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

Report on the Biak Workshop

Biak, 26 – 29 September 2011

Prepared for
IRC International Water and Sanitation Centre, an independent non-profit organisation based in The Hague, the Netherlands, is a knowledge centre in the field of drinking water supply, sanitation, hygiene and integrated water resources management in developing countries.

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


Websites of participating partner NGOs

http://diandesa.org/Home.html
http://www.rumsram.org
http://cdbethesda.org/index.php
http://plan-international.org/where-we-work/asia/indonesia
http://www.simavi.nl

Materials and documents on the SHAW Programme can be found on
http://www.irc.nl/page/53746
1. **Introduction**

1.1 **Background and context**

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

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

Programme implementation started in early 2011. This followed the inception and preparation phases, covering the period April 2010 to January 2011, which was used by the partner NGOs to lay the foundation stones for the successful implementation of the programme. Work has started in six of the nine target districts, and programme activities during the first half of 2011 concentrated primarily on triggering (awareness raising and demand creation) for STBM pillar 1 (stop open defecation).

In the period 18 – 29 May 2011, five districts were visited by two separate review teams to “review what has been achieved and how, and give input from own experiences”. The outcome of the review missions were documented in a Review Report\(^1\) and the report was used as the main input for the review and planning workshop conducted from 13 to 17 June 2011 in Yogyakarta. The September 2011 Biak workshop was organised to give follow up to the agreements reached during the June 2011 Yogyakarta workshop.

1.2 **Objectives of the Biak workshop**

The objectives of the workshop were to:

1. Review and discuss progress on priorities and tasks identified during the June 2011 workshop
2. Work on developing blueprints for more standardised programme approaches on STBM
3. Discuss detailed planning for the coming period

The workshop was structured to discuss and work on the above three objectives as outlined below.

Objective 1: Review and discuss progress on priorities identified during the June 2011 workshop:

- Preparatory work and discussions will focus on a summary of the action lists developed during the June 2011 Review and Planning Workshop.
- Discussion topics:
  - What progress have you made so far?
  - Has anything changed for the better? What did you focus on? What did you adjust/change? What are the changes you made with your team? How did you adjust the way your team works?
  - Where do you want to go? Where are you heading? What are the results and outcomes you are aiming for in this period?
  - How to move further? Have you included the priorities – including concrete milestones – in your long-term programme planning?
  - Do you need any support?

Objective 2: Work on developing blueprints for more standardised programme approaches on STBM:

- There is a need to better understand how the different NGOs are working in the field and for the NGOs to understand what basic process is to be followed when implementing SHAW/STBM in the communities.
  - What activities are to be executed, in what sequence, in what timeframe, and by whom? This to come to a programme cycle (batch) which can be repeated/replicated/reproduced.
  - Basic activities need to be carried out by programme staff: what are the workloads to match the number of staff to the number of activities per batch?
- Focus is on establishing a process for implementing the five STBM pillars as discussed and prioritised during the June workshop. In what way can all five pillars be part of the cycle in each village, so that SHAW can phase out successfully with regards to STBM?

Objective 3: Discuss detailed planning for the coming period

- Detailed planning and budgeting for 2012
- Develop a rough implementation timeline on the basis of the 2012 plans

1.3 Set up of the Biak workshop

The workshop consisted of three distinct but overlapping components, namely:

1. A one-day review component on 26 September 2011 to review and discuss progress on priorities identified during the June workshop;
2. A one-day field trip on 27 September 2011 to observe and discuss the hygiene promotion component of the STBM approach; and
3. A two-day WORKshop component on 28 and 29 September 2011 to develop a blueprint for a more uniform STBM implementation approach on the basis of the different approaches applied to date by the different partner NGO.

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2 Basic process outline with clarity on the minimum criteria that are to be met and with clear interim process milestones.
The workshop participants represented the SHAW implementation partners consisting of CD-Bethesda, Plan Indonesia, Yayasan Dian Desa, Yayasan Rumsram, Simavi and IRC. An overview of the participants who participated in the workshop is presented in Appendix 1.

The four-day workshop was organised and facilitated by Pam Minnigh (Simavi) and Erick Baetings (IRC) with logistical and secretarial support from Yusmaidly and Yuli Arisanti of the SHAW Programme Unit. Special thanks go to Pak Ishak Matarihi and the Yayasan Rumsram team for being a great host and for making all the necessary arrangements for a successful workshop in Biak.
2. Outcomes of the workshop

2.1 Process and results of day one

The programme of the first day is given in the following table.

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>Opening words</td>
<td>Martin Keijzer</td>
</tr>
<tr>
<td></td>
<td>Objectives and programme of workshop</td>
<td>Pam Minnigh</td>
</tr>
<tr>
<td></td>
<td>Announcements on finance and reporting</td>
<td>Linda and Yus</td>
</tr>
<tr>
<td></td>
<td>Sanitation and hygiene quiz</td>
<td>Erick Baetings</td>
</tr>
<tr>
<td></td>
<td>Reflection on relationship</td>
<td>All</td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td>Progress on June 2011 priorities</td>
<td>Programme coordinators</td>
</tr>
<tr>
<td></td>
<td>STBM process cycles</td>
<td>Programme coordinators</td>
</tr>
<tr>
<td></td>
<td>Preparations for field trip</td>
<td>All</td>
</tr>
</tbody>
</table>

Opening words

Martin Keijzer, Simavi’s SHAW Programme Coordinator, opened the four-day workshop by welcoming the participants and by thanking them for coming to Biak. He explained that the Biak workshop was organised to examine the follow up of the programme review carried out in May 2011 and to discuss how they review findings have been integrated in the planning for the coming period. Martin also explained that the workshop would be a good opportunity to continue the discussions on how STBM (Sanitasi Total Berbasis Masyarakat = Community Based Total Sanitation) can best be implemented, “and where STBM is concerned there is a need to learn together and to learn from others”.

Objectives and programme of workshop

The workshop objectives have been outlined in section 1.2 of this report and these can be summarised as follows:

1. Review and discuss progress on priorities and tasks identified during the June 2011 workshop
2. Work on developing blueprints for more standardised programme approaches on STBM
3. Discuss detailed planning for the coming period

While presenting the programme for the first day, the programme coordinators requested to include an additional agenda point dealing with partnership and relationships in relation to SHAW programme implementation. It was decided to make space for this agenda point and to discuss it before starting the discussions on content.

Announcements

Yusmaidy explained the difficulties he had in obtaining progress information from the partner NGOs through the regular monthly reporting cycle and consequently in compiling programme wide progress reports. Apparently the reporting format is somewhat confusing and there are too many tables that need to be filled in! Timeliness of reporting differs between the partner NGOs: timely reporting by Plan and YDD but not by CD Bethesda and Rumsram. He therefore suggested adapting or modifying the reporting format and changing the reporting frequency to make life easier for the partner NGOs. Modifying the reporting format would also make it possible to align the information flow with the Pokja AMPL information requirements. It was decided to park this ‘hot’ topic and to discuss it on Thursday.
Linda Ross gave a quick insight in the issues she will be focusing on during her meetings with the four partner NGOs individually, namely:

- **Financial reporting format**: a uniform reporting format was introduced earlier this year and used for the January to June 2011 reporting period. This has helped to streamline the reporting towards the Embassy. Linda will explain the format and provide clarifications where necessary as some partners are having problems with the new format.

- **Audit 2010**: Simavi initiated the annual financial audits for 2010 by contracting one audit firm for all four partner NGOs which has resulted in quality management letters that provide a first assessment of the different organisations. The management letters will be discussed with all four partner NGOs and could be used as an entry point for capacity building efforts. Simavi is considering to carry out organisational audits for the year 2011 as these could then also be used as capacity need assessments.

**Sanitation and hygiene quiz**

A simple sanitation and hygiene quiz was played to get in the right mood and to test the knowledge of the participants of the WASH situation in Indonesia. The participants were divided in two groups and were provided with both the questions and the answers. It was definitely more difficult than expected as one group got four out of eleven answers right and the other group only two answers. Both questions and answers are shown below.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to safe drinking water sources in 2008</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of <strong>RURAL</strong> population using an improved drinking-water source</td>
<td>71%</td>
<td>WHO and UNICEF (2010) Progress on Sanitation and Drinking-Water - 2010 Update³</td>
</tr>
<tr>
<td>Proportion of <strong>URBAN</strong> population using an improved drinking-water source</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>Proportion of <strong>TOTAL</strong> population using an improved drinking-water source</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td><strong>Access to improved sanitation in 2008</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of <strong>RURAL</strong> population using an improved sanitation facility</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Proportion of <strong>URBAN</strong> population using an improved sanitation facility</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Proportion of <strong>TOTAL</strong> population using an improved sanitation facility</td>
<td>52%</td>
<td></td>
</tr>
<tr>
<td>Number of people without access to improved sanitation</td>
<td>109,125,600</td>
<td></td>
</tr>
<tr>
<td>Number of people practising Open Defecation</td>
<td>59,109,700</td>
<td></td>
</tr>
<tr>
<td><strong>Economic impacts of poor sanitation &amp; hygiene</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall economic losses in 2006 (in IDR)</td>
<td>56,000,000,000,000</td>
<td>WSP (2008) Economic Impacts of Sanitation in Indonesia⁴</td>
</tr>
<tr>
<td><strong>Annual cases and deaths attributed to poor sanitation in 2006</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases of diarrhoea</td>
<td>89,417,461</td>
<td></td>
</tr>
<tr>
<td>Number of deaths due to diarrhoea</td>
<td>22,880</td>
<td></td>
</tr>
</tbody>
</table>

**Reflection on relationship**

On the request of the Programme Coordinators the remainder of the morning was used to reflect on and discuss the relationship between the main SHAW partners as some degree of misunderstanding, miscommunication and/or frustration had cropped up during the past months. Details of the discussions are presented in Appendix 2.

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The session started with a round of personal reflections by the programme coordinators of all four partner NGOs. This was followed by Martin Keijzer with his personal reflections on programme implementation and cooperation. After the first round of reflections a plenary discussion was facilitated by Erick Baetings. Some of the key issues that came out of the discussion can be summarised as follows:

- NGO partners feel under pressure to perform and achieve programme results. Pressure has been building up slowly but steadily. They feel that Simavi is too ambitious and that too much is expected from them. Some feel that they are being pushed but that they cannot move faster, and that they are responsible for things that are not under their control.

- Everybody agreed that the SHAW programme is rather unique and the first attempt to implement the new STBM strategy at scale in Indonesia. The programme is not about installing toilets but about facilitating sustained behaviour change. Change that goes well beyond the end of the project. It requires a major change in programme implementation to achieve this goal.

- NGO partners are insufficiently in control due to a lack of (Government) guidelines on how to implement STBM. They feel that Simavi should be more patient and consider the realities on the ground. For example NGO partners mentioned that they cannot push the Government.

- NGO partners were reminded that pressure is a normal phenomenon. May be we were all too ambitious as the programme results/targets were determined by the NGO partners themselves, not by Simavi or others. Only time will tell if we have been too ambitious. There is a need to find ways to cope with the pressure.

- NGO partners sometimes gave the impression that they prefer to work in isolation. Some were really worried about developing a common blue print for implementing STBM\(^5\). Considering that this programme is new to all partners, it would make much more sense to cooperate/collaborate more actively as this is expected to be more efficient.

- NGO partners were also reminded that the SHAW programme is all about changing the perceptions and behaviours of communities. As this is a completely new programme, we also have to change our perceptions and the way we work. This is likely to give us an uncomfortable feeling as we need to move out of our ‘comfort zones’.

- We need to be aware of how we communicate with each other and this includes the use of body language. Partnerships should be based on a solid foundation of trust. Everybody was invited to communicate more openly with each other especially when we are worried.

Although all issues could not be ironed out or resolved during the morning session, the open, frank but respectful discussion helped to create a better understanding amongst the partners. Everybody was quite content with the discussion and this was reflected in the constructive discussions during the remainder of the workshop.

**Progress on June 2011 priorities**

After the lunch break the programme coordinators presented an overview of activities carried out and progress made up to September 2011 with regards to overall programme performance and the priorities agreed upon during the June 2011 workshop. The Microsoft PowerPoint presentations are attached in Appendix 3.

\(^5\) The successful development of a common STBM approach on days three and four showed that these feelings were unfounded.
The overview of the June 2011 priorities is summarised in the table below. A more detailed overview is provided in Appendix 3.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Finding or issue</th>
<th>Priority</th>
<th>Finding or issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Roles and responsibilities of Pokja</td>
<td>A</td>
<td>Water a priority for SHAW</td>
</tr>
<tr>
<td>2</td>
<td>Sanitation marketing not well integrated</td>
<td>B</td>
<td>Limited interest in STBM</td>
</tr>
<tr>
<td>3</td>
<td>How to sustain SHAW achievements</td>
<td>C</td>
<td>Lack of financing options</td>
</tr>
<tr>
<td>4</td>
<td>STBM verification system and standards</td>
<td>D</td>
<td>Follow up after triggering</td>
</tr>
</tbody>
</table>

The presentations were well prepared and very informative and in general progress is being made on implementing the June 2011 priority issues. As a consequence of an overwhelming amount of information and different styles of presenting the information, it was rather difficult to come up with a concise synopsis of overall progress made on the eight priority issues. It was therefore suggested to develop a standard reporting format for future workshops. A simple overview was prepared on the basis of a quick and dirty self-assessment to see what progress had been made to date. The overview is summarised in the following table.

<table>
<thead>
<tr>
<th></th>
<th>Plan</th>
<th>Rumsram</th>
<th>CD Bethesda</th>
<th>YDD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General progress</strong></td>
<td>😊</td>
<td>😊</td>
<td>😊</td>
<td>😊</td>
</tr>
<tr>
<td><strong>Progress on June 2011 priorities</strong></td>
<td>😊</td>
<td>😐</td>
<td>😊</td>
<td>😊</td>
</tr>
<tr>
<td><strong>Progress on 2014 targets</strong></td>
<td>😐</td>
<td>😊</td>
<td>😐</td>
<td>😐</td>
</tr>
</tbody>
</table>

**Preparations for field trip**

Considering the fact that the meeting was organised in Biak, where Yayasan Rumsram is implementing the SHAW programme in Biak Numfor and Supiori districts, with easy access to SHAW target communities, and that hygiene promotion of pillars 2 to 5 is still a relatively new discipline for most of the implementing partner NGOs, it was decided to include a field trip to observe hygiene promotion activities. For the purpose of learning and sharing Yayasan Rumsram organised two parallel hygiene promotion sessions in two different sessions.
At the end of day one some time was taken to prepare for the field trips. The participants were divided into two groups and they were given a number of tasks to carry out. The teams were instructed to observe hygiene promotion activities in two different villages: on pillar 2 in Koyomi village and on pillar 3 in Wasani village. Both villages are located in Warsa sub-district of Biak Numfor district. Yayasan Rumsram had organised hygiene promotion sessions to be carried out by trained village cadre with support from Rumsram field staff. Participants were instructed to observe, make notes and prepare presentations as outlined in the table below.

