

**END EVALUATION OF THE SANITATION, HYGIENE AND
WATER (SHAW) FOR EAST INDONESIA PROGRAM**

Synthesis report

8 December 2014

Evi Febriani
Risyana Sukarma
Dirk Van Esbroeck

*with the support of:
Herman Yoseph Ferdy
Nike Frans*

EXECUTIVE SUMMARY

Background

The Sanitation, Hygiene and Water Program for Eastern Indonesia (SHAW) has been launched in 2010 and ended in December 2014. The program aimed for the realization of an enabling environment for communities in nine districts in East Indonesia so as to realize a sustainable healthy living environment. Its major focus has been on the introduction and adoption of improved sanitation behavior via the so-called STBM approach (acronym in *bahasa* for CLTS: community led total sanitation), which (in its Indonesian form) focuses on five pillars: open defecation free (ODF) communities, hand washing with soap at critical moments, household water treatment and safe storage of water and food, solid waste management and liquid waste management. The Dutch NGO Simavi in cooperation with five Indonesian partner NGOs operating at field level has been in charge of the execution of the program. It was implemented under overall guidance of the National Working Group on Drinking Water and Sanitation (*Pokja AMPL*) and the Directorate Settlements and Housing of the Ministry of Planning (BAPPENAS). The program was funded by the Embassy of the Kingdom of The Netherlands (EKN) in Jakarta, the implementing partners and the local communities. The total program budget was about €15.36M of which € 8.6M originated from EKN.

Major evaluation findings

1. Relevance and coherence

By combatting the lack of adequate sanitation and hygiene, SHAW dealt with one of the most serious environmental threats to public health in Indonesia. Diarrhea resulting from water-borne diseases constitutes a serious community health problem, standing for a loss estimated at 2.3% of the country's GDP. From the rural population's point of view, poor sanitation is increasingly considered as a problem that cannot be tolerated anymore in view of the overall progress of welfare experienced over the last decades. Hygiene and sanitation also constitute important aspects of the children's education in school, as part of the effort to develop a healthy and hygienic life style.

SHAW has been the first relatively big program in rural areas in Indonesia to apply the STBM approach, consisting of a *combination* of the five above mentioned pillars related to sanitation, hygiene and environment. The Evaluation considers this approach as highly relevant, both from the perspective of external agencies (donors and government institutions alike) and the population itself. SHAW's clear and unambiguous choice for a non-subsidy approach, which went against prevailing practices in similar programs, is also considered as highly adequate and one of the key factors for future replication. An important side effect of the non-subsidy approach has been that the implementing partners have been forced to work hard to get the program accepted and implemented, which obliged them to carefully design and continuously improve their approach, strategy, awareness-raising tools and training efforts.

STBM has been geared to issues that are dealing with sanitation *at the household level* and require behavioral change in the context of the household activities mainly. Achieving these changes is an aim in its own right, but is however often not enough to ensure comprehensive environmental health at village level, where other challenges emerge and other measures are (and will increasingly be) required.

SHAW is entirely consistent with the national policies related to rural sanitation, in particular with the Decree 3/2014 of the Ministry of Health pertaining to the adoption of STBM. This consistency is also found at the more operational level as the program has integrated in its approach the three key strategies mentioned in the Decree (the creation of a conducive

environment, the increase of sanitation needs and the increase of the availability of sanitary facilities).

2. Efficiency

At the moment of its closure, the program had reached out to approximately 1.6 million people, i.e. 2.5 times its initial target. Substantial differences were found in terms of outreach and efficiency among the five participating implementing partners (with costs per person reached varying between 2.5 and 13 €), which can be attributed to an important extent to major differences in the socio-cultural environment.

Quality of implementation has been constantly improved over time so that over the last years of implementation SHAW has become a well performing program. The most outstanding characteristics of program implementation include: the consistent application of *the non-subsidy approach*, even in difficult environments such as Papua and Sumba; *the double track approach* followed at district level with, on the one hand, conscious efforts to approach and involve government institutions (district, sub-district and village authorities, but also line ministries and their local emanations such as schools and health centres), and, on the other hand, a solid grassroots approach with an outreach to every single family in the village; *the capacity to effectively reach out* to an important number of villages; the high level of attention for *capacity building of local cadres* in particular the so-called *kader posyandu* (local cadres for integrated health services); the conscious attempt to *adapt technological solutions* to the people's preferences (and not the other way around); and above all, *the conscious efforts to constantly adapt and fine-tune the overall approach at district level* that merges institutional and grassroots work in one consistent approach.

The program stood out by its adequate management, its good (but too complex and ambitious) M&E system that also includes an important learning component from the grassroots till the program management level, and the setup of strong and effective culture of internal exchange and learning among the implementing partners. Thereby, a good balance has been found between the respect for the autonomy of the partners and the need to come to harmonised approaches at program level.

3. Effectiveness

The creation of an enabling environment. The Evaluation has found that the efforts to trigger the attention for STBM and then to embed it (through workshops, training, etc.) in government policies and practices have been largely successful at district, sub-district and village level. Most government officials welcome STBM and some have become strong promoters of the program. In most districts, key government institutions (BAPPEDA, health and education services) cooperate actively with the program and support its roll out. In virtually all districts, support to STBM is also formally institutionalized at different levels, either via instructions, laws or via inclusion of STBM in District, Village Development and/or sector Strategic Plans.

The activities of the local cadres seem to be the most important factor in the development and the embedding of the program at the village level, where these cadres are the spearhead of the program. They often tirelessly go from house to house to socialize STBM and to convince people who so far have not consciously followed the program. They also may take up a key role in following up the adoption process, among others through conducting regular M&E monitoring of outputs and outcomes via house visits. In some of the villages visited, the regeneration of the *posyandu* cadres has become a problem, as younger women are not attracted to take over the job because of its demanding but at the same time voluntary character.

The creation of a sustainable healthy living environment (in villages and schools) via the application of STBM principles. SHAW has succeeded well in introducing STBM at village level. Some key performance indications include (June 2014): outreach to 1,042

villages, 578 schools and close to 1.5 million people; more than 110,000 toilets constructed under SHAW guidance, close to 1.2 million of people having adopted ODF behaviour, 971,000 people washing hands at critical moments, more than 1.3 million people drinking treated water, 1.09 million people managing solid waste and 1.31 million people managing liquid waste. So far 466 villages have obtained the so-called STBM declaration. ODF is clearly considered as the most important pillar of STBM. M&E data indicate that virtually all toilets are effectively used and mostly well maintained. By June 2014 access to toilets reached 88% in the villages covered.

The practice of *washing hands at critical moments*, the second pillar of STBM is highly important to avoid water related diseases. Substantial progress has been achieved in most areas. However, in relative terms the achievements are less outspoken; at least in some areas, it seems to be difficult to change old habits.

Adequate household water treatment and safe storage of water and food is the third pillar and its level of adoption is high, as in most areas good practices existed already, in particular with regard to the treatment of drinking water. The conscious *management of solid waste* is a new practice for many. Waste is now usually put in an open pit. Few opt however for covering the pit with soil and most resort to burning the waste, a practice that to be questioned from an environmental point of view

The relevance of adequate *liquid waste management*, the fifth pillar, differs among the areas. As it is meant in particular to avoid stagnant water, this pillar is particularly relevant in areas with high levels of rainfall and/or drainage problems.

STBM at school level only got substantial attention after the midterm evaluation of 2012. Achievements at school level lag behind those at village level, which is understandable in view of the fact that efforts undertaken have mostly only recently started.

Increase of the availability of sanitary facilities, the third pillar of the national strategy, has only received minor attention so far, among others because the availability of sanitary facilities proved not to be a major constraint. As a result, the program's intervention in this area has so far been limited to the setup of a sanitation marketing component via the training and the subsequent support of local craftsmen to produce and market toilet pans and slabs. So far, the achievements in this area have been limited, mainly because of basic errors in design and implementation.

Strengthening of the capacity of the partner NGO's to monitor, maintain and extend the STBM results. Notwithstanding their differences, the capacities of partner NGOs have been substantially strengthened via their participation in SHAW. For most partners, rural sanitation was largely a new area of work. As such they had to work hard to get acquainted with the sector but got also the opportunities to do so among others via regular exchange and learning events. The heterogeneity among the partners allowed to sharing experiences in various fields, be it that some of the partners were more on the receiving side and others more on the providing side.

The gender effects of the program. SHAW has brought a solution to important practical needs of women. The improvement of sanitation is indeed a change that is in first instance felt and welcomed by women, who are in charge of most activities at household level. In addition, in particular the proximity of a toilet adds much to their comfort and feelings of safety. However and notwithstanding the fact that women have been well included in program activities, potential negative effects related to the introduction of STBM on the role and position of women have not been considered, nor has the program been conceived as a means to improved unequal gender relations.

As such, the absence of a gender sensitive approach has led to a de facto bias towards women in awareness raising activities, which has implied that women are (often solely) responsible to ensure that STBM related changes in attitude and behavior are taking place in their household. Further, the program has overlooked that the adequate application of STBM requires water and does so in substantially bigger quantities than before so that STBM increases the workload related to fetching and storing water, which is typically a task of women. This has been a problem in particular in villages where access to water constitutes a major constraint. Finally,

local *posyandu* cadres, predominantly women, play an important role in the program at the grassroots, leading to an increase of their workload; the program hasn't looked either for ways to address this constraint.

4. Indications of program impacts

The positive impact of STBM introduction on health has been largely considered as the most important impact of the program, both by women and men; the changes most commonly mentioned include decreased incidence of diarrhea and worm infections, less malaria and less skin diseases. Better health relates obviously to increased productivity, higher school attendance of children and less expenses spent on health care.

Having a more comfortable life (via better health, a more hygienic environment, more cooperation) also impacts positively on the lives of the people and their social interaction. The momentum created via the program has clearly contributed to increased self-esteem and pride. In many cases the SHAW activities have brought villagers closer to each other and empowered them to jointly engage in other activities. The social capital built up in this way constitutes a major asset for the future, now that villages will get a bigger say in the definition of their development priorities.

5. Sustainability of program benefits

The main program benefits have good sustainability perspectives. There are strong indications that STBM is well grounded in the people's lives and that it has become part of their lifestyle and a social obligation. The spontaneous improvements of sanitary facilities along the sanitation ladder, but also related to pillars 2 till 5, are another illustration of the firm socio-cultural embedding of STBM. Further, the strong conviction that STBM contributes to a decrease of illnesses constitutes an important guarantee for benefit sustainability. Finally, financial considerations play a limited role only; adoption and maintenance of STBM is financially viable for most households.

Other factors that influence positively sustainability include: the high level of ownership of the program results; the high level of knowledge and positive attitude towards STBM, at the level of both men and women; the fact that STBM is not only considered as a change process at household level, but also as a community duty; the existence of social drivers such as the STBM declaration at village, sub-district and district level; and the fact that STBM has improved social cohesion via the interplay among government officials, health cadres, traditional and religious leaders, and is often supported by community actions such as the weekly cleaning of the village environment.

The institutional dimension of sustainability seems to be the most vulnerable part of the program. Ensuring a certain level of institutional embedding of STBM is indeed important, but is particularly a key for success during the adoption process of STBM, but not that much in the subsequent consolidation phase. In the post adoption phase, regular inclusion of STBM in local development plans, mechanisms, etc. should actually be sufficient, well knowing that it will be impossible (neither obligatory) to maintain STBM as a government top priority over a longer period. The fact that, in particular at village level there will be substantial financial resources available in the future, constitutes another guarantee for sustainability.

Major recommendations

The major **short-term recommendations** related to the consolidation of SHAW's achievements and its exit strategy include: (1) the need to step up, in districts that somewhat lag behind, capacity building efforts for stakeholders from district till village level so as to ensure further understanding and institutionalization of STBM; (2) the simplification of the present M&E system, in particular after villages have obtained the so-called STBM declaration, whereby the results of the process presently undertaken at the national level (with the support of SHAW) to elaborate an amplified (five pillars) national monitoring system should be taken into account; (3) the introduction of technical modifications in the present STBM approach,

including at the level of pillar 4 (solid waste management) and with the regard of livestock management within the villages; (4) the speeding-up of the capitalization efforts of the SHAW experience and expertise, so that high quality and accessible publications become available to support extension and replication, and (5) the follow up the developments with regard to the definition of the implementation modalities of the new Village Law 6/2014 and, once these modalities have been clearly defined, the adaptation of the SHAW strategy and approach where necessary.

The most important **mid-term recommendations** imply, first of all, continued work on the short-term recommendations mentioned above in case of a replication and/or extension of SHAW. Key recommendations further include: (1) the adoption of STBM in its present form (i.e. without substantial modifications) in the early replication efforts whereby key characteristics of the approach (no subsidies, double track, joint implementation of the five pillars) are to be maintained; (2) the introduction of STBM in new districts should go along with clear and unambiguous commitment from the district head (bupati) and district parliament (DPRD) that includes also an important financial contribution (around 70%) to fund implementation and should place external partners in a supporting role mainly; (3) the promotion of STBM at school level is to become an integral part of the program approach at village level (including other education institutions, market places, ...) and hence should not be designed as a separate program component; (4) gender is to be integrated in all steps of the STBM program cycle and should preferably be based on a gender sensitive analysis of prevailing practices to sanitation at district and village level. Further (5) adapted solutions should be searched for problems that are expected to arise and might compromise the sustainability of the benefits achieved so far; these include: the management and recycling of solid waste (in particular plastic waste), sludge management in rural areas, and sustainable solutions for livestock management.

The **strategic recommendations** include (1) the necessity for the country to take STBM as its basis, whereby the approach should be adjusted to local preferences (e.g. urban communities might be interested to give priority to solid waste management); (2) the need to use the present window of opportunity to make of the nationwide introduction of STBM a major priority in the immediate future. From their side, (3) donor organizations should continue to support the dissemination of STBM thereby earmarking their support strategically (e.g. support, during a relatively long period, to regions that are lagging behind, and to technical and institutional innovations).

Positioning of the Netherlands' water sector in the area of rural sanitation in Indonesia. The future positioning of the Netherlands' water sector in rural sanitation in Indonesia is to be framed in the Dutch government policy that considers Indonesia as a key strategic partner for the Netherlands in Asia. Thereby, new cooperation is to be viewed as a further step in the transition to a trade and aid partnership, in which various actors from the water sector (companies, knowledge institutions, NGOs, government agencies, water utilities, ...) should play a role.

While in the forthcoming years the attention for the rural sanitation sector will probably increase, there will be only a limited potential for developing interesting business cases for Dutch water sector actors. The sector actually needs only a low level of investment, most constraints can be addressed with relatively cheap and easy technologies and the local private sector has the required capacity and initiative to address the emerging problems and constraints. The major challenge is situated at the level of defining an adequate approach to induce, expand and sustain behavioral change, an adoption process that should be accompanied by efforts to improve local technologies and transfer knowledge so that regions, communities and families are better informed about existing technical solutions. In semi-urban areas with a strong demographic growth, there might be a bigger potential to bring in technical expertise related to particular issues (septic tanks, sludge treatment facilities, communal facilities for solid and liquid waste management, ...), but also to assist local governments in the setup and management of specialized services/utilities.

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LIST OF ABBREVIATIONS

(Pokja) AMPL	(Working Group on) Drinking Water and Environmental Health
BAPPEDA	Badan Perencanaan Pembangunan Daerah (Regional (district or provincial) Development Planning Agency)
BAPPENAS	Badan Perencanaan Pembangunan Nasional (National Development Planning Agency)
CBO	Community Based Organization
CD-B	Community Development Bethesda (one of the project partners, working in Sumba)
CLTS	Community Led Total Sanitation
EKN	Embassy of the Kingdom of the Netherlands
GDP	Gross Domestic Product
GOI	Government of Indonesia
HQ	Head Quarters
IDR	Indonesian Rupiah (exchange rate end October 2014: 1 € = 15,250 IDR)
IRC	International Water and Sanitation Centre
KM	Knowledge Management
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MFA	Ministry of Foreign Affairs
MIB	Multi-Annual Policy Framework (the Netherlands)
MOH	Ministry of Health
MoU	Memorandum of Understanding
MTR	Mid Term Review
NGO	Non Governmental Organization
NTB	Nusa Tenggara Barat (province in East Indonesia)
NTT	Nusa Tenggara Timur (province in East Indonesia)
NWP	The Netherlands Water Partnership
OD	Open Defecation

ODA	Overseas Development Aid
ODF	Open Defecation Free
Plan	Plan International (one of the project partners, working in Timor)
Pokja AMPL	Working group on water and sanitation (functioning at national and decentralized levels)
Puskesmas	Pusat Kesehatan Masyarakat (Community Health Centre)
Rumsram	One of the project partners (working in Biak and Supiori, Papua)
SHAW	Sanitation, Hygiene and Water Program for East Indonesia
SMART	Specific, Measurable, Acceptable, Relevant, Time-bound (criteria for indicators)
STBM	Sanitasi Total Berbasis Masyarakat (Indonesian acronym for CLTS, referring to the five pillar approach applied)
TOR	Terms of Reference
UKS	Usaha Kesehatan Sekolah (School Health Program)
UNICEF	United Nations Children and Education Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
YDD	Yayasan Dian Desa (one of the project partners, working in Flores)
YMP	Yayasan Masyarakat Peduli (one of project partners, working in East Lombok)
ZZL	Waterboard Zuiderzeelanden
3R	Reduce, Re-use and Recycle

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1. INTRODUCTORY PART

1.1 Background

The Sanitation, Hygiene and Water Program for Eastern Indonesia (SHAW) has been launched in 2010 and will come to an end by December 2014. The program aims for the realization of an enabling environment for communities in 9 districts in East Indonesia so as to realize a sustainable healthy living environment. The program operates under overall guidance of the National Working Group on Drinking Water and Sanitation (Pokja AMPL) and the Directorate Settlements and Housing of the Ministry of Planning (BAPPENAS). SHAW is implemented by Simavi in cooperation with five partner NGOs operating at field level and is funded by the Embassy of the Kingdom of The Netherlands in Jakarta (EKN), the implementing partners and the local communities.

BAPPENAS and EKN have taken the initiative to organize a final evaluation of the program. The main objectives of this evaluation, as formulated in the Terms of Reference (TOR, see annex 1) are: (1) to conduct an independent evaluation of the SHAW program, and (2) to provide sound advice on the position of the Netherlands and the Dutch water sector after the program. An evaluation team with five members has been composed: an international consultant (coordinator of the team), an Indonesian sanitation expert, an Indonesian behavioral expert and two young researchers originating from the main program areas.

On a broader scale, this evaluation is to be placed within the 'Water OS' program, an instrument (facility) to support the Embassy of the Kingdom of The Netherlands (EKN) in Jakarta with the development and (re)design of their 'multi-year water program' which is coordinated and managed by the Netherlands Water Partnership (NWP) and *Rijksdienst voor Ondernemend Nederland* (RVO.nl). The overall aim of this program is to achieve high quality bilateral development cooperation through value added by the Dutch Water Sector. Hereto the Dutch embassies in the 'water focus countries' will be assisted in implementing an ambitious water program, where possible and beneficial using the broad spectrum of expertise of the Dutch water sector, in line with the changes in the relation between Indonesia and The Netherlands, from an aid towards a trade relation.

1.2 Evaluation objectives and scope

The TOR state that the evaluation has a twofold objective:

- (to conduct an) independent evaluation of the SHAW program;
- (to provide) sound advice on the position of the Netherlands and the Dutch Water sector after the program.

The main expected outcomes of this final evaluation are:

- an independent assessment of the performance of SHAW to date, paying particular attention to the achievements of the program against its overall objectives and its central goal;
- an independent assessment of the program achievements in terms of relevance, effectiveness, efficiency, consistency, impact, sustainability and coherence;
- key lessons and practical recommendations for the exit strategy of SHAW and the consolidation and/or replication of the achievements;
- an advice on the position of the Netherlands in the field of rural sanitation in Indonesia after the program period.

Besides an assessment of the achievement of the quantitative targets and objectives of the program, the TOR require the evaluation to address the following issues in particular:

- the quality of the enabling environment for STBM which has been created in the concerned districts
- the capacity of the partners-NGO's to monitor, maintain and extend the STBM results and process in and beyond the actual program areas.
- the specific contribution of the distinct Netherlands partners (Simavi, IRC) to the different achievements
- the relevance and replicability of the institutional arrangement of the program notably the central role of the 6 partner NGOs operation in partnership with each other and with government structures at different levels
- the performances and results of each of the involved NGOs (the 5 implementing NGO as well as the coordinating NGO)
- the technical aspects, e.g. the sanitation and hygiene approach and the promoted hardware options; the different components of the program and their mutual relationship, e.g. STBM, school sanitation, sanitation marketing, water supply; the knowledge management dimension of the program and its relevance for other parties in Indonesia (governmental and non-governmental) which are engaged in sanitation
- advice on the positioning Netherlands:
 - the role and position of the Netherlands water sector, including private sector, knowledge institutes and non-governmental organizations;
 - the role of the EKN in Jakarta.

The evaluation is meant to cover the entire implementation period of SHAW (2010-2014) while attaching most attention to the period since the midterm review conducted in June 2012. All dimensions of the SHAW program have to be covered, more in particular:

- the activities undertaken *at the central level*, in particular at the level of the Pokja AMPL and the STBM secretariat;
- the activities undertaken *at the district level*, in particular the cooperation with district level authorities: the district head, the BAPPEDA, the Pokja AMPL, other relevant district departments and services (department of health, the Education, Youth and Sports service, ...), but also activities related to sanitation marketing;
- the activities undertaken *at sub-district and village level*, in particular the capacity building activities for government staff (including staff from the health centers) and village cadres, but also activities at the level of primary schools included in the program;
- the activities undertaken *at grassroots level*, in particular the efforts related to the introduction of the five STBM pillars and the effects of these efforts;
- the activities *at the level of the program partners and program management*, in particular the capacity building efforts of the partners' staff and the development and subsequent application of an M&E system.

1.3 Evaluation approach

1.3.1 Evaluation framework

The Terms of Reference (TOR) of the evaluation describe, under chapter six, the method of work to be followed by the evaluation team. In essence, the TOR propose an interactive approach that includes consultations with the key stakeholders (EKN, BAPPENAS, project management, NGO partners, local government institutions and local communities) throughout the evaluation process, but in particular during its early stages. This approach was expected to allow for **a gradual building up of the evaluation framework** (detailing the evaluation scope, process and methodology, and the key evaluation questions and key evaluation tools) in line with the requirements of the TOR.

The evaluation team has worked out an evaluation approach along the above mentioned principles, culminating in the drafting of an inception report on which EKN and BAPPENAS have commented. An evaluation framework (see annex 2) has been defined which incorporates all key issues mentioned in the TOR, completed with other elements the evaluation team considered necessary on the basis of a pilot study in Flores. The framework consists of an elaborated set of evaluation questions that have been grouped under the regular OESO/DAC criteria of relevance (including coherence and consistency), efficiency, effectiveness, impact and sustainability (including key lessons, practical recommendations for the future of the program and advice on the future position of the key stakeholders); for each of the components of the framework, the most suitable data collection methods have been defined. Broadly spoken, data collection has been conducted along the following lines:

- study of documents, both regular program documents and detailed data generated via the M&E system of the program; the good quality of these documents has been of great help to the team;
- interviews in the Netherlands and Jakarta¹;
- interviews of the key program stakeholders elsewhere in Indonesia (more details below);
- a qualitative impact assessment survey conducted by two young researchers;

The fact that the inception phase included a substantial pilot study, has allowed making some key choices with regard of the foci of the field level analysis, which were not foreseen in the TOR:

- *less attention for STBM outcomes and outputs during field visits*: as the SHAW program disposes of a well elaborated M&E system to monitor and assess the outputs and outcomes achieved with regard to STBM and taking in consideration also that the M&E results were largely confirmed by the recently conducted "perceived benefits" study², it was decided that the senior evaluators would *not* engage in a systematic assessment of the outcomes and outputs related to STBM but would only conduct random checks in this regard; they would however pay somewhat more attention to these results in the program areas that were not covered by the perceived benefits study neither by the qualitative impact assessment which was part of this evaluation (i.e. the Papua, Sumba and Lombok districts);
- *more attention to the institutional dimension of the program*: on the contrary, it was decided that the senior evaluators would attach much attention to the institutional dimensions of the program (the enabling environment), which is commonly considered as a key factor for future sustainability of the program results; they would also try to assess the program effects related to (among others) sanitation marketing, replication of the STBM approach and institutional strengthening of the program partners. In this regard it should be noted that the program's M&E system so far does not cover systematically the outcomes achieved at these levels;
- *the qualitative impact assessment* conducted by the young researchers was meant to have several aims, including an assessment of the relative importance (as perceived by the grassroots beneficiaries) of the STBM outcomes, the actual STBM outcomes achieved (in terms of changes in knowledge, attitude and behavior), the chances of sustainability of these outcomes and the underlying outputs, and the effects of the program on gender relations³. It should be noted that the analysis of the young researchers covered other villages than those visited by the senior evaluators so as to broaden the coverage of the evaluation.

