Improving Sanitation Chain Services:
A multi-stakeholder approach needed for success

Simavi is an international non-profit organisation, striving for a world in which basic health is accessible to all. We aim to structurally improve the basic health of 10 million people in marginalised communities in Africa and Asia by 2020. By doing so, we enable them to build a better existence and get out of poverty. Our experience has shown us that investments in water, sanitation and hygiene (WASH) and in sexual and reproductive health and rights (SRHR) are crucial for people to be able to lead a healthy life. Therefore we are specialists in these two thematic areas. Our programmatic approach consists of three integrated pillars: 1) empowering communities to demand quality services and to practice healthy behaviour; 2) creating a supportive, enabling environment in which all stakeholders are aware of their roles and responsibilities, work together and can be held accountable; and 3) getting in place affordable, suitable and sustainable WASH and SRHR services that are actually utilized by the people. In our work we apply this threefold approach to realise impact that lasts.

Improvements of the sanitation chain services
A lot has been done to reach the Millennium Development Goal on improving sanitation coverage but the challenge remains. 2.5 billion people lack access to improved sanitation and 1.1 billion still practice open defecation. At the same time, sustaining the gains made from increased usage of toilets, raises new issues about the management of human waste. A huge number of people rely for their sanitation on non-sewerage systems which generate a mix of solid and liquid wastes, generally termed “faecal sludge”. Without proper management, faecal sludge is often allowed to accumulate in poorly designed pits, or is discharged into storm drains and open water, or is dumped into waterways, wasteland and insanitary landfill sites. Only a very small percentage of faecal sludge is managed and treated in a safe and proper way. Particularly in the poor areas of rapidly expanding cities, this represent a growing challenge, affecting public health and posing environmental risks.

The way forward
Different stakeholders need to become aware, committed and actively engaged in order to overcome critical constraints for scaling up sanitation chain services, in particular for the poor. Households need to willingly invest in available, affordable, quality and user friendly sanitation services; offered by entrepreneurs who are capable of offering such services. Scalable innovation which addresses the changing needs of the sanitation chain services everywhere needs to be promoted. It is also vital to strengthen policies and regulations which stimulate/enable entrepreneurship and private sector involvement in different aspects of sanitation chain services, and to monitor the quality of the services they provide. Entrepreneurs need access to affordable financial resources (i.e. loans, revolving funds) which enable them to address the needs of their target groups. Sufficient investments need to be made to ensure that proper sanitation (including safe management of sludge) within the public places (i.e. schools, health centres, hospitals) functions properly. Public-private partnership and investments are also required to ensure appropriate and efficient treatment of faecal sludge.
Since 2010, The Indonesian Sanitation, Hygiene and Water SHAW Programme has realised sustainable improvement of the health in rural communities in eastern Indonesia. The programme focuses on creating a stimulating environment in which people are motivated and enabled to change their hygiene behaviour and to maintain that new behaviour. This includes their willingness to invest in and pay for sanitation. To achieve this, governments, social organisations, entrepreneurs and donors are working together to increase both awareness and access to sanitation and other hygiene facilities. Simavi coordinates the SHAW Programme and supports the Indonesian government in its objective to scale up Community Based Total Sanitation (STBM) throughout Indonesia. The SHAW programme was the first to implement STBM at scale.

Problem
Only about 40-45% of the population of eastern Indonesia had access to a toilet in 2013. The hygiene situation is deplorable and many people do not realise how important hygiene behaviour is. As a result, many people in the region suffer from diarrhoea and infectious diseases such as cholera. The child mortality rate is high. Health problems that result from poor sanitation not only affect families, but also limit the economic development of the community at large.

SHAW programme
Speeding up toilet access through fast-track, fully subsidized programmes has proven not to be a solution. Behavioural change, social marketing and improving community capacities as well as a supportive legislative framework are key ingredients for success. Sanitation programmes have, for some time now, incorporated the need to raise awareness, to create demand for sanitary toilets and build capacities for sustained services and practices. Therefore this programme focuses strongly on the empowerment of rural communities, local government and private actors, to take collective action, with support from Simavi to coordinate this process and facilitate learning and monitoring. The private sector includes small-scale local entrepreneurs, from which rural people get information and advice, access to materials and services to design, build and maintain the types of sanitary toilets and other hygiene facilities that they want and can afford to build and use. Simavi identifies private small and medium enterprises (SMEs) to strengthen their outreach and capacity to offer WASH services.

Five pillars of the Indonesian government’s Community Based Total Sanitation Approach (STMB)

- End open defecation
- Hand washing with soap
- Household water treatment and safe storage of drinking water
- Household solid waste management
- Household liquid waste management
SHAW enhances the knowledge and capacity that institutional stakeholders need in order to implement the STBM strategy. The programme encourages exchanges between several levels of local authorities and ministries and deploys local health staff and volunteers, to share information on progress, experience and knowledge. The introduction of a generic system to monitor STBM coverage at household level and at schools, together with training the private sector to provide necessary materials and products, are part of the ongoing efforts of SHAW. Key in achieving long term sustainability are the specific capacities and roles of each actor involved in a multi-stakeholder approach, and the embedding of the programme in government policies.

Follow-up of awareness raising activities also is a crucial success factor. If the local government and Simavi’s local partners, as well as key people from the villages, put the topic regularly on the agenda, behaviour changes on hygiene are deeply internalised and willingness to invest in sanitation remains.

In this programme Simavi is working together with the National Interdepartmental WASH Working Group and 5 local Indonesian NGO’s. Simavi coordinates the programme and maintains the contact with the national level.

Results

• In December 2013 a total of 1,360,000 persons in 300,000 houses in 985 villages (92% coverage) were monitored. The outcome was highly promising: at least 875,000 persons already respect all five aspects of the Community Based Total Sanitation approach (STBM), with one year to go for the SHAW Programme.

• In 2013, the majority of involved villages have allocated budgets for WASH data collection. Also, sub-district health services allocated budgets for field visits to promote STBM and to hold meetings with village leaders on the subject.

• The private sector is actively involved in the programme, promoting and selling hardware (such as self-produced squatting slabs), and the construction of facilities.

• Inspired by the results of the SHAW programme, in 2013 some government health services and NGOs started STBM implementation using the SHAW approach.

• Some communities are so proud of what they have achieved, that they spread their message to neighbouring communities as well as to local governments. In 2013 some key-people from these communities were invited to other communities to explain their approach, best practices and challenges.

• The performance indicators and monitoring method for pillars 2 till 5 of STBM that Simavi developed for SHAW have been adopted by the national Indonesian government.

SHAW programme results 2010-2013

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<th>Total</th>
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<tbody>
<tr>
<td>Number of people reached with the SHAW programme</td>
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<tr>
<td>Number of people who have access to and use a toilet</td>
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<tr>
<td>Number of toilets built by the communities within the SHAW programme</td>
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<td>Number of People who wash hands at critical moments</td>
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<td>Number of people with access to water facilities</td>
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