<table>
<thead>
<tr>
<th>STBM PILLAR # 2</th>
<th>STBM PILLAR # 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Handwashing with soap</strong></td>
<td><strong>Household water treatment and safe storage</strong></td>
</tr>
<tr>
<td>Where: Koyomi village, Warsa sub-district</td>
<td>Where: Wasani village, Warsa sub-district</td>
</tr>
<tr>
<td>When: departure at 08:00 hrs</td>
<td>When: departure at 08:00 hrs</td>
</tr>
<tr>
<td>Who: Martin ++, Christina ++, Sabaruddin, Wirya</td>
<td>Who: Dewi, Yus, Pam, Linda, Ishak, Erick</td>
</tr>
</tbody>
</table>

What: Field observations:
- Was the hygiene promotion effective or not?
- What methodology and tools were used?
- What was the quality of HP delivery?
- Role village cadres versus Rumsram staff
- Response of villagers
- Would you have been motivated after the triggering?
- Would you use it? (new/inspiring/different)
2.2 Process and results of day two

The programme of the second day consisted of a field trip to observe different hygiene promotion sessions and the evaluation and subsequent discussions upon returning to the meeting venue in Kota Biak.

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
<th>Who</th>
</tr>
</thead>
</table>
| Morning  | Travel to two villages in Warsa sub-district of Biak Numfor district and observe hygiene promotion sessions:  
- Pillar 2: Handwashing with soap session in Koyomi village; and  
- Pillar 3: Household water treatment and safe storage in Wasani village | Participants|
| Lunch in village |                                                                                                                                                                                                                 |            |
| Afternoon | Return to Kota Biak  
Coffee break  
Prepare presentations on field trip observations  
Present and discuss field trip presentations | Participants |

Field trip to observe hygiene promotion sessions

The morning of day two was spent in the field. Participants, divided in two groups, observed parallel hygiene promotion sessions in two different villages. The field trips were organised by Yayasan Rumsram and the hygiene promotion sessions were conducted by village volunteers trained by Department of Health staff and Yayasan Rumsram field staff. The two teams had been instructed to make specific observations, take notes and prepare presentations.

Village mapping  
Village map on paper  
Mapping F-diagram  
Process facilitation  
Signing action plan  
Village commitment

Hygiene promotion activities on household water treatment and safe storage in Wasani village.
### Presentation and discussions of field trip observations

The presentations are summarised in the following table.

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>Handwashing with soap</th>
<th>Household water treatment and safe storage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The message was clear. Handwashing WITH SOAP to prevent getting sick. Handwashing was practiced but it was not common to use soap and normally they would use a washing bowl instead of running water. Critical times: before eating, after defecation, after working in the field (!)</td>
<td>Not really effective and nobody was really enthusiastic. Not clear what the message was! There was some amount of confusion. Villagers were told to boil their drinking water even though they were collecting brackish water on the beach which after boiling becomes even more salty!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Methodology and tools used</th>
<th>Mapping, contamination route, discussion, demonstration, committing</th>
<th>Mapping, contamination route, discussion, committing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It is was not easy to obtain materials like betadine or glue for demonstration session, so they rubbed their hands (dry washing) to show old skin and dirt</td>
<td>It looked like the CLTS triggering method had been copied. Not clear what the purpose was of the mapping exercise as it was not completed and not used. Written cards were used for determining the contamination route. Drawings might be more effective.</td>
</tr>
</tbody>
</table>

| Quality | The overall quality was considered to be okay. | Despite little training, village cadres knew how to use the methodology and tools. The overall quality of delivery could have been better. |

| Roles | Facilitation was done by trained village volunteers. One of the female facilitators was judged as being very effective. | Although the facilitation team consisted of four persons, most if not all of the facilitation was done by one local trained female facilitator with the ability to facilitate in the local language. Participation by Rumsram staff was low. |

| Response villagers | No specific group was targeted. Both men and women were participating but women were more active. Children were present but not actively involved. | Participation by villagers was not ideal. The facilitators could have tried to involve the villagers more. |

In general the hygiene promotion sessions could have been more effective, particularly the one dealing with household water treatment and safe storage. The methodology could have been a bit more refreshing and the actual message (boil your drinking water) was not appropriate considering the source of drinking water. General remarks that were made in the subsequent discussion:

- Suggested solutions need to recognise local conditions and circumstances.
- Demonstrations are always more powerful than verbal explanations.
- Methodology: if you keep it simple and local than and it is likely to work.
- The timing of the hygiene promotion sessions was not right as these two villages had just been triggered for pillar 1 and villagers were busy constructing toilets.
- The facilitators need to speak in a sufficiently loud voice so that everybody can hear what it is being said. A bit of enthusiasm on the part of the facilitators will also help to attract attention.
- Don’t repeat the same methodology for different pillars. Use more examples, demonstrations, etc. to make it visible.
- Show different product options (gadgets), for example different handwashing devices (e.g. tippy taps, bamboo devices, water containers with tap, etc.) and different water treatment devices (e.g. different water filters, SODIS bottles, etc.).
- No need to make village maps for each pillar. If necessary the village map developed during triggering of pillar 1 could be used during hygiene promotion sessions on the other pillars.
- NGO partner’s staff should play a more constructive and supportive role towards the facilitators. Training, coaching and guiding of village cadre should be their main role.
Conclusions:
- Prepare yourself well before conducting hygiene promotion sessions. Understand local conditions and circumstances. Use the baseline data more effectively.
- The right timing is essential. Don’t overload the villagers with too many messages and tasks!
- Use different methodologies, techniques and tools to keep it exciting and to sustain interest.
- Where possible show different solutions (gadgets) as this is likely to inspire / motivate villagers.
- Be creative

Collection of drinking water on the beach and handwashing before eating lunch in Wasani village

As it is always easy to be critical, some time was spent at the end of the afternoon to discuss what the other participants could give to or share with Yayasan Rumsram to help them develop more effective hygiene promotion messages, approaches and tools, and to brainstorm on new ideas, gadgets, and ways to make hygiene promotion on the STBM pillars interesting and more effective. The participants were encouraged to share practical tools and not to provide advice only.

Agreements

- Dewi explained that focus group discussions (FGD) can be used to carry out a background check and to prepare yourself before conducting hygiene promotion sessions. This to ensure that the hygiene promotion messages are relevant and appropriate for the local circumstances. Dewi offered to forward a guideline on how to prepare and facilitate focus group discussions.
- Sabar explained that we should not choose between pillars. All pillars are important! Select the methods based on the places/locations, also because maybe there are facilities, like toilets, but they are not all used. Sabar offered to share the communication media (IEC material) developed by Plan Indonesia for pillars 1 to 5. Questions were raised whether guidelines exist on how to use the material.
- Christina explained that facilitators should understand how adults learn and that they should know the adult learning principles. Christina offered to share information on how to be a good facilitator.
- We need different tools that can be used during hygiene promotion sessions, such as games, drawings, etc. Transmissions routes were used in both sessions but no drawings were available. Christina offered to share drawings she has used for pocket voting exercises and Erick offered to obtain games and transmission route drawings he used in Laos. It was stressed that whatever you have, you always need to test it locally and where necessary adapt and/or improve.

Again it was suggested to make all relevant material available on a SHAW programme Google Docs website. Similarly relevant books and articles (translated in Bhasa Indonesia) could be posted on the website. Finally it was mentioned that a TOT for STBM trainers/facilitators is scheduled to take place in Bali shortly. It was suggested that maybe someone should attend the training.
2.3 Process and results of day three

The programme of third day is given in the following table.

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>Presentations of SHAW programme cycles</td>
<td>Programme coordinators</td>
</tr>
<tr>
<td></td>
<td>Meeting at Biak Numfor District Pokja</td>
<td>Participants</td>
</tr>
<tr>
<td></td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td><strong>Afternoon</strong></td>
<td>Presentation by Martin Keijzer</td>
<td>Martin Keijzer</td>
</tr>
<tr>
<td></td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working on a generic STBM process blueprint</td>
<td>Participants</td>
</tr>
</tbody>
</table>

Presentations of SHAW programme cycles

The Programme Coordinators were given the space to present the programme cycles as applied by their organisations to implement STBM in the target communities. The purpose of this exercise was to create an in-depth understanding of how the partners are working in the field and for the partners to understand what basic process steps are to be followed when implementing SHAW/STBM in the communities. Furthermore, the exercise was expected to establish whether there were any similarities in the approaches applied by the different partner NGOs. The presentations are given in Appendix 5, and these are summarised below.

Plan Programme Cycle

1. Road show at district level (1x)
2. Field visit to STBM intervention district (1x)
3. Develop STBM roadmap at district (1x)
4. Develop plan together with Pokja for each sub-district
5. Road show at sub-district level (1x)
6. Set-up sub-district STBM team
7. Socialisation at village
8. Selection village STBM team
9. Training on STBM for village cadre (STBM team) + sub-district STBM team
10. Preparations include baseline data collection
11. Triggering at dusun and school on all 5 pillars
12. Follow-up post triggering include monitoring → monthly/bimonthly evaluation meeting at sub-district
13. Village verification and declaration
14. Sustainability: rules, regulations, budget issues

Yayasan Dian Desa Programme Cycle

1. District stakeholder workshop
2. Road show at sub-district level, includes interest letter from village heads
3. STBM training (not CLTS triggering) for sub-district and village teams
4. Baseline data collection → village water and sanitation maps, household questionnaires
5. Triggering 5 pillars include sanitation options
6. Monitoring + supervision (post-triggering follow-up)
7. Verification and declaration
Rumsram Programme Cycle

1. Road show at district level
2. Road show at sub-district
3. Interest letter from kampung head
4. Field visit to some kampung
5. Road show at kampung level includes selection of village cadre (STBM team)
6. Training for district STBM team on STBM
7. Training on monitoring → baseline data collection
8. STBM training village cadre
9. Triggering all pillars
10. Follow-up include monitoring
11. Verification and declaration

CD-Bethesda Programme Cycle

1. Road show at district level
2. Road show at sub-district level to ... STBM team sub-district and village
3. Socialization at village level
4. Train team desa to collect baseline data
5. Data study by village team
6. Training on CLTS triggering for village team
7. Triggering of Pillar 1 in villages/dusun by village team – observed by CD Bethesda field staff
8. Post triggering follow up
9. Training on Pillar 2 – 5 for village team + sanitarians
10. Hygiene promotion on Pillar 2 – 5
11. Quarterly monitoring + continue promotion on all pillars
12. Verification + declaration
13. Continue monitoring

As this was the first time that that the different programme cycles were discussed and compared in detail, quite a bit of time was taken during the presentations to better understand how the SHAW programme is being implemented by the four partner NGOs. The programme cycles as presented by the four partner NGOs showed a remarkable amount of similar steps and activities; that is to say “on paper”. However, during the discussions it became clear that implementation of the programme cycle steps could differ significantly between partners. Some of the more prominent issues that were discussed:

- Triggering of pillars 1 to 5: this appears to remain an area of concern for most partners. What is the best way to work on all five pillars? First carry out CLTS triggering on pillar 1 and thereafter provide separate hygiene promotion sessions on the other four pillars? Or combine all five pillars in one session? Or introduce all five pillars during the initial CLTS triggering exercise and then conduct separate hygiene promotion sessions on the other four pillars at a later stage?

- Monitoring and steering: there were questions and discussions about frequency, people involved, and what is done with the monitoring results (how is it shared with key stakeholders at community, sub-district and district level).

- STBM verification and declaration: in the absence of GoI guidelines there are still many questions on how best to organise this. To date only Plan Indonesia has facilitated verification and declaration exercises in Kefa and Soe, Who carries out verification? Is this a self-verification exercise by the community under the guidance of a sanitarian? Do we facilitate or encourage cross-verification by other communities? What sample size is used?

It was noticed that all four partner NGOs had been making changes to their programme cycles during the course of implementing the programme. Most if not all of the changes were made as a consequence of field experiences. What has been missing up to date is the consistent and detailed recording of all these changes. Learning and sharing is an important element of the SHAW programme, and therefore the
documenting of what has changed and why changes were made is crucial. Documenting changes – similar to documenting lessons learned and best practices – should be seen as part of the knowledge development and knowledge management component.

**Meeting with Biak Numfor District Pokja**

Following the extensive discussions on the role and responsibilities of the District Pokja during the June 2011 workshop, a meeting was organised with the Biak Numfor District Pokja. The main purpose of the meeting was to obtain a better understanding of the functioning of the Pokja and to draw lessons for working with the District Pokja in the other programme districts. Some of the issues discussed with the members of the Pokja during the meeting:

1. History and establishment of the Pokja in Biak Numfor
2. Functioning of the Pokja
3. Role of the Pokja in supporting the implementation of STBM

After lunch the meeting with the Biak Numfor District Pokja was evaluated. A summary of the observations and discussions is presented here:

1. A high level of commitment towards the functioning of the Pokja and friendship among the members was observed
2. Bappeda, who is the secretariat for the Pokja, plays an active and strong role. Bappeda is well positioned to lead as all the money for the participating government departments is channelled through Bappeda. This puts them in a comfortable position.
3. Relations among the Pokja members were said to be informal
4. There appears to be a basic understanding about STBM. However, emphasis was primarily on facilities and not so much on sustainability.
5. UNICEF is still playing a role in supporting the functioning of the Pokja through its local facilitator. Its role appears to be reducing in scope and intensity as UNICEF is now focusing more on education and less on WASH.

During the June 2011 workshop a lot of the discussions focused on the role of the Pokja and the importance of establishing good functional relationships with the Bupati. One relevant lesson we learned today was that it can also be very beneficial to establish a good rapport with the key person(s) instrumental for the effective functioning of the Pokja. This is likely to differ per district, and therefore it is important to assess the local situation carefully and pick out the most influential person(s).

**Presentation by Martin Keijzer**

Based on extensive field visits and discussions with management and field staff of all partner NGOs, Martin Keijzer, the Simavi SHAW Programme Coordinator, presented his personal reflections on how STBM is being implemented as part of the SHAW programme during the first eight months of 2011. The entire presentation is given in Appendix 6. Some key issues are summarised below.

Highlights of Martin Keijzer’s presentation:

- The SHAW programme consists of three objectives (#1: community and sub-district level; #2: district level; and #3: national and programme level) and the expected results are provided in the updated logical framework attached to the November 2010 Inception Report.
- Realise that the performance of an organisation depends on the long-term results achieved in each dusun (e.g. sustained behavioural change), and not on whether you have achieved the short-term project targets (# of toilets constructed).
- STBM is aiming at a hygienic life style of the population through its 5 pillars with the ultimate goal of achieving and sustaining a safe and healthy living environment. STBM is not about achieving toilets, but about achieving collective awareness and collective actions towards a hygienic environment in each dusun.
- STBM has not been well introduced to all levels in government due to a lack of training, guidelines and criteria. As a consequence there is a certain amount of confusion between CLTS and STBM at different levels, which is also influencing the approach, understanding and expectations.