¹ A list of the persons contacted is presented in annex 3.

² Circle Indonesia, Study on the perceived benefits of community based total sanitation – (STBM Five Pillars in four districts in East Indonesia, Draft Report, September 2014.

³ Note that while women undoubtedly participate to a major extent in the program, gender hasn't been so far a particular issue of attention.

1.3.2 Sampling

Prior to the actual start of the fieldwork and after consultation with the key stakeholders, it was decided that all nine districts included in the program would be visited. All districts were visited during a period lasting from minimum two to maximum 3,5 days. The following table presents an overview of the time spent by the senior researchers in each district:

Table 1 Characteristics of coverage by field analysis

Implementing partner	District	Level and characteristics of coverage
YDD	Sikka	Pilot district; limited fieldwork including contacts with district authorities (2 days)
	Flores Timur	In-depth analysis by senior evaluators (3,5 days) and qualitative impact assessment by young researchers (5 days)
Plan Indonesia	Timor Tengah Utara	2 days of analysis by senior evaluator (transport to program area not included); qualitative impact assessment by young researchers (6 days)
	Timor Tengah Selatan	2,5 days of analysis by senior evaluator (transport to program area not included); qualitative impact assessment by young researchers (6 days)
Rumsram	Biak	4 days of analysis by senior evaluator (transport to program area not included)
	Supiori	1 days of analysis by senior evaluator (transport to program area not included)
CD Bethesda	Sumba Tengah	2,5 days of analysis by senior evaluator (transport to program area not included)
	Sumba Barat Daya	3 days of analysis by senior evaluator (transport to program area not included)
YMP	Lombok Timur	4,5 days of analysis by senior evaluator (transport to program area not included)

As most of the districts concerned have been covered entirely or to a major extent by the program, the team has been careful in choosing the villages to be included in their field visits. The following *criteria* have been adopted in this regard:

- in East Flores (pilot study) the villages to be visited by the evaluation team had to be selected well before the arrival of team in East Flores (and before the sampling criteria were defined), so as to allow the program team to ensure the necessary agreements from the local authorities. However, the villages selected included both successful and less successful villages. In addition the villages that have been visited by the young researchers in the framework of the qualitative impact assessment, have been chosen in such a way that the sample of villages included is representative in view of the sampling criteria highlighted below in table 2.
- Elsewhere sampling has been conducted on the basis of three criteria that have been identified as the most meaningful in view of assessing STBM performance: the year of start of the program, the level of availability of water (which clearly is an important factor for STBM adoption and sustainability) and the quality of cooperation between implementing program organization and the village. For practical (logistical) reasons a fourth criteria has been added: the distance from the district capital to the village and the time needed for transportation. As it would be too demanding for the partners to draw this list for *all* villages covered (the program reaches out to more than 1,000 villages), the implementing partners concerned have been requested during the workshop to draft a list of at least 20 randomly selected villages and submit it to the evaluation team before the end of the inception phase. The team then used this list to

select the villages to be visited both by the senior evaluators and the young researchers⁴.

- In one case (Humusu Oekolo village in Timor Tengah Utara district), initial reconnaissance activities of the young researchers revealed that the intervention of the program has so far remained minimal, which implied that conducting qualitative impact research in that village was of little use. After consultation with the senior team members and the program management, another village with similar characteristics has been chosen.
- In Sumba, East Lombok and on Biak, the SHAW activities are only carried out in selected villages (villages under intervention) with the expectation that the local government will replicate the initiative in the remaining villages.

1.3.3 Data collection approach

The evaluation team has conducted research activities at different levels and directed at different stakeholders:

- *Institutional analysis at district, sub-district and village level*
This analysis has been conducted essentially via discussions (individual, focus groups) deal with the following stakeholders:
 - the district head, BAPPEDA, the Pokja AMPL, the department of health and the Education, Youth and Sports service, and private sector actors at district level;
 - the sub-district level head (camat), Pokja AMPL (if existing), staff of the health center (head, sanitarian), Babinsa, Bidang Sosbud, BPD;
 - the village leadership (village and dusun heads, BPD, traditional leaders, ...) and the cadres and volunteers trained by the project.A checklist has been developed to support this analysis, which has been fine-tuned during the field visit to Flores Timur. The senior evaluators have visited in total 14 sub-districts and 18 villages (visits during the pilot phase included).
- *Analysis at primary school level*
This analysis included direct observation and discussions (individual, focus groups) with the following stakeholders: the headmaster, teachers, parents, members of the school committee and pupils. The senior evaluators have visited in total 14 schools. A checklist has been developed to support this analysis, which has been fine-tuned during the field visit to Flores Timur.
- *Analysis at the grassroots level*
This analysis used a variety of research methods including direct observation, discussions and the use of specific survey techniques such as 'Most Significant Change' and 'Story Telling'. The approach used during qualitative impact assessment implemented by the young researchers can be characterized as follows:
 - the analysis has dealt exclusively with the program outcomes and effects at household level;
 - both women and men have been included (more or less in equal numbers), but they have been interviewed separately so as to avoid gender biases and to be able to assess to which extent women and men perceive program benefits differently and whether the program produces different effects on women and men;
 - interviews started using the most significant change approach, which primarily has allowed assessing the relative importance beneficiaries attach to STBM outcomes (as compared to other changes that have occurred in their lives);

⁴ These short lists of the 20 villages (including an indication of the villages retained for field visits) are included as an annex in the district reports.

- interviews further have tried to identify the factors that are most important to ensure the sustainability of STBM outcomes; the potentially most important factors have initially been identified during the start-up workshop (see below, 1.3.4) with the project partners and were used as a checklist during the interviews;
- via direct observation and discussions, the young researchers assessed the level of adoption of the five pillars of STBM.

The various tools and approach have been collated in a survey sheet to be filled in for each interviewee⁵. The focus of the analysis has been qualitative and depth has been considered more important than breadth. As such, initially no quantitative targets have been set with regard to the number of beneficiaries to be interviewed. After the pilot survey in Flores Timur, the experiences with the survey approach were discussed and slightly adapted; two questions were skipped as they were considered of limited added value. In total 70 interviews (34 men and 36 women) have been conducted in three districts.

1.4 Evaluation phases

The evaluation has been implemented along the three phases foreseen in the TOR and elaborated in detail in the TOR: an inception phase, a fieldwork phase and a phase for analysis, conclusions and recommendations.

1.4.1 Inception phase

This phase included the following steps:

- *Initial contacts.* This phase consisted of intake discussions with the person in charge of water and sanitation at the EKN and with the SHAW program coordinator and allowed to gain a good understanding on the key components of the evaluation and provided important elements for the drafting of this document. Furthermore, and prior to his departure for Indonesia, the team leader has had meetings with other important stakeholders in the Netherlands, including the Simavi Director of Programs and staff in charge of water and sanitation at DGIS (Directorate General of International Cooperation).
- *Desk review.* The team coordinator has conducted a desk review before the start of the actual evaluation mission; the review included all relevant program documents (program proposal, yearly action plans, progress report, mid-term evaluation report, impact studies and other related documents, ...) and used a reading schedule that was designed on the basis of key evaluation topics as mentioned under chapter 3 of the TOR. The results of the review have been summarized in an internal working document that has been shared with the other team members.
- *Briefing.* A briefing meeting has been conducted at BAPPENAS in presence of the Director Settlements and Housing of BAPPENAS, two representatives of EKN and BAPPENAS staff and members of the Pokja AMPL. During that meeting the key stakeholders shared an important number of issues to be included in the evaluation design; these issues related, among others, to the linkages and relations among the various STBM pillars (in particular the relation between pillar 1 and the other pillars), the possible influence of the new 'Undang-Undang Desa 6/2014' on the future of the program and the way the SHAW experience can be used to improve the national M&E system related to sanitation.

⁵ The survey (in bahasa) sheet is included in annexe 5.

- *Other initial activities in Jakarta.* As the team only spent in one day of work in Jakarta before leaving for the field, only a few meetings could be held besides the debriefing session. These included an internal start-up meeting of the three senior team members, a meeting at WSP with the total sanitation and sanitation marketing (TSSM) task team leader and a meeting with three members of the Pokja AMPL following the briefing meeting.
- *Start-up of the review process at field level.* This step has consisted of five working days (including travel time to Maumere) to which the two young researchers have been associated. The phase has included the introduction of the junior field researchers to their job, initial discussions with the SHAW program team, a discussion with the YDD team working in Maumere (Sikka district), two days of initial field visits in Sikka to villages with different socio-cultural and natural characteristics (including meetings with local government officials, the health center, village cadres and beneficiaries), discussions with local authorities at district level (BAPPEDA, Health Department, the Education, Youth and Sports service) and a one-day workshop (in Maumere) with representatives from the SHAW program partners. This workshop included a short presentation, by each partner, of the status and progress of the program (including difficulties faced and success stories), an in-depth reflection related to factors influencing sustainability of the program benefits, and a practical session to prepare the field work in the five program areas.
- *Drafting of the inception note.* After one week of work, the team presented an inception note to the EKN and BAPPENAS. The inception report outlined the scope, methodology and proposed process of final evaluation and identified the key stakeholders to be involved and activities to be undertaken. It also included a schedule for the subsequent field visits. Both EKN and BAPPENAS reacted on the inception report and came up with a few suggestions related to the actual implementation of the fieldwork.
- *Pilot study in Flores Timur district.* This pilot study included meetings with the representatives of the key stakeholders at district, sub-district and village level. The senior evaluators visited five villages representing different socio-cultural and natural characteristics were visited and discussions held with the district program team at the start and the end of the visit. The young researchers conducted their work in parallel and undertook research activities in three villages using a questionnaire that has been defined jointly by the team.
The results of the pilot study were used to fine-tune the evaluation approach, evaluation tools, including a checklist for the senior researchers and the questionnaire of the young researchers. The three senior evaluators drafted jointly the field report of the Flores Timur district, which became a reference for subsequent field reports and sent to the key stakeholders (YDD and Simavi) for feedback. Finally, the team finalized the evaluation framework as presented in annex 2.
- *Intermediate debriefing.* At the end of this phase the team coordinator, who had returned to Europe, conducted an informal debriefing with the representative of EKN who happened to be in the Netherlands.

1.4.2 Field phase

After a week of rest, the two local teams resumed the fieldwork using their experience from the inception phase and the evaluation tools developed. The two senior researchers conducted each one-week field visits to the four remaining program areas (seven districts in total) – see table one above for more details. The two junior researchers spent two weeks in Timor, conducting research for one week in both Timor Tengah Selatan and Timor Tengah Utara districts.

The evaluators and junior researchers used the approach that was pilot-tested in Sikka and Flores Timur districts; notwithstanding the important socio-cultural and institutional differences

between the districts covered, no drastic changes had to be made to the initial research design.

At the end of the field phase, both the senior evaluators and the junior researchers spent a few days on completing their field reports, whereas the coordinator of the team engaged in additional meetings in Jakarta with the STBM secretariat, Simavi staff working in Jakarta and Plan International (one of the program implementing partners). The next day meetings in Yogyakarta followed with YDD and CD-Bethesda (program implementing partners) and the Simavi secretariat.

An internal reflection day bringing together all team members constituted the end of the field phase; this reflection was mainly aimed to triangulate key findings obtained via the various data and information collection methods. This internal reflection constituted the first step to summarize the findings of the inception and fieldwork phases, and to formulate the main findings, conclusions and recommendations.

1.4.3 Synthesis phase

The consultants used the results of the internal reflection to prepare a 1,5 day workshop with the SHAW implementing partners. This workshop aimed mainly at presenting, discussing and validating the preliminary key findings, conclusions and recommendations to the stakeholders in charge of program implementation.

The results of the workshop were used to draft a debriefing presentation, which was discussed with all major stakeholders, including EKN, BAPPENAS, Ministry of Health, Ministry of Education, representatives of other WASH initiatives, the implementing partners, representatives from Simavi headquarters and staff of the Simavi program unit and external consultants supporting SHAW.

The consultants submitted a draft of their final report on 5 November, i.e. 9 days after the completion of the actual mission. Upon reception of the draft report, the EKN provided the consolidated comments of BAPPENAS and EKN within three weeks. Other stakeholders such as Simavi (The Netherlands) and the SHAW program team also sent their comments on the draft report. Furthermore, the results of the SHAW evaluation were discussed during a meeting of the Indonesia Platform of the Netherlands Water Partnership (NWP) on December 3, 2014; the discussion included an exchange on future possibilities for the Dutch water sector in rural sanitation in Indonesia. The consultants included the comments received and results of the NWP discussion in the final version of their report, which was submitted on 5 December.

The main results and lessons learned of the evaluation have been presented in a workshop in the Netherlands organized by NWP on December 3, 2014. Besides presenting SHAW and the key findings and recommendations of this evaluation, the workshop discussed the possibilities of the Dutch water sector for playing a more prominent role in rural sanitation in Indonesia.

1.5 Validity of the evaluation findings

SHAW is a rather complex program with activities and results at the central, the district, the sub-district and village level, aiming at achieving both institutional, behavioral and health outcomes. The main activities are spread over nine districts in East Indonesia presenting different socio-cultural and physical characteristics. The background of the program varies also a lot among the district, as is the case with the program implementing partners: all of them are NGOs, but they represent actually a nice illustration of the variety that exists among civil society organizations.

At first sight, these program traits present a considerable challenge for ensuring valid evaluation findings. The initiators of this evaluation have actually recognized this challenge and therefore proposed an evaluation approach that allowed (1) a gradual development of the evaluation approach and methodology; (2) a coverage of all nine districts included in the program; (3) a substantial level of effort for the senior evaluators (108 days in total, reporting included) and the junior researchers (54 days in total, reporting also included).

The open and frank cooperation of Simavi, the SHAW implementing partners and other key stakeholders has been another facilitating factor. As all program stakeholders are convinced of the fact that SHAW is a successful program, there were virtually no attempts to influence and direct the evaluators. The latter nevertheless engaged in a careful selection of the villages to be visited (see 1.4.3 above). In addition, the qualitative impact research was conducted in such a way that a direct connection between the researchers and the program was avoided.

Last but not least, SHAW disposes of a well elaborated and comprehensive monitoring and evaluation framework related to the achievements at output and outcome level pertaining to the so-called five pillars of the STBM approach supported by regular so-called Program Coordinators Meetings that are held three times yearly (see chapter 2.3.5 for more details). In addition and notwithstanding the high level of variety among areas covered and implementing partners, the program is implemented in a highly similar way in the nine districts covered, whereby it should be noted that in Sumba, Biak, Supiori and East Lombok not all villages in the selected districts are covered. This can be explained by the fact that the partners submitted jointly the initial proposal; in addition, after a period of conception and fields testing, a standard approach has evolved which the program partners roughly apply in the same way. The fact that SHAW organizes sharing and learning workshops three times a year where program partners meet and exchange, has certainly also contributed to the homogeneity of the approaches followed; more in particular, these workshops have allowed the initially weaker partners to catch up.

Notwithstanding these positive factors, it should be mentioned that the evaluation managed to cover eventually not even 2 % of the total number of villages covered by the program. While all districts have been visited, coverage *within* the districts remained very low with only a few villages visited in each district. In addition, key local stakeholders such as the district or vice-district head were not always available for an interview. Accordingly, via the qualitative impact research 70 people have been interviewed, which constitute only a fraction of the total population reached (close to 1.5 million of people). This impact research took place in Flores Timur, Timor Tengah Utara and Timor Tengah Selatan districts, which are the districts that are most advanced in terms of STBM coverage and the districts where STBM related behavior was already relatively good prior to the start of the SHAW program.

1.6 Structure of the report

This synthesis report constitutes the result of various data collection and analysis efforts that have been described above. It also builds on the inception report and ten field visits reports (seven district reports; three district reports and one consolidated report produced by the young researchers) that have all been written in Bahasa Indonesia and have been submitted to the SHAW program unit and the implementing organizations for comments and feedback.

The structure of the report is as follows. Chapter two presents the context of the SHAW program thereby depicting the Indonesian and Dutch cooperation policy setting with regard to sanitation and the basic characteristics of the SHAW program. Chapter three focuses shortly on the evolutions in program implementation since the midterm review (mid 2012). Chapters four to six contain the actual evaluation analysis, focusing on relevance and coherence; efficiency, effectiveness and impact; and sustainability and replicability. The main conclusions and an overarching analysis are presented under chapter seven, whereas chapter eight presents the recommendations.

An important number of annexes (partially in a separate volume) complete this report: the terms of reference, the evaluation framework, the list of persons contacted, the main documents consulted, the questionnaire used for the qualitative impact assessment, the six field visit reports and the four reports (three district reports, one consolidated report) of the qualitative impact assessment study.

2. THE PROGRAM CONTEXT

2.1 The Indonesian policy setting with regard to sanitation

The following legal and policy documents have constituted the framework in which the SHAW program has developed:

- *The Ministerial Decision of the Ministry of Health (Keputusan Menteri Kesehatan) Nr. 852 of 2008* ordered the implementation of the national CLTS strategy (STBM)⁶, which should become the reference for all institutions and individuals in the health sector. The strategy has been formulated on the basis of pilot activities that started in 2005 and focused mainly on the promotion of open defecation free villages and the adoption of adequate hand washing practices. The strategy mentions the five STBM pillars that would eventually become the focus of the SHAW program also. The strategy is further based on the following axes: the creation of a conducive environment, the increase of the need for healthy sanitary behavior, the increase of the availability of sanitary facilities adapted to the people's needs and the set-up of a knowledge management mechanism to learn from the experience gained.
The Decree further endorsed a non-subsidy approach for the provision of basic sanitary infrastructure and the involvement of local communities in monitoring and evaluation. The Decree also defined a few indicators at output and outcome level, considering the decrease of diarrhea and other environmental diseases related to sanitation and sanitary behavior as its major aim.
- *The Strategic Plan 2010-2014 of the Ministry of Health (Rencana Strategis Kementerian Kesehatan 2010-2014)* which indicates, in an indicative way, the Ministry's planning and priorities for that period and focuses on the national priorities, i.e. the so-called minimal service standards (*standar pelayanan minimal*) and the MDGs. The strategy tries to formulate an answer to various dynamics in the country, including demographical and epidemiological changes, environmental and ecological shifts and the process of globalization and democratization, including the increased active involvement of the people. One of the five so-called technical programs (B.3 of the strategic plan) deals with disease control and environmental health. SHAW-relevant targets under this section include 20,000 villages adopting STBM, 75% of the population adopting an adequate toilet, a total stop of ODF, facilitation of STBM in all provinces covering all districts and cities, and adequate food storage and treatment (by 75% of the households); targets that are indirectly relevant for SHAW include the reduction of malaria (1 per 1,000), dengue fever (51 per 100,000) and diarrhea (285 per 1,000).
All in all, the attention, in the strategic plan, for environmental health remains relatively limited.
- *Circular letter (Surat Edaran) Nr. 132 of 2013*, issued by the Minister of Health and addressed to all Governors, which explains the rationale for the STBM approach, its linkage with target 7c of the MDGs and the targets with regard to the use of toilets that have been included in the National Mid-term Development Plan (RPJMN). The letter further repeats the main components and principles of the 2008 Decision and requests the governors to verify, in each village, the STBM status and to further promote the approach.

⁶ Further in this evaluation we will use the acronym STBM, which is the translation in *Indonesian language (bahasa)* of CLTS; however STBM includes five pillars that are not entirely incorporated in approaches commonly labelled as CLTS (CLTS mainly focuses on ODF, the first pillar of STBM).

- *The Ministerial Decree of the Ministry of Health (Peraturan Menteri Kesehatan) nr. 3 of 2014* with regard to STBM, which refers explicitly to the Decision mentioned above stating that it does not fit anymore with development and the people's needs. The Decree provides a more elaborate definition and set of quality requirements related to the five STBM pillars and stresses in particular that the population should be able to ensure, without external support, a hygienic and sanitary behavior that increases their health situation to the maximum level. It further states that the health apparatus (including village cadres and volunteers) will engage in awareness raising to ensure the envisaged behavioral changes and to monitor and evaluate the changes achieved. The Decree also elaborates in detail the role of the central, provincial and district authorities in, among others, drafting the necessary regulations and technical provisions, promoting appropriate technologies, providing technical training and information. It further distinguishes the same three key strategies as put forward in the 2008 decision (the creation of a conducive environment, the increase of the need for healthy sanitary behavior, the increase of the availability of sanitary facilities) and states also that the population itself should implement and finance STBM. The Decree is complemented with a 28-pages technical annex that describes in detail the five STBM pillars and the way awareness raising related to these pillars is to be conducted.
- *The Village Law nr. 6 of 2014 (Undang-Undang tentang Desa)* has been issued recently, so that its importance for STBM cannot yet be entirely assessed. However, as the Law marks a fundamental shift in how village development will be funded, it might have an important influence. The Law foresees a large range of funding sources (including from the national, provincial and district budgets) which the villages will have to manage independently in accordance with their own needs and priorities, be it that the Government has still a say in setting the priorities related to the use of these village funds ... so as to ensure their optimal use⁷. The allocation that originates from the national budget will amount to 10% of the total transfers from the central to the local level and will be determined using several variables pertaining, among others, to the number of inhabitants, size and poverty level of the villages; the Law is meant in particular as a means to adequately fight poverty at the local level. At the moment of the drafting of this report, it is not clear yet when the Law will enter into effect and what will be the level of the support received by villages. It is however expected that yearly support to the villages will amount to more than 1 billion IDR (around 65,000 €).

A few other laws, rules and regulations at the more general level have also been of importance, notably: the presidential instruction nr. 3/2010 concerning the need to focus more on a just development; the presidential regulation nr. 5/2010 with regard to the midterm national development plan; the 14/2011 presidential instruction to speed up the implementation of the development priorities of the country; the circular letter of the Ministry of Health, nr. IR 03.04/D/VI.I/839/2013 related to the mainstreaming of STBM in the programs of environmental health; and, quite recently, the government regulation nr. 66/2014 related to environmental health.

2.2 The Dutch cooperation policy in Indonesia⁸

The present Dutch government policy priorities and goals for Indonesia are set out in the so-called Multi-annual Policy Framework (MIB) 2012-2015, whereby development cooperation is an integral part of the framework. The MIB considers Indonesia as a key strategic partner for the Netherlands in Asia. The present framework is to be viewed as a further step in the

⁷ For more details, see *'Penjelasan atas peraturan pemerintah Republik Indonesia nomor 60 tahun 2014 tentang dana desa yang bersumber dari Anggaran Pendapatan dan Belanja Negara'* (Clarification related to the Government Regulation of the Republic of Indonesia, nr. 60 of 2014 with regard to the village funds that originate from the national budget).

⁸ Most information provided under this section is taken over from: Kingdom of the Netherlands, Multi-Annual Strategic Plan 2014-2017, Indonesia.

transition to a trade and aid partnership, with emphasis on bilateral partnerships, whereby the Dutch private sector, knowledge institutions and NGOs contribute to achieving the development cooperation goals.

The Dutch policy paper '*A world to Gain: a new agenda for aid, trade and investments*' identifies Indonesia as a so-called transitional partner country, i.e. a country where the program for development cooperation will be phased out gradually and replaced by a stronger focus on economic cooperation. Poverty reduction programs in priority areas will hence be complemented by support to Indonesia to increase market access and improve its business climate.

The Water Sector is mentioned as the first of five spearhead sectors under the title 'From ODA to economic top sectors' in the MIB document, whereby a poverty alleviation focus remains important in particular parts of Indonesia, e.g. Eastern Indonesia. The main vision emerging for the bilateral water cooperation deals with other priorities than rural sanitation in East Indonesia. It is however stated (MIB, p. 8) that ... In the coming years a decision should be taken on whether to continue ODA-funded programs in eastern Indonesia and other areas that lag behind in Development. Such programs could support cooperation programs between governments and NGOs on drinking water and sanitation, or on water and food security.

At the more operational level, the Ministry of Foreign Affairs has created an instrument (facility) to support the Dutch Embassies in development cooperation partner countries with the development and (re)design of their 'multi-year water program' that should contribute to consolidating the international position of the Netherlands in the water sector. To this effect the Dutch embassies in the 'water focus countries' are assisted in implementing an ambitious water program to be implemented via Dutch institutions i.e. government institutes, the private sector, knowledge institutions and NGOs. Support to SHAW (2014) is mentioned under activity 4.1.c (Sanitation and waste water treatment).

