

Gender- and poor-inclusive community-managed sanitation and hygiene in urban Indonesia

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Abstract

The Government of Indonesia executed the Indonesia Sanitation Sector Development Program (ISSDP, April 2006 – January 2010), with financial support of the Governments of the Netherlands and Sweden, as well as management support from the World Bank's Water and Sanitation Program (WSP). The program assisted a dozen cities to improve sanitation in a wider sense. It covered safe disposal of human excreta and waste water, local drainage, solid waste management and promotion of hygienic practices. The program was demand-based: cities bring in their own human and financial resources, but get technical assistance for sanitation situation assessments and mapping, sanitation strategy and program development, and finding additional resources for increased implementation.

The program had three major thrusts: (1) *develop an enabling sanitation environment*, (2) *raise sanitation awareness and promote good hygiene*, and (3) *build city sanitation planning capacities and develop city sanitation strategies*. The promotion component included development of pro-inclusive sanitation intervention, assisting men, women and children in the poorest neighborhoods to strengthen good and improve bad sanitation and hygiene conditions and practices.

Community empowerment is important in urban sanitation development, but at the same time, community empowerment requires that the social and technical institutions in charge of empowerment and sanitation adopt new skills and techniques for working with communities. Without the right skills to assist the communities, build their skills, and provide some minimal monitoring of performance afterwards, there is a risk of over-expecting what a community can manage. Community empowerment with gender- and poor-inclusive approaches can be integrated into all stages of urban sanitation development, i.e. (1) the organizational development, (2) review of related existing projects and services, (3) formulation of an overall city sanitation strategy and program, and (4) local project planning. Equitably attention for gender and poor is part of the overall organization, strategy formulation, local action planning, program and projects development and implementation, and monitoring and evaluation of outputs, outcomes and impacts.

Keywords: Community-based sanitation aspects: decentralized services, community management, gender, poor-inclusiveness, hygiene promotion

1. INTRODUCTION

Around 1.1 billion people globally do not have access to improved water supply sources whereas 2.4 billion people do not have access to any type of improved sanitation facility. About 2 million people die every year due to diarrheal diseases; most of them are children less than five years of age. Most affected are the segments of the populations of developing countries living in extreme conditions of poverty, normally peri-urban dwellers or rural inhabitants. Primary causes for this situation are: limited priority given to proper sanitation, lack of financial resources, absence of sustainable water supply and sanitation services, poor hygiene behaviors, and inadequate sanitation in public places including hospitals, health centers and schools. Providing access to sufficient quantities of safe water, provision of facilities for sanitary disposal of excreta, and introducing sound hygiene behaviors are of capital importance to reduce the burden of disease caused by these risk factors.

The Government of Indonesia is committed to meet among others Target 7 of the Millennium Development Goals by 2015: “Reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation.” This means that by 2015, the Government will have to cut by half the number of the rural and urban population who have no or inadequate sanitary facilities, including those without access to hygienic and environmentally safe end disposal. Achieving this target is part of the wider goals of reducing urban and rural poverty by 50% and the death rate of children under the age of five by two-thirds.

Poor urban sanitation is one of the reasons for urban poverty and bad health. Over 32% of the poor in Indonesia live in urban areas with a high incidence of water, sanitation and hygiene (WASH)-related diseases. Of all children who die annually, 20% suffered from diarrhea. This illness is the main fecal-oral disease and the second cause of death of all children under five. In 2006, Indonesia lost an estimated IDR 56 trillion (US\$ 6.3 billion) due to poor sanitation and hygiene. This is about 2.3% of its gross domestic product (GDP).

Meanwhile, urban waste water collection and treatment is far less developed than urban water supply. In 2004, access to water was 77%, but to sanitation only 55%. However, many toilets directly drain into water courses and many septic tanks are not emptied in time, or their removed contents are dumped into rivers and the sea. Central sewerage systems serve only two to three percent of the population of Indonesia and often do not include proper treatment. The number of small, decentralized and community-managed sewerage systems is growing, but at present, their services do not keep up with population growth.

The situation of solid waste is not too different from that of waste water, whereas 60% of the urban areas lack solid waste collection. Only 1.6% of the waste is composted. Informal solid waste collection, sorting and recycling play an important role providing basic urban services. They lower environmental and health risks, provide paid work, and reduce urban poverty. However, it is not known to how many poor men, women and children they provide a livelihood. Urban solid waste management is generally not part of current urban poverty alleviation strategies.

