Global Scaling Up Sanitation Project

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

Fred Rosensweig and Derko Kopitopoulos

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Global Scaling Up Sanitation is a Water and Sanitation Program (WSP) project focused on learning how to combine the promising approaches of Community-Led Total Sanitation and Sanitation Marketing to generate sanitation demand and strengthen the supply of sanitation products and services at scale, leading to improved health for people in rural areas. The project is being implemented by local and national governments with technical support from WSP. For more information, please visit www.wsp.org/scalingupsanitation.

This Working Paper is one in a series of knowledge products designed to showcase project findings, assessments, and lessons learned in the Global Scaling Up Sanitation Project. This paper is conceived as a work in progress to encourage the exchange of ideas about development issues. For more information please email Fred Rosensweig and Derko Kopitopoulos at wsp@worldbank.org or visit our website at www.wsp.org.

WSP is a multi-donor partnership created in 1978 and administered by the World Bank to support poor people in obtaining affordable, safe, and sustainable access to water and sanitation services. WSP's donors include Australia, Austria, Canada, Denmark, Finland, France, the Bill & Melinda Gates Foundation, Ireland, Luxembourg, Netherlands, Norway, Sweden, Switzerland, United Kingdom, United States, and the World Bank.

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The World Bank administered Water and Sanitation Program (WSP) recently passed the mid-point of the four-year timeframe for its Global Scaling Up Sanitation Project (TSSM). TSSM tests proven and promising Community-Led Total Sanitation (CLTS) approaches to create community-wide demand for stopping open defecation and improving sanitation. It is coupled with the use of sanitation marketing techniques to further strengthen the demand for sanitation at the household level and improve the supply of affordable sanitation-related goods and services produced by the local private sector for the rural poor.

One of the central premises of TSSM is that local governments can provide the vehicle to scale up rural sanitation. In all three TSSM countries—India, Indonesia, and Tanzania—local governments are at the center of the implementation arrangements. Scaling up through local governments is a logical choice because functioning local government administrations exist throughout most countries, and with increased decentralization, have been delegated the mandate for rural sanitation, and that local governments have the necessary infrastructure in place to play this role in terms of staffing and resources. This report looks at the experience to date in three TSSM locations in developing the capacity of local government to carry out its role in rural sanitation.

The report suggests that the role of local government in TSSM be defined in seven specific functions:

- Strategy and planning
- Advocacy and promotion
- Capacity building
- Supervision
- Monitoring and evaluation
- Regulation
- Coordination

The report reviews the role of local government in these areas in the context of the management models that TSSM is using in all three countries. While there are variations in the models that reflect the country contexts, all three countries have placed local governments at the center of the implementation arrangements. In all three countries, the roles and responsibilities of the districts are carried out at three levels of local government—district, sub-district, and village. The study concludes that the model of working through local governments with the support of resource agencies—national or regional non-governmental organizations (NGOs)—to build the capacity of local government, is fundamentally sound.

Findings
Management Model

- The fundamental management model of implementing TSSM through local government with the support of resource agencies is appropriate. Even though local governments lack capacity in some areas, nevertheless, they remain the only structure in the country that has the legal mandate, the staff, and the physical infrastructure required to implement TSSM at scale.
- The management models in each country quite understandably emerge from the country context.
- A description of the management model cannot be limited to looking just at what happens at the local government level. In order to determine the replicability and scalability of the management model, it is equally important to look at the roles played by regional or state entities and by national government as well as the entire way the TSSM project is structured in each country.
- All three countries use resource agencies—usually national level NGOs—to build the capacity of local government. The role of the resource agencies varies according to the capacity of local government.
- The management models are still evolving and may not be the model that is eventually used to scale up. For example, Tanzania will be experimenting with a system of franchising for sanitation marketing, which if successful, would shift some responsibilities in the area of sanitation marketing from local government to the franchisors.

Local Government Capacity
The visits to local governments in all three countries showed a high level of commitment and interest in TSSM. Local governments understand TSSM, accept their central role in...
TSSM, and are highly engaged in the project. Implementation is proceeding at a rapid pace and creating momentum on the ground, and local governments are at the center of these activities. National direction and support have played a role in bringing about this level of interest and engagement. The findings discussed below should be viewed in the context of the very real and tangible progress that has been achieved. Specific findings include the following:

• Local governments are not carrying out the full range of roles needed to implement and sustain TSSM. In order to narrow the deficit in sanitation coverage and show results in communities, the focus has been primarily on those roles related to implementation.
• Local governments have made more progress in their role in supporting CLTS than sanitation marketing although increasingly CLTS activities are being complemented by sanitation marketing activities such as formative research-based behavior change communication and training of masons and other private sector providers.
• While districts have developed implementation plans, they have not yet developed strategic plans or strategies for scaling up TSSM within the district.
• Local governments have an essential role in ensuring supervision of CLTS facilitators and private sector suppliers of sanitation products and services.
• The cascading trainer of trainer (TOT) approach used in every country to develop the capacity of local government at all levels is appropriate, but needs more rigor in its application to assure quality.
• A capacity-building program should also include a component to share lessons learned and experiences across districts and villages.

LOCAL GOVERNMENT: RECOMMENDATIONS
Most of the following can be implemented within the current TSSM approach:

• Develop the capacity of local government in the full range of roles required to implement and sustain TSSM.
• Develop local government strategic plans for scaling up and sustaining TSSM.
• Develop a package of standardized tools and training materials for each level of the cascading TOT.
• Produce training materials with a separate trainer’s guide and participant manual that are adapted for use at each level.
• Develop a more rigorous approach to training master trainers and increase the emphasis on training skills.
• Institutionalize mechanisms for districts to share experiences and lessons learned with one another.
• Identify an institutional home(s) for capacity building and then develop its capacity to play this role effectively.
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# Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>APL</td>
<td>Above Poverty Line</td>
</tr>
<tr>
<td>BDO</td>
<td>Block Development Officer</td>
</tr>
<tr>
<td>BPL</td>
<td>Below Poverty Line</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-based organization</td>
</tr>
<tr>
<td>CCDU</td>
<td>Communication and Capacity Development Unit</td>
</tr>
<tr>
<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
</tr>
<tr>
<td>DDWS</td>
<td>Department of Drinking Water Supply</td>
</tr>
<tr>
<td>DF</td>
<td>District Facilitator</td>
</tr>
<tr>
<td>DRA</td>
<td>Demand Responsive Approach</td>
</tr>
<tr>
<td>DWE</td>
<td>District Water Engineer</td>
</tr>
<tr>
<td>DWST</td>
<td>District Water and Sanitation Team</td>
</tr>
<tr>
<td>ED</td>
<td>Executive Director</td>
</tr>
<tr>
<td>GOI</td>
<td>Government of India</td>
</tr>
<tr>
<td>HH</td>
<td>Heads of Households</td>
</tr>
<tr>
<td>HP</td>
<td>Himachal Pradesh</td>
</tr>
<tr>
<td>HWWS</td>
<td>Global Scaling Up Handwashing Project</td>
</tr>
<tr>
<td>IE</td>
<td>Impact Evaluation</td>
</tr>
<tr>
<td>ITS</td>
<td>Institute of Technology, Surabaya</td>
</tr>
<tr>
<td>LG</td>
<td>Local government</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>MOHSW</td>
<td>Ministry of Health and Social Welfare</td>
</tr>
<tr>
<td>MOWI</td>
<td>Ministry of Water and Irrigation</td>
</tr>
<tr>
<td>MP</td>
<td>Madhya Pradesh</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>NGP</td>
<td>Nirmal Gram Puraskar</td>
</tr>
<tr>
<td>ODF</td>
<td>Open-defecation free</td>
</tr>
<tr>
<td>PIP</td>
<td>Project implementation plan</td>
</tr>
<tr>
<td>PKK</td>
<td>Family Welfare Movement</td>
</tr>
<tr>
<td>PO</td>
<td>Project Officer</td>
</tr>
<tr>
<td>POA</td>
<td>Planning of activities</td>
</tr>
<tr>
<td>RA</td>
<td>Resource agency</td>
</tr>
<tr>
<td>SIRD</td>
<td>State Institute for Rural Development</td>
</tr>
<tr>
<td>SM</td>
<td>Sanitation Marketing</td>
</tr>
<tr>
<td>SO</td>
<td>Support organization</td>
</tr>
<tr>
<td>SWAp</td>
<td>Sectorwide approach</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>TSC</td>
<td>Total Sanitation Campaign</td>
</tr>
<tr>
<td>TSSM</td>
<td>Global Scaling Up Sanitation Project (Total Sanitation and Sanitation Marketing Project)</td>
</tr>
<tr>
<td>TTL</td>
<td>Task Team Leader</td>
</tr>
<tr>
<td>WS</td>
<td>Water supply</td>
</tr>
<tr>
<td>WSP</td>
<td>Water and Sanitation Program</td>
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</tbody>
</table>
I. Introduction

1.1 Central Premise
This report examines one of the central premises of the Global Scaling Up Sanitation Project (TSSM)—that local governments can provide the vehicle to scale up rural sanitation. In all three TSSM countries—India, Indonesia, and Tanzania—local governments are at the center of the implementation arrangements. The reasons for scaling up through local governments are straightforward. Functioning local government administrations exist in most countries and by definition cover the entire country. With increased decentralization, local governments have been delegated both the mandate and increased responsibility for providing services that include rural sanitation. Local governments also have the necessary infrastructure in place in terms of staffing and resources to play this role. The alternative model for implementing Community-Led Total Sanitation (CLTS) has been through NGOs. In this model, typically CLTS experts directly train NGOs to trigger communities with the role of local government being at most a stakeholder. This model is not scalable since there are not enough NGOs to scale up, it is not sustainable since it is not institutionalized, it is generally dependent on donor funding, and it is not compatible with the decentralization process. This report looks at the experience to date in three TSSM locations in developing the capacity of local government to carry out its role in rural sanitation.

1.2 Overview of TSSM
The Water and Sanitation Program (WSP) is an international partnership to help the poor gain sustained access to water supply and sanitation services. Administered by the World Bank with financial support from several bi- and multi-lateral donors and private foundations, WSP is a decentralized partnership that operates through regional and country offices in Africa, East Asia, Latin America and South Asia. A major thrust of the programs is to help WSP clients prepare for and implement actions towards meeting the water and sanitation (WSS) Millennium Development Goals (MDGs). In pursuing their mission, WSP staff provide advisory support to projects and policies, help identify and disseminate best practices and lessons and experience across countries, support government clients to learn by doing through the implementation of pilot projects to test out new ideas, and facilitate informal networks of practitioners and sector stakeholders. Additional information about WSP can be found at www.wsp.org.

TSSM is working with national and local governments to learn how to generate sanitation demand at scale and increase the supply of sanitation products and services that will result in increased access to hygienic sanitation and improved health for poor households and communities in rural areas. The project is testing state-of-the-art approaches at scale and has four main objectives:

1. Support programs to scale up demand creation for sanitation at the household and community level.
2. Support programs to improve and increase the supply of sanitation- and hygiene-related products and services that are appropriate and affordable to the poorest in the communities.
3. Create enabling environments for sustaining and replicating large scale sanitation programs.
4. Carry out a structured process to develop the practical knowledge and tools to replicate and scale up these programs at a reasonable cost and within the financial and institutional constraints of new countries with different cultures.

As reflected in objective number 4, learning is critical to the project’s success. A learning strategy has been developed to ensure that thoughtful and analytical learning and effective
knowledge dissemination and global advocacy takes place. A structured, disciplined process of generating, sharing, capturing, and disseminating the learning is key to further develop evidence, practical knowledge, and tools for effective replication and scaling-up of sustainable sanitation programs. This study is part of the learning process.

1.3 Country Context
TSSM is being carried out in Tanzania, in the states of Himachal Pradesh and Madhya Pradesh in India, and in East Java in Indonesia. Each country offers a somewhat different country context for implementing TSSM and in particular for local government.

India has long had a decentralized system of government with extensive responsibilities delegated to states and local governments. In addition, India benefits from the national level Total Sanitation Campaign (TSC), launched in 1999 with the goal of improving rural sanitation coverage and eliminating the practice of open defecation. The TSC approach changed from a hardware-driven supply approach to one that focuses on creating demand for sanitation and behavior change. In addition, the national government initiated the Clean Village Award, Nirmal Gram Puraskar (NGP), in 2003. The NGP provides significant cash incentives to districts and communities if they achieve open defecation free status. This strong national level policy support means that local governments take their responsibility for rural sanitation seriously and are highly motivated. It also means that WSP support is aimed at strengthening a program that would take place even if WSP assistance were not available. When TSSM began in 2007, the TSC was already in full swing.

As in India, Indonesia also has strong national level support for rural sanitation and for working through local governments. Decentralization occurred in 2001 when districts were delegated increased responsibilities. In addition, in 2003 the national government developed a national policy for community-based water supply and sanitation and in 2007 introduced a national strategy for Community-Based Total Sanitation (CLTS). Specifically CLTS was introduced in 2005 in East Java and Sumatra with assistance from WSP. When TSSM initiated activities in 2007, WSP was already working in East Java, already knew the players and the context, and was able to move rapidly to implementation.

In contrast, prior to 2007, there was no WSP presence in Tanzania. Before TSSM was introduced in 2007 there was no prior exposure to CLTS and no prior involvement of WSP in providing assistance in implementing the CLTS approach. Therefore, relationships with key national officials had to be developed before the government accepted the project. Partially as a result of WSP advocacy, rural sanitation has recently received much attention from the central government. In 2008, the sector wide approach (SWAp) budget included a line item of US$2.4 million that provides US$20,000 to each district for rural sanitation and US$30,000 for each TSSM district. Unlike India and Indonesia, Tanzania does not currently have a national policy or strategy in place for rural sanitation. However, rural sanitation is increasingly seen as a priority as evidenced by the current effort to develop a national sanitation policy. In terms of decentralization, Tanzania has delegated significant responsibilities to local governments, which now develop their own plans and budgets. The lack of a national focus on sanitation, the need to build relationships with government officials, and the absence of prior exposure to TSSM resulted in a slower start in Tanzania than in India or Indonesia.

1.4 Objectives of Assignment
The overall purpose of this study was to determine the lessons learned about the role that local governments must play in scaling up TSSM, and to review the experience to date in their capacity-building efforts to carry out that role.

The specific objectives of the study were to:
- Identify the functions that local governments must carry out to implement TSSM at scale.
- Identify the challenges that local governments face in implementing TSSM at scale.
- Assess which management models for providing TSSM are most effective and under what conditions.
- Determine how best to build capacity of local governments to carry out TSSM at scale.

1.5 Methodology
A two-person consultant team carried out the study. The team initiated the assignment with a planning meeting at World Bank headquarters. This meeting resulted in the development of a data collection framework (see Annex A) for country visits to Tanzania, Indonesia, and India. The team
also reviewed key documents following the planning meeting. The two-week country visits all took place in April and May 2009 and consisted of the following:

- Meetings with WSP staff
- Visits to selected districts
- Field visits to selected communities
- Meetings with the national and state/provincial level stakeholders
- Meetings with resource agencies that have been contracted by WSP to assist in implementing TSSM in the districts
- Meetings with key national level agencies and partners
- Review of key documents

1.6 Organization of the Report
The main report is organized into seven sections and is followed by detailed annexes for each country.

In addition to this introduction, the main report is organized as follows:

- Section 2 outlines the roles and functions of local government in TSSM. This framework was used to guide information gathering and to review the role of local government in each country visited.
- Section 3 describes the management models that are being used in each country to implement TSSM.
- Section 4 discusses the lessons learned about local government capacity to implement TSSM. This section is not about the approaches being used to develop local government capacity but rather about what was learned about local government capacity to implement TSSM.
- Section 5 focuses on the lessons learned about how to develop the capacity of local government to carry out its functions related to TSSM.
- Section 6 summarizes the challenges that local governments face in implementing TSSM.
- Section 7 provides recommendations for the existing TSSM project and beyond.

The country annexes are, in effect, stand-alone descriptions of the role of local government and efforts to strengthen the capacity of local government. The main report is a synthesis of the three country reports.
II. Role and Functions of Local Government to Implement TSSM

TSSM offers a well-defined approach to rural sanitation that, in order to be sustainable, requires specific roles and functions of local government. The importance of having an agreed-upon set of roles is that it provides a framework for ensuring that local government has the capacity to carry out the full range of roles and responsibilities. This in turn has implications for WSP in developing plans for working with local government. Together, the roles and functions constitute a comprehensive definition of local government capacity for TSSM (see Figure 1).

- **Strategy and planning:** Development of strategies at the local government level and plans for implementing them. A strategy provides an overall framework and typically includes objectives, targets, approach, issues and challenges, implementation arrangements, and resource requirements. Detailed implementation plans follow directly from strategies and include specific tasks, timelines, and persons responsible.
- **Advocacy and promotion:** Advocating within the local government administration and with elected officials for making TSSM a priority and authorizing the necessary budget allocations. Advocacy is also aimed at gaining support from local partners such as community leaders and local NGOs and community-based organizations (CBOs). Promotion activities are focused on key messages aimed directly at households.
- **Capacity building:** Ensuring that knowledge and skills exist for carrying out CLTS and sanitation marketing at all levels. This does not mean that local governments must actually do the capacity building, but rather that they ensure that the training is done and monitor its effectiveness. In some country contexts, local government might directly carry out some training.
- **Supervision:** After training, following up on the CLTS facilitators and masons to determine how well they are carrying out their responsibilities and to provide coaching and other forms of support to improve their performance.
- **Monitoring and evaluation/reporting:** Collecting information on inputs and outputs for both sanitation marketing and CLTS based on agreed upon indicators and porting formats and preferably captured in a management information system (MIS).
- **Regulation:** Regulating the activities related to the private providers of sanitation goods and services. Regulation can be done by enforcing standards for products provided by the private sector, enforcing appropriate behaviors in jurisdictions that allow fining for open defecation, or, if appropriate to the country, through licensing and permitting.
- **Coordination:** Ensuring that activities are well coordinated across departments within a local government, between levels of a local government, and among stakeholders at the district level. This function includes the existence of coordination mechanisms such as monthly meetings and the skills to use those mechanisms effectively.

**KEY POINT**
- Local governments can provide the following specific functions when scaling up sanitation: strategy and planning, advocacy and promotion, capacity building, supervision, monitoring and evaluation, regulation, and coordination.

**FIGURE 1: THE ROLE AND FUNCTIONS OF LOCAL GOVERNMENT IN TSSM**
Implementation is not included as a separate function since, in effect, all of the above functions are in fact part of implementation.

In addition to the above roles, local governments must have resources in three areas to plan and implement TSSM.