2.3 Basic characteristics of the SHAW program

2.3.1 Inception and early implementation

On 31 March 2010, SIMAVI submitted, as coordinating stakeholder, the SHAW program proposal to the Embassy of the Kingdom of the Netherlands (EKN) in Jakarta. The program constituted a cooperation effort between four Indonesian SIMAVI partner NGOs (Yayasan Dian Desa - YDD, PLAN International Indonesia, CD-Bethesda and Rumsram), as well as other partners including UNICEF, IRC and WASTE and ZZZ. Support of the National and local governments was to be arranged via the newly created local ad-hoc Water and Sanitation Working Groups (Pokja AMPL) to provide services to the population in 9 districts in Eastern Indonesia through a program in Sanitation, Hygiene and Water (SHAW).

The EKN approved the program on 9 April 2010. One of the conditions was that during an Inception Phase, the program details (approaches, governance, planning, finance, monitoring) would be harmonized between the 4 implementing NGOs and the supporting institutions and organizations including UNICEF, BAPPENAS and the Pokja's (working groups) at national, provincial and district level. The position of Simavi as the coordinating partner was confirmed, and important support roles were assigned to IRC, Water Board Zuiderzeelanden (ZZZ) and WASTE.

The inception report, submitted in November 2010, was the result of an important harmonization effort of the partners to integrate their individual work plans into a general program framework. Actual implementation of the activities started early 2011. Important changes in the first implementation period (till mid 2012)⁹ include the joining of a new

⁹ Developments in this period have been assessed extensively in the midterm evaluation of the program and will not be discussed in detail in this evaluation.

implementing partner, Yayasan Masyarakat Peduli (YMP), that became in charge of the program in the new district of East Lombok. This period also saw the gradual disengagement, for various reasons, of WASTE, ZZL and UNICEF.

2.3.2 Institutional setup

From its inception, SHAW has been shaped and implemented as a multi-stakeholder program including stakeholders with different backgrounds: government structures at various levels, civil society, knowledge institutions, the private sector and grassroots actors, each partner having a particular role to play. As such, the program has aimed to create synergies through harmonization of its program framework and work plan with existing development policies and programs of the Indonesian Government, NGOs and international organizations

The program operates under overall guidance of the Directorate of Human Settlements and Housing of the Ministry of Planning (BAPPENAS), which chairs and hosts the National Working Group on Drinking Water and Sanitation (Pokja Nasional AMPL). As the program deals both with the national and decentralized levels till the beneficiary population, it liaises with the government administration and other stakeholders at *dusun* (hamlet), *desa* (village), *kecamatan* (sub-district), *kabupaten* (district) and national levels. Besides these government structures, key stakeholders comprise community volunteers, community organizations, the private sector and some local informal NGOs and community organizations. The government collaborates closely with the SHAW program through BAPPENAS, the Ministry of Health, the Water and Sanitation Working Group (Pokja AMPL) at national and district level, the Administrative Heads (Bupati, Camat, Kepala Desa) at respectively district, sub-district and village level, and the sub-district health structure (Puskesmas).

Simavi is the recipient of the donor funds and responsible for coordinating and supervising program implementation; it also contributes to the funding of the program. To that effect, it has set up a project office in Yogyakarta with an international program coordinator. This office has de facto been the main responsible for program implementation, in charge of, among others, support to local partners, program coordination, contacts with EKN and key Indonesian stakeholders and reporting. The office has also set up and animated regular exchange and learning events and coordinated the inputs of external consultants (e.g. related to knowledge management and M&E). The office also has a fulltime staff member who is based in Jakarta to liaise with the national level partners. Over the entire project implementation period, the support from the head office of Simavi has mainly remained limited to quality control of the narrative and (in particular) financial reporting and the organisation of annual financial audits. The head office also supported the partners with additional financial capacity strengthening.

The program has further several partners and interested stakeholders, the importance of which has to some extent changed over time. Over the last three years, five Indonesian SHAW partner-NGOs are operating in the field and covering the nine districts included in the program. One is an international NGO (Plan Indonesia), whereas the four others are national NGOs: CD-Bethesda, Rumsram, Yayasan Dian Desa (YDD) and Yayasan Masyarakat Peduli (YMP). Rumsram and YMP are NGOs that implement the program in their area of origin, whereas YDD and CD Bethesda are Java based NGOs implementing programs elsewhere in the country. The five NGOs are responsible for program implementation in all its aspects at district level and below; with the exception of YMP they were all involved in the program from its inception phase. They also contribute to the funding of the program.

Other important organizations involved in the program implementation include IRC (monitoring, capacity building), WASTE and UNICEF (in the early stages) and an external consultant (halftime) who had been the interim coordinator of SHAW during the inception phase and continued her involvement on SHAW in the area of knowledge management (KM).

Three times yearly, Program Coordinators meetings are organized alternately in one of the program districts in East Indonesia. On average three staff of each partner and of the

Simavi/SHAW program unit attend these meetings. An IRC and the Indonesia based KM consultant support the preparation, organization and facilitation of these meetings, which are a combination of management meetings and learning and exchange events. The results of these meetings are extensively documented in a meeting report drafted by the IRC consultant.

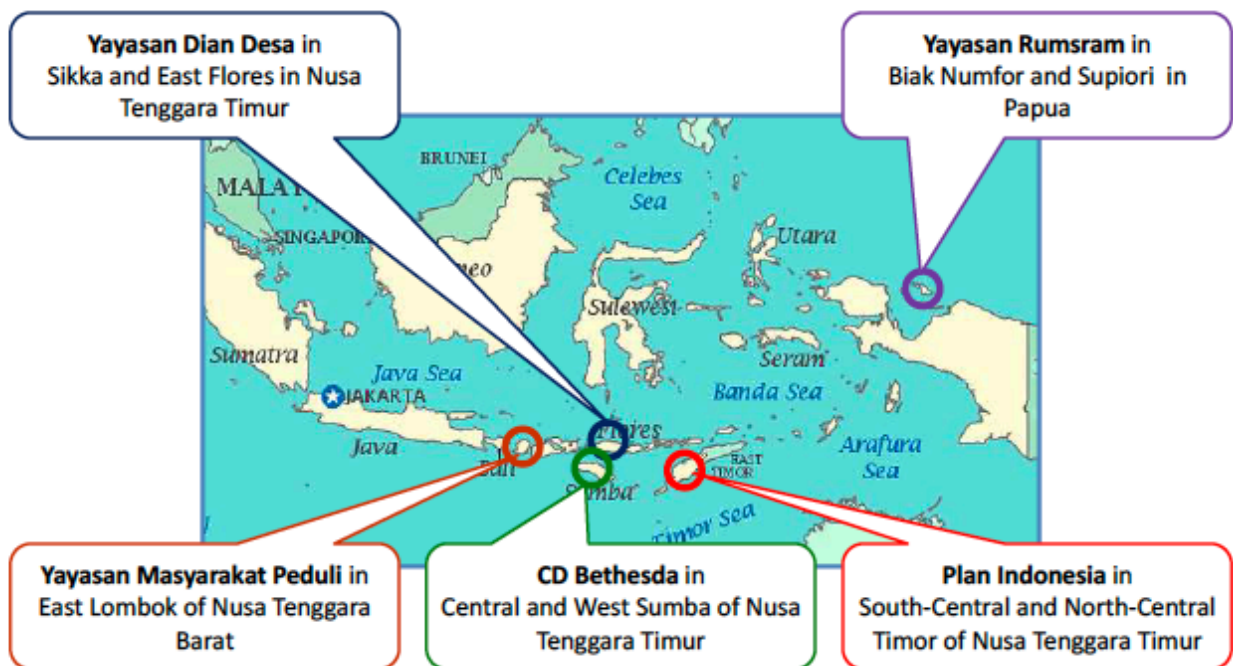
2.3.3 Program area and target population

According to the program proposal, Simavi’s local counterparts made the initial selection of the districts and sub-districts to be covered by the program on the basis of baseline studies. The program aimed initially to reach directly 750,000 people in the rural parts of these districts, and 1.5 million people via replication; the inception report adapted these targets slightly by stating that 80% of the targeted population was expected to fully respect the five pillars of STBM. In addition, the program aimed to cover 107 schools.

Besides activities at the national level, the program areas include the following nine districts (name of the implementing partner between brackets; map of the program areas on the next page):

- Sikka and Flores Timur Districts, on Flores island (YDD)
- Biak and Supiori districts on Biak island, Papua (Rumsram)
- Timor Tengah Utara and Timor Tengah Selatan districts on Timor island (Plan)
- Sumba Barat Daya and Sumba Tengah districts on Sumba island (CD-Bethesda), and
- Lombok Timur district on Lombok island (YMP).

Figure 1: Map with the location of the program districts



The total population in the nine districts that are expected to benefit from the SHAW program is estimated at 1,471,762 people (767,982 women and 703,780 men)¹⁰.

Lombok Timur district was initially not included in the program; from January 2012 onwards, it replaced Jayawijaya district (Central Papua) where program implementation was stopped in June 2011 because of local unwillingness to accept the program’s non-subsidy approach. YMP, the Lombok Timur implementing NGO, was already a partner of SIMAVI. As water and

¹⁰ Note that this figure is not covering the entire population of these districts as some program partners are not covering the entire district.

sanitation in Indonesia became one program, YMP becoming a part of the SHAW partnership constituted a logic step.

2.3.4 Key program aims and outputs

The key aims, outputs and activities of SHAW have been presented as follows in the program proposal¹¹:

- **Goal.** Reduce poverty by improving the health status of rural communities in Indonesia in a sustainable way.
- **Overall program objective.** By 2014, an enabling environment exists for communities in 9 selected districts in NTT, Papua Barat and Papua Provinces, to realize a sustainable healthy living environment, through coordinated action to promote sanitation and hygiene and to increase access to safe drinking water and school sanitation. This will be monitored and shared at district, provincial and national level to reinforce sector management and for replication.
- **Specific Objectives at different levels**
 - Community and sub-district level: STBM principles applied, access to water, schools as resources centers on STBM and sector management at community level
 1. Adequate sanitation and hygiene conditions and behaviors have been realized for targeted communities, leading to Open Defecation Free sub-districts in which hand-washing and other key hygiene behaviors (in line with STBM principles) are common practice. *(STBM principles applied at community level¹², and in schools. Schools will be used as resource centers on STBM, and different governmental agencies coordinated though the Pokja AMPL at district level will facilitate and coordinate efforts at community level.)*
 2. Communities have the capacity and interest to claim, access and use effective, sustained and equitable services for improved sanitation, hygiene and water supply in households and schools.

Expected results, directly through the program and through replication and (co)funding by(sub)district governments:

 - Communities develop the capacities to organize, plan and implement sustained STBM programs in ways that are equitable on gender and for the poor;
 - At least 80% of the sub-districts will become and remain open defecation free ODF; *(At least 80% of the covered sub-districts will become and remain open defecation free ODF)*
 - In at least 80% of the sub-districts, households, including the most poor, the women, men and children use safe sanitation, hygiene and water use practices, according to the STBM principles; *(At least 80% of the households in the covered sub-districts, including the poorest and most vulnerable groups, use safe sanitation, hygiene and water use practices, according to the STBM principles)*
 - Sustainable access to drinking water is realized in those villages, where water supply poses a large problem
 - School sanitation and hygiene programs will be included (as needed, depending on the survey and UNICEF school programs. Schools will function as resources center for STBM in their village
 - District level: Strengthening sector management and enabling environment at district level
 3. Relevant stakeholders (Pokja AMPL, government offices, NGOs, private sector actors) have the capacity, means and mechanisms in place to effectively plan, implement

¹¹ The inception report slightly changed some of the formulations (mentioned in italics between brackets).

¹² Community level in the SHAW program is usually the *dusun* (or hamlet) level

and monitor coordinated efforts to realize a sustainable healthy living environment, through sanitation, hygiene and water.

4. The participating district leaderships have made (of) a healthy living environment a development priority in their districts, resulting in adequate plans, programs and budgets. *(The participating districts through their sectors and the Pokja AMPL, and coordinated and supported by their Bupati, have made a healthy living environment as a development priority in their districts, resulting in adequate plans, programs, roles and responsibilities (governance arrangements) and budgets.*

Expected results:

- The participating districts have formulated and established district sanitation policies, strategies, budgets and support programs, which are equitable for the poor and on gender and recognize and strengthen the sanitation and hygiene roles of the local private sector *(The participating districts have formulated and established integrated district sanitation policies, strategies, budgets and support programs, which are equitable on gender and the poor, and recognize and strengthen the sanitation and hygiene roles of the local private sector, coordinated and facilitated by the Pokja AMPL)*
 - The participating districts support a growing number of rural communities to plan, implement and sustain local STBM programs and achieve and sustain open defecation free environments and safe sanitation, hygiene and water use practices;
 - An effective cooperation system has been established of all project stakeholders at district level: the district leadership, the relevant district departments, services and programs, the local and national NGOs and UNICEF. *(An effective cooperation system has been established incorporating but not limited to all program stakeholders at district level, the district leadership, the relevant district departments, with their related services and programs, the local and national NGOs and where applicable UNICEF)*
- National and Program level: Sector management and strengthening the enabling environment
5. Monitoring systems for the Water and Sanitation sector at community, district and national levels, provide adequate information for accountability and learning at all levels. *(Active Support for Monitoring systems for the Water and Sanitation sector at community, district and national levels, including the provision of adequate information for accountability and learning at all levels)*
 6. Systems and capacities are in place for effective and transparent program planning, coordination, monitoring, implementation and reporting. Adapted in inception report: *Systems and capacities are in place for effective and transparent program planning, coordination, monitoring, implementation, analysis and reporting (Knowledge Management)*

Expected results:

- Monitoring systems are developed (at community, district and national level) and functioning, focusing on gender and poverty, and is used to steer program management and to strengthen upwards and downwards accountability and learning. This includes strengthening the national M&E database for Water and Sanitation;
- Local, district and national support institutions in the Government and NGOs have developed and use their capacity to document approaches, experiences and results and to exchange lessons learned with other stakeholders in the WASH sector;
- Capacity of NGOs involved is enhanced as needed to enable them to operate in an effective, efficient and transparent manner;
- Program management and coordination mechanisms are functioning adequately, including a program office, monitoring and reporting system, coordination mechanisms. *(Program management and coordination mechanisms are functioning adequately, including a program office, monitoring and reporting system, coordination as well as backstopping mechanisms (coordination committee, technical committee, and the SIMAVI organization).*

2.3.5 Basic strategy and approach of the project¹³

The SHAW program has applied the 'Sanitasi Total Berbasis Masyarakat' (STBM) approach, which is the approach introduced by the Indonesian Ministry of Health in 2008 (see above) to improve the sanitation and hygiene situation for Indonesia. When comparing STBM to CLTS (Community Based vs. led total sanitation), one could observe that the STBM approach is a further development after CLTS by its explicit attention to hygiene and environment (pillars 2 – till 5). STBM uses awareness raising, collective action, behavioral change and peer pressure to mobilize communities to sanitize their own villages. Through triggering and follow-up action, the community is motivated to act on improvement of its sanitation and hygiene situation as well as behavior.

The STBM approach includes 5 pillars:

1. Open Defecation Free (ODF) communities
2. Washing hands with soap at critical moments
3. Household water treatment and safe storage of water and food
4. Solid waste management
5. Liquid waste management

For each of these pillars, specific requirements have been defined, in particular in the recent (March 2014) decree of the Ministry of Health¹⁴. These requirements actually are part of SHAW's awareness raising and promotion approach implanted since the early implementation stages of the program. An important focus for the GOI is also the so-called sanitation ladder whereby families gradually adopt better performing (i.e. a more environmentally safe, more hygienic and more durable) sanitary infrastructure. The inception report stated that SHAW partner NGOs will aim to achieve at least three of the 5 pillars, with emphasis on pillar 1.

The implementation of the STBM is coordinated via the Pokja AMPL (working group on drinking water and environmental health), a multi-sectoral working group in which eight ministries are represented, that has been established under the auspices of BAPPENAS, the national planning agency, that is in charge of the coordination of the working group. The Pokja AMPL covers a broad range of domains including sanitation. Each domain has a key responsible ministry. In the case of STBM this is the Ministry of Health, where the STBM secretariat is located. Districts and sub-districts are supposed to set up their own Pokja AMPL to coordinate related activities at their level. The Pokja's are the key partners by excellence of the SHAW implementing partners at district level. In districts where the Pokja's do not yet exist, SHAW will encourage their implementation.

Related program areas (see also the program objectives and outputs above) are sanitation marketing, appropriate technologies, school sanitation, hygiene promotion, safe water for drinking and household use, as well as knowledge management since the SHAW program is acknowledged as a learning program for Indonesia. These areas indicate clearly the agreed concentration on sanitation and hygiene with safe water supply only as supplementary activity and as much as possible covered by other stakeholders and through their financing mechanisms in the districts.

Over the years, SHAW has developed a standard approach, which is broadly applied by all implementing partners. Key characteristics of the program strategy and approach include:

- *Multi-stakeholder approach and sector strengthening, within the framework of the government policies and plans.* The program is implemented in close consultation with institutions at all levels and tries to develop linkages with the private sector as well.

¹³ This section describes the strategy and approach as presented in the program proposal and inception report. The actual approach of the project (which to a major extent corresponds with the initial description) will be described and analysed under chapter XX.

¹⁴ The Jakarta based SHAW staff, via his participation in the STBM secretariat that is part of the Pokja AMPL at the national level, has contributed to the drafting process of this decree.

Implementing NGOs play a key role in community organization, awareness raising/demand creation at community level and strengthening the capacity of communities. They also play a role in advocating for STBM principles and services as a priority and build capacities of local stakeholders (CBOs/committees, government, private sector) from the community level up to the district level.

The activities described above are meant to create an enabling environment in which all stakeholders (population, government, NGOs and private sector) actively participate in sanitation and hygiene activities and will continue monitoring, support and service provision after program closure.

- *Creating learning, coordination and scale.* The program aims to create and strengthen monitoring and coordination mechanisms at local, district and national level that enhance sharing of experiences and facilitates efforts to join forces in order to increase sustainability, impact and scale. As such, monitoring and evaluation is not solely aiming at the collection of data but as a tool to raise awareness and share information about the situation and the program developments. The sharing of progress and information is used to stimulate motivation to continue and continuously improve the program as well as to find solutions for problems. Information sharing therefore is not contained to the NGO partners, but includes the governmental structures in particular the Pokja, and other stakeholders outside the community ("upward" accountability), and also explicitly targets the community members ("downward" accountability).
Knowledge Management is another aspect of encouraging learning and exchange. It comprises the management and regular collection and analysis of the experiences and results by the SHAW program, as well as back stopping activities. On the other side knowledge is to be created via additional assessments, surveys and studies, as well as comparison and inclusion of information from other sources. Knowledge Management will also indicate key issues related to scaling-up of the program.
- *The promotion of suitable low-cost appropriate technologies.* Models for sanitation facilities were already available on the market but their sustainable availability and appropriateness were not guaranteed. Pilot activities have to allow coming up with more suitable models, which are in the reach of the target population, both technically and financially, and can be used in a sustainable way.
- *Non-subsidy approach in view of future sustainability.* In line with the government STBM strategy, SHAW applied a non-subsidy approach in view of sustainability, which from the onset has been a major strategic consideration of the program. The approach was also inspired by negative experiences, all over the world, with subsidies in sanitation programs (especially for toilets). Subsidized toilets do not necessarily translate into toilet use and hygiene, which requires behavior change and ownership. As such, subsidies often have constituted a major impediment to sustainable change.
- *Access to water.* Hygiene promotion and impact on health both require sufficient access to safe water for drinking and households use. When water is a key issue in a community, the program intends to look for solutions, notwithstanding the limited budget resources. Water provision components will follow a demand-responsive approach, with local households and villages financing all operation and maintenance costs of improved sanitation, hygiene and water facilities. The program can consider financing part of the investment costs, with the remainder to be shared among households, villages, districts and the private sector, through cost sharing.
- *School sanitation.* In order to promote hygienic behavior and the development and use of sanitary systems, it is strategic to target children. Therefore, the program is also targeting schools for school sanitation and hygiene programs. Children are educated on hygiene practices and can take these lessons and ideas home, while sanitary conditions in schools improve, which will reduce health hazards of school children.
- *Social marketing of sanitation.* This strategy component includes a combination of three

efforts: (1) to strengthen the private sector to provide adequate sanitation services, in combination with (2) to create demand through a marketing strategy and (3) to create access to financing mechanisms for entrepreneurs to invest in sanitation and small businesses (e.g. micro-finance, revolving funds, village loan funds).

- *STBM verification and declaration.* As part of the government policy, villages (*desa*) can receive an official declaration of adherence to STBM, which is only granted after a thorough verification process that starts with a self-check and, in some cases, a cross check from other villages. In a later stage the village invites an official external team that conducts the verification via door-to-door visits. Obtaining the STBM declaration adds to the image and status of village and its leadership, and often acts as a trigger for surrounding villages to engage in a similar process.
- *Sustainability as an overall and cross-cutting consideration.* While not mentioned explicitly as a major element, the issue of benefit sustainability has been guiding the principles outlined above. As will be explained later in more detail, the concept of sustainability has been further operationalized during the implementation.

2.3.6 Budget

The program proposal mentions a total program budget of € 19,341,572 which is also confirmed in the Inception report, providing the following overview:

Table 2: Initial program budget

Contributing partner	Status	Amount (€)
EKN	Agreed	8.547.616
Simavi	Agreed	1.000.000
Partner NGOs	Agreed	1.262.849
Community members	Estimation	7.946.003
Government funds	Expected	585.104
Total		19,341,572

The contribution of the communities refers to their (predominantly) in-kind efforts to construct and/or upgrade their own sanitation and hygiene facilities. In particular the cost of toilet construction can be quite substantial.

In December 2011, at the end of the first program phase, the SHAW budget has been revised in view of the developments of the program. This budget foresees an overall expenditure of € 15,413,379 with an € 8,600,000 contribution by EKN (which is very close to the initial budget). The budget also mentions the planned expenditure of each partner with regard to the EKN contribution. However, the contracted amounts are different from those foreseen in the initial budget, as can be learned from the table below:

Table 3: Planned and contracted use of EKN funds by program partners

Partner organization	Contracted amount (€)	Budget	Variance (€)
CD-Bethesda	1,350,643	1,285,516	65,127
Plan Indonesia	1,917,066	1,934,118	-17,052
Rumsram	446,050	437,451	8,599
YDD	2,431,747	2,283,280	148,468
YMP	531,124	483,793	47,331
Simavi	1,923,370	1,942,214	-18,844
Total	8,600,000	8,366,371	233,629

3. KEY CHARACTERISTICS OF PROGRAM IMPLEMENTATION SINCE THE MIDTERM REVIEW

3.1 Main findings and conclusions of the midterm review and follow-up actions

SHAW commissioned a midterm review that was implemented by two external consultants in June 2012. Overall, the review was positive. It considered SHAW's two-pronged strategy with a focus both on changes in sanitation and hygiene behavior and the development of an enabling environment as its major factor of success. Its major recommendations included (1) the need for SHAW to cut short the ambivalence between, on the one hand, being a pioneering and learning program and, on the other hand, wanting to upscale the program so as to meet the ambitious targets; (2) stepping up the efforts in school sanitation and hygiene (considered as one of the major shortcomings of the program); (3) improving the knowledge management function of the program; (4) (linked to the previous point) improving the M&E systems and link these to the information systems developed by the GOI, and (5) strengthening the cooperation with local government and, hence, the advocacy capacities of the partner NGOs.

The response by the SHAW partners to the evaluation findings was also positive, stating that the report reflected the complex character of the SHAW program. The reaction pointed also to the difficult starting situation, among others because of the unfamiliarity in the program regions with regard to the non-subsidy approach and with STBM as such, and because of the lack of experience with cooperation in a consortium setup. The program management agreed with the recommendation to slow down the introduction of new topics in the approach. It was further mentioned that the development of a more performing M&E system was a key priority, and that school sanitation and knowledge management would receive more attention.

3.2 Key events and changes in project approach and implementation since July 2012

While the biannual progress reports provide a good picture of the progress in program implementation, they suggest a major degree of continuity in program implementation in the post MTR period. The program approach, a cornerstone of SHAW, has been gradually fine-tuned and to a major extent standardized among the partners on the basis of regular exchange and joint learning. This being said, the following changes can be noticed:

- a gradual introduction and expansion (in terms of coverage) of the M&E system with well developed output and outcome indicators; school monitoring data are introduced from 2013 onwards. Important to notice is that the introduction and gradual expansion of the system required a huge capacity building effort at district, sub-district, desa and grassroots levels where volunteers were trained in data collection. In addition, from the start the system was conceived also as a learning and feedback tool from the family unit till the program at large. The semester I/2014 report also mentions difficulties in some areas to uphold the practice of regular data collection and collation, in particular in villages that already have achieved the STBM adoption status.
- the development of the school sanitation and hygiene component, including among others the development of guidelines for STBM in schools, the organization of workshops and training events for district staff, which is to initiate a cascade training effort including Puskesmas staff, the teacher heads and the teachers; the latter on their turn are requested to apply the STBM modules during class teaching;

- the involvement of WASTE (meant to deal with alternative finance mechanisms and technical alternatives for toilet facilities built in difficult circumstances such as flooding, etc.) came to an end early 2013 due to limited results and limited prospects of progress;
- the inclusion of a limited number of water supply activities in 2012, though the budget earmarked for water supply activities (part of Simavi's own financial contribution) has been limited;
- difficulties to truly develop an approach to better involve private sector actors, notwithstanding success stories in some areas;
- while the involvement of the national and provincial levels has always lagged behind the local levels, the last year has seen changes with an increased interest for the SHAW achievements and approach at the national level;
- an increased attention for the strengthening of the enabling environment which is considered as the cornerstone for future benefit sustainability; the adoption of an exit strategy has been a major step in this regard;
- increased attention for the development of an exit strategy in each of the district covered.