Besides the issues identified above, also urban drainage infrastructure is generally limited, especially at community level. Local flooding affects especially poor people with low-cost housing in low-lying areas.

2. INDONESIA SANITATION SECTOR DEVELOPMENT PROGRAM (ISSDP)

From April 2006 to January 2010, the Government of Indonesia executed the Indonesia Sanitation Sector Development Program (ISSDP), supported by the Governments of the Netherlands and Sweden and managed by the World Bank’s Water and Sanitation Program (WSP). The program assisted a dozen cities to improve sanitation in a wider sense: safe disposal of human excreta and waste water, local drainage, solid waste management, and promotion of proper hygienic practices. The program was demand-based, as the cities bring in their own human and financial resources, but get technical assistance for sanitation situation assessment and mapping, sanitation strategy and program development and the search for additional resources for accelerated implementation. The program had three major thrusts:

- a. *Develop an enabling sanitation environment.* This was done by raising the demand of political leaders and the public for safe sanitation, strengthening the primarily local organizations that can meet this demand and increasing the cities’ capacities to deliver good services;

- b. *Raise sanitation awareness and promote good hygiene.* This was to certain extent done through two mass media campaigns at national level:

- A sanitation campaign addressing men’s responsibility for their families’ welfare (see Figure 1), and
- A hygiene campaign on washing hands with soap at critical times which targets especially women.

In addition, cities were encouraged and assisted to launch their own sanitation and hygiene promotion campaigns through the local media, or otherwise. In a number of cities a “pro-poor sanitation campaign” was conducted. In this campaign, city cadres assist men, women and children in the poorest neighborhoods to strengthen good and eliminate bad sanitation and hygiene practices. The pro-poor campaign does not use mass media, but personal contacts and participatory methods with women, men and children, because types of approaches are more effective with these groups.



Figure 1 Men’s responsibility for their families

- c. *Build city capacities and develop city sanitation strategies.* Cities committed to invest their own resources (staff, time, money) in improving sanitation could join ISSDP. Subsequently, they received technical assistance to assess and map the local sanitation situation and develop a city-wide sanitation strategy and improvement program.

2.1 Community empowerment for urban sanitation development

Indonesia’s National Policy document of 2003, “*Development of Community-based Water Supply and Environmental Services*” makes community empowerment the leading principle for meeting this objective: “*In principle, the Government’s assistance is aimed at empowering the community to bear the central role in the planning, implementation, and management of Water Supply and Environmental Sanitation (WSES) systems*” (Art. h, p. 15). Meanwhile, Law No. 22/1999 defines community empowerment as: “*The effort to improve community ownership and participation in the planning and implementation of infrastructure*” (Art. 92, Para 2). As a result, the government’s role changes from provider to facilitator of community-based and -managed sanitation services. The policy also encourages communities to work with other partners. It stresses the necessity that women participate in decisions on technology and services planning, implementation and management.

The following reasons explain why community empowerment for community-based services (CBS) in urban sanitation can play a substantial role in city sanitation development:

- More can be done with the available resources.* Community-based services (CBS) in urban sanitation make it possible to serve more people, especially poor households, with proper sanitation;
- More effective and sustained services.* When local women and men from the different social and cultural community groups jointly plan, implement and manage their local sanitation services and hygiene promotion program, they feel more ownership and the services and/or programs run better and longer than when local services are externally imposed and controlled;
- Greater potential to adjust to local conditions, needs and opportunities.* Cities have wide ranges of physical, social and economic environments. Local planning and management make it possible to adjust better to what different groups – women and men, better- and worse-offs – want and can afford;
- More opportunities to work with the local private sector.* Empowered communities have their own legally recognized community-based organizations (CBO) and raise and

manage their own funds. In addition, they have the opportunity to receive city funds in their sanitation account for those capital costs beyond their capacity, procure their own material and services, and negotiate better deals from the private sector. Provided the communities have been trained on quality aspects and contract making and management, this has led to considerable cost reductions and good values for money, as demonstrated in the Water Supply and Sanitation for Low Income Community (WSSLIC) program in rural areas;

- e. *Better access of poor communities and households to improved sanitation and hygiene.* Decentralized, lower cost services and solutions, and informed choices from a wider range of toilet options and financing systems make it possible that also poor households and communities find a solution they want and can afford.
- f. *Better accountability of local institutions to the users.* In decentralized, community-based services it is easier to achieve that the CBOs in charge account to the users for service delivery, financial management and new plans. This results in more trust and better services and payments.