- **Financing**: An annual budget allocation for TSSM that is aligned with the implementation plan.

- **Human resources**: Adequate number of qualified staff to carry out activities related to CLTS and sanitation marketing activities, as well as the planning, supervision, and capacity-building roles of local government.

- **Supplies/equipment**: Availability of supplies and equipment to carry out TSSM activities, especially transport for district officials and CLTS facilitators.
III. Management Models

The management model in all three countries places local government in a central implementation role. The precise role of local government is naturally dependent on the country context, structure of local government, and its overall capacity.

In general, local government in all three countries consists of a three-tiered structure. In India, this structure consists of districts that develop plans and manage activities, blocks that implement these plans, and villages that implement village level plans. In Tanzania, these three levels are called districts, wards, and villages and in Indonesia districts, sub-districts, and villages. This formal three-tiered structure requires that roles and responsibilities for TSSM be clearly defined for each level (see Table 1).

3.1 India
Implementation of the national Total Sanitation Campaign (TSC) started well before TSSM began and is now operational in 572 districts across the country. TSC activities are fully embedded into the local government structure. The management model mostly consists of supporting existing structures and their efforts to implement the national TSC, as noted below:

- **National level coordination**: WSP is responsible for overall TSSM program coordination at the national level. WSP TSSM staff consists of a full-time resident task team leader (TTL), a research analyst based in New Delhi and two WSP coordinators based in Himachal Pradesh and Madhya Pradesh. WSP’s overall program responsibilities consist of supporting

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**TABLE 1: COMPARISON OF ORGANIZATIONAL MODELS IN INDIA, INDONESIA, AND TANZANIA**

<table>
<thead>
<tr>
<th></th>
<th>India</th>
<th>Tanzania</th>
<th>Indonesia</th>
</tr>
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<tbody>
<tr>
<td>National level</td>
<td>Ministry of Rural Development, Department of Drinking Water and Sanitation</td>
<td>Ministry of Health and Ministry of Water and Irrigation</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>coordination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State or regional</td>
<td>Unit at the state level supervises resource agencies and provides guidance to districts</td>
<td>None</td>
<td>Regional committee coordinates, provides technical guidance, M&amp;E</td>
</tr>
<tr>
<td>coordination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource agencies (RA)</td>
<td>Two national NGOs provide training, monitoring, and reporting</td>
<td>Two national NGOs provide training, monitoring, and reporting</td>
<td>Specialized regional, private sector consulting firms provide training, and assist with planning and monitoring</td>
</tr>
<tr>
<td>Districts</td>
<td>Primary implementation unit</td>
<td>Primary implementation unit</td>
<td>Primary implementation unit</td>
</tr>
<tr>
<td>Local support</td>
<td>Implement TSSM at block level</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>organizations (SO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-districts (blocks</td>
<td>Monitor local SOs and report to districts</td>
<td>Triggering, reporting</td>
<td>Trains facilitators, monitors</td>
</tr>
<tr>
<td>or wards)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Villages</td>
<td>Village committee</td>
<td>Village committee</td>
<td>Village committee monitors</td>
</tr>
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Global Scaling Up Sanitation
building the capacity of local governments
management models

national level coordination; providing guidance and advice to the Ministry of Rural Development for policy and strategy; contracting and direct supervision of two resource agencies (RAs) to carry out capacity building and monitoring; development of training materials and tools for use by the RAs and districts; training of RAs; and program monitoring.

• State level coordination: WSP provides support to the Communication and Capacity Development Unit (CCDU) at the state level, which is where WSP coordinators are based. These WSP coordinators serve as the primary interface with district governments, supervise the activities of the resource agencies, and provide regular information to WSP on progress.

• National Resource Agencies (RA): Two national NGOs, Knowledge Links and Feedback Ventures, were selected as resource agencies. Their roles are to train master trainers and local NGOs in CLTS. Master trainers are from the district and block level governments and local NGOs.

• Districts: Districts are the primary implementation unit for TSSM. The primary counterpart within district government is the Project Officer (PO). This is a formal position in local government (LG), responsible for implementation of all rural development projects, including TSC. The districts are responsible for compiling action plans from blocks, hiring local support organizations, managing financial resources, and compiling progress reports.

• Local Support Organizations (SO): Districts hire local SOs at the district level to facilitate/motivate the triggering of communities as part of the CLTS approach. These SOs are registered NGOs, are aware of the local conditions, and usually have some prior experience in rural projects. They provide their own personnel and hire local motivators.

• Blocks: Block Development Officers (BDO) are responsible for monitoring SO activities and reporting to the districts. The SO works under the supervision of the district and block to trigger communities directly.

• Local private sector: Responsible for providing sanitation products and services that respond to consumer demand by households. The private sector in both MP and HP is aimed at the urban consumers, but the products are also affordable enough for rural consumers. Mason services to construct toilets are available locally, but masons are not often aware of the various affordable technology options to construct toilets.

In the Indian model, local support organizations assist local governments in implementing the TSC program in the field. This model is appropriate to the Indian context given the availability of local support organizations at the district level. SO contracts are based on fixed rate and output based pricing. This incentive structure is powerful for achieving fast results, but this approach has raised concerns about the sustainability of open defecation free (ODF) status, and as a result, various monitoring efforts have now been put into place along with incentives for maintaining community-wide ODF behaviors (see Figure 2).
In Indonesia, the management model represents a new paradigm that involves local governments in promoting rural sanitation.

**3.2 Indonesia**

The management model in Indonesia represents a new paradigm that involves local governments in promoting rural sanitation. Compared with the past centralized model, this approach changes the role of local governments to be responsible for environmental sanitation and expects the central government to act as facilitator in institutional change, strategy formulation, capacity building, and the provision of incentives.

The organizational model in Indonesia can be summarized as follows (see Figure 3):

- **National level coordination:** The Deputy of the Facilities and Infrastructure Department in the Ministry of Planning (Bappenas) is in charge of coordinating a national Steering Committee for the formulation of national policies. A Technical Committee in Bappenas is in charge of elaborating operational activities and providing funding and overall program monitoring. A TSSM Program Secretariat based in the Ministry of Health supports program operations by providing information for decision making by the Steering Committee and the Technical Committee.

- **WSP support** includes the following:
  - Using district “road shows” to introduce the TSSM program to local governments
  - Training of trainers for CLTS triggering
  - Building the capacity of local governments through a learning-by-doing approach, monitoring of progress and outcomes, and facilitating a learning process
  - Contracting and supervising a resource agency to provide technical assistance to district clusters

![Figure 2: TSSM Organizational Model in India](image-url)
3.3 Tanzania

The organizational model for Tanzania can be summarized as follows (see Figure 4):

- **National level coordination**: WSP is responsible for overall TSSM coordination at the national level. WSP TSSM staff consists of a resident team leader based in Dar es Salaam, two regional WSP technical specialists based in Nairobi, and four district coordinators who are actually short-term consultants and also oversee activities in the WSP-managed Global Scaling Up Handwashing Project (HWWS). WSP’s overall evaluation. The organizational unit at the district level with primary responsibility for implementing TSSM is the Environmental Health Division within the Department of Health Services.

- **Sub-districts**: At the sub-district level, a coordinating team prepares the budget, trains motivators, and monitors. The coordinating team is led by camat (sub-district head) and its primary health centers are called *puskesmas*.

- **Village level**: At the village level, a committee is elected by the community and is responsible for triggering and monitoring.

- **Local private sector**: Local masons, hardware stores and other small-scale private sector providers are responsible for producing sanitation products and services that are wanted and affordable by the households in a wide range of income levels.
program responsibilities consist of national level coordination, guidance and advice to the national government in development of sanitation policy and strategy, contracting and direct supervision of two resource agencies, contracting and supervision for consumer research and a media campaign, planning, development of training materials and tools for use by the RAs and districts, and program monitoring.

- **District coordination**: WSP has hired four district coordinators, each of whom is responsible for coordinating activities in two to three districts (10 districts in total). These coordinators serve as the primary interface with district government, supervise the activities of the resource agencies, provide regular information to WSP on progress, and ensure the integration of TSSM and HWWS activities.

- **Resource agencies**: Two national NGOs, ACHRID and EEPCO, were selected as resource agencies. Each works in five districts. Although based in Dar es Salaam, both have limited capacity to work in a large number of districts at any one time. Their roles are to train district staff in CLTS and master masons in latrine construction and sanitation marketing, monitor and report on progress at the ward level, certify communities as open defecation free, and collect baseline data. If the RAs are successful in developing district capacity, they will no longer be needed in the 10 TSSM districts at the end of the implementation period.

- **Districts**: Districts are the primary implementation unit for TSSM. The primary counterpart within the district government is the district water and sanitation team (DWST). The DWST is a formal mechanism that exists in every district, consists of heads of all the relevant district departments, and meets monthly. The District Executive Director chairs the DWST, and the District Water Engineer acts as its secretary and is responsible for setting the agenda and follow-through. The districts are responsible for developing action plans for CLTS and sanitation marketing, training at the ward level, supervision of ward level CLTS facilitators, monitoring of progress along with the RAs, and reporting.

- **Wards**: In the local government scheme, wards are responsible for implementing what the districts want. In TSSM specifically, wards are responsible for CLTS triggering activities in villages, monitoring village activities, and reporting to the districts.

### 3.4 Conclusions

Several conclusions emerged from reviewing the management models in the countries visited:

- The fundamental management model of implementing TSSM through local government with the support of resource agencies is appropriate. Even though local governments lack capacity in some areas, nevertheless, they remain the only structure in the country that has the legal mandate, the staff, and the physical infrastructure required to implement TSSM at scale.

- The management models in each country quite understandably emerge from the country context. In India, for example, where there is a long history of decentralization and strong national policy support for total sanitation, local governments need no special attempt to convince them of the importance of rural sanitation and have stronger capacity than either in Tanzania or Indonesia.

- A description of the management model cannot be limited to looking just at what happens at the local government level. In order to determine the ability to replicate and scalability of the management model, it is equally important to look at the roles played by regional or state entities and by national government. It also requires looking at the entire way TSSM is structured in each country. In Tanzania, where local government capacity is generally weak and there is no effective support at the regional level, WSP has hired district coordinators to work closely with local governments on a regular basis. This is an essential role in Tanzania, but is not needed in Indonesia and India to the same degree.

- All three countries use resource agencies—usually national level NGOs—to build the capacity of local government. The role of the resource agencies varies according to the capacity of local government. For example, in Tanzania at present, resource agencies are primarily responsible for monitoring and evaluation, whereas in India, the resource agency does not have a direct role in the monitoring and evaluation since this is a responsibility of the SO and BDO.
In Tanzania, the district government is expected to play an increasing role in monitoring and evaluation (M&E) over time.

- The management models are still evolving and may not be the model that is eventually used to scale up. For example, Tanzania will be experimenting with a system of franchising for sanitation marketing. If successful, this would shift major responsibilities in the area of sanitation marketing from local government to the franchisors. Local government would still have a role to play, but much of the role of supervision, training, and licensing would pass to the franchisor. Local government would still be responsible for promotion as well as regulation. In contrast, in India because of the strong national level support and the experience gained in implementing TSSM, the model is less likely to change.
IV. Lessons Learned About Local Government Capacity

KEY POINTS
- There is no agreed upon framework for the role of local government in TSSM.
- Local governments are not carrying out the full range of roles to implement and sustain TSSM.
- Local governments have made more progress in their role in CLTS than in sanitation marketing.

The visits to local governments in all three countries showed a high level of commitment and interest in TSSM. Local governments understand TSSM, accept their central role in TSSM, and are highly engaged. Implementation is proceeding at a rapid pace and creating momentum on the ground. National direction and support have played a role in bringing about this level of interest and engagement. The findings discussed below should be viewed in the context of the very real and tangible progress that has been achieved.

4.1 Overall Findings

There is no agreed upon framework for the role of local government in TSSM. The starting point for developing the capacity of local government is an agreed upon definition of the role. Such a framework or definition would provide the basis for activities that would aim to build the capacity of local government to carry out each role. TSSM does not yet have such an agreed upon definition, and, as a result, the study team observed some gaps in each country in what is currently planned for developing local government capacity. While there is some variation in the role from country to country, the seven roles described in Section 2 provide a universal or common definition that could be used as a starting point for a country specific definition.

Local governments are not carrying out the full range of roles to implement and sustain TSSM. When local governments were asked to describe their role in TSSM, the responses were not comprehensive and were primarily focused on their role in implementation, an indication of the need to focus on a broader set of functions. Local governments do not yet have a complete vision of their role in TSSM or in rural sanitation in general. In part because there is not yet an agreed upon definition of the role of local government, the roles that local governments have focused on primarily are mostly the ones related to implementation. Implementation plans have been developed, training activities have been delivered, local governments are supervising activities to some degree, and some level of coordination is taking place. To some extent, this emphasis on implementation is understandable because of the importance of demonstrating on-the-ground results in communities to show that TSSM works before focusing on the roles that have longer-term impact. Eventually, roles related to internal advocacy, regulation, M&E, and strategy development would have to be addressed to ensure the sustainability of TSSM results. Districts must see their long-range role beyond implementation. India is the furthest along in carrying out the full range of roles, which is due in large measure to the strong national program in place.
Local governments have made more progress in their role in CLTS than in sanitation marketing. Local governments in all three countries have embraced their role in CLTS and developed implementation capacity in this area. However, in sanitation marketing where the role of local government is still being defined, progress has been slower. All three countries are actively working to develop this capacity and have increasingly integrated sanitation marketing with CLTS activities. Local governments need continued training and guidance on how to engage and develop the local private sector for sanitation marketing. Potential roles for local government in sanitation marketing include the financing of mason training, creating demand for the products and services offered by the private sector, developing business skills of private providers, enforcement of compliance with standards, and if acceptable in the country context, licensing of providers.

4.2 Findings Related to Specific Functions of Local Government

The findings below are directly related to the seven functions of local government discussed in Section 2.

Strategies should precede implementation planning. The study team did not identify any strategic plans for implementing and eventually scaling up TSSM within a district (see Figure 5). When asked in Indonesia about strategies, respondents interpreted that as legal documents. Strategic planning is not a common practice in Indonesia unless an external agency provides support for it. The TSSM implementation plan in Indonesia foresees the development of district level strategic plans, but as yet these have not been developed. In India, a strategy does exist at the state level in Himachal Pradesh (HP), but it has only been partially implemented in the field and is mostly related to CLTS. In HP, some districts have project implementation plans that include some aspects of a strategic plan such as the phasing of villages to be triggered, allocation of human resources, and M&E plans. In Tanzania, the newness of TSSM has prompted a focus on implementation planning rather than strategic planning. Districts have also developed enabling environment plans, but these are at present primarily implementation plans. During the study team visit, some WSP staff stated that they recognize the need to develop district-wide strategies after the districts gain some experience with implementing TSSM.

Internal advocacy has received very little attention to date. Internal advocacy is aimed at other local government officials, especially other departments within local government and elected officials. Internal advocacy efforts aimed at elected officials, including elected mayors and district councils, are essential in ensuring that rural sanitation receives its fair share of the annual budget as well as other resources. The results that come from monitoring and evaluation efforts are essential in providing some of the evidence and arguments for promoting TSSM so it receives a fair share of the budget. In Tanzania, the use of the existing

FIGURE 5: KEY STEPS IN STRATEGIC PLANNING

1. Determine the outcome of the strategic planning process
2. Conduct stakeholder analysis and environmental scan
3. Develop vision and mission
4. Identify strategic issues
5. Formulate strategic goals
6. Develop implementation plan
interdepartmental DWST allows for effective advocacy across departments and since the District Executive Officer chairs this committee, he or she is viewed as generally supportive of TSSM. What is lacking, however, is advocacy with the elected councils, which must approve district priorities and budgets. In Indonesia, internal advocacy efforts need to be directed towards the elected mayors to ensure budget support for TSSM plans. In India, internal advocacy is less essential because the strong national political and financial support means that local governments do not have to fight for budget allocations. This is a major difference from the management model in Indonesia, where resource allocation depends on locally elected bodies.

**Local governments in India have demonstrated the capacity to hire and supervise local entities to provide CLTS training.** In Himachal Pradesh, national level resource agencies train master trainers at the district level who in turn train CLTS facilitators. These master trainers are from district and block governments and from SOs. This model works well although there has been a high dropout rate of up to 50 percent of the initial pool. In Indonesia the sub-district coordinating team (health center head, sanitarians, community development sections, NGOs and social organizations) trains the CLTS facilitators. In Tanzania, there are no local resource agencies as there are in India. The two regional RAs contracted by WSP are responsible for training ward-based supervisors, all of whom are district government employees. The RAs also train district staff as master trainers who will be able to supervise CLTS activities.

**Local government has an essential role in ensuring supervision of CLTS facilitators and private suppliers.** All three countries either are or are planning to locate the supervisory role in the second tier of local government. India has the most well developed supervision system. Districts hire a local support organization that then trains CLTS facilitators. Supervision is done at two levels: 1) by the block development officer (BDO), who follows activities in the communities and 2) through monthly meetings at the district level with the sanitation cell. The BDO informs the district about the results in the communities, which then triggers payment by the district to the SO. This type of follow-up at the lowest level of government is ideal. A similar approach is used in Indonesia where staff at the sub-district level follows the work of the CLTS facilitators in both triggering and post-triggering. In Tanzania, where initial CLTS triggering is just taking place as of this writing, plans exist to train ward level supervisors to work in conjunction with RA staff to provide ongoing supervision and support to CLTS facilitators. District level master trainers will be expected to supervise the ward level supervisors.

**Monitoring and evaluation at the district level is most effective when integrated into a state or national level M&E system.** Of the countries visited, India has the most advanced M&E system. At the national level, indicators have been set and are being used in each state. Each village is expected to collect the data and submit it to the BDO and then to the district. At the district level, the information is compiled and data are uploaded on the national level website. While this system is well conceived and has taken hold, the concern is that the indicators are focused on achieving targets and not on what is essential for sustainability1 (see Figure 6). However, since the indicators are set at the national level, the local governments are obligated to use them. TSSM has recently introduced a benchmarking system that is more oriented towards outcomes than on inputs and outputs.

**Local governments are not focused on their role in regulation.** In part, this reflects the relative lack of emphasis on sanitation marketing compared to CLTS.
not understand their role in regulation. In India, local governments have even expressed reluctance to regulate the private sector, thinking that it would be too much like the old centralized system. Because the private sector in India is primarily focused on the urban sector, regulation by local government may provide a disincentive to getting involved in rural areas. Also, since masons are mostly in the informal sector, regulation by local government may not be effective in reaching them. In Indonesia, the TSSM Project Implementation Plan foresees the piloting of a certification mechanism for masons and suppliers, but this has yet to take place. In Tanzania, the only regulatory role of the districts currently envisioned is in controlling the quality of latrine slabs produced by the newly trained masons. The regulatory role of local government needs to be more fully articulated and developed. Specific regulatory mechanisms will have to be identified and the capacity of local governments developed to use them.

Coordination across departments and between different levels of local government occurs mostly through committees. In Tanzania, the use of the interdepartmental DWST as a mechanism for coordination appears to be promising. The DWST meets monthly, and, as a mechanism that exists by law in every district in the country, it can easily be scaled up to other districts. However, it is too soon to know how well this is working since on-the-ground activities have only just begun. In Indonesia, coordination committees have been established at all levels of local government. At the district level the health services department (dinkes) works in partnership with the local government planning agency (bappeda) and the community empowerment agency, Ministry of Public Works, and relevant NGOs. In India, coordination takes place through monthly cross-sector meetings. In addition to these formal mechanisms, respondents in Indonesia and India also cited the value of informal coordination between individuals.

The regulatory role of local government needs to be more fully articulated and developed. Specific regulatory mechanisms will have to be identified and the capacity of local governments developed to use them.
V. Assessment of Approaches to Build Local Government Capacity

KEY POINTS
- Using resource agencies to build local government capacity is effective.
- Training materials should always consist of a trainer’s guide and a participant manual, and should be adapted for use at each level of the cascading TOT approach.
- Of the three countries visited, none has yet developed a standardized package (i.e., toolkit) of training materials for TSSM.
- Incentives can contribute to building capacity of local governments.

5.1 Training Standards
Capacity building is an integral and essential component of TSSM, and training is the cornerstone of the approaches used to build capacity of local governments. All countries have an extensive and at times elaborate approach to training. To review these approaches, the study team developed a framework that defines the essential elements of an effective approach to training. This framework, which in effect constitutes an outline of training standards, is as follows:

- **Strategy.** A training strategy typically includes the following:
  - A summary of the training needs and identification of the people that need to be trained at all levels
  - The overall objectives of the training program(s)
  - A description of the training courses, including their sequence
  - A description of the training materials that need to be either adapted or developed from scratch for each training course
  - The training of providers and/or criteria for selecting them
  - A monitoring and evaluation plan
  - An implementation plan that details what it will take to put the capacity-building plan into action

- **Training Methodology.** One of the ways in which consistency in the quality of training is achieved is by having an agreed upon training methodology, applying it rigorously, and ensuring the capacity to use it when designing and delivering training. There are a number of proven training methodologies that are appropriate for TSSM including but not limited to the Experiential Learning Model.

- **Trainers.** Trainers with the necessary subject matter expertise and training skills comprise the centerpiece of an effective training system. There must be a cadre of qualified trainers in the various technical aspects in sufficient number to address the scale of the training required. Developing trainers is likely to include training of trainers workshops followed by co-training opportunities with experienced trainers and regular monitoring.

- **M&E.** A training system should have a way to monitor and evaluate the effectiveness and impact of training. This includes a simple questionnaire at the end of training, assessment whether the participants are able to apply what was learned on the job, and a determination if the training achieves the broader program outcomes desired.

5.2 Capacity-Building Findings
Using the above standards for training, the study team found the following:

- **The cascading TOT approach is appropriate for TSSM, but needs to be applied more rigorously to ensure quality.** Every TSSM country is using a cascading TOT approach. The cascading approach has three or four levels in each country. For example, in Tanzania, WSP staff first trains the two resource agencies and introduces TSSM to the DWSTs. Second, the resource agencies train district officials in CLTS and master masons in sanitation marketing. These district level trainers then in turn train ward level extension officers as CLTS facilitators. A variation of this model was found in every country. In any cascading
TOT approach, the challenge is how to maintain quality as you go from one level to the next. In general, best practices in capacity building were not consistently being followed to assure quality. The findings in this section detail several areas in which quality can be improved.

- **Using resource agencies to build local government capacity is effective.** As discussed previously, the model of using resource agencies to build local government capacity has proven to be effective. WSP staff has generally expressed satisfaction with the quality of the training and other support provided by the resource agencies. In all cases, WSP first trains the resource agencies to make sure they have a complete understanding of TSSM and their responsibilities. While this model is effective, a potential limitation in some countries is the availability of an adequate number of resource agencies if the pace of scale-up is increased. In Tanzania, for example, where there are two national resource agencies, most of those interviewed said the pool of potential RAs is very limited and there might at best be one or two more NGOs with the requisite experience and skills. The availability of qualified RAs does not appear to be a problem in India and Indonesia.

- **Master trainers must first master the subject matter before being asked to train others.** Every country uses the concept of master trainers. A “master trainer” is usually defined in the training field as someone who is already experienced in the content of the training and who then acquires the training skills needed to train others. In Tanzania, for example, the resource agencies train district government staff to become master trainers in CLTS. These master trainers in turn train ward level extension officers in CLTS. To avoid a situation where “master trainers” are training others in something in which they have no experience, district trainers trigger up to four communities under the supervision of the RA before they are asked to train ward level CLTS trainers. While triggering four communities does not provide in-depth experience, this is a practical solution to addressing this experience gap. The same issue occurs in India where people are selected to become master trainers even though they may have had no previous experience in sanitation or in community mobilization. However, because the districts have been implementing CLTS for some time, champions among master trainers and facilitators have emerged naturally and districts have begun to ask them to train new facilitators. This “bottom-up” approach could become intentional by not designating anybody as a master trainer until they have gained experience, demonstrated their skills and at that point training them to become master trainers.

- **Training of trainers requires both subject matter upgrading and training skills.** In all countries the training of trainers is heavily weighted towards subject matter upgrading. This is, of course, essential since trainers must understand CLTS and sanitation marketing in order to train others. However, training also requires solid training delivery skills. Trainers must have the ability to conduct training from a design developed by someone else. In addition they need training skills such as facilitation ability, giving interactive
presentations, giving clear instructions, leading plenary discussions, and using print and visual media. While there is some training methodology content in the TOT materials, the TOTs in all countries did not include very much time, if any, on developing training delivery skills. In Tanzania, for example, there was only one session in the initial training RAs on training methodology. Hybrid TOTs that include both subject matter and training skills usually have a 50/50 balance. Even if resource agencies have prior experience in training, in order to ensure quality, their training skills and grasp of training in general must be verified in the TOT through practice training.

- **Incentives must be developed to retain quality master trainers and facilitators.** In India, the number of facilitators at the start of the training is considered sufficient, but the dropout rate is often as high as 50%. Some move away, others lose interest, and some have little success in the communities and drift away. In Indonesia, CLTS facilitators have other jobs—often in agriculture—and cannot dedicate sufficient time to triggering. Many of them complain about the lack of incentives, which can be interpreted to be monetary rather than other forms of motivation.

- **Training materials should always consist of a trainer's guide and a participant manual and be adapted for use at each level of the cascading TOT approach.** In India, WSP has developed a separate trainer's guide and participant manual. “The Training of Trainers’ Manual on Community-driven Total Sanitation: Module 1 Guidance Notes” and “Training of Trainers’ Manual on Community-driven Total Sanitation: Trainers Notes” are good examples of following this principle. However, these manuals have not been adapted for use at each level of the cascade, where typically the level of education and literacy is lower as one moves from level to level. At the lowest levels, materials generally need to be less text oriented with increased use of visuals. Similarly, in Tanzania, WSP is now developing separate trainer and facilitator guides for CLTS and has already developed one on Interpersonal Communication. In Indonesia, there is no separate trainer and facilitator guides for CLTS although the training materials do contain a section for trainers that details the training curriculum to be used for TOTs at the district and village levels provides some general information on how to orient trainers, and offers some information about the target participants. Following the well accepted best practice of adapting materials to the level of the participants is essential in TSSM because master trainers are generally beginning trainers with little skill in adapting or developing their own training materials.

- **No country has yet developed a standardized package (i.e., toolkit) of materials for TSSM.** Developing such a package would seem to be an essential resource in scaling up to other districts—though the contents of such a package will vary by country (see Figure 7).

- **Incentives can contribute to building capacity of local governments.** The NGP in India provides a powerful external incentive for local governments that...
is communicated to the facilitators and to the villages. Indonesia, which does not have a national incentive program like NGP, is starting to develop a private award facility through the JPIP program. Facilitators complain about the lack of recognition and incentives and how it contributes to the dropout rate. While not to diminish the power of financial incentives, non-monetary incentives such as awards that confer recognition and positive feedback can be equally motivating.

- A capacity-building program should also include a component to share lessons learned and experiences across villages and districts. In Tanzania, WSP organizes annual workshops for all districts for exactly this purpose. Similarly in Indonesia, two three-day workshops are planned at the provincial level to share experiences in program implementation among districts. The results from these meetings need to be captured and reported to the national level. In India, WSP has supported exposure visits among the districts to learn from one another.
VI. Challenges Local Governments Face

While this report is supportive of placing local governments in a central implementation role for TSSM, it is also important to be realistic and recognize that local governments face challenges that must be taken into account as the TSSM approach is brought to scale:

- **Local government capacity is generally weak, especially in Indonesia and Tanzania.** In countries where decentralization is relatively recent, it can be expected that local governments will have relatively weak capacity and therefore have limited absorptive capacity. Capacity is generally lacking in local level policy making, strategic planning, management, and M&E, thereby affecting programs in all sectors. The downside of an approach that is grounded in local governments is that one can only go as fast as the local government can absorb. Still, working with local governments rather than around them needs to be seen as a long-term investment that will pay dividends over time.

- **While all three TSSM countries recognize the importance of developing the enabling environment at the local government level, the focus to date has been primarily on developing capacity in areas related to implementation.** This is in many ways understandable since fast on-the-ground results in communities will determine the medium- and long-term success of the program. However, the sustainability of these efforts requires that local governments have capacity in carrying out all the roles. This focus on implementation is different in each country. In India, the pressure of the national program and the structure of the NGP incentive program place pressure on local governments to help communities reach ODF status. This focus on short-term results is an understandable response by local governments to a wide deficit in sanitation coverage, recognized by national government priorities. This same issue is present in Indonesia where there is also pressure to speed up access to sanitation facilities. Little attention is being paid in Indonesia to the long-term role that districts must play after ODF status is achieved. As yet, districts do not have a vision of what their role will be. In Tanzania, TSSM is new and implementation is a logical place to start. WSP recognizes the dual importance of achieving quick results and at the same time developing the capacity of local government in all areas to increase the prospects of sustainability. As yet, local governments do not have access to tools in all the functions discussed in Section 2.

- **Local government budgets for rural sanitation may not be adequate, with the exception of India.** There are three types of TSSM costs: one-time investment costs, sanitation facilities, and the costs of maintaining the program over time. The first type of cost is currently paid by either WSP or national government. In the TSSM approach the second type of cost is the responsibility of households. It is the third category of cost for ongoing program support that can only be covered by local government and, as yet, is not
clear whether local government budgets are adequate. Generally speaking local governments do not yet know how best to use the resources available. In Tanzania, the allocation of US$20,000 to each district for rural sanitation is considered a major success, and it is. Nevertheless, this represents only .2 percent of the budget of a typical district budget, and district officials interviewed spoke of using the funds for sanitation facilities rather than for program costs such as training and transportation. WSP staff note that the reason for not knowing how to spend these funds is because of lack of direction. This is now being addressed by having the district coordinators advise the DWSTs. In Indonesia, provinces do have not funds for rural sanitation and district sanitation expenditures are usually spent on urban infrastructure rather than on programs that affect household sanitation facilities. Districts develop their own budgets so sanitation must compete with other sectors, thus the need for developing internal advocacy skills. In contrast, in India, state and district officials say that financial resources are sufficient. The strong national government commitment translates to US$500,000/year per district or US$50/household. One way to increase budget allocations for sanitation is to help local governments formulate hard-driving arguments, facts, and figures that communicate why sanitation needs to become a political and financial priority.

One way to increase budget allocations for sanitation is to help local governments formulate hard-driving arguments, facts, and figures that communicate why sanitation needs to become a political and financial priority.
VII. Recommendations

7.1 Recommendations
This section provides recommendations that can be implemented within the current TSSM project (country-specific recommendations are found in Annexes B, C, and D):

• **Develop the capacity of local government in the full range of roles required to implement TSSM.** As discussed previously, local governments are primarily acting as implementation agencies and therefore pay less attention to their role in strategic planning, supervision, regulation, and monitoring and evaluation. Section 2 suggests a comprehensive definition of the roles and functions of local government. WSP should come to agreement on these roles and then ask each country to develop a plan to develop the capacity of local government in these areas.

• **Develop local government strategic plans for scaling up and sustaining TSSM.** Scaling up and sustaining TSSM within a district will require a plan that defines the targets, lays out a plan for the phasing in of villages to be triggered, determines human resources needed to carry out TSSM activities, identifies the financial resources that will be needed, and that defines a plan for sustaining the outcomes at the district and household levels. Indonesia is planning to address this issue.

• **Develop training standards at the global level that each country can use to guide its capacity-building efforts.** WSP should develop training standards using Section 5.1 as a starting point. These standards would then serve to set clear expectations for country level training activities and enable both WSP staff and counterparts to develop plans to meet these standards. The training standards could be organized following the same outline as in Section 5.1 and include the following:
  o Elements of a training strategy and plan
  o Description of proven training methodologies
  o Skills that master trainers and those trained by them need to have in both content and process
  o Requirements for development of training materials at each level of the cascading approach
  o Guidance on monitoring and evaluating the effectiveness of training

• **Produce training materials that include a separate trainer’s guide and participant manual for each level of the cascading TOT system.** While the cascading approach to capacity building is suitable in the TSSM context, more must be done to ensure the quality of training at each level. A specific recommendation is to develop standardized training materials at each level of the TOT to ensure consistency and quality each time a similar workshop is conducted. All TSSM training materials should consist of 1) facilitator's guide with step-by-step instructions for conducting training for use only by the trainers, and 2) participant manual that participants receive at the workshop and can refer to post workshop. Materials participants receive should be user friendly, without excessive amount of text, and in the local language, if necessary. In addition, it should not be assumed that the training materials used to train master trainers are the same as what is needed to train at the next level down. Materials need to be adapted to the level of the training participants and the specific objectives of the training even if the content is generally the same.

• **Design a much more rigorous approach to training master trainers and create criteria and processes for becoming a master trainer.** No one should be called a master trainer if they have never done what they are training others to do. Each country program should find a way to provide experience in the subject matter before training others. This would imply that each country follow the following sequence: 1) train CLTS facilitators, 2) allow these facilitators to gain experience in triggering, and 3) select the best ones to become master trainers and conduct training of trainers, especially in training skills. In the case of Tanzania, where CLTS is new, this means having the district staff trigger several communities before training ward extension officers to do the same. In India and Indonesia, there is already enough experience in CLTS to draw upon. Such an approach to training master trainers would also provide the side benefit of sharing field experiences among trainers.

• **Develop standardized packages of training materials and tools for TSSM in each country.** Each country is
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currently developing various pieces of a standard package of tools and training materials. However, as of yet, no country is working toward a cohesive package because none have developed a vision or master plan that guides package creation efforts. This package will become important in the future when TSSM is replicated in other districts. Section 5.2 provides an illustrative package for Tanzania. At the global level, WSP could develop a standardized set of tools and training materials that could eventually be used when TSSM is replicated in other countries.

- **Institutionalize and make routine other forms of capacity building such as the “horizontal learning” approach used in Bangladesh.** In the Bangladesh CLTS approach it is assumed that villages and districts have much to learn from one another. Structured processes are set up so this kind of sharing and problem solving can occur. This is already occurring in Indonesia where a structured process is being used to facilitate learning across districts, in Tanzania where WSP organizes an annual meeting for all ten districts to share experiences, and in India where exposure visits supported by TSC funds take place at the state, district, and village levels. This type of sharing lessons learned and experiences is an essential component of building the capacity of local government in TSSM.

- **Make a concerted effort to develop the capacity of local government in sanitation marketing.** Developing the capacity of local government in sanitation marketing continues to lag behind CLTS in emphasis. In India, this is due primarily to the political priority that has been placed on achieving ODF status and therefore the focus on CLTS. Nevertheless, WSP is planning to provide additional training to CLTS facilitators in sanitation technologies so they can play a more effective quality control role as communities improve their sanitation facilities. In Tanzania, the focus on sanitation marketing is primarily on training masons although WSP is considering a promising approach of using franchising. This would both institutionalize and scale up sanitation marketing efforts considerably, if successful. In order for districts to plan and implement sanitation marketing activities, additional training is necessary for local government officials to ensure that they understand the key principles that underpin sanitation marketing, appreciate the role they can play, and know how to use the materials and tools available to them.

- **Identify an institutional home(s) for capacity building and then develop its capacity to play this role effectively.** The Indonesia country annex suggests that a regional center of excellence be established that would have a team of highly skilled sanitarians on staff, a training center for both CLTS and private providers of sanitation goods and services, and a show room of sanitation technologies. These functions might also be split among several institutions. An alternative is to identify an existing training institution such as in Indonesia where the Surabaya Institute of Technology is providing training in sanitation marketing. The key point in this recommendation is the need to institutionalize the capacity-building function in an existing institution(s), either governmental or non-governmental. Such an arrangement is an element of establishing the institutional infrastructure needed for replicating and sustaining TSSM.
7.2 Conclusion
This report supports the central premise of TSSM that local governments are the most appropriate and promising vehicles for scaling up. The report also points out some of the challenges inherent in the use of local government, mostly stemming from the fact that local governments in most developing countries currently lack the capacity to step into the role without assistance and strengthening. Yet despite these limitations, the trend in most countries is to decentralize and assign the responsibility for key services such as sanitation to local governments and the placing of local governments in a central role is entirely consistent with this worldwide trend.

The experience in the three TSSM countries indicates that local governments are by-and-large stepping up to the challenge. Virtually all of the pilot districts have accepted and welcomed their role in the implementation of TSSM. This report has also identified some gaps that WSP can fill, most notably in developing and acting upon a more comprehensive role of local government, the need to systematically adopt more a rigorous approach to capacity building in all three countries, and the importance of focusing on the role of local government in sanitation marketing. Finally, as TSSM moves into its final year of implementation, enough experience has been gained to document key lessons learned and approaches that can serve to scale up TSSM to other districts in the three target countries, and more importantly in other countries yet to be identified.
Annex A: Framework for Data Collection

Institutional Framework
- **National framework:** Is the role of local government in TSSM clearly defined?
- **Institutional structure:** Is there an institutional structure within local government that is responsible for sanitation?
- **Strategy:** Does the local government have a TSSM strategy in place for scaling up?
- **Legal framework:** Is there a legal framework for sanitation at the local government level? (e.g. is a dedicated sanitation unit formally established?)
- **Norms and standards:** Are there norms and standards in place for sanitation?
- **Political will:** Is there political will at the local government level as expressed in a shared vision and are there resources to carry it out?

Roles and Responsibilities
This section is aimed at determining who is in charge of specific functions related to the implementation of TSSM and whether the function is adequately taken care of?
- **Planning:** Who is in charge of planning sanitation activities in the district?
- **Promotion:** Who is responsible for promoting sanitation and hygiene?
- **Implementation:** Is there sufficient capacity for community outreach? Who is responsible for sanitation marketing and is there adequate capacity? Who provides sanitation products?
- **Supervision:** Do standards exist for sanitation and who sets and monitors their use at the district level? Is there an M&E system in place and who is responsible for M&E?
- **Coordination:** Are there coordination mechanisms in place? Who is responsible for coordination?

- **Capacity building:** What is the role of local government, if any, in providing training in TSSM to the private sector, community motivators, and other target groups? Who provides training to local government staff?

Resources
- **Financing:** What is the annual budget allocated for TSSM at the district level and is it adequate?
- **Human resources:** How many people work on sanitation in the local government? Is the number of staff adequate to the magnitude of the task? Are their jobs well defined?
- **Supplies/equipment:** Are the supplies and equipment adequate to carry out TSSM activities? e.g. vehicles, tools, materials

Capacity-Building System
- **Strategy:** Have the training needs been systematically identified? Is there a national capacity-building strategy and plan for developing the capacity of the local governments?
- **Methodology:** Is there an agreed upon training methodology and the capacity to use it when designing and delivering training?
- **Trainers:** Is there an adequate pool of qualified trainers for scaling up to all districts? Do these trainers have an institutional home? What are the profiles of these trainers?
- **Training materials:** Is there a comprehensive set of well-designed training materials and tools for training of local government staff?
- **M&E:** Who is in charge of monitoring and evaluating the effectiveness of capacity-building activities?
Annex B: Tanzania

1 Introduction

1.1 Objectives

The objectives of the country visit to Tanzania included the following:

- Identify the challenges that local governments face in implementing TSSM.
- Understand the management model for implementing TSSM at the district level and learn how well it is working.
- Learn about the approaches currently being used to develop the capacity of local government and learn how they are working.

1.2 Background

Like many countries, Tanzania is becoming increasingly decentralized and is devolving responsibility to local governments. Local government in Tanzania has three distinct levels: districts, wards and villages. Each level consists of both the local government administration and a corresponding elected council. Executive Directors (ED), appointed at the national level, manage the districts. In addition, each district has a district commissioner who acts as the president’s representative and can, in effect, rule over the ED. The executive director is similar to a city manager in the United States and is an experienced manager of local government administration. The local government administration consists of separate departments for health, water, agriculture, education, community development and others. The heads of these departments report to the executive director. The district council consists of representatives from all the wards and some at-large representatives. The ward level consists of an appointed ward executive officer and typically about 4–6 extension agents, usually in health, education, community development and agriculture. The ward council consists of elected representatives from each village, of which there are typically 4–6 in each ward. Villages are formally designated entities, and are headed by an appointed village executive director. Primary school teachers are accountable to the village executive officer.

WSP’s sanitation and hygiene project in Tanzania has three components. The first is the Global Scaling Up Sanitation Project (TSSM), which aims to increase improved sanitation coverage in rural Tanzania through developing large scale and sustained demand for improved sanitation, and simultaneously supplying it with appropriate products and services. The second is the Global Scaling Up Handwashing with Soap Project (HWWS), which has the objective of planning and implementing a large-scale, sustainable handwashing with soap program in rural Tanzania. The third is the Impact Evaluation (IE), which has the objective of estimating the direct impact of the two components above on the health and welfare of the rural poor in Tanzania.

Of the four TSSM locations, Tanzania is the only one where both TSSM and HWWS are being implemented. WSP is implementing TSSM and HWWS activities in the same ten rural districts. However, in order to measure the impact of these interventions, the project is structured so that some wards receive TSSM, some HWWS, some both interventions, some no interventions to serve as a control group, and some receive nothing. This project design has implications for local government since the same people at the district level are responsible for both interventions.

One essential point is that of the four TSSM locations in the global project, Tanzania is the only country where the project started from scratch: WSP had to spend time at the beginning to gain the commitment and ownership of TSSM by national officials and set up the institutional and implementation arrangements. As a result, implementation in Tanzania was delayed and at the time of the field visit for this study, implementation in the districts had only been underway for one month.
1.3 Methodology
Prior to the visit, a data collection framework was developed in order to obtain the answers to specific questions. Interviews were held with the following:

- WSP staff, including two staff from the regional office in Nairobi with significant involvement in the TSSM activity
- Water and sanitation staff in Kiteto and Mpwapwa Districts, including district water engineers, members of district water and sanitation team (DWST), members of the supporting team, ward executive officers, and a village executive officer
- The Ministry of Health and Social Welfare (MOHSW) and Ministry of Water and Irrigation (MOWI), the two ministries with most direct involvement in sanitation and hygiene
- The two national NGOs that have been contracted by WSP as resource agencies to implement TSSM in the districts
- Key national level partners including Plan, WaterAid, and UNICEF

2 Management Model
The management model for implementing TSSM in Tanzania can be described as follows:

- National level coordination. WSP is responsible for overall program management and coordination at the national level. WSP TSSM staff consists of a resident team leader, two regional WSP staff based in Nairobi, and four district coordinators, who are actually short-term consultants and also oversee activities in the WSP-managed HWWS Project. WSP’s overall program management responsibilities consist of national level coordination, guidance and advice to the national government in development of sanitation policy and strategy, contracting and direct supervision of two resource agencies (RAs), contracting and supervision for consumer research and a media campaign, implementation planning, development of training materials and tools for use by the RAs and districts, and program monitoring.
- District coordination. WSP has hired four district coordinators, each of whom is responsible for coordinating activities in 2–3 districts. These coordinators serve as the primary interface with district government, ensure integration of HWWS and TSSM where appropriate, supervise the activities of the resource agencies, and provide regular information to WSP on progress.
- Resource agencies. Two national NGOs, ACHRID and EEPCO, were selected as resource agencies. Each works in five districts. Although based in Dar Es Salaam, both have limited capacity to work in a large number of districts at any one time. Their roles are to train district staff in CLTS and master masons in latrine construction and sanitation marketing, monitor and report on progress at the ward level, certify communities as open defecation free, and collect baseline data. If the RAs are successful in developing district capacity, they will no longer be needed in the 10 TSSM districts at the end of the implementation period.
- Districts. Districts are the primary implementation unit for TSSM. The primary counterpart within district government is DWST. The DWST consists of heads of all the district departments and meets monthly. The District Executive Director chairs the DWST, but the District Water Engineer acts as secretary and, as such, is responsible for setting the agenda and follows through. The districts are responsible for developing action plans for CLTS and sanitation marketing, training at the ward level, supervision of ward level CLTS facilitators, monitoring of progress along with the RAs, and reporting.
- Wards. In the local government scheme, wards are responsible for implementing what the districts want. In TSSM specifically, wards are responsible for triggering activities in villages, monitoring village activities, and reporting to the districts.

The fundamental management model of using resource agencies to develop the implementation capacity of the districts is very appropriate to the Tanzanian context given the generally weak capacity of local governments. No structure other than local government allows TSSM to be scaled up to a large number of districts.
3 Specific Findings

The findings in this section must take the following overarching factors into account:

• The timeframe of 15–18 months for developing the capacity of local governments to implement TSSM has been delayed. The result is that implementation activities at the district level had just begun when the visit took place.

• The emphasis to date has been on developing the capacity of districts in the implementation of activities in the communities and less on the development of long-term and sustainable capacity at the district level.

• A number of interviewees cited the variability in the effectiveness of local governments and also the overall weaknesses of rural districts as being a key factor in any management model.

• The emphasis in CLTS in Tanzania is on triggering households to upgrade their latrines rather than on building a sanitation solution in the first place. National statistics estimate that only 5–6% of households practice open defecation. This focus on upgrading poor quality latrines requires some adaptation in the training materials that can be used from Indonesia and India and elsewhere.

• An assessment of the capacity-building approach is ultimately dependent on the definition of scale up for TSSM. If the aim is to cover 10 new districts every two years, then the current approach can be replicated. However, if the aim is to cover 50 districts over the next two-year period (most of the 132 districts are considered rural), for example, then the current approach may not be scalable.

3.1 Legal and Institutional Framework

3.1.1 Legal Framework

The Ministry of Health and Social Welfare (MOHSW) is currently leading the development of a national sanitation and hygiene policy, which is expected to be ready in draft by the summer of 2009 and formally approved by the cabinet in October 2009. The outline of the policy indicates that it will offer a definition and framework for both rural and urban sanitation rather than a platform for specific approaches such as TSSM. Nevertheless, it is expected to fill an important gap and, if nothing else, serve as a starting point and an expression of the importance of sanitation at the national level.

After the policy is approved, the MOHSW will update the existing national strategy so it is consistent with the policy. The strategy will be more explicit about targets and specific approaches to achieve them. The on-the-ground TSSM activities could be used to inform the development of this strategy, perhaps through field visits of policy makers to some TSSM districts. In addition, the MOWI is revising guidelines for rural sanitation. They currently cover financial reporting and not design, implementation, and monitoring. The revised guidelines will provide the norms and standards that, until now, have not been well defined.

3.1.2 Institutional Structure

At the national level, the MOHSW is formally responsible for sanitation and hygiene. The Ministry has a five-person sanitation and hygiene unit within the Directorate for Preventive Services. The MOHSW works in close collaboration with the Ministry of Water and Irrigation (MOWI), which also has sanitation, as part of its mandate both in urban and rural areas and in practice is actually more directly involved in sanitation than the MOHSW. In general, in Tanzania, national ministries are responsible for setting direction, mobilizing resources, and aligning stakeholders with the direction, and local governments are responsible for planning and implementation. Therefore, local governments have primary responsibility for implementation of TSSM and are the logical entities to work with. It is important to note that, unlike in some countries, there is no national government institution that is responsible for training of local government staff. Training falls to the line ministries responsible for specific sectors.

As explained above, the DWST is the structure responsible for TSSM within the local government. The DWST is a useful district level structure for coordinating the implementation of TSSM. While the DWE is the primary counterpart, most districts have appointed a sanitation and hygiene coordinator (often an environmental health officer) on a part-time basis to handle day-to-day TSSM implementation. There is no full-time staff at the district level responsible for sanitation. Traditionally, the DWSTS have been focused more on water supply than on sanitation and hygiene, and, as a result, need training in these areas.
3.1.3 **Strategy**

The ten TSSM districts do not yet have a strategy in place for scaling up TSSM within the districts. Districts have developed enabling environment plans, but these appear to be primarily implementation plans and do not constitute a formal strategy. However, this is understandable, since TSSM activities in communities only began in May 2009. In addition, the strategy for TSSM in each district is an integral part of the TSSM design so the focus with the districts has been on developing plans to implement it. According to some WSP staff, the premise is that once the districts understand TSSM, they will be in position to develop a strategy for scaling up within the district to other wards.

To date, very little has been done in building political will at the district level with the elected councils. Efforts to date have been successful in generating understanding and acceptance of TSSM at the district level, especially the Executive Director (ED) and District Water and Sanitation Team (DWST), but no efforts have been directed towards developing the skills of the ED and DWST to gain the political support of the district councils. Since district councils approve budgets and are representative of all wards, they are in a position to advocate for TSSM in the wards and villages. WSP is now planning to develop standard advocacy tools such as TSSM presentations that district officials can use with the elected councils. Now that TSSM activities are being rolled out in all districts, advocacy efforts with councils are expected to increase.

3.2 **Roles and Responsibilities of Local Government**

3.2.1 **Strategy and Planning**

As discussed above, districts have not yet developed a strategy for scaling up TSSM. The focus to date has been on introducing the TSSM concept to the district, gaining their commitment and buy-in, and developing implementation plans. Planning is the responsibility of the DWST and specifically the DWE has the lead role for developing TSSM implementation plans. The districts have been directly engaged in developing these plans and appear to have ownership of them. As implementation proceeds and experience with the TSSM grows, the districts will be in a better position to develop a strategy for scaling up TSSM to other wards and to solidify the gains made in the first wave of wards.

3.2.2 **Promotion and Advocacy**

Promotion and advocacy of sanitation and hygiene at the household level is being done through a national radio campaign, soap opera, and advertisements and also through the CLTS facilitators and masons and front line facilitators who meet people biweekly in small groups to discuss sanitation and hygiene issues and conduct product talks and demonstrations in households. The training the DWSTs have received in the TSSM approach further supports these efforts. However at the political level, very little has been done to advocate with the district councils and discuss with them how they in turn can promote TSSM within their wards. The promotion of TSSM with the council would seem to be a responsibility of the ED or DWE.

3.2.3 **Capacity Building**

The districts are very clear about their role in developing capacity to implement TSSM. The district level trainers for CLTS are local government staff who in turn train ward level extension officers as CLTS facilitators. The lead responsibility for training trainers and follow up, however, lies with the resource agencies. See Section 3.4 below for more about capacity building.

3.2.4 **Supervision**

Since implementation has just started, no district-based system has yet been developed for supervision of CLTS facilitators and masons. In the medium and long terms the districts will bear the responsibility of supervision, but currently that responsibility belongs to the resource agencies and district coordinators. As a result there is some question to what extent the districts fully appreciate their role in this area. When asked about their role, however, the districts do consider supervision to be one of their core functions. More will need to be done to develop an effective supervision system that defines the frequency of visits, information to be collected, and what to do with that information. WSP is working to define the supervision system and link it to the MIS. The plan during TSSM is for the resource agencies to recruit additional ward-based supervisors to work with RA staff. This is intended to build a base that can continue supervision when TSSM ends. The challenge will be to transfer the supervision function from the RA to the district government by the end of the
TSSM project. The district staff trained as CLTS trainers are the likely people to act as supervisors for TSSM activities.

3.2.5 Monitoring and Evaluation/Reporting
Responsibility for monitoring and evaluation is, in theory, a district level responsibility. However, the role of the LG has not been specifically defined and a system for M&E has not yet been developed. As a result, the RAs are responsible for monitoring all TSSM activities during the life of the project and the districts monitor their own contributions and report on their activities to central government. In the medium term, the emphasis should be on developing the capacity of the district to take lead responsibility for M&E. This will require the development of simple M&E tools that are consistent with the way the district currently collects information.

3.2.6 Regulation
The regulatory role of local government refers primarily to sanitation marketing and the regulation of products and services provided by masons. At present, this role is little understood and defined by local government and has not been a major focus of any of the workshops or training programs that WSP has conducted. In the short run, the regulatory role of local government is likely to focus on improving the quality of the latrine slabs, but in the medium and long term, the regulatory role of local government might also include setting standards, enforcement mechanisms for sanitation products from the private sector, and accreditation of suppliers.

3.2.7 Coordination
Coordination should be looked at on two levels—among the district departments and across national level agencies. At the national level, the National Sanitation and Hygiene Steering Committee led by the MOHSW is providing coordination. At the district level, one of the strengths of the management model used in Tanzania is the use of the DWST. The DWST is not only a mechanism that exists in every district and therefore is completely replicable, but it is also a mechanism that allows for coordination across the different local government departments, especially health, community development, education, and water. If such a mechanism didn’t already exist, it would likely need to be created for TSSM to work in a coordinated manner across local government departments.

3.3 Resources
3.3.1 Financing
All rural districts in Tanzania will receive approximately US$20,000 for sanitation and hygiene from the water Swap and $30,000 for each of the ten TSSM districts. This represents approximately .2 percent of the total of a typical budget for a rural district. It is worth noting that these budgets, which are delivered through the Ministry of Water and Irrigation, are not static. There is some expectation that they will grow, possibly up to US$40,000 in 2010. In addition, the US$20,000 does not reflect all the resources going to sanitation and hygiene in a given district. Other sources include government health and education programs, donors and NGOs, and household spending. While the districts could certainly benefit from additional funding for sanitation and hygiene, the availability of these funds represents a major achievement and an excellent starting point.

In the ten TSSM districts, the US$30,000 represents the counterpart funds available for TSSM implementation. Sanitation is likely to take up more of the budget, and some districts have used up to 100 percent on sanitation. In the future as new guidelines are developed, the split is likely to be closer to 75 percent for sanitation and 25 percent for hygiene. As yet there is no plan or understanding of how best to use these funds to support TSSM. The guidelines being developed by the MOW is expected to provide some guidance to the districts on the use of these funds. However, those guidelines are for rural sanitation in general and not for TSSM in particular.

In general, some interviewees expressed concerned that the lack of financing could become a major constraint in scaling up, especially in the provision of credit to masons to buy supplies and to households to improve their latrines. Plan International has had success in establishing village savings and loans associations, which could become a source of credit to masons and to households. Even if CLTS triggering is successful in creating demand, the lack of financing may make it difficult for some households to afford even low cost sanitation solutions. However, this is not yet known and will be an important issue to follow.
3.3.2 Human Resources
As discussed previously, district and ward level staff are responsible for implementing TSSM. The primary implementers at the district level are members of the DWST supporting team, which is composed of staff from the different departments. At this early point in implementation, the number of staff appears to be adequate to the task. This will need to be revisited once implementation is fully underway.

At the ward level, the use of existing extension officers to do triggering is a practical solution. Ward extension officers all have at least a secondary school education with ward health officers having a certificate in health education and education officers a teacher’s certificate. Some also have bachelor’s degrees. WSP estimates that the time required to “trigger” a village will be about three hours—two hours on day 1, with a one-hour follow-up in a day or two. Facilitators work in a team of two to four facilitators. If this estimate of time is accurate, the “triggering” responsibility of the extension officers should not be a great burden. In addition, the facilitators are only expected to trigger approximately 16 subvillages, which amounts to approximately one trigger per ward per month.

3.3.3 Supplies/Equipment
The country visit was not sufficient to fully assess the availability of supplies and equipment for implementation of TSSM. With implementation just beginning, resource constraints have not yet become a major issue. That may change once implementation is in full swing. When asked what resource constraints were anticipated, ward staff in particular mentioned the lack of transportation for ward staff to travel to far away villages for CLTS. Some villages can be 20–25 kilometers from the ward office, thus requiring some means of transportation. This is a major issue because of the huge distances between wards and the lack of any public transportation.

3.4 Capacity Building
3.4.1 Strategy
In Tanzania, TSSM has not yet developed a written training strategy based on a careful and comprehensive training needs assessment. Nevertheless, there is an implicit training strategy in place that uses a cascading TOT approach. First, WSP staff train the resource agencies and introduce TSSM to the DWSTs. Second, the resource agencies train district officials in CLTS and masons in sanitation marketing. These district level trainers then in turn train ward level extension officers for CLTS. For sanitation marketing, the RAs directly train masons in each district. In any cascading TOT approach, the challenge is how to maintain quality as you go from one level to the next.

In addition, training is focused primarily on implementation, namely CLTS triggering and latrine upgrading. Other functions of the DWST such as financing, regulation, or promotion have not been addressed although WSP staff is aware of the importance of developing the capacity of the DWSTs to carry out all of its functions. Finally, training has not yet focused on the full DWST team, the district councils, or the ward executive officers. WSP conducts annual workshops for representatives of the DWSTs to share experiences and provide additional training.

3.4.2 Training Methodology
There seems to be general acceptance of the value of participatory training and the principles of adult learning. However, participatory training is not a training methodology per se but rather a general description of the training process and the principles of adult learning are a foundation for training but do not constitute a training methodology. An example of a participatory training methodology that is consistent with the principles of adult learning is the Experiential Learning Model. The use of a specific learning methodology is important because it sets a standard and therefore provides consistency to the design and delivery of training. To an academic, participatory training often means questions and answers after a lecture. To a trainer skilled in the use of the Experiential Learning Model, participatory training has a much deeper meaning and includes not only a wide variety of training techniques such as role plays, case studies, group tasks, and field visits, but also requires the use of facilitation skills and involvement of participants at all stages of the learning process. An understanding of the training methodology that underpins the training materials is an essential part of any TOT. Without such an understanding and the skills to use that methodology when designing and delivering training, the quality of training is likely to suffer.
3.4.3 Trainers

The adequacy of the number of qualified trainers at each level cannot yet be determined. If TSSM expands to other districts, it is currently unclear whether there are trainers that can provide the quality training that WSP staff has provided to the resource agencies and DWSTs. Similarly, if the model of using RAs is maintained in other districts, there are questions whether there are other qualified NGOs that could play the role of the RAs. Some say that number of the NGOs like ACHRID and EEPCO is very limited in Tanzania. At the district level, it is too soon to know if the TOTs will be successful in developing a pool of qualified trainers. However, it is a reasonable assumption that at the end of the implementation period, there will be an increase in the supply of trained local government staff that could be used in other districts.

3.4.4 Training Materials

Effective training materials require the development of a step-by-step trainer’s guide and a participant manual for each level and each type of training. The training materials available for review at the time of the visit to Tanzania consisted mostly of content materials with relatively little guidance on the training process (e.g., step-by-step procedures for trainers to use in conducting training).

At the first level of the cascading approach, WSP developed a TOT manual for the initial training of the resource agencies (“Training of Trainers Manual on Sanitation Marketing, Community-led Total Sanitation, and Handwashing with Soap”). This document is in essence a participant guide and includes a session on training skills that offers guidance to the RAs on training. There is no separate trainer’s guide since the training was conducted a single time by WSP staff.

For the training of master trainers at the district level, the resource agencies were not explicitly required in their original TOR to develop training materials for use at the district and ward levels. During the country visit, when asked what materials would be used for the training of district level master trainers for CLTS, the resource agencies showed the consultant a handbook on CLTS by Kamil Kar and Robert Chambers and three short PowerPoint presentations for a four-day workshop. This CLTS handbook was not written for district level audiences and is not appropriate to be used directly with district staff without adaptation. They also said the same materials would be used at the ward level.

Subsequent to the visit, a revised version of this handbook was developed that is appropriate for use in Tanzania and other countries. This document is an excellent and useful resource for the participants. WSP staff reports that the RAs are currently developing a separate trainer’s manual and participant guide for the training of district level trainers in CLTS. This document was not available for review as of this writing. The assumption is that the district trainers will use the same training materials for training CLTS facilitators at the ward level, which means they will be translated into Swahili. In addition to the CLTS materials, WSP has also contracted with a consultant to develop training materials consisting of a separate trainer’s and participant manual in Interpersonal Communication (IPC) for front line activators. The IPC materials are an example of the kind of materials that should be developed for all levels and types of training.

For mason training, the RAs provide direct training of masons. EEPCO said during the visit they would use a handbook they had previously developed for this purpose. This handbook is written in Swahili but because it is mostly text, it will require that the masons have a reasonable degree of literacy, which is not likely to be the case. There is no trainer’s guide or participant manual for the mason training other than a summary of the training that is mostly focused on content. While mason training is clearly mostly hands-on and practical, it still requires a trainer’s guide to ensure consistency in the training and to provide a resource when TSSM is replicated in other districts. In terms of content, at present the focus of the mason training is on latrine upgrading although there is a limited amount of time devoted to training in sales and customer service.

As TOT materials are developed, the training design should also include materials on training skills and include time for practice training. Without an equal focus in the TOTs on building training skills, the quality of training becomes dependent on the individual training skills of the RA trainers, which can be expected to vary.
A comprehensive set of capacity-building materials needed for scale up to other districts has not yet been defined. The development of comprehensive and standardized training materials has a cost associated with it, however, and will require skilled training developers.

3.4.5 M&E of Training
Responsibility for monitoring the quality of training is shared. WSP monitors the quality of the training done by the resource agencies by having WSP district coordinators participate in each district level TOT. Resource agencies are in turn responsible for monitoring the quality of the training delivered by district trainers at the ward level. Eventually, local government is expected to monitor the quality of the training, but this is a medium-term objective.

4 Summary of Challenges that Local Governments Face in Implementing TSSM

- Local governments have generally weak capacity, especially at the ward level. The generally weak capacity of local government will be an ongoing challenge in implementing and scaling up TSSM within the district. The management model described in Section 2 was developed in recognition of this weakness. The model places primary responsibility at the district level but provides an external resource through the RA. If the management model proves successful, then the 10 TSSM districts should be able to take on increased responsibility by the end of the implementation period to scale up within their districts. At the ward level, districts will be required to carry out regular and close supervision after the district staff is trained.

- The lack of financing, especially sources of credit for households and masons, could become a major constraint in responding to demand generated by triggering. Despite the first-time approval from the national budget of a dedicated amount for sanitation and hygiene, financing might become a challenge since the amount is low when compared to the need. In theory, the CLTS methodology will create the demand so households will be willing to pay for sanitation improvements. However, it is too early in the implementation process to know to what extent financing is a constraint, especially for low-income households to fund sanitation improvements and for masons to buy supplies to meet the demand. The village savings and loan associations being established by Plan International is one promising solution to this issue.

- In part because of the relatively short timeframe for implementation, insufficient attention is being paid to developing the capacity of the districts to carry out the full range of roles and responsibilities related to TSSM. The lack of a comprehensive and well-defined role of local government is a constraint to a comprehensive plan for building the capacity of the district. As a result, districts see their roles mostly in terms of implementing ward- and village-level activities, but less so in the development of systems and procedures for carrying out the other roles that are equally essential to sustainability and scale-up. The systems and procedures at the district level that need to become part of the district operating structure have not yet been developed in such areas as reporting, planning, supervision, and M&E. The risk of not addressing all these roles is that the project efforts may be less sustainable.

- Local governments do not yet have a complete package of tools and materials that can be used to implement TSSM. This will become especially important when replicating to other districts. When asked what a comprehensive package of tools and materials might look like, WSP staff and others interviewed shared several suggestions (see sidebar, Training materials and tools).

- To date, more attention has been focused on developing local government capacity in CLTS than in sanitation marketing. What has been done in sanitation marketing has been on increasing the supply of sanitation goods and services and not in such areas as financing or local regulation.

5 Lessons Learned and Recommendations

5.1 Management Model
The ability to replicate of the current management model in Tanzania is dependent on two key factors. The first factor is the availability of other resource agencies like ACRHID and EEPCO. As discussed earlier, until the pace of scale up is defined, it is not possible to know if the resource agency model is scalable. A central ministry official said that it is
imported to first understand what TSSM entails before deciding how fast to replicate the model in other districts and that scale-up will ultimately be dependent on the availability of resources. However, if scale-up is defined as replicating TSSM in 10 new districts, then this model looks very promising.

Second, some organization will need to play the overall project management role that WSP currently plays in TSSM. Because national government is not yet ready to play this role, WSP has assumed the responsibility. The overall role that WSP plays is an integral and inseparable part of the management model. A preliminary framework for defining this overall role is the following:

- Coordination at the national level, among districts, and between resource agencies and districts
- Support to the development of national level policies and strategies needed for TSSM
- Capacity building of the resource agencies and DWSTs
- Development of tools and training materials
- Monitoring and evaluation

At present, there is no obvious answer to this issue. Possible options include: 1) a follow-on donor project that would fund a capable international NGO as overall coordinator, 2) assigning either the MOHSW or MOWI the responsibility to provide oversight, 3) a follow-on WSP project, 4) a franchisor that would award franchises for sanitation supplies, or 5) a hybrid solution of some or all of these possibilities.

Because of the unanswered questions about the management model, it is possible that WSP is not actually testing out the management model that will be used to replicate TSSM in other districts.

5.2 Role of Local Government
The role of local government is currently focused on implementation and not on the full range of roles and responsibilities required for TSSM. The full range of roles might include:

- Strategy and planning
- Promotion and advocacy
- Training
- Supervision
• M&E/Reporting
• Regulation
• Financing

The expectation is that as the project evolves, the roles that have not been fully addressed to date—regulation, financing, supervision, and M&E—will become a focus of attention.

5.3 Capacity Building

While the cascading approach to capacity building is appropriate, more must be done to ensure the quality of training at each level. Suggestions to ensure quality include the following:

• Standardized training materials at each level of the TOT process should be developed to ensure consistency and quality each time a similar workshop is conducted.
• All TSSM training materials should consist of the following and use a consistent training methodology:
  o Facilitator’s guide with step-by-step instructions for conducting training for use only by the trainers
  o Participant manual that participants receive at the workshop
• Existing level-appropriate materials from other countries should be adapted to make sure they are relevant. Materials participants receive should be user friendly, without excessive amount of text, and in Swahili if necessary.
• TOTs for the RAs and district level trainers should include both content and training methodology. After TOTs are conducted, systematic follow-up is needed to ensure quality, especially during and after the first workshop or two.

The different groups targeted for training might also be expanded to include other actors at the local government level. Table B.1 summarizes the range of players at the district level that are currently being trained and the other target populations that could also be addressed.

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**TABLE B.1: SUMMARY OF LOCAL GOVERNMENT CAPACITY-BUILDING ACTIVITIES**

<table>
<thead>
<tr>
<th>Potential Target Populations</th>
<th>Planned</th>
<th>Potential Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>District</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District council</td>
<td>No</td>
<td>Short training session by ED or DWE to share information and discuss the council’s role in advocacy</td>
</tr>
<tr>
<td>Executive Director</td>
<td>As chair of DWST</td>
<td>Can participate in DWST training</td>
</tr>
<tr>
<td>DWST full-team</td>
<td>Partially</td>
<td>Focused training on expanded role and specific functions</td>
</tr>
<tr>
<td>DWST supporting team</td>
<td>TOT</td>
<td>—</td>
</tr>
<tr>
<td>Ward</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward executive officer</td>
<td>Only as participants in ward level training</td>
<td>Half-day orientation by DWST on TSSM and Ward role</td>
</tr>
<tr>
<td>Ward extension staff</td>
<td>As participants in ward level training</td>
<td>—</td>
</tr>
<tr>
<td>Village</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Village Executive Director</td>
<td>No</td>
<td>—</td>
</tr>
<tr>
<td>Village council</td>
<td>No</td>
<td>—</td>
</tr>
<tr>
<td>Village masons</td>
<td>As participants in ward level mason training</td>
<td>—</td>
</tr>
</tbody>
</table>
Annex C: Indonesia

1 Introduction
1.1 Objectives
The objectives of the country visit to Indonesia included the following:

- Identify the challenges that local governments face in implementing TSSM.
- Understand the management model for implementing TSSM at the district level and learn how well it is working.
- Learn about the approaches currently being used to develop the capacity of local government and learn how they are working.

1.2 Background
The objective of TSSM in Indonesia is to achieve sustainable access to improved sanitation for 1.4 million people in East Java (out of a total population of 36.6 million, of which 18.6 million were without access to sanitation in 2006) by 2010 in all 29 rural districts of East Java. This result will be achieved by increasing demand for improved sanitation and hygiene and improving supply of improved sanitation products and services.

This first four-year pilot phase will be scaled up to a total of 10 million people by 2015 to meet MDG targets, covering the ~11.4 million people presently without access.

TSSM in Indonesia has three components:

- Increasing demand at the household and community level by working with and supporting local government agencies and community-based organizations and NGOs
- Improving the supply of affordable and appropriate sanitation products and services, by working with and supporting builders, manufacturers, and providers of sanitation products and services
- Strengthening the local and national governments’ ability to create and implement policies that will support sustainable, effective, and efficient rural sanitation programs by working with and supporting national, district- and local-level leaders, politicians, and opinion makers to generate commitment and political will

The Community-based Total Sanitation (CLTS) approach was introduced to Indonesia in 2005. This approach has produced some promising results in some provinces in Indonesia so that two sub-districts in East Java and South Sumatra declared themselves free from open defecation in 2006.

WSP supports the process on two main levels:

- At the national level, by working with the National Coordination Committee
- At the regional level with a regional coordinator based in Surabaya, and three coordinators at the district level

At the provincial level in Indonesia, the administrative structure includes multiple levels of local government. Table C.1 shows these levels with the approximate populations at each level. These are not official data, but rather rough estimates based on interviews.

| 1 district | 20 sub-districts | 640,000 persons |
| 1 sub-district | 10 desa (village) | 32,000 persons |
| 1 desa (village) | 4 Dusun | 3,200 persons |
| 1 dusun (hamlet) | 160 Households | 800 persons |
| 1 household | 5 Persons | |

(Source: interviews)

TABLE C.1: INSTITUTIONAL STRUCTURE
2 Description of the TSSM Model

The current management model is a new paradigm involving local governments in promoting sanitation. Compared with the older centralized model, this approach makes local governments responsible for environmental sanitation and expects the central government to act as a facilitator in institutional change, strategy formulation, capacity building, and the provision of incentives.

The project components are the following:
1. Policy-level strengthening is done by WSP working directly with the Government of Indonesia and partner agencies at national and sub-national levels.
2. Resource Agencies (RA) build the capacity of local governments for implementation. They train district staff, assist with the planning and design of activities, and develop local monitoring and support systems.
3. Increase household and community demand (mainly through CLTS, supplemented with media promotion).
4. Increase sufficient and effective product supply and sanitation services: stonemasons, manufacturers and suppliers (distributors) of sanitation products and services.

The management model at the district level is based on the same structure developed at the regional and national levels:
• A Coordination Committee in charge of planning and monitoring. The members of the Committee include government institutions (National Development Planning Agency, Public Works, Education), NGO, and the Community Empowerment Office;
• The health division (which goes by different names according to the level from Ministry to Puskesmas) is in charge of implementing the Coordination Committee’s decisions.

By level, institutional functions and responsibilities are as follows:
• National level coordination. The Deputy of Facilities and Infrastructure (bappenas) is responsible for coordinating a national steering committee for the formulation of national policies. A technical committee is in charge of elaborating operational activities and providing funding and monitoring. In support of program operations, a TSSM Program Secretariat is based in the Ministry of Health to support and provide data input as the basis for decision making by the Steering Committee and the technical committee.
• Regional level: The regional bappeda is in charge of leading the provincial coordinating team, developing the TSSM program throughout districts, providing technical guidance, and monitoring and evaluating activities. The Environmental Sanitation Sub-Division within the Provincial Department of Health Services implements these functions.
• District level: Like the regional level, the district bappeda is responsible for leading the district coordinating team, developing the TSSM program at the district level, preparing requests for funding, and monitoring and evaluating activities. Within the Department of Health Services, the Environmental Health Sub-Division is implementing these functions.
• Sub-district level: At the sub-district level, a coordinating team prepares the budget, trains the motivators, and monitors progress. The coordinating team is led by the head of the sub-district (called Camat) and its primary health centers, the puskesmas.
• Village level: At the village/area level, a committee, whose members are elected by the community, is responsible for overseeing triggering and monitoring.

WSP support to TSSM includes:
• Organizing district road shows, training of trainers, community triggering, post-triggering follow-up, and monitoring of progress
• Contracting with a resource agency to provide technical assistance
• Conducting a marketing study to develop a database on consumer demand for improved sanitation and the region’s supply capacity
• Developing a formative research-based behavior change communication strategy, menu of communications tools, and a market-based supply improvement program

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1 Badan Perencanaan dan Pembangunan NASional (BAPPENAS)
• Training of masons in sanitation marketing, in collaboration with the Surabaya Institute of Technology

3 SPECIFIC FINDINGS

3.1 Legal and Institutional Framework

3.1.1 Legal Framework

a. At the national level

Decentralization is relatively recent in Indonesia (2001), and the country is still considered to be in the process of decentralizing. Many LGs have not yet developed their own laws, or only partially.

The main legal references at the national level are:

• Law Number 32 Year 2004 on Regional Government that defines the LG responsibility for health, education and procurement of public facilities and infrastructure

• Law Number 23 Year 1992 on Health that defines the responsibility shared by households ("obligation to participate in maintaining and improving the degree of individual, family and environmental health") and public services ("achieve healthy environment and improve knowledge, awareness, willingness and ability to live healthy")

• Law Number 7 Year 2004 on Water Resources that identifies the need of "regulation of sanitation facilities and infrastructure"

• These laws are completed by the sector document "National Strategy for Community-based Total Sanitation" (2008) as the main document that constitutes the legal basis for rural sanitation at the national level, and describes government functions and responsibilities

The national strategy aims at improving access to sanitation facilities, particularly latrines, through collective behavioral change. This approach does not provide a financial subsidy for the communities but, through triggering activities, the communities are engaged in learning about their environmental issues and how to address them using their own capacity and potential. Approaches to implementing this strategy will not only be developed through the existing formal institutional structure, but also through local community structures that can deliver messages to target groups.

This policy was introduced in August 2008 and actively supports TSSM efforts in CLTS, as it provides the official basis (important in Indonesia) for applying such an approach. However, this framework places the priority on implementation needs and does not speak to the routine or longer-term roles and responsibilities at the district level, such as regulation or supervision. The policy also focuses on CLTS, with relatively little attention paid to sanitation marketing.

The national policy deliberately does not classify services along rural/urban lines. Instead it segments services as “community-managed/based” and “institutionally-managed/based.” CLTS implementation is considered to be applicable in both rural and urban areas.

b. At the district level

LG includes two bodies:

• Legislative assembly issues district laws (kibblas)

• Executive power (headed by the mayor, Bupati) issues different types of official documents, from executive orders to formal decrees

In most of the districts visited, there is a decree for setting up the coordination team for sanitation. Some districts (such as Jombang) have also issued executive orders that define the CLTS methodology (based on the national strategy) and the roles of different LG divisions. Given the legal framework in Indonesia, these orders are a necessary step before any implementation can take place. However, the lack of autonomy of the LG divisions limits the impact of the orders. When asked about their duties and activities, health dinas would reply by providing a copy of the letter as an official document that backs up their activities.

Some districts have worked with the local private sector and signed conventions for services or materials. The convention is signed between the head of village and the storeowner, for example, to provide the community with building materials for latrines at a fixed cost and a five-month payment
period for the services. Despite the existence of these documents, the role of LG in TSSM is only partially defined in the district legal framework.

Most of the existing norms and standards for sanitation are aimed at the implementation of CLTS, with little attention paid to technical guidelines. In a way, this situation could be considered as a step forward, as centralized technical guidelines were considered to be a limitation for CLTS implementation.

3.1.2 Institutional Structure

Figure C.1 depicts the institutional structure for TSSM. The Ministry of Health (MOH) is officially in charge of rural sanitation and the Ministry of Public Works (MOPW) of urban sanitation. As discussed under the management model, the implementation of TSSM is a shared responsibility between different levels of national, provincial and local government. In effect the focal point for implementation responsibility—health dinas at the district level—reports both to the district head (elected bupati) and the Ministry of Health, in particular for guidelines and standards and M&E.

At the LG level, formal responsibility for rural sanitation is under the bupati, who is ultimately in charge of all public activities in the district. At the LG level, the District Health Services is called Dinas Kesehatan (Dinkes). The environmental health division of Dinkes is the main implementing actor of TSSM. However, it does not handle sanitation exclusively, but it is also responsible for other sub-sectors, such as the water quality. The health promotion division of Dinkes or promkes is in charge of all health promotion activities, including, but not limited to sanitation. They also run campaigns against HIV. There is no dedicated sanitation unit within LG. Rather responsibilities are shared between these two sections of Dinkes.

3.1.3 Strategy

Advocacy at the district level has created a feeling of ownership of the TSSM program. However, these efforts have not yet succeeded in internalizing the new role of LG up to the point that scaling up and sustainability are assured. When asked about their strategies for scaling up, LGs referred to legal documents. For instance, when asked about the action plan, most civil servants replied by providing a copy of a decree or some other legal document. It seems that autonomy in decision-making at the level of the environmental health dinas is limited and the focus is rather on complying with guidelines from the district structure. Anti-corruption laws are being strengthened and officials are increasingly wary of taking risks where no explicit rules are in place. This pressure may explain why civil servants always referred to legal documents, and why planning is so limited.

Source: Total Sanitation and Sanitation Marketing Project in Indonesia—Project Implementation Plan (PIP), WSP, May 2008
Although the TSSM Project Implementation Plan foresees a strategic planning document, and the implementation manual describes the need and the content of such planning, no formal and/or written strategy was found at any level (bupati, Secretary, promkes or, more importantly, environmental health dinas).

3.2 Roles and Responsibilities
Big differences exist among districts in terms of activities and budget. The findings presented below are based on field visits and interviews in four districts and information collected by selected stakeholders at the provincial and national levels.

3.2.1 Planning
Planning of sanitation activities is a shared responsibility between:
- Dinkes through the environmental health department, which is in charge of implementing CLTS; and
- District Coordination Team, including representative of Bappedas (Ministry of Planning)

As mentioned above, there is no coordinated document that can be considered a strategic plan. Planning is being translated into legal terms (decree, executive orders) and budget that are approved by bappedas. In addition to lacking the autonomy to developing strategic plans, LGs also lack the experience and skills to use key planning tools.

3.2.2 Promotion
Promotion aimed at households is done at two levels and is carried out by the health division:
- Provincial level through media campaigns for hygiene promotion and awareness
- LG level through promkes

Effective promotion for sanitation is relatively weak at both levels. Promkes promotion activities cover a broader range of issues from water quality to HIV/AIDS prevention. The tools applied are traditional, based on increased awareness and hygiene promotion, and are not always consistent with TSSM needs that include sanitation marketing.

3.2.3 Implementation
So far implementation has been focused and limited to CLTS, with good success in triggered communities. LG acts primarily as an implementing agency with support from WSP and the RA (see Figure C.2).

During visits to the communities, the consultant determined that the facilitators are actually providing facilitation, and not taking over a more active role in the community’s decision process. With a few exceptions, facilitators are clear about their role: they help the community decide how to achieve ODF status. However, in some communities, natural leaders and local community stakeholders exert too much influence on the community’s decision-making process.

TSSM does not directly train local masons, but has instead developed a mason-training curriculum with the Institute of Technology in Surabaya (ITS). Around 600 masons from 10 districts have been trained.

3.2.4 Supervision
There is a system implemented at dinas level, with strong support from WSP through the RA. A template for M&E has been developed by the RA for LG. Puskesmas collect the data and consolidate it into reports that are submitted to the dinas, but little use of the information is made after that point. District facilitators from the resource agencies monitor and supervise activities carried out by the community including the outcomes.
3.2.5 Regulation
LG presently plays a very small role—if any—in regulating the sanitation market. The TSSM Project Implementation Plan includes the training of local service providers and the piloting of a certification mechanism for trained masons and suppliers, who can be trusted by consumers to provide “improved (safe and hygienic) sanitation” facilities on demand. But this is still to be put in place.

3.2.6 Coordination
The on-going decentralization process, the institutional structure from national to communities, and fragmented responsibilities for service delivery make coordination a critical condition for scaling up rural sanitation. This was clearly expressed by all stakeholders and efforts have been made to create coordination committees at all levels. In recent years, coordination has improved greatly, especially at the national level with the establishment in 1999 of a national inter-ministerial Water and Environmental Sanitation Working Group.

At the LG level, the dinkes works in partnership with the LG planning agency (bappeda) for coordination, as well as with the Community Empowerment agency (PMD), the Ministry of Public Works and relevant NGOs such as the Family Welfare Movement (PKK). When asked about their planning process, the environmental health divisions sometime referred to the coordination team. However, since no official published action plan is available, coordination is apparently taking place through dialogue and information sharing.

3.2.7 Capacity Building
Capacity building is provided to scale up the TSSM Program at the district level. The objective is to develop the quantity and quality of facilitators at puskesmas and district levels, and develop a mechanism for sharing lessons learned by trained facilitators.

In general terms, the resource agency provides:
- Training to the dinkes in CLTS and planning of TSSM
- Training to the puskesmas and sub-district facilitators (including external personnel from communities or local social organizations) for triggering skills and supervision
- On-the-job training for the trained puskesmas and sub-district personnel

3.3 Resources
3.3.1 Financing
Few reliable data were found on financial planning at LG level. The budget provided by the district is the main support that can be used to implement the TSSM program. Provinces have no funds for program implementation. Districts have local budgets and allocate them at their own discretion. Some districts are already funding CLTS, but have no plans, budgets or capacity to implement the still unfamiliar sanitation-marketing component. District governments fund the human resources assigned to carry out TSSM activities at the community health center (puskesmas) at the sub district level.

The sanitation budgets of the Public Works Department are usually spent on public services such as infrastructure (building, roads), drainage, or solid waste collection rather than on promoting household sanitation facilities. Health budgets are not used for public infrastructure. Past studies on LG in East Java have indicated that many local governments fail to utilize available development funds. This situation could not be confirmed during the present mission, but it is probably true considering the absence of planning and appropriate monitoring.

Some dinkes mentioned that expenditures have to be approved annually, with little provision for longer term planning. It is difficult for dinkes to make changes to the budget allocation (either up or down), because of administrative deadlines. Puskesmas receive revenues from their own activities and are able to manage these funds locally. Although low, this budget is often mentioned by facilitators and sanitarians as a resource for resolving short-term problems, such as the lack of gasoline for transportation.

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5 Rural sanitation policy lies with the Ministry of Health (MOH), particularly the Directorate of Disease Eradication and Environmental Health. Responsibility for water supply and urban sanitation policy rests with the Ministry of Public Works while community development and decentralization policy is under the Ministry of Home Affairs.
One of the key constraints is at the puskesmas level, where sanitarians lack the resources (e.g., vehicles, fuel, or allowances) to undertake the routine sanitation and health surveillance tasks assigned to them by the health department. Most sanitarians are happy to undertake these tasks when supported by project funds or given some incentive, but few incentives exist at present. Despite their genuine good will, these facilitators have other jobs and often cannot dedicate sufficient time to triggering. When given the opportunity, most of the facilitators complained about the lack of incentives for working on TSSM.

### 3.3.2 Human Resources

There are no government officials with full-time responsibility for sanitation at the central, provincial, or district levels. Responsibility for sanitation is usually one of several responsibilities, thus limiting the time available for the management of sanitation activities. As a result, attention paid to the project varies considerably.

Some districts have issued executive orders describing the jobs of each civil servant in LG for the implementation of TSSM. However, this document is usually not put into practice. There is a district level organogram for TSSM available. The benefits of building local government capacity are often diminished by the government transfer system, whereby talented officials are transferred or promoted.

Considering the lack of strategic planning at the dinkes level and the lack of information, the consultant found it a challenge to gather sufficient information to assess whether there is sufficient capacity for community outreach. Data related to how large a population a facilitator can trigger were not available. However, some information was collected from interviews with the dinkes (number of facilitators, estimate of triggered population, man-days needed for the job) and from the facilitators themselves.

Typical figures and roles are presented in Figure C.2, in a much-summarized format.

According to these figures, a typical implementation rate is estimated around (30 villages × 3,200 persons/120 facilitators =) 800 persons/facilitator, or 1 facilitator/hamlet. For some dinkes, an average of two facilitators per village is a minimum. The above calculation results in a minimum of 4 facilitators/village or one facilitator/dusun, which seems more appropriate. According to the stakeholders interviewed, this rate is sufficient for community outreach. But the potential of these facilitators is limited by the lack of financial resources for transportation and mobilization, lack of incentives, and low recognition.

At a lower level (sub-district puskesmas), frontline facilitators and sanitarians are committed and convinced of the benefits of sanitation. However, they lack recognition and support from their hierarchy. Each puskesmas employs a sanitarian tasked to monitor public health and sanitation within the jurisdiction of the health center, but a permanent lack of resources (no transport, no funds for fuel or allowances) limits activities to the bare minimum.

There is a shortage of trained, professional sanitation staff throughout the subsector. Sanitation has its own professional needs, in particular when it comes to regulating the sanitation market or promotion. This human resource deficit exists in both the environmental health level and health promotion divisions.

The provinces also have limited capacity to undertake the management, policy making, strategic planning, monitoring and evaluation (M&E), and knowledge management activities that will be central to scaling up, sustaining, and replicating the successful sanitation approaches.

### 3.3.3 Supplies/Equipment

Supplies and equipment are not adequate to carry out TSSM activities. The deficit is visible in the district and sub districts. The main deficit is transportation including fuel. Many facilitators are using their own means of transportation. Facilitators can also occasionally use the
puskesmas ambulance, but it is rarely used for triggering or M&E related visits.

3.4 Capacity-Building System

3.4.1 Strategy

The training needs have been systematically identified in the PIP and are to be developed along three main lines:

- Strengthen institutional skills for triggering behavior change processes and supporting the change process in ways that ensure sustainable positive outcomes.
- Empower rural communities to collectively improve their sanitation and hygiene behaviors.
- Improve technical and promotional skills of the local private sector providers to deliver services for improved sanitation.

The strategy for capacity building for LG includes:

- Capacity building of the resource agency by a CLTS specialist hired by WSP
- Capacity building support to local government (dinkes, bappeda and partner agencies) for preparing District TSSM implementation plans, managing local demand creation and supply improvement, and monitoring the quality of implementation and progress towards outcomes. The Resource Agency’s district facilitators (DF), who reside in the districts, are doing this training of LG. The resource agency’s training specialists on specific capacity-building issues support them. Ultimately the RA’s Regional Coordinator monitors overall district TSSM activity. This supervision process in place within the RA structure provides WSP the opportunity to monitor the RA performance at different levels.
- Community facilitator training for:
  - Planning and preparation for CLTS expansion in the district
  - Triggering CLTS at community level
  - Post-triggering follow-up with communities
  - Monitoring progress and outcomes with communities—linked to district sanitation MDG monitoring
- Training of masons, provided by the ITS

The 30-community triggering process is divided into two phases. First, 15 communities are triggered with the assistance of the district facilitator and, then, the other 15 communities will be triggered by the trained core team under the supervision of the district facilitator. The material used in the training is the Bahasa version of the CLTS training modules (see §3.4.4 below).

Training for delivering a market-based research range of improved sanitation solutions to consumers’ is also provided to masons and sanitarians by the RA and by the Institute of Technology, Surabaya. Each community is expected to have access to two masons. Eventually certificates are awarded to the trained craftsmen. In addition, a workshop on sanitation marketing is planned as part of the capacity-building strategy of the districts. It aims at identifying sanitation marketing activities to be developed by the LG; and facilitating cooperation and networking among consumers, local producers and suppliers and LG. This is not a training of service providers but rather a way to link key actors so suppliers can respond to demand.

In addition to the capacity building of local government, activities are planned to build capacity at the provincial level in order to capture the collective experiences in program implementation and provide a 2–3 day provincial forum to exchange experiences and lessons between districts. The eventual aim is to expand the program to other TSSM provinces in Indonesia. Similar workshops are being held to seek support particularly from the media in accelerating the dissemination of information on TSSM and assess the best way to give rewards.

3.4.2 Training Methodology

The methodology is based on a series of capacity-building steps:

- **Capacity building of the resource agency to train district facilitators:**
  - TOT run by WSP. The participants are resource agency staff plus representatives from districts and national stakeholders or other programs expressing interest. Training is provided for 10 days (four days in the classroom, two in the field, and two for debriefing after the field work).
M&E run by WSP. The objective is to understand monitoring mechanisms at the community level and integrate project learning with implementation. Training duration: 5 days.

- **On-the-job coaching** by the resource agency to deepen the understanding of triggering in the community and encourage community facilitators to be more effective.

- **Meetings and shared learning among resource agencies** to build mutual learning between resource agencies working on TSSM across the country in the future. This activity is carried out by the resource agency as part its effort to improve project implementation. Duration: 2 days every quarter.

**Facilitator training:**
- **Basic demand generation** to improve participants’ skills in increasing the community demand through adoption of CLTS and promotion approaches and develop a follow-up plan to implement the program in the community including strategies for achieving ODF status. The training is designed using participatory methods and techniques. The methodology is supposed to be implemented through semi-structured interviews, questions and answers, group discussions, games, brainstorming, simulations, field practices, and plenary discussions. The maximum number of participants is 35 over 4 days (3 classroom + 1 pilot triggering).

- **Scaling up at the district level** to develop triggering facilitators at puskesmas and district levels and provide a mechanism for sharing learning between experienced facilitators and new facilitators. This process may take 2–3 days. The activity is carried out in a classroom and is followed by triggering in the community.

**Monitoring and Evaluation training** is divided into two categories:
- Natural leaders and committees trained by a facilitator for recording post-triggering progress
- Triggering facilitators to improve skills in documenting monitoring and evaluation results and processes, and understanding of the ODF status certification mechanism

These trainings are implemented using a methodology that includes explanation, brainstorming, discussion and sharing.
- **Training of craftsmen** to provide local providers with skills to select and develop various sanitary options, and strengthen theirs skills in selling their services and products. This training is provided by the Surabaya Institute of Technology (ITS). The training includes multiple modules: overview of sanitation, sanitation alternative facilities, sanitation technology and hydrogeology, sales skills, entrepreneur knowledge and sales management, advanced action (marketing), and training management. Training is based on lectures, games, group discussion, simulation, and sketches of facilities.

When asked about the quality of their training, CLTS facilitators point out the efficiency of triggering using a demand-responsive approach (DRA) and community participation. However, it is not easy to assess whether this positive appreciation of the training is due to the quality of the training methodology or the quality of the trainers. One issue raised by facilitators during interviews was that the methodology and the content of training are fine, but that the agenda should be updated according to the local needs. New facilitators are hired during implementation, and there is no refresher training available for them, or any way to train additional facilitators.

As an example of profiles, nine facilitators were interviewed exhaustively during a field visit in one of the communities:
- Four have completed senior high school, half of them including environmental health as part of their basic education.
- Four have completed junior high school.
- One is a sanitarian,5 in charge of the puskesmas.

There is a good balance between male and female among facilitators.

**3.4.3 Trainers**

Trainers are either members of the dinas or individuals hired by the dinas at the local level, and trained by the resource agency. These individuals have expressed their interest in participating to the program, and are usually already

3 Trained in environmental health at a sanitarian school.
active in some community development program at district or sub-district levels, or fill an influent position in a local organization (PKK) or puskesmas.

The participants in the facilitator training belong to district, sub-district and village committees (TKK, TKKc), as well as CBOs (PKK). There is quite a strong ownership among facilitators. Most of the facilitators interviewed were able to demonstrate a good understanding of the challenge and how to address it. Team spirit and visibility is enhanced by wearing colored T-shirts, according to their group (TKK, PKK and so on).

3.4.4 Training Materials
TSSM has developed specific training materials and tools. They include:

- Training Modules for CLTS, which details the training curriculum to be used for TOT at district and village level. These modules include an extensive and detailed methodology section (e.g., training orientation, commitment of participants) before entering the content section on CLTS.
- Additional documents are available for the sanitation-marketing component, such as the manual of sanitation marketing activities. The Institute of Technology has developed training materials for masons.

When asked about the quality of the training material, facilitators recognize that the manuals are useful. However, they also mention that the documents cover the “easy cases” that address the conditions of communities where no major obstacles exist. Communities where the water table is low, or where water is lacking, or where the proximity of a water stream is competing with facilities’ costs are not addressed by the manuals, and the trainers are not able to address these issues.

3.4.5 M&E of Training
Responsibility for monitoring and evaluating the effectiveness of capacity-building activities is shared between the provincial and district levels. The monitoring and evaluation of training is divided into two categories:

- Provide natural leaders and committees with skills and assistance in recording post-triggering progress. Tools provided for natural leaders and committees should be as simple as possible and can be used and developed by the communities according to the local social, economic and cultural situations. These might include, for example, specific signs to locate the houses and a map for the changes.
- Training in M&E to improve participants’ skills in documenting monitoring and evaluation results.

With support from WSP/RA, LGs have developed a checklist for assessing the ODF status of communities. These checklists are filled out by puskesmas and transmitted to dinkes. The RA’s district facilitators monitor the quality and effectiveness of capacity building at the district level, reporting to the RA’s Regional Coordinator and the WSP capacity-building specialist.

3.5 Challenges that Local Governments Face in Implementing TSSM
3.5.1 Implementation vs. Long Term Commitment
As far as rural sanitation is concerned, LG mainly focuses on implementation. This is, of course, due to the low coverage in East Java, and the urgent need to speed up and scale up access to total sanitation. However, in the meantime, little attention is being paid to the long-term (“routine”) role of LG once a district is declared ODF.

In TSSM, meeting the coverage targets relies on behavior change and access to safe individual sanitation facilities. This result is achieved by a combined community and household effort, and complemented by private suppliers. The role of local government is thus reduced to a much smaller effort than former highly subsidized projects, where LG would provide materials and contractors for facilities construction.

Since local governments are trained to deliver public services to the community, they lack the experience, ability and means for delivering framework services for the development of rural sanitation. Local governments do not see

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*Framework services refer here to LG responsibility in creating the enabling environment for sanitation market development and regulation (e.g., fining, accreditation of service providers).*
their role in creating the enabling environment for TSSM. Although they might commit to the implementation of TSSM as a project, they face difficulties in making rural sanitation part of their “routine” agenda. Moreover, the fact that rural sanitation investments are considered low and have a slow rate of return has an impact on the capacity of local government to create an enabling environment.

3.5.2 Institutional vs. Personal Capacity
During the field visits, it was clear that stakeholder commitment is high. From community facilitators to provincial civil servant, the majority of stakeholders regards TSSM as a great opportunity and are dedicated to its implementation. This is particularly true at the sub-district and village levels. Although stakeholders (including natural leaders and Bupatis) are committed, this commitment is often personal and individual and not institutional. The lack of institutional commitment translates into low budget allocations for sanitation at the LG level and weak institutional support. These deficits are counterbalanced to some extent by the personal commitment of some of the key implementers. The challenge for LG is to include rural sanitation as part of their institutional commitment, so it less relies on personal commitment.

Efforts are being made in order to turn personal commitment into institutional commitment. The legal framework is being extended to the LG level (see §3.1.1), and some documents and mechanisms are being put in place by TSSM. However, there are still much to be done. In particular, appropriate strategic planning at LG level (dinkes) is a must for implementation and scaling-up purposes.

3.5.3 Limited Financial Resources
The budget for rural sanitation competes with other sectors, and sanitarians have presently little influence on the budget allocation. They lack the tools (starting with a consolidated strategic document) to demonstrate to their bosses the benefits of rural sanitation. Competition for budget allocation is a typical advocacy issue. However, it is linked to capacity building if we expect advocacy to be done by local government staff responsible for TSSM.

3.5.4 Lack of a Dedicated Sanitation Unit
Responsibilities are spread out horizontally (between different institutions of similar hierarchical level, like MOH and MOPW within LG) and vertically (between different hierarchical levels of the same institution, like the MOH from national to sub-district level). In the complicated institutional context of decentralization, stakeholders have achieved a very important step by creating coordination committees at all of the three institutional levels. However, the absence of a dedicated sanitation unit that would be responsible for rural sanitation makes it more complicated to build sustainable capacity.

3.5.5 Low External Capacity at District Level
LG has limited financial resources and lacks the full range of skills needed to carry out rural sanitation and TSSM in particular. As a result, LG is dependent on external resources. While there has been progress in rural sanitation (CLTS), local capacity outside of the governmental structure is low. Very few NGOs—if any—are trained and skilled at implementing TSSM. The resource agency has been trained and can provide assistance to the districts to fill this gap. However, there has apparently been little chance for other organizations to get the same training or level of experience to address the need for external support as TSSM is scaled up to other districts and provinces. The lack of availability of skilled service providers for implementing TSSM (including building capacity) may limit the scaling up process.

4 Recommendations
4.1 Role of Local Government
4.1.1 From Implementation to Supervision
In the present management model, LG acts as an implementing agency, partly because available resources on the local market are not sufficient in both quantity and quality. Considering the experience of LG in hiring service providers for other types of assignments (roads, buildings) and the fact that rural sanitation is mainly a private issue, it is worth considering shifting LG responsibility from implementation to supervision.7

7 The positive experience in Himachal Pradesh (India) confirms this recommendation.
LGs already have access to external support through the resource agency and the additional facilitator staff hired at the sub-district level. In order to realize the LG vision of supervision, it might be advisable to increase the number of contracted resources to be hired by districts in the future. LG staff would still play an important role in contributing to the triggering and monitoring progress, but it would play a lesser role in implementation than today. This process would have to be applied carefully, and progressively, in parallel to the capacity building of external resources (see §4.1.2). The role of LG would be limited to strategic planning, financial management, hiring external resources for triggering and training, and monitoring and evaluation.

Capacity for supervision is lower than the capacity for implementation. To “institutionalize” the responsibility for rural sanitation, the role should be similar to other sectors, e.g., issuing tenders and supervising contractors. A supervisory role is more compatible with the long-term responsibility of LG, especially after the district is declared ODF. Shifting the LG role from implementation to supervision should be done on a progressive basis after piloting the concept. The capacity-building methodology and tools would need to be adapted accordingly.

4.1.2 Provincial Support

Shifting LG role progressively from implementation to supervision could only work if “regional resources” (that is service providers working all over the East Java region, such as NGOs, private firms, individuals, associations) are trained, available and interested.

In order to increase the quality and availability of regional resources, one option is to create a “center of competence” at the provincial level. This center of competence would include, for example:

- A team of highly skilled sanitarians, specializing in CLTS and Sanitation Marketing
- A training center, both for facilitators and for service providers (craftsmen)
- A showroom of typical technologies for appropriate sanitation

The Provincial Health Department would advertise to attract regional resources (NGOs, private firms, individuals, associations), and then train them accordingly. Once trained, regional resources would offer their services to the LG and be hired by LGs to build the capacity of their own staff and train local facilitators and local providers. This provincial center of competence is a recommendation that can be applied even if the role of LG is not changed to one of supervision.

4.2 Capacity Building so that LG Advocates for Rural Sanitation

4.2.1 Financial Benefits of Local Rural Sanitation

The present study is not about advocacy, but about capacity building. However, there are some activities that are at the crossroads between advocacy and capacity building. An example is the provision of the appropriate tools to the bupatis so they are able to assess the benefits generated by rural sanitation, from their point of view, and without the benefit of external intervention. An example of such a tool would be a financial model comparing investment in rural sanitation and financial expenditures for healthcare at the puskesmas level.

A major effort has been made to assess the economic impacts of sanitation in Indonesia, including financial and economic benefits at the macro level. There is now a need to “translate” this assessment from the national to the LG level (surfing on the decentralization process) and express it in a format that bupatis can easily understand.10 LGs do not currently have the tools to identify these benefits. There is a need for creating a financial model that allows the identification of a rate of return at the district level. Dinkes do not need training in advocacy, but rather hard-driving economic arguments, facts, and figures that communicate why sanitation has to become a political and financial priority for LGs. WSP can help them by providing:

- ESI study findings in easy-to-convey graphics

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8 The Resource Agency presently working on TSSM is an example.
9 As developed in Himachal Pradesh, for example in the District of Mandi.
10 Written in “Bahasa Bupati”
• District-specific analytical tools that allows them to do a simplified version of the ESI using their own district data

If such a tool could demonstrate the financial (not economic) benefits of rural sanitation this would contribute to advocacy and consolidate the position of dinkes staff within the LG, including helping them gain a greater share of the budget.

4.2.2 Strategic Planning
During the country visit, it was a challenge to assess the capacity of LGs to implement the program. One of the main reasons is the absence of a strategic planning document at the LG level. Previous studies and assessment have already insisted on the need to support LG for strategic planning, and they were right.

Strategic planning is not a conventional practice in Indonesian LG, unless an external stimulus catalyses and supports it. For example, the WASPOLA project has introduced strategic planning for community-based water and sanitation services in districts, which is now seen as a national government-led capacity building initiative to equip districts to develop their WSES services sustainably and equitably. WASPOLA-facilitated processes have led to nearly 100 districts having developed WSES-specific strategic plans for short- and medium-term periods.

If provided with an appropriate template of strategic planning in a simple format—a list of activities, beneficiaries, allocated resources and planning—and an inclusive intersector process, LG will have a tool that can be used to develop a strategic plan, which they can then use to lobby district legislators and the bupati. Demonstrating this successfully in one or two districts will produce a roadmap that the others will use as soon as they see the results in terms of political will and longer-term funding secured.

4.3 Access to External Resources for Capacity Building

4.3.1 Academic Training
In addition to the center of competence to be promoted at the provincial level, it is suggested that the TSSM project work in coordination with academic centers for increasing the capacity of local facilitators and service providers. CLTS orientation and facilitator training has been introduced at the local Titayasa University. Students participate in triggering CLTS and follow up with triggered communities up to achieving ODF status, along with CLTS-trained Urban Poverty Project staff and primary health center personnel as a part of their community service internship. In addition to these formal universities, it would be useful to build capacity at lower professional training centers, such as those attended by sanitarians (see §3.4.3).

4.3.2 Horizontal Learning
Bangladesh has much experience in rural sanitation, CLTS and sanitation marketing. Based on this experience, an interesting approach is being developed there called the “horizontal learning program.” The traditional capacity-building program usually starts with the assumption that “there is a lack of capacity” that has to be addressed. What, how and when these deficiencies will be delivered are generally decided upon by experts.

In contrast, the basic assumption in the horizontal learning program is that there are existing capacities that are working well at the grass roots level. What, how, and when learning will be undertaken is decided by a peer group. Although the horizontal learning program is not replacing conventional capacity-building efforts, it aims to reinforce the target groups’ commitment to enhance its own capacities. This experience could be inspiring for TSSM in Indonesia, where there is significant experience and local capacity. Capacity building and training would have to be adapted and complemented to help LGs get in touch with other LGs and share their experience. Building capacity of LGs for sharing information is also a way of recognizing LGs’ efforts and providing motivation for scaling up.

4.3.3 Technical Guidelines
One of the main steps forward for TSSM has been to apply a broader definition of technologies, letting communities decide about the type of facilities. For example, TSSM accepts latrines shared between more than one household as improved sanitation, as long as the physical facility is one of...
an appropriate type and users have clearly defined systems for how they will share maintenance and upkeep of the facility. This reflects the reality of community life in rural Java where a dearth of available land or funds to construct latrines sometimes causes more than one household to pool resources to build a latrine which they then use and maintain jointly. Despite this wider definition, there is still a need for technical guidelines. Field visits were useful to assess that definitions are not always clear, and technical objectives are not shared by the community, or by the household member.
Annex D: India

1 Introduction
1.1 Objectives
The objectives of the country visit to India included the following:

- Identify the challenges that local governments face in implementing TSSM.
- Understand the management model for implementing TSSM at the district level and learn how well it is working.
- Learn about the approaches currently being used to develop the capacity of local government and learn how they are working.

1.2 Background
According to its constitution, India is a sovereign socialist secular democratic republic and has a federal form of government. The central Government of India (GOI) has significant power in relation to its states, and government is patterned after the British parliamentary system. The structure of local government is shown in Figure D.1.

Local government has three levels: village, block and district. At the village level, it is called a gram panchayat, a local body working for the good of the village. The number of members usually ranges from 7 to 31. Although the roles and functions of the different administrative levels vary by state, in general the national government defines policy, the state defines the targets, the district consolidates, BDO plans and GP implements.

- The State makes the strategic decisions, defines the general approach, develops tools that are compatible with national guidelines, and provides technical support to all lower levels.
- The District compiles the blocks’ action plans into one district-planning document. It also contributes to IEC by adapting and providing communication material such as posters and mass media campaigns.
- The Block is “responsible for implementing what the districts want.” It compiles the information of the villages in the form of an action plan, supports the villages in the implementation of their action plans, and monitors the progress.
- The Village (panchayat) implements the development schemes of the village, including public health, hygiene campaigns, drinking water, education, roads, markets, fairs, festivals, and celebrations. They keep records of births, deaths, and marriages in the village.

Consistent with economic and political objectives, the Government of India (GOI) launched the Total Sanitation Campaign (TSC) in 1999 to improve sanitation coverage in rural areas, with the broader goal of eliminating the practice of open defecation. Rural sanitation is formally the responsibility of the Ministry of Rural Development (RD), which has divisions at national, state and district levels. In India there is no debate at the LG level about why to focus on sanitation. The decision to implement TSC was made at the national level and is being implemented at district level by local officials.

11 “Panchayat” literally means assembly (yat) of five (panch) wise and respected elders chosen and accepted by the village community.
Because the TSC is funded at the national level, local officials do not have to fight for budget allocations. As a consequence, there is no real need for advocacy capacity within the administrative structure, and the main challenge for scaling up lies in developing implementation capacity. This is a major difference from the management model in Indonesia, and most countries not working under the Westminster System, where implementation decisions, resources and planning depend on elected bodies.

2 Management Model

Unlike Tanzania, the Total Sanitation Campaign (TSC) started before TSSM, and benefited from significant WSP support. The TSC is now operational in 572 districts across the country. In some places, there is a great deal of local experience in implementing sanitation, with a range of tools and models from fully subsidized to fully community led.

TSSM activities are embedded into the local government structure (see Figure D.2). The management model of TSSM mostly consists of supporting existing structures and efforts for the implementation of the TSC.

• National level coordination. WSP is responsible for the overall TSSM program management and coordination at the national level. WSP TSSM staff consists of a full-time resident team leader and a research analyst based in New Delhi, and two WSP coordinators based in Himachal Pradesh (HP) and Madhya Pradesh (MP). WSP’s overall program management responsibilities consist of national level coordination, guidance and advice to the Ministry of Rural Development for policy and strategy, contracting and direct supervision of two resource agencies, supporting the development of training materials and tools for use by the RAs and districts, training of RA, and program monitoring.

• State level coordination. WSP provides support to the Communication and Capacity Development Unit (CCDU) at the state level, where WSP coordinators are based. These coordinators serve as the primary interface with district government, supervise the activities of the resource agencies, and provide regular information to WSP on progress.

• National Support Organizations (SO). Two national NGOs, Knowledge Links and Feedback Ventures, were selected as resource agencies. Both national NGOs hired by WSP for capacity building at the state level are experienced, with each one contracted to work in one state (HP and MP). Their roles are to train master trainers and district staff in CLTS. Master trainers are from the district and block level governments and local NGOs.

• Districts. Districts are the primary implementation unit for TSSM. The primary counterpart within the district government is the Project Officer (PO). This is a formal position in LG, responsible for implementation of all rural development projects, including TSC. The districts are responsible for compiling action plans from blocks, hiring local support organizations, managing financial resources, compiling progress reports, and reporting.

• Local Support Organizations (SO). Districts hire local SOs at the district level for implementing TSSM at the block level. These SOs are registered NGOs and are therefore aware of the local conditions and have some experience in rural projects. They provide their own personnel and hire local motivators.

12 But they have to struggle on all kinds of other fronts, from on-time disbursements to availability of trained staff.
• **Blocks.** BDOs are responsible for monitoring NGO activities and reporting to the districts. The SO works under the supervision of the district and block to trigger communities directly.

• **Local private sector.** The local private sector is responsible for providing sanitation products and services that respond to consumer demand by households. The private sector in both MP and HP is aimed at the urban consumers, but the products are also affordable enough for rural consumers. Mason services to construct toilets are available locally, but they are not often aware of the various affordable technology options to construct toilets.

The fundamental management model of LG implementing TSSM through SOs is appropriate to the Indian context given the availability of such agencies at the district level. SO contracts are based on a flat rate and output-based pricing. This arrangement is powerful for fast results, but raises questions about the sustainability of ODF status (see §3.5.1).

### 3 Specific Findings

#### 3.1 Legal and Institutional Framework

##### 3.1.1 Legal framework

At the national level, the TSC campaign is considered a "mission." This appellation is important, as it helps LG communicate that the new TSC paradigm based on community participation is different from the former subsidized model, usually called a project or a program.

Legally, the sanitation sub-sector is part of the Department of Drinking Water Supply (DDWS) and has low visibility. However, the TSC campaign is considered a high-ranking priority in many ways. The implementation of the TSC at the national, state, and district level is enforced through Instructions/Circulars, some of which are available on the DDWS website. Some states (HP) have issued regulations that provide a legal basis for fining those that defecate openly ("rule 19").

As far as environmental regulation is concerned, the Central Pollution Control Board of the Ministry of Environment and Forests mainly focuses on industries. Interviewed stakeholders made no mention about environmental laws or regulations having any impact on TSSM.

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13 Mahatma Gandhi once said, "Sanitation is more important than independence."
linking sanitation with other sectors to facilitate its implementation. With the exception of the CCDU at the state level, which has a mandate for sanitation, few, if any, LG officers raised the need to have a dedicated sanitation cell. Where advocacy is needed within some LGs as is the case in Indonesia, a specific sanitation cell would definitely add to the implementation capacity and be considered a critical step. But in India, where the existing structure has shown good results in implementing TSC, the need is less obvious.

3.1.3 Strategy

The strategy for TSSM is based on the TSC guidelines: it is meant to be “community led” and “people centered.” A “demand-driven approach” has been adopted with increased emphasis on awareness creation and demand generation for sanitary facilities at the household level and in schools. Subsidies for individual household latrines have been replaced by incentives, which is still a form of subsidy to the poorest households. The strategy also calls for behavioral changes and meeting sanitary hardware requirements in an affordable and accessible manner by offering a wide range of technological choices.

Although it was not possible to review the situation in all states, Himachal Pradesh not only has a strategy in place, but also is able to communicate it in a transparent and comprehensive format. This strategy was put in place with the help of WSP. The strategy gives strong emphasis to IEC, capacity building and hygiene education for effective behavior change. Officially the key intervention areas are individual household latrines, school sanitation and hygiene education, community sanitary complex,anganwadi14 toilets supported by rural sanitary marts and production centers.

During the field visits, however, this strategy appears to be only partially implemented in the field: while CLTS is an efficient response to the effective behavior change goal, few functioning sanimarts and production centers were observed.

The main goal of the GOI is to eradicate the practice of open defecation, officially by 2010. This deadline puts pressure on the states and the districts. In order to speed up the process, the GOI has launched a national award program, Nirmal Gram Puraskar (NGP), to recognize the efforts by providing cash awards for ODF communities. The NGP has been complemented with state level awards in some states including HP.

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14 Anganwadi is a government sponsored child-care and mother-care center in India.
3.2 Roles and Responsibilities of Local Government

3.2.1 Strategy and Planning
Because of the bureaucratic momentum that has been established, planning is a challenge at all levels. The districts visited have a five-year action plan, with detailed annual planning. This planning is based on the contributions of BDOs, with the help of the SO hired by districts. The consolidation of annual action plans is not an easy task, as there is no template for planning at BDO level, and districts end up using different formats. Although these plans exist and are used, they don’t constitute an exhaustive tool for implementation. Implementation depends on the timeliness of funds being available, which is usually not consistent with expectations. In HP some districts have implementation plans that include the phasing of villages to be triggered, allocation of human resources, and M&E plans.

3.2.2 Promotion and Advocacy
As discussed previously, there is apparently less need for advocacy at the LG level in India than in other countries, because the TSC is so well funded and is considered a national priority. As far as promotion is concerned, the main tool is the NGP and the mechanisms, indicators and criteria that go with it.

The design of IEC material is done at the state level (CCDU) with implementation a BDO responsibility. Some districts have issued their own separate IEC materials, based on a template provided by WSP or UNICEF. SOs hired by districts are then asked to implement IEC campaigns as part of the TSC efforts. Promotion and advocacy of sanitation and hygiene at the household level are being done through the CLTS motivators trained by the SO.

Some districts have built a “sanitation park” to demonstrate different technologies to beneficiaries. However, sanitation parks have been used as a training tool for motivators, and less as a sanitation-marketing tool aimed at beneficiaries. District officers reported very few visits from beneficiaries.

3.2.3 Capacity Building
The Ministry of Panchayati Raj looks after the ongoing process of decentralization and local governance in the states. It is responsible for formulation and implementation of action plans so that LG emerges as an “institution of local-self government” aimed at improving economic development and social justice in their respective areas. The Ministry of Panchayati Raj is responsible for many capacity-building activities—all of them aimed at supporting the decentralization process, including some that cover specific water and sanitation activities.

At the state level, the Ministry of Rural Development runs a training institution, the State Institute for Rural Development (SIRD), which is meant for use in all capacity-building purposes (not limited to sanitation). SIRD has limited means, and is actually used primarily as a classroom facility by WSP and SO for training. SIRD has no permanent staff.

Figure D.2 above shows the division of responsibilities for training at different levels. However, visits to the field during this consultancy show that this division of tasks is not as clear as in the figure:
- State level CCDU also contributes to the training of stakeholders.
- Master trainers provide limited training of motivators and in fact also work at the community level as motivators.

3.2.4 Supervision
Districts hire the local SO for TSSM implementation. As such, supervision responsibility is shared between the district, which is responsible for contract administration with SO, and the BDO, which verifies outputs. The BDO informs the district about the achievements of the SO in their block. Since the SO contract is partially output-based, this is an especially important responsibility. SOs have relatively short-term contracts (< 6 months), so districts must provide regular and timely supervision. In addition to the routine supervision by the BDO, supervision takes place though monthly meetings at the district level with the sanitation cell.

3.2.5 Monitoring and Evaluation/Reporting
India has installed an ambitious monitoring system on the web, available at http://ddws.gov.in/crspnet/crspmain.aspx (see Figure D.4). Data are collected in the field by GPs with the help of the local SO. An M&E report is issued at the GP level and then submitted to the BDO and the district.
At district level, BDO reports are compiled and data are uploaded on the website by a data entry specialist. Physical and financial progress data are available by state, district and block.

The M&E system includes a template for planning purposes, but few districts actually download this information from the national web site.

3.2.6 Regulation
LGs regard their role mainly in terms of implementation. Challenged by the national level to implement TSC and help communities reach ODF status, LGs pay little attention to their role in regulation. Some initiatives are, nevertheless, appearing in HP where districts are able to fine people that defecate in the open.15 LGs are not comfortable with the idea of regulating the private sector. One of the reasons raised by stakeholders is that “we don’t want to go back to the former more centralized management model.” There are also questions about the effectiveness of regulating the activities of masons, who operate mostly in the informal private sector.

3.2.7 Coordination
Bi-monthly cross-sector meetings are held at the district level for coordination of TSSM. The main coordination activities are aimed at implementing TSSM in schools, which means working with the Ministry of Human Resource Development. Those interviewed said that cross-sector coordination at the district level is effective. In addition to the Ministry of Human Resource Development, participants in the cross-sector meetings include representatives from the Ministries of Health and Family Welfare, Housing and Urban Poverty Alleviation, Panchayati Raj, Water Resources and Environment and Forests.

In parallel with the cross-sector coordination efforts, districts are also directly sharing their experience with one another. Annual “review meetings” take place once a year at the state level, giving the districts an opportunity to present their progress in sanitation among other sectors. These meetings are an opportunity for district heads to meet and share their experience. Informal contact between districts often continues after the meeting. This process is similar to the “horizontal learning” promoted in Bangladesh.

3.3 Resources
3.3.1 Financing
The total budget for the TSC campaign at the national level is 1,200 core INR, or US$2.5 billion. This amount mainly covers subsidies to Below the Poverty Line (BPL) families and IEC campaigns, and does not include salaries for civil servants, SOs or the cost of the NGP incentive program. Financial expenditures are one of the main—if not the main—indicators for monitoring TSSM progress.

Although TSSM is implemented by LG with strong community participation, it remains a centralized program, with subsidies to BPL families. That is also why...

15 Stakeholders mentioned the need for regulating outside workers, who may not be aware of the importance of ODF.
stakeholders insist that TSSM is called a “mission” and not a program or a project, because these names relate to subsidized schemes in people’s minds.

Stakeholders insisted on the fact that “money is not a problem.” What seems to be a problem, on the other hand, is the timely availability of financial resources. Project officers complained about the bureaucratic procedures that delay disbursements, which impacts the planning process.

The total state budget for HP is US$20 million over a 10-year period. At the district level, the budget is about US$500,000/year. The district of Solan in HP, for example, has a budget of US$600,000—US$400,000 for implementation and US$200,000 for follow up—for 2009, to serve a population of about 60,000 rural inhabitants. This translates to about US$10/person or US$50/household. Only a small part (~10%) is actually invested by households with formal providers. Most of the investment is spent on informal providers for bricks and labor.

3.3.2 Human Resources
LGs implement the TSSM by hiring a range of resources including the SO, LG staff, and community leaders, all of whom trigger communities and train local community members for follow up. According to stakeholders—and confirmed in the field visits—the human resources at all levels, from state to GP are sufficient.

The main issue of concern is the quality of motivators, not the quantity. Master trainers trained by the SO do not always have the appropriate basic profile for the job or the availability. They lack the necessary incentives and recognition needed to perform. Part of the solution sought by LG is to have master trainers trained at the block level, because at this level they can be dedicated to sanitation. Only one local SO had had previous experience in community mobilization, developed for a literacy program in Mandi District, HP. This previous experience has proven to be a critical success factor for training master trainers and implementing a cascading TOT approach.

3.3.3 Supplies/Equipment
Supplies and equipment are included in the SO contract signed with the district. This arrangement makes it possible to bypass most of the bureaucratic obstacles. Master trainers and motivators mobilized directly by the district have the necessary skills to trigger communities, but they often face difficulties in transportation. It is also worth mentioning that natural leaders have organized bulk supply for construction materials to be transported to the GP, showing some established capacity in supply management at GP level.

3.4 Capacity Building
3.4.1 Strategy
Because TSC is a national campaign, there has been some thinking about how to build capacity at scale. At the state level, training is part of the TSSM implementation strategy. The capacity-building strategy is based on a cascading TOT approach: WSP → RA → Master Trainees → Motivators.

LGs also support basic mason training, but this training is not specific to sanitation or TSSM. In addition, some LGs have been supporting the costs of a three-day training course for sanitation. This training has been carried out on only a few occasions and was limited to only one latrine technology.

3.4.2 Methodology
The deadline for achieving national ODF status is 2010. Districts are under pressure to implement and reach ODF status as fast as possible. As a consequence, SOs are being hired on an output-based contract arrangement to speed up triggering.16 This approach is enhanced by the NGP award incentive.

CLTS is being implemented by training master trainers, who in turn train motivators. However, this methodology has proved to be difficult to implement for the following reasons:

- Participants selected to become master trainers might be willing to participate and most of the time are motivated. However, they often have no previous experience in sanitation or community mobilization and are therefore not yet in a position to train others.
- The training manuals, including the training methodology used, is aimed more at explaining the CLTS approach than at providing a detailed training design that the master trainers need to train motivators.

As a consequence, participants in the five-day workshop tend to become “well trained CLTS motivators” instead of

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16 One community claimed to have achieved ODF status within one day.
“master trainers.” Once trained, master trainers go to the field and eventually apply what they have learned: triggering and community mobilization. In the best of cases—in order to comply with their terms of reference requiring that they train motivators—they will go and trigger a community together with a motivator, who eventually may learn by doing.

Interestingly, some districts that have been implementing TSC for a long time have been able to identify “champions” among master trainers and motivators. These champions have demonstrated the skills required for community mobilization, such as persuading resistant communities or households, and are reaching ODF status rapidly, requiring little door-to-door follow up. Districts have asked these champions for help in training new motivators, or go help other districts.

Stakeholders regard the CLTS approach as a powerful tool. However, they also regret that the TSSM approach is being delivered “as a guideline,” and on many occasions asked for a more customized approach.

At lower LG levels (block and GP), motivators and natural leaders insist on the need for upgrading the training process with appropriate training for follow up. As a consequence of wanting to achieve fast results, triggering is effective but is not rooted enough to ensure that households are truly committed. All of the GPs visited mentioned that they needed to complement triggering with a door-to-door approach, which they refer to as “follow up.” One of the reasons cited was that “people feel ashamed of sharing behavior problems in public,” raising the question about the quality of basic CLTS training.

The implementation of the sanitation-marketing component is limited. Training under this component, as with the demand creation training, is also based on a cascading model. TSSM India has organized training in all three divisions in Himachal Pradesh, with participation of around 140 master trainers from all districts of Himachal Pradesh on technology and supply chain issues. In MP, similar capacity building of 110 master trainers has been undertaken in 5 districts with encouraging results.

3.4.3 Trainers
The pool of individuals applying to become master trainers is a mix of civil servants from rural development or other departments, villagers, natural leaders, volunteers, and SO members. Their profiles vary significantly. Conviction, commitment and availability are important criteria in their selection.

The 50 trained master trainers was considered sufficient at the start of the training process. But the dropout rate is often up to 50 percent of the initial pool: some master trainers move away; others are not available anymore; and some face difficulties implementing TSSM in the field. In the districts visited, qualified SOs were available and already working on other projects. No district raised the issue of difficulties in hiring SOs, although the bureaucratic process may take longer than desired.

3.4.4 Training Materials
The main materials used are the WSP “training of trainers” manuals. These manuals focus on the CLTS approach and are being used at each level of the cascading approach in TSSM.

The Rajiv Gandhi National Drinking Water Mission has developed a technology manual with the support of UNICEF. This document is more oriented towards sanitation marketing and is used as a reference manual for masons. Some districts such as Shimla have developed their own material based on the UNICEF material, in Hindi.

Local conditions vary widely among districts or states, both in technical and social domains and all of the districts insist on the need for customizing the training documents and the methodology to the local conditions and the field experiences. All of the districts insisted on the need for door-to-door promotion. They would like to apply the guidelines as a “tool box” instead of “guidelines,” in order to be able to complement the methodology with “what works best on the field.” This implies the need for some local adaptation of the materials. Stakeholders also reported that “some people were shocked because of hard language,” raising the need to adapt the WSP/UNICEF documents in Hindi, and the need to pay attention to the phrasing.
3.4.5 M&E of Capacity Building
Responsibility for monitoring the quality of training is a shared one. WSP monitors the quality of the training done by the resource agencies. BDOs are in turn responsible for monitoring the quality of the training delivered by SOs.

3.5 Summary of Challenges that Local Governments Face in Implementing TSSM
3.5.1 Sustainability of Total Sanitation
The tools used to generate demand—NGP award program and CLTS—are strong and effective, but they are also focused on the ODF objective, which is only one step towards sustainable total sanitation. This approach creates a risk of focusing on short-term results, putting sustainability at stake.

On the supply side, there are important differences between the states and districts. HP claims to have a dense road network and proximity of service providers that prevent shortages in the supply chain. However, since this situation is not likely to be universal and to be sustainable, TSSM should make sure the supply chain is available. The consultant believes that it will not take much to complement the existing management model with complementary measures that will contribute to sustainability. These measures have already been identified in the TSC guidelines and by WSP, but are still to be implemented in the field. They include, in particular:

- A well-balanced and local sanitation market, including service providers (masons) and sanitation shops, with appropriate and affordable products, promoted by salesmen that know what people want and need.
- An appropriate regulatory framework, including local monitoring, promotion (IEC) and fining. Some districts such as Shimla and GPs already have put in place such regulatory frameworks, but this is not the rule.

3.5.2 Consolidation of Local Experience
Although the TSC guidelines are clear in being “community led” and “people centered,” the bureaucratic structure is by definition vertical. This situation is likely to be found in other countries where the decentralization process is limited by the lack of experience at the local level. That is the case in Indonesia, where decentralization gave power to elected mayors, who in turn adopted a centralized management model at the local level. For poor communities, the model is still centralized; the difference is just that the center is called local, and not national anymore.

During the field interviews, the lower the level, the more stakeholders insisted on the importance of adapting the existing guidelines to the local situation and having customized tools. This request is reasonable if we consider that motivators and LGs accumulate valuable experience from their fieldwork. Motivators have gained experience, including how to handle difficult cases and deal with resistant communities. This experience is a critical contribution for scaling up beyond “easy communities” that have been the focus in TSSM to date.

3.5.3 Tools
Local governments do not yet have a complete package of tools and materials that can be used to implement TSSM. Considering the findings, the main materials to be added include:

- Technical guidelines: the UNICEF document could be complemented with a specific document for masons. The design manual should insist on safety, comfort and sustainability, as well as demand creation. Sanitation shops could also contribute in updating their commercial catalogues.
- Beneficiaries and communities are offered a choice of technologies, but this choice is often limited. With the exception of a few districts, the main source of information lies in the TOT manual.
- In some places beneficiaries wait until they have sufficient money to build a full-size and fancy toilet or a septic tank, for a range of reasons such as social status. Guidelines should insist on phasing facilities so to motivate people to stop OD with a basic facility, while keeping the plan for a fancier one.
- TOT manuals should be complemented with trainer guidelines for use by master trainers (see §4.5).

4 Lessons Learned and Recommendations
4.1 Management Model
In general, LG can play a leading role in scaling up rural sanitation.

- Many countries are either functioning or implementing a decentralized administrative system.
Supporting LG in implementing TSSM is compatible with national efforts for decentralization.

- Local governments are best prepared to address local conditions, which vary among districts.

These points are not specific to sanitation. They also apply to other sectors such as water supply, transportation, or health.

India is already engaged in the process of scaling up rural sanitation. The management model based on providing external resources to support LG is appropriate if TSSM is to be implemented at scale. However, LG capacity for managing an external project such as TSSM has to be carefully assessed. Local governments would benefit from having several tools to hire SOs such as sample contracts.

4.2 Sanitation Marketing

In order to speed up the scaling up process, and contribute to sustainability, increasing the focus on sanitation marketing should strengthen the implementation of TSSM. In theory both in WSP and GOI documents sanitation marketing is part of TSSM. But in reality, this component has been postponed because of the priority given to achieving ODF status.

TSSM is mainly rural and based on individual sanitation. Even if benefits and demand are community-based, the field experiences in HP show that motivators have to do additional work to convince households, who will eventually become project managers of their own individual projects. Their demand needs to be met through sanitation marketing measures.

4.3 Consolidation of Experience

An important finding is the need for the consolidation of experience. The capacity building of LG should not only be viewed as an external input, but also seen as the process of consolidating local experience.

4.4 Developing a Sustainable Capacity-Building Entity for TSSM

Scaling up requires the mobilization of external human resources in addition to those of LG, as demonstrated in Mandi District. There, master trainers had previous experience in community development, and were able to become master trainers right away at the end of the five-day workshop. In other states and districts, where an existing SO may not be as experienced as in Mandi, there is a critical need to support and train external resources.

In order to increase the quality and availability of regional resources, one option is to create a “Center of Excellence” at the state level. In India, this center of excellence could be an upgraded and reinforced CCDU. Its mandate could include, for example:

- A team of highly skilled sanitarians, specializing in CLTS and sanitation marketing. This team compiles the field experience transmitted by the districts and also updates the manuals and strategy. As a Center of Excellence, the CCDU would then be available to provide guidance to motivators. Ideally motivators facing problems in the field should be able to access a “TSSM hotline” at the state level.
- A training center, both for motivators and for service providers. One option is to use the existing SIRD.
- A showroom of typical technologies for appropriate sanitation, or sanitation parks.

All of these facilities—CCDU, SIRD and sanitation park—exist or are in the process of being established. Together with appropriate funding, the CCDU would take on the responsibilities that WSP currently has and coordinate the SIRD and sanitation park.

The CCDU would then advertise to attract regional resources—NGOs, private firms, individuals, associations—and train them accordingly. Once trained, regional resources would offer their services to the LG and be hired by LGs to build the capacity of their own staff by training local motivators and local providers. A strong CCDU at state level is considered a strategic capacity to be built.

4.5 Capacity Building for a Better Cascade Approach

Field visits and interviews confirmed that the cascading TOT approach should be improved. The suggestion is to reshuffle the sequence of existing activities as follows:

a. Train motivators for CLTS only: Pick a pool of ~50 individuals with the best available profile including...
previous experience, commitment and availability. Use the five-day training module in its existing form, including classroom workshops and in-the-job training.
b. Let the motivators implement CLTS in the field for a few months. The objectives are, in order of priority: (i) let the motivators gain experience by implementing TSSM in the field, and (ii) give the motivators the opportunity to demonstrate their skills.
c. During implementation, additional training could be provided to the motivators in the form of refresher training in order to address the main concerns and get feedback.
d. Identify the best motivators out of the pool. These champions might be the ones that have reached the highest rate of ODF status, or that demonstrate interest in the program and have confirmed their availability and commitment.
e. Complement the training of these champions with a module focused on training skills so they can become master trainers. These modules do not exist at present, and should be developed by WSP.
f. Each master trainer then trains motivators at lower levels including the district, block, and GP. If each master trainer could train up to ~50 motivators, then it would be possible to reach a potential of 2,500 motivators working on the field within a few months.

This approach would result in a pool of master trainers that are experienced in triggering before being asked to train others.
Annex E: Selected Background Readings

Global

Tanzania

Indonesia


India