4. ASSESSMENT OF THE RELEVANCE AND COHERENCE OF THE PROGRAM

4.1 Overall relevance of the program

To which extent does the program address key problems and constraints of the population at large?

Lack of safe drinking water, adequate sanitation and proper hygiene behavior and in particular the practice of open defecation (OD) by the majority of villagers is still one of the most serious environmental threats to public health. Diarrhea as a result from water-borne diseases remains a serious community health problem, affecting Indonesians at a rate of 374 per 1000 people per year. In addition to this, diarrhea is the number 2 leading cause of death amongst children under five, number 3 for babies, and number 5 for people of all ages. In fact, a study quoted in the Simavi proposal shows that the availability of clean water can prevent diarrhea as much as 35% and the use of healthy bathrooms can prevent diarrhea up to 28%¹⁵. According to the results of the Indonesia Sanitation Sector Development Program study (2006), 47% of the Indonesian population still practiced open defecation by that time and infant mortality (0-11 months) had in 42% of the cases diarrhea as its cause¹⁶.

From an economic point of view, bad sanitation and health conditions stand for a loss estimated at 2.3% of the country's GDP. According to a WHO study, effective interventions can decrease by 94% the risk of diarrhea via improved water supply (25%), use of WC's (32%), treatment of drinking water (39%) and use of soap when washing hands (45%)¹⁷.

Meetings at village level have broadly confirmed the macro picture described above. The population clearly considers STBM as a means to improved health, but even so stresses that the program adds to human dignity. Indeed, levels of development have progressed that much all over Indonesia, including in the relatively underserved areas supported by SHAW, that improved hygienic practices are considered as to become an intrinsic part of life. This finding is also supported by the results of the qualitative impact research, where a significant number of the people interviewed spontaneously indicated STBM as one of the (maximum three) most significant changes that occurred at village (43%) and/or household (36%) level over the last years, whereby it should be noted that in some of these villages other important (notably infrastructural) changes took place (water supply, road construction) that people can easily consider as more important. It also became clear that in villages that adopted STBM a longer time ago, its relative importance (in the eyes of the people) has decreased, which seems to suggest that for them STBM has become part of normal life and is not considered as a change anymore

To which extent does the program address key problems and constraints of primary schools?

Children are the future of the nation and approximately 55 million of Indonesian children are sitting on school benches every day to be educated. Hygiene and sanitation constitute

¹⁵ Simavi, SHAW program proposal, March 2010. However, other studies have shown that hand washing with soap is much more effective than the availability of clean water. The Global Hand Washing Day, Planners Guide, Second Edition (2009), points to 'hand washing with soap' as the most effective factor contributing to decreased morbidity of diarrhea (44%), with point-of-use water treatment as the second most important factor (39%) and sanitation as the third (33%). Water supply only comes in fifth place with 25% after hygiene education (28%). Note that the three most important factors are included in the three first pillars of STBM.

¹⁶ Surat Edaran Menteri Kesehatan, 132/2013 (Circular letter of the Ministry of Health, 132/2013).

¹⁷ Ibidem.

important aspects of the children's education, as they will support them in developing a healthy and hygienic life style. In addition, children can act as change agents towards their parents and their community where necessary. Last but not least, it is very important to ensure consistency in the approaches followed at both school and community level.

These considerations justify a particular attention for sanitation at school level. A major issue in this regard is how to integrate school sanitation in a comprehensive program (such as SHAW) that focuses on both the institutional level (district, sub-district, village) and the population. Another question relates to the relative weight of the school component in the overall program. These issues will be dealt with later in the report.

To which extent is the combination of the five STBM pillars a relevant approach?

The so-called five pillar approach was already mentioned in the Ministerial Decision of 2008 and taken as a reference in the SHAW proposal and inception report at a moment when operational experience with the *combination* of the five pillars in one approach was still lacking. SHAW has been the first relatively big program to apply the STBM approach in rural areas.

While it is difficult to state that the five pillar STBM approach is more relevant than the classic CTLS approach focussing mainly on ODF behaviour (and sometimes on hand washing), the SHAW experience provides strong evidence for the relevance of the five pillar approach. From a conceptual point of view, there are strong arguments to link the five pillars which all relate to environmental health. Combined they can make a major contribution to a more healthy environment and improved health (see the various causes of diarrhea mentioned above).

Using the five pillars in one awareness raising and mobilisation effort has many other advantages. It allows to increasing efficiency both at program and local level, ensuring a higher level of consistency and it provides a higher impact potential. While most people consider the construction of toilets as the most difficult element¹⁸, STBM provides the possibility to use other "entries" (e.g. in cities, waste management can be a more important issue for the population) and, above all, it lays down a broader and more relevant basis for an integrated environmental health approach that inevitably should rely on an increased awareness and behavioural change.

To which extent is the applied non-subsidy approach relevant?

From the very start, SHAW opted clearly and unambiguously for a non-subsidy approach thereby going against prevailing practices in similar programs in the country and elsewhere. Many development programs in Indonesia – implemented with both national and international funds - have used subsidies as a trigger (and continue to do so) and some of the regions included in the program (such as Papua) are known for their 'subsidy culture'.

The uncompromising position of SHAW has implied that early in the process it has been decided to pull out of Jayawijaya district in Papua as local stakeholders were stiffly opposed against the non-subsidy approach. This decision has been taken quite rapidly and can be considered as a cost that a better program preparation could have avoided. Abstraction made from these possibly avoidable expenses, the evaluation team considers the non-subsidy approach and the way the program has adhered to it as very adequate and relevant. The program's approach to mobilize local resources has increased overall relevance, ownership, autonomy and self-respect at the local level. It further has encouraged creativity (design of local technological solutions to practical problems) and, above all, strengthened harmony and cooperation at the grassroots level.

¹⁸ As will explained later, in reality the adoption of pillars 2 and 4 proves more difficult ... The fact that toilet construction requires more financial resources and effort explains the people's opinion.

An important side effect of the non-subsidy approach has been that the implementing partners have been forced to work hard to get the program accepted and implemented. It forced them to carefully design and continuously improve their approach, strategy, awareness-raising tools and training efforts. As such, their skills and competence have substantially improved which also constitutes an asset for other programs they are implementing.

Finally, it is important to mention that some fine-tuning of the approach could have taken place. While being – rightly – strict in applying the non-subsidy principle, the evaluation team came across (relatively rare) cases where local conditions were such that no cheap technical solutions were available, in particular for toilet construction, e.g. in areas with a high ground water level. In such areas, the program could have been more proactive in looking for solutions with the population and local authorities and, for instance, identify alternative funding sources, such as the so-called *alokasi dana desa* (ADD, village fund allocation) that are managed by local authorities¹⁹. A similar remark can be made with regard to the problem of water scarcity, which is quite serious in some of the areas visited by the evaluation team, and constitutes a major impediment for adequate STBM implementation. While the technical requirements for proper implementation of water supply projects might be beyond the SHAW partners' capacities, SHAW could have played a more active intermediary role in facilitating water supply in some areas.

Are there major issues related to rural sanitation, which are not addressed by the program and is this justified?

The strength of the STBM approach is also its weakness: it is a powerful instrument to address five major issues related to hygiene and sanitation, but it is also not more than that. In other words, STBM is geared to issues that are dealing with sanitation at the household level and require behavioral change in the context of the household activities mainly. Achieving these changes is an aim in its own right, but is however often not enough to ensure comprehensive environmental health. The most prominent example in this regard is livestock management at village level. In many villages that apply STBM, livestock is still allowed to circulate (relatively freely) in the village, thereby compromising the health gains realized via STBM application. On the other side, nearly all partners have worked on local solutions for such problems. Sometimes a 6th pillar was added by the community itself whereby own rules and regulations were defined.

It has been found also that most often project partners have advocated for a rather 'uncompromising' attitude towards STBM application. Whereas it is obvious that STBM does not need to be compromised, the evaluation team came across situations where the program could have provided 'second-best' solutions, e.g. for farmers spending the entire day working in far away fields and resort to OD, for areas with very difficult access to water in the dry season, etc. On the other side, one should not forget that during the first years most partners were facing serious constraints in achieving good progress related to the five pillars. All their attention went to these (five !) pillars. One should remain realistic in what can be achieved in with how many messages when entering the villages. As such, it would make sense to work on these new issues if one considers continuing the program in the same villages.

4.2 Coherence of the program aims with national and local policies

To which extent is the program coherent and consistent with the national and district policies related to rural sanitation?

Although special attention to sanitation was given when setting the MDGs, it still remains one of the biggest development challenges in most development countries, including Indonesia.

¹⁹ The possible use of ADD funds for sanitation is however a relatively new issue, as only by now these funds are becoming relatively big.

Improving sanitation and hygiene is key to achieving the health-related Millennium Development Goals (MDG's) of reducing child mortality and combating diseases. The GOI recognizes that the country still faces multiple challenges in the Water, Sanitation and Hygiene sectors. Only 69% of the total population has access to improved sanitation facilities (of which 10% via shared facilities) and 22% is still practicing open defecation; in rural areas the figures are 57% (of which 7% via shared facilities) and 31% respectively²⁰. Though demonstrating a substantial growth since 1990, at the current pace Indonesia will fall short of the MDG goal by 10% or 20 million people. Therefore, the present Government has made it one of their priorities that an additional 50 million people will adhere to ODF practices by 2015. STBM has been adopted as a national program and the strategic plan of the Ministry of Health targets that 75% of the population uses a healthy toilet by 2015. The progress report with regard to the MDGs in 2011, issued in 2012, states that by 2011, 55.60% of the population had sustainable access to adequate sanitary facilities, whereby the substantial difference between urban areas (72.54%) and rural areas (38.97%) should be noted. The report further states that in particular the situation in rural areas needs specific attention if the country wants to reach its MDG target of 62.41% (55.55% rural areas)²¹. Information from BAPPENAS relating to 2013 figures suggests that the country will be able to reach this MDG target²².

Quite recently, the commitment of the GOI has further materialized in the issuance of the Circular Letter 132/2013 and, above all, in the Ministerial Decree 3/2014 pertaining to the adoption of STBM, which were both presented under chapter 2.1 above. As such, it can be stated the program is entirely consistent with the national policies related to rural sanitation. This consistency is also found at the more operational level. Indeed the program adopts the three key strategies mentioned in the Decree (the creation of a conducive environment, the increase of sanitation needs and the increase of the availability of sanitary facilities). The annex to the ministerial decree describing technical details related to the five pillars could actually have been copy-pasted from a SHAW manual. Other important elements of compatibility between the decree and the program are the focus on the people's autonomy (non-subsidy approach) and the multi-level approach (from the national till the village level) to be adopted for STBM implementation.

Most districts had no specific policies related to rural sanitation before they started to cooperate with SHAW, but might have developed in the meanwhile legal and operational frameworks to support STBM implementation, often as a consequence of efforts undertaken by SHAW program partners (see chapter 5.2.1 below).

To which extent is the program coherent and consistent with the national policies related to sanitation in rural primary schools?

A broad range of regulations and programs exists to include health and hygiene in primary schools, both at the level of the curriculum and at the level of provisions related to school infrastructure (minimum number of toilets, for instance) and the creation of a healthy school environment. The most important initiative is the so-called *Usaha Kesehatan Sekolah* (UKS) (Health in School Initiative). STBM *as such* is however not yet part of a particular policy related to primary schools nor part of the curriculum, but this might also not really be needed in view of the broad range of regulations already in place.

To which extent are local actors (in particular government actors) aware of national policies related to sanitation?

Visits to the districts covered by the program have revealed that in some cases local actors, even actors that are closely associated to STBM via SHAW, are not well informed about national policies, in particular about the Ministerial Decree that has been issued in March of this year. More in general, the SHAW partners are not (yet) consistently using the Decree as a

²⁰ Statistics of the Joint Monitoring Program (UNICEF/WHO);

[http://www.wssinfo.org/documents/?tx_displaycontroller\[type\]=country_files](http://www.wssinfo.org/documents/?tx_displaycontroller[type]=country_files)

²¹ Laporan Pencapaian Tujuan Pembangunan Milenium di Indonesia 2011, p. 93.

²² The team has not been able to find more recent information to verify this statement.

means to reinforce their mobilisation and awareness raising efforts. However, the level of awareness of national policies has been influenced by the SHAW program and will be dealt with later in this report, in particular under chapter 5.2.1.

4.3 Coherence of the program aims with the Dutch development policies

The water (and sanitation) sector is one of the five spearhead sectors mentioned in the Multi-Annual Policy Framework document, whereby a poverty alleviation focus remains important in particular parts of Indonesia, e.g. Eastern Indonesia, the working area of SHAW. Furthermore, an instrument exists to support the EKN to develop a multi-year water program, sanitation being one of the domains to be addressed.

The importance of water and sanitation in the Dutch development policies is also to be explained by the expertise available in this sector in the Netherlands and the country's desire to develop economic partnerships in which Dutch private partners (including NGOs) and knowledge centers can participate, in particular in 'water focus countries' such as Indonesia.

5. ASSESSMENT OF PROGRAM EFFICIENCY, EFFECTIVENESS AND IMPACT

5.1 Program inputs and activities

5.1.1 Overview of actual expenditure and comparison with the adjusted budget

The table below presents an overview of the actual spending as per 30 June 2014 and a comparison with the adjusted budget approved in December 2011.

Table 4: Overview of total program expenditure (in €) (2010 – June 2014)²³

Budget Item	Budget 2014		Expenditure		Variance	
	Total	EKN	Total	EKN	Total	EKN
Personnel costs	2,827,464	2,651,431	2,411,485	2,289,633	85%	86%
Operational Costs	3,722,849	3,582,642	2,954,687	2,892,545	79%	81%
Investment Costs	6,790,621	633,443	9,786,010	573,657	144%	91%
Program Management Costs	616.157	365.288	545.195	317.827	88%	87%
Monitoring & Evaluation Costs	713,988	706,935	316,104	316,079	44%	45%
Audit costs	140.221	118.712	121.089	110.469	86%	93%
Administration costs	552.080	541.551	451.569	424.609	82%	78%
Total (till 30 June 2014)	15.363.379	8.600.000	16.586.138	6.924.818	108%	81%

The table illustrates that the cumulative expenditure for the program constitutes an overspending compared to the total budget (108%), whereas the expenditure related to the EKN funded budget items reaches 81% and is, hence, slightly below budgetary provisions. A closer look reveals that in particular investment costs are considerably higher than foreseen, the main explanation for this overspending being a far higher than expected own contribution (217% of the initial estimation) of the local population to install latrines and other hygiene related facilities (e.g. water filters, hand washing stations, etc.); however the investment expenditure related to the EKN budget is roughly according to planning.

The following table presents a comparison of the level of expenditure at the level of each partner.

Table 5: Level of EKN expenditure (in €) at partner level (per 30 June 2014)

Partner organization	Contracted amount	Expenditure till 30 June 2014	Depletion (°)
CD-Bethesda	1,350,643	1.020.313	75,5
Plan Indonesia	1,906,956	1.642.377	86,1
Rumsram	446,050	383.022	85,9
YDD	2,431,747	1.968.211	80,9
YMP	531,124	463.533	87,3
Simavi	1,928,706	1.447.362	75,0
Total	8,595,226	6.924.818	80,6

(°) % of contracted amount spent.

²³ Data in this section are derived from the latest (January – June 2014) progress report of the program, unless indicated otherwise.

It is expected (see progress report January – June 2014) that the EKN budget will not be entirely depleted by the end of 2014, the date fixed for the formal closure of the program. As a no-cost extension won't be a problem, the remaining balance can be used during the first months of 2015 for rounding up activities and possibly preparing the start-up of the envisaged consolidation and/or extension of the program.

The table below presents *the own contribution* of the program partners for the same period:

Table 6: Overview of own contribution (in €) of program partners (2010 – June 2014)

Expenditure	Budget 2010-2014	Cum. expenses 2010 - Jun 2014	Variance (%)
Human Resources Costs	168,469	119,827	71%
Operational Costs	115,543	43,870	38%
Investment Costs	1,639,235	1,062,376	65%
Program Management Costs	250,869	227,290	91%
Monitoring and Evaluation Costs	6,045	-	0%
Audit Costs	21,509	10,620	49%
Administration costs	10,529	26,960	256%
Total Budget 2011	2,212,199	1,490,942	67%

The table allows us to conclude that the own contribution of the partners lags behind schedule: after roughly 3,5 years of the 4 years of the program, the own contribution only amounts to 67% of the budgetary provisions. The under-spending is related to roughly all types of expenditure. A closer look at the own contributions of the partners reveals that with the exception of YMP all implementing partners (including Simavi) are below target.

The overall picture allows concluding that in general EKN related program expenditure is fairly in line with the budgetary provisions, in particular when the variance at the level of the EKN budget (i.e. the main external funding source) is considered. As can be concluded from Table 4, the levels of expenditure related to the major budget categories (human resources, operational expenses, investments) are very much in line with the budgetary provisions, which constitutes an indicator of good budget and program management. The major discrepancy, related to the estimation of the contributions of the population, can be attributed to many factors (errors in initial assessment, calculation method of own contribution, ...) that actually are not related to the program management as such. Only at the level of the own contributions of the partners, the variance is a bit more substantial; on the other side, the own contribution from the other stakeholders, the final beneficiaries in particular, is very substantial and to be considered as an important achievement.

The picture presented in the previous paragraph needs to be put in perspective in the sense that the program actually succeeded in reaching out to a bigger number of people than initially planned, which suggests that the project has been more cost effective than initially planned. This will be dealt with later in this report.

An international audit company is annually auditing SHAW's (Simavi and the partners) accounts. The latest (2013) report states that in the opinion of the auditors the financial statement for the period 1 January – 31 December 2013 is prepared, in all its material aspects, in accordance with the requirements as set out in the grant conditions.

5.1.2 Overview of actual outreach and comparison with initial and adjusted planning

The following table presents key data with regard to the outreach of the program. As the planned outreach of the program has been adjusted several times during the project

implementation period, it is difficult to make an unambiguous comparison. Moreover, initial planning targets²⁴ cannot be fully compared with the latest planning figures as (1) it was not the intention to *fully* cover the villages included in the program (overall the target was that by the end of the program 69% of the families would have improved their sanitary conditions, contrary to the present approach where 100% STBM adoption is targeted in every village); (2) initial targets - quite surprisingly²⁵ - dealt with 'improved sanitation' in general, only specifying the number of toilets in each district at the start of the program and not setting specific STBM related targets, and (3) the initial targets still included Jayawijaya district in Papua, which was eventually excluded from the program, but was its second most populous district.

Table 7: Key program data with regard to project outreach²⁶

	2011	2012	2013	30 June 2014	Targets inception	Planning 2010 – 14 (°°)	Balance (°)
# of desa active	142	604	986	1,042	1,305	1,074	32
# of schools active	68	102	403	578	No data	538	-40
# of districts active	22	72	112	114	136	116	2
# of persons reached	225,168	491,127	1,368,789	1,462,988	632,538	1,460,346	-2,642

(°) Outreach on 30 June 2014 compared to adjusted targets.

(°°) Targets as mentioned in the latest (January – June 2014) progress report; note that these targets have been adjusted several times.

The table indicates that after a relatively slow start, the project reached cruising speed from 2012 onwards. For the school program this is only the case from 2013 onwards, as this component was intensified as a follow up of one of the major recommendations of the MTR review of mid 2012. The table also indicates that by mid 2014 the program already reached out to more than 1.46 million people, i.e. 231% of its initial target and also that it already passed its adjusted targets in terms of number of schools and people reached. The reasons for the huge difference with regard to the initial number of people reached are not entirely clear (but data collection during the initial phase has been of relatively low quality). The evaluation team was informed that even the (in retrospect relatively low) original targets were considered by that time as unrealistically high by UNICEF staff. As such, we should conclude that despite a slow start the program has been performing very well, its excellent organisation and approach, and hard working program and local teams being major explanatory factors.

The following table specifies the outreach figures per program partner.

Table 8: Key project outreach data per implementing partner (as per 30 June 2014)

	CD Bethesda	Plan	Rumsram	YDD	YMP	Total
# of desa active	79	460	78	378	47	1,042
# of schools active	55	200	60	141	122	578
# of sub-districts active	5	56	8	38	7	114
# of persons reached	117,866	657,589	29,238	471,684	186,611	1,462,988
% of total persons reached	8.1	44.9	2.0	32.2	12.8	100

The table indicates that there are huge differences among the program partners: Plan and YDD are catering for more than 77% of the population reached; the situation is a bit less unequal

²⁴ Note that we received two sets of 'initial' targets: the inception report targets and 'modified' targets. We assume that the latter constitute a modification of the former. We used the inception report targets for our benchmark purposes.

²⁵ ... because both the program proposal and the inception report refer explicitly to STBM as the approach to be followed (and *not* to the classic CLTS approach that focuses mainly on toilets).

²⁶ The yearly figures have been taken over from the progress reports for that particular year, as some mistakes have apparently been made in producing multi-year tables in the progress reports from 2012 onwards.

for the number of schools included in the program. Rumsram is by far the smallest partner in terms of outreach (and also budget), but deals with a relatively important number of schools (more than 10% of the total). YMP has made substantial progress in view of the fact that it only joined the program in January 2012. It could however start at a moment where the other partners and the program had already gone through a long learning cycle. It therefore did not have to go through some of the growing pains the other partners had experienced in the early implementation stages of the program.

5.1.3 Comparison of the program's costs and outreach

The table below provides a calculation of the direct cost per implementing partner (for both the EKN budget related expenses only and for all expenses²⁷) per 30 June 2014. The table makes also a distinction between the costs at the level of the implementing partner and the *overall* cost per person (i.e. including the costs related to Simavi expenditure, which can be considered as an indirect cost). The expenses do *not* include the expenditure related directly to water supply (operational costs and investments).

First of all, it is important to underline that the ratios calculated below are too straightforward in the sense that they do not cater for major differences in the program areas (e.g. in size of the villages).

Table 9: Overview of direct cost (in €) per person and village reached (sanitation)

		CD Bethesda	Plan	Rumsram	YDD	YMP
1	EKN expenses (°)	1,013,672	1,642,377	383,022	1,968,211	463,533
2	Total expenses (°)	1,294,827	6,085,285	1,458,508	5,101,181	552,542
3	Villages reached	79	460	78	378	47
4	Persons Reached	117,866	657,589	29,238	471,684	186,611
5	Direct EKN cost per village (°)	12.831	3.570	4.911	5.207	9.862
6	Direct total cost per village (°)	16.390	13.229	18.699	13.495	11.756
7	Direct EKN cost per person (°)	8.60	2.50	13.10	4.17	2.48
8	Direct total cost per person	10.99	9.25	49.88	10.81	2.96
9	Simavi cost/person (°°)	1.23	1.23	1.23	1.23	1.23
10	Total EKN cost per person (°)	9.83	3.73	14.33	5.40	3.71
11	Total cost per person (°)	12.22	10.48	51.11	12.04	4.19

(°) Expenses related to water excluded; only in the case of CD Bethesda has EKN funding been used (for a small amount) for water related expenses.

(°°) Simavi expenses related to water supply have been minimal, so the total Simavi expenditure per end June 2014 (1,804,164) has been used here.

The table indicates big differences among the partners that need further discussion:

- First of all, the ratios presented above present us an image of the *unit costs only* (*what does it cost for each program partner to reach out to a person or a village?*). In other words, the ratios do not take into consideration the development effects generated (in terms of, for instance, improved awareness or improved STBM behavior). Hence, the ratios can provide us at best some indications about the level of cost efficiency of internal program organization, the average costs of regular expenses (such as staff salaries), etc.
- The table learns that there are huge differences between the partners' EKN expenses and total expenses: in the case of CD-B and YMP, the difference is not that much, whereas in the case of Plan and Rumsram in particular the difference is substantial. When looking more carefully at the financial reports, these major differences relate to a major extent to the contributions of the final beneficiaries. It is obvious that these contributions may heavily vary from one district to another and even within districts

²⁷ ... including the partners' own contributions, Simavi contribution and the beneficiaries' contribution.