At the same time, community empowerment requires that the social and technical institutions in charge of empowerment and sanitation adopt new skills and techniques for working with communities. Without the right skills to assist the communities and build their skills and without some minimum level of monitoring of the performance of communities afterwards, there is a risk of over-expecting what a community can manage.

2.2 Gender- and poor-inclusive approaches

While community empowerment is important, the question is *'who'* the community is? Community-based services are by and for the *whole* community. Indonesia's National Policy document on community-based services of 2003 states that gender and social equity implies that: *"All community members should have access to WSES (Water Supply and Environmental Sanitation) facilities and services without discrimination against gender, religion, age, race, or social status"* (p. 21). The policy quotes studies by Indonesian projects indicating that a more equal say of women and poor people in planning and management results in better services. Article g of the policy states that: *"Women should actively participate in determining problems, identifying underlying causes, recommending possible solutions, and ultimately making decisions to solve related problems"* (p. 14).

However, sometimes only some groups participate and benefit, or certain groups have more influence and benefits than others. Some examples are:

- a. Women do not come to, or speak out at meetings during which community projects and management of services are discussed and decided;
- b. Men are not involved in hygiene promotion. They are not encouraged to take their responsibilities for better facilities in the home, improve their own hygiene habits and set examples for their children. They may also miss out as hygiene role models for their sons;
- c. Poor migrants with only one room with a toilet contribute the same as much better-off local residents in larger houses who produce many times more waste water.

Related to inclusiveness on gender and the poor, the *'who'* question is very important:

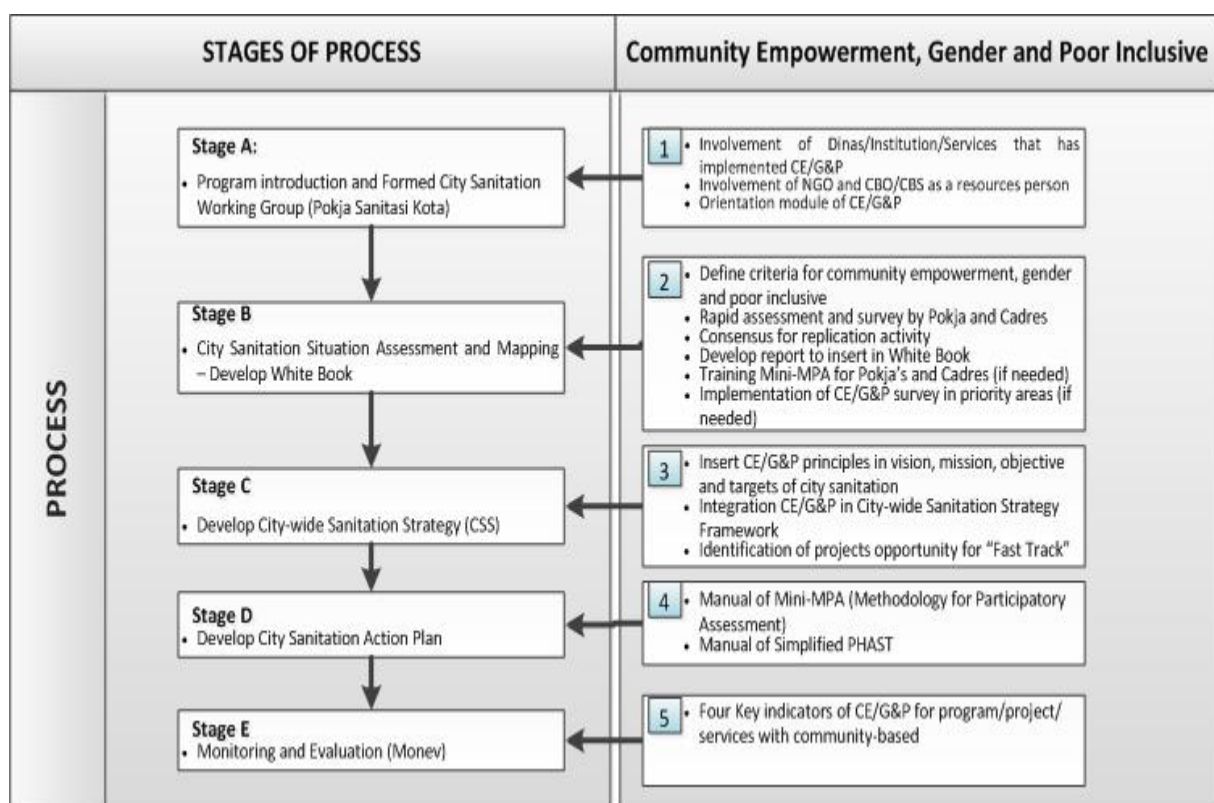
- a. Who in the community is involved in what?
- b. Who makes decisions?
- c. Who benefits from what?

