monthly	6 monthly
Progress during the period covered by report			
Elaborate on the ODF verification process			X
Elaborate on the ODF declaration process			X
Elaborate on the progress achieved towards the overall goal of SHAW			X
Elaborate on cross promotion between dusun/desa			X
Elaborate on the lessons learnt and how you apply them			X
Elaborate on the cross learning among the SHAW partners			X
Elaborate on special activities like studies done, promotion activities with mass media, publications...			X
Elaborate on activities taken towards financial sustainability			X
Elaborate on activities taken towards institutional sustainability			X
Elaborate on activities taken towards environmental sustainability			X
Elaborate on activities taken towards technical sustainability			X
Elaborate on activities taken towards social sustainability			X
Elaborate on activities taken towards economic sustainability			X
Elaborate on the perceived benefits of improved sanitation and hygiene			X
Reflections:			
Reflections on the progress		X	X
Reflections on the STBM approach by the project			X
Reflections on the constraints and the counteractions to solve constraints		X	X
Reflections on the follow-up system, including monitoring		X	X
Reflections on the involvement of target population			X
Reflections on the involvement of the government structures, dusun - national			X
Reflections on the involvement of the private sector			X
Reflections on how your approach can be used for scaling-up of STBM			X
Looking forward: reflections on progress towards overall goal			X
Looking forward: are adaptations needed			X
<i>Number of pages</i>	<i>1-2 pages</i>	<i>2-4 pages</i>	<i>Max. 15 pages</i>

Annex 3: Sanitation marketing

What is social marketing?

The premises: many people, including the poor, are willing to pay for good sanitation that will satisfy their requirements if the technology is packaged and marketed appropriately, and the supply mechanism is easily accessible.

Sanitation marketing or social marketing offers a more promising approach to promoting positive hygiene behaviours compared to traditional, health education-based approaches.

Definition of Social Marketing: "The use of commercial marketing techniques to promote the adoption of behaviour that will improve the health or well-being of the target audience or of society as a whole." (Weinreich, 1999)

Sanitation marketing is about ensuring a balance between demand (*user*) and supply (*products, provider*).

Applying a marketing approach to sanitation is not just about advertising; it is also about ensuring that appropriate sanitation options are made available and that suppliers have the necessary capacity to provide the desired services.

<http://www.irc.nl/page/7775> Updated - Monday 28 November 2005

Social marketing is the name given to the approach of applying lessons from commercial advertising to the promotion of social goals (in this case, improved hygiene behaviour). It is a systematic approach to influencing people's behaviours and thereby reducing public health problems.

Social marketing is not merely motivated by profit but is concerned with achieving a social objective. It goes beyond marketing alone as it is also concerned with how the product is used after the sale has been made. The aim is, for example, not only to sell latrines but to encourage their correct use and maintenance.

The key components of social marketing are:

- a. systematic data collection and analysis to develop appropriate strategies;
- b. making products, services, or behaviours fit the felt needs of the different consumers/user groups;
- c. strategic approach to promoting the products, services or behaviours;
- d. methods for effective distribution so that when demand is created, consumers know where and how to get the products, services, or behaviours with the different groups;
- e. improving the adoption of products, services, or behaviours and increasing the willingness of consumers/users to contribute something in exchange; and
- f. pricing so that the product or service is affordable.

Source: LSHTM/WEDC (1998). [Guidance Manual on Water Supply and Sanitation Programmes](#). Published by WEDC for DFID

From: **Frequently Asked Questions on Hygiene Promotion** <http://www.irc.nl/page/7696>

What are the basic characteristics of social marketing?

As in commercial marketing, the 'four Ps' are the basic characteristics of the social marketing approach. Successful social marketing depends on good research to define each of the four Ps carefully.

The Four P's are:

- Product
- Price
- Place
- Promotion

The four Ps of social marketing	Examples
<p>Product</p> <p>Decide on what is the product, its form, format, and presentation in terms of packaging and characteristics</p>	<p>The marketed product can be:</p> <ul style="list-style-type: none"> ▪ physical item e.g. a VIP latrines, SanPlats; or a ▪ practice or behaviour: wash hands after using latrines; or an ▪ idea: clean environment, good sanitation for health
<p>Price</p> <p>Decide on what the consumer would be willing to pay, both in terms of direct and indirect costs and perceptions of benefits: make the product worth getting</p>	<p>The price can be :</p> <ul style="list-style-type: none"> ▪ monetary or direct costs: cost of products (with or without subsidies), social cost ▪ opportunity/indirect costs: time lost from other activities, missed opportunities, transport, loss in production or income ▪ psychological or physical costs: stress in changing behaviour, effort involved in maintaining latrine or obtaining additional water required
<p>Place</p> <p>Where will the product be available to consumers, including where is it displayed or demonstrated</p>	<p>The place is every location where the product will be available, e.g. at tea shops, builder's yards and suppliers, at clinics, pharmacies, clubs and local businesses</p>
<p>Promotion</p> <p>How the consumers will know the product exists, its benefits, costs, and where and how to get it</p>	<p>Promotion relates to the ways of delivery of the information about the product.</p> <p>For example this can be done through television, radio, newspapers, posters, billboards, banners, folk singers or dramatists, public rallies, interpersonal/counselling</p>

Source: LSHTM/WEDC (1998), [Guidance Manual on Water Supply and Sanitation Programmes](#)

What are the key steps in designing a social marketing campaign?

Updated - Monday 28 November 2005

What are the key steps in designing a social marketing campaign?

1. A sample of the intended audience is divided into different groups and questioned about needs, wants and aspirations (sometimes, existing consumer groups may be used to provide the same information). The groups collaborate in the development of feasible, attractive solutions. This data collection and testing is crucial to orienting the promotional activities.
2. Overall marketing (or promotion) objectives are developed.
3. The data are analyzed and used to develop an overall marketing plan in collaboration with key stakeholders.
4. The audience is divided into discrete units with common characteristics.
5. Products and messages are developed based on consumer preferences and characteristics for relevant segments. These are tested among representative samples of target populations. How much are people willing to pay for this product? How far are people willing to travel for this service? How feasible is the new behaviour? Products, messages, and price are modified, refined, and re-tested until they are acceptable. Key stakeholders are consulted throughout this process.
6. The product is launched or service is introduced.
7. The performance of the product or service is monitored and evaluated in the market and the strategy revised accordingly. This may involve revising the marketing plan or improving the product or service.

Source: LSHTM/WEDC (1998), Guidance Manual on Water Supply and Sanitation Programmes, published by WEDC for DFID

How do you market sanitation?	
Market research	<ul style="list-style-type: none"> ▪ Identify market research expertise ▪ Establish and train the research team ▪ Conduct consumer research ▪ Conduct producer research
Programme aims and objectives	<ul style="list-style-type: none"> ▪ Develop preliminary marketing mix (Product, Price, Place, Promotion)
Product identification and development	<ul style="list-style-type: none"> ▪ Identify and develop marketable sanitation facilities & services (e.g. latrine technologies / options, latrine information service, latrine centre)
Set up supply mechanism	<ul style="list-style-type: none"> ▪ Identify potential suppliers of latrines & other related services ▪ Assess and develop their capacity to provide desired services ▪ Identify and/or set place(s) where consumers can access the sanitation services being marketed ▪ Work with the public sector to establish strategy for disposal of sludge from toilets
Message and material development	<ul style="list-style-type: none"> ▪ Identify partners with expertise for the design and development of marketing concepts ▪ Develop marketing concepts and creative design ▪ Pre-test and refine creative design ▪ Develop promotion strategy
Implement promotion campaign	<ul style="list-style-type: none"> ▪ Produce promotion materials (e.g. posters, flyers, radio jingle, billboard) ▪ Launch a campaign (e.g. road show, launch event) ▪ Run a promotion campaign for about 3 months
Monitor and feedback	<ul style="list-style-type: none"> ▪ Monitor the programme ▪ Feedback and modify the programme as appropriate

See also WELL FACTSHEET on The Process for Sanitation Marketing

<http://www.lboro.ac.uk/well/resources/fact-sheets/fact-sheets-htm/Sanitation%20marketing.htm#WELL>

Annex 4: Meetings with other organisations

Highlights of a meeting on Monday 13 December 2010 at the **WSP-EAP** office in Jakarta. Persons met: Almud Weitz, Senior Regional Team Leader, Djoko Wartono, Senior Water and Sanitation Consultant and Deviariandy Setiawan, Community Development Specialist.

- The four-year Total Sanitation and Sanitation Marketing (TSSM) programme is implemented in East Java with a budget of only US\$3 million. All the work is being implemented in close cooperation with and through the local government structures. The local governments are taking the lead in implementation. WSP is only providing technical support of eight months for each participating district.
- The sanitation marketing component was described as 'work in progress' and WSP is in the middle of a learning curve. Almud stressed the need to conduct sanitation demand and supply studies in all working areas before actual programme implementation commences. She also mentioned that WSP is interested to learn about demand and supply dynamics in other areas of Indonesia and that WSP could support the SHAW programme in designing and maybe even financing similar studies in the SHAW programme working districts.
- Thereafter we discussed in some detail the findings of a recent action research exercise (Achieving and Sustaining ODF Communities: Learning from East Java, Indonesia, WSP, November 2010) that was to be presented the following day. One of the findings was that the training of local masons is not solving the problems related to the sanitation supply chains. WSP is now identifying and supporting entrepreneurs that are more able and willing to take risks. Some of the identified entrepreneurs were sub-district level sanitarians whereas others were for example hardware shop owners. Local trained masons were hooked up with entrepreneurs as both entrepreneurial and technical skills were found to be essential.
- After the meeting Almud Weitz shared the PowerPoint presentation on the findings of the action research with Erick Baetings and Martin Keijzer. The findings will also be relevant for the partner NGOs as it covers both sanitation demand creation through CLTS triggering with sanitation marketing.

Highlights of a meeting on Monday 20 December 2010 at the **Embassy of the Kingdom of the Netherlands** in Jakarta. Persons met: Peter de Vries, First Secretary and Liliana Tunggal, Senior Policy Advisor Watsan and Energy Sector.

- I explained my reason for visiting Peter de Vries and the purpose of my visit to Indonesia. Peter mentioned that he had received a copy of the TOR and my CV from Martin Keijzer.
- Peter provided some background information on the SHAW programme and we discussed IRC's specific role in the programme focusing in particular on M&E and knowledge management.
- Thereafter we discussed the importance of going beyond objective 1 and in particular the need develop and test approaches that can be replicated and scaled up by others. Peter talked about the role of the SHAW programme to 'shape the future'.
- Finally we discussed the importance of sanitation marketing. There is a need to go beyond providing training to a number of local masons where Peter used the example of a UNICEF programme in Timor that he had visited recently with Martin Keijzer. There is also a need to learn from and apply lessons from the WSP TSSM programme.

Highlights of a meeting on Monday 20 December 2010 at the **UNICEF Indonesia** office in Jakarta. Persons met: Francois Brikke, Chief Water, Sanitation and Hygiene.

- First of all I explained my reason for visiting Francois Brikke and the purpose of my visit to Indonesia.
- Francois explained UNICEF's role in the SHAW programme which he saw as helping to position the programme at different levels by making use of its relationships at the local and national level. UNICEF had taken an active role to introduce the programme at the national level Pokja.
- Francois also explained that because of the fact that both UNICEF and Simavi are receiving financial support from the Netherlands Embassy, the Embassy suggested that UNICEF and Simavi would work together in this programme. He mentioned that institutional support and STBM promotion had increased with the support from the Dutch Government. UNICEF is actively supporting both the secretariat of the national level Pokja as well as a number of district Pokjas.
- At present UNICEF is active in 25 districts – and there is an overlap in five SHAW programme districts. This could increase to seven districts if UNICEF decides to support an additional two districts. UNICEF supports the district Pokjas by providing funds so that consultants can be hired by the local district governments. Funds are channelled through the Ministry of Planning. The consultants are responsible for mapping, planning and budgeting, coordination, organisation of the Pokja, and for monitoring. UNICEF is also providing training opportunities in their districts. Francois mentioned that Simavi partners will be invited to attend district level trainings.
- With regards to the WASH for schools programme (school sanitation, health and environment programme), Francois mentioned that UNICEF has been involved in 500 schools. The plan is to cover an additional 500 schools which includes the development of a national policy for schools. Claire Quillet (cquillet@unicef.org) is the WASH for schools specialist within UNICEF Indonesia.
- Francois also mentioned that he had received the MOU developed by Martin Keijzer. At the time of the meeting it still had to be passed on to the management. He was somewhat worried about the fact that although UNICEF had opened a lot of doors for Simavi, this was not always recognised by Pam and Martin. Similarly he strongly suggested that IRC first talks to UNICEF before making any detailed plans for upcoming missions. Francois said that it would be strategically wise to ask UNICEF's opinion before moving ahead!

Annex 5: Proposal IRC support during 2011

SHAW Programme for East Indonesia
 Proposal - IRC support during 2011

Planning 2011													
What	Recommendation	Who	When	In The Hague		In Indonesia		Total		Summary of days			
				#	@	#	@	#	@	Erick	Joep	Ingeborg	Christine
Monitoring systems and tools	#6	Erick Baetings Travel DSA Visa	February 2011	3	725	12	725	15	725	15	0	0	0
				3 days	2,175	1 trips	1,622	1 days	1,622	10,875	0	0	0
				12 days	1,480	12 days	1,480	0	0	0	0	0	0
				1 visa	50	1 visa	50	0	0	50	0	0	0
								14,027		15	0	0	0
Follow up mission to review and improve monitoring systems	#6	Erick Baetings Travel DSA Visa	3rd qtr 2011	3	725	8	725	11	725	11	0	0	0
				3 days	2,175	1 trips	1,622	1 days	1,622	7,975	0	0	0
				8 days	5,800	8 days	986	8 days	986	0	0	0	0
				1 visa	50	1 visa	50	0	0	50	0	0	0
								10,634		11	0	0	0
Sub-Totals									24,661	26	0	0	0
Implementation cycle	#1, #2 & #4	Erick Baetings Joep Verhagen Travel DSA Visa	April 2011	6	725	10	725	16	725	16	0	0	0
				6 days	4,350	10 days	7,250	14 days	10,150	11,600	0	0	0
				4 days	2,900	2 trips	3,245	2 days	3,245	0	14	0	0
				20 days	2,466	20 days	2,466	2 days	123	2,466	0	0	0
				2 visa	100	2 visa	100	2 days	100	0	0	0	0
									27,561	16	14	0	0
General support mission for tailor-made follow-up support to partner NGOs	#1 & #2	Erick Baetings Ingeborg Krukkert Travel DSA Visa	4th qtr 2011	3	725	10	725	13	725	13	0	0	0
				3 days	2,175	10 days	6,176	11 days	6,176	9,425	0	0	0
				1 days	618	1 trips	1,622	1 days	1,622	6,794	0	0	11
				10 days	7,250	10 days	1,233	10 days	1,233	0	0	0	0
				1 visa	50	1 visa	50	1 days	50	0	0	0	0
									19,124	13	0	11	0
Sub-Totals									46,685	29	14	11	0
Internal reflection and learning	#3 and #7	Christine Sybesma Erick Baetings	July 2011	4	829	5	829	9	829	0	0	0	9
				4 days	3,314	5 days	4,143	9 days	7,457	0	0	0	9
				4 days	2,900	2 trips	3,245	2	1,622	9	0	0	0
				10 days	1,233	2 visa	100	2	100	0	0	0	0
									18,559	9	0	0	9
Regular support from the Hague on the above topics		Christine Sybesma Ingeborg Krukkert Erick Baetings	2011	5	829	5	829	10	829	0	0	0	5
			2011	5 days	3,088	5 days	3,088	10 days	618	0	0	5	0
			2011	10 days	7,250	10 days	7,250	10 days	7,250	10	0	0	0
									14,480	10	0	5	5
Sub-Totals									33,040	19	0	5	14
Total									104,386	74	14	16	14
Risk (10%)									10,439				
GRAND TOTAL									114,824				118