(e.g. coastal versus inland villages), but the evaluation team thinks that in particular the different ways of calculating local investments for sanitation (in particular toilet construction) are the major explanatory factor. CD-B and YMP have beneficiary contributions of around 1.5 € per person reached, whereas the three other implementing partners estimate these contributions between 5.7 € and nearly 7.0 €! Even when local circumstances can vary, this does not provide a sufficient explanation, the more because all partners follow a rather similar (non-subsidy) approach²⁸. In addition, it should be mentioned that in the YDD and Plan areas many beneficiaries already owned toilets *prior* to the program intervention, which would imply that their average contribution might have been less than elsewhere.

The above brings us to the conclusion that the ratios including the *total* costs (rows 6, 8 and 11) should be dealt with very carefully and cannot be mutually compared. We therefore prefer to focus on the EKN related expenditures only, thereby accepting that this option is far from ideal either.

- Abstraction made from the previous point and when looking at the EKN related ratios, there remain huge differences among the partners, in particular with regard to the average cost per person reached (row 7). This ratio seems however more adequate as the average cost per *desa*, as the *desa*'s covered differ very substantially in size (491 inhabitants per *desa* in Rumsram's area, 9,862 inhabitants in YMP's area), notwithstanding the fact that the *desa* (and its related apparatus) constitute an important operational unit in the program approach.

The evaluation team thinks that there is a broad range of factors that can explain the differences in unit costs: the relative experience with this type of programs at the program start (here Plan was in an advantaged position); the demographic, geographic and infrastructure conditions in the working area (population density, quality of the road network, ... – here YMP seems to be advantaged); the local attitude towards the non-subsidy approach (highly problematic in Rumsram and CD-B working areas, and also in Sikka, one of the YDD areas); and the initial knowledge and openness related to sanitation issues at the start of the program (e.g. rather favorable in YDD and Plan working areas).

Last but not least, it is important to mention that these ratios only cover part of the program activities. The efforts to develop a so-called enabling environment (with different degrees of success among the partners) are not captured and the same can be said for the school component (where Rumsram has a relatively high involvement) and sanitation marketing. This seems of particular relevance for CD-B that has preferred to rather focus on creating an enabling environment at the expense of focusing at reaching targets at the grassroots level.

5.1.4 Quality of program implementation

To which extent is the quality of the hardware outputs according to standard?

Contrary to many similar programs (e.g. in African countries) the quality of the hardware outputs does not constitute a major issue of consideration in SHAW. This can be explained to some extent by the fact that materials needed for e.g. WC construction are in most areas readily available and that also at village level the required technical capacities (e.g. for WC construction) can be mobilized. In addition, as SHAW has firmly adhered to a non-subsidy approach, the hardware outputs had to be realized via a 'bottom-up' approach, i.e. on the basis of the decision and preferences of the beneficiaries themselves.

As such, SHAW has adopted a low-profile approach and only provided information with regard to the technical options available, leaving the eventual choice to the beneficiaries who were also in charge of arranging the construction and funding the investments. As such,

²⁸ Another possible explanation might be that the toilet facilities constructed in the CD-B areas are in general the relatively cheap pit latrines (*cemplung*).

beneficiaries were enabled to make the choice that fitted best with the local conditions (e.g. the availability of water), their preferences and financial capacities. This 'non-binding' SHAW policy has also triggered creativity at the local level and the development of locally adapted technical solutions, such as the tippy tap hand washing facility. Also in schools it has not proven difficult to find adequate solutions, the main problem being the theft of jerry cans in some areas.

Although relatively little attention has been provided to technical aspects (the training for sanitation entrepreneurs being an exception), there was only scattered evidence of bad quality



Model toilet in Ilin Medo (Sikka district); this type of toilets is presently found often in SHAW program areas²⁹

outputs. In case outputs (such as toilets) were not meeting the standards, this had mostly to do with the limited financial capacities of the family concerned. The major critical observation relates to the technical solution (or absence of it) with regard to solid waste management, where many people continue to resort to burning the waste (including plastic and organic waste)³⁰. Composting has not yet been promoted as a solution and is rarely applied, i.e. only in areas that enjoyed specific agricultural support.

To which extent is the overall program approach of good quality (overall approach, sequence of steps, cooperation with key stakeholders, ...)?

The SHAW program has dimensions, which are rather complex, such as the diversity among the implementing partners and the program areas, and the big distances among these areas. On the other side, its key objectives and principles are straightforward; this relates in particular to STBM that is the corner stone of the program. Overall, SHAW has done very well

²⁹ All pictures included in this report have been taken by Risyana Sukarma, member of the evaluation team.

³⁰ Government regulations do not forbid burning of (plastic) waste and the population is by now accustomed to it. Composting was included in the information package, but the focus has been on the management of solid waste to avoid littering.

in maintaining 'unity in diversity' among its partners. On the one side, its implementation in the nine districts is such that it can be considered as a 'true' program with mutually coherent components; on the other side, implementation has been adapted to local institutional and socio-cultural circumstances and also bears the specific institutional characteristics of the implementing partner.

The most prominent aspects of the SHAW approach are:

- the consistent application of *the non-subsidy approach*, even in difficult environments such as Papua (Biak and Supiori) and Sumba (see also chapter 4.1 above);
- *the double track* followed at district level with, on the one hand, conscious efforts to approach and involve government institutions (district, sub-district and village authorities, but also line ministries and their local emanations such as schools and health centres), and, on the other hand, a grassroots approach with an outreach to every single family in the village;
- *the capacity to effectively reach out* to an important number of villages and to all people in these villages; SHAW is reaching out to close to 1.5 million of people living in essentially rural areas with many villages at a considerable distance of the district capital. The evaluation has found out via field visits and its impact research that SHAW manages in reaching effectively men and women in the villages. The impact research has, for instance, encountered very high levels of knowledge and positive attitudes related to the five STBM pillars and the practices required to fully adopt these³¹. The evaluation team presumes that these good results are the consequence of a *combination* of mobilisation, awareness raising and training efforts conducted by a broad range of actors including SHAW staff, local government officials, the personnel of the rural health centres, village cadres and traditional and religious leaders.
- the high level of attention for *capacity building of local cadres* in particular the so-called *kader posyandu* (local cadres for integrated health services) and other village level volunteers involved in implementing the programme at village level, who play a key role in the GOI's health strategy and, among others, are in charge of the identification and guidance of pregnant women, the monthly weighting of under-five children, support to undernourished children and the care of the elder; these cadres – most often women and natural leaders who have enjoyed several health training courses - are the spearhead of the STBM program and its eventual sustainability will very much depend on their continued commitment;
- the conscious attempt to *adapt technological solutions* to the people's preferences (and not the other way around) thereby encouraging local innovation;
- above all, *the conscious efforts to constantly adapt and fine-tune the overall district approach* that combines institutional with grassroots work in one consistent approach. The fine-tuning of this approach has been conducted in an empirical way on the basis of experiences in the field and via regular exchange and discussions among the partners. It has been visualised in a flow chart, which has constantly been reviewed; the latest version presents in a clear way how the process reaches out to each level, when and where the key decisions are taken and how the M&E efforts come in at a certain stage to reinforce the approach;

³¹ Some of the results of this research are apparently too good to be true... The researchers have however taken much care in avoiding that their visits to the households would be well prepared by the respondents. In one case, there are strong indications that village authorities had warned the beneficiaries to be interviewed. But even if that is the case, their answers would only marginally be influenced.

- the adequate development of the so-called 100% *STBM declaration* at village, sub-district and district level, which can be considered as the culmination of the process and a landmark in view of eventual sustainability. The declaration approach is referred to the government's legal and regulatory framework and is very much in line with Indonesian traditions and ways of working. The declaration focus works as an important trigger at the village level in particular. SHAW uses it wisely, thereby having developed a strict and comprehensive verification protocol and supporting tools that ensure that the declaration process is genuine.



- Other outstanding features of the global SHAW approach such as its *M&E system* and *the mechanisms for learning and exchange of experience* will be dealt with below, as well as other issues the evaluation team considers important

The certificate awarded to Lewomuda village (Flores Timur) at the Occasion of its STBM declaration

To which extent does the combination of the different program components (STBM – 5 pillars, school sanitation, sanitation marketing, water supply, ...) work out well (e.g. produces synergies, efficiency gains, ...)

Already under chapter 4.1 the evaluation team provided its opinion on the combination of the five STBM pillars in one approach and stated, among others, that such a combined approach is adequate and surely produces efficiency gains, both at the level of external actors (such as donors), government institutions and the beneficiaries. Thereby, it should be taken in account that in most villages the STBM triggering had not to start from zero (in particular with regard to pillars 1 and 3), as some adequate sanitation practices might already have been well embedded before.

The program however has also other components dealing more specifically with the second and third key strategy of the GOI's STBM approach: the creation of an enabling environment and the increased access to sanitation, among others via a sanitation marketing approach to ensure the availability of sanitary facilities; in addition, the program also intervenes at school level. The evaluation considers the integration of the grassroots work (the creation of a demand for sanitation) and the enabling environment as exemplary; both components are truly intertwined and integrated in a coherent approach, as is clearly visualized in the SHAW flow chart.

However, other components such as sanitation marketing, STBM in schools and water supply are not yet well integrated in the overall approach, so that chances to create synergies and optimize efficiency are missed³². Water supply has deliberately not been strongly included in SHAW, as the financial resources to provide a substantial contribution in this area were relatively small. The program directed its limited resources to areas in high need, which is positive in itself. Nevertheless, SHAW could have played a more proactive role in searching

³² The situation with regard to sanitation and STBM in schools will be analysed separately below.

solutions, together with local stakeholders, in areas where the water supply is an acute problem.

What is the performance of the school STBM component?

STBM at school level has been included in the first SHAW documents (proposal and inception report), but received limited attention during the first years of implementation (see also table 7 above), as the SHAW partners wanted to give priority to the adequate introduction of STBM at village level first. The situation however changed after the Midterm Review that considered the lack of attention for STBM in primary schools as one of SHAW's weaknesses; by that time also, partners felt confident about the introduction of STBM at village level. In addition, they got the very much needed support from an expert from the Simavi headquarters in setting up an adequate approach. As a result, from the second part of 2012 onwards, school sanitation got increased attention.

Knowledge, attitude and skill building related to personal hygiene and environmental sanitation are undoubtedly major issues to be addressed in primary schools. As such, they are part of the curricula developed.

In addition, various extra curricular programs (UKS, among others) have been launched in the past, focusing for instance on the school environment and health in schools. As such, one can state that the situation at schools was different from that in villages where hygiene and sanitation issues were less systematically addressed, be it that the actual situation with regard to hygiene and sanitation was often problematic before SHAW entered.



Hand washing facility in Gua Aplasi (Timor Tengah Utara district) primary school; this type of facility is commonly found in villages supported by SHAW

While STBM at schools should certainly be an issue of attention of SHAW, the evaluation team thinks that the way this has been addressed is far from optimal. Indeed, STBM has been introduced in schools as a stand-alone concept in its own right, without much attention for existing initiatives and practices. This can partially be understood by the fact that schools are part of the Ministry of Education and managed vertically by the Ministry without much interaction with the local level. As such, few if any linkages were created with the STBM dynamics at village level, whereas one of the major considerations to *also* deal with STBM in schools is to ensure homogeneity in approach and practices for the children. In other words, the village cadres and authorities were in no way associated to school STBM efforts, nor were they equipped with tools and approaches to take up an adequate role in schools. Finally, SHAW partners often opted for assigning STBM at schools to 'specialised' staff; the reasons for this choice can be understood, but they have reinforced the dichotomy of STBM implementation at the local level.

The evaluation team feels that integrating the school (and other public places such as markets, ...) in a comprehensive STBM village-level approach, whereby those in charge of STBM at

village level also liaise with the teachers and headmaster would have been a more preferable approach.

What is the performance of the sanitation marketing component?

Overall, 'sanitation marketing' is a crucial component of sanitation strategies and approaches that is developed to effectively deal with the third component of a comprehensive water and sanitation strategy, i.e. improved access to sanitation. Such access completes the circle when both an enabling environment is established and sanitation demand created.

As such, it is important to put 'sanitation marketing' in the broader perspective of 'access to sanitation'. In other words, what needs to be guaranteed, is access to sanitation, with (or without!) sanitation marketing. This perspective of 'ensuring access' might have disappeared to some extent by the efforts ensuring that at the local level closets could be produced that were at the same time of acceptable quality and cheap so that a sustainable supply could be guaranteed, without consistently analysing whether there exists the need for such toilets and whether there were no other constraints that could compromise access to sanitation.

Apart from the lack to a more structured approach towards ensuring 'access', the implementation of the sanitation marketing component is still subject to considerable improvement. The major reason for the present situation is that

adequately developing a sanitation marketing approach requires a fundamentally different approach that cannot be compared with 'selling STBM' to the people and authorities. Sanitation marketing is part of an economic activity and should as such be conceived and implemented with a business perspective. This has lacked in virtually all cases whereby important failures were made in the selection of the people trained (taking their technical skills as a key criterion thereby disregarding their commercial skills) and the post-training support that did not take the commercial autonomy of the closet producers as an important starting point. As such,



Closest production in Nusa village (Timor Tengah Selatan district)

program partners took over from the closet producers key activities such as the provision of key material (paint) and transport. Nor were the closet producers trained in how to explore and develop their market, how to adapt their products to the existing demand, how to effectively sell their products, etc. Another aspect that has not received sufficient attention is the way local governments can adequately support the development of new activities; while linkages have been established (e.g. with the government's cooperative and small enterprise support service) support that is presently delivered (to closet producers, but also to so-called waste banks that recently emerged) seems not to ensure eventual viability of the activities³³.

³³ Many bad examples were given over the past years, with many donor projects having used highly inadequate approaches to 'push' sanitation marketing.

To which extent are the M&E and learning (including knowledge management) approaches of good quality?

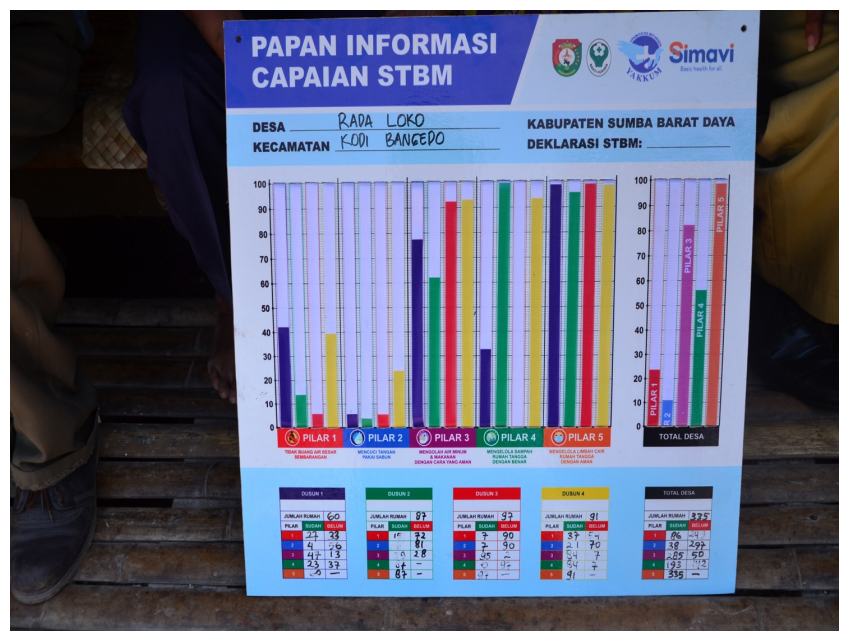
1. Monitoring, evaluation and learning

The results in the area of Monitoring, Evaluation and Learning are without any doubt among the most remarkable achievements of SHAW and have constituted a major factor contributing to capacity building at the level of the partners and the grassroots (see also 5.2.2 below).

Over the last few years, SHAW with the support of an IRC specialist has developed a comprehensive M&E system to record, monitor and evaluate STBM program at the grassroots level. The system has been developed via a close cooperation between the IRC specialist, the SHAW team and the implementing partners. It was carefully field tested and adapted, and substantial efforts have been undertaken to train people at various levels to apply the ambitious system that contains 45 entries at outcome level and 49 entries at output level³⁴.

The evaluation team is impressed by the M&E system that has been put in place and the way it is applied. The system is logic and consistent, and the indicators are SMART, with little room for interpretation. The chain starting with data collection at the household level till consolidation at sub-district level and then forwarding the data to the Health service at district level seems to be well designed and supported with the adequate tools and guidance. At this moment, the data are not yet used beyond the district level, except for the SHAW needs (see also below).

More importantly, the ambition has been realised to make from the M&E system not only an instrument for program management at higher levels, but also a learning tool at various levels in the complex program setup. Indeed, the indicators are well understood (even by cadres with a limited level of formal education) and monitoring data are used as a tool for reflection, analysis and adjustment from the grassroots till the sub-district level. More importantly, the visits (on a monthly basis for three months after the triggering phase, once every three months till the STBM declaration, six-monthly thereafter) are an opportunity for the cadres to liaise with the households, discuss problems (if any) and encourage improvements when necessary. The importance of these visits has also been a finding of the impact research.



Information panel indicating the progress with regard to the adoption of the five pillars in the five hamlets of Rada Loko village (Sumba Barat Daya district)

On the other hand, the evaluation is convinced that the system in its present form is too complex and expensive to be continued once SHAW will have pulled out. The difficulties to continue data collection and consolidation that presently already emerge in villages that obtained the STBM declaration are a good illustration of what the future might bring. As such, the decision to stop with output monitoring once the Declaration is obtained, is adequate and allows focusing on key issues related to behaviour. Nevertheless, program staff has to invest

³⁴ The number of indicators is however substantially less: 7 at outcome level and 6 at output level. Some indicators contain however 3 or 4 different (qualitative) values or gradations; further, some basic data (number of houses, men, women, ...) have to be registered and regularly updated.

substantially in guidance and encouragement to keep the system running. More concretely, the following can be stated:

- many of the data collected are relevant in the built-up of STBM adoption process at grassroots level (to monitor progress in detail, identify weaknesses and constraints, ...), but are less needed in the post-adoption period;
- the collection and compilation of the data is not only complex, but also time consuming, often putting an additional stress on people who are already over-stretched;
- the formats to fill in the data are (inevitably) requiring large sheets of paper; their reproduction is costly;
- while the setup of the M&E system has been an interactive process involving well the external consultant and staff of the implementing partners, the grassroots could have been associated more strongly to this process, e.g. to better take into consideration which elements beneficiaries consider important to be integrated in M&E;
- at the level of the sanitarian (the staff of the local health centre who is in charge of environmental health but also of the compilation of the M&E data) the SHAW M&E task has to be combined with other monitoring duties which also deal with environmental health, partially produce data that overlap with those of the SHAW system, but partially also use other categories (e.g. in terms of the typology of toilets, taking the family as basic unit whereas SHAW uses the house);
- finally, the present M&E system does not cover all SHAW objectives. It focuses on STBM practices only; while this is the backbone of the project, M&E should also address other important program objectives such as the realisation of an enabling environment and the effect of the efforts to ensure better access to sanitation (via sanitation marketing, among others); in addition the M&E system should provide for an analysis of the main program objective, which is the creation of a sustainable health living environment. It is clear that M&E at these levels is to be organized differently (not via a bottom-up) approach, but rather, ideally, at the level of the district AMPL working group, which would require a different approach with the AMPL working group or district authorities taking the lead.

On another page, over four years SHAW also been involved in efforts, at the national level, to device a nation wide M&E system related to the five STBM pillars. This seems to be a tedious process, with a lack of clarity on the participating actors' duties and roles, no strong operational leadership and different (sometimes contradicting) interests. Different initiatives (including work by an ITC specialist hired in by SHAW) are presently undertaken, without any clear coordination and direction. SHAW can bring in its extensive field experience, and does so, but lacks the leverage to really ensure direction in the process.

In view of the previous paragraph, it is clear that efforts to reduce the complexity of the M&E system (e.g. in the post declaration period) should take into account the developments at the national level)³⁵.

2. Knowledge management

Knowledge management (KM) is usually defined as *the process of capturing, developing, sharing, and effectively using organizational knowledge, with a focus on improved performance, competitive advantage, innovation, the sharing of lessons learned, integration and continuous improvement of the organization*. When this definition is used as our reference, it can be stated that SHAW has been a good example of a program where knowledge management has been firmly embedded and has produced tangible results.

The most outstanding result of KM has been the set-up and development of a culture of exchange and experience among the program partners, whereby a good balance was found

³⁵ The evaluation team was informed that serious progress was made during the October 2014 PC meeting (i.e. after the fieldwork of the team) to develop a much lighter post-declaration (post-SHAW) monitoring system that will be incorporated in the existing sanitary inspection system used regularly by the sanitarians as part of their regular duties.

between each other's interests and those of SHAW as 'the common good'. Key to this achievement has been the set-up of regular (on average 3 times yearly) so-called Program Coordinators Meetings where senior staff *and* leadership of each implementing partner met to discuss program management issues, but also to engage in (non-judgmental) exchange via (among others) field visits. These meetings were held alternately in each partners' area, so that the other partners could obtain a better impression of local circumstances. These meetings have clearly induced learning cycles at the level of each partner, whereby respect for the partners' autonomy was intelligently combined with the need to harmonize approaches, at least to some extent. As such, the program succeeded in considering heterogeneity as an opportunity and not as a threat. The fact that these meetings were (co-)chaired by the IRC expert in charge of M&E and supported by the KM specialist, constituted another explanatory factor for their relevance and success.

Besides the coordination meetings mentioned above, SHAW cooperates on a regular basis with a KM specialist who is in charge of (further) capitalizing SHAW's rich experience and expertise via a broad set of publications, manuals, etc. This capitalization has so far been a tedious process as no adequate approach could be found to tap the often implicit knowledge of partners' staff and get it recorded in relevant documents that can be used on a broader scale. As such, much of the envisaged outputs have still not materialized and a considerable part of SHAW's experience is still not well documented. Certain key products are presently in the pipeline, at various stages of finalization, and a considerable effort is still needed to get them finalized, tested, publicized and disseminated. The fact that partners have their own communication needs, interests and strategies, which are not necessarily tuned with those of SHAW, constitutes an additional complication. In addition, the KM specialist often supported the SHAW Coordinator in his tasks (see also below), which hasn't helped her either to give the necessary priority to her KM tasks, despite a clear planning of the KM program and priorities.

SHAW and the integration of gender

Gender and the integration of gender are only marginally mentioned in the project documents, which constitutes an adequate illustration on how it has been dealt with during project planning, implementation and monitoring. In day-to-day implementation of the program, gender considerations have never been an issue. Moreover, most program staff lack a basic understanding of gender or, at least, of how to integrate gender in the program cycle. Gender has also only marginally been raised as an issue in the MTR.

However, while in most development program lack of attention for gender results often in an under-representation of women in project activities and in less than equitable benefits for women and girls, this is not the case in SHAW. At the local level, women are well associated to project activities starting from the planning stages till monitoring and evaluation. This can however be explained by the fact that 'sanitation' is essentially a domain that, in the prevailing gender task division, belongs to the sphere of competence of women. As SHAW rightly relies on existing institutions at village level that are also designed and function along traditional gender roles (such as the *kader posyandu* who are mostly women), the program almost naturally deals more with women than men.

As such, the lack of a gender approach has rather resulted in a situation where 'sanitation' is dealt with too much as a women's issue, whereas men are not, or not sufficiently, involved in the process (with the exception of the government apparatus that is predominantly male). Some of the data of the qualitative impact research conducted are revealing in this regard. The most important immediate result of SHAW's rather one-sided approach is that women are carrying to a major extent the burden of realizing the change process at their respective household. It is up to them to induce behavioural changes at the level of the household members, including their husbands, whereas in all project areas women are mostly subordinated to men. Women have to combine the responsibility for this process, which can run smoothly or be rather tedious, with their already considerable workload in the family.

The qualitative impact research has however revealed that both women and men show high levels of knowledge and a positive attitude with regard to the introduction of the five STBM pillars, but that women value higher the changes realized. It could not be analysed to which degree the men's changes in knowledge and attitude were the result of the efforts of their wives or of those of other actors, or of both.

The consequences of the lack of integration of gender will be addressed more in-depth under chapter 5.2.3, but it can already be stated that exploring ways to make the burden of sanitation "services" and cleanliness (more) bearable at family is an important area for further exploration.

SHAW's activities at the central level

SHAW has appointed a full-time staff member who acts as a consultant for water supply activities and as liaison officer for the SHAW program in Jakarta. As such, he is attached to the AMPL working group³⁶ at the central level, which functions under the coordination of BAPPENAS. Of particular importance for SHAW is the so-called STBM secretariat that is located at the Ministry of Health, one of the eight ministries participating in the AMPL. The STBM secretariat has the mandate to promote STBM nationwide and to that effect develops supporting tools, fine-tunes the STBM approach and organizes training of trainer events at provincial level. Its operational outreach is limited and it focuses merely on policy issues; as such, the secretariat has played an important role in the preparation and issuance of the March 2014 ministerial decree on STBM.