- SHAW is in a pioneering stage as many issues still need to be decided. There is a need to be creative together (as a group) by developing and testing new approaches. The SHAW programme, based on its experience in the field and lessons learnt, is in the ideal position to contribute to the development of common guidelines that will support the scaling up of STBM in Indonesia.

- A critical and learning position by the partner NGOs is essential to develop effective guidelines for implementing STBM. No SHAW partner has finished learning, but each has experiences which can benefit others. As the SHAW programme is testing and learning on how to implement STBM, we should allow for a certain amount of flexibility in applying the approach. Partners need to reflect on their approaches and experiences, and look around for useful experiences (best practices).

**Working on a generic STBM process blueprint**

This session consisted of two separate but connected activities: 1) grouping of the four different programme cycles to allow for easy understanding and comparison; and 2) developing a common STBM approach that is acceptable to and will work for all partners. The purpose of this exercise was to move together towards developing a standard STBM implementation approach. This was done by developing a detailed and complete blueprint on the basis of the different presentations and ideas. The focus was on establishing a process for implementation of the five STBM pillars as discussed and prioritised during the June workshop.

The Programme Coordinators of the four partner NGOs were asked to make a graphical representation of their organisation’s STBM programme cycle, presented earlier in the day, by using different coloured meta-cards. These were thereafter grouped together on a wall as shown on the pictures above and in more detail on the next page.
As part of the grouping exercise, the different community oriented training activities and their corresponding time investments (training efforts) were mapped on the wall. The training efforts, related only to the training of village cadres or village volunteers, are shown in the figure above. As can be seen when comparing the above figures, Yayasan Rumsram is investing at present the most in building up the capacity at community level.

After the grouping exercise the discussion focused on who does what in relation to STBM triggering (pillar 1) and hygiene promotion (pillars 2-5). This included also the training activities carried out to
develop the capacity of the village STBM teams. The actors involved in triggering for pillar 1 are summarised in the following overview.

<table>
<thead>
<tr>
<th></th>
<th>Plan</th>
<th>YDD</th>
<th>CD Bethesda</th>
<th>Rumsram</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triggering</td>
<td>Cadre desa. 5 pax</td>
<td>YDD staff, sanitarian,</td>
<td>Cadre dusun, sanitarian,</td>
<td>Cadre dusun</td>
</tr>
<tr>
<td></td>
<td>Supervised by sanitarian</td>
<td>health promoter</td>
<td>midwife</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and/or Plan</td>
<td></td>
<td>Supervised by CDB</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Supervised by Pokja</td>
</tr>
<tr>
<td>Triggering</td>
<td>MoH, local trainers, Plan,</td>
<td>TSSM (WSP) and YDD</td>
<td>Initially MoH</td>
<td>Initially MoH</td>
</tr>
<tr>
<td>Training</td>
<td>Dinkes and sub-district</td>
<td></td>
<td>Now CD Bethesda and</td>
<td>Now Pokja, Rumsram</td>
</tr>
<tr>
<td></td>
<td>STBM facilitators</td>
<td></td>
<td>Puskemas</td>
<td>and UNICEF</td>
</tr>
<tr>
<td></td>
<td>(champions)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thereafter the discussion turned towards the need for scaling up rural sanitation and that that will require local training capacity. It is difficult to scale up rural sanitation programmes if we rely on Jakarta or Java-based trainers. Furthermore, the trainers used to date have experience in conducting CLTS triggering trainings but due to a lack of guidelines and training materials little experience in conducting STBM trainings. There is therefore an urgent need to build up TOT capacity at the district level. District-level trainers would then be able to conduct training at Kecamatan and community-level.

**Agreements**

- STBM training capacity must be established at the district-level urgently. This will be beneficial to the SHAW programme but also allows continuation and scaling up of similar sanitation programmes in the district after the conclusion of the SHAW programme.
- STBM Training of Trainers (TOT) must be organised in the districts to establish a capable team of STBM trainers.
- Work should start with selecting a team of potential trainers.

After the discussions on the present programme cycles the participants, guided and supported by the facilitator, started working on a common or generic STBM programme cycle. To be able to come up with a complete overview, all the activities that are to be carried out to introduce and implement STBM in a district were included in the overview. This covers activities to be carried out at or by:

- District level (Kabupaten)
- Sub-district level (Kecamatan)
- Village level (desa or kampung)
- Sub-village level (dusun)
The outcome of the group work on the common STBM programme cycle is shown in the figure below. The overview encompasses all the main activities that are to be carried out in a district, starting with the district-level road show and culminating with the district-wide STBM verification and declaration.

<table>
<thead>
<tr>
<th>Kabupaten</th>
<th>Kecamatan</th>
<th>Desa</th>
<th>Dusun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Road show / stakeholder workshop</td>
<td>Road show</td>
<td>Village meeting</td>
<td>Baseline data collection</td>
</tr>
<tr>
<td>Select / prioritise target Kecamatan</td>
<td>Form &amp; orientate Kecamatan STBM team</td>
<td>Select desa/dusun STBM team</td>
<td></td>
</tr>
<tr>
<td>Develop roadmap</td>
<td>Define intervention size &amp; select target villages</td>
<td>Monitoring &amp; analysis</td>
<td>Triggering on Pillar 1 &amp; intro on Pillars 2 - 5</td>
</tr>
<tr>
<td>TOT for STBM trainers</td>
<td>Obtain village commitment letters</td>
<td>Monitoring &amp; analysis</td>
<td>Introduce technology options Pillars 1 - 5</td>
</tr>
<tr>
<td>Monitoring training (incl. intro on STBM)</td>
<td>STBM facilitators training</td>
<td>Monitoring &amp; analysis</td>
<td>Follow up &amp; hygiene promotion Pillars 2 - 5</td>
</tr>
<tr>
<td>Monitoring &amp; analysis</td>
<td>Verification</td>
<td>Self-verification</td>
<td>Regular progress monitoring</td>
</tr>
<tr>
<td>Verification</td>
<td>Declaration</td>
<td></td>
<td>Regular progress monitoring</td>
</tr>
<tr>
<td>Declaration</td>
<td>Monitoring &amp; follow up to sustain change</td>
<td>Monitoring &amp; follow up to sustain change</td>
<td>Monitoring &amp; follow up to sustain change</td>
</tr>
</tbody>
</table>

The SHAW programme common or generic STBM programme cycle

Following the Biak workshop, the above STBM programme cycle has been developed further and shared with a broad range of actors in Indonesia⁶. See Appendix 7.

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⁶ For example the STBM programme cycle and STBM verification criteria were presented and discussed during the November 2011 Sanitation Donor Group in Jakarta.
2.4 Process and results of day four

As the common STBM programme cycle was completed in the morning of the fourth day, only limited time was available to deal with the remaining workshop topics. Therefore, some time was spent to discuss and prioritise the programme for the fourth and last day.

The programme of the fourth day is given in the table below.

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>Complete the STBM programme cycle</td>
<td>Participants</td>
</tr>
<tr>
<td></td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dealing with some loose ends</td>
<td>Participants</td>
</tr>
<tr>
<td></td>
<td>STBM verification (indicators / criteria)</td>
<td>Participants</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Afternoon</strong></td>
<td>Continue with STBM verification</td>
<td>Participants</td>
</tr>
<tr>
<td></td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other remaining issues:</td>
<td>Participants</td>
</tr>
<tr>
<td></td>
<td>- Follow up of June 2011 review workshop</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Knowledge management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workshop evaluation</td>
<td></td>
</tr>
</tbody>
</table>

Dealing with some loose ends

A number of small pending issues were discussed briefly to make sure that they would not be forgotten or ignored during the remainder of the day.

1. **2012 annual plan and budget:**
   - Due to all the changes in programme implementation, a revised budget covering the remaining period from 2012 to 2014 will have to be submitted by 15 October 2011. Budget revisions or changes need to be explained / substantiated.
   - The 2012 annual plan and budget is to be submitted by 15 October 2011 as well, because the 2012 budget is part of the revised budget.

2. **Workshop with WASTE:**
   - WASTE is proposing to organise a workshop with all four SHAW programme partner NGOs before the end of the year. Although clarity needs to be obtained about the content and purpose of the workshop, two time slots were suggested: either in mid-December 2011 (12-16 December 2011 in Maumere, or mid-January 2012. YDD was requested to make the necessary follow up directly with WASTE.

**STBM verification**

During the June 2011 review workshop it became clear that the lack of STBM guidelines from the Ministry of Health (MoH) is hampering the smooth and effective implementation of the SHAW programme. STBM guidelines, and criteria or objectively identifiable indicators to establish whether a community has achieved the different STBM pillars, are essential for a number of reasons. The two most relevant reasons are to be able to design and apply:

1. Effective hygiene promotion messages, approaches and tools for all five STBM pillars; and
2. Transparent STBM verification methodologies and tools.
All participants agreed that criteria are important as they will form the content of hygiene promotion messages which are used before/during triggering, post triggering support, etc. Unless we know the criteria, it will not be possible to conduct triggering or hygiene promotion interventions. How can we otherwise explain the pillars? In the absence of MoH guidelines the participants expressed the desire to start working on a set of criteria for all the five STBM pillars. The following is the outcome of this session which shows an initial rough attempt to come up with minimum criteria that are necessary to verify whether a community has achieved the STBM pillars.

During this session Erick showed a graph that indicates the effectiveness of a number of WASH related interventions in reducing diarrhoeal morbidity. As can be seen from the graph below the most effective interventions are:

- STBM Pillar 2: Handwashing with soap
- STBM Pillar 3: Point-of-use (or household level) water treatment
- STBM Pillar 1: Improved sanitation facilities

<table>
<thead>
<tr>
<th>Hand Washing with Soap</th>
<th>Source Water Treatment</th>
<th>Water Supply</th>
<th>Hygiene Education</th>
<th>Sanitation</th>
<th>Point-of-use Water Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>39</td>
<td>32</td>
<td>30</td>
<td>28</td>
<td>25</td>
</tr>
</tbody>
</table>

Reduction in diarrhoeal morbidity in percentage per invention type

**Pillar 1: Open defecation free villages**

The MoH indicator included in the National Strategy for Community Based Total Sanitation reads:

“Every individual in a community has access to basic sanitation facilities to achieve an open defecation free (ODF) community.”

This pillar requires that:

- All people in a community have easy **ACCESS** to a hygienic toilet / latrine
- All people in a community **USE** a hygienic toilet / latrine
- That toilets / latrines are operated and maintained to ensure hygienic and sustained use

Is any toilet acceptable? No, there should be certain (minimum) requirements that make a toilet hygienic, and safe and easy to use.

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8 Minister of Health Decree Number 852/2008; Department of Health, Republic of Indonesia, 2009.
Criteria for hygienic toilets:

1. Humans, animals and insects should not be able to come in contact with human faeces and therefore faeces must be contained in a safe pit or tank (therefore, for example drop toilets above open water are not acceptable)

2. No flies in the toilet
   - In the case of dry pit latrines (Cemplung), this means that the squatting hole must be covered by a properly fitting cover or lid
   - In the case of pour-flush toilets (Leher Angsa), this means that the water seal must be intact (undamaged or unbroken)

3. No bad smells or unpleasant odours in the toilet; this can be achieved by keeping the pit as a dry as possible by using for example ash, dry leaves, soil, etc.

4. Toilet needs to be durable and constructed safe and strong (e.g. foundation, squatting slab and superstructure)

5. Location of toilet must be at a safe distance from any water source (a minimum distance of 10 meters was mentioned as it is apparently the MoH standard but, this needs to be checked and will depend on local conditions⁹),

6. Toilet should be accessible and usable at all times (e.g. even during the rainy reason which may require a proper superstructure and roof)

7. Toilet should provide adequate privacy for its users, particularly for women and adolescent girls (this may require a proper superstructure with some kind of door)

8. Appropriate anal cleansing material should be easy available

9. Any other criteria proposed by the community that are culturally or socially relevant

Sabaruddin explained that Plan Indonesia does not set any criteria and that any kind of toilet will be accepted! Plan’s initial focus is primarily on behavioural change and working towards Open Defecation Free communities by facilitating and encouraging access to and use of toilets. Erick expressed some concern and shared his experience with CLTS triggering in Laos. In one of the first villages that were triggered in Laos, facilitators were not convinced that triggering had been effective and left the village without discussing sanitation technology options. They were surprised that three days later all households had constructed a simple latrine. Unfortunately a majority of these latrines were poorly constructed and did not meet minimum hygienic standards. Consequently a lot of time and effort went into convincing, encouraging and supporting the villagers to improve their latrines. This could have been avoided if a bit of time was made available to discuss the different toilet options. In the ensuing discussion it became clear that similar problems are also rampant in Indonesia. For example money (subsidies) is wasted as leher angsa (pour-flush) become kepala babi in no time, as part of the water seal is smashed to pieces by the users if water for flushing is not readily available. Similarly toilets might last only for a short time as only shallow pits have been dug.

Household access to a toilet is rather easy to establish through simple observations. Whether the toilet complies with the minimum criteria is also somewhat easy by using a simple checklist during the observations. The actual use by all is more difficult to establish. Can all people use a toilet? Very unlikely as infants, small children, the elderly and people with some sort of handicap or disability may not be able to access a toilet. So to ensure that a household or a community can achieve ODF status it is important that all abled people use a toilet and that the faeces of the others are disposed of safely in a toilet. Whether all human faeces are disposed of safely in toilets requires a mix of inquiring, interviewing or questioning and observations. The toilet should be visited for signs of use (e.g. faeces in or around the squatting hole, use of dipstick to check whether there is actually human waste (shit) in the pit, etc.) and the surroundings of the house and village should be checked for signs of open defecation.

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⁹ A Guide to the Development of on-site Sanitation (WHO, 1992) states that “In most cases the commonly used figure of a minimum of 15 metres between a pollution source and a downstream water abstraction point will be satisfactory.”
Like in many other countries, Health Department staff are often not too keen or not too happy to visit and check toilets. How to encourage, support or advice villagers when they are constructing their toilets or how to verify whether a village is Open Defecation Free when programme staff are not willing to visit toilets?

**Pillar 2: Handwashing with soap**

The MoH indicator included in the National Strategy for Community Based Total Sanitation reads:

> “Every household and public facilities in a community (such as schools, offices, restaurants, community health centres (puskesmas), markets terminals) have provided hand washing facilities (water, soap, hand washing facilities) so that every person are able to wash their hands properly.”

This pillar requires that:

- Every person washes his/her hands with soap at critical times (handwashing, if done correctly at critical times, blocks all the pathways that directly or indirectly involve the fingers)

Changes in sanitation and hygiene behaviours are difficult to measure through household questionnaires or verify during STBM verification exercises. It requires structured observations of a particular hygiene practice over a prolonged period of time which is difficult and expensive to organise. In response to the difficulties of measuring behaviour change, an alternative method is to use proxy indicators for measuring change in hygiene behaviour.