The more equitable the responsibilities, burdens, benefits and influence and control are shared, the greater the chances that all will support and profit from the project, program or service.

3. COMMUNITY EMPOWERMENT IN THE URBAN SANITATION DEVELOPMENT PROCESS

From the first and second sections of this paper, it is clear that gender- and poor-inclusive community empowerment has an important role in urban sanitation development. The planning of urban sanitation development has to be comprehensive and able to accommodate community participation, especially when considering and deciding which types of services are suitable for what types of urban neighborhoods, and how gender- and poor-inclusive community empowerment can be integrated into decentralized and centralized (city sewerage) sanitation services and in hygiene promotion. The integration of gender- and poor-inclusive community empowerment in the urban sanitation development process as followed by ISSDP is indicated in Figure 2 below and detailed in the reminder of this paper.

Figure 2 Integration of gender- and poor-inclusive community empowerment in the urban sanitation development process



3.1 Stage A: Program introduction and establishment of City Sanitation Working Groups (Pokja)

After being approached for participation in ISSDP, local authorities such as the *Walikota* (mayor), the head of Bappeda (regional development planning board) and other municipals departments (*dinas*) had to decide whether they were committed to give special attention to improvement of sanitation (and sign a related letter-of-intent), and which municipals departments should be involved. It is very important to identify all city departments, services and programs that have experience not only with sanitation, but also with community empowerment, gender programs and poverty alleviation, and to invite all them to get involved. This will allow mobilizing the full scale of sanitation-related expertise in the city from the very start.

Subsequently, additional local stakeholders can be identified. Valuable local expertise for the city sanitation strategy development may exist with e.g.:

- a. *Local NGOs* that work for the environment, the poor and women's development;
- b. *Community groups* and *community-based organizations* (CBOs): the latter may run community-based water supply or sanitation services or programs to improve the environment and the income of the community;
- c. *Actors from the formal and informal private sector*, such as the association of market stall holders, and local business women and men active in solid waste collection and recycling and in construction and/or desludging of septic tanks.

The above decision and identification processes will guide the establishment of a city sanitation working group (*Pokja*). Usually the *Pokja* is chaired by the head of Bappeda. Cities can consider involving local NGOs and CBOs as 'resource organizations' in sanitation situation assessment, strategy formulation and program development for community-based services rather than as full-fledged members of the *Pokja*. For example, in Denpasar the *Pokja* invited several local NGOs to participate in meetings and workshops and act as informal advisers on social, environmental and infrastructure aspects of sanitation.

Once the *Pokja* starts operating, its members are to be trained on community empowerment, gender and poverty aspects. The training needs to address issues like why decentralized, community-managed projects and services can help the city meeting its sanitation targets and improving the quality of service delivery. Participants come to understand why more equal involvement of women and men and the poor leads to better projects and services and empowers communities to develop themselves.