The Jakarta based SHAW staff is tasked to give continuous input to the national level about the experience and results of the SHAW program via daily contacts, regular reporting, participation in conferences and workshops, etc. As such, he also conducts lobby and advocacy activities to influence national policies in favour of the adoption of the five-pillar approach. Finally, he also provides input to SHAW and its partners about developments at the national level. Relations with BAPPENAS are good, which is illustrated by the request of BAPPENAS to SHAW for providing guidelines for the scaling-up of the five-pillar approach.

The SHAW staff supports in particular the Pokja secretariat, at the national level. However, his leverage possibilities are limited, also because – in the opinion of the evaluation team – at this moment his position nor the underlying institutional strategy of SHAW/Simavi are entirely clear. Probably, a major reason for this is that SHAW had to change its initial approach at the national level³⁷. SHAW decided indeed to more explicitly engage in lobby and advocacy at the national level when it became apparent that its initial intention to do so via UNICEF and WSP did not yield the expected results. The change in strategy did however not lead to a modification of the initial principle to adopt, also at the national level, a non-subsidy approach³⁸ and, hence, not to mobilize the necessary funding for that purpose either. This being said, SHAW did financially invest substantially in its activities at the national level via financial support to the KSAN (*Konferensi Sanitasi dan Air Minum Nasional* – National Conference on Sanitation and Drinking Water), which was also meant to spread information on SHAW on a broader scale³⁹.

³⁶ See 2.3.5 above for more information on the AMPL working group.

³⁷ In the early stages of SHAW, a MoU has been concluded between Simavi and UNICEF (by that time UNICEF was involved, with Dutch funding, in various sanitation initiatives, including support to the Pokja AMPL). According to this MoU, UNICEF would use its influence to create an enabling environment at the national level, whereby SHAW should give technical support via its Jakarta based staff. As UNICEF did not prove truly effective, SHAW's role increasingly included lobby and advocacy efforts. For similar reasons, SHAW engaged in collaboration and exchange with WSP, also with limited results.

³⁸ ... a quite understandable decision in view of the fact that ample budget was available at the level of WSP, UNICEF and Plan, the last being a SHAW partner.

³⁹ A third major subsidy has been earmarked for another national symposium that was initially planned for November 2014, but been postponed in the meanwhile.

Moreover, the position of the SHAW staff is not labelled as a Technical Assistant position either. Hence, his position remains hybrid, whereby he is supposed to both undertake lobby and advocacy efforts (to get integrated in the policies STBM issues SHAW considers vital) and to act in his technical capacity as an STBM specialist, especially with regard to the implementation of the pillars 2 to 5 of the STBM approach where SHAW is playing a pioneering role. Furthermore, the SHAW staff member is based at the national Pokja secretariat and not at the STBM secretariat that is located within the MoH. The lack of close cooperation with this ministry is certainly a handicap for SHAW's efforts to influence STBM policy, practices and implementation. The lack of good communication tools and products further constitutes a handicap in this regard, whereas the situation within the STBM secretariat (frequent mutations of staff, difficult relation with other ministries) doesn't help either.

The Evaluation has not been able to truly assess to which extent SHAW's (and its partners, Plan in particular) lobby and advocacy efforts have contributed to the issuance and the contents of the recent Ministerial Decree 3/2014 (see chapter 2.1 above); however its annex, which contains a rather technical description of the five pillars, seems to have used SHAW tools and documents.

All in all, the efforts of Simavi and SHAW seem to have been too scanty and not enough strategically designed to produce much direct *policy* effects. Whereas there is certainly an opportunity for adequate lobby and advocacy work at the national level, one should ask whether SHAW/Simavi should take this up themselves rather than cooperating with other capable and better resourced actors, such as Plan, one of the program partners. On the other side, the work of SHAW (the Jakarta based staff but also other members of the SHAW team and the KM specialist) at the national level has undoubtedly contributed to an increased knowledge on SHAW and its technical achievements, which certainly will be used in future replication strategies.

5.1.5 Quality of the program's institutional set-up and arrangement

Simavi has an overall contract with EKN for the implementation of SHAW, whereas all implementing partners have a separate contract with Simavi defining their obligations as far as the use of the EKN funding is concerned. Whereas the program setup looks complex at first sight (five implementing partners with different cultural and organisational backgrounds, one project office run by a Dutch NGO, and a program representation in Jakarta) the internal functioning of the program seems to be hardly an issue of concern. Apart from some frictions in the beginning, the program setup seemed to have functioned well, so that limited attention and energy has to be spent to sort out internal frictions and anomalies, allowing all actors concerned to devote their energy on what really matters.

The evaluation team found some clarifications for this positive finding. Certainly, the program coordinator meetings, held three times per year, are an important factor, as is the good management of the program coordinator (after a difficult start-up). Four of the NGO partners already cooperated with Simavi prior to SHAW and disposed already to a major extent of the necessary financial and administrative skills. As such, the SHAW program unit and financial staff from the Simavi headquarters only needed to support one of the partner organisations in beefing up its administrative and financial management skills.

Last but not least, the SHAW office in Yogyakarta has remained lean, with – initially - only a program coordinator and a program assistant. Over the years, staff involvement at the level of the SHAW program office has however increased. Since June 2010, a half time consultant was hired in, who increasingly concentrated on knowledge management. The liaison officer in Jakarta started working in November 2010. A translator was recruited at the end of 2012 (recommendation of the MTR). Only mid 2013 has a senior program officer been added to the team (the officer selected in first instance mid 2012 quickly withdrew). All in all, the fact that the program team has remained small certainly has implied also that the implementing

partners have not been over-burdened by demands of all kinds but encouraged to take up things at their level.

The role and position of Simavi needs some specific attention. Simavi has since long a strong relation with Indonesia and implements other activities in the country in cooperation with local partners. Despite its long involvement in the country, the organisation has never registered officially as a Development NGO, among others because its focus has for long been on mainly supporting its local partners, YDD among others. The Simavi office in Yogyakarta is hence to be considered as a *program office*, not as a representation. To the credit of Simavi, it should however be noted that an MoU has been signed between BAPPENAS and Simavi. However, this MoU arranges the implementation of SHAW only, *not* the presence of Simavi in the country. As such, it deals, among others, with the administrative support of BAPPENAS for the program (arrangement of recommendation letters, support for obtaining visas and work permissions, ...).

It is further important to mention that late 2011 Simavi undertook two attempts to register as an NGO; the Ministry of Foreign Affairs (MFA) did however not approve Simavi's request as its regulations exclude NGOs to work under the umbrella of BAPPENAS. However, MFA allowed the SHAW program to continue, pending a final decision, which was to be discussed between the MFA and BAPPENAS, but this apparently never materialised. Simavi from its side did not undertake any further consistent effort to register (among others, it did not follow up the suggestion from EKN and BAPPENAS to contact the Ambassador of Indonesia in the Netherlands).

While Simavi's decision is to some extent understandable – most work is conducted via local partners and obtaining an official registration with a corresponding MoU that has to be renewed regularly is a tedious process – and might have produced efficiency gains on the short run, it can be seriously questioned in view of the scale of the SHAW program, its ambitions at the national level and, simply, the principles of good conduct of international NGOs operating in the South. Moreover, it should be noted that SHAW has been a relatively important program for Simavi; the EKN funded expenditure of SHAW represented over the last years (2011-2013) between 9% and nearly 13% of the total income of Simavi, and roughly between a quarter and a third of its income obtained via government grants⁴⁰.

The lack of official registration as an NGO and the position of the Yogyakarta office as a program office only, have produced several important consequences. First it has prevented Simavi from developing an institutional strategy in the country. Whereas SHAW, because of its size but also its success, could have been used as a springboard for further developing its presence in the country, this option was not truly feasible in view of Simavi's unofficial position. As such, the SHAW program office was allowed to develop into a rather isolated unit, which has functioned in a disconnected way from the head office. There are actually also other causes for this: (1) the lack of continuity and availability of the program officers dealing with SHAW at the headquarters (HQ) level as opposed to the continuity of the SHAW program coordination in Indonesia⁴¹ (which implied also that (monthly) skype discussions between the office and the Simavi headquarters did not lead to much capitalisation at the head office level); (2) the heavy workload of the program coordinator who (understandably) has focused on the in-country dynamics of the program and on establishing good working relations with the partners and the stakeholders at national level, and (3) the lack of an effective mechanism, at the HQ level, to tap the ample expertise and experience gained in SHAW (despite several efforts to do so). Further, there was the fact that the main funder of the program (EKN) was also located in Indonesia so that donor relations could be arranged at that level. Finally, the

⁴⁰ Estimation based on figures found in Simavi's annual reports of 2013 and 2012; the percentages related to the government grants do not take into account the funds Simavi is receiving as lead agency of the WASH alliance.

⁴¹ In this regard, it should also be mentioned that initially a halftime Simavi HQ program officer and a halftime HQ financial officer were included in the SHAW budget. In practice the program officer could however only free himself to a limited degree; consequently, during the budget review of December 2011 it was decided to substantially reduce his involvement.

fact that the program was well managed and did not need interference from the head office might have constituted another reason.

The disconnect between SHAW and the Simavi headquarters has brought the inevitable consequence that, with the exception of the financial staff, nobody at the HQ is really acquainted with SHAW and its achievements. As a result, much of the experience and expertise of SHAW is not (yet) embedded in Simavi, which can constitute a major handicap in view of imminent efforts to consolidate the SHAW experience and replicate it in other areas. While SHAW is not an under-documented program, much knowledge is actually (and inevitably) in the head and mind of its program coordinator and should be tapped in one way or another so as to be institutionalized in view of future Simavi initiatives. The fact that the SHAW implementing partners highly value the experience and, at their level, have also an interest to build on the SHAW experience, constitutes however an important asset for the future.

5.2 Achievement of program aims and outputs⁴²

5.2.1 Level of achievement of program aims and outputs

To which extent an enabling environment (adequate STBM understanding and capacities, STBM as policy priority, ...) has been created?

While there are differences with regard to the results achieved, which can be attributed both to the specific characteristics of each district and that of the implementing partners, it can be stated that the program managed in creating an enabling environment for the STBM introduction. Overall, STBM is well understood, government officials at all levels have been trained and STBM is well integrated among the priorities from district to *desa* level.

At district level, the team had the impression that the efforts undertaken to trigger the attention for STBM and then to embed it (through workshops, training, etc.) have been largely successful. Overall, the pattern that emerges is the following:

- District heads welcome the STBM initiative and some of them (e.g. in Timor Tengah Selatan and Lombok Timur) engage personally in STBM promotion and consider it as one of their priorities;
- the effectiveness of the district AMPL working groups varies among the districts (in some districts they have been dormant for a long period); as such, these groups are dealing with the same difficulties as the national working group: the participation of various ministries/services in one structure is indeed often a challenge in Indonesia. The AMPL has various units, including the STBM unit, which is managed by the Health Service;
- BAPPEDA (the district development planning agency) coordinates the AMPL through the organization of meetings and evaluations, but does so with a rather low interval (e.g. two meetings per year);
- The Health Service is actually already rather acquainted with the STBM program via other similar initiatives in the past, such as the PHBS (*Perilaku Hidup Bersih dan Sehat* – hygienic and healthy lifestyle program). The Service considers the promotion of total

⁴² This sub-chapter contains an important number of figures that have been mainly derived from SHAW's progress reports that contain a number of well elaborated annexes with data pertaining, in particular, to the STBM adoption process at village level. Unless stated otherwise, the data are taken over or derived from these progress reports or from the underlying M&E database. In all cases, the evaluators have tried to complement and triangulate the picture obtained via quantitative data with the results of their qualitative assessment during field visits and with the findings of the qualitative impact research conducted by two young researchers. In case nothing particularly is mentioned, this implies that the evaluators' findings are compatible with the image that can be derived from an analysis of the quantitative data.

sanitation (framed as STBM or otherwise) as part of its mandate (particularly of that of its sections for Environmental Health and Health Promotion), and often has allocated a specific budget for the implementation of STBM under the auspices of the AMPL.

- The Education, Youth and Sports Service actively contributes to STBM implementation in schools (often framed under another term). Often, the Service has allocated a specific budget via the so-called BOS mechanism (*biaya operasional sekolah*, budget for operational school expenses), which includes the funding of efforts in the area of environmental sanitation in schools.
- In some rather exceptional cases other services (such as Public Works) might be associated to the program.

The district support is often also formally institutionalized, either via an instruction of the district head (e.g. in Timor Tengah Utara) or by integration of STBM in the Midterm District Development Plan and the Strategic Plan of the Health Service; such integration has already been realized or will soon be realized in a few districts (Flores Timur, Timor Tengah Selatan, Biak, Supiori, Lombok Timur and Sumba Tengah districts); another way of doing it, is the integration in the District Action Plan (Sumba Barat Daya district).

While the program has certainly been successful in creating an enabling environment, some challenges remain. Local stakeholders state that the quality of support will decrease in case the program does not undertake specific actions on a regular basis. Moreover, frequent government staff rotation implies that program staff is forced to repeat awareness and advocacy efforts at the level of incoming officials. This seems to suggest that the 'enabling environment' will not continue without continuous support and is not yet truly 'embedded'. On the other hand, one should realize also that at district level there is a lot of competition among programs and activities that ask for the attention and resources of the agencies concerned. As such, one should accept that the STBM momentum can not (and possibly should not) be maintained at a high level, but that it is rather important to maintain an acceptable level of inclusion of STBM in district priorities and resources.

At the sub-district level, field visits have provided a strong indication that government officials are well aware of the principles of STBM and that many are actively supporting the implementation of STBM, among others by approving specific budgets to support STBM, even though the budgets available are generally quite limited. In many cases, the sub-district heads and the sub-district secretaries participate in village level meetings to motivate people and even via house-to-house visits. At the sites visited, the cooperation between the program and the local health centres (particularly the so-called sanitarians of the health centres who are in charge of environmental health) is good. Many health centres take up an important role in the process of changing behaviour related to the five STBM pillars. Sanitarian health workers also play a key role in the compilation of the M&E data related to STBM application and collected regularly by the health cadres at the grassroots level (see also chapter 5.1.4 above). The involvement and coordination of the sub-district via the sub-district head and/or health department seems key for future sustainability. These actors know the risks of poor sanitation, and have the necessary leverage at village level. As the sub-district actors also coordinate the M&E activities, they are being targeted for sustainability efforts, and for ensuring routine STBM monitoring.

A similar picture has been obtained at the village level where after the process of socialization, the head of the village, and hamlet (*dusun*) and neighbourhood (*RT*) heads are generally supportive to the program. In fact, in many areas STBM (or at least some of its pillars) were already known before the program entered, so that the SHAW program mainly has to remind, adjust and complement (via the introduction of *five* pillars) what needs to be done to come to a healthy environment. The creation of an enabling environment at the village/sub-district level is further strengthened through training efforts, exchange visits, etc.

The general picture described in the previous paragraph does not apply to Supiori district where there is still limited interest among village heads as a consequence the non-subsidy approach of the program.

While the importance of the role of the village and district officials cannot be ignored, the activities of the local cadres (often the so-called *posyandu* cadres) seem to be the most important factor in the development and the embedding of an enabling environment at the village level. The *posyandu* (*pusat pelayanan terpadu*: centre for integrated services) as an institution has actually already been acknowledged for a long time at the village level and its cadres are well known and experienced so that they can effectively spread and strengthen the STBM messages to the households. The evaluation considers these cadres are the spearhead of the program at the village level. They often tirelessly go from house to house to socialize STBM and to convince people who so far have not consciously followed the program. They also may take up a key role in following up the adoption process, among others through conducting



Health cadres of Wailolong village (Flores Timur) waiting for village officials to start the meeting

on a regular basis M&E monitoring of outputs and outcomes via house visits. The *posyandu* cadres, predominantly women, are often highly motivated to perform these tasks and do so without adequate compensation, although they have many other duties and responsibilities, which often must be implemented simultaneously with their daily duties as housewives. In some of the villages visited, the regeneration of

the *posyandu* cadres has become a problem, as younger women are not attracted to take over the job because of its demanding but at the same time voluntary character.

The information obtained by the evaluation team **at the school level** is quite limited, because the team could on average only visit one school per district visited. At the level of schools, hygiene behaviour is not something that is very new. There are many other initiatives than STBM to support the creation of a healthy school environment. As such, it is not too difficult to create and maintain an enabling environment for STBM initiatives in the sense that the understanding and capacity of key actors (principals, teachers, school committees, pupils) is supposed to be largely assured. Reality proves however that in many schools the situation with regard to sanitation and health is rather problematic, so that concerted efforts are needed to improve the situation. Some schools that have received training via SHAW suggest that certificates of participation should be issued. Such certificates can help a lot in the process of replication of STBM to other schools. Such replication is already taking place in a number of districts (Flores Timur and Biak, among others) or is expected to start soon (Lombok Timur).

To which extent has the program achieved the creation of a sustainable healthy living environment created (villages and schools) via the application of STBM principles in villages and schools?

Since the setup of a comprehensive M&E system, ample data exist with regard to this component. They are presented below and where needed commented on the basis of the results our field observations and the qualitative impact assessment. The analysis follows the logic of the five STBM pillars.

The table below presents some key data with regard to the adoption of the five STBM pillars, which will be analysed more in detail below.

Table 10: Key performance indicators with regard to STBM adoption

	Situation June 2014
# villages	1,042
# schools	578
# beneficiaries reached	1,462,988
# WC constructed via SHAW	111,459
# people with ODF behaviour (pillar 1)	1,192,740
# washing hands at critical moments (pillar 2)	971,216
# drinking safely treated water (pillar 3)	1,326,445
# people managing solid waste (pillar 4)	1,095,597
# people managing household liquid waste (pillar 5)	1,313,578

As will be presented more in detail below, SHAW has made substantial progress in introducing STBM in the villages. This can be illustrated by the following table that presents the number of villages having obtained an STBM declaration; the villages that are STBM verified actually have also adopted all five pillars and wait for an official recognition via the declaration. The fact that Lombok is lagging behind is related to the fact that the program started later in that area. An important number of villages in Lombok is expected to obtain the declaration soon.

Table 11: Villages that have obtained the STBM declaration (June 2014)

	Total June 2014	Sumba (CD-B)	Timor (Plan)	Biak-Supiori (Rumsram)	Flores (YDD)	Lombok (YMP)
Total number of villages that have been verified 100% STBM	489	35	361	235	70	0
Total number of villages that have been declared 100% STBM	466	26	361	25	54	0
% of villages that have been declared 100% STBM	45%	33%	78%	32%	14%	0%

1. Open defecation free communities

This is clearly the most important pillar, not only by tradition (it is the main focus of the CLTS approach), but also considering its importance for environmental health⁴³. Also in the minds and feelings of the people at the village level and government official, ODF is clearly the main target and focus of STBM. While people see ODF increasingly as an intrinsic part of human dignity, the challenges to reach ODF free communities are relatively big, as the construction of adequate toilets constitutes a major effort for each family.

Key data with regard to the situation per June 2014 are presented below. While the number of houses with a toilet is an output indicator and does not necessarily inform us on the actual use of the toilets, it constitutes a basic measure for a rural sanitation program, in particular in the context of a non-subsidy approach with substantial awareness raising efforts where households themselves are in charge of toilet construction, maintenance and related funding, as it can be more easily assumed that people effectively use the toilets they have built themselves and paid for.

⁴³ ... and because only this indicator is part of the MDG's, which explains the bulk of attention by government instances, but also – sadly – the lack of attention for the other pillars.

Table 12: Number of houses with own toilet

	Baseline	June 2014	Sumba (CD-B)	Timor (Plan)	Biak-Supiori (Rumsram)	Flores (YDD)	Lombok (YMP)
# houses with own toilet	98,613	270,267	11,064	147,710	5,097	74,437	31,959
In %	56%	82%	56%	99%	88%	75%	61%
# houses that do not have toilet but use a toilet of others	10,552	17,689	374	2,134	477	8,867	5,837
Total # houses that has access to toilet	109,165	287,956	11,541	149,844	5,471	83,304	37,796
In %	62%	88%	58%	100%	94%	83%	72%

The figures in the table above indicated that by June 2014 access to toilets has reached 88%, a quite impressive performance. On the other side, it should be underlined that SHAW was not the first program to promote ODF at village level. In many areas, toilets were already introduced and sometimes significantly adopted well before SHAW entered the area. It is therefore important to put these impressive figures in perspective by comparing the present situation to the situation at the start of the program in a particular village. This is done via the baseline that learns us that already 62% of the houses had access to a toilet on the moment the program entered the village. As such, the net effect of the program might be estimated at 26%, which might however be an underestimation as many of the toilets available in the villages were introduced by previous programs but not used; in such cases, SHAW convinced the owners to start using effectively "their" toilets. In addition, households might also have improved their existing toilets or constructed new and better toilets.

However, this conclusion might not be entirely correct either. As the data in table 11 below suggest, WC adoption might have progressed significantly in the period between the inception (mid 2010) and the actual start of the program in each village (the data in the column 'baseline' refer to the situation just before the start of the program in a particular village; this baseline is thus adopted along with the expansion of the program). The sometimes huge differences between both sets of databases suggests either that mistakes were made in the initial baseline data collection and/or that these data were not reliable⁴⁴, either that the program might have produced a (strong?) replication effect in villages before these were covered⁴⁵. The next table and graph provide more detailed data in this regard.

Table 13: Progress in houses with access to toilets per area

	Baseline inception	Baseline	June 2014	Progress compared to inception	Progress during program period
Biak	43%	72%	94%	51%	22%
Timor	47%	59%	100%	53%	41%
Sumba	9%	34%	58%	49%	24%
Flores	34%	64%	83%	49%	19%
East Lombok	n.d.	46%	72%	n.d.	26%
Total	38%	62%	88%	50%	26%

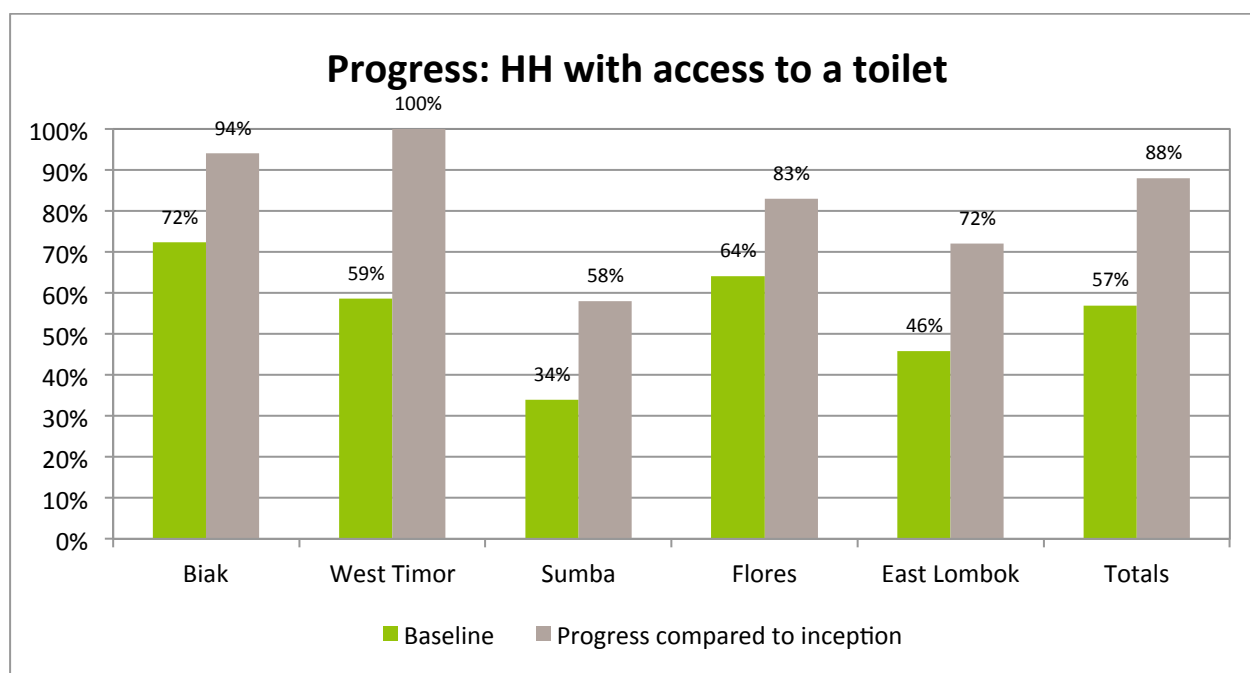
The table above learns that progress compared to the situation at the moment of inception is quite similar in all areas: in that period of roughly 4 years, in each district roughly half of the population adopted toilet use, as a consequence of the program's efforts or of other (f)actors. However, as already mentioned, the baseline data have to be handled with care so that no far reaching conclusions can be made. The 'net' progress in adoption (changes occurring in the

⁴⁴ The initial baseline data were based on secondary (mostly unreliable) data obtained from district authorities.

⁴⁵ The switch from "household" to "house" as the baseline measurement unit might be another explanation.

period covered by program implementation) is a better indicator therefor; it ranges from 19% (Flores) to 41% (West Timor), the other partners finding themselves between 22 and 26%⁴⁶.

Figure 2: Evolution of household access to toilet (June 2014)



While the ownership of and/or access to a toilet are important indicators, the *actual use* of toilets is what STBM is mainly about. First of all it is interesting to assess the changes in toilet use (note that these figure include also new toilet owners, the number of which has drastically increased during the program period):

Table 14: Changes in pattern of toilet use

	Baseline	Situation June 2014
Nobody uses the toilet	3,33%	0,23%
Toilet is (i) used by women and girls	8,34%	0,59%
Toilet is (i) used by women and girls, and (ii) men and boys	22,62%	6,04%
Toilet is (i) used by women and girls, and (ii) men and boys, and (iii) the faeces of all other persons is disposed safely in the toilet	65,72%	93,14%

The table points to an increased use of the toilets at all levels. Above all it proves the relevance of the no-subsidy approach (in combination with intensive hygiene promotion efforts), as virtually all toilets are used. The following table presents some key data with regard to toilet use. The data refer to what is considered as the ideal situation with regard to access, use and maintenance of the toilets.

⁴⁶ Note that there are some doubts with regard to the accuracy of the Timor (TTU and TTS districts) baseline data. The findings of the qualitative impact assessment (conducted in a few villages only) also point in the direction of higher levels of toilet ownership and use before the program.

Table 15: Quality of use and maintenance of the toilets (June 2014)

		Baseline	Sumba	Timor	Biak	Flores	Lombok	Total (°)
Toilet with pit and slab closed; minimum 10 meter from house	Houses		3,749	147,710	3,903	61,862	21,472	238,696
	%	59%	35%	100%	74%	83%	67%	88%
Toilet is clean, no shit visible, no flies, well maintained, safe	Houses		4144	147710	3028	65597	23445	243,924
	%	37%	27%	100%	81%	88%	73%	90%
Toilet is used by women and girls, men and boys, faeces of others (e/g/ basies) disposed in toilet	Houses		6,084	149,844	5,352	80,943	25,978	268,201
	%	72%	46%	100%	111%	97%	69%	93%

(°) Note that the totals differ per indicator: number of toilets, number of toilet owners and number of houses with a toilet.

The data show substantial differences among the partners, Timor and Flores showing very high figures, and Sumba still having a long way to go. As such, the figures are a good illustration of the challenges faced in Sumba, an island with strongly rooted cultural habits that has not that much developed over the last decades; moreover, WC construction is difficult in some parts of the island (hard soil) and access to water is often difficult. The figures should further be put in perspective as they refer to the *ideal* behaviour. Looking at the least desirable behaviour the data tell us that by June 2014 (1) less than 0.5% of the toilets were open and/or not safe, (2) less than 0.4% of the toilets were dirty or broken, and (3) less than 0.3% of the toilets were not used. Furthermore, a comparison with the baseline data clearly indicates an improvement in terms of behaviour whereby it should be noted that in the meanwhile the number of toilet users has significantly increased. This implies that new toilet users directly adopt a qualitative good behaviour.

The qualitative impact evaluation came up with an interesting finding, which is not addressed by the present monitoring system: quite many people, indeed, use their toilet at home, but will continue to practice open defecation when they are not a home (e.g. when they work in the field). This practice is relatively important in the villages visited in TTU and TTS (Timor), the two districts that overall present the best scores in terms of ODF behaviour (see table 16 below). Further, the differences in behaviour between men and women can be noted, but most probably they can be attributed to the fact that men spend more time than women in their fields. Another possible explanation lies in the fact that in general man and boys require more time and persuasion to start using a toilet.

Table 16: Results of qualitative impact research related to ODF practices (N = 70)

ODF behavior	East Flores		TTS		TTU		Total	
	M	W	M	W	M	W	M	W
Always uses the toilet in the own house	11	10	2	7	1	5	14	22
Uses a neighbor's or a public toilet	0	2	0	0	1	0	1	2
Combines using a toilet with open defecation	0	0	9	7	10	5	19	12
Practices always open defecation	0	0	0	0	0	0	0	0

Summarizing, it can be stated that excellent results have been achieved with regard to pillar 1 of STBM, but that gains can still be made in terms of quality, i.e. progress on the so-called sanitation ladder (whereby it should be noted however that recognize that the achievements are truly significant with 88% of toilets being safe, clean and well maintained notwithstanding their often low position on the sanitation ladder). Such progress is however taking place spontaneously, as could be observed in all areas. The practice of 'combining' ODF with OD needs to be further analysed and, if confirmed, be addressed in a more structural way.

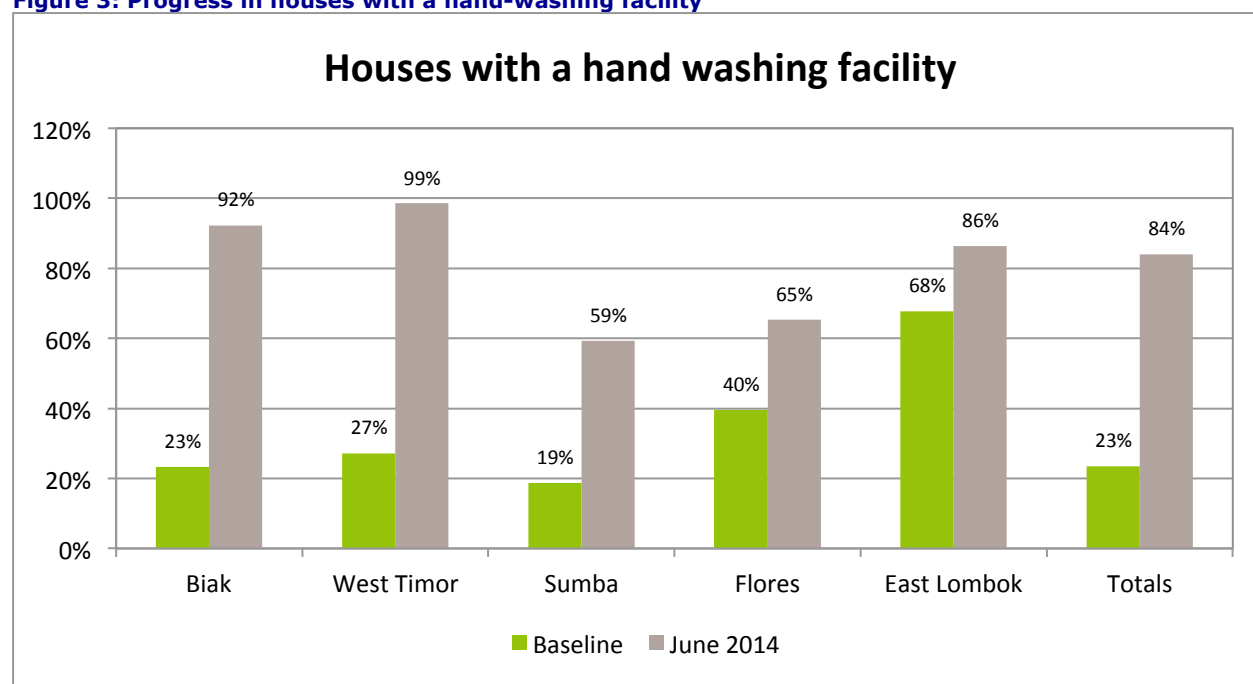
2. Washing hands with soap at critical moments

The practice of washing hands at critical moments is the second pillar of STBM and, according to scientific research, highly important in avoiding water related diseases. The population in the program areas to varying degrees already adopted hand-washing practices before the program, but in many cases the prevailing practices (e.g. no use of soap, no use of running water, no hand washing at the most critical moments such as after defecation) had to be adapted. The table and figure below present the key achievements with regard to hand washing.

Table 17: Progress in houses with a hand-washing facility

	Baseline	June 2014	Progress
Biak	23%	92%	69%
Timor	27%	99%	71%
Sumba	19%	59%	41%
Flores	40%	65%	26%
East Lombok	68%	86%	19%
Totals	23%	84%	61%

Figure 3: Progress in houses with a hand-washing facility



The table and figure points to a substantial progress in most areas, with the exception of East Lombok and to a lesser extent Flores where hand washing facilities were already well spread before the start of the program. Developments with regard to the quality of hand washing practices can be derived from the following table.

Table 18: Quality of hand washing practices (June 2014)

	Baseline		June 2014	
	Number of houses	%	Number of houses	%
There is no specific facility with water and soap to wash hands	90,109	51%	54,109	17%
There is (i) a hand washing facility	41,318	23%	18,334	6%

There is (i) a hand washing facility, and (ii) there is enough water and soap	33,891	19%	34,362	10%
There is (i) a hand washing facility, and (ii) there is enough water and soap, and (iii) people know when and how to wash their hands	12,116	7%	221,073	67%
Total	177,434	100%	327,878	100%

As far as the level of achievement of the best practice is concerned (third level in the table above, there are, again major differences among the areas as can be derived from the table below. The differences are quite similar to those found for pillar 1, which suggest that the quality of adoption of the five pillars is rather similar throughout all pillars.

Table 19: Quality of hand washing practices per area (June 2014)

Biak	Timor	Sumba	Flores	Lombok	Total
65%	99%	23%	41%	45%	67%

While substantial progress has been made for this pillar also, in relative terms the achievements are relatively less than expected. This has also been confirmed during our field visits. It was found that, at least in some areas, it was difficult to change old habits (apparently sometimes it is easier to bring in an entirely new habit than to change an old one ...); in addition many people still lack the basic knowledge on when they need to wash their hands. Further, changing this habit requires more continued attention than is the case for the other pillars. On the other side and as already mentioned earlier, technological innovations have helped improving the hand washing practice.

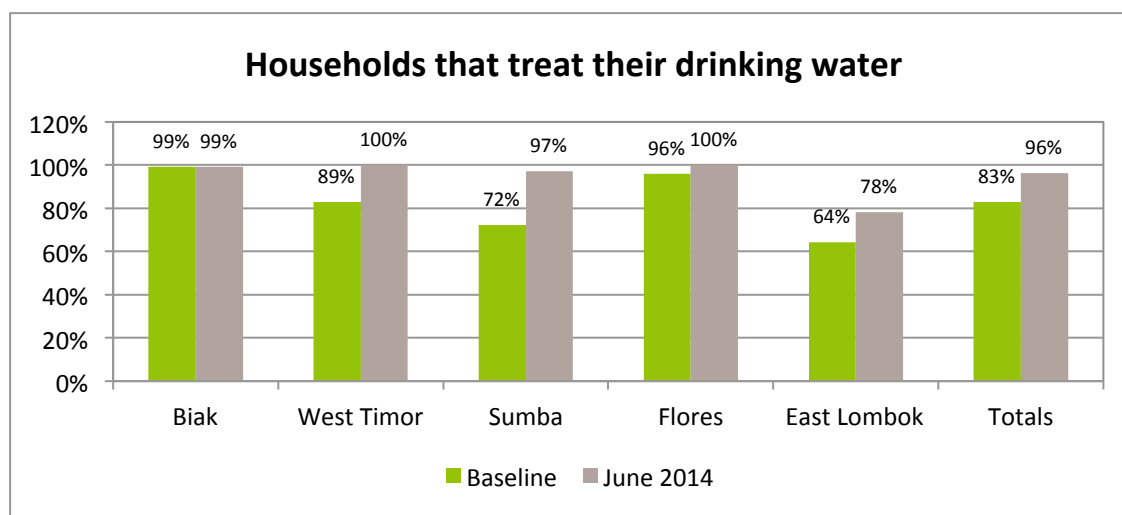
3. Adequate household water treatment and safe storage of water and food

Not surprisingly and as can be concluded from the table and the figure below, the level of adoption of this pillar is high, as in most areas good practices existed already, in particular with regard to the treatment of drinking water. Some other practices had however to be adapted such as safe storage of treated water in the home. Further, only in East Lombok is the practice of drinking not treated water still relatively prevalent.

Table 20: Progress with regard to the treatment of drinking water

	Baseline	June 2014	Progress
Biak	99%	99%	0%
Timor	83%	100%	17%
Sumba	72%	97%	25%
Flores	96%	100%	4%
East Lombok	64%	78%	14%
Totals	83%	96%	13%

Figure 4: Progress with regard to the treatment of drinking water



The specific figures per area are as follows:

Table 21: Overview of water treatment practice per area (June 2014)

Biak	Timor	Sumba	Flores	Lombok	Total
99%	100%	63%	100%	51%	90%

4. Adequate solid waste management

Managing explicitly solid waste is a new practice for many people, although it is not that demanding, at least not in rural areas where the volume of solid waste is often limited and mostly composed of organic material. The table below learns that there has been a positive change in practice towards the collection of waste that it subsequently put in an open pit. Few opt however for covering the pit with soil and most resort to the burning of the waste, a practice which is generally accepted. This practice has to be questioned from an environmental point of view, in particular because much plastic waste is burnt.

On the other side, composting is still rarely practiced but could actually constitute an easy solution to avoid burning of at least the most bulky part of the waste. As far as plastic waste is concerned, in many rural villages the amount of plastic waste is still too limited to allow the development of a viable plastic recycling venture. In the short run, it seems to be better to focus on the reduction of plastic waste. SHAW has in the meanwhile included the 3R principle (reduce, reuse, recycle) in its approach.

Table 22: Changes in solid waste management practices

	Baseline		June 2014	
	Number of houses	%	Number of houses	%
Household solid waste is not managed well nor collected	45,152	25%	16,465	5%
Solid waste is (i) collected and/or burned	85,325	48%	62,846	19%
Solid waste is (i) collected, and (ii) put in an open pit	31,982	18%	199,946	61%
Solid waste is (i) collected, and (ii) put in an open pit, and (iii) covered with soil	14,975	8%	48,621	15%
Total	177,434	100%	327,878	100%

The table below learns us that in particular in Biak and Sumba, much still needs to be done in terms of solid waste management. In the other areas, most of the people at least collect solid

waste and put it in an open pit. Efforts to setup waste banks are still in their early stages; the remoteness of many areas and the corresponding transport and infrastructure problems constitute a major constraint in this regard.

Table 23: Overview of the level of adequate solid waste practices per area

Biak	Timor	Sumba	Flores	Lombok	Total
22%	95%	20%	71%	58%	76%

5. Adequate liquid waste management

The relevance of adequate liquid waste management differs among the areas. As it is meant in particular to avoid stagnant water, the practice is particularly relevant in areas with high levels of rainfall and/or drainage problems. Most SHAW program areas have however a long dry season during which waste water that is discarded is immediately absorbed by the soil. In addition, the liquid waste does not contain toxic elements as Indonesia has good regulations related to the composition of detergents used at household level.

The tables below show the achievement of the program with regard to this last pillar. They indicate substantial progress with regard to wastewater practices. While the evaluation team agrees that progress has been made, it has its doubts with regard to the high percentage accorded to the ideal practice (disposal of waste water in a drain leading to a soak away). Most probably, the soak away is interpreted quite largely ... which actually does not constitute a major issue in view of the fact that most program areas have a dry climate; these observation is confirmed by the findings made during the qualitative impact assessment (see table 26 below). The fact that East Lombok, a region with far more rain, has a lower score, confirms this assumption.

Table 24: Overview of waste water treatment practices

	Baseline		June 2014	
	Number of houses	%	Number of houses	%
Household wastewater is not managed well	36,853	21%	8,473	3%
Wastewater is (i) collected in one place	23,390	13%	7,237	2%
Wastewater is (i) collected in one place, and (ii) disposed off in a drain	35,095	20%	20,813	6%
Wastewater is (i) collected in one place, (ii) disposed off in a drain, and (iii) drain leads to a soak away	82,096	46%	291,355	89%
Total	177434		327878	100%

Table 25: Overview of waste water treatment practices per area

Biak	Timor	Sumba	Flores	Lombok	Total
99%	99%	74%	94%	55%	89%

Table 26: Liquid waste management practice (N = 70)

ODF behavior	East Flores		TTS		TTU		Total	
	M	W	M	W	M	W	M	W
A specific action is undertaken to dispose liquid waste	8	9	7	7	6	7	21	23
No specific action is undertaken	3	3	4	7	6	3	13	13

STBM at school level

As mentioned earlier, STBM at school level only got substantial attention after the midterm evaluation of mid 2012. The following table summarizes the main achievements at school level.

Table 27: Key performance indicators on STBM adoption at school level (June 2014)

	Base-line	Total June 2014	Biak-Supiori (Rumsram)	Timor (Plan)	Sumba (CD-B)	Flores (YDD)	Lombok (YMP)
Access to sanitary toilets (quality of toilet construction)	50%	52%	38%	36%	76%	80%	0%
Maintenance and repairs of the toilets	27%	43%	37%	30%	49%	65%	0%
Usage of the toilets	17%	26%	20%	31%	23%	22%	0%
Washing hands with soap at critical times	14%	36%	6%	53%	38%	26%	0%
Drinking water treatment and safe storage	13%	28%	13%	25%	24%	42%	0%
Safe household solid waste disposal	24%	67%	19%	87%	16%	81%	0%
Safe household wastewater disposal	43%	69%	67%	50%	100%	86%	0%

The data indicate that achievements at school level lag behind those at village level, which implies that still a lot can (and should) be done. This is understandable in view of the fact that efforts undertaken have mostly started only recently. However, one should also wonder whether the approach used so far in schools is adequate (see also our analysis under chapter 5.1.4).

To which extent have private sector actors been adequately involved (so as to ensure sanitation access)?

The access to sanitation has only received minor attention so far, among others because this access might be less a constraint than in many other areas where rural sanitation programs are implemented. As already mentioned under chapter 5.1.3, the evaluation team is critical towards the initial steps taken in this area, mainly because of basic errors in the design and implementation of this component that so far has not sufficiently taken the (commercial) autonomy of the economic actors involved as a guiding principle. Further, activities in this area are relatively recent and more time might be needed before they can eventually produce significant results and become sustainable. Developments in some areas let suppose that in some cases the initiative of some dynamic local actors might eventually produce results, despite the weak foundation of this program component.

Visits at district level have revealed that in most districts local craftsmen have been trained and some of them started to produce a limited number of toilet pans and slabs that in many cases were not sold yet. Marketing seems also to be the problem in Timor Tengah Selatan district where Plan has used its experience in another sanitation project (Grobogan) to induce the set up of a cooperative that unites 18 producer groups. The marketing constraints have a double cause: no adequate market analysis has been conducted let alone a marketing strategy designed; on top, the craftsmen haven't been trained in marketing (nor have local entrepreneurs been identified that could run a sanitation marketing business). Consequently, many seem to give up in case their initial production is not sold. Some however (as found out during the field visit in Biak) show also entrepreneurial skills and might be on the way to become successful, among others because they can liaise with village development institutions that can buy and distribute the closets.

Only in Lombok Timur, an area with a high population density, the activity has generated a substantial effect. An association of closet producers has been formed that is able to produce toilet parts of good quality; their members have substantially developed their skills so that they are now able to train people in other areas (Biak and Flores). They have also been able to liaise with the village authorities that are able to financially assist families who are unable to pay for their toilet. Finally, they have developed an innovative approach whereby closets and septic tanks (needed in this area) are sold and installed, as a package for a price ranging between IDR 550,000 and 1.000.000 (respectively € 37 and 67) depending on the size of the septic tank.

So far, the program has did not explicitly explore other private sector possibilities such as the collection and processing of plastic waste. Recently, a so-called Waste Bank (*Bank Sampah*) started its activities in Timor Tengah Selatan and Sikka districts, but it is still too early to assess its viability.

5.2.2 Level of performance of the participating partners

To which extent has the programme strengthened the capacity of the partner NGO's to monitor, maintain and extend the STBM results and process in and beyond the actual programme areas?

Notwithstanding their differences, partner NGO state without exception that their capacities have been substantially strengthened via their participation in SHAW. To start with, for all partners except Plan, rural sanitation was largely a new area of work. As such partners had to work hard to get acquainted with the sector but got also the opportunities to do so via the SHAW program office and the regular exchange and learning events organised by SHAW (see above). All partners point to these events as producing the most valuable learning and capacity building effects. The heterogeneity among the partners allowed to sharing experiences in various fields, be it that some of the partners were more on the receiving side and others more on the providing side. In addition, SHAW with the support of IRC provided rather 'generic' capacity support, e.g. via self-assessment workshops organized for four of the five SHAW partners.

First of all, staff of partners stated that the introduction to STBM (in particular its implications in terms of behaviour) could not leave them indifferently at the personal level, as it questioned each other's lifestyle.

The fact that at the technical level the introduction of STBM is not that demanding certainly helped the partners in reaching the required level of quality via a structured investment in technical and methodological training and follow-up. In addition, the explicit choice for a non-subsidy approach obliged the partners to truly develop their mobilisation and awareness raising skills and, in some cases, even to drastically change their approach. While all partners had already gained experience with village mobilisation and dealing with local authorities at the district and lower levels, the SHAW approach often constituted a change in paradigm from being in charge for implementation to facilitate implementation via local stakeholders.

Furthermore, most partners were not used to managing a program of that scale. In this context, the setup and application of a comprehensive M&E system constituted another important learning component, both from the technical and methodological point of view.

Finally, high levels of continuity at the level of staff employment and the active participation of the partners' leadership in the program (which allowed smooth application of the changes proposed) constitute other factors that facilitated the capacity strengthening process.

We want to finish this section with two observations. Firstly, it should be noted that in three program areas (Sumba, Flores and Timor), the program is implemented by NGOs that have their origin and headquarters on Java or even abroad (case of Plan). Only Rumsram and YMP

are active in their area of origin. This implies evidently that capacity building at institutional level is relatively limited in the program areas. However, as all partners recruit predominantly local staff, it can be expected that the program will generate positive effects for each area in terms of local development expertise in the sanitation sector.

Secondly, and while all partners are very positive about the institutional gains of their participation in SHAW, none of them seems already to have established an organisational strategy as how to capitalize on the SHAW experience. None of them seems to have invested already in the design of concrete follow-up programmes either. The fact that at the moment of the evaluation there existed still a lack of clarity with regard to the continuation of SHAW constitutes certainly a partial explanation for this situation.

To which extent are the overall performance and results of each of the implementing NGOs

Above, in particular under chapters 5.1.3 and 5.2.1, we analyzed the overall performance of SHAW in terms of its efficiency and capacity to reach its objectives. Where possible and considered relevant partner-specific performance related data were provided. These data revealed that there were major differences among the partners. The table below is a rather complicated attempt to come to a comparison of the cost effectiveness of each partner but confirms important differences among the partners.

Table 28: Calculation of the cost effectiveness ratio

Nr.		CD-B	Plan	Rumsram	YDD	YMP
1	Progress in access to toilets (%)	24%	41%	22%	19%	26%
2	Progress in hand washing facilities (%)	41%	71%	69%	26%	19%
3	Progress in drinking water treatment (%)	25%	17%	0%	4%	14%
4	Weighed average of progress (%) (°)	29%	43%	28%	17%	21%
5	Number of people reached	117,866	657,589	29.238	471.684	185.752
6	Gross effectiveness value (°°)	3,359,181	27,947,533	825,974	8,018,628	3,947,230
7	Expenses till 30 June 2014 (€)	1,020,313	1,642,377	383,022	1,968,211	463,533
8	Cost effectiveness ratio (°°°)	3.29	17.02	2.16	4.07	8.52

(°) Average of rows 1 to 3, but row 1 got double weight

(°°) = 100 * row4 * row5

(°°°) = Row 6 divided by row 7

The table above takes net progress (present level of achievement compared to the baseline) at the level of the three main STBM pillars as a starting point (the M&E data for these pillars are also the most reliable). It then (row 4) calculates a weighted average (assigning a double weight to the first pillar) and then quantifies the overall level of effectiveness by taking the number of people reached into consideration (row 6). This effectiveness value then becomes a cost effectiveness ratio by dividing the gross effectiveness value by the expenses (EKN budget) till June 2014.

The calculation gives an outstanding cost effectiveness ratio for Plan. All program partners recognize Plan's efficiency, which has been supported by the fact that it was the only partner with substantial experience in the sector prior to the start of the program. However, there are doubts about the accuracy of some of Plan's baseline data that might have underestimated the level of adoption at the start of the program. From the other partners, YMP scores the best, which might be attributed to the fact that the villages in its working area are far bigger, allowing it to reach out more easily to a bigger number of people. On the other side of the spectrum, CD-B and Rumsram are working in the institutionally and culturally most difficult areas of the program, which makes their work far more tedious and obliges them, among others, to invest far more in the creation of an enabling environment (which is not factored in).

Overall and despite the major differences in the table above, the evaluators think that the performance of all partners is, at least, acceptable.

5.2.3 The gender effects of the program

Under chapter 5.1.4 it was already stated that SHAW has paid insufficiently attention to gender. Although women are well included in program activities, potential negative effects of the introduction of STBM on the role and position of women have not been considered, nor has the program been conceived as a means to improved unequal gender relations. Further, the M&E system uses one sex-disaggregated indicator related to use of toilets at the household level (the same indicator is not used at school level where actually it might have been more relevant). In the view of the evaluators, a systematic application of sex dis-aggregated indicators would however add little value whereas it would substantially complicate the system.

It is important to start with the finding that, as such, SHAW has brought a solution to many practical needs of women. The improvement of sanitation is a change that is in first instance felt and welcomed by women, who are in charge of most activities at household level. In addition, in particular the proximity of a toilet adds much to their comfort and feelings of safety.

By lack of time and in-depth secondary data, the gender effects of the program could not be assessed fully. Nevertheless, visits to the villages and discussions with women in particular and the results of the qualitative impact research allowed making some important conclusions:

- As mentioned under 5.1.4 the bias towards women in awareness raising activities, implies that they have the responsibility to ensure that STBM related changes in attitude and behavior are taking place in the household. Whether or not this is a difficult task will depend on the position of women in their households and on the degree to which the SHAW mobilization and awareness raising efforts (conducted via various stakeholders) also reaches out to men.
- The adequate application of STBM requires water and does so in substantially bigger quantities than the traditional practices. As such, STBM introduction increases the workload related to fetching and storing water, which is typically a task of women who are already making longer working days than men. The importance of the increase of the women's workload will differ from one village to another, and even within villages. Luckily, over the last years in many areas considerable progress has been made in ensuring adequate water supply, but there remain many villages where access to water constitutes a major problem, in particular in the (often very long) dry season;
- As mentioned above, local *posyandu* cadres, predominantly women, play an important role in the implementation of the program at the grassroots level, including in the collection of the M&E data. This additional task is however quite substantial (some cadres told us that they spend 2 days monthly on M&E) without there being considered a way to alleviate the cadres' workload or compensate them in some way.

More in general, SHAW has a big potential to provide a contribution to gender equality, but has missed the opportunity to do so.

5.3 Indications on the program impacts

The evaluation has not been able to assess in depth the impact brought by the program. The results presented below are therefore mainly indicative. They are based on the discussions and observations of the team and the results of the qualitative impact assessment. Some of the results of a recently conducted study by external researchers have also been integrated⁴⁷. The presentation will start with some general results as recorded by via the qualitative impact survey, before discussing the various (possible) impacts of the program more in detail.

⁴⁷ See for more details: Ima Susilowati et al., Study on the perceived benefits of community based total sanitation (STBM) five pillars in four districts in Indonesia, Draft Report, Circle Indonesia, September 2014

Relative importance of the changes brought by the introduction of STBM

First of all, it is important to put the changes brought by STBM in perspective. As already mentioned under the analysis of the relevance of the program, there is no doubt that STBM responds to an important need. However the relative importance of that need (and its solution) varies over time: it seems to be highly appreciated in the period immediately after introduction to become quickly 'part of life' and hardly considered as an issue (compared to other problems considered more important such as access to drinking water, good road infrastructure, increase of income. Table 27 constitutes an illustration in this regard as it informs us to which extent 'STBM' was mentioned among the three most important changes that have occurred in the village over the last years.

Table 29: Opinions on the most significant changes occurred at village level (N = 70)

	Men		Women	
	N	%	N	%
<i>Desa level</i>				
STBM has been mentioned	8	24	22	61
STBM has not been mentioned	26	76	14	39
<i>Household level</i>				
STBM has been mentioned	12	35	13	38
STBM has not been mentioned	22	65	21	62

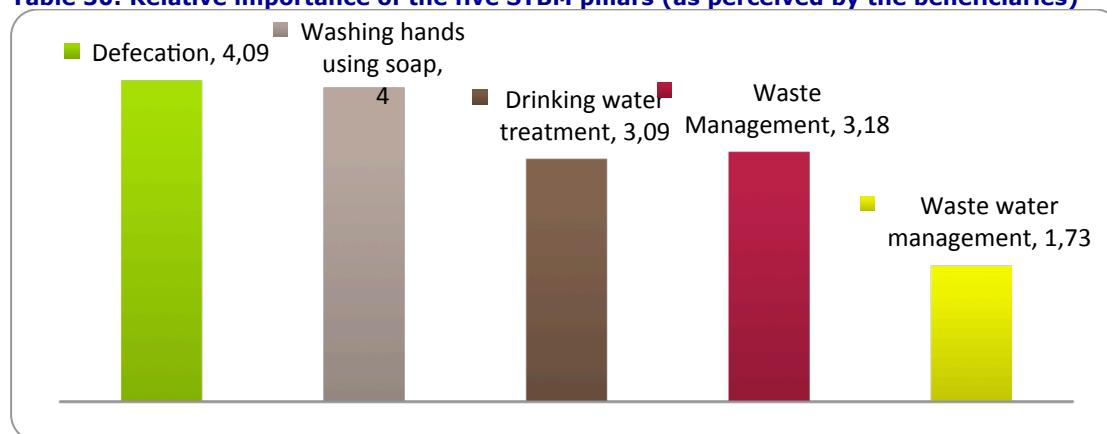
The table further indicates that STBM, despite its focus on changes at household level, is also (and even more clearly) experienced as a change at *village* level; in particular women value the change at village level, which underscores the hypothesis that they are most reached by the program and participate most in its activities. On the other hand, men and women value the change by STBM at household level in the same way, which provides an indication of the fact that men also appreciate the changes brought by STBM.

Relative importance of the STBM pillars

The evaluation has not specifically addressed this issue, but wants to share an interesting finding of the 'Perceived benefits' study (draft report, p. 20) that largely confirms our own findings. The findings of the study are the results of focus group discussions with 547 participants, which revealed that changes in defecation and hand washing behavior as the most significant and changes to liquid waste the less significant.

Overall appreciation of the meaningfulness and utility of the program

Table 30: Relative importance of the five STBM pillars (as perceived by the beneficiaries)



The qualitative impact survey provided the following results with regard to the overall appreciation of the meaningfulness and utility of the program.

Table 31: Overall appreciation of the program's usefulness (N = 70)

	Men	Women
Clean environment	18	20
Health	29	36
Gain of time	4	6
Economic gain	1	4
Educational gain (for the children)	2	1
Benefits from parenting	1	3
More comfortable life	12	12
Increased involvement in activities related to environmental issues	3	3
Useful for other members of society	2	1
Useful for the government		1

These results provide a clear picture and confirm that the beneficiaries perceive improved health and a clean environment as the most useful elements of the program, whereas 'a more comfortable life' is a third important element. Apparently men and women have very similar opinions on this issue.

To which extent has the program produced a positive environmental impact (or will it do so in the future)?

The program produces clearly a (perceived) benefit in this area, as is amply illustrated by table 31 and confirmed by information obtained via other methods of data collection. Changes at the level of the environment came out as the most important benefit in the 'perceived benefit study'.

To which extent has the program produced a positive impact on health (or will it do so in the future)?

Positive impact on health has been largely considered as the most important impact of the program, both by women and men. Whereas the evaluation could not gather empirical evidence, resource persons in various settings mentioned spontaneously the changes in their health condition: decreased incidence of diarrhea and of worm infection, less malaria less skin diseases. Better health relates obviously in increased productivity and less expenses spent on health care. The perceived benefit study (draft, p. 23) states that: *The data from the Puskesmas (health centre) in the areas of study confirmed this statement, especially in terms of diarrhea, skin problems and malaria. In the sub-districts of Polen and Kie of TTS district, there was a drastic decline in cases of diarrhea, skin diseases and malaria from 2009/2010 (before the STBM program intervention) to the years after the implementation of STBM, as indicated by the diagram on the number of cases of diseases. Data from Puskesmas in Koting sub-district of Sikka district also confirmed the decreasing number of diarrhea cases from before the STBM declaration (data of 2011) and after the declaration (2012-2013).*

To which extent has the program produced a positive economic impact (or will it do so in the future)?

The program did not produce a direct economic impact but indirectly contributed to increased economic welfare. First, the introduction of toilets allowed time gains because of defecation in nearby toilets and the fact that a decreased frequency of diseases allows to save time and

money in various ways (no transportation to health centre – hence less expenses also, no time spent on taking care of sick children, ...). More importantly, decreased illness implies also higher labour productivity.

It is far too early to measure the economic effects of the sanitation marketing efforts.

To which extent has the program produced a positive social impact; is the social capital produced by SHAW used in other contexts (or will it do so in the future)?

The program produced several positive impacts. First, because of decreased illness, children could go more regularly to school; for the same reason, their health parents could take better care of them.

Having a more comfortable life (via better health, a more hygienic environment, ...) impacts positively on the lives of the people and their social interaction. The latter is also intensified by the momentum created by the program which, among others via its non-subsidy approach and the many awareness creation and mobilisation activities. In many cases these activities have brought villagers closer to each other and empowered them to jointly engage in other activities. However, no explicit attempts have been undertaken (e.g. by government instances) to bank on the social capital developed via SHAW.

On a broader scale, it is important to mention local rules and regulations (at district, sub-district and village level) and *adat* (traditional rules) arrangements which were agreed upon at the local level and contributed to social harmony and strong embedding of STBM.

Finally and related to the previous point, the contribution of STBM to the creation or strengthening of the social capital at village level cannot be underestimated. This contribution is highly important in view of the present developments in Indonesia where, among others via the Village Law, villages will have a much bigger say in setting the development priorities and in managing the funds earmarked for that purpose.

To which extent has the program produced a positive impact on gender equality (or will it do so in the future)?

As mentioned above the effects and impact of the program on gender equality could not be assessed in depth. Overall, it is sure that the program has well addressed the practical needs of women. Indeed, the positive changes in environmental conditions and personal health impact in first instance on women and provide solutions to problems they experience daily. For some women, in particular the *posyandu* cadres, their involvement in the program might have increased their social status and self-esteem, which might (or might not) have had an influence on their position in the household and the local community.

On the other side, the program might have increased, in some areas (i.c. areas with a difficult access to water) an increase in the workload of women. The importance of this increase might vary from one location to the other, and might (or might not) be compensated by time-saving in other areas.

All in all, the evaluation is not able to come up with firm conclusions in this regard. However, what can be stated without any doubt is that by ignoring gender the program missed a golden opportunity to contribute to gender equality. Indeed, sanitation seems to be by excellence an area that can be used as an entry point to work on more egalitarian gender relations, e.g. by promoting increased involvement of men in sanitation issues at household level.

Are there other (unexpected) positive or negative impacts?

No other effects than those already described above have been identified.

6. SUSTAINABILITY OF THE PROGRAM BENEFITS AND REPLICABILITY OF THE PROGRAM

This chapter will address the sustainability of program benefits at three levels: the STBM sustainability at grassroots level, the sustainability of the enabling environment and the sustainability of the capacity development results at the level of the SHAW partners⁴⁸. The issue of the replicability will be addressed separately.

6.1 Sustainability of the benefits related to sanitation and hygiene

The qualitative impact research engaged in an analysis of the factors that might influence the sustainability of the STBM related benefits (see table below and consolidated report from the impact research for more details).

Table 32: Overview of factors influencing the sustainable adoption of STBM

	Total	
	M	W
Motivating factors		
Decrease of expenses	2	1
Decrease of illnesses related to environmental conditions	24	30
Regular monitoring	11	10
Promotion by the STBM team	9	16
Reduction of infant and maternal mortality	2	1
Increase of dignity	3	1
Time saving	2	0
Better guarantee of safety and privacy	1	0
Has become part of lifestyle	4	5
Increase of quality of life	1	0
Demotivating factors		
No subsidy	0	0
STBM is not an important issue	1	0
No financial resources	0	1
Broken equipment	1	0
Too busy	1	0
I forgot ...	1	0
Facilitating/enabling factors		
Availability of financial support		
Availability of clean water	2	0
Availability of STBM equipment	2	0
STBM constitutes an obligation	9	9
Barriers		
Difficult access to water	2	2

⁴⁸ Our analysis will not use the so-called FIETS (financial, institutional, economic, technical, social) framework, but all its elements will be included in the analysis.

The factors included in the table above tell us the following:

- there are far more motivating and facilitating factors that play a positive role than demotivating and constraining factors that play a negative role;
- there are strong indications that STBM is increasingly grounded in the people's lives; STBM has become part of the lifestyle and a (social) obligation; the spontaneous improvements of sanitary facilities along the sanitation ladder, but also improvements related to pillars 2 till 5, are another illustration of the firm socio-cultural embedding of STBM;
- the strong conviction that STBM contributes to a decrease of illnesses certainly constitutes an important guarantee for benefit sustainability;
- the importance of external triggering (via promotion and regular monitoring) is an important factor to be reckoned with;
- financial considerations play a limited role; in other words adoption and maintenance of STBM is mostly financially viable (with some exceptions in atypical villages and/or at the level of needy families that often are supported by the others);
- related to the previous point, it appears that the fact that a no-subsidy approach has been followed, has not played any role as a demotivating factor.

In addition to the factors mentioned above, the evaluation team feels that other factors will certainly add to the sustainability of the STBM results:

- the high level of ownership of the results, as those to a major extent have been realized by the beneficiaries themselves;
- the high level of knowledge and positive attitude towards STBM as found in the impact study, at the level of both men and women;
- the fact that STBM is not only considered as a change process at household level, but also at community level;
- the existence of social drivers such as the STBM declaration at village, sub-district and district level;
- STBM has improved social cohesion at the village level via the interplay among the village population and government officials, health cadres, traditional and religious leaders; social cohesion is further enhanced by community actions such as the weekly cleaning of the village environment. As such, STBM has contributed to the development of social capital at village level, which will also be an important asset in the future, when village-level institutions will play an increasingly important role in deciding on village development priorities and the corresponding use of the budgets available for that purpose.

In view of the above, the following can be concluded:

- environmental sustainability is well guaranteed; the only possible threatening factor seems to be the lack of well elaborated services for sludge disposal; but local solutions for these problems may and should be further explored and developed. Further, in order to optimize positive environmental effects, solutions should be sought for livestock management within the villages' residential area;
- the institutional dimension of sustainability seems to be the most vulnerable dimension; table 30 contains some important factors that point to the importance of (continued?) mobilisation and M&E; this issue will be addressed more in depth in the next point;
- as there are few if any reasons to believe that people might give up their STBM practices (though some slippage might be unavoidable), there are no reasons to believe that the health, economic and social gains achieved would not be sustainable.

6.2 Sustainability of improvements in the enabling environment

6.2.1 At the district, sub-district and village level

For various reasons, the sustainability of the enabling environment seems to be the weakest element in the SHAW setup. One might state that this is the Achilles-heel of the program, but the evaluation think that is too strong a statement (see below).

A first element of concern is the frequent rotation of government officials. Program staff presently spend a lot of efforts in briefing and motivating newly appointed officials as they most often ignore the SHAW program. The need to do so to some extent indicates the effects of the 'enabling environment' efforts: they might have succeeded in making targeted officials open to STBM and in letting them act accordingly, they have not led to the full institutional embedding of STBM in district, sub-district and village policies and mindsets. Knowing that, at least in some areas, program staff might pull out soon, one might fear that the enabling environment might erode further.

The evaluation team thinks that ensuring a certain level of institutional embedding of STBM is indeed important. This should however been done in a way that is independent from the goodwill of individual personalities (at all levels), for instance by ensuring that STBM is firmly embedded in legislation, policies, action plans and budgets. A strong enabling environment is a key for success during the adoption process of STBM, but not in the subsequent consolidation phase. At that moment a 'regular' inclusion of STBM in plans, mechanisms, etc. should be sufficient, well knowing that it is impossible to maintain STBM as a top priority over a longer period. The fact that, in particular at village level where the bottom-up effect from empowered communities plays an important role, there will be substantial financial resources available in the future (via funding from several sources), constitutes another opportunity for guaranteeing for sustainability. Only in areas where STBM has not yet gained sufficiently ground is there a need for continued awareness raising, training, etc. to bring the enabling function of government institutions to the level needed to ensure widespread change.

Finally, the evaluation team thinks that even with a weakening enabling environment, most of the changes at grassroots level will be sustainable. People simply value too much the changes brought by STBM and will not go back to OD. Nevertheless, it is important to avoid slippage and even to ensure that rural sanitation develops further. Local dynamics can play an important role in this regard. As such, it might be of strategic importance to ensure that the M&E system is maintained, preferably in a simplified way. Thereby, it will be important to find a solution for the involvement of the health cadres who are in charge of the monitoring at the local level.

6.2.3 At the national level

Some changes at the national level can be considered as sustainable. Firstly, this relate to the nationwide adoption of STBM, which has been formalized via the ministerial decree of early 2014. Other outputs are still to be finalized (e.g. the work on a national M&E system incorporating the five STBM pillars) so that it is too early to speculate on their sustainability.

6.3 Sustainability of the improved capacity of SHAW partner NGOs

The capacities of SHAW partners have been substantially improved. Whether or not these capacities will be sustainable depends on many factors. At the individual level, it can be confirmed that individual staff will most probably be able to maintain and possibly further develop the capacities gained and use this in similar contexts in the future.

At organizational level, the sustainability of the effects in strengthening of the organizational capacities depends in the first place on the institutional stability of the implementing partners. This issue could not be addressed, but all partners already exist for quite some time, had already built up experience in the program areas before SHAW and seem to be well established. Sustainability further depends on the organization's capacities to use the acquired skills and knowledge in other programs. These requirements seem already to be guaranteed to some extent, e.g. as far as the M&E capacities are concerned as those can be used in other programs also. Further, the implementing partners seem to wait for a decision on the eventual consolidation of the SHAW program and/or its replication in other settings to fully make use of the capacities gained. They all claim that the SHAW experience and the positive image gained via the program will help them in their subsequent development.

The sustainability of the improved capacities and expertise *at the level of Simavi* is less guaranteed. Considering the specific setup of the program and the very low level of involvement of the Simavi headquarters in the implementation and follow-up of the program, the sustainability of the capacities and expertise gained via SHAW depends virtually solely on Simavi's capacity and willingness to mobilize the expertise of the present program coordinator.

6.4 Possibilities to upscale and replicate the program

The evaluation thinks that there are good possibilities for up-scaling and replicating the program. The main considerations in this regard are:

- STBM has grown out to an empirically tested and standardized approach that has been continuously adapted and now seems to have reached a stage that it is ready to be rolled out;
- STBM has gained national recognition and has now become the key strategy for (rural) sanitation, as evidenced by the enactment of MOH decree No 3/2014;
- Funding needs for STBM introduction and dissemination are, at least in rural areas, relatively low and can be matched by existing funding mechanisms that exist already or that will become available soon (via the implementation of the new village law);
- Maybe most importantly, if well promoted the success of SHAW will generate a bottom-up demand district authorities cannot ignore.

While the possibilities for up-scaling and replicating the program are apparently obvious, one should not forget that rolling out a program is always more complicated than expected. Obviously, local circumstances play a role, but so do other factors such as what we would call the program 'software', which is often difficult to capture and transfer. This applies certainly for SHAW, where as in many programs 'the devil lies in the detail'. To an important extent, the success of SHAW can be attributed to the capacities of the implementing partners to constantly adjust, review, rethink, retry, ... in view of the local situation. This skill is difficult to be handed over, let alone to be rolled out.

Linked to the last consideration in the previous paragraph, it can be regretted that so far the capitalization efforts of SHAW do not match its successes in the field. Making this happen is, hence, a priority for the immediate future for all partners involved in the program, but should be well coordinated by other similar efforts by the Ministries concerned and other high profile agencies (WB, ADB, UNICEF, ...).

7. MAIN CONCLUSIONS AND OVERARCHING ANALYSIS

7.1 Main conclusions related to the key evaluation criteria

1. Relevance and coherence

By combating the lack of adequate sanitation and hygiene behavior and in particular the practice of open defecation (OD), SHAW is dealing with one of the most serious environmental threats to public health in Indonesia. Diarrhea resulting from water-borne diseases remains a serious community health problem, standing for a loss estimated at 2.3% of the country's GDP. From the rural population's point of view, poor sanitation is also increasingly considered as a problem that cannot be tolerated anymore in view of the overall progress of welfare experienced over the last decade. Hygiene and sanitation also constitute important aspects of the children's education in school, as they will support them in developing a healthy and hygienic life style.

SHAW has been the first relatively big program in rural areas to apply the STBM approach, consisting of a *combination* of five so-called pillars related to sanitation, hygiene and environment. The Evaluation considers this combination as highly relevant, both from the perspective of external agencies (donors and government institutions alike) and the population itself.

SHAW's clear and unambiguous choice for a non-subsidy approach which went against prevailing practices in similar programs in the country, is also considered as highly adequate and one of the key elements of the model serving for replication. An important side effect of the non-subsidy approach has been that the implementing partners have been forced to work hard to get the program accepted and implemented, which obliged them to carefully design and continuously improve their approach, strategy, awareness-raising tools and training efforts.

The strength of the STBM approach is however also its weakness: it is a powerful instrument to address five major issues related to hygiene and sanitation, but it is also not more than that. STBM is indeed geared to issues that are dealing with sanitation *at the household level* and requires behavioral change in the context of the household activities mainly. Achieving these changes is an aim in its own right, but is however often not enough to ensure comprehensive environmental health at village level, where other challenges emerge and other measures are (and will increasingly be) required.

SHAW is entirely consistent with the national policies related to rural sanitation, in particular with the Decree 3/2014 of the Ministry of Health pertaining to the adoption of STBM. This consistency is also found at the more operational level as the program has integrated in its approach the three key strategies mentioned in the Decree (the creation of a conducive environment, the increase of sanitation needs and the increase of the availability of sanitary facilities).

Finally, SHAW is also coherent with the Dutch policies for Indonesia, as the water (and sanitation) sector is one of the five spearhead sectors mentioned in EKN's Multi-Annual Policy Framework document, whereby a poverty alleviation focus remains important in particular parts of Indonesia, e.g. Eastern Indonesia, the working area of SHAW.

2. Efficiency

The program has been managed well with expenditure being well attuned to budgetary provisions. It should however be mentioned that the initial program targets had to be adjusted several times as it appeared that the program managed to reach out to a significantly bigger

number of people than initially planned. It can be expected that at the moment of its closure, the program will have reached more than 1.6 million people, i.e. 2.5 times its initial target. While there are substantial differences in terms of outreach and efficiency among the five participating implementing partners (with costs per person reached varying between 2.5 and 13 €), these can be attributed to an important extent to major differences in the socio-cultural environment; all partners have made a valuable contribution to the program's good to excellent performance.

Quality of implementation has been constantly improved over time so that at the moment of the evaluation SHAW has become a well performing program. Most outstanding characteristics of program implementation include: the consistent application of *the non-subsidy approach*, even in difficult environments such as Papua (Biak and Supiori) and Sumba; *the double track approach* followed at district level with, on the one hand, conscious efforts to approach and involve government institutions (district, sub-district and village authorities, but also line ministries and their local emanations such as schools and health centres), and, on the other hand, a grassroots approach with an outreach to every single family in the village; *the capacity to effectively reach out* to an important number of villages and to all people in these villages; the high level of attention for *capacity building of local cadres* in particular the so-called *kader posyandu* (local cadres for integrated health services) that are the spearhead of the program at the grassroots level; the conscious attempt to *adapt technological solutions* to the people's preferences (and not the other way around); and above all, *the conscious efforts to constantly adapt and fine-tune the overall approach at district level* that merges institutional and grassroots work in one consistent approach.

At the program management level, the program stands out by its good M&E system that also includes an important learning component from the grassroots till the program management level and the setup of strong and effective culture of internal exchange and learning mechanisms among the implementing partners. Thereby, a good balance has been found between the respect for the autonomy of the partner and the need to come to harmonized approaches at program level.

In the opinion of the Evaluation team, a few issues have not been addressed in a fully adequate way. First of all, despite its many qualities the M&E system is too complex and ambitious to be entirely transferred to local institutions; further the way STBM has been addressed in schools (as a separate track beside the mainstream approach at village level) is considered as not that adequate. The same can be stated with regard to the sanitation marketing approach, which should have departed from a broader analysis of (potential) constraints to access to sanitation. SHAW has also been weak in including gender in its analysis and approach. Finally, the substantial investment in knowledge management activities, among others via the multiple exchange events mentioned above, has not yet yielded sufficