

*Proceedings of the Learning Event on*  
**Rural Sanitation: “Universal access and  
use of sanitation and hygiene services,  
what works?”**

Sustainable Sanitation and Hygiene for All – Rural Programme  
Lampung, Indonesia, 2-5 May 2017



This report documents the activities from the *Learning Event* in Lampung, Indonesia, from 2 May to 5 May 2017 which was jointly organised by the Provincial Government of the Lampung Province and SNV Netherlands Development Organisation. It was organised as part of the Knowledge and Learning component of SNVs *Sustainable Sanitation and Hygiene for All (SSH4A)* programme with support from the Australian Government, the Embassy of the Netherlands in Indonesia, and the Stone Family Foundation. The event was attended by 42 participants and focused on Rural Sanitation: “Universal access and use of sanitation and hygiene services, what works?”.

The report has been prepared by Janina Murta, Institute for Sustainable Futures, University of Technology Sydney, Australia.

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## **ACRONYMS AND ABBREVIATIONS**

MRD - Ministry of Rural Development

BUMDes – Badan Usaha Milik Desa (village-owned enterprises)

PLWDs – people living with disabilities

MHM – menstrual hygiene management

FGDs – focus group discussions

STBM – Indonesian government national strategy on community based total sanitation

## BACKGROUND

This Learning Event was conducted through SNV's *Sustainable Sanitation and Hygiene for All - Rural (SSH4A-Rural)* programme, which aims to improve the health and quality of life of people in rural areas through access to improved environmentally safe sanitation and hygiene practices. The programme commenced in 2008. SNV has ongoing rural sanitation programmes (*SSH4A-Rural*) in 12 countries across Asia and Africa: Indonesia, Nepal, Bhutan, Cambodia, Zambia, Tanzania, Ethiopia, Kenya, Rwanda, Ghana, Mozambique and Uganda. Combined they aim to reach over 10 million people.



The SSH4A programme has 5 components – the four components depicted in the diagram above, and a fifth on '**Improving learning, documentation and sharing of best practices**' – namely, learning, documentation and sharing of best WASH practices both within SNV, with government partners, regionally and through networks. The objective is to not only to improve SNV's own practice, but also the practices of others in the sector, and to contribute to capacity development of professionals in the sector.

**SSH4A learning activities:** The 'learning component' activities include regional learning events, online D-group discussions, linkages with subject specialists and research organisations, preparation and dissemination of learning papers and other resources. This component is supported by different research institutions including the IRC, Emory University, and the Institute for Sustainable Futures at the University of Technology Sydney (ISF).

**SSH4A learning events:** Learning events are 4-day residential programmes that use adult learning principles, including short presentations, discussions and many group activities including field work in a dynamic and fun atmosphere.

**Learning Event attendees:** The 2017 Learning Event in Lampung, Indonesia was attended by participants from eight countries in the *SSH4A-Rural* programme including Nepal, Bhutan, Indonesia, Cambodia, Zambia, Ethiopia, Rwanda and Kenya. Overall there were 42 participants in the meeting, of which 16 were women and 26 were men. These included 2-10 participants from each country (SNV

staff members and country partners) (see Annex 1 for list of attendees). External resource people from Plan Indonesia, Emory University, ISF and from the Ministry of National Development Planning Indonesia were also in attendance.

**Preparatory D-Group discussion:** A D-Group discussion was held between 30<sup>th</sup> March and 22<sup>nd</sup> April 2017 as preparation for the Learning Event (2-5 May), on the same theme of *“Universal access and use of sanitation and hygiene services, what works?”*. The discussion covered the following three topics:

- Topic 1: The “last mile”
- Topic 2: Tools for universal access, what works where
- Topic 3: Targeting, servicing and integrating tools.

A summary of the D-Group discussion was provided to attendees as a handout (available at <http://www.snv.org/update/universal-access-sanitation-hygiene-services>).

## INTRODUCTION TO THE LEARNING EVENT

### Welcome address by Antoinette Kome, SNV Global WASH Sector Coordinator and Learning Event Facilitator

Antoinette welcomed and introduced official delegates from different countries including:

- Cambodia: Mr. Pom, Director of Rural Health Care at the Ministry of Rural Development (MRD)
- Nepal: Mr Ghimire, Deputy Director General of the Department of Water Supply and Sewerage; Mr. Paudel, Divisional Engineer of the Department of Water Supply and Sewerage
- Bhutan: Mr Pelzom, Engineer at the Ministry of Health; Mr. Wangdi, Health Assistant in Mongar District
- Ethiopia: Mr. Worku, Zonal Administrator of Waghemira Zone
- Zambia: Mr. Kaonga, District WASH Coordinator at Mungwi District Council; Mr. Musonda, Provincial Engineer from the Ministry of Water and Sanitation
- Indonesia: Mr. Mardikanto from the Directorate of Urban, Housing, and Settlement, Ministry of National Development Planning; Mrs. Widarti, Head of Environmental Health Section, District of Health Office, Lampung Selatan; Mrs. Zarsmi, Head of Environmental Health Section, District of Health Office Pringsewu.; and Mr. Widodo, Head of Environmental Section, Provincial Health Office.

Antoinette explained that the event gathered many people from different countries with the purpose of sharing and exchanging practical information and solutions to reach universal coverage. She finished by adding that she hoped that the event was useful for the participants and that could take home practical recommendations.

### Official opening address by Chief Guest Mr. Harun Al Rasyid, Governor's Advisor on Human Resource and Environment, Indonesia

***Mr. Harun Al Rasyid delivered the official opening address on behalf of Mr. Ridho Ficardo, Governor of Lampung, who due to other commitments was not able to attend the learning event.***

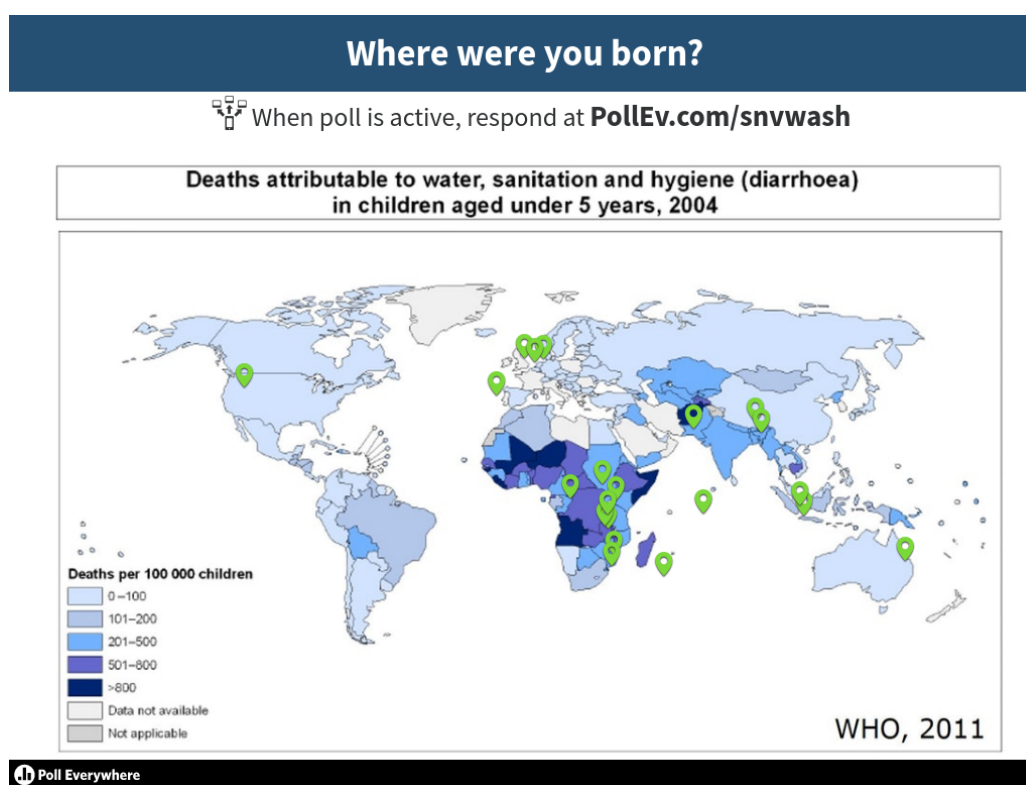
Mr. Harun Al Rasyid started by apologizing for the absence of the Mr. Ridho Ficardo, Governor of Lampung, and by paying his respects to and welcoming all SNV WASH sector leaders, official delegates as well as other participants of the event. He emphasised the importance of the topic of the learning event to reaching universal coverage. He further stressed that in Indonesia, sanitation has been one of the main concerns of government and it has been included in national as well as local policies, however, there are still sanitation systems that are not well managed, having an impact on the general quality of the environment. He continued by noting that he hoped that the learning event and the field visits contributed to improve the sanitation condition of communities and finalized by the declaring the event officially opened.



## Introduction presentation by Antoinette Kome, learning event facilitator

### *Poll activity: Where were you born?*

Antoinette started the presentation by asking participants to indicate where they were born in a world map available in a web poll. The map as shown below, included estimates of the average number of deaths attributable to water, sanitation, and hygiene (WASH) amongst children aged less than 5 years (based on data from 2004) per year, per country. The poll results showed that most of the participants were from countries where these numbers were high. Thus, in most of the participants' countries, the chances of a baby dying due to WASH related diseases were high. The point of this activity was to show that there is still a lot of work to do to in improving access to water and sanitation and the importance of this work.



### *Setting the scene: intention and approach of the learning event*

Antoinette then followed to provide a brief overview of the *SSH4A* programme and the past learning events (see information in the BACKGROUND section), and explained the **intention, objectives, and structure** of the **learning event**.

Antoinette noted that often in sanitation development efforts, we don't reach the last group of people, and thus so we cannot reach universal coverage. The SDGs agenda has brought attention to this and with this learning event we want to understand what works. In Indonesia, for example, although

development has been very fast, the challenge of people practicing OD remains. Sometime ago we maybe thought that if development improved then automatically access to sanitation improved. But this is not quite true and the reason we brought you to Indonesia is the inequality of this development. Development improvement does not straight away translate to universal coverage without additional efforts to reach the “last mile”.

The learning event is not just the workshop, but rather a process that includes the following steps:

- Preparatory D-group discussion
- Workshop
- Post-workshop D-group discussion
- In-country follow-up (depending on country priorities)

The learning event is not limited to the SNV programmes, nor it is about promoting SNV, or about promoting copycat ideas to be taken to other countries. Instead, it is intended at promoting discussion about good practices among partners and staff, and exchanging ideas and deepen understanding of reaching all and achieving universal access. Some of the ideas discussed will be easier to implement in some countries than others, but seeing what works in some countries might give some ideas for how to do things differently in other contexts. The group activities will be structured in a way that participants will discuss ideas with their own country teams, then go out in mixed teams to get new ideas, and return to their country teams to evaluate whether and who the ideas discussed would work in their contexts.

The objectives of the learning event were to:

- To exchange ideas about the different pathways that countries can take to achieving universal access and use of sanitation and hygiene services.
- To explore practical ways to support the last mile that do not affect sustainability

The workshop was structured into four learning blocks:

- Block 1: Universal access and last mile
- Block 2: Tools for Universal Access
- Block 3: Responding at scale
- Block 4: Country group sessions and wrap-up

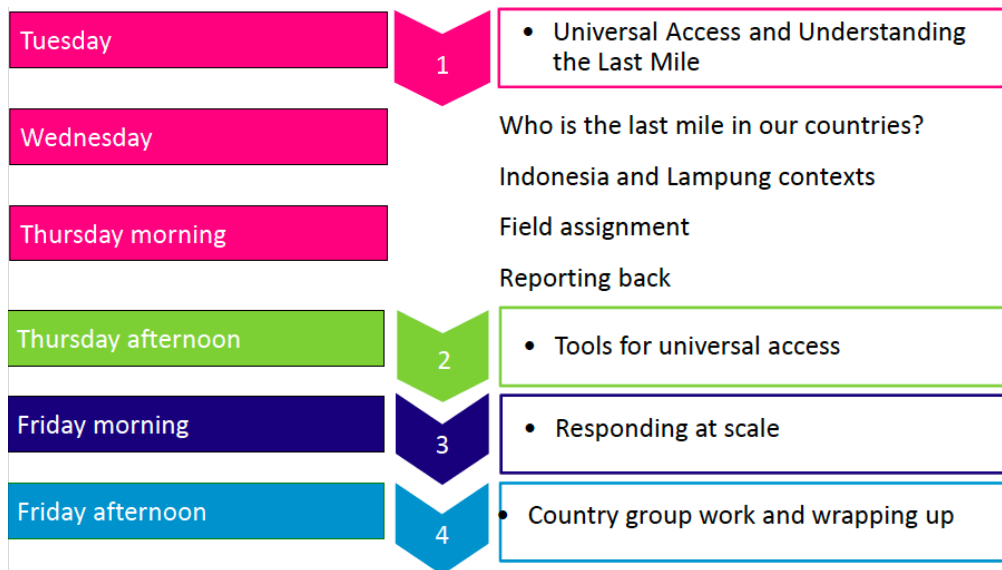
### *Introduction activity: Spectrum of sanitation coverage*

Participants were asked to position themselves in a spectrum line representing the sanitation coverage of the countries they worked in, from high (left end of the line) to low coverage (right end of the line). Then, one by one, participants introduced themselves and noted the sanitation coverage in the countries they were representing. The activity showed that the sanitation coverage of some countries is very uncertain due to lack of reliable data and monitoring. Thus, it is possible that some people placed in the higher end of the spectrum might have had to move if more reliable data was available. It

also showed that some countries, such as Nepal, which had very low coverage ten years ago, moved very quickly up the spectrum. There are also cases where the rate of population growth is higher than the rate of improvements in sanitation coverage. So, these countries might be doing really well in sanitation development efforts but the data doesn't show that. Lastly, the activity showed that some countries, such as Australia, which have very high sanitation coverage (99%), still have a "last mile".



### Programme by day



# 1 BLOCK 1: Universal access and the “last mile”

## OVERVIEW OF BLOCK 1: Universal access and the “last mile”

### Why is this relevant?

While an approach to introduce a sanitation technology or practice may reach a peak uptake for the majority and become mainstream, after a period there will be a final group, the “last mile”, who may be the last to adopt for a range of reasons. The “last mile” is typically the final ten percent or less of a population, and to achieve universal access it is important to identify who these people are and what their barriers to access are.

### What knowledge and learning outcomes were intended from this block?

1. Understand that the ‘last mile’ is context based with different meanings at village, district, national, regional and global level
2. Reflect on who the “last mile” in the different country contexts of the participants, existing evidences on the characteristics and needs of the “last mile”, and any actions taking place to identify and reach these
3. Consider different approaches to identify the “last mile”

### What was the process?

1. Presentation by Joshua Garn, from Emory University: ‘Assessing equity of the SSH4A Programme: a repeated cross-sectional assessment in 10 countries’
2. Country group discussions on who is the “last mile” the participants’ respective countries
3. Presentation by Mr. Aldi Mardikanto from the Directorate of Urban Housing and Settlements, Ministry of National Development Planning: ‘Towards Universal Access on Sanitation’
4. Presentation by Mr. Agus Setyo Widodo, from the Lampung provincial health office: ‘Sanitation development in Lampung’
5. Fieldwork assignment and report back

## 1.1 Introduction to block 1 by Antoinette Kome, learning event facilitator

Antoinette introduced block 1 by highlighting the following points:

- *“Universal access is not a new idea: in 1980 we thought the sector would solved it in 1990s. Then Agenda 21 in 1992, which included universal access for all, also did not make it happen. The MDGs then came, and the sector said ‘let’s be more modest’, and at least reduce [the number of people without access to sanitation] by half. We managed to reduce by half in water supply but not sanitation. But the Human Rights to Water and Sanitation, said this is not just some other development thing, this is a human right, and government are the duty bearers, and we cannot do it overnight but need to keep working on it. The ‘water for life’ decade 2005-2015 came, and 2008 was declared as the year of sanitation in recognition of the lower attention sanitation received during the MDGs era, and the need to have sanitation as separate from water. And now we have the SDGs, again hoping to reach universal access by 2030.”*



50% then you have a problem with your programme.” These are the ones lagging and the challenge is to identify who they are, and why do they have a problem. For example, in Cambodia the last mile are the ID poor 1 or 2 who have no money, no land, as well as those who share toilets, and migrant households. In Nepal, the last mile are the landless, the ultra-poor (who live from hand to mouth), single female headed households, people living in challenging areas (e.g. flooding, remote areas), and the stubborn (those who are hard change their mind).

### Summary of D-group discussion and reflections

Antoinette summarised some of the key points from the D-group discussion on the last mile and how to identify these, and provided some reflections on these points. Participants were also invited to comment on their reflections of points presented by Antoinette.

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#### Summary points of D-group discussion on the “last mile”

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- The “last mile” does not automatically follow the majority
- The “last mile” can be: geographic; wealth related; people living with disability; elderly; ethnic or culturally related; socially excluded or low caste groups. In Nepal there is an interesting case where the low cast became ODF first, which then motivated the high casts to become ODF.
- Uneven progress is unavoidable, but reasons for this are not uniform
- The world is biased and so are approaches towards sanitation
- It is not necessarily that the vulnerable become the last mile but often that the case. Not only due to biases or discrimination but also because *“in the beginning it’s a little bit of a risk and the vulnerable are less likely to take it.”*
- There were different views on whether focus should be placed on reaching the vulnerable groups first or not. These reflected a tension between moral (arguments for vulnerable groups first) and practical aspects (arguments against) (see table below).

Arguments against	Arguments for vulnerable groups first
<ul style="list-style-type: none"> <li>• Higher risk for them at the start</li> <li>• Limited resources, reach larger group, develop systems: <i>“it will take a lot of resources, and maybe we need to focus on developing systems and markets to make access easier”</i></li> <li>• Unavoidable</li> <li>• More important that they are not left out, rather than they are reached first</li> </ul>	<ul style="list-style-type: none"> <li>• Human Right to Sanitation</li> <li>• Vulnerable groups have even bigger need for sanitation</li> <li>• We simply need to do it</li> </ul>

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#### Reflections points from Antoinette

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- It is likely that the timing or sequencing focus on the most vulnerable will be different for every country and related to the scale programmes are aimed at
- There are different dimensions of scaling. These include horizontal scaling and vertical scaling (Figure

2). Ultimately all types of scaling are needed. With horizontal scaling, the focus can be for example, on reaching ODF across a large number of communities. However, the quality of the outcomes can be compromised. Some countries instead, put more effort on strengthening government systems and then them rollout to scale, and some try to do both horizontal and vertical scaling at the same time. It's not easy to rollout to scale.

- There is a third dimension of scaling - functional scaling: *"When we look at a country and realize some areas have specific problems (e.g. flooding areas, very densely pop) so we need to adjust the programme to that context. Many countries need to adjust their programmes to their areas."* For example in Bhutan, four different approaches have been developed to suit its different contexts (e.g. remote areas, low lying areas, etc).

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### Reflections from participants

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Different countries face different challenges regarding scaling. Participants provided examples of some the challenges or examples of scaling in their contexts:

- Indonesia: The challenge is how to consolidate funding resources from higher level and lower levels of government. There are many different programmes and there is a need for some kind of alignment between these.
- Rwanda: Empowerment at the national level is not enough. People from local level are also needed to follow-up after implementation. Funding is a key problem, but also land, and maintenance of latrines that have been built. The government does not follow-up on achievements after these have been reached, because they do not have the resources, money, capacity, and a clear mandate, and monitoring and lack of easy access to data. The government is now putting more human resources towards sanitation and there is good coordination to build one. Also, sanitation has been separated from water at the policy level.
- Ethiopia: There is lack of capacity building for implementation, as well as lack of awareness of local leaders and communities, and lack of coordination.
- Zambia: The country has very low population density and large forests, which poses challenges for local governments to follow-up with communities. Forests provide a good excuse for people to OD. Other challenges include soils that collapse. Scaling is very important but it has not happened in Zambia (the pyramid is upside down). Water is a very lucrative business so *"all politicians want to talk about water"*. The focus is to bring attention to sanitation and to *"see resources coming down to local levels"*. *"For money to come down takes a long time so with decentralization we hope this will become easier."*
- Nepal: Nepal has a master plan and coordination committees at different levels (national, regional, provincial, district, village) and a social basket programme *"that trickles down to the village level"*. Local leaders are motivated to improve sanitation in their communities. Some districts still had subsidies for sanitation while others do not. The san master plan *"came and managed to align everybody in one direction, but when wanted to do the Terai region, found that had to adjust the approach."*



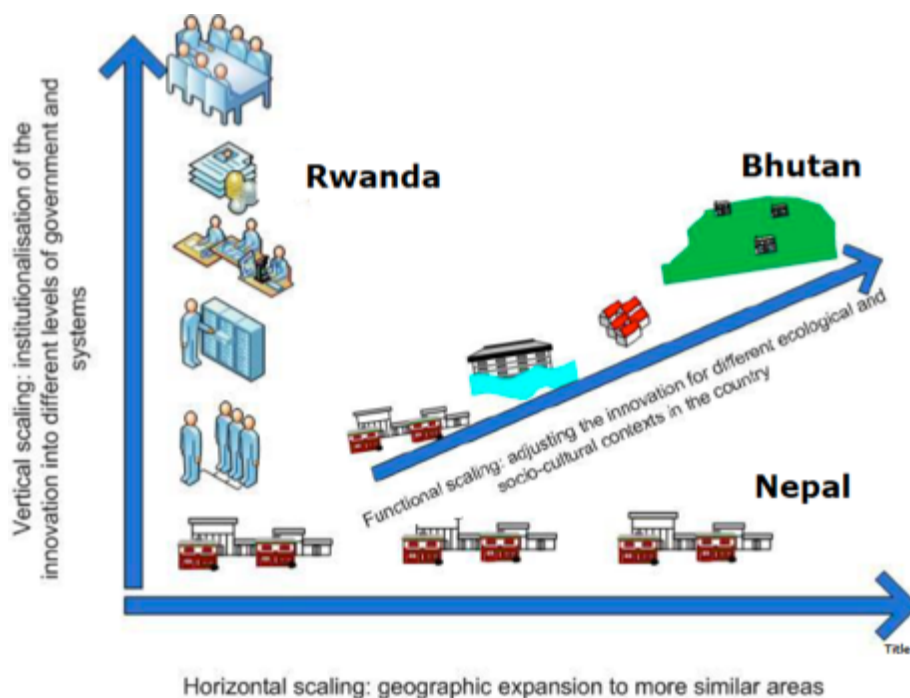


Figure 2: Different types of scaling

#### Summary of D-group discussion on how to identify the last mile

Some of the approaches used to identify who is the “last mile” include national poverty data, national poverty classifications, wealth disaggregated data on sanitation access. However, these are biased towards poverty and assume the key barrier is affordability, which can quickly lead to assumptions of solutions such as subsidies. Not always the needs of the last mile relate to affordability and a focus on affordability obscures other problems. A better approach, such as formative research, is needed to understand barriers beyond affordability. The barriers are not the same and we need to engage with different types of support mechanisms

### 1.2 ‘Assessing equity of the SSH4A programme: a repeated cross-sectional assessment in 10 countries’, presentation by Joshua Garn, from Emory University

#### Key points from the presentation:

- Most countries saw improvements over time (although data for Kenya is just based on round 2 of monitoring as still waiting on data from round 3), except South Sudan due to civil unrest: *“it becomes very difficult to focus on sanitation when there are much bigger problems”*
- SNV is doing really well compared to other programmes. It has an average of 33% increase across ten countries, compared to 14% increase from other programmes in a review recently done by Emory (review of 27 studies; 14% increase in intervention group compared to target group). However, there is room for improvement, as a lot of countries have not reached 100% coverage



- Most countries saw improvements over time amongst the lowest quintiles and vulnerable groups
- The data show that:
  - People that are more well off are more likely to have a latrine
  - Increases in access amongst people living with disability and the elderly is very similar, so SNV “is doing good job at reaching both types of vulnerable groups”
  - The disparity between female single households and others already existed and persisted. So, there is lower probability of female single households having a latrine
- This presentation is just focused on four variables. We had an idea at baseline on what was preconceived as vulnerable groups but there may be other we may be missing.

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## Q&A

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Q: Are female-headed households also amongst the lowest quintiles?

A: The data shows that a male hhs might also be better well-off. These graphs do not show this however. It's hard to show this in ten minutes, it's complex, but we can disaggregate this.

Q: What variables were used in the meta-analysis of the 27 studies you referred to?

A: This was a study funded by the WHO so we could develop guidelines for sanitation. Thankfully many people used the JMP data. The definitions were similar because most studies were looking at improved coverage.

Q: Were you able to come up with factors that led to this increase in sanitation?

A: Some programmes were not lead by government, and some were poorer quality as well as quantity (not reaching quantity). There are many elements: multi-stakeholder engagement; district wide approach rather than village by village; combining demand with supply; but ultimately also about the quality of the implementation. It's about knitting these things together but I don't have any evidence that could say we are doing this and others didn't and that might explain why improved coverage in our programme is higher.

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## General comments from participants

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- In the case of Nepal we need to look at wealth data and wealth ranking. The issue of compounding needs attention. The Terai region is wealthier but sanitation coverage is low and the inverse occurs in other areas. So we need to be careful with the wealth analysis on whether it is relative to the group itself or relation to the national ranking.
- We need to ask the right questions: who is this in the last mile? Do we need to identify other categories? Is it only the female single headed households? I think SNV in my country is going in the right way. And I agree with you, SNV is doing fine. So many organisations doing things but when we look at the data, it is very scattered.
- In Zambia there is the issue of slippage due to many toilets collapsing in the rainy season, so the gains fell down. This is challenging us to look for more durable options.

- We might need to formally ask people in each country programme ‘why you think this [increase or decrease in sanitation coverage] has happened in your country’?

### 1.3 Group work by country

Participants were organised in country groups and discuss the following questions:

Countries with districts with more than 80% access	Countries without districts with more than 80% access
<ul style="list-style-type: none"> <li>• Who do you consider the last mile?</li> <li>• What type of evidence do you have on the last mile characteristics and needs?</li> <li>• What are your actions to reach the last mile?</li> </ul>	<ul style="list-style-type: none"> <li>• Who do you consider vulnerable groups?</li> <li>• Do you have evidence on the sanitation access of vulnerable groups?</li> <li>• Do you have evidence what their needs or barriers are?</li> <li>• What are your actions to reach these groups?</li> </ul>

#### Report back

Each country group reported on their discussions.

Country	Report back
Nepal	<p>60% districts have sanitation coverage higher than 80%</p> <p>Presenting one two different scenarios: ODF and non-ODF scenario</p> <p><b>The last mile:</b></p> <ul style="list-style-type: none"> <li>• ODF scenario: people build toilets but the problem is long-term usage (slippage) and some groups such as the elderly, menstruating women (women considered unclean when menstruating, so cannot enter the kitchen and have to remain in a separate area, which becomes big barrier inside the house), people living with disability</li> <li>• Non-ODF scenario: ultra-poor; landless (particularly in the Terai region); single headed female households (because of low income and low decision making power); people living with disability</li> </ul> <p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>• National evidence is low</li> <li>• During ODF campaign, VDCs identified vulnerable groups these groups</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• WASH journalist forum</li> <li>• CLTS tools and mechanisms that are more inclusive</li> <li>• Raising awareness through local level mechanisms such as WASH committees</li> </ul>
Bhutan	<p>Have over 80% access but there are areas where less than 80%, so combined these two in the activity</p> <p><b>The last mile:</b></p> <ul style="list-style-type: none"> <li>• Poorest households</li> <li>• Female single headed households</li> <li>• People living with disability</li> <li>• In some areas, limited land</li> <li>• Elderly (couples or alone)</li> <li>• Difficult people/ stubborn (despite efforts they do not want to build toilets)</li> </ul>

	<ul style="list-style-type: none"> <li>• Migrant communities (Yak)</li> </ul> <p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>• Annual household surveys that have disaggregated data (age, gen, gender, disability)</li> <li>• Formative research on who are the last mile, what are their challenges</li> <li>• Local government at district level through the kidu system identify poor households in communities)</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Advocate and have meetings at local and district levels to raise awareness of last mile groups. Then let leaders consider what needs to be done for community mobilization, and in cases where financial support is needed, this should be provided in the form of materials and not money</li> <li>• Supply mechanisms – is it possible for suppliers to provide credit or allow repayment in more flexible arrangements?</li> <li>• Technology options need to be explored particularly in cases where there is limited land and clustered areas. The technology we are promoting does not address these limitations</li> </ul>
<b>Cambodia</b>	<p>No districts with coverage greater than 80%, only Banteay Meas district</p> <p><b>The last mile:</b></p> <ul style="list-style-type: none"> <li>• Poor (ID poor 1 and 2)</li> <li>• Landless people</li> <li>• Migrant population</li> <li>• Hard to reach remote communities</li> <li>• Areas prone to flush floods</li> <li>• Population that practices shifting cultivation and moves around</li> </ul> <p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>• Anecdotal evidence through formative research</li> <li>• Data available is not disaggregated</li> <li>• MRD conducted study, which provided some information on the needs and barriers of households but not across all groups. But from this we know access to finance is a problem and as well as cultivation practices</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• There are several things the country has done already, including the National Action Plans and the Provincial Action Plans, the smart subsidy guiding principles, and drought guidelines for WASH challenging environments</li> <li>• There are sector coordination groups (watsan group, etc) that bring together development partners. These provide opportunities for synergies amongst different development partners on reaching the last mile</li> <li>• Targeted actions include the SNV pilot of a subsidy for the ID poor households in Banteay Meas district</li> </ul>
<b>Indonesia</b>	<p>No districts with more than 80% access</p> <p><b>The last mile:</b></p> <ul style="list-style-type: none"> <li>• Water scarcity, coastal area, flooded area</li> <li>• Irregular income</li> <li>• Isolated communities</li> <li>• Ethnic groups</li> </ul> <p><b>Evidence:</b></p>

	<ul style="list-style-type: none"> <li>National data available but not consolidated</li> </ul> <p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>Lack of cadres</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>New funding scheme (micro-credit)</li> </ul>
Kenya	<p>Only 2 declared ODF. In areas SNV working yet to have ODF districts Areas where SNV is working ranked as the poorest and also have high levels of HIV</p> <p><b>The last mile:</b></p> <ul style="list-style-type: none"> <li>Poor</li> <li>PLWDs (but also poor)</li> <li>Elderly (over 60)</li> <li>Female headed households</li> <li>HIV (related to female headed households)</li> </ul> <p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>Household baseline surveys</li> <li>Progress monitoring of the SDGs</li> </ul> <p><b>Needs:</b></p> <ul style="list-style-type: none"> <li>Access to finance</li> <li>Technology not suited to needs of PLWDs and elderly</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Formative research</li> <li>Broader range of technology options</li> <li>Savings and credit facilities</li> </ul>
Zambia	<p>No districts with coverage greater than 80% access</p> <p><b>The last mile:</b></p> <ul style="list-style-type: none"> <li>Villages not reached by CLTS (e.g. emerging villages)</li> <li>Distant communities</li> <li>Forests (no problem of landless as there is plenty of land)</li> <li>Cultural beliefs (e.g. people staying with in-laws not supposed to use their toilets)</li> <li>Single female headed households (e.g. labour issues)</li> <li>Poorest households</li> <li>PLWDs and elderly</li> <li>Lack of durable toilets</li> </ul> <p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>Households surveys</li> <li>Monthly reports from community groups looking at sanitation</li> <li>DHS – national accepted system although not disaggregated</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Developed a marketing system to build low cost durable toilets (copied from Tanzania the safi latrine which is cost-effective and durable)</li> <li>Need to disaggregate data</li> <li>Need to look at other ways to address the needs of vulnerable groups</li> </ul>
Ethiopia	<p>Vulnerable groups are identified in different action plans</p> <p><b>The last mile:</b></p>

	<ul style="list-style-type: none"> <li>• In districts where coverage is greater than 80%: <ul style="list-style-type: none"> <li>○ Female headed households</li> <li>○ PLWDs</li> <li>○ Elderly</li> <li>○ Migrants (specially in one district out of the six SNV districts)</li> </ul> </li> <li>• Districts where coverage is lower than 80%: similar to the above but no migrants</li> </ul> <p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>• In districts where coverage is greater than 80%: EDHS; household monitoring survey</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Districts where coverage is lower than 80%: need subsidy for lower quintiles; social support is common but not coherent across all areas; need advocacy to raise awareness about vulnerable groups; currently advocating for disability to be included in national programmes</li> </ul>
<b>Rwanda</b>	<p>Has districts with more than 80% coverage</p> <p><b>The last mile:</b></p> <ul style="list-style-type: none"> <li>• Poor – wealth category 1 (different variables combined including land, disability etc). People in this category are the most affected</li> </ul> <p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>• SNV conducted a quick assessment with UNICEF which showed problems in the supply chain and affordability</li> <li>• DHS</li> <li>• House living survey</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Need to conduct more detailed analysis in districts</li> <li>• Different programmes initiated sanitation marketing and behavior change communication, so can put more attention to vulnerable groups through this</li> <li>• Need to improve the supply chain as rural people are not being reached by sanitation products and services</li> <li>• Need to collect disaggregated data</li> </ul>

### Other reflections by participants

Antoinette prompted further discussion by asking participants: *‘What is it that strikes you when you look at vulnerable groups and needs?’* Comments from participants included:

- We do not have a particular system to identify vulnerable groups
- Every country has a national data base but whether this is disaggregated or not, or if it looks at vulnerable groups that seems to be the gap, as well as this data not necessarily being used to support sanitation efforts
- Migrant population comes up as a vulnerable group in several countries but we have not thought about how to address this
- A big problem for female single headed households is labour. Apparently, we are promoting toilets that assume this is available. Do we need to think about toilets that suit households that do not

have male in the households?

- The issue of intra- households' inequality should be given attention to (e.g. In Nepal menstruating women not being able to share the same space as others in the household; In Zambia people living with in-laws are not supposed to use the same toilet; In Tanzania, sometimes young men do not want to use same toilet as the one used by their families)
- Isolated communities are particularly difficult because they tend to not have government services, so how do we tailor our approach to reach these?

#### **1.4 'Towards Universal Access on Sanitation', presentation by Mr. Aldi Mardikanto from the Directorate of Urban Housing and Settlements, Ministry of National Development Planning**

##### ***Key points from the presentation:***

- Universal access in 2019 is mandated by the Law and the President and reflected in the Mid-term Development Plan 2015-2019
- Currently Indonesia has 67.2% improved sanitation, 9.2% basic sanitation, and 23.6% no access and aims at achieving universal access with 85% improved sanitation and 15% basic sanitation by 2019.
- How have we performed so far? Since 2017 we have grown around 2% per year. This has been the base of our confidence to set the target of universal coverage in 2019. Globally we are regarded as performing well. But to achieve this target, we need to double the rate of increase. ODF is now down to 11% from 13% in 2013. But there is still a lot of work to do
- Since 2005 the sanitation sector have tried to do things more strategically, including national advocacy by the national government, a bi-annual conference, city sanitation strategies. We are also developing a national programme to push districts and cities to have basic sanitation strategies (aligned with decentralization).
- The challenge is to make cities and districts to have the same indicators to provide access to water and sanitation. That is why we are trying to make districts and cities to have their own strategies with our guidance
- Other things we have done include:
  - Working group on WASH (bring together several ministries and units. It enables provinces and districts to have access to the same forum and coordination to be done in this before budgeting)
  - Knowledge management to share success stories amongst different provinces and districts that can accelerate progress
  - New financing schemes (including through collaboration with religious Muslim leaders - established a norm saying that religious contributions can be used for water and sanitation, and grants from local government to communities and output-based-aid)

- Capacity development through training and workshops
- Regular monitoring (midterm review of the National Plan; web based monitoring of some programmes such as STBM (based on CLTS adapted) which allow to see data in real time)
- Trying to have provincials target (the national target to be broken down into provincial targets)
- The City Sanitation Strategies (CSS) consist of three basic elements: mapping of city san condition; sanitation development strategy of the city; investment plan for sanitation development. We are now currently moving from planning to implementation, with greater focus on opening funding for local governments
- The budget for sanitation has increased three to four times from 2005 up to now
- Working to improve commitment of cities/regencies through Indonesia's Regency/City Alliance for Better Sanitation (AKKOPSI), which started by bringing together the mayors of cities (including previous Jakarta governor). There is no other alliance like this in the world. It currently has 465 cities but only 20 of them are actively participating. It is an effective advocacy mechanism for local governments through which to mayors of cities are given examples that illustrate the importance of sanitation and promotes horizontal learning: *"it's not time anymore that local governments learn from national government but that they learn from other local governments and each other"*
- The target of universal access is in line with the SDG 6. Presidential regulation is being formulated to include all indicators. Two of them relate to the sanitation goals 6.2 and 6.3. The 6.3 is on quality, and this is what we have started to push through the development of on-site systems with FSM. FSM is a big problem in the country - on-site system represent 90% of wastewater systems and will remain the majority for the next 20-30 years, but only 5% have good FSM
- Our strategy in a nutshell: improve sector coordination (Water and Sanitation Working Group; National and Local Medium-Term Development Planning); develop different financial schemes (National Budget (APBN); Local Budget (APBD); Special Allocation Fund (DAK); water and sanitation grant; sanitation microfinance; Zakat); advocacy (AKKOPSI; strengthening knowledge management; water and sanitation programme events)
- I always ask NGOs like SNV for stories of success so we can disseminate and tell other districts/cities that these innovations can work.

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#### **Q&A:**

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**Q:** What is the mechanism and provision for sector finance? What is the motivation? You had listed in the slides a special allocation fund? What does that mean?

**A:** The national budget is done through/via the local government (when talking about infrastructure). For example, the national budget this year will be building several off-site systems in different cities. But responding to the specific needs of cities which cannot be standardised, we have a special mechanism, a grant, and there is a set of activities (A, B, C, D) that can be funded by this grant based on proposal from districts. So, districts propose a number of A, B, C or D type of activities they want money for and so it is not as rigid as other types of funding.

Based on law of local government, the national government cannot fund a very localised activity. That should be funded by the local government. The national budget can only be used for cross provincial priority activities. That is why we are creating special funding schemes that can be used to support specific needs. My office can change regulation of specificities of the funding every year. For example, if we see that there is a need for local government to support certain activities, we can specify that. There is a lot of tax revenue for local government, and this tax stays at local level, but still they tend to use money for operational aspects.

In Nepal, it is different. The national budget transferred to local level funding is earmarked – at 20% but what is it spent on triggering, capacity building, etc varies.

In Indonesia, earmarking has always been a debate for us. We have earmarked for health and education. So far in sanitation we are not trying to fix the amount because it will disrupt our policy agenda.

**Q:** You mentioned capacity building. What does it mean? Training and other workshops?

**A:** We are trying to conduct advocacy training so that local government staff can present effectively to mayors etc, and make a good case and convince to give them more money. This is possible because there is a whole consensus process of planning.

**Q:** Are you accounting from individual contributions or from private sector?

**A:** We are acknowledging the private and the individual contributions because as a household I must build a toilet. That is why in our calculations of how much we need, around 20% of total the budget (2014 calculation), is from individual households and private sector. But we do not have a regular basis to monitor this contribution. We have done at least twice when we were reviewing our achievements for the MDGs. We also did a study by the secretary programme management unit of the sanitation programme, and found that 20% of investment came from households, and we have been acknowledging this at national events.

**Q:** What is the mechanism that was developed in central, province and district/city level? How do you organise the system of scaling up sanitation?

**A:** We are pushing for more knowledge management and success stories/innovations from cities districts etc, with the hope of raising inspiration for local governments. We are not systematically implementing one programme to the other. But we are giving more funding and more flexibility in the funds that we give. We helped the local governments to formulate the City Sanitation Strategy (CSS) documents. In this all stakeholders that are involved in sanitation need to look at the CSS, to help ensure people talk in the same language and avoid trying to create something else

**Q:** You have city sanitation strategies. How do you operate these for public toilet systems or beyond the household level?

**A:** Currently we are not endorsing public toilets. We are more focused on communal septic tanks or decentralised systems. We are more focused on settlements and not necessarily in public spaces.



**Q:** Within the special sanitation grant you mentioned, are subsidies likely to be allocated by national government? Can districts allocate pro-poor support subsidies?

**A:** It is based on a set of menus. Local governments can give proposals to us based on these menus. Subsidies can be part of these menus.

**Q:** In Zambia we are grappling with decentralisation. What mechanism have you used to achieve decentralisation of sanitation?

**A:** When we began decentralisation in 1999, the local government did not have a good idea of what sanitation development is. We facilitate local governments to form their own strategies and we are trying to get all stakeholders (including all other ministries) to look at the same CSS document. The one who is in the driving seat is the local government with support from the national level.

**Q:** How are you managing sanitation in slums or areas where there is lack of space?

**A:** This is something we are starting to do. At the national level when dealing at slums, we are looking at improving quality of buildings and pathways but we are not looking at sanitation systems in specific. This year we have started to coordinate more with other sectors with responsibility for buildings, and calling attention for the need to pay attention to water and sanitation systems and solutions available, and for the unit of sanitation to be involved in planning processes.

**Q:** What type of mechanism are you using to facilitate horizontal learning between local governments?

**A:** We are establishing media channels to disseminate innovative solutions/approaches – social media, websites, even our presentations. We also have a national conference on water and sanitation. The last one was in 2015 and we asked development partners to showcase innovations.

**Q:** How are you addressing areas where there is high level of ground water?

**A:** Ministry of public works have technology solutions for these kinds of areas

## **1.5 ‘Sanitation development in Lampung’, presentation by Mr. Agus Setyo Widodo, from the Lampung provincial health office**

### ***Key points from the presentation:***

- Lampung is divided into 15 districts and has a total of 8.7 million people and 30,000 km<sup>2</sup>. It is the most densely populated province of Sumatra
- There are 293 local health centers (*puskesmas*)  
  
STBM implementation started in 2012. STBM is based on five pillars of WASH – ODF, solid waste, liquid waste, hand washing with soap, and drinking water. The communities’ priorities which areas they want to focus on. After achieving universal access to sanitation, the village achieves ODF status; and after achieving all 5 pillars, the village achieves STBM status.
- Over 90% of the population has access to sanitation. So Lampung is not doing so badly compared to Indonesia as a whole.
- 148 villages declared ODF but in the near future this will increase.

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**Q&A and general comments:**

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**Q:** Regarding city ODF, in Ethiopia we are facing a challenge because CLTS is not working effectively in the urban contexts. Do you have a specific approach for urban areas?

**A:** We have 13 districts and 2 cities (metro city is one of them). Almost all Javanese people live in the metro area and people coming from Javanese background respond more easily to BCC. They tend to be more cooperative and it is easier to execute BCC with them. So in the metro area we have asked people to work together with us and it has been working - 98% of the people in the metro area have healthy toilets so we are hopeful that in 2017 we can reach ODF.

In South Lampung, where we will go tomorrow, the situation is different. There is a mix of those who are Javanese and other ethnic groups. It is not impossible to work with original people from the island, but we really need some art and innovative ideas and creativity to convince them.

**Comment from Antoinette:** In 1950, Java was very full and then the government had a transmigration programme and many people from Java migrated to places like Lampung, so now they have a mixed ethnic group. In Vietnam, a minority group did not accept CLTS and the majority (Kinh) accepted it. But we must remember that Kinh people designed the process. So maybe a similar problem is happening in Lampung, where Javanese people in Jakarta designed the approach.

**Comment from presenter:** Yes, it is a national programme and it should be implemented in all areas. And the way people accept the programme depends on the ethnic group. It requires constant repetition, it is long process but in the end, yes it works. But we can make changes to the local needs. Some are easy others are more difficult, that is part of the art of implementing the programme.

**Q:** Which strategy are you using for adoption for the different groups?

**A:** As you can see in the map, the green areas dominantly Javanese. People in the green areas are mostly farmers, so when we go there we cannot have meetings during the day because the farmers are busy, so we use sanitarians and they use evenings to approach people there. In the yellow areas, where other ethnic groups are predominant, even if we suggest evenings, it is still difficult, people are still resistance. If evenings are not possible, then when can we have meeting? We ask them can we meet at night, then they say it is not possible and have a lot of questions of why should they meet, etc. In the green areas, people tend to accept to meet straight away. The people that really know how communities work are the sanitarians - the people that work at local health centres, we do not know much about that here at the provincial level.

**Q:** Which contexts are we visiting, urban or rural or a cluster combination?

**A:** We are focusing on rural sanitation

**Q:** How is the training of CLTS done?

**A:** The workshops that we do are not focused on one specific area. As facilitators, what we do is to introduce health and the effect of diseases. Then people decide their own solutions, they will know themselves what should be done. At these workshops, there is about 20 people, they map themselves, and the risks, and we only introduce them to certain topics and give them ideas. And then they say 'oh

my areas is actually full of risks'. Then they can define the goals. Each workshop can last one to two hours, but we do not do all at once. The next day we come. Sometimes we need two to three times. In areas where there is less educated people might take longer. Another way is to go to schools or meet people where they work. Then after we have done all of that, we evaluate and if we need to do one more workshop, then we do.

Before we start triggering people we gather all sanitarians at the district level. The provincial level teaches to the district level and then they train sanitarians who work directly with communities. One sanitarian is places at the local health centre and one local health centre can have seven to eight, up to 15 villages. One sanitarian can oversee 20 villages at the maximum. Every day they go around.

**Comment from Antoinette:** It is important to understand that there is the difference between CLTS and STBM. The focus of STBM is not just reaching ODF but a five-pillar strategy based on ODF, handwashing, liquid waste, solid waste, safe drinking water. They cannot work at everything at the same time. So sometimes they start with ODF and then introduce other pillars along the way. Only when a village reaches the five pillars, then it can be called a STBM village.

## 1.6 Fieldwork assignment

Participants were organised into five groups, each with six to eight people. Each group visited a different location and had a different focus (see table below). The overall objective of the assignment was for the participants to deepen their understanding of the different strategies and activities used by stakeholders to ensure social inclusion in achieving universal access and use of sanitation and hygiene services. **Error! Reference source not found.** includes the guidance questions of the assignment.

Group	Focus	Location
A	PLWDs	Pekon Candiretno, Pagelaran Sub district, Pringsewu District
B	Poor and social inclusion in general	Pekon Lugusari, Pagelaran Sub district, Pringsewu District
C	Social inclusion in general	Pekon Karangsari, Pagelaran Sub district, Pringsewu District
D	Inclusion of households living in poverty	Titiwangi Village, Candipuro Sub district, Lampung Selatan District
E	Women and girls	Wawasan Village, Tanjung Sari Sub district, Lampung Selatan District

As part of the assignment, participants were expected to report back on the field visit to the wider group and a panel of people from the Indonesian government and stakeholder representative partners. For the reporting, each group was expected to prepare the following:

1. A photo diary (can be in PowerPoint)
2. A testimony of a household
3. A two page case study
4. A presentation which includes main findings and recommendations

Each group presented for 15 minutes in the following order: Group C, group A, group E, group B, group D.

### *Notes from Antoinette*

Antoinette made some background notes on the Indonesian context:

- Indonesia is a big country. A village has an average of 5-6,000 people compared to 200-300 in Cambodia, 100-200 in Zambia and as low as 50 in Nepal. So a village is not really the dimension of community because inside it there are sub-villages, which are more like villages in other countries.
- Indonesia has an elected governor at the district/city as well as at the village level. They have a lot of power and *“are prioritising their own programme”*. Decision-making is very local - there is a lot of autonomy at the local level and high level of decentralization, which can be a strength or weakness depending on the leader.
- We are talking about SDGs and national targets, which in many countries includes universal access, so leaving no one behind. Initially we thought that with economic development, sanitation would follow. What we are seeing in Indonesia is that some are lagging behind; this has implications for public health.
- The rural programme in Indonesia started in 2014, which is very recent in contrast to other countries such as Nepal and Bhutan.
- Much can be learned from Indonesia because of its diversity of contexts.

### *Fieldwork assignment presentation by group C – key points*

#### **Before the ODF drive:**

- 1000 households of which 316 lacked improved toilets (hanging toilets) until December 2016
- Anecdotal evidence of 40% of the population suffering from diarrhea (Health Centre random sampling of 100 households)
- Preference for hanging toilets to provide feed for catfish
- Catfish a source of income, along with agriculture and labour
- Sewage from toilets feeds into fishponds, which are a source of income. So households are reluctant to lose source of income

#### **The ODF drive included:**

- Commitment for ODF at the highest level (Bupati, etc) May 2017
- Active STBM sub-district team
- Sanitation Carnival
- Jihad Sanitasi campaign (involving religious leaders)
- STBM centre – production centre (also served as a training centre on production of toilets; households come to buy toilets at the centre too)

- Average sales of 400/month
- Supplying 30 villages
- Training nearby villages on production
- Sales strategy – promotion during triggering
- “Last mile” options include involvement of the police and army (they are respected and opinion leaders within communities and can influence those taking longer to build a toilet)
- BUMDes provides loans for poor households

**Results so far:**

- 90% of households have improved toilets
- 10% being motivated through STBM, police, army, etc.
- Community-led construction, involvement of private sector minimal
- Quality of construction not always supervised: *“This is community led construction not a lot of involvement of private sector, so construction is not supervised”*. There is room for improving quality of construction (super-structure/sub-structure)

**Recommendations:**

- Monitoring the quality of construction
- Ensuring usage of newly constructed toilets – dismantling of hanging toilets
- Messaging through religious leaders – selling catfish (tapeworm) – sin
- Stronger involvement and commitment of village head
- Cost-effective construction (50/250USD)
- Women-sensitive toilet construction
- BCC so that toilets are constructed with the knowledge of their health benefits: *“some households were not able to explain why they had built a toilet”*
- Alternative feed for fish

**Other comments:**

- The villages we visited, in my country Rwanda, are more like towns, not villages.
- We were very impressed because everything is mapped so it is very easy to identify how the village looks like.
- We visited a newly constructed latrine and one question that emerged was the privacy for women. Also the latrine looked new but did not look like it was being used.
- We saw different types of toilet pans and moulds

### *Fieldwork assignment presentation by group A – key points:*

- Community identified the PLWDs and their conditions.
- Villagers supported PLWDs with cash, labour and non-local materials. For example, in the case of one of the PLWDs interviewed community people collected the money and constructed the toilet.
- Handicrafts people gave presents to those who supported them to build a toilet. One of the PLWDs interviewed, made baskets as a source of income, and offered these as gifts to people who helped him to build a toilet.
- Toilet design for PLWDs includes a chair. The health center and the local government standardized this toilet option. The household with PLWDs interviewed reported that the bamboo toilets used before were not durable and comfortable, and that the new toilet option and that all family members were using it and were satisfied with it.
- Government supports health insurance and rice for food (15 kg/month) for poor people.
- There is an STBM centre at the sub-district level, which supplies sanitation products (pan, mold, septic tank, pipe, chair for PLWDs), and operated as training center.

#### **Lessons learned:**

- Good coordination amongst villagers and government agencies
- Coordination and cooperation at district, sub district and village levels

#### **Recommendations:**

- Socially disabled: According to the local village leader, there is a category, which he considered as the “socially-disabled”, such as the widowed
- Privacy should be maintained
- Super structure should be constructed for durability and sustainability.

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#### **Q&A:**

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**Q:** What is your recommendation regarding the use of the chair and the faeces spreading around and ensuring cleanliness and hygiene?

**A:** the neighbours managed this, if the head of the household did not have a wife or kids. The concern was more around privacy issues. Also what we saw was not really a septic tank but more a holding tank.

### *Fieldwork assignment presentation by group E – key points:*

#### **The “last mile”:**

- Information on the “last mile” and their barriers were gathered during household visits and through meetings

- Typical barriers to access: financial (subsidy expectations); cultural or ethnicity differences; and by choice
- Before any subsidy was provided a formal verification process was undertaken by the village government
- To date "subsidy" has only been provided to 20 households (after all other efforts have taken place)

**Mechanisms to support the “last mile”:**

- Social solidarity and mobilisation of STBM army
- Sanitation micro-credit loans led by the women’s cooperative
- Technology/appropriate innovations to reduce costs
- Subsidy was the last resort. This was provided through the village government in the form of materials and labour, community donations and fundraising by students

**Recommendations:**

- Need better insights on who exactly is the “last mile” and how to target them (through monitoring mechanisms)
- Clear subsidy criteria needs to be in place
- Clear guidelines on credit mechanisms (what works and what doesn't)
- Clear plan to next steps (super sanitation, HWWS upgrade)

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**Q&A:**

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**Q:** How are the subsidies being addressed? A lot of presentations highlighting the decentralisation of government and my impression is that the machinery of government funds are earmarked. Do these also include funds from central government for subsidies? What type of support given from what level of government?

**A:** Two years ago, we had a recommendation of direct transfer from central government. So about 61,000 USD are allocated each year for basic infrastructure to the village level. Some could be used for triggering funds. 70% of funds should be provided by communities (labour work), the rest could be from government. This is not subsidy in terms of a typical subsidy. We adopted the SNV approach. So everything to the household level should be done using market based approaches.

**Comment from Ibu Emi Widarti:** If we want to tackle the challenge of Lampung, we have the *swasembada* – a no subsidy approach. But if we want to reach universal access to we do need some kind of fund. But with *swasembada* we have been able to do with 20 million (out of the 80 million) which have been used for community empowerment. So actually if you only spend money in community empowerment you can save money. But if you are talking about the “last mile”, maybe you need to send people household to household, or offer credit. We still do not want to use subsidy, we just need more money to do community empowerment to replicate or duplicate efforts. We made it stronger through the decree of the Bupati, which promotes the *swasembada*. This is what needs to be

strengthen and not subsidy. Subsidy we talked about before the presentation, it comes from villages themselves and not from government.

### *Fieldwork assignment presentation by group B – key points:*

#### **The “last mile”:**

- Two groups without improved sanitation: poor people and stubborn people
- Vulnerable groups: PLWDs (although these were not identified during the visit) and elderly

#### **Approaches to reach the “last mile”:**

- Cost of sanitation system is 70 USD (40USD for sub-structure; 30 USD for superstructure)
- Poor households make off-set soakage pit because it is cheaper than septic tank with pit
- Poor households get support for labour through the spirit of community help
- Technical help is accessed through the STBM which trained community volunteers
- The STBM centre said they build toilets for free for PLWDs although interviewees reported there were no households with PLWDs in the village
- Village chief has hardware store which provides loans that can be paid after harvest
- Reported motivation to make improved toilet was “health”, however link to health not understood

#### **Future of sanitation services:**

- Question to village STBM team: what will happen to fecal sludge as the septic tanks get filled up and need to be desludged?
  - Answer 1: the households will make another septic tank when it fills.
  - Answer 2: private sector service is available elsewhere and fecal sludge treatment plant is in other part of the district but it is not functioning properly, so we don't know what to do.

#### **Other comments:**

- Fishpond replaced by septic tank with soakage pit, or off-set soakage pit. Surface runoff from feces filled fishponds and contaminate living environment (exposure).
- Although fish is not generally eaten from the wastewater pond, some people may risk eating fish directly from wastewater pond so better to close the ponds.
- Condition of septic tanks do not qualify as septic tank (3 quarter inch).
- There was lack of clarity about what people thought was a septic tank. What we saw was a soakage pit.
- The distance between soakage pit and the water well was short but the risk of this being a health hazard was small because people used mineral water and not well water for drinking.

#### **Conclusions:**



- Effective results from STBM approach and implementation mechanism.
- Subsidy mind-set is NOT a challenge (village never received household subsidy). Village has won competitions, which further motivated community action.
- Clear identification of “last mile” group for access to improved sanitation and categorization according to poor (economics), physically disabled, and stubborn/attitude is needed
- Support for access available for the “last mile”:
  - STBM center provides free toilet to physically disabled
  - STBM centre also provides financial support and information about loans, as well as access to low cost options
  - Low-cost technology and production for affordability
  - Spirit of community help.

#### **Further questions:**

- Need to broaden scope of identifying people with difficulties beyond PLWDs. Can people with difficulties be further identified and supported? (E.g challenges for pregnant women or sick people; fixtures in toilet to help physically weak people; look at other physical disabilities such as poor vision, and help in toilet use).
- Where does the health risk lie in the fish food chain? Only from direct use of fish from the wastewater pond or also if fish are used for breeding?
- Unclear how health issues related to sanitation are explained to beneficiaries. Maybe there is a need to strengthen the messaging.

#### ***Fieldwork assignment presentation by group D – key points:***

The group focused on the **poor** as a vulnerable group and identified the following **mechanisms to reach this group**:

- Voluntary donation programme to help reach students in the school who may not have access to improved latrines in their household: The teachers meet with all of the students in their classes to figure out who doesn't have access to sanitation facilities. During this process, teachers identified some 40 students from the entire school (of 207 students), who did not have household latrines. The head master thought that most of these 40 students with no toilet had a good house and his estimate was that 30% had money and 70% were poor. The programme works in a way that students who already have access to sanitation facilities are able to donate their spare change, which is then used to help those students who do not have facilities. The donated money is used to purchase a water closet only, but not the structure. The purpose of the programme, as explained by the head master, is “more to raise awareness for the parents,” rather than to provide a subsidy that takes care of everything. Of the 40 students who originally did not have access to a household

latrine, all but 7 of them had constructed a latrine by the most recent monitoring, and they suspect that more will have constructed a latrine by the next and final monitoring. Feeling about this programme was generally positive, and there were no perceived negative issues from the students, and that other schools had even begun copying their programme.

- Microcredit programme: Individuals who are in need of a toilet, but who do not immediately have the means to buy the materials and build the latrine, are able to apply for a loan. BUMDes is the financing organization that provides the “credit” although only materials, and not money, are provided to the individual in need. The point was emphasized several times that only materials were provided, and that a monetary loan is/was never provided to any participants in the programme. There are a number of payment options available to the individual to fulfill the terms of the loan, and often these payment options can be tailored to the individuals’ needs. A common payment option is to pay in full, over the period of 2 months the borrowed amount plus some amount of interest. The interest amount was said to be “low,” but high enough that BUMDes was still profitable. However, in some cases, individuals might necessitate some sort of modified payment plan. For example, a farmer might only be able to pay back their loan on arrival of crops. The payment plans are sometimes modified so that an individual might pay interest only for a period of months, while he/she got to a position where they could repay the loan in full.
- “*Goton Royon*”: a common Indonesian phrase that means showing community/or mutual support for social causes. Many of the people with whom we interviewed, expressed an interest in the well-being of their neighbors, and described stories where community members would rally to help other community members in need (e.g. elderly, women, poor) through financial donations and/or labor to build a toilet.

#### **Other comments:**

- From where we come from (in Africa) the areas we visited do not look like rural areas, because of the quality of the houses and roads.
- There may be some resistance in adopting improved sanitation practices because the fish ponds are income source. Households who had fishpond did not eat the fish but sold it to neighboring villages, basically transferring the problem to somebody else.
- The school we visited had the handwashing stands far away from the toilets, which can discourage handwashing.
- The toilet at sub-district office toilet did not offer privacy, as there was not a way of closing the door.
- The STBM army used their own motorbikes and smart phones to do their jobs. These were not given by SNV. In Zambia people want to be given these. SNV Zambia gave them bicycles but still they want to be called volunteers. In Zambia, when people help a household, they demand that it organizes beer for them at the end, so the labour offered is not completely for free.
- We found it impressive that they had not experienced cases of people failing to repay the credit offered by the BUMDes. In Zambia, even the rich benefit from credit and do not pay, so the system

collapses.

- They have a decentralized system, where money is allocated to the village. So money is available at this level not only in terms of the law but also practically. This helps with initial capital for the credit facility of the BUMDes.

#### **Recommendations:**

The group provided recommendations beyond reaching the poor. These included:

- Enhance hygiene promotion. For example at the school, pupils need to be aware of handwashing after use of toilet
- In the school handwashing to be close to toilets
- Build functional toilets offering privacy (school and other institutional buildings)
- Maintain the *gotong royong*. This approach is very strong as a community mobilisation tool
- Maintain and continue coordination and communication at all levels of government
- Improve the process of the sanitation credit scheme
- Construct toilets to cater for various groups (e.g. elderly and disabled) instead of one size fits all
- The decentralisation system should enable the local government to play a significant role in promoting sanitation.

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#### **General comments:**

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- The case of the school could be mainstreamed through the education department.
- To reach our target it will require a lot of effort. Wherever you are putting our shit, we need to have desludging. That is a big concern now. We might have solved one problem but we still have another problem, that is the need for a regular desludging programme, and this has been difficult, although we have had help from SNV. But the results are not observable, because other sectors need to be involved. I am looking at people from the planning department – we need you too look at this issue. In the future there will be so many septic tanks, we need to think about this so we can address demand. And we need to take action now to really get this regular desludging started. I hope SNV will help us, although I know in July you will stop, so we have to find a way to continue (Representative from department of public works).
- What has been explained by group D - to reach ODF in each village, we require the help of schools (the 1,000 rupee movement is an example). Instead of buying snacks, students contributed to buy toilets for others. This is inspirational and is an example of the spirit of *gotong royong*. The teachers did the monitoring and went to the houses of children. These people without any help, freely helped us achieve these goals. The government has a policy regarding village funds, and a special allocation to sanitation focused on community empowerment to reach ODF. And yes we have to talk about cross-sectoral collaboration. We have already involved the police for example.

We need the spirit and support from all stakeholders at different levels so we can work together and reach universal access (Representative from department of health).

- Concerning the issue of privacy, this is often associated to women folk. If I have two children, a boy and a girl, and if the little boy walks without clothes, there is no issue, but if the little girl does the same, then the mother will come and tell her off. But privacy extends to men too, it is for both! It is part of human dignity for both genders.
- Regarding government ownership of the programme, we asked how will the programme sustain itself after SNV stops support? The answer was that SNV is only there to support, the programme is owned by the government. This should be the case in other countries.
- Communication is very important. If we do any activity, we always use social media. We have a STBM group at the province level (Lampung), and at the district level we also have a group. Everyone is part of these groups. We also have a group on healthy families, and a healthy village movement, which is something we use to socialize sanitation and hygiene. For example, following the learning event, I will keep updating discussions held here on social media. This communication mechanism is very important, and it needs constant updating. Second, if we are trying to do triggering, need to find natural leaders - who in the village is the best mobiliser? Then immediately, we form a working group, but these need a good leader. The other thing is the *arisan*. This is a *merry go round* method (Representative from local government of Lampung).

**Final comment by Antoinette:** Sanitation development efforts are not only to help build toilets but also to strengthen community and local support systems. Thank you for welcoming us so well, and for taking a lot of patience to answer our questions to help us understand the context of Indonesia and I think we have learned a lot.

## 2 BLOCK 2: Tools for universal access

### OVERVIEW OF BLOCK 2: Tools for universal access

#### Why is this relevant?

Reaching universal access requires approaches tailored to reach the “last mile”. These require looking at affordability as well as other barriers, and may include various financial based incentives and other broader mechanisms to promote inclusion. Different contexts will require different combinations and sequencing of approaches.

#### What knowledge and learning outcomes were intended from this block?

1. Understand the breadth of approaches to reach “the last mile”
2. Understand the importance of different approaches/mechanisms needed at different stages, with different groups
3. Understand the importance of considering the effects that the instruments used may have on community structures and government systems

#### What was the process?

1. Presentation by Professor Juliet Willetts, from the Institute for Sustainable Futures, University of Technology Sydney: ‘Tools for universal access. Software approaches to reach the “last mile”’
2. Presentation by Kumbulani Ndlovu, from SNV Zambia: ‘Approaches to reaching the “last mile”. Experiences from Zambia’
3. Presentation by Silvia Devina, from Plan Indonesia: ‘Gender & Disability Inclusion in WASH. Lessons Learned from Plan International Indonesia’
4. Debating game on the statement the statement: To achieve universal access, government has to provide materials or money to vulnerable households.

### 2.1 Introduction to block 2 by Antoinette Kome, learning event facilitator

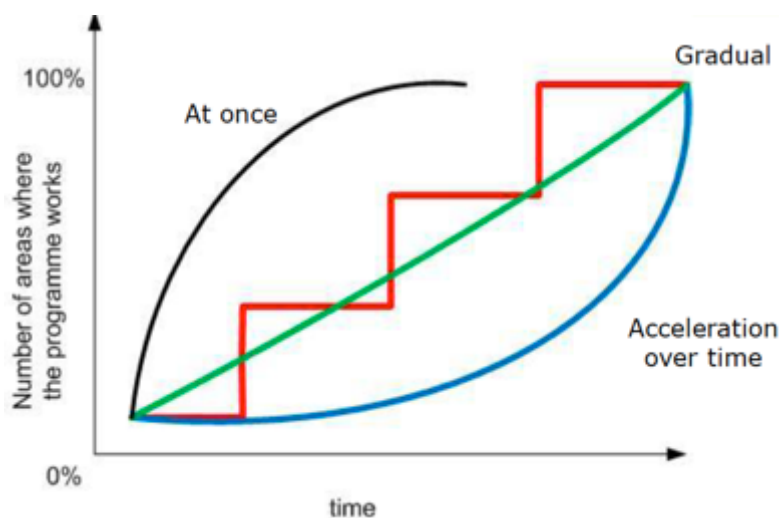
Key points presented by Antoinette as an introduction to block 2:

- So far we have talked about the “last mile”, who are these people and what are their barriers. Now we are going to talk about possible tools to reach them. There is a big elephant in the room, and that is that sometimes we only see subsidies. And this elephant is so immensely big that we could spend the all afternoon talking about it. Thinking that we can use subsidies to reach “last mile” is not a new idea. As a sector we are trying to learn, what does make a household want a toilet. In some cases it may be money but in others there may be other reasons.
- We also talked about functional scaling, which is about adjusting programmes to different groups as you go broader geographically, so different approaches to reach the “last mile” may need to be used and tailored for different contexts.

### *Summary of D-group discussion and reflections*

Antoinette summarised some of the key points from the D-group discussion on barriers to reach the “last mile” and related instruments, and provided some reflections on these points:

- Barriers are not homogenous and should not be assumed. For example, the issue of fishponds is very specific of Lampung, this is not present in other countries. So barriers really cannot be assumed. Each of us has a lot of experience but that does not mean we know the full range of barriers, they are not usually in the group of people we engage with, like our friends.
- Different approaches may or not be needed at different stage and for different groups.
- Engage with existing social support mechanisms first.
- Be aware about the effect of support instruments on the motivation of the mainstream target groups as well as implementing cadres/ officials, and on community structure and government systems (beyond sanitation). When thinking about tools (e.g. name and shaming), we need to take into consideration the effects of these on other target groups and people who are implementing these and also what it does to the community structure and government systems beyond sanitation.
- The issue of phasing relates to scaling and what tools to use. Some say scaling should be done at once, some said it needs to be done gradually and increase organically, and others said it should be phased (see Figure 3).



**Figure 3: Types of scaling**

## 2.2 'Tools for universal access: Software approaches to reach the "last mile"', presentation by Professor Juliet Willetts, from the Institute for Sustainable Futures, University of Technology Sydney

### *Key points from the presentation:*

- This presentation draws on a synthesis study of five countries and a learning event in Vietnam, as well as other studies. You will not find anything that is brand new but it might give you some structure to think about software approaches to reach the "last mile".
- Often the usual starting point is to assume that affordability is the barrier which lead to thinking that financing (or hardware) will solve the problem. However, from the D-group discussion, it sounds like we all agree that too much focus on financial can blind us from other barriers.
- What are the software approaches to reach the "last mile"? Understanding this requires identifying the different needs of different groups. By working with attitudes, behaviours, and culture and trying to change incentives structures, and understand how these work so we can find clever ways to reach the "last mile".
- The "last mile" is context-specific, likely to include poor, disadvantaged, marginalised, and can include non-poor (laggards for other reasons).
- Software and hardware approaches are not mutually exclusive. Often multiple approaches will need to be used in combination. The timing of use of different approaches is important - they can have different effects at different stages of sanitation progress.
- There are four pieces of the puzzle in generalised thinking to inform chosen approaches: 1) Who; 2) The needs and barriers (not just based on our perceptions but on good investigation on what these are); 3) Strategies and solutions; 4) Monitoring to understand if these are working
- Needs and barriers can be of many types: attitudinal barriers (e.g. groups not attending BCC campaigns or triggering); technical (e.g. lack of suitable technical or financial solutions); socio-cultural/institutional.
- Formative research to understand needs and barriers can help not only to find things but also bring some visibility to issues. Creating discussion around the data is already a strategy. Involving PLWDs in doing the surveys and formative research is another strategy – this was done in Bhutan.
- Possible approaches include:
  - Local leadership and collective mobilization - this is common across SSH4A. In the D-group the question of how we are using incentives and sanctions was raised. There are different types of incentives, including peer pressure (pride); public acknowledgement; naming and shaming/praising, prizes, etc. There is always a flip side to these. For example, we may celebrate ODF but we may have not reached the "last mile", so the work is not completed. The sustainability of incentives is important too, and the question of what do these look in terms of scale? With some types of incentives, we may be by-passing genuine behavior change as when the carrot is not there, the behavior stops. And with sanctions, for

example, there is the risk of further marginalizing vulnerable groups.

- Tailored approaches – this related to the question of who is confident to have a voice and how we are conscious of these aspects and of the specific targeted needs in social mobilization, BCC and demand creation approaches.
  - Technologies – these include low cost and inclusive technologies. For example, in Timor-Leste, WaterAid in remote areas is testing lightweight Sato toilet pans, so things do not break when transporting these. It can also involve using local materials. User centered design is an approach that can help design these solutions as it tries to answer to question: ‘what does the user really want?’ What they tell you what they want might not actually be what they need.
  - Inclusive business models – this is about thinking how to tap into social motivations of businesses. Many businesses have these motivations but still need to make a profit, so can think of cross-subsidies, and also bring suppliers into formative research so they can learn about their market.
  - Institutionalization – cuts across all of these approaches. There are many examples particularly in Bhutan, of using participatory processes involving PLWDs groups and linking them with government, and building government capacity.
- Lastly, monitoring is very important but also the hardest to do well. Often we spend our efforts in the doing but if we do not do this how can we know if we are reaching the “last mile”?

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#### **Q&A and general comments:**

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***Q: Do you know of any countries where sanctions have been well used?***

**A:** It is not black and white that they are a bad thing. There are cases where sanctions are set as community by-laws decided by the community itself through participatory processes. These cases seem to work better.

**Comment from a participant:** In Ethiopia, when we do triggering the community collectively puts community by-laws. One of them is for example, if a person does not have a toilet, then if wedding ceremony is happening they are allowed to take part in this. In other cases, the community sets the amount of money that needs to be paid as a penalty.

**Comment from a participant:** In Zambia, if a community does not advance a contribution, they do not receive a water point. It has not worked well however. The approach is if the community does not reach ODF, the government will not come to bring water, but then they are penalising all and not just those who built a toilet.

**Q:** Have you ever experienced any real cases where people are more interested in incentives like punishments?

**A:** This will be different across different cultures and contexts. There is not a cut clear answer. Need to test these and see what the response is.



**Q:** If we are talking about privatisation and social context where there is a big disparity and there may be jealousy. Reactions to incentives and sanctions reflect these disparities. So using incentives and sanctions might be widening a gap?

**A:** When things are designed at local level, communities are the ones who should be designing incentives, but often we do not know how these will play out. Need to design them very locally and watch them very closely.

**Comment from Antoinette:** In Vietnam, the government is obliging people to use a helmet. Within a month all are using helmets but many are not of good quality. So they managed to have compliance but no behaviour change. Also in the Netherlands, the government is giving housing to immigrants, but some poorer groups have been waiting for a house for two years. So it creates hate and conflict.

## 2.3 'Approaches to reaching the "last mile". Experiences from Zambia', presentation from Kumbulani Ndlovu, from SNV Zambia

### *Key points from the presentation:*

- In Zambia, the "last mile" includes: Spots of un-triggered villages especially small villages; areas located in where population density is low (so long distances between houses and communities) and difficult terrain; resistant households, with some citing cultural reasons; villages in the thick forests; female headed households; the poorest; people tired of building latrines which always collapse; the elderly and disabled as no suitable options provided.
- When we look at our monitoring data access to a sanitary toilet by wealth quintile, the decrease of OD from baseline to the third mid-term review was lower amongst the poorest groups. There is also a gender dimension. Similarly, the decrease of OD amongst female-headed households from baseline to the third mid-term review was lower than amongst male headed households.
- Approaches to reach the "last mile" have included:
  - Use of chiefs/traditional leaders as community champions and sanitation workers. In terms of influence, traditionally, they are very powerful. In Oct 2012, two chiefdoms declared ODF. A lady led one of them, and now she is influencing the rest of the chiefs to follow suit. Chiefdoms are competing for ODF. Sanitation is part of their mandate and meeting agendas. Chiefs use various tools including public shaming of the village heads. Chief call all village heads to gather and those who are not doing well, are publicly displayed.
  - Enforcement of bylaws. After triggering, chiefs decide on by-laws. These are light touch regulation, and include fines such as goat, chicken, or there is no good reason for a household to not have built a toilet they can be used as labour for another household. But there are perverse outcomes, as some people to keep the chief away, build poor quality toilets, or build good ones but no pit inside.
  - A form of *gotong royong*, but not so free willing like in Indonesia, as usually if people come to help they expect some form of compensation (e.g. beer). But there is community support, for example, SAGs or churches help vulnerable groups in their village.

- Interpersonal communication: SAGs visit and monitor households in their village
- Toilet designs for disabled and elderly
- Toilet options for collapsing soils / flooded areas
- Affordable design options such as the ‘Safi’ latrine, costing \$40, whereas the average annual household income is \$250
- The *Munada* (an open market system), where traders take assorted products including sanitation hardware to remote villages on specific dates. To keep transportation costs low, a number of traders put together their products and hire a truck to deliver their products. Traders sell their products to locals but also buy food stuff and small livestock from them. A challenge is that traders have competing priorities: toilets versus other products.
- Self financing mechanism – this was developed as the issue of affordability came up as an issue in formative research. According to the NRWSSO principal, rural households finance their own toilets. We tried many things before this, a total of eight different micro-finance approaches, and all failed – most involved very high set-up costs demanded by the MFIs. And in some cases, government agencies we tried to work with said ‘ok we can go with you but give us a four by four’. We initiated this mechanism in 2016, by establishing sanitation marketing committees at ward and district levels. The SanMark committees encourage households to save with the committee. When a household reaches an agreed amount, the committee provides the sanitation product/service. Toilets are being sold for \$40. Consumers contribute \$40. The committees buy at bulk so the unit cost becomes lower and they are able to make a profit, which can be used to support poor households. So far they were able to raise \$7426. Some challenges remain to be addressed including the lack of moulds, seasonality of demand, and mason return rates.
- Lessons learned:
  - Over-emphasis on physical outputs, and equating ODF status with all parameters on the checklist. An UNICEF study showed that 80% handwashing facilities are not used
  - Need to have an inclusive approach to checklist on facilities. Our check-list does not check for suitable toilets for PLWDs
  - Need to ensure focus on actual behaviour change
  - Need to let market forces play. Fixing labour charges for masons, results in high attrition rate
  - Local government has a mandate, hence need to build on this and ensure district teams are given adequate operational resources.

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## Q&A and general comments:

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**Q:** In Rwanda we have land scarcity, and the problem is when a latrine is full and the household needs to build another one, need to build new superstructure, and the community is discouraged. Do you have this problem in Zambia?

**A:** Land is not yet a problem for us. It will take some years to fill up the pit and when it fills up, they can build another one. In Zambia, culturally, there is no reuse of faeces.

**Q:** What are the results name and shaming the chiefs?

**A:** When they are shamed, the chiefs go back and make sure toilets are built, but behaviour change is not really effective, for example when it comes to handwashing.

**Comment from participant:** In Nepal, when local leader get very enthusiastic, they start implementing sanctions and sometimes we need to ask them to stop!

**Q:** I am getting this impression that demand creation is not working, so that we have to talk about sanctions?

**A:** It is working and the figures show that it is working. But yes we have a “last mile”. As with any product, you do not hit universal in one go.

## 2.4 ‘Gender & Disability Inclusion in WASH. Lessons Learned from Plan International Indonesia’, presentation by Silvia Devina, Plan Indonesia

### *Key points from the presentation:*

- Plan has been working in Indonesia since 1999
- Government policy sets the target of universal access in 2019 and this includes rural and urban, women and men, girls and boys, and PLWDs
- Strategies in supporting gender and disability inclusion include the following: 1) Gender and Disability Formative Assessment and Collecting Data; 2) Socialization & Training for District Working Groups (Pokja), STBM teams, Sanitation entrepreneurs; 3) Encouraging women and PLWDs participation in STBM activities (trigerring and STBM promotions); 4) Developing inclusive sensitive IEC materials; 5) Developing toilets for PLWDs.
- As part of this and/or in parallel we raised community awareness, identify and address barriers in participation, raised awareness at the district, provincial, and national levels, conduct advocacy to government change agents, address menstrual hygiene management (we have done this in 30 schools), and use a gender & WASH monitoring tool (GWMT).
- Results from the CS WASH fund 2 project include:
  - Gender and disability inclusion is included in the STBM Roadmap in all five districts as part of the strategy to achieve universal access by 2019
  - Gender and disability inclusion is included in district regulations (Perda AMPL Kabupaten

Ende and PerBup STBM Kabupaten Manggarai Timur)

- There are 987 women members of STBM team (50% of total members of STBM teams)
- There are 7 women sanitation entrepreneurs profiting in the project districts (for example some female government officials work as sanitation entrepreneurs in their spare time).
- Lessons learned the CS WASH fund 2 project:
  - Gender & disability inclusion is not yet a priority in government. So need to build decision makers' awareness (sub-district STBM team is the driving force)
  - WASH activities are mainly the burden of women's domestic chores. We used the GWMT as a tool to analyze gender roles. Need WASH strategies that try to encourage to more equitable sharing
  - Need to increase confidence in women and PLWDs to have meaningful participation and take on leadership roles (women are active as health cadres and input from PLWDs is needed to create accessible WASH facilities).
- The gender & WASH monitoring tool (GWMT) was developed by Plan Australia & Plan Vietnam in 2011. It is a participatory tool implemented by change agents and the project delivery team in repeated two hour sessions to engage women and men to explore changes in gender equality. It involves eight steps and separates women and men into groups and age (see Figure 4), and uses four indicators: 1) level of shared WASH workload in the household; 2) level of shared WASH decision making in the household; 3) level of participation in WASH activities in the community; 4) level of women's leadership in WASH activities in the community.
- There needs to be a village regulation on women leadership so that they can have an umbrella they can work from.

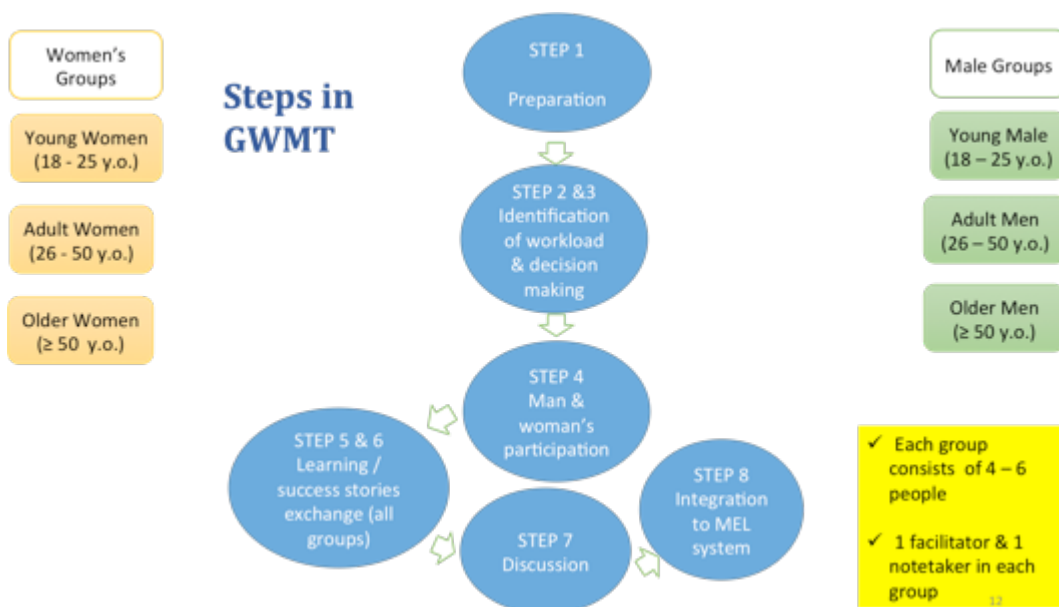


Figure 4: Steps of the GWMT

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**Q&A:**

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**Q:** In the lessons learned you said that gender and disability inclusion are not yet a priority for government, but on the other hand government has the goal of universal access including women etc. Is it an issue of lack of information? Why is not a priority?

**A:** There is still a big homework to do. It is a national commitment but how it happens it depends on local areas at the district level because of decentralisation. And the RGPM is only an umbrella for the people at lower levels of government. There is a need for socialising at the local levels. Not all districts are up to the same level of awareness and action. Amongst five we are working with, only two put inclusion in their regulation. What happens on the field is that there is still awareness building required on the importance of engaging women and PLWDs, and other vulnerable groups.

**Q:** What are the barriers related to menstruation hygiene in Indonesia?

**A:** We have supported 30 schools. What are the challenges? This is a new issue for Plan too. We were the first doing it in Indonesia and we started doing it through a learning by doing approach. Together with UNICEF we are organising an event on menstrual hygiene to raise awareness of government, including the education department and other agencies. Because when we talk about MHM, other issues come into play that matter, such as school absenteeism, sexual harassment, bullying, etc. MHM is a new issue in the development sector in Indonesia.

**Q:** From your experience you have supported government in developing district regulation to be inclusive. What is the message? Is it about the quantity of women in specific activities or other aspects?

**A:** District regulation states not only the number of women participants but also women participation in terms of quality. We do gender training and after the training the government developed awareness and said 'ok we need to develop regulation on this'.

**Q:** Sociologically speaking we are not only talking about tension between male and female but also social roles. In your methodology, was there any effort or any method to distinguish women according to their different social backgrounds? Is there an assumption that women are a homogenous group?

**A:** We use a focus group discussion process, and through this the background, where they come is captured.

**Q:** In gender analysis there is also the household level, which is a private sphere. Is it reasonable to expect change if we are coming from a WASH perspective?

**A:** In Indonesia domestic roles including WASH are gendered. But for example building a septic tank and paying for this is a men's role. The answers women give and the solutions they find are broader than just WASH (e.g. regulation at local level to support women leadership). I must acknowledge that in our STBM team we do not have women, so that is our homework to work on.

## 2.5 Activity: Debating game

Participants were asked to respond to a web poll on whether they preferred the debate game to focus on the topic of subsidies or gender. More than half of the participants (53%) replied they were interested in the topic of subsidies.

The activity consisted of an informal debate, intended as a fun way of engaging with the pros and cons of using material or financial subsidies to support vulnerable groups to access sanitation. Participants were randomly assigned into two teams to debate the statement: ***To achieve universal access, government must provide materials or money to vulnerable households.***

There were two 'rounds' to the debate, with each side getting two firmly enforced time slots to speak (two minutes on the first slot and one minute on the second slot) in each round, with time for teams to retreat (10-15 mins) between rounds to re-organise arguments and refutes to opposing side's arguments. Several speakers on each side contributed to their speaking slot. The debate was judged on the basis of consistency and coherence of arguments and refutation of opposing arguments, with the group in the affirmative side (against enforcement) winning the debate. The judging criteria were based on the logic of the arguments and persuasiveness. Some of the arguments are summarized in the table below.

The group opposing the statement won the debate game. The jury noted that although the group in favour of the statement presented many valid arguments, it used many assertions with no evidence to back these up. Further, it failed to address the issue of reaching those places that are really hard to reach, as well as using arguments on the issue slippage.

Arguments from affirmative side (in favour of statement)
<ul style="list-style-type: none"><li>• Government must take care of vulnerable groups. It should be a pride for all, and not just for government to support these groups.</li><li>• The government needs to set an example. We have experience on subsidies. So we are going to learn from the past and go for smart subsidies. It is the right to sanitation and the government is the duty bearer.</li><li>• In India, the government is providing subsidies to the poor. We went from one ODF district to 100 by providing subsidies. Providing a targeted smart subsidy is also part of building an enabling environment.</li><li>• Economically, for every \$1 invested in latrines, up to \$5 in social and economic benefits is generated – this is fact and tweeted today by Bill Gates.</li><li>• If houses are in an emergency what do you do? Should you let people die?</li><li>• You call it subsidy but we call it an investment in public health.</li><li>• We are talking about smart investment for the ultra-poor. Targeted support not open support.</li><li>• We are forgetting sustainability. We are saying let's build toilets and provide subsidies, and think about sustainability too.</li><li>• Sanitation is a fundamental right of people, and it is the government's job and duty to meet this</li></ul>

need using all the resources and materials to ensure people's rights.

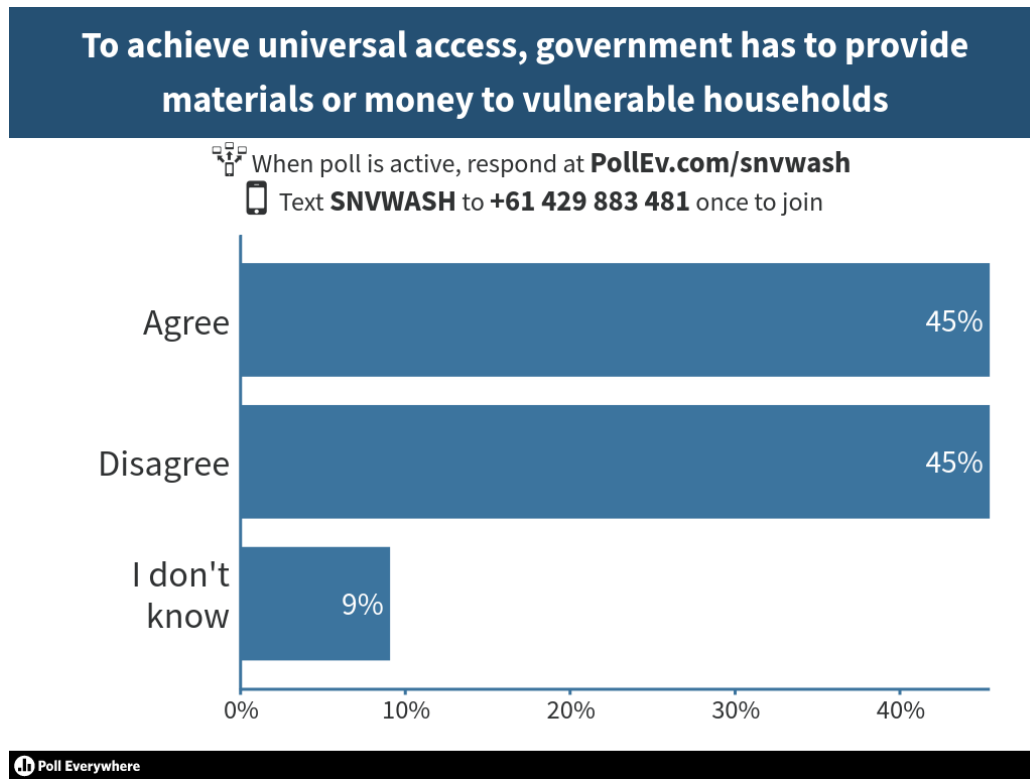
- There is no dignity in disparity. The challenge is huge. Targeted support, done well, is how we are going to get to universal access.

#### **Arguments from negative side (against statement)**

- The challenge in the development world is sustainability and the role of government is to provide an enabling environment.
- Subsidies would compromise sustainability and ownership, and are not likely to be scalable, as we know governments do not have enough money.
- Government is characterized by corruption, inefficiency and so subsidy approaches are subject to leakage.
- Subsidies can also cause further stigmatisation of marginalized people and create tension between people (e.g. jealousy).
- Subsidies perpetuate the dependency syndrome.
- Ownership is the key word at community level. What are the needs of people and what do they want? Let them think about their own solutions.
- We do not say there is not government interference because we all know it is needed but we say we are against subsidies because that discourages local creativity amongst villagers and suppliers.
- They use the word human rights and the role of the government as the duty bearer but about dignity? Smart means the right timing and the right measures, and that may be labour and not handouts again, please let's maintain the dignity.
- Government is the duty bearer but they can still hold their responsibility through other ways
- They give the example of India, but we cannot ignore that both India and Indonesia are amongst the worst countries in terms of sanitation.
- They say \$1 can generate \$5, but this can also be achieved through other area of investment.
- Non-subsidy approaches can also leverage other sources of financing.
- Let us not forget of the disabled. Can the government cater for the needs of all?  
What we need is investment in capacity building. Make the dollars into something useful.
- Smart subsidy is a vague term.
- We say yes, that there is a role for government. What are smart subsidies? They are about creating systems that empower communities to deliver sanitation services to themselves. If rely we on government, it will take forever.

## 2.6 Poll activity: What is your personal stand on subsidies?

Participants were asked to indicate individually whether they were in favour or against the statement discussed in the debate game, by responding to a web poll. This was aimed at acknowledging that people may have a different position to the one they had to defend in the debate game depending on the group they were allocated to. The poll results showed that 45% was in favour, 45% against, and 9% undecided.





### 3 BLOCK 3: Responding at scale

#### OVERVIEW OF BLOCK 3: Responding at scale

##### Why is this relevant?

Designing approaches to reach the “last mile” requires looking at the capacity of the government, the private sector, as well as of communities to respond at scale, looking at affordability as well as other barriers.

##### What knowledge and learning outcomes were intended from this block?

1. Learn about approaches to reach the “last mile” from other countries
2. Understand the complexities of designing “last mile” approaches at scale
3. Consider how to deliver support to the “last mile” at scale in the participants’ respective countries

##### What was the process?

1. Presentation by Mr. Chreay Pom, Director of the Department of Rural Health Care, Ministry of Rural Development: ‘Cambodia’s experience in improving rural sanitation and Hygiene’
2. Presentation by Janina Murta, from the Institute for Sustainable Futures, University of Technology Sydney: ‘Review of Pro-poor Support Mechanism in Banteay Meas, Cambodia’
3. Presentation by Sunetra Lala, from SNV Cambodia: ‘The efficacy of subsidies: India’s experiments with payment-for-toilets’
4. Country group discussions on ‘How to deliver support to the last mile at scale’?

#### 3.1 Introduction to block 3 by Antoinette Kome, learning event facilitator

Key points presented by Antoinette as an introduction to block 3:

- The success of an idea is only a success if you can implement it. In this block we are still talking about the “last mile” but now we are focusing on how can we deliver at scale.
- Why do people build a toilet? Because people want and are able to. But wanting always comes first. So we need to ask the question of ‘why do people want to build a toilet’? I may be a fantastic painter but I do not want to be a painter. So we need to look at internal motivations. External motivations are the carrots and sticks. If people end up building toilets because of external motivations, it is not very sustainable. So ultimately, they need to be internally motivated. So we need to make sure that the internal motivations are right.
- How to support people to be able to build a toilet without affecting motivations? We need good targeting, tools and delivery.
- There are different types of targeting: geographic/zonal targeting (very expensive but no side effect); means-tested targeting; community- based targeted (the community decides); self-selection (e.g. could make the simplest toilet very cheap and so people are self-selected).
- Tools and delivery need to fit within national structures, that is, these need to be directed by

national or provincial programmers, implemented through local bodies and through communities (if financial support comes from your neighbor it is more meaningful; if it comes from national government, there is an element of anonymity, which makes it more prone to corruption).

- The choice of targeting of tools can be free or guided.
- What we have not cracked yet is how to monitor the results and side effects.
- All of this is to say that it is not just about the situation of the household but also the delivery and how this is done.

### **3.2 ‘Cambodia’s experience in improving rural sanitation and Hygiene’, presentation from Mr. Chreay Pom, Director of the Department of Rural Health Care Ministry of Rural Development**

#### *Key points from the presentation:*

- Half of the rural population does not have access to sanitation. This is very low. We started our sanitation development efforts very late. But we set the target quite high in alignment with the MDGs
- Before 2007, we provided subsidies. The community response to subsidies during that time was to wait and see. But after we changed our direction completely to a no subsidy approach. Currently we are trying to find a compromised position of no subsidy in principle but subsidy targeted to the poor.
- We have developed guiding principles for sanitation subsidies, which as a sector we agreed to implement. The purpose is to elaborate on the guidance provided in the National Strategy for Rural Water Supply, Sanitation and Hygiene 2011 to 2025, and provide further guidance on how sanitation hardware subsidies should be implemented in Cambodia”
- A key clause of these principles is that subsidy is the last resort option and should use clear targeting through the government system of ID poor.
- The principles also say that sanitation subsidies will be introduced to a commune only where 60 percent or more households in the commune are using an improved latrine. There was a strong debate on this. Some said 80% or 90%. Different arguments for lower and higher. We agreed on 60%. We spent almost a month agreeing on this.
- The trends indicate it will be possible to pass the target we have set.
- We have a national policy since 2003 which sets the sector vision. Based on this, we formulated the national strategic plan and within this we reached agreement on 5 pillars. To agree on these pillars, it took us five years, it was not easy. But without this kind of agreement we cannot have improvement in the sector. Based on these five pillars we then prioritised activities in the National Action Plan (NAP)
- The NAP includes an implementation and monitoring framework, and we established provincial working groups

- To achieve the NAP goals on improved Rural Sanitation we estimate it will cost 21 Million (not included household investment), the majority of which comes from development partners. This is mostly for awareness raising, demand creation, creating and changing social norms for free open defecation
- The level of direct household investment totally increased US\$ 168 Million for improving sanitation. That is 8 times more than public investment for only US\$ 21 Million for improving rural sanitation for the NAP to achieve 60% (580,000 households) having use improved latrines.

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#### **Q&A:**

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**Q:** You mentioned simple latrines and improved latrines, what is the cost of these?

**A:** A simple latrine costs around \$40 to \$50, this is a pour flush latrine. Peoples' preference is to have a good latrine (pour flush) or no latrine.

**Q:** When developing the guidelines there was an active contribution from the technical group. How well are these being implemented?

**A:** It is still early stage to evaluate, but so far so good - now everybody has these guidelines and is involved in discussions.

**Q:** Have you also included the subsidy policy in the costs?

**A:** We mainly included the software costs, not including the subsidy costs yet.

**Q:** I think that in Indonesia we cannot accelerate because there is no spirit in the documents, we are only thinking about the technical things.

**A:** It took us a long time to build consensus and that is the way to build ownership and the spirit. There is an advocacy programme to create ownership and commitment to sanitation.

**Q:** Are you doing anything in the space of FSM?

**A:** We are working hard to have our own SDGs – the Cambodia SDGs. Before we did not think about that because coverage was too low, but now safely management is one of our concerns.

### **3.3 'Review of Pro-poor Support Mechanism in Banteay Meas, Cambodia', presentation from Janina Murta, Institute for Sustainable Futures, University of Technology Sydney**

#### ***Key points from the presentation:***

- Within 18 months of implementation of the SSH4A programme in Banteay Meas district, access to sanitation doubled but progress amongst the poor remained slow. To address this SNV developed a pilot pro-poor support mechanism in Banteay Meas district targeted to ID poor households.
- The mechanism of a fixed amount hardware subsidy offered in the form of a time-bound discounted pour flush latrine to ID Poor. Only ID Poor 1 (very poor) and ID Poor 2 (poor) in the government's system of identification of poor households in communes that had reached 80-100% sanitation coverage were eligible

- The discount was based on a cost agreed with selected sanitation suppliers of US\$44 for a pour flush latrine. The discounted toilet price offered to ID Poor 1 households was US\$12.50 and to ID Poor 2 households was US\$18.70. SNV reimbursed the suppliers for the cost of the discount after confirmation from the commune council that the household had built the toilet
- Local government actors at the village, commune, district and provincial levels played a key role in the implementation and management the mechanism. Households purchased the latrines through the village and commune councils and not directly from the suppliers. SNV reimbursed the suppliers for the cost of the discount after receiving confirmation from the commune council that the toilets purchased had been built
- How effective was the mechanism in reaching ID Poor households? Not all ID poor households chose to take up the latrine discount offered by the mechanism Although the mechanism was well designed to target ID poor households, a significant proportion of households who were ID poor at the time the mechanism was introduced in their communes and who did not already have a pour flush toilet (38%), chose not to access the mechanism's fund.
- How critical was the mechanism to financially enable ID Poor households to build a pour-flush toilet? The discount is not likely to have been financially critical to enable most of the ID poor households to build a toilet, for which the discount was rather effective, simply in urging them to build a toilet. The most common reason for not taking up the latrine discount was that households could not afford the contribution required to access the discount. However, FGDs indicated that cases ability to pay can be less related to affordability, and instead, related to ability to access money within the time-bound period of the latrine discount, which might not have been enough for some households. This provides a more nuanced understanding of affordability. Further, beneficiary households and non-beneficiary households spent on average 6 to 7 times (US\$159), and 9 to 12 times (US\$304) the cost of the discount.
- Could the mechanism be scaled up across the country at a reasonable cost by the government? A comparison of the minimum cost of the mechanism (US\$47 per household) with the NAP estimated public funding (US\$36 per household) for sanitation suggests that in the current context of sanitation institutional governance, the mechanism is not likely to be scalable across the country at a reasonable cost. Further US\$47 per household does not account for SNV staff time nor it reflects all of the time contributions from government stakeholders. Further, the mechanism took place within the context of an investment of the broader SSH4All programme towards achieving ODF and not in isolation from that.
- To what extent did the mechanism avoid risks of distorting the existing and potential market? There was no evidence of market distortion amongst non-poor households was found as a result of the mechanism, but there was evidence of market distortion amongst suppliers created by the fixed toilet price of the mechanism.

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## Q&A and general comments:

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**Comment from Antoinette:** Please do not assume this will ever be replicated in any other subsidy. This was used in the context of a pilot.

**Q:** How did you measure the market distortion?

**A:** This was found as 'reported' by suppliers. For suppliers being involved as part of the subsidy was a good thing, even though they had to bear the costs. They agreed on the price of \$44, and the demand created for them was an accepted (and discussed) trade-off enough for the risk they had to bear.

**Q:** The amount of money given compared with the cost investment is so small! Are there more cost-effective ways to urge poor households to build toilets (if financial mechanisms weren't critical).

**A:** Yes, good question. This is a question I raised as part of the conclusions and recommendations in the report for consideration.

**Q:** Could you elaborate more on the key conclusion? The mechanism proved not to be financial critical but it was developed on the assumption that affordability was the issue.

**A:** SNV did a study before this pilot that said affordability was an issue. So the pilot was informed by that. And I guess this review comes to challenge some of the findings in that study.

### 3.4 'The efficacy of subsidies: India's experiments with payment-for-toilets', presentation from Sunetra Lala, SNV Cambodia

#### *Key points from the presentation:*

- 60% of the world's sanitation burden rests with India
- The Indian Government's flagship programme for sanitation is the Swachh Bharat Mission jointly run by the national and state governments. About 111 million toilets are to be made in five years from 2 October 2014. The components are construction, behaviour change and administration. Subsidy is the single-largest expense. Each identified beneficiary gets \$184 as subsidy to make a toilet. This is paid in one or more instalments, decided by a state government, and credited electronically to the beneficiary's account. The payment of the incentive/subsidy takes about six months
- The subsidies are termed as an incentive and supposed to be a motivator for triggering behaviour change though community motivators claim they do not mention the subsidy during triggering
- India is a federal state, and states can set own mechanism on how to implement the subsidies. Decentralised states doing this on their own.
- Anything you buy in India includes a *Swachh Bharat Cess* which is then used for the subsidy.
- Data shows we are doing really well, with certain areas doing better than others. In a span of six months we had 136 districts declaring ODF, which makes one question quality and sustainability!
- What have been the effects?

- Positives: It helps the very poor as a bridge finance; helps to build toilets of higher standards; feelings of guilt of having taken government money may encourage use; prompt payment has incentivised behaviour change.
- Negatives: creates a social divide; disturbs social norms; delayed payments have delayed progress; scope for corruption; toilets that existed on paper do not actually exist (43%) (we go to the village and there are parts of the toilet parts around the house); toilets being built without people wanting them; many practitioners have expressed that subsidies are counter intuitive and extending them to urban areas will hamper progress in the sector; approach is dogmatic, with beneficiaries and masons instructed to make the twin leach pit toilet with a brick superstructure, which not suitable for all soil types; safe disposal not being addressed in the guidelines; individual driven programme (led by the village head or others), so when that person leaves the motivation and leadership disappears.

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#### **Q&A:**

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**Q:** Why is it cash payment?

**A:** Contractors given money from the government to build a certain number of toilets. The guidelines do not say it has to be cash, but it is easier of the mode is cash. But the state can decide other alternatives.

**Q:** Is there a way once a country is so invested in subsidies to go back?

**A:** Many studies show that it is difficult to change.

**Q:** The *Swachh Bharat Cess* what government is doing to focus on the poor. Is there any mechanism that is deliberately for sanitation?

**A:** That money [from the *Swachh Bharat Cess*] is being used for sanitation, even though in an imperfect way. Nevertheless, beneficiaries have to show some proof. You have to upload to the MIS national system and only then the money is transferred.

### **3.5 Country group work**

Participants held internal country group discussions on 'how to deliver support to the last mile at scale'? Antoinette noted that this could be at the province level - it did not need to be at national level. Insights from these discussions were shared as part of the country group reflections (see section 4.3).

## 4 BLOCK 4: Country group and wrapping up

### OVERVIEW OF BLOCK 4: Country group and wrapping up

#### Why is this relevant?

The ultimate goal of the ‘knowledge and learning’ component of SNV’s SSH4A-rural programme is for practices on the ground to be improved through learning about ‘best’ practices. Learning is improved through discussion and reflection on what has been learnt which are the aims of this block.

#### What were the knowledge and learning outcomes intended from this block?

- Consolidation, reflection about what has been learnt

#### What was the process?

1. World café exercise – giving advice as ‘consultants’ on key challenges faced by each country, applying new (and old) knowledge and learning
2. Checking ‘shopping bags’– internal country group reflections on what has been learnt that they want to share to improve practice in their countries
3. Country group sharing of reflections on learning highlights and commitments on what they will take back in their ‘shopping bags’
4. Closing notes/comments on the learning event

### 4.1 Introduction to block 4 (country group activity) by Antoinette Kome, learning event facilitator

Key points presented by Antoinette as an introduction to block 4 and the country group activity:

- What type of support could you organise in your countries? It is not just about subsidies. Principles to consider when you think about this:
  - Principle of subsidiarity: Implement at the lowest level possible, *“because at the lowest, the lower level of complication”*
  - Responsibility for results and money with the same entity: *“We need to make sure that for whatever we implement, we are be responsible for the results. It is about accountability.”*
  - Scale: Delivery at scale needs to avoid complexity. For example *“in Indonesia City Sanitation is implemented at scale, but it is quite complexity and what we have seen is that the kabupatens are not all implementing it within its original intention”*
  - Behaviour change: Internal motivations are essential for sustainability
- How do we deliver support to the “last mile” at scale? These can be technology options, labour, and money. It could be rolled out by government or in the case of Cambodia in the form guiding principles. Through mechanisms such as *gotong royong*, the government can encourage mobilisation of local social and cultural resources. Independently of the type of support, delivery

will require thinking about different dimensions: timing, targeting, cost, delivery level, monitoring of results, monitoring of side effects (see Figure 5).

- The question for the activity is: How to deliver support to the “last mile” at scale (which can be at the provincial level, it does not need to be at the national level)?

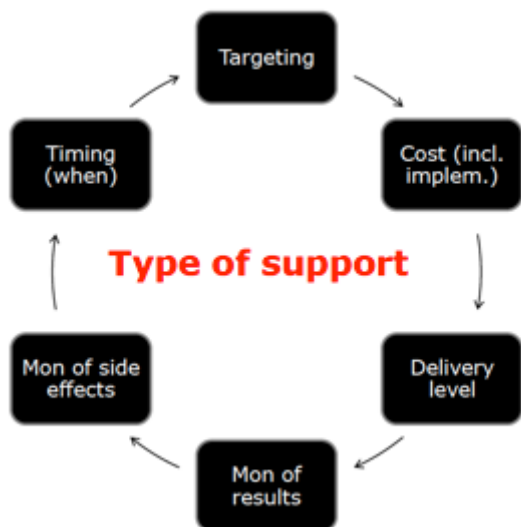


Figure 5: Dimensions to consider when implementing support to the “last mile”

## 4.2 World café

Country-based groups discussed and prepared questions on issues/problems in their countries that they seek advice on from ‘consultants’. One or two people from each country were appointed to be the country ‘client’ while the remaining participants were allocated to eight mixed groups of ‘consultant companies’. The ‘consultant companies’ then rotated to country ‘clients’ for briefing and offered their advice to the questions in 15 minutes. Each country group received advice from three consultancy companies (see table below).

Country	Consultancy teams		
Ethiopia	Bersih	Zambezi	Krakatoa
Nepal	Kilimanjaro	Bersih	Zambezi
Rwanda	Krakatoa	Mt Everest	Poop police
Cambodia	Mt Everest	Kilimanjaro	Bersih
Indonesia	Poop police	SNV	Mt Everest
Kenya	Fixers	Krakatoa	SNV
Zambia	SNV	Poop police	Fixers
Bhutan	Zambezi	Fixers	Kilimanjaro

Antoinette asked participants to formulate their questions carefully and noted that that *“if the question is too big, then they will get a very big and vague answer from the consultant. So part of getting a useful answer is to ask a good question.”*

The questions are summarised below. The advice offered by the consultant companies was incorporated in the country reflections in section 4.3.



### *Questions from Cambodia*

1. How do we monitor the side effects?
2. What are the potential side effects?
3. Are there any useful learnings from other countries?
4. What is the range of software tools that can be used to reach the “last mile” in Cambodia?

### *Questions from Ethiopia*

1. In our country we have no adequate technology options for sanitation, especially for PLWDs, the elderly. What would be your advice?
2. Can you also advise on financial options to reach “the last mile”?
3. In our SSH4A programme implementation area there is scarcity of water. What options do you advise to address this?

### *Questions from Indonesia*

1. How do we reach the “last mile”, specifically in coastal and slum areas?
2. How to accelerate the behaviour change in coastal and slum areas? We have a system and regulations in place, but still progress has been slow.

### *Questions from Kenya*

1. What are the potential ways to support/incorporate the local government in dealing with the “last mile”?
2. How to identify and deal with who is the “last mile”?

### *Questions from Bhutan*

1. What is your advice on how to build national level capacity to reach PLWDs?
2. What advice do you concerning the issue of space for toilet construction in clustered communities or villages where space is a limitation?

### *Questions from Zambia*

1. How can we ensure funding is allocated to sanitation and hygiene at the national level, and that this is effectively disbursed and reaches the lower levels such as villages and wards?
2. How can we develop disaggregated tools to ensure the vulnerable groups are captured?
3. How can we enhance the spirit of *gotong royong* without communities expecting payments or compensation?

### *Question from Nepal*

1. Reaching the “last mile” in Nepal relates to ensuring all PLWDs have access to sanitation. What support mechanisms can the country implement and how to ensure that all PLWDs have access to

sanitation at the same time, everywhere?

### *Questions from Rwanda*

1. How to integrate the BUMDes model (the sanitation financing mechanism) in Rwanda's system of decentralised districts?
2. What are suitable toilet design technology options that can be adopted in the Rwandan context?

### **4.3 Country group reflections and take away messages in “shopping bag”**

An important objective of the learning event is that participants take away a ‘shopping bag’ with new ideas and learning to influence practice in their own countries. Documenting what participants share about what is in their ‘shopping bags’ holds participants accountable to knowledge and learning they pledge to take back.



## Ethiopia

### How to deliver support to the “last mile” at scale?

- **Targeting:** PLWDS, elderly, female headed households, ultra-poor, migrants
- **Cost:** a toilet set using locally available materials costs at least \$70/toilet
- **Type of support:** material, labour, and money through local support mechanisms such as informal community based institutions, merry-go-round systems, village saving and lending association (used in the agricultural sector)
- **Delivery level:** community (there is good structure starting from the national up to the village level, through which every household is interconnected by a 1-5 network – this is a network created between five households and one model family to influence one another in practising healthy lifestyles; this will support implementation), schools, health post and communal (‘pass byer toilets’)
- **Monitoring of results:** 1-5 network will report; community conversation every two weeks, through the 1-5 network

### Take home messages:

- Ethiopian context is different from Indonesian context. In Indonesia there is heartfelt commitment at all levels. In Ethiopia this is not happening
- The 1000 rupee movement by the school – this is a good financial mechanism
- The village allocation fund
- Army engagement in sanitation at village levels
- Use of private of fish ponds as an income generation activity to invest in sanitation
- Gender and disability monitoring system from Plan Indonesia
- STBM centres which provide toilets for the elderly and PLWDs free of charge.

## Nepal

### How to deliver support to the “last mile” at scale?

- **Target:** our “last mile” target are PLWDs
- **Level of delivery:** district as they have budget and autonomy in using this budget, and authority to implement at scale
- **Gaps:**
  - We have focused on one household one toilet to achieve ODF and missed the PLWDs
  - Lack of sensitivity towards PLWDs
  - Lack of awareness about solutions (technical options)

- Lack of support from implementing agencies (both government and non- government)
- Focal government agency not capacitated/equipped to support PLWDs for sanitation.
- **Support mechanisms:** providing information on how to support PLWDs to households and agencies (both government and non- government, as well as private sectors); technical support from government division for PLWDs in developing of solutions; empowerment of PLWDs to develop their own solutions; once we have data on the characteristics of PLWDs and where they are, then run dissemination workshops aimed at preparing plan to reach these groups.

#### Take home messages:

- The importance and result of national commitment towards sanitation and hygiene
- The STBM approach
- Support provided to PLWDs by local community people (their neighbors)
- Sanitation taxes on purchasing (in India)
- Monitoring the army: *“in our context the army just gets training and training and do nothing, so they can be used for monitoring”*

#### *Cambodia*

#### How to deliver support to the “last mile” at scale?

- **Targeting:** We need to develop approaches that target the ID poor 1 and 2, PLWDs (though technology and labour assistance), the elderly, minorities, people living in challenging environments, and female single headed households.
- **Cost:** \$21 million USD for software (rough calculations); 13% of the population are poor and we do not assume every poor do not have access to sanitation.
- **Delivery:**
  - Provincial level: Planning, monitoring, budgeting and capacity building
  - District level: Implementation, capacity building, and monitoring
  - Integration with other programmes and schemes (e.g. schools, HC)
- **Monitoring of results:**
  - Monitoring of results to be done by MIS team at national, province, and district levels
  - Need monitoring of the side effects (e.g in relation to ownership, dependence and disparity issues) - need more studies, because we want to understand the impacts of our guiding principles on subsidies
  - Monitoring tools to be mobile/web based
  - Need disaggregated data analysis
- **Timing:** software approaches and developing supportive environment from the beginning (software

interventions should include vulnerable groups into the process); hardware subsidy should be used within the principle of 60% sanitation coverage eligibility criteria.

**Take home messages:**

- Need to do more decentralised delivery of sanitation. We are very impressed with how Indonesia has done this, as well as with the role of local stakeholders in financing, and the role of religious leaders and the police/army
- A basket of options should be available to the “last mile” (technology, labour, etc)
- Local production centre such as the STBM centres could be a solution for more remote areas where sanitation marketing is not working

***Bhutan***

**How to deliver support to the “last mile” at scale?**

- **Timing:** when communities reach more than 95% coverage
- **Targeting:** geoloogs/communities themselves
- **Cost:** sub-district budget; communities; private sector donations
- **Delivery level:** sub-district level to community level
- **Monitoring of results:** quarterly by health workers, who then report the data to the district health officer, and these in turn to the district assembly, and the national level
- **Monitoring of side effects:** sub-district level to the national level
- **Type of support:** labour; local materials and improved materials

**Take home messages:**

- Written guidelines for support mechanism
- Strengthen tools for inclusive WASH
- Cost effective technology options

***Rwanda***

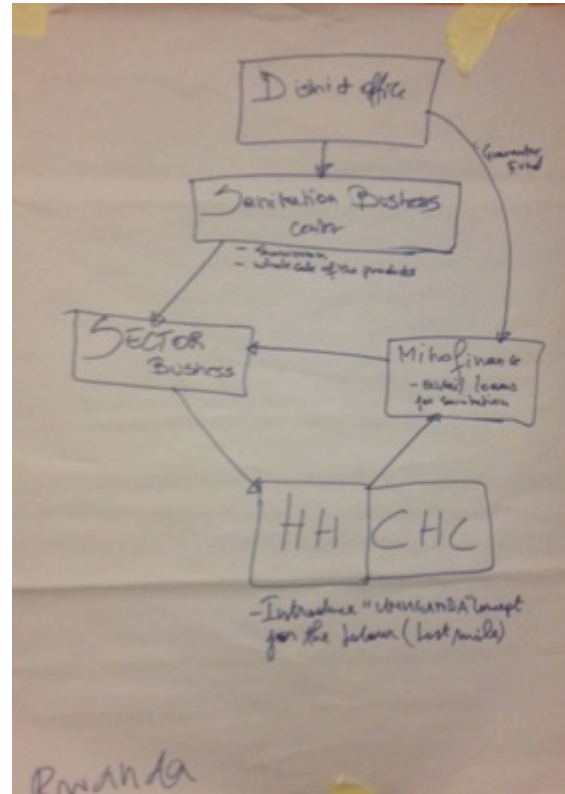
**How to deliver support to the “last mile” at scale?**

- **Target:** u1 and u2 (Ubudhe)

- **Delivery level:** national level

- **Support mechanisms:**

- Support the supply chain mechanism
- Dissemination of sanitation policy and strategy at district level
- Monitoring system design and development
- Advocacy for sector sanitation fund from government
- Support the framework mechanism of district business centres for sanitation including financial models (households can request loans from MFIs and get materials from business centres)
- Government is supporting poor people. They receive small amount of money, so can to introduce sanitation loans into this



- Households can get labour support through *gotong royong* mechanisms. In Rwanda, every last Saturday of the month, people help each other to build things in the community, so can build on these channels

- **Monitoring of results:** support the national and district levels in harmonizing M&E tools and provide training
- **Monitoring of side effects:** support the design and development of tools to monitor the community involvement

**Take home messages:**

- Insights on our “last mile”: barriers behind the affordability
- How to make our sanitation supply chain, finance and marketing mechanisms work at the community and village levels?
- Strong ownership of government from central to district. In Rwanda most activities are owned by NGOs, so government ownership is very low. Advocacy work is needed.

**Kenya**

**Actions and take home messages:**

- We are not yet at the “last mile” but it is key to minimize the “last mile” at this stage
- For everything to work well, the four pillars of SSH4A need to be strengthened

- We need research to understand who is the “last mile”, from the village up to the county level. Formative research is needed so we know the needs and barriers of vulnerable groups so when we come up with guidelines we know what we are dealing with
- We need an advocacy plan to raise attention to vulnerable groups, and bring attention to how budgets are allocated and mobilise resources from local governments
- We need to support county governments in developing their initiatives to reach vulnerable groups
- Incorporate understanding of the “last mile” into CLTS facilitators training, and in triggering processes
- Formative research on technology options has already started but it needs more focus on the “last mile”
- SACCOS supply chain support incorporated for ease financing of vulnerable groups
- Our monitoring tools do not capture the needs of vulnerable groups. The data collection and progress monitoring needs to be improved to capture the vulnerable groups.

## *Zambia*

### **How to deliver support to the “last mile” at scale?**

- **Targeting:** wealth, gender, age, location and access to markets. Aim to develop a system to disaggregate these groups. Engage communities in iterative discussions to identify and reach consensus on who is the “last mile”
- **Delivery level:** develop a framework to guide the entire delivery process at different levels; WASH coordination committees and the sanitation action groups at the village level
- **Support mechanisms:**
  - Toilet options are not lasting long, so have to establish some form of technology options, which are considered adequate and durable
  - Triggering communities to find solutions for the “last mile”. Communities should come up with their own solutions; reinvigorating community savings (e.g. merry-go-round systems)
- **Monitoring of results:** disaggregated DHS 2; feedback from traditional heads, government extension officers, sanitation marketing businesses

### **Take home messages:**

- Contribute to country decentralization agenda – it is taking too long. How could decentralisation incorporate aspects of finance and structure?
- Provide input on the national agenda of having disaggregated data on the elderly, PLWDs, women and wealth. The WASH monitoring tool (a mobile app) does not disaggregate data. We need to push for this to happen
- Make behaviour change interventions more effective

- Explore more technology options (including the acceptability of the Indonesian model)
- Explore the introduction of smart subsidies to reach the “last mile”

## *Indonesia*

### **How to deliver support to the “last mile” at scale?**

- **Targeting:** poorest, PLWDs, widowers, elderly, single female headed households, people living in coastal areas, people living in densely populated areas, seasonal labourers/migrants (10%); and the 20% without access that have not been triggered
- **Support mechanisms:**
  - *Gotong royong* and community empowerment (encouraged through formal regulations); formal regulations
  - Technological solutions – encourage private sector involvement in the development of these

### **Take home messages:**

- Shared/common challenges across different countries
- Mutual support/community solidarity is a good mechanism in Indonesia
- Need evidence based advocacy as basis for discussion of competing priorities (need this at higher level of government)
- Technological inspiration: elevated toilet for coastal areas.
- *Puskesmas* need to be more empowered as these are more geared towards providing clinical rather than prevention and awareness. Sanitation messages can be integrated into health initiatives/approaches of health staff of communities
- Attention to inclusive WASH (vulnerable groups) in provincial and district planning and budgeting. Need regulation at district and provincial levels for the allocation of money to sanitation (this will provide an umbrella for the village level)
- Sanctions/enforcement of existing mechanisms to encourage sanitation (e.g. delays in marriage certificates in Nepal)
- Enforcement of housing standards for sanitation
- Need to be systematic about identifying and addressing the needs of the “last mile”

## **4.4 Closing of the learning event**

### *Closing vote of thanks from Antoinette Kome, learning event facilitator*

Antoinette expressed appreciation for the contribution of all participants and official delegate, as well as the hospitality and generosity of the Indonesian people and staff from SNV Indonesia who hosted and contributed to the event. Antoinette expressed especial thanks to Ibu Emi Widarti and Ibu Tati



Zarsmi for their important contributions to the event. She also thanked Egbert Wits and Janina Murta for the assistance in interpreting and documenting the event respectively, and Saniya Niska and Gabrielle Halcrow for designing the workshop. Finally, she thanked all participants, and concluded by asking participants to fill in the evaluation form and inviting everyone for the group photo.

### *Closing comment by some participants*

Some participants expressed how grateful they were for their participation at the workshop and how impressed they were with the organization and facilitation of the workshop. Some of the closing remarks included:

*“It was really amazing, I really enjoyed it, and it was extremely helpful, thank you so much.”*

*“Thanks so much to Indonesian team. I had a different perception of what Indonesia looked like, it turned out to be different. The way you received us – thank you. What we have seen - a different context, richer - but there are things we can take away from it.”*

*“The team here has done better than us for the learning event in Bhutan. You all deserve acknowledgement, but on behalf of all the teams here we have to acknowledge Antoinette. We have learned a lot. So many learning events and there are always new things, and you keep our interest alive.”*

*“Thank you Indonesia SNV team for organising a great event. It is the first time for us and we had very wonderful time. I love Indonesia.”*

*“On behalf of SNV and people in my village, thank you for coming, and we hope you continue the love for and adventure in sanitation.”*



## Annex 1: Registered participants

**“Universal access and use of sanitation and hygiene services, what works?”**

**Lampung Province, Indonesia, 2-5<sup>th</sup> May 2017**

### **PARTICIPANT LIST**

<b>No.</b>	<b>Name</b>	<b>Title</b>
<b>1</b>	Antoinette Kome	Global WASH Sector Coordinator SNV
<b>2</b>	Gabrielle Halcrow	SSH4A Rural Asia Regional Coordinator SNV
<b>3</b>	Sunetra Lala	WASH Sector Leader, SNV Cambodia
<b>4</b>	Vanny Suon	SSH4A Project Manager, SNV Cambodia
<b>5</b>	Chreay Pom	Director of Department of Rural Health Care, Ministry of Rural Development Cambodia
<b>6</b>	Getachew Belaineh Tessema	WASH Sector Leader, SNV Ethiopia
<b>7</b>	Yilma Worku	Zonal Administrator of Waghemira Zone, Ethiopia
<b>8</b>	Ugyen Rinzin	WASH Project Leader, SNV Bhutan
<b>9</b>	Tashi Dorji	WASH Supply Chain Advisor, SNV Bhutan
<b>10</b>	Sonam Pelzom	Engineer of Public Health Engineering Division, Department of Public Health, Ministry of Health Bhutan
<b>11</b>	Rinzin Wangdi	Health Assistant, Basic Health Unit, Lingmethang, Mongar District Bhutan
<b>12</b>	Nadira Khawaja	WASH Sector Leader, SNV Nepal
<b>13</b>	Raju Shrestha	WASH Advisor, SNV Nepal
<b>14</b>	Manoj Ghimire	Deputy Director General, Department of Water Supply and Sewerage Nepal
<b>15</b>	Kul Prasad Paudel	Divisional Engineer, Water Supply and Sanitation Division Office Nepal
<b>16</b>	Maria Carreiro	WASH Sector Leader, SNV Indonesia
<b>17</b>	I Nyoman Suartana	Rural Sanitation Programme Leader, SNV Indonesia
<b>18</b>	Saniya Niska	Technical Project Officer Gender and WASH in Schools, SNV Indonesia
<b>19</b>	Emi Widarti	Head of Environmental Health Section, District Health Office Lampung Selatan, Indonesia
<b>20</b>	Tati Zarsmi	Head of Environmental Health Section, District Health Office Pringsewu, Indonesia
<b>21</b>	Kumbulani Ndlovu	WASH Sector Leader, SNV Zambia
<b>22</b>	Warren Mukelabai Simangolwa	Water Sanitation Market Systems Advisor, SNV Zambia
<b>23</b>	Eng. James Musonda	Provincial Engineer, Ministry of Water and Sanitation Zambia

<b>24</b>	Arthur Kaonga	District WASH Coordinator, Mungwi District Council Zambia
<b>25</b>	Sharon Roose	Senior Advocacy Officer WASH
<b>26</b>	Monique Zwiers	WASH Sector Leader, SNV Rwanda
<b>27</b>	Jean Luc Musoni	M&E Officer, SNV Rwanda
<b>28</b>	Pascal Gatete	Project Manager WASH, Gikuriro (USAID Integrated Nutrition/WASH Programme), SNV Rwanda
<b>29</b>	Benjamin Cutner	WASH Sector Leader, SNV Kenya
<b>30</b>	Samson Wachara	Wash Advisor & CLTS Anchor, SNV Kenya
<b>31</b>	Janina Murta	Researcher, ISF
<b>32</b>	Juliet Willetts	Research Director, ISF
<b>33</b>	Joshua Garn	Researcher, Emory University
<b>34</b>	Silvia Devina	WASH Advisor, Plan International Indonesia
<b>35</b>	Bambang Pujiatmoko	STBM Advisor, SNV Indonesia
<b>36</b>	Dedy Prabowo	STBM Advisor, SNV Indonesia
<b>37</b>	Muhammad Izzudin	WASH Supply Chain Advisor, SNV Indonesia
<b>38</b>	Iffah Rachmi	WASH Programme Assistant, SNV Indonesia
<b>39</b>	Reza Zaini	WASH M&E Assistant, SNV Indonesia
<b>40</b>	Aldy Mardikanto	Directorate of Urban, Housing, and Settlement, Ministry of National Development Planning Indonesia
<b>41</b>	Agus Setyo Widodo	Head of Environmental Health Section, Lampung Provincial Health Office
<b>42</b>	Harun Al Rasyid (Opening Session)	Lampung Governor's Advisor on Human Resource and Environment

## Annex 2: Guidance questions for field trip

### Group A

People living with disability in achieving universal access and use of sanitation and hygiene services.

The guiding questions for your assignment are:

1. What information do stakeholders have about the “last mile” in their areas, and specifically about people living with disabilities access to sanitation and hygiene services?
2. How do people living with disabilities experience access to sanitation and hygiene services?

To what extent are the different stakeholders (e.g. village, sub district, district) using disability inclusive approaches to target and/or support them? What may need to be strengthened?

### Group B

Pro-poor and social inclusion in achieving universal access and use of sanitation and hygiene services.

The guiding questions for your assignment are:

1. What information do stakeholders have about the “last mile” in their areas, and specifically about their barriers to accessing sanitation and hygiene services?
2. To what extent have the different stakeholders (e.g. village, sub district, district) used software or hardware approaches (including subsidies) to address these barriers? What were the challenges? What may need to be strengthened?

### Group C

Inclusion in achieving universal access and use of sanitation and hygiene services.

The guiding questions for your assignment are:

1. What information do stakeholders have about the “last mile” in their areas, and specifically about their barriers to accessing sanitation and hygiene services?
2. To what extent and how have the different stakeholders (e.g. village, sub district, district) used software or hardware approaches to address these barriers? What were the challenges? What may need to be strengthened?

### **Group D**

Inclusion of households living in poverty in achieving universal access and use of sanitation and hygiene services. The guiding questions for your assignment are:

1. What information do stakeholders have about the “last mile” in their areas, and specifically about poverty as a barrier to accessing sanitation and hygiene services?
2. To what extent have the different stakeholders (e.g. village, sub district, district) used pro-poor approaches to address these barriers? What were the challenges? What may need to be strengthened?

### **Group E**

To meet the needs of women and girls in achieving universal access and use of sanitation and hygiene services. The guiding questions for your assignment are:

1. What information do stakeholders have about the “last mile” in their areas, and specifically about the barriers for women and girls in accessing sanitation and hygiene services?
2. To what extent have the different stakeholders (e.g. village, sub district, district) used gender inclusive approaches to address these barriers? What were the challenges? What may need to be strengthened?