3.2 Stage B: City sanitation situation assessment and mapping

In Stage B of the ISSDP-promoted urban sanitation strategy development process, under the component focusing on community empowerment with gender- and poor-inclusive approaches (CE/G&P), the *Pokja* will provide an overview which sanitation and hygiene related projects and services are currently operational or existed in the recent years. For this purpose, the *Pokja* establishes a special rapid assessment team representing various expertise and gender from among its members or from staff of the municipal departments represented by its members. In addition, the *Pokja* may seek assistance of an NGO or consultant. The special rapid assessment team decided on the criteria with which they will list community-based services (CBS) or local projects in sanitation as 'community empowering', 'gender-inclusive' and/or 'poor-inclusive'. The team investigates what is already done with respect to sanitation and hygiene promotion by (a) municipal departments, services and programs, (b) local NGOs, (c) city neighborhoods and groups (e.g. self-help), and (d) the private sector. The latter is split into the formal and the informal private sector.

The primary sub-sectors for the mapping are waste water, drainage and solid waste. The teams identify and assess what men and women do, where, how and with which general effects for each sub-sector and type of sanitation system or service. Other areas that cities are recommended to assess are: (1) sanitation and hygiene education in schools, and (2) local hygiene promotion activities, methods and materials. The important questions to ask for all these subjects are:

- a. What exists already in the city?
- b. Who (women/men, girls/boys, poor/rich, etc.) does what, how and to what effects?
- c. How is financing arranged and who shares in the costs and benefits?
- d. Which approach can be replicated or expanded as it is, and what needs to be improved or further developed?
- e. Are there gaps with respect to social inclusiveness of specific community groups, e.g. the poor or ethnic minorities, in the planning, management and operation of community-based sanitation services?

In assessing the community-based sanitation and hygiene cases, it is very important to distinguish the ways in which men and women, boys and girls, and well-offs and worse-off share the work, the opportunities, the cost and the benefits. Sometimes, a community group performs tasks according to men's and women's (or other subgroups) different opportunities and strengths and divides the benefits – such as training, payments and jobs – in an equitable and fair manner.

The information collected during the rapid assessments of CE/G&P is to be included in the overall report on a city's sanitation situation assessment and mapping to be prepared by the Pokja, the so-called Sanitation White Book, especially an overview and analysis of what already exist in a city on community empowerment, gender and poverty reduction related to sanitation. The overview describes the strengths, weaknesses and results of existing sanitation initiatives, programs and services, as well as lessons to be learned from these initiative, programs and services with respect to development of a city-wide sanitation strategy and related implementation program. Typical Sanitation White Book sections on community empowerment and gender- and poor-inclusiveness are:

- a. The rationale for (1) reviewing community-based sanitation services and projects, and (2) assessing their degree of community empowerment and inclusion of gender and poverty aspects: what is in it for the city and the people?
- b. A description of the main existing approaches for different types of sanitation (on-site, off-site, with temporary populations, etc) with best practices and failures from the viewpoint of, for instance, sustainability and equity;
- c. Human and financial resources involved and an assessment of the replicability and potential of existing approaches to scale up;
- d. Key implications and lessons learned for development of city-wide sanitation.

3.3 Stage C: Development of a comprehensive city-wide sanitation strategy (CSS)

Based on the findings during sanitation situation assessment and mapping (Stage B in Figure 1), the Pokja develops a city-wide sanitation strategy (CSS). The strategy is exposed during a public consultation, revised and finalized, and subsequently submitted to the mayor (*Walikota*) and the city council (*DPRD*) for formal adoption. Community empowerment, inclusion of gender issues and suggestions to enhance the coverage of sanitation services to the poor are considered important components of a CSS, but the way these aspects are reflected depends to certain extent on local conditions and preferences.

Physical and socio-economic conditions vary, as well as population densities. These types of spatial differences influence the choices of communities for their sanitation systems and services. Urban planning identifies specific areas for various types of development. For example, the map in Figure 3 shows the different population density zones as well as specific areas for city development (the circles). Based on this map and the different physical and economic feasibilities, people in different parts of this city will have an opportunity to choose from different system and service options.

In the same way, different city zones also have waste management services. Thus, the CSS aims to coverage of affordable sanitation facilities and services to all groups of the population of a city. Even in case of city-managed sewerage, there is room for community empowerment.

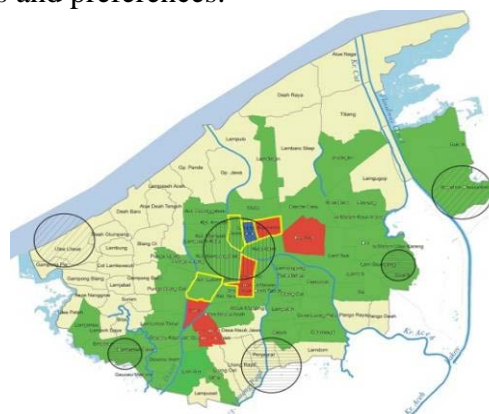


Figure 3 Maps with different population density zones and city development areas affecting the CSS and City Sanitation Program

Table 1 gives a range of community-based services that may be found in a CSS. In the second column is shown how gender equity and poor-inclusiveness can be realized. In addition, the CSS may include sub-strategies for the promotion of good hygiene and improved sanitation in schools (i.e. facilities as well as hygiene behavior and education).

Table 1 Range of community-based sanitation services with attention for gender- and poor-inclusiveness

Type of service	Steps to make the service gender-balanced and fairer to the poor
On-site sanitation	<ul style="list-style-type: none"> • Train neighborhoods (RTs/RWs) for participatory assessment of on-site sanitation and open defecation conditions (including if septic tanks are still septic) using selected participatory tools (welfare classification and social mapping); • Support local communities to formulate TSSM (Total Sanitation and Sanitation Marketing) action plans and implement these plans with local human and financial resources wherever this is possible, aiming at freeing communities from all forms of open defecation (including toilets discharging in water courses); • Assist unauthorized settler communities to make very low-cost and temporary sanitation improvements, such as sanitary platforms (<i>'sanplats'</i>) with privacy screens.
Off-site centralized sewerage systems	<ul style="list-style-type: none"> • Market connections through channels and messages specific for poor / better-off women / men; • Make connection and service payment easier for the poor by a combination of various measures, e.g. social tariff for first block, connection loans and payment modalities adjusted to the conditions of the poor, e.g. by having female local 'agents' who get a commission for collecting payments from other women in their area at variable times and in variable amounts, and depositing total amount collected at the utility; • Offer special financial deals for neighborhoods that link up collectively and take on unskilled construction, loan repayments for connection investments and tariff payments, etc.
Community-managed simplified sewerage services with on-site biological waste water treatment or communal septic tanks	<ul style="list-style-type: none"> • Where central sewerage is not possible or cannot be achieved yet, scale up community-managed simplified sewerage city-wide within reasonable time and prioritizing high and medium risk communities; • Promote informed decisions on <i>weighed</i> contributions to investments and <i>weighed</i> tariffs to cover all recurrent costs; flat payments press more heavily on people with cheap houses, rented rooms and small businesses and do not reflect different amounts of waste water that different groups produced; • Get male support for women's participation and facilitate women and men to meet at times and places suitable for all and join in decisions, training and organizations; • Encourage representative mixed management committees and build their capacities for proper management, including regular accounting to male <i>and</i> female heads of customer households for service delivery, financial management and future plans.
Different types of MCKs with composting pits septic tanks, biological waste water treatment or biogas	<ul style="list-style-type: none"> • Give densely populated neighborhoods choices (a) on the numbers, sizes and sites of MCKs or rows of combined toilet & bathrooms shared by 2-3 families, (b) between models that generate compost and do not need emptying (double pit pour flush or dry), and septic tanks or biological treatment, and (c) on different management and financing models; • Involve male and female heads of households in decision making, using participatory methods and tools to facilitate informed decision-making.

Type of service	Steps to make the service gender-balanced and fairer to the poor
Drainage	<ul style="list-style-type: none"> • Assist men and women in local communities to plan, implement maintain and manage a micro-drainage system together – including division of who will do what, by gender, class, etc.; • Involve poor women and men in decision-making and control; • Help communities to ensure better-off and poor, adolescent and adult women and men, contribute in a fair manner
Solid waste management	<ul style="list-style-type: none"> • Strengthen neighborhood-based collection, segregation and recycling of solid waste with an informed choice from different local organizational models involving women and men; • Reduce urban poverty through city-wide partnerships between city, communities, NGOs and the informal and formal private sector for solid waste collection, segregation, recycling and reuse; • Ensure safer and healthier working conditions for women, men and children working in the informal solid waste sector.
Hygiene promotion	<ul style="list-style-type: none"> • Train cadres – women and men – on participatory hygiene promotion methods and tools that result in community action programs for measured improvements.

The national policy is that cities, besides running their own city-managed centralized sanitation services in part of the city, give technical and financial support to the remaining local neighborhoods, so that they can plan, create, run and manage their own decentralize sanitation services and programs. The institutional, financial and training arrangements for this support are essential parts of any CSS. To support communities, cities can choose different institutional models. They can contract a local or national NGO and finance its support costs as well as (a part of) the community service establishment costs. They can also form their own city support teams by involving related municipal departments. Stimulating interested staff to apply and remain involved over longer periods of time helps to create valuable and sustainable expertise on community-based sanitation services and programs in the city. A mix of both models is of course also possible.

3.4 Stage D: Development of city sanitation action plan

If a city has several high-risk, high-priority communities as far as sanitation is concerned, the question is where to start. Both the community and the city want to score a quick and good result. This can be realized via application of the methodology for participatory assessment for community-managed water supply and sanitation (details are given in the section below). When one or more 'fast track communities' have been chosen with the help of the participatory needs and demand assessment tools, these communities plan and implement their local sanitation and/or hygiene projects with the help of the Simplified PHAST (*Participatory Hygiene and Sanitation Transformation*) manual (details are given in section 3.4.2).

3.4.1 Participatory rapid assessment of demand and capacities in high-risk areas

The Mini MPA (*Methodology for Participatory Assessment*) manual helps communities and a city to decide which high-risk community or communities have the strongest set of needs, demands and capacities. This is done with four participatory activities and visual tools (TTPS, WSP and DHV, 2009):

- a. *Community time line*: the age of the community and its history highlights, as an introduction;

- b. *Stratified social and sanitation mapping*: classification of locally better-off, worse-off and in-between and preparation of the community sanitation map to show differences in types of sanitation (none, unsanitary and sanitary) between the three groups and to help agree on weighed contributions to improvements (see illustrations below);
- c. *Ladders 1&2, with pocket voting*: perceived benefits of improved sanitation in relation to the investment costs, the local willingness to contribute by women and men in the different classes of society and the readiness – assessed through secret ballot – to help the poorest households, e.g. by exempting them from payments;
- d. *Venn diagram*: the degree of organization of men and women in the community, along with the relative influence of each organization identified and an answer to the question whether it is closer to the community or to the authorities.

The outcomes of these participatory activities are used by the community (groups) to score the community's overall position on a five-point scale. The community or communities with the highest score (s) get priority in implementing their sanitation or hygiene improvement project.

3.4.2 Support to community action planning and implementation; Simplified PHAST

Once the community with the strongest set of needs, demands and capacities has been identified a second method, Simplified PHAST, is applied to help the selected community to plan and implement its sanitation project. Communities and cadres can also use Simplified PHAST to develop proposals for consideration via the participatory *Musrenbang* (Indonesia's multi-stakeholder consultation forum for national planning and budgeting) process, and to plan improvements that they will implement by themselves. The method has four sets of activities. None of them require expensive materials or tools and communities can choose those that fit their needs:

- a. Awareness raising and mobilization of individual household demand:
 - *F-diagram*, on how bits of 'tinja' from an ill person can accidentally be swallowed by a healthy person, who then may fall ill; in which situations women, men or children run the greatest risks, and what each group can do to reduce risks;
 - *Free-floating diagram*, on the consequences and benefits of a sanitary toilet (or any other sanitation improvement) according to women and men;
 - *Four pile sorting*, on good and bad sanitation and hygiene practices in the community; what is practiced and what not yet, or not anymore; what are men's and women's priorities for actions;
- b. Local sanitation system and community action planning:
 - *Informed technology choice*, community members and households can choose the most appropriate sanitation or toilet system by comparing simple drawings of the different options and getting information about each option's investment and running costs, and maintenance requirements;
 - *Selection of toilet design*, a household can choose a type of toilet which both husband and wife wants and agrees they can afford;
 - *Ending open defecation*, a series of steps to facilitate the community plan and decide how and when it will become ODF ("Open Defecation Free");
- c. Addressing two other key environmental health risks:
 - *Critical hand washing habits*, on when and how hands should be washed to reduce risks of diarrhoea, worms, acute respiratory infections, influenza and eye infections;
 - *Safe water chain*, on using safe water for drinking, brushing teeth and other uses that involve swallowing water, and how to keep that water safe 'from source to mouth';

d. Community institutional arrangements for implementation and management:

- *Local management organization*, on how to set up a balanced (for gender and class) and capable organization to manage the implementation of sanitation improvements and the operation and maintenance (O&M) of community sanitation services;
- *Financing sanitation and hygiene for the poor*, on how poor people can get better access to sanitation and hygiene, yet avoid unsustainable subsidies;
- *Community monitoring and accountability to all*, on monitoring as gender- and poverty-specific management tool to provide evidence of progress and impact.

In the beginning, Pokja support teams or NGOs are needed to help the community apply the Simplified PHAST method and its tools. However, as the tools are simple and require no or very little funds, they can be easily replicated by for local informal leaders and groups. In due time, a system can be established whereby these leaders and groups train fellow leaders and groups in neighboring RTs to apply the same tools.

3.4.3 Developing 'fundable' project proposals for CSS implementation

A final aspect for cities to consider when they develop their CSS and subsequent implementation programs and action plans is the preparation of fundable project proposals. The reasons for fundable proposals are: (1) donors/financers are reluctant to finance small initiatives from multiple individual parties, (2) individually, cities do not have the human and financial capacities to support large-scale CBS programs, and (3) the cities can test more innovative, community-based approaches to specific urban sanitation problems in a relatively short period.

Examples of topics of common interest in community-based sanitation services that may emerge for a joint project proposal during the Sanitation White Book and CSS development are:

- a. Effective and sustainable expansion of central sewerage services to unserved households and communities within the existing sewerage coverage area;
- b. Community-led Total Urban Sanitation (CLTUS) program for sanitary toilets that measurably eliminates open defecation, converts/replaces unsanitary toilets into/by sanitary ones, and develops a safe septic tank desludging and end-disposal service together with the informal private sector as a means for employment generation and poverty reduction;
- c. More rapid expansion and better sustained – financially, institutionally, environmentally, technically and socially – community-managed decentralized sewerage services;
- d. Strengthening of the roles of male and female small-scale entrepreneurs and informal sector workers providing basic services in sanitation, water supply (for hygiene) and solid waste management;
- e. WASH-in-school programs that improve school sanitation, water supply, hygiene and hygiene education and reach out effectively to the families of teachers and students, and thus contribute to the realization of the MDG water and sanitation targets.

3.5 Stage E: Monitoring and evaluation (MONEV)

Monitoring and evaluation (MONEV) of sanitation improvements (including costs of investment and operation and maintenance) and improvement processes enable a city to keep track of its progress and learn lessons on what works or does not work well at reasonable costs and why. There are many indicators that can be monitored as part of implementation of urban sanitation strategies and related action plans. Combined the four simple indicators below show how successful the efforts are to empower communities while paying proper attention to gender- and poor-inclusiveness. The community itself monitors the indicator on sanitation access for all through its poverty-specific social map. For the other three indicators,

communities and the city cadres use Mini-MPA self-scoring scales. The position on these scales, ranging from 0 (no inclusion) to 4 (ideal situation) indicates how far a community has progressed in achieving fully empowered, gender- and poor-inclusive community sanitation services. The technical performance of sanitation services will be monitored through the broader city sanitation MONEV system. The simple (self)-scoring system quantifies qualitative data on gender and poor-inclusiveness and makes it possible to compare different communities, projects, support agencies, and cities on their respective performance with regard to these indicators

Table 2 Four key indicators of gender- and poor-inclusive community-based sanitation projects and services

Community-based sanitation services	Less inclusive	More inclusive
Project and service planning and decisions	Local male elites set the local agenda and decide on types of projects (sanitation or other) and services/service management.	Women and men, including from poor/disadvantaged households can influence local planning decisions.
Access to services/hygiene program	Poor families have no or less access to services and/or pay relatively more, (e.g. flat rates) while they produce less waste water. Men/poor families have no access to hygiene promotion.	All households have access to the service/program and pay in relation to benefits. Men and women both participate in community hygiene promotion programs.
Community management organization	Only men, or men and women, from the local elite form the local management organization. Their personal interests determine decisions.	The composition and meeting participation of the sanitation management committee represents the interests of all community groups.
Accountability for management	Local management does not account for service and financial management, or only to higher levels of community and city administration.	Local management accounts for service and financial management to couples from all user households.

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