All partner NGOs are using proxy indicators for measuring programme achievements with regards to STBM pillar 2. Examples of proxy indicators are the availability of water and soap or ash for handwashing, and the presence of handwashing facilities at the right places (e.g. in or near a kitchen and in or near a toilet). These indicators can be monitored or verified through simple observations.

**Criteria for handwashing with soap:**

1. **Proxy Indicators:**
   - Availability of water for handwashing
   - Availability of soap for handwashing
   - Handwashing facility or handwashing device (e.g. tippy tap)
   - Practical knowledge on handwashing (e.g. knowing how and when to wash hands)

2. **Critical times (when to wash hands):**
   - After defecation
   - After cleaning an infant or small child who has defecated
   - Before handling food (before preparing food, before eating, and before feeding an infant or small child)

A much longer list of critical times was produced during the brainstorming session. This list with some ten occasions included for example also after working in the field, after handing solid waste, after contact with animals, after doing dirty jobs, and before or after medical treatment. A simple exercise revealed that it is very difficult to remember so many different occasions.

Most diarrhoeal diseases are caused by faecal-oral contamination. Just one gram of human faeces can contain 10 million viruses and one million bacteria. Handwashing with soap alone could reduce reported diarrhoeal cases by 25%.

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10. Structured observations for measuring hand washing practices have shown to generate respondent bias. People who are observed might wash their hands more frequently because they are being observed. (USAID, 2010)

11. Proxy indicators are an indirect measure or sign that approximates or represents a phenomenon in the absence of a direct measure or sign. Proxy indicators (also called indirect indicators) are used when data for direct indicators are not available or not feasible to collect at regular intervals. For example: the number of new tin roofs (or televisions) as a proxy measure of increased household income.
cases of diarrhoea by 35 per cent. Blocking the faecal-oral transmission route is therefore the most important reason why handwashing with soap is so important. The critical times for handwashing with soap are therefore those times that an individual has been or might have been in contact with human faeces: 1) after defecation; 2) after cleaning and infant or small child who has defecated; and 3) before handling food.

The critical times so established also help to determine where water, soap and any handwashing devices should be located, namely:

- In or near the toilet
- In or near the kitchen

**Pillar 3: Household water treatment and safe storage**

The MoH indicator included in the National Strategy for Community Based Total Sanitation reads:

“Every household has implemented safe household drinking water treatment and food management.”

Currently the partner NGOs are focusing primarily on household water treatment and safe storage and not that much on food management. This pillar requires that:

- All household members have access to and use drinking water that is treated and safely stored in the household

Similar to monitoring and verifying handwashing with soap, proxy indicators are to be used for household water treatment and safe storage.

**Criteria for household water treatment and safe storage:**

1. **Proxy Indicators:**
   - Availability of household water treatment devices, e.g.
     - Boiling and storing in covered kettles, pots or any other suitable container
     - Sodis (Solar water disinfection) bottles
     - Water filters in which the treated water can also be safely stored

This pillar should be verified by questioning during an interview (do you drink treated water?) and by observing (is treated drinking water available and is this safely stored?)

**Pillar 4: Household level solid waste management**

The MoH indicator included in the National Strategy for Community Based Total Sanitation reads:

“Every household manages their garbage properly.”

This pillar requires that:

- All the solid waste generated by a household is managed in a safe manner or contained in a safe place so that it will not cause any harm

**Criteria for household level solid waste management**

1. **Acceptable solid waste management practices:**
   - Collect and use for composting
   - Collect and reuse
   - Collect and bury in a pit; "dig a hole and bury it"

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12 The Handwashing Handbook, A guide to develop a hygiene promotion to increase handwashing with soap. Published by The Global Public Private Partnership for Handwashing. Available at [www.globalhandwashing.org](http://www.globalhandwashing.org)
Improper solid waste management causes all types of pollution: air, soil, and water. Indiscriminate dumping of wastes contaminates surface and ground water supplies. Insect and rodent vectors (mice, rats, etc.) are attracted to the waste and can spread diseases such as cholera and dengue fever. Relevant principles that were discussed:

- Need to break the contamination route, by separating solid waste from our living environment
- Need to contain solid waste in a place where it is ‘safe’ and can cause no harm.
- In Indonesia solid waste is managed by applying the “three R’s”: Reduce, Reuse and Recycle

How can we contain solid waste? Dump it in a pit in all circumstances? Maybe okay if properly covered. What about areas with high ground water tables or which are flood prone? We need to be careful so that we do not solve one problem and simultaneously create another. Also stagnant water is a nice breeding ground for mosquitoes! It is essential to be specific when giving advice to villagers or when discussing different options. Telling them to throw their garbage in an open pit might not be a good advice. Hygiene promotion messages or advice also needs to be relevant and appropriate to the local conditions (e.g. high water tables, flooding, etc.). Messages have to be specific and complete! In a response to a question whether solid waste could be thrown in the toilet pit, we concluded that that might be a bad idea as the pit is likely to fill up very soon. To avoid bad smells in a toilet only dry material (e.g. ash, leaves, etc.) should be dumped in the pit.

In certain places in TTU and TTS plastic is used to start a fire. After a lengthy discussion it was decided that burning plastic was definitely not an acceptable method to deal with solid waste. One way to minimise the solid waste volume is by separating the waste. If waste is separated, it can be managed separately by using different containment or management options:

- Food leftovers and leaves can be easily composted
- Plastic needs to be contained in a pit or landfill site as it cannot be burned or composted
- Solid waste does not always have to be managed by individual households, collection can be organised collectively
- The solid waste problem is expected to grow; the more economic development, the more this becomes a problem

Pillar 5: Domestic wastewater management

The MoH indicator included in the National Strategy for Community Based Total Sanitation reads:

“Every household manages their liquid waste properly.”

This pillar requires that:

- All the domestic wastewater generated by a household is managed in a safe manner so that no stagnant water will accumulate around the house that might become breeding places for vectors or sources of contamination

Criteria for household level solid waste management

1. Acceptable domestic wastewater management practices:
   - Drain surplus water into a soakaway, soak pit or leaching pit
   - Drain surplus water to a garden and use for watering vegetable gardens

Why do we have to bother about pillar 5? Simply to avoid the accumulation of pools of stagnant water in the community that could become breeding grounds for vectors, and in particular malaria transmitting mosquitoes. However, it was mentioned that villagers like to use surplus water for different purposes and might even block drains to achieve that goal. Again hygiene promotion messages and advice on options must be appropriate to the local circumstances. For example, if there are no problems with stagnant water, then there is no wastewater to drain or to manage! So if there is no problem, do not create a problem. You do not need options if there is no problem!
**Remaining issues**

1. **Reporting:**
   - At present there are three types of reports: 1) monthly reporting; 2) quarterly reporting; and 3) half yearly reporting.
   - Monthly reports are to be forwarded directly to Yus so that he can compile all the information into one overview. Pam explained that Yus will start sharing these compilation reports with all the partner NGOs.
   - There was some confusion about the monthly report. What to report when nothing was done during a particular month. It was explained that an empty cell indicates that information is lacking or missing. However, a zero (0) indicates that not progress was made on that particular indicator during the reporting period.
   - Reacting to a question what was done with the monthly reports, it was answered that the information is shared with the Bappenas, Pokja Nasional and the Ministry of Health.

2. **Knowledge Management: developing and sharing of knowledge:**
   - KM still needs to be put on track and with all the activities going on in the districts it is time to get serious on this topic.
   - Pam suggested that it might be a good idea to organise monthly Skype conversations in which the Programme Coordinators could elaborate about the experiences in the field. It could be used to share experiences but also to convey stories or to obtain feedback. This could be done with Yus first, or with Pam/ and Yus,
   - It is important to document and share the programme achievements (outcomes and results), but it is important to document the processes. What did we do to become successful? What did we learn on the way? How did we come to a particular process? So that when it is applied somewhere else others can understand the reasoning behind a particular approach. This will avoid other organisations having to go through the same time consuming learning curve. Hence, we need to document what we are doing (knowledge development), and then use that to influence others.
   - Knowledge management will also help us to become more successful as we can learn and adopt best practices from each other.
   - Conclusions regarding knowledge development:
     - Need to streamline knowledge development and knowledge management process
     - Limit time involvement of programme staff
     - Conduct interviews by Skype to obtain information on specific issues / elements / steps / processes

3. **Other**
   - WASTE workshop: could be organised in either December 2011 or January 2012. Maumere was mentioned as the likely location.
**Workshop evaluation**

At the end of the four-day meeting a simple evaluation was carried out by the participants, with the following results.

<table>
<thead>
<tr>
<th></th>
<th>😊</th>
<th>😐</th>
<th>😕</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
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<td>-</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>Relationships</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>Combination meeting and field visit</td>
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<td>1</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>September workshop better than June review workshop</td>
<td>6</td>
<td>1</td>
<td>-</td>
<td>7</td>
</tr>
</tbody>
</table>

The meeting scored remarkable better than the review workshop conducted in June 2011. The main reasons that were mentioned are:

- The inclusion of the field trip in the four-day meeting was considered to be valuable as this allowed the partners to observe what others are doing and to learn from each other.
- The Biak meeting was seen as more productive as a number of critical issues were discussed in detail and concrete steps forward were made. This relates in particular to 1) the agreement on the STBM programme cycle, and 2) the draft criteria developed for the five STBM pillars.
3. Concluding words

After the review workshop conducted successfully in Yogyakarta at the end of June 2011, the September Biak workshop was organised to assess what progress had been made since June but even more importantly to move forward with a number of critical programme issues. The evaluation of the Biak workshop revealed that this workshop was judged as even more successful than the June 2011 review workshop. A number of important steps have been made to move forward together with renewed energy levels. Relationships have improved tremendously and this resulted in a more conducive and constructive atmosphere.

As a consequence of improved relationships and a better understanding of what the SHAW programme wants to achieve, there appears to be more interest and willingness to collaborate and work together. Whereas all partner NGOs expressed their concerns about the development of a common blueprint for the STBM process on the first day, this feeling evaded slowly but surely during the remaining days. By the end of the workshop there was agreement on a common STBM programme cycle and on the minimum criteria for the five STBM pillars.

Since the Biak workshop, progress has been made on further developing the STBM programme cycle. Although the process, based on field experiences of the four partner NGOs, has now been put on paper the current programme cycle should be seen as work in progress. Further refinements will be made in future on the basis of further learning. Efforts have also been made to share the current programme cycle with other actors active in the sanitation sector in Indonesia.

The Biak workshop was another excellent opportunity to make progress and move forward. Valuable progress has been made on a number of fundamental issues, but a lot more work needs to be done to resolve a number of other critical issues. Hence, there is a need to organise similar workshops in future but also to continue the discussion on these topics in between the formal workshops and meetings.
## Appendix 1: List of workshop participants

<table>
<thead>
<tr>
<th>Nr</th>
<th>Name</th>
<th>Organization</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ishak Matarihi</td>
<td>Yayasan Rumsram</td>
<td><a href="mailto:kasumasa_biak@yahoo.com">kasumasa_biak@yahoo.com</a></td>
</tr>
<tr>
<td>2</td>
<td>Wirya Supriyadi</td>
<td>Yayasan Rumsram</td>
<td><a href="mailto:wira@rumsram.org">wira@rumsram.org</a></td>
</tr>
<tr>
<td>3</td>
<td>Dewi Utari</td>
<td>CD-Bethesda</td>
<td><a href="mailto:utari_dewi2004@yahoo.com">utari_dewi2004@yahoo.com</a></td>
</tr>
<tr>
<td>4</td>
<td>Sabaruddin</td>
<td>Plan Indonesia</td>
<td><a href="mailto:Sabaruddin.Sabaruddin@plan-international.org">Sabaruddin.Sabaruddin@plan-international.org</a></td>
</tr>
<tr>
<td>5</td>
<td>Christina Aristanti</td>
<td>Yayasan Dian Desa</td>
<td><a href="mailto:christina@arecop.org">christina@arecop.org</a></td>
</tr>
<tr>
<td>6</td>
<td>Martin Keijzer</td>
<td>SHAW</td>
<td><a href="mailto:Martin.Keijzer@Simavi.nl">Martin.Keijzer@Simavi.nl</a></td>
</tr>
<tr>
<td>7</td>
<td>Pam Minnigh</td>
<td>SHAW</td>
<td><a href="mailto:minnigh@cbn.net.id">minnigh@cbn.net.id</a></td>
</tr>
<tr>
<td>8</td>
<td>Yusmaidy</td>
<td>SHAW</td>
<td><a href="mailto:yusmaidy@ampl.or.id">yusmaidy@ampl.or.id</a></td>
</tr>
<tr>
<td>9</td>
<td>Linda Ros</td>
<td>Simavi</td>
<td><a href="mailto:Linda.Ros@Simavi.nl">Linda.Ros@Simavi.nl</a></td>
</tr>
<tr>
<td>10</td>
<td>Erick Baetings</td>
<td>IRC</td>
<td><a href="mailto:baetings@irc.nl">baetings@irc.nl</a></td>
</tr>
</tbody>
</table>
Appendix 2: Reflection on the relationship between SIMAVI and its partners

Sabaruddin of Plan Indonesia:

- Sabaruddin: does Simavi understand what is happening on the ground? Do they understand the character of the community and the government? This is our challenge in the field. Not all that SIMAVI wants can be done (fast or immediately). The government has many problems, the Pokja AMPL is not working well and we need time to build their capacity. We need to understand the circumstances in the field and each other. Some move fast and some move slower because of different circumstances in the field. We cannot force, approaches are formal and informal, and sometimes it needs a push from the government. We hope that SIMAVI understands this.

- Sabaruddin: are the targets or results that are to be achieved in field realistic? We get the feeling that the things we are doing in the field are wrong. Or at least that is the impression we get from Martin and Pam. We feel that we are being pushed all the time.

- Erick: are you being pushed by SIMAVI? Where does this feeling come from? Sabaruddin: we were told: this is wrong, this is right. Do it like this or like that! Martin: you were told by whom? Sabaruddin: we were told by Pam. Martin: maybe it is meant as input. Sabaruddin: maybe but the way it is done is causing a different feeling.

Christine of Yayasan Dian Desa:

- Christine: I see that there is a kind of a not consistent working relation. We have been partners with SIMAVI before but it feels like now we are in a process of change in direction and relationship. Now we are sometimes partners sometimes implementers or sub-contractors.

- Christine: in the beginning we were told that each organisation is unique and that we can implement the SHAW programme in our own unique ways. We need more respect for that. The process of getting into the SHAW programme has been very turbulent, from the original proposal to now where we are implementing the programme. This has been very confusing and at the same time we feel constant pressure. We want to be happy and given a certain amount of freedom to implement the programme.

- Erick: do we need to do all exactly the same? Every location and every target group is unique, so we need to be flexible to adjust and modify our approaches to correspond to the circumstances we encounter in the field.

Ishak and Wirya of Yayasan Rumsram:

- Ishak: we recognise the situation described by Christine and Sabaruddin. We are aware that Rumsram is small and not as experienced as the bigger partners. In the beginning we developed a proposal focusing on water, as we have a bit of experience there, but during the negotiations with the Embassy it became a programme focusing totally on sanitation. We do not have any experience in the field of sanitation and hygiene. We are aware of this and we continue to support this consortium and we see this programme as a great learning opportunity.

- Ishak: working in Biak means that the situation is completely different with different community and partner characteristics. It is essential to make use of the differences and use them as a strength. Rumsram is committed to the programme and willing to learn but we need time. We are learning a lot from the other partners. We need more time – even the Government is not aware of STBM – as there is a lack of skills in the districts. Christina: although we may be a larger NGO, we also need more time as STBM is a completely new approach.

- Ishak/Wirya: the available skills are limited and gaps exist in three areas: programme management, finance and the STBM implementation approach. We have capacity building needs which were cited in several meetings. Examples are: sanitation marketing, GIS (Geographic Information System), MONEV, and others. So far we have not received any feedback or support of Simavi except for the support on MONEV delivered by Erick.
Wirya: finance is an area that has created a lot of confusion. There are payments that cannot be accommodated by the line items in the budget. We hope that Linda can help us to avoid repetitions in next year’s management letter. We have had audits by many organisations (e.g. ICCO, PKF and so on) in the past with some findings but never any big problems. But this year there are many findings.

Wirya: we are facing many problems but we hope that we are in an equal partnership as we are all in a learning partnership. SHAW is unique but we should expect that we have problems which are also unique.

Dewi of CD Bethesda:

Dewi: we feel uncomfortable to be compared to other partners. In the beginning we were told that we were unique, and that each organisation would be respected for what they bring with them: Plan: right based; CDB: community based; YDD: technology based; etc. But now we are being directed to adopt one similar approach even though we are all different.

Dewi: what is our direction in this partnership? Business as usual where the work is sub-contracted to us or a real partnership? This is the first time also for Simavi to coordinate such a programme. It is not an easy programme, working together with Bappenas, Pokja AMPL, Embassy, etc. We want to be happy! Maybe we need to be less target oriented. When we only look at targets we may lose sight on the process, and as a consequence not able to learn. STBM is a top-down government approach, but for CDB we feel more confident if we work bottom-up.

Dewi: about the review, we will not reject the outcome but we get the impression it was intended as an evaluation and not to come up with lessons learned. We appreciate Simavi and the committed and hardworking persons, but the identity of the NGO’s should be respected. No one is perfect! CDB wants good quality but our question is do we go for quantity or quality?

Erick: we need to think about quantity, but also quality, these have to go hand-in-hand. STBM at scale! That is why we have this unique partnership. We need to find the right balance between quantity and quality. We are all part of SHAW and we have all signed a contract that we are going to deliver. We are all responsible to deliver what we promised. Here is no government, we cannot wait, and we cannot say it is up to the government. Christine: this is the issue: “wait and be patient (for the government)”.

Martin of Simavi:

Martin: four NGO’s together with Simavi formulated a programme. There is a need to implement it together. Although it may not be so black or white, each partner defends its own position and has a preference to work in isolation. Partners are approaching the STBM program with their own back ground and experiences, however, it is difficult to open up the discussion that we are a joint program where we need to operate together. We have obligations towards the donor and we need to look beyond the end date of the programme. I look for the long term and sustainability is the key word. Everywhere (NGO’s, projects, and even multi-lateral organisations) there is a tendency to focus on the short-term project targets and then stop. For me it is hard to convince that programmes should continue hereafter.

Plenary discussion:

Erick: when did you have the feeling that the relationship did not go well? Christine: it has been a slow build-up. Pressure has been building up slowly as well so we contacted each other and agreed that it would be good to address it now. Expectations are maybe too high. We are made responsible for things that are not under our control. Pam: did this feeling come together with the growing understanding of the complexity of the SHAW programme? Christina: we felt that we were being pushed, but we cannot move faster, we feel being sandwiched in between the reality on the ground and the ambitions of Simavi.

Pam: are there aspects that are not under your control? For example how to implement STBM. Christine: the STBM approach is still not clear. For example triggering: how to deal with pillar 1, and
then parallel, serial, all pillars or not, etc. We do not know what is working and what not! The Government has produced guidelines for verification of ODF only. We cannot push and tell them what to do. We need to be patient! Dewi: the Government does not have a sense of belonging where it concerns STBM. We are getting tired of reminding them of that. May be we have to make STBM a movement at community level as there is a gap between the government and the lower levels. Erick: where do we do most of our work? Where do we spend most of our time? Although we try to influence all relevant actors, our main work is devoted to facilitating change at community level: sustainable change and at scale. To realise this dream we will need to work with communities but also with government, private sector, and other actors.

- Summarising the discussion the following key words/issues came up:

- Erick: maybe we are going to achieve the targets of the programme, maybe not, but what is the overall goal? Pressure is a normal phenomenon that comes up a lot. We have to put it in perspective. Nobody was forced and all of us signed up voluntarily. The proposal includes results/targets which were determined by each partner individually. So we know by the end of the project this is what we have to achieve. So basically we have put the pressure on ourselves! It will be there until the end, and we have to learn to cope and to live with it. Only time will tell if we have been too ambitious while determining the results that have been included in the proposal.

- Dewi: Rumsram and CD Bethesda had different targets originally but are now forced to increase the targets. Martin: you had stated a total number of 40,000 households in the original proposal (this is the basis for the contract with the Embassy). This figure was later revised downwards during the inception workshop and later again revised. We (SIMAVI) are bound to the original proposal and it is a signal of incapacity if SHAW regularly demands to make changes.

- This project is unique, why?
  - Not done before; not in Indonesia and not in the world.
  - Programme looks beyond 2014 as it is aiming for long-term behavioural change; sustained improved sanitation and hygiene practices now and after 2014.
  - This is different from other/former projects. We need to work with the community and with other actors in the community (sanitarians, Pokja, etc.) not to achieve the results per partner, but the overall goal of sustained improved sanitation and hygiene practices. As a consequence this programme is more ambitious.
• Erick: sustaining change requires regular checking. Who is going to do this? The sanitarians? To sustain the changes at community level you will need follow-up and monitoring. Christina: we need to make guidelines and manuals.

• We are working on a two-track approach where the partners are working on the ground – in the communities and at sub-district and district level – and where Simavi is working at the national level to support the activities carried out in the districts. We all need to use our influence to advocate change.

• Dewi: I am not sure why we need to focus on all these different levels as the SHAW programme has the following three objectives: 1) install latrines/sanitation facilities; 2) facilitate behavioural change; and 3) multi-stakeholder approach.

• Erick: the programme objectives (very ambitious, all unique and complementary so you cannot do it alone and need to cooperate, and nobody has the experience to do it on scale so we need to do it all together...) are in actual fact focusing on three different levels, namely: 1) all activities related to pillar 1 to 5 (incl. sanitation marketing) at community level; 2) all capacity strengthening activities at sub-district and district level; and 3) all activities at national level that will enable scaling-up of STBM across Indonesia.

  ▪ Erick: some people are worried about blue prints. Why? There is no need to worry. Although we might have agreed to wear a shirt, nobody is wearing the same coloured shirt today. For example, last year it was decided that each organisation would develop its own monitoring system, so now we have four different systems under construction. Who’s system is up and running? YDD maybe next month. Rumsram maybe at the end of October. Plan maybe October. CD Bethesda maybe only early next year. It has taken more than one year to develop a simple monitoring system and in October we may hopefully have the first results. Do we think that this is a clever way to go forward to develop new systems or new approaches in isolation? Could it be done more efficiently? Four unique systems, but all four systems are monitoring the same thing, the same 5 pillars of STBM. So is uniqueness always necessary? Maybe not. We can be more efficient by developing something together. This is more efficient and it also allows us to learn from each other.

  ▪ Christina: I am still worried about this. Developing a blue print for a uniform programme approach and cycle is something different than developing one monitoring system. This because we implement the programme differently; the steps we follow are not always the same. Sabaruddin: this is our big worry; if the rules come from the national level it will be too strict.

  ▪ Erick: We should be a bit more open towards each other if we are worried

  ▪ Pam: the SHAW programme is all about changing the perceptions and behaviour of communities. Likewise we also have to change and this means we are under pressure, we feel uncomfortable, out of our comfort zones.

  ▪ Dewi: it is more about the style of communicating; the way things are said. We need to trust each other more. A discussion followed about trust and questioning and body language that is used by some.
Appendix 3: Presentations on progress on June 2011 priorities

Presentation by Sabaruddin of Plan Indonesia

STBM Soe-Kefa (SHAW Program) at a glance:

<table>
<thead>
<tr>
<th>Keterangan</th>
<th>Soe</th>
<th>Kefa</th>
<th>Jumlah</th>
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<td># Sub district pilot</td>
<td>3</td>
<td>4</td>
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<td># Relawan cadre</td>
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<tr>
<td># Village declaration 5 pilar</td>
<td>5</td>
<td>7</td>
<td>12</td>
<td>PotesiTTS + Noamubu Timur/ TTU</td>
</tr>
<tr>
<td># Villages w/ cross verification</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2 By STBM sub distict</td>
</tr>
<tr>
<td># Village w/ internal verification</td>
<td>8</td>
<td>6</td>
<td>14</td>
<td>Verification by village's STBM team</td>
</tr>
<tr>
<td># Tim STBM Kecamatan</td>
<td>18</td>
<td>24</td>
<td>42</td>
<td>6 person every sub district</td>
</tr>
<tr>
<td># Person join w/ Tim STBM Desa</td>
<td>260</td>
<td>260</td>
<td>520</td>
<td></td>
</tr>
<tr>
<td># Desa start sanitation marketing</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>Puna + Korbak/Kec, Polen</td>
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<td># HH</td>
<td>11,567</td>
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<td># Person</td>
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<td># Additional village</td>
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<td>Desa PAMSIMAS</td>
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<tr>
<td>Next scaling-up (sub district/ village)</td>
<td>10/39</td>
<td>11/81</td>
<td>21/150</td>
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</tbody>
</table>

Pilot = 3 Kecamatan/28 desa (Mar – Sept '11)
Scaling-up1 = 10 Kecamatan/ 69 desa (Oct’11 – Apr’12)
Scaling-up 2 = 18 Kecamatan/ 144 desa (Jul – Dec’12)

Pilot = 4 Kecamatan/26 desa (Mar – Sept ’11)
Scaling-up1 = 11 Kec/ 81 desa (Oct’11 – Apr’12)
Scaling-up 2 = 9 Kec/ 68 desa (Jul – Dec’12)
Priority 1: District Pokja and district level coordination, cooperation and synergy

- Kepengurusan + struktur organisasi POKJA yang baru;
- Terlibat dalam tim penyusun RENSTRA + RAD AMPL.
- Bersama UNICEF, PAMSIMAS, PNPM, ACF sedang membuat draft list support by POKJA AMPL untuk program STBM, tidak hanya dengan Plan tetapi all NGO + project, akan disampaikan kepada POKJA pada pertemuan koordinasi 3 bulanan;
- Budget untuk pokja AMPL sudah direncanakan pada 2012, meskipun tidak besar – dialokasikan untuk monitoring, pertemuan koordinasi, perwakilan POKJA melakukan verifikasi. ITU
- Live-in STBMff, intensitas kontak dengan Tim STBM kec. lebih baik.
- Pertemuan rutin (bulanan) di tingkat kecamatan;
- Pertemuan setiap bulan dengan POKJA AMPL + Dinas Kesehatan
- Pinjaman STBM kecamatan terhadap STBMff : proses verifikasi by PUSKESMAS;
- Sinergy SHAW Project + Plan Program Unit

Priority 2: Sanitation Marketing

- Plan Indonesia has finished the Sanitation Marketing Study of Grobogan/Soe/Kefa. This studies is following World Bank’s TSSM guideline on East Java. The result will be disseminated to the National Level Networking Group. Once input has been collected, the result of the study will be published nationally in the website www.ampl.or.id
- SHAW Soe sedang memulai, 2 desa menyatakan bersedia sebagai tempat ujicoba : menggunakan dana desa sebagai awal untuk 10 keluarga.
- Kelompok UNICEF/ DINKES  production center with subsidies
- Both CLTS & Sanitation Marketing has the same goal, which to eliminate open defecation. CLTS works through community empowerment, while the Sanitation Marketing works through the local market.

Priority 3 : Sustainability

- Terbuka peluang untuk advokasi dana BOS untuk verifikasi + pecurian + monitoring – DINKES sudah komitmen untuk melakukan verifikasi POA BOK memuat STBM – budget besar > 200 jt.
- Instruksi Bupati ttg KEBERLANJUTAN  di TTS
- Standart Minimum STBM by KEMENKES;
- Ritual Adat - OK
- Lomba2/ event desa, radio, film STBM - OK
- Melalui SENI ; BONET STBM – tutur ttg STBM – OK
- Pesan2/ Rambu2 di tengah pemukiman
- Monitoring terus menerus by Tim STBM Desa
- Alokasi ADD untuk Tim Monitoring Desa;
- Champion Kabupaten + Kecamatan + Desa;
- Praktek monitoring oleh anak format monitoring anak

- Tim sudah buat TOR Keberlanjutan
**Priority 4 : Verification + Declaration**
- Memastikan tugas verifikasi oleh Puskesmas dan Tim STBM – OK
- Sudah coba – verifikasi sample dan silang - OK
- Ujicoba pedoman teknis STBM di Soe – termasuk verifikasi;
- Komunikasikan hasil verifikasi : STBM kecamatan ke POKJA – OK
- Deklarasi level kecamatan – OK
- Masalah : desa2 yang didampingi PAMSIMAS – sudah bangun komunikasi

**Pembelajaran verifikasi silang**

**Priority A : Water Priority**
- Data from UNICEF
- Data from PNPM
- Data from PAMSIMAS
- Data Plan Program Unit
- 2 staf STBM sudah mengikuti pelatihan pengelolaan database system Dev-Indo invited by UNICEF
- Peta akses air bersih TTU
- Peta akses air bersih TTS
- Peta pelaku intervensi air bersih TTS
- Peta status intervensi air bersih TTS

**The next working approach…**

Sub-District STBM Team

CLTS Triggering, plus other pillars (3-4 hours)

Follow Up + Pillar 2

Follow Up + Pillar 3

Follow Up + Pillar 4

Follow Up + Pillar 5

4 facilitator/village:
- Relawan Male (kadus)
- Relawan Female (posyandu)
- Head of Village
- Teachers
The scaling up

Nov 11 – June 12
August – Dec 12
Jan – Dec 13
Jan – Dec 14

1st Scaling Up to halve villages (150 villages)
2nd Scaling Up to another halve villages (138 villages)
Follow up, and handover preparation
Phasing Out

Note:
- The Field Staffs is hired until December 2013, only. Maximum till April 2014.
- The main staffs (Project Manager, Monev, Team Leader, F/A) are hired until December 2014

PROGRESS SHAW PROGRAM
Biak Numfor & Supiori District
September 2011

AREA for SHAW PROGRAM
BIAK DISTRICT:
36 from 187 Villages
SUPIORI DISTRICT:
6 from 38 village
TARGET

- 10 Schools
- 42 Kampungs
- 5000 households
- 5 PILLARS

ACHIEVEMENTS

Achievements from Jan – Sept 2011

- Triggering at Sub-district Warsa 14 village (Target 10 village)
- 34 dusun, 932 houses, 1144HH,
- Total volunteer STBM : 174 (m: 115 w: 59), Gender: 66% : 34 %
- 33% from target of total kampung/desa
- 2 Villages is ready for 5 pillar verification

ACHIEVEMENTS OF PILLARS

(Sarana Fisik bukan Stop BABS)

- PILAR 1

<table>
<thead>
<tr>
<th>No</th>
<th>Until Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHAW</td>
<td>48</td>
</tr>
<tr>
<td>Others</td>
<td>670</td>
</tr>
<tr>
<td>Total</td>
<td>718 (77%)</td>
</tr>
</tbody>
</table>

40
### PILAR 2

<table>
<thead>
<tr>
<th></th>
<th>Until Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHAW</td>
<td>210</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(22.5%)</td>
</tr>
</tbody>
</table>

### PILAR 3

<table>
<thead>
<tr>
<th></th>
<th>Until Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHAW</td>
<td>1</td>
</tr>
<tr>
<td>OTHERS</td>
<td>878</td>
</tr>
<tr>
<td>Total</td>
<td>879 (94%)</td>
</tr>
</tbody>
</table>

### PILAR 4

<table>
<thead>
<tr>
<th></th>
<th>Until Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHAW</td>
<td>174</td>
</tr>
<tr>
<td>Others</td>
<td>83</td>
</tr>
<tr>
<td>Total</td>
<td>257 (27.6%)</td>
</tr>
</tbody>
</table>
• PILAR 5

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Until Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHAW</td>
<td>219</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>287</td>
<td>(30,8%)</td>
</tr>
</tbody>
</table>

RECAPITULATION

KECAMATAN WARSA

- Houses
- PILAR 1
- PILAR 2
- PILAR 3
- PILAR 4
- PILAR 5

PRIORITY ISSUES

1.1 Kerjasama Dengan Pokja - Bappeda

- Meloby Pokja untuk dapat dukungan dari swasta
- Dana pendamping 50 juta
- Hari CTPS 2011, dipusat di Warsa
- Sekretariat bersama (gedung & peralatan)
- Dinas Pendidikan
- PHBS dalam Renstra ➔ Kurikulum PHBS
- Hari CTPS
- Sanitasi sekolah (SD dan SMP) Doc/data ➔ lobby Dinas Pendidikan dan Komisi 3 DPRD
Dinas PU → Loby
- Instalasi air di 4 kampung
- Rehab instalasi perpipaan di 1 Kampung

- Dinas Kesehatan
- Surat edaran & pengumuman kepada public utk hr CTPS
- Menjajaki Dana BOK mendukung implementasi STBM
- Peran Puskesmas/Sanitarian mendukung implementasi STBM

3. Keberlanjutan
   a. Koordinasi/Rapat/surat
   b. Terlibat dalam kegiatan
   c. Melibatkan dalam hari CTPS
   d. Publikasi melalui media (Dialog interaktif, liputan berita)
   e. Menginformasi hasil STBM kepada tokoh kunci
   f. Loby alokasi anggaran di APBD
   g. Melalui Agama/gereja

4. Verifikasi dan Deklarasi
4.1. Pengumpulan data: masih proses, di distribusi dari dusun, kampung, kabupaten

Ada 2 kampung yang siap diverifikasi
A.1 Water Supply:
- PU
- PNPM Respek

A.2 Proses instalasi

B. Limited Interest: lobby and advocacy

• D.1: Continue monitoring: process
• D.2: Integrated Hygiene Promotion on pilar 2-5: process (volunteer) belum maksimal
• D.3: Training village cadres: done 14 village at Kecamatan Warsa
• D.4: Verification tool: done (support by IRC) & Nasional?
• D.5: Process

CONSTRAINTS
• Political conflict about Papua
• Subsidy program from Government and other stakeholder
• Inconsistent support to STBM
• At some dusun/kampung difficulty to realize the pillar 1, 4 and 5 because bog land/ground
**LESSON AND LEARN LESSON AND LEARN**

**Kabupaten:**
- Pendekatan Kampung => Kecamatan
- Kerjasama antara lembaga – sharing informasi
- Penyebaran informasi via media cetak – elektronik sangat membantu
- Pemicuan bersama bagi 1 kecamatan (secara serentak)
- Masyarakat masih berharap subsidi

---

**Kecamatan – Kampung**
- Dukungan dari Camat dan Kepala Desa
- Dukungan dari berbagai pihak, tokoh adat, agama, perempuan, pemuda dan kader kesehatan
- Dukungan dari natural leader
- Pendampingan dari Tim STBM; Kabupaten, Kecamatan, Kampung

---

**Rumsram**
- Persiapan lebih baik lagi tentang metode, materi & tim STBM (simple & menggunakan bahasa Biak)
- Berbagi pengalaman melalui website, mailing list dan bulletin
- Kampanye dan advokasi kepada pemerintah daerah dan pihak swasta
- Kampanye melalui media cetak elektronik
Presentation by Dewi of CD Bethesda

**PROGRESS AFTER REVIEW JUNE 2011**

What happened after June 2011?

- **Priority D**: Continue triggering and promotion after triggering sessions at dusuns in Sumba Tengah "change the messages to kepala desa, kepala Puskesmas, and communities: if the people are unhealthy, they could not work and children could not study at school"
- Promotion sessions: film watching together, promotion at school (initiated by cadres/bidan desa/sanitarian), Posyandu
- Several cadres, kepala desa and Puskesmas (chairperson, sanitarian, bidan desa who have been trained) started promotion of pillar 2 (Umbu Jodu, Bondusula, Weeluri)
Briefing (socialization) on baseline & monitoring cards to cadres, ketua RT, ketua RW, kepala dusun → then they were going around to do monitoring AND giving consultation ‘opsi jamban’: “change dirty WC into appropriate WC with cover”

Most HHs choose WC cemplung that does not need much water (Priority 2: Sanitation Marketing)

Priority 3 sustainability issue: Cadres altogether with kepala desa, Puskesmas recap monitoring data (still going till end of September) and analize. They discuss what should they do to not aware yet HHs – going to more ‘provocation’ –

Interim number of built WC by HHs: more than 2,175 (from April-August 2011) – 27 villages (ST,SBD)

Priority 1: Meeting with Bappeda, Dinkes, BPMD, Kimpraswil, Pendidikan, Biro Perempuan, Bappeda at Sumba Tengah to make sure whether they understand STBM program or not yet. Result: they are interested to initiate Pokja AMPL but they do not know HOW? We contact Pak Sony, he has sent the document of Pokja AMPL to Bappeda, and waiting for following up by Bappeda ST. (there is missed information and we clarify this by advising Bappeda through Bupati to send letter to Waspola and Pokja AMPL Province)

Will continue at following sessions of meeting (now they are busy to discuss with DPRD – change of RAPBD) – October 2011, inviting Camats and related SKPD

Data study as the result of triggering and about existing condition: cadres, RW, dusun who did monitoring report to Kepala desa and Kepala Puskesmas, camat staffs about their analysis : to make decision what Kecamatan (Camat and Puskesmas will do and take over the role on monitoring, and discuss the usage of dana BOK on promotion and monitoring activities

The result of data study at kecamatan will be reported to Kabupaten (Bupati, Bappeda, Dinkes, PNPM) – October 2011 via Workshop as basis of policy and embryo of Pokja establishment
At Jogja Office

- Revising monitoring cards: 3 pillars into 5 pillars – 20 questions. Followed up by revising Software Program on Monitoring (Foxpro), consulted by programmer
- Informing to area office/staffs related to result of review and action plan (the changes of ‘message’, water project mapping at field, etc)
- Develop guidelines of training on promotion of pillar 2-5 for STBM Team at desa and kecamatan
- Continue lobby to Pokja AMPL Province to facilitate the establishment of Pokja AMPL at Sumba Tengah (Kupang, 18-20 August)

Priority A: Obtain information related to water project in Sumba Tengah and SBD:
- Pamsimas will not go
- Unicef: probably next year for capbuild (not sure)
- PNPM: installation PAH, spring protection,
- Access (australia): capbuild for governance on policy making related to basic rights (not directly to water project)
- Local NGO: Kolping 500 units of wells throughout Sumba Tengah – pending fund for 2012

From baseline data: 50% of HHs get water from protected spring (previous project by PU and NGOs), 50% of HHs take water from un-protected springs.

Obtain information from MoH related to Guidelines draft of STBM:
- For pillar 2-5 there is no triggering method yet, only promotion sessions → adopt to training modules for STBM team
- Reference from Erick about promotion on handwashing → adopted on training modules for STBM
- for pillar 4-5: using CD Bethesda’s modules (how sampah could be used as organic fertilizer)
- Verification manual from MoH: different with Manual from TSSM we planned to adopt in (Priority 4)

Modules pillar 1-5 are done and be ready used by cadres (training on October 2011, delayed because STBM cadres focused on monitoring and follow up of CLTS)
## What Next? How We Integrate Action Plan to Activity?

### Topic/Issue to be Discussed On Activity

**Activity 1:**
- **Introduction of STBM & STBS**
- **Speak out Our Message-Mission “Not only health condition but also economy aspect”**
- **Pokja/Forum STBM initiative**
- **Hand-over and take responsibility on budgeting, monitoring on STBM and water supply**

**Output:**
- Bupati, SKPD, understand that STBM (also School sanitation) is National Policy Commitment in form of MoU to guarantee sustainability of STBM and STBS by local gov’t and school (kab, kecamatan, dan sekolah)

**Routine Discussion with SKPDs (per 3-6 months)**
- **Result of monitoring and analysis from kecamatan**
- **Regulation and progress at kabupaten**
- **Propose budget on STBM (health promotion, monitoring, and water project) to APBD**

**Output:**
- Signed & legalized sheet of monitoring STBM
- Budget in APBD for monev STBM by Puskesmas, water project fund, and communal facility in desa hall, church, etc

**Activity 2:**
- **Introduction of STBM & STBS**
- **Speak out Our Message-Mission “Not only health condition but also economy aspect”**
- **Tim STBM Desa and STBS establishment initiative**
- **Hand-over and take responsibility on budgeting, monitoring on STBM – STBS and water supply**

**Output:**
- Formulation and proposal coming from musrenbangdes about STBM and STBS included on musrenbangcam
- There is policy related to STBM at desa and Kecamatan
- BOK fund used for STBM STBS (monev dan promkes PHBS by Puskesmas)

**Routine Discussion with Tim Kecamatan per 3 months**
- **Result of monitoring and analysis of STBS and STBM at kecamatan**
- **Planning for verification and declaration**
- **How to use BOK for STBM as part of promotion of PHBS and make regulation to encourage covered desas**
- **Consultation and sharing of experience inter-desa**

**Output:**
- Government at desa and its component (civil group) understand on policy making based on community (pro-poor and gender)
- Each village proposes STBM issue on Musrenbangdes

**Workshop & Training on Advocacy of Policy and Budgetting at Desa to mainstream STBM**
- **Policy making and budgeting for water project (proposed to other institution/gov’t), STBM (monev, promotion operational), and communal sanitation facilities (at village hall, school, churches)**

**Output:**
- Government at desa and its component (civil group) understand on policy making based on community (pro-poor and gender)
- Each village proposes STBM issue on Musrenbangdes

**Villages meetings with Kepala Desa and Tim STBM Desa to mainstream and propose STBM as one of parts in Musrenbangdes**
- **How to include STBM program and propose to musrenbangdes, musrenbangcam**

**Output:**
- Commitment on policy making related to STBM
- Formulation team includes STBM program on musrenbangdes

**Intensively assistance to kader and stakeholder desa to include STBM issue at musrenbangdes**
- **How to use ADD and other fund to implement STBM and legalized on musrenbangdes and musrenbangcam**

**Output:**
- There is draft and budget allocation for STBM included on desa planning (musrenbangdes) and then propose to musrenbangcam
Advocacy

- Discuss and make STBM Roadmap:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kecamatan</td>
<td>Triggered</td>
<td>Trigg ered</td>
<td>Trigg ered</td>
<td>Trigg ered</td>
<td>Trigg ered</td>
</tr>
<tr>
<td>Desa</td>
<td>8/3</td>
<td>1</td>
<td>7/6</td>
<td>5</td>
<td>6/6</td>
</tr>
</tbody>
</table>

Advocacy Sikka

- Health department to process on document on verification because their document only cover pillar 1 and we advocate to include all 5 pillars
- Health department to fasten the formal verification document because some (3) of villages have reached started to ask for verification
- Govt to provide fund for verification/declaration
- Health Department and Puskesmas and sub-district team on Monitoring: to use one monitoring form and to conduct together
Advocacy

Sikka

- At sub-district level: advocate 3 sub-district heads to achieve and declare their sub-district as STBM district or at least ODF in 2011
- To intensify monitoring/supervision to village and dusun to fasten the ODF and STBM

In Kabupaten Flores Timur

- Advocate the Bupati and Wakil bupati to adopt STBM and make it as a STBM movement in Flores Timur — well responded and the kick off of the movement will be announced in connection to the National health Day on November 12, 2011
- Advocate on the formation of POKJA AMPL and that funding should be available for the work of the POKJA — need to learn more about POKJA AMPL and discuss whether or not they need one as they already have a coordination body among the different department — YDD will facilitate communication with POKJA AMPL Province and Central
- Discussion with the Health department on partnership work once the STBM movement is launched by Bupati —
- Check if fund can be allocated for STBM activities including triggering, monitoring for STBM — yes (BOK)

Sub-district priority focused

- To select sub-districts to focus in Sikka for 2011, 3 sub-districts were selected to be the focused of activities based on:
  - Response of the sub-district head on STBM in their area
  - Response from the village heads
  - And response from the dusun — community
**Triggering**

- Triggering on Pillar 1 – once the triggering activities are completed (contracts are made) then community will sit around --- facilitator then start discussion on technical issues on sanitation (sanitation options)
- Then continued with demo and discussion on pillar 2, Handwashing and discussion on pillar 3,4,5

**Triggering at School** – triggering on pillar 1– then continued with demo on handwashing (pillar 2) and discussion and also continued with question answer on pillar 3, 4 and 5 – to give ideas to the teachers and students about STBM and its 5 pillars

- Students were given homework to check condition of 5 houses around his or her house related to pillar 1 and 2

**Guidelines of sanitation options**

- Is developed based on field experience in Flores (Sikka)
- Based on fact that community generally do not have knowledge on how to make a good and healthy toilet though some of them spend quite sum of money to make it – so with additional information community can make better toilet based on the amount of fund they want to spend
- Well appreciated by community
- Challenges – community are interested and often ask for more detail technical information – thus facilitator should also have better knowledge and be able to explain – sanitarian can assist in giving more detail explanation
Capacity building – for sustainability

- In Sikka:
  - Refresher training for Sanitarian and Health Promoters on CLTS – that includes technical options --- ????
  - Training on Team Kecamatan and Desa --- the team can also do triggering

Capacity building for Flores Timur

- Training to all sanitarian and Health promoters on CLTS trigering and STBM
- Training to sub-district team on CLTS and STBM
- Training to village team on CLTS and STBM
  - they will do triggering in their area side by side with YDD team to accelerate coverage

Stakeholder Meeting at Sub district and village

- To have meeting at least once every two months at sub-district participated by Camat, Kepala desa, puskesmas – to evaluate progress and to plan for actions
- To have meetings at least once every two months at village level participated by kepala desa and kepala dusun and BPD – to evaluate progress and to plan for actions
### STAKEHOLDER MEETING

<table>
<thead>
<tr>
<th>Participants</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stakeholder meeting Kecamatan</strong></td>
<td>4 monthly</td>
</tr>
<tr>
<td>• Tim STBM kecamatan</td>
<td></td>
</tr>
<tr>
<td>• Tim STBM desa</td>
<td></td>
</tr>
<tr>
<td>• Kades/kadus</td>
<td></td>
</tr>
<tr>
<td>• Team dusun/desa with good achievement</td>
<td></td>
</tr>
<tr>
<td><strong>Stakeholder meeting Kabupaten</strong></td>
<td>6 monthly</td>
</tr>
<tr>
<td>• Pokja</td>
<td></td>
</tr>
<tr>
<td>• Dinas</td>
<td></td>
</tr>
<tr>
<td>• Camat</td>
<td></td>
</tr>
<tr>
<td>• Puskesmas (kepalapuskesmas)</td>
<td></td>
</tr>
</tbody>
</table>

### Newsletter

- Produce bi-annual newsletter as information sharing and triggering among the various actors in the respective districts or among districts in Flores --- also for other SHAW partners
## Appendix 4: Summary of action plans concerning June 2011 priority issues

<table>
<thead>
<tr>
<th>No</th>
<th>What</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority 1: District Pokja and district level coordination, cooperation and synergy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Corporate closely with Pokja at district level</td>
<td>SHAW partners</td>
<td>Regularly</td>
</tr>
<tr>
<td>1.2</td>
<td>Build and maintain effective relations with key leaders at district and sub-district level</td>
<td>SHAW partners</td>
<td>Regular</td>
</tr>
<tr>
<td>1.3</td>
<td>Lobby at national level with key sector actors</td>
<td>Martin &amp; Pam</td>
<td>Regular</td>
</tr>
<tr>
<td>1.4</td>
<td>Develop a better understanding of how government Institutions function at different, levels (incl. Pokja)</td>
<td>Martin &amp; Pam</td>
<td>July &amp; August 2011</td>
</tr>
<tr>
<td><strong>Priority 2: Sanitation marketing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Conduct customer surveys (sanitation demand studies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>Put sanitation marketing back on the agenda to develop a common understanding and approach</td>
<td>Marin and others</td>
<td>September 2011</td>
</tr>
<tr>
<td><strong>Priority 3: Sustainability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Raise awareness of key decision makers of the importance of STBM</td>
<td>All</td>
<td>Continuous</td>
</tr>
<tr>
<td>3.2</td>
<td>Change our message and develop crispy statements to engage and convince key leaders</td>
<td>All</td>
<td>Start immediately</td>
</tr>
<tr>
<td>3.3</td>
<td>Start building in exit strategies in all SHAW activities</td>
<td>All</td>
<td>Start immediately</td>
</tr>
<tr>
<td><strong>Priority 4: STBM verification and declaration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Collect and share information</td>
<td>All</td>
<td>June 2011</td>
</tr>
<tr>
<td>4.2</td>
<td>Get reliable information from MoH on STBM guidelines development process</td>
<td>Eka &amp; Pam</td>
<td>June 2011</td>
</tr>
<tr>
<td>4.3</td>
<td>Develop, if necessary, our own STBM verification and declaration system</td>
<td>All</td>
<td>Aug–Sep 2011</td>
</tr>
<tr>
<td>4.4</td>
<td>Share the results after testing into MoH for the development of national STBM guidelines</td>
<td>Eka &amp; Martin</td>
<td>November</td>
</tr>
<tr>
<td><strong>Priority A: Water is a priority</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.1</td>
<td>Obtain information on existing water supply systems in SHAW programme targets villages and integrate this information in the monitoring databases</td>
<td>All partners</td>
<td>Aug-Sep 2011</td>
</tr>
<tr>
<td>A.2</td>
<td>Report on new access to water facilities as part of regular SHAW programme reporting</td>
<td>All partners</td>
<td>Regular reporting</td>
</tr>
<tr>
<td>A.3</td>
<td>Identify potential partners to cooperate on achieving the access to water targets 1) Carry out a simple mapping exercise with regards to access to water 2) Start building relations with potential partners on the basis of the mapping exercise</td>
<td>All partners</td>
<td>July-August 2011</td>
</tr>
<tr>
<td>A.4</td>
<td>Obtain information on the budget allocations for water related SHAW programme activities</td>
<td>Martin</td>
<td>July 2011</td>
</tr>
<tr>
<td>No</td>
<td>What</td>
<td>Who</td>
<td>When</td>
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<tr>
<td>----</td>
<td>----------------------------------------------------------------------</td>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td><strong>Priority B: Limited interest in STBM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.1</td>
<td>Build and maintain effective relations with key leaders and decision makers and other activities included in earlier priorities</td>
<td>All</td>
<td>Regular</td>
</tr>
<tr>
<td></td>
<td><strong>Priority C: Lack of financial options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No action plan was developed. This issue needs to be taken up together with priority 2: Sanitation marketing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Priority D: Post-triggering follow up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D.1 Continue to monitor progress on STBM achievements at community level</td>
<td>All partners</td>
<td>Continuous</td>
</tr>
<tr>
<td></td>
<td>D.2 Integrate hygiene promotion on pillars 2 to 5 in all the post-triggering activities</td>
<td>All partners</td>
<td>On-going</td>
</tr>
<tr>
<td></td>
<td>D.3 Train village cadres on hygiene promotion of pillars 2 to 5</td>
<td>All partners</td>
<td>Continuous</td>
</tr>
<tr>
<td></td>
<td>D.4 Base pillar 1 to 5 hygiene promotion messages on the STBM verification criteria and use different methodologies and tools</td>
<td>All partners</td>
<td>Immediately</td>
</tr>
<tr>
<td></td>
<td>D.5 NGO partners should cooperate intensively to develop effective messages and tools</td>
<td>All partners</td>
<td>Immediately</td>
</tr>
</tbody>
</table>
Appendix 5: Presentations of SHAW programme cycles

Presentation by Sabaruddin of Plan Indonesia

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**Langkah – Langkah melakukan STBM**

1. **Roadshow STBM**
   - STBM Kecamatan Team, Role and responsibility.

2. **Road Map STBM**
   - Perencanaan

3. **POKJA/Plan**
   - location, schedule, responsible, team, content of socialization. 1 day

4. **Surat Peminatan Desa**

---

**Village Socialization**

- Village road map, selecting cadre + artisans, select district schools, invite STBM team, responsible Plan & village govt. introduction. 1 day
- Informal discussion, STBM assessment.

**Monitoring Training**

- Sub-district level. 1 day
- Participants + STBM team.

**Sanitation Marketing Training**

- Select local entrepreneur and artisans
- Material: management, cadre + teachers + cadre
- Length 2 – 3 days

**Training STBM for village**

- Attendance by: 3 cadre, head of village, 1 teacher, 1 planning cadre, 2 senior sub district STBM cadre. 4 days

**Preparation & triggering**

- Pretesting, ABPL situation

**Triggering 5 pillars**

- All activities: schoolchildren, village group, 3 – 4 hour, by cadre + leaders + cadre teams

**Follow up STBM**

- More activities, more exposure of sanitation, discussion with key stakeholders, monitoring card, informal meeting, doorknock/home visit, live-in, sub district reflection/evaluation meeting, presentation, village option, sustainability system.

**Sustainability**

- Policy, budgeting, system, village, sub district, district level
- Private sector, SM

**Kecamatan Declaration**

- Reward, Bupati, Wakil Bupati, publication.

**Sub District Verification**

- By sub district STBM team, 100%, PH, cross village verification, no payment, puskesmas as lead, report by puskesmas, report to POKJA. In Soe, BAPPEDA visit to village for make sure.

**Village Verification**

- More stimulation, more explain, discussion with key stakeholders, monitoring card, informal meeting, doorknock/home visit, live-in, sub district reflection/evaluation meeting, meeting, monitoring card, progress.

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**Others – any time → will/policy**

- Routine meeting with POKJA (every 2 month)
- Routine coordination with POKJA, Dinas Kesehatan, Sub District STBM team.
- Internal reflection – lesson learned – modification approach
- Meeting with district key stakeholders.
- Coordination with other INGOs, PAMSIMAS, PNPM.
- Develop media
- Monitoring by STBM kecamatan
Presentation by Christina of Yayasan Dian Desa

District stakeholder workshop
- Sub district roadshow
  - STBM Training – forming STBM team at Kecamatan, Desa and dusun
  - Village water and sanitation (5 pillars) baseline
  - Monitoring for readiness of community on baseline and for triggering – making appointment for triggering activities
    - Triggering pilar 1 at dusun (in collaboration with Puskesmas, desa and Kecamatan)
    - Triggering pilar 2 – 5 at Dusun
    - Monitoring – monitoring – monitoring
      - Verification for dusun, desa and Kecamatan for ODF and implementation of pillars 2 - 5

STBM DECLARATION FOR DUSUN, DESA OR KECAKAMATAN
District stakeholder workshop

SUB-DISTRICT ROADSHOW

CLTS/STBM TRAINING TO
PUSKESMAS - SANITARIAN/HEALTH PROMOTERS
TEAM AT SUB DISTRICT
TEAM AT VILLAGE

Village water and sanitation (5 pillars) baseline

Triggering pillar 1 - 5

Monitoring and supervision

VERIFICATION

DECLARATION

Presentation by Wirya of Yayasan Rumsram

PROCES STBM

Roadshow SHAW
Distric Level
Chosen District and need supporting from Pokja

Roadshow SHAW
Sub District Level

Field Visit

Road Show - Village Level

Interest Letter

Training Monitoring - Baseline at Village Level

ink contains before use price, if necessary use recycle paper
pencet kedengsan adalah memakan, plus jitu gitanan censee mawu dind
### Operational strategy: Activities in community (Desa)

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>Who be involved</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>STBM socialization at desa and technical training for STBM team on Baseline and Monitoring</td>
<td>Kepala Desa, Kepala Dusun, Bidan Desa, Penggerak PKK, Posyandu, Toga-tomas, Kelompok muda Tim Kecamatan, (Puskesmas, staff kecamatan)</td>
<td>After Road show at kecamatan and team at desa established (at roadshow kecamatan)</td>
</tr>
<tr>
<td>2</td>
<td>Study Data Baseline : Team/Cadre recap baseline and report to Kepala Desa --- make action plan after analysing together</td>
<td>Kepala Desa, Kepala Dusun, Bidan Desa, Penggerak PKK, Posyandu, Tim STBM desa</td>
<td>1-2 weeks after socialization</td>
</tr>
<tr>
<td>3</td>
<td>Training on Pillar 1 to team STBM desa and Sanitarian/Kecamatan (cluster system, conducted at kecamatan)</td>
<td>Cadres, Bidan Desa, Sanitarian kecamatan</td>
<td>3 weeks after socialization at desa</td>
</tr>
<tr>
<td>4</td>
<td>Triggering on CLTS (pillar 1) at dusun</td>
<td>Team Desa at desa/dusun Sanitarian Kecamatan Accompanied by CDB</td>
<td>Immediately (a week after training)</td>
</tr>
<tr>
<td>5</td>
<td>Follow up action after triggering</td>
<td>Tim STBM, Staf CDB</td>
<td>A week after triggering</td>
</tr>
<tr>
<td></td>
<td>a) Coordination with komite jamban/tim kader – visit after triggering</td>
<td>Staf watsan CDB, Tim STBM desa</td>
<td>Could be together with a week after visit or continued</td>
</tr>
<tr>
<td></td>
<td>b) Discuss with HHs/komite jamban about Sanitation Option</td>
<td>Staff watsan CDB, Tim STBM desa</td>
<td>Occasional but recommended</td>
</tr>
</tbody>
</table>
### Operational strategy: Activities in community (Desa)

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>Who be involved</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Training on Promotion of Pillar 2-5 for STBM Team and Sanitarian kecamatan and bidan Desa</td>
<td>Dinkes Kabupaten, Sanitarian Kecamatan, Bidan Desa Others</td>
<td>A month after training for pillar 1</td>
</tr>
<tr>
<td>8</td>
<td>Follow up: based on Action Plan each Desa, promotion and education of Pillar 2-5</td>
<td>Team STBM desa, Bidan Desa, public figure, kepala dusun</td>
<td>Immediately after training</td>
</tr>
<tr>
<td></td>
<td>Example: through Posyandu, watching Film, village meetings, church activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Monitoring pillar 1-5, the result of monitoring will be reported to kepala desa</td>
<td>Cadre and kepala dusun</td>
<td>3 months after triggering on CLTS</td>
</tr>
<tr>
<td>10</td>
<td>Verifikasi of ODF and or all pillar for prepared desa’s</td>
<td>Kepala Desa, Kepala dusun, Team STBM desa, Team Kecamatan (Camat, Kasie, PKK, Sanitarian Puskesmas, Kepala puskesmas), Media</td>
<td>After 2-3 times of monitoring Based on verification guideline</td>
</tr>
<tr>
<td></td>
<td>Coaching verifikasi</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Visit verifikasi</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Discussion to analyse the result of verification and make decision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Deklarasi Desa ODF atau Desa STBM by Camat or Bupati</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Special events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Workshop on Sanitation Innovation (in frame of Sanitation Marketing and Local Knowledge management)</td>
<td>Dinkes, Kecamatan, Media</td>
<td>2 times per year</td>
</tr>
</tbody>
</table>

### Operational strategy: Activities at Schools (Elementary Schools) – STBS

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>Who be involved</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Training STBS at kecamatan for teachers from selected SD and Baseline – ME STBS</td>
<td>Headmaster of SD, Teachers, Education department (PPO), Dinkes Puskesmas</td>
<td>After socialization at Kecamatan</td>
</tr>
<tr>
<td>2</td>
<td>Promotion/triggering Pillar 1 and 2 at SD</td>
<td>Trained teachers, Sanitarian Puskesmas Staf CD</td>
<td>Immediately</td>
</tr>
<tr>
<td>3</td>
<td>Monitoring and Evaluation</td>
<td>Trained teachers Sanitarian Puskesmas Staf CD</td>
<td>3 months after first promotion</td>
</tr>
<tr>
<td>4</td>
<td>Verification</td>
<td>Sanitarian Puskesmas, Staf camat, Other STBS team from other school</td>
<td>After several times monitoring</td>
</tr>
<tr>
<td>5</td>
<td>Healthy School Competition kecamatan level</td>
<td>Team Kecamatan, Dinas PPO, Dinkes Kabupaten</td>
<td>Once per year</td>
</tr>
</tbody>
</table>
For next period the flow to be applied by CD Bethesda is expected to look like this:

- **Roadshow at kabupaten (inviting Bupati, camats, Bappeda, Dinkes, education, BPMD, Puskesmas, women group)

- **Roadshow at kecamatan (inviting kepala desa, midwives, cadre figures, women group/PKK) – to form Tim STBM Kecamatan and Tim STBM Desa**

- **Socialization of STBM at Desa by Tim STBM desa: to kepala dusuns, training them how to fill baseline and monitoring cards, and the cadres collect data**

- **Data Study of Baseline by Cadres and Kepala Desa, Kepala dusun**

- **Training for team desa (cader posyandu, desa staffs, etc) and sanitarian Puskesmas: “How to do Triggering for CLTS”**
  - Cadres brings Baseline data given to CD be entered

- **Triggering of CLTS at every dusun by STBM cadres and sanitarian – CD staffs accompany and observe**

- **Follow up post triggering (discussion about jamban option, assistency on building, etc)**

- **Training for team desa and sanitarian : How to do promotion of pillar 2-5 (using participative modules of training for pillar 2-5)**

- **Promotion pillar 2-5 at population (through Posyandu, village meeting, house to house) by cadres and sanitarian, assisted by CDB**

- **Quarterly Monitoring by STBM team at desa (visit to sample house, recap, discuss to kepala desa, kecamatan, Puskesmas), ...continue promotions on all pillars**

- **Verification ODF for all pillars**

- **Declaration ODF or Declaration STBM**

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- **First week at Month I**
- **During Month- I (2-3 weeks)**
- **A week after that dusun is triggered**
- **Month – II (beginning of month II)**
- **After training on promotion, during month II-III**
- **During Month III-IV**
Appendix 6: Presentation of STBM within SHAW by Martin Keijzer

SHAW programme
What has been promised (See Expected Results in Logical Framework, Inception Report November 2010):

- **Specific Objective 1**
  - Working in 10 districts *typing error: must be 9!*
  - 80% of the sub-districts ODF
  - 80% of the households in the covered sub-districts: 100% STBM
  - Sustainable water supply where needed
  - School sanitation and hygiene programmes included, through matching funds (diff. sources)

- **Specific Objective 2**
  - Integrated sanitation policies established at districts
  - Districts support desa in STBM planning, achieving and sustain STBM

- **Specific Objective 3**
  - Monitoring systems at desa, district and national level) for programme info, accountability and learning
  - Capacities at all levels on Knowledge Management
  - NGOs strengthened

Reflections
My understanding of STBM:
- STBM is aiming at a hygienic life style of the population through its 5 pillars which support achieving and sustaining a safe and healthy living environment
- STBM is not on achieving toilets or #, but on collective awareness and collective actions towards a hygienic environment in each dusun.
- STBM has not been well introduced to all levels in government (kecamatan to national): no training, no guidelines and no criteria.
- Confusion between CLTS / ODF and STBM at diff. levels, which is also influencing the approach, understanding and expectations.
- SHAW is pioneering; many issues still need to be decided. Since all projects and GoI is still searching as well, we have to be creative together (as a group) and come to proposals + tests and discuss outcomes.

Way forward:
- Need for development of guidelines and criteria for whole of Indonesia, hence first years flexible awaiting experiences, not yet strict and containing realistic/affordable minimum criteria.
- SHAW programme wants to contribute to common guidelines, from its experiences in the field and lessons learnt towards support to scaling up to whole of Indonesia.
- No SHAW partner has finished learning towards a holistic STBM approach, but each has experiences which can benefit the group.
- Each SHAW partner needs to reflect on its approach and experiences, and to look around for experiences.
STBM approach:

- **Kabupaten level:**
  - **Road show:**
    - The first information session on STBM activities should be at kabupaten level, to inform and get interest/motivation/support.
    - Not once but at least each year, integrating the results obtained
    - Audience: Bupati, Bapeda, Depkes, Education, local parliament, private sector, NGOs, watsan projects, Camats, Puskesmas
  - Bupati is key-person, get good relation and obtain his active support.
  - Kepala Bapeda and Depkes are also important, get good relation and obtain their active support.
  - Pokja AMPL district, attend the meetings, get a good understanding, inform them on your progress as well as on your problems + thinking/reflections.
  - Education district person needs to be involved in STBM promotion at the schools of the district. This demands action by her/him to stimulate the sub-district persons in STBM activities as well as the curriculum on hygiene.
  - Determine which institute/structure has to do the monitoring, which to do the collection of monitoring information, which to do the analysis, and which to eventually do the follow-up in case of new dusun or of problems. Get the capacity and the interest of this structure at good level, and promote that it has proper operational budget.
  - Finance institutes are mostly at district level: contact them and get their interest in loans. This can take several months as sanitation relatively unknown as sector and will be perceived as risky (no collateral), in short sanitation is not considered commercially attractive
  - Approach to “hardware” private sector depends on situation per district. Hardware private sector can be selling of materials or construction of facilities (maybe specialised construction since e.g. a septic tank requires more capacities than building a wall). Remember the potential role of the private sector in STBM (STBM facilities need materials and need construction, but is all available at household level?), and remember that demand creation needs to be satisfied, preferably rapidly afterwards. Finally, remember that a first toilet may be simple but households might want a more attractive toilet later.
  - Mass media of district: involve them to get your message to the political level (parliament + district admin, sub-district admin) and to the population (support to awareness-raising).

- **Kecamatan level:**
  - **Road show:**
    - In each sub-district, start STBM activities with a road show to inform and get interest, motivation and support.
    - Depending on district, approach all kecamatan each round or only relevant kecamatan. However: once touched then the road show at least every year, integrating the results obtained.
    - Audience: Camat, Puskesmas, Education, kepala desa, kecamatan organisations (e.g. PKK), religious leaders, private sector
  - Camat and Kepala Puskesmas are key persons, get a good relation and obtain their active support
  - Monitoring is role of Puskesmas: who should do monitoring in the field (sanitarian, promkes, maybe other staff for Posyandu, ...), who should elaborate the data from the desa, who should analyse, who should give follow-up in case of problems or of a new dusun/desa. Promote that the budget is adequate.
  - Approach to “hardware” private sector depends on situation per district: it may be good to look at sub-district level. Hardware private sector can be selling of materials or construction of facilities (maybe specialised construction since e.g. a septic tank requires more capacities than building a wall). Remember the potential role of the private sector in STBM (STBM facilities need
materials and need construction, but is all available at household level?), and remember that demand creation needs to be satisfied, preferably rapidly afterwards. Finally, remember that a first toilet may be simple but households might want a more attractive toilet later.

- Education sub-district person needs to be involved in STBM activities at the schools of the sub-district. This demands action by her/him to visit schools and monitor the sanitation, hygiene and water situation (facilities + O&M + use), as well as monitor the curriculum on hygiene.

- **Desa level:**
  - Information sessions
    - At the start of STBM activities have a session to inform, get motivation, establish a schedule for the first triggering session at each dusun and agree on visits afterwards (pillars 2 - 5, monitoring and eventually support)
    - Regular information sessions afterwards, not only to keep the STBM information alive but also to report back the findings of monitoring and of changes in the situation (life environment, illnesses, eventual changes in who within desa is responsible for what, achievements other desa, etc.)
  - Assure the support, interest and motivation to get action by kepala desa, kepala dusun, kepala agama, desa caders, ... In short: those who will play a role in the promotion, implementation, monitoring and sustainability of STBM activities.
  - Organisation: get a clear agreement on who is responsible for what part of the STBM activities (promotion, support to implementation, monitoring, follow-up), assure the availability of each, and the capacity of each to fulfil her/his role.

- **Dusun level:**
  - Schedule of STBM triggering: Pillar 1, sanitation, is so far used everywhere in Indonesia as the subject for the first triggering of a dusun. However, remember that STBM is not on sanitation but has 5 pillars and should come in one package with the 5 pillars interrelated towards an improved living environment and life style. Therefore, after triggering of pillar 1 (CLTS), the triggering or promotion of the other 4 pillars needs to be done preferably soon afterwards (max. 2 – 3 weeks).
  - Triggering vs. promotion:
    - There are already many experiences on the triggering of CLTS, hence there are trainers available. But remember, there are good and not so good trainers. Look around and ask other NGOs you know which have good sustainable results.
    - So far, the realities show that no triggering approach has been developed for pillar 2 – 5. The projects rely on promotion which is a different activity, demanding different actions and with different role subdivision.
  - Persons involved in triggering:
    - The composition of teams for triggering of CLTS differs and teams have persons from the dusun, desa, sub-district and NGO. However, remember that triggering can only be done once so check the quality of the triggering team. In many cases, there is at least one person present in the team who is experienced and who is responsible for the triggering in all dusun of a certain area.
    - That way, s/he can adapt the triggering to the area (culture, geographical situation ...) after one or two triggering sessions. But also, s/he can train the dusun persons on the job.
    - Allow flexibility in the triggering team: it is not only the team members who trigger but there is in many cases also the “natural leader” (term by Kamal Kar) who has an important role to play. Allow for this natural leader to emerge, stimulate her/him to step forward and motivate her/his dusun co-habitants. However, who this natural leader is, is not known beforehand so be flexible and give the opportunity.
  - Persons involved in promotion:
    - The promotion of pillar 2 – 5 needs more time, in order to get the message across (triggering vs. promotion). Thus a dusun (desa?) team needs to be formed and trained. The dusun
health cadres of the Posyandu are part of the team. They remain in the dusun and can take care of the door-to-door promotion rounds.

- At least during the first day of promotion to the dusun population, a trained person needs to support the team, and train the members (“on the job”) in order to pass on the responsibility of the promotion activities afterwards. This person should come back from time to time to check if all is going fine: is the message still the same, is the population reacting, is there progress? These support visits can be scheduled with decreasing frequency.

  o Monitoring:
    - A clear package of roles and responsibilities is needed to subdivide the tasks related to monitoring: who is doing what, with which tools and with what frequency?
    - The monitoring cards should have all the information needed by the dusun, desa and the higher administrative levels.
    - The kepala dusun is responsible for the data collection in her/his dusun and can, if possible, also start with the analysis.
    - The kepala desa receives the information of all dusun and before sending it to the Puskesmas. S/he does the analysis for information to the desa population and eventual follow-up action.

Miscellaneous:

- Learning / pioneering: As the SHAW programme is testing and learning on how to do the 5-pillar STBM, there should be flexibility in the approach. Even the MoH is not experienced in the 5-pillar STBM and, although MoH may give out guidelines, it does not necessarily reflect the realities of the field and thus the approach. It has already been discussed that the minimum criteria for e.g. toilets may differ between the economic powerful Java and the poorer East Indonesia part.
- A critical and learning position by the SHAW NGO can actually help to optimise the guidelines, even if this means that the MoH guidelines are not followed by the letter. Because, is it in the interest of the desa population when following the MoH guidelines to the letter will lead to one or more desa not reaching ODF, leave alone all 5 pillars of STBM? And will scaling-up be reached if the MoH guidelines do not reflect the situation in your area? Be positive but critical, and communicate on your planning and results.
- Realisations by SHAW: from the baseline / monitoring data there is information on the situation before SHAW and now. If there are e.g. already infrastructures but not used before SHAW and during SHAW they become used, then it can be counted.
- Promotion of pillar 2 – 5 of STBM is new to everybody. If these pillars are introduced in the desa / kampung, then be clear on what it is about, what the relation is with the other pillars of STBM, and why you promote that the population changes its behaviour.
- Flexibility: each household needs an unique approach. However, that is not feasible in adaptation of the approach but an approach can be adapted to the desa / kampung level. Prepare yourself before starting the triggering / promotion of STBM, to obtain a better understanding by the population. Realise that the result of an organisation depends on the longer term results in each dusun, and not if you have achieved your short term project targets.
- Verification: no criteria yet, but to be developed with respect to realities / practical issues, e.g. pillar 5: acceptable if waste water infiltrates (quality of waste water?).
- Water supply: ??
- School STBM: ??
- Desa / kampung council: role in desa + role in STBM/SHAW?
Appendix 7: SHAW Programme – STBM Programme Cycle

PILLAR #1 OPEN DEFECATION FREE
Goal:
All persons defecate in a healthy latrine
Minimum Requirements:
- All covered by the cycle
- Distance to an open water source: at least 10 m
- The spouting place is a strong, coverable structure
- Can be used by all sizes (rainwater, child)
- The toilet structure and the pit or tank contain the faeces, no contact with faeces is possible
- Privacy for the person using the toilet
- Presence of anal cleansing materials
- No smel (not repulsive to use the toilet)
- Easily accessible to all users, all times (distance, allowing access to disabled and young seniors)
- No flies in the toilet, in the pit or tank, and no flies in the excretion pipe

PILLAR #2 HAND WASHING WITH SOAP
Goal:
All persons wash hands with soap at critical times
“Critical times” is generally related to handling food and food
Most critical:
- After defecation
- After changing babies/children bottom
- Before eating
- Before feeding other people (children/sick)
- Before preparing food
Critical:
- After working in the field
- After handling animal
- After contact with animals
- After doing a dirty job
- Before/after cutting wounds/sick people
Minimum Requirements:
- Presence of water
- Presence of soap
- Hand washing device (bamboo container, bottle, etc.)
- Practice/knowledge on when to wash hands
  (when is more important than why)
- Presence of hand washing possibilities at places

PILLAR #3 HOUSEHOLD WASTEWATER MANAGEMENT
Goal:
No stagnant water in the house to avoid breeding grounds for vectors and source of contamination
Minimum requirements:
- No stagnant water around the house (in the soil allowing for easy irrigation)
- If yes (no stagnant water), then no problem
- No need to have options
- If yes, then a view on drain (pipe or channel) from house and bathroom:
  - Controlled pit/exit
  - Soak pit with screens and/or
  - Garden and/or
  - Collective (dugout) drainage pit

PILLAR #4 SOLID WASTE MANAGEMENT
Goal:
All household waste is disposed safely
Minimum Requirements:
- Covered pit
- Reuse (e.g., handcraft)

PILLAR #5 HOUSEHOLD WATER TREATMENT AND SAFE STORAGE OF WATER AND FOOD
Goal:
All persons drink treated and safely stored water at household level
Minimum Requirements:
- Presence of reactive (e.g., pot, cover, kettle, container + cover, SODIS bottle, filter)
- Knowledge and opportunity
  (test + store + use)

The programme cycle and criteria are draft versions for testing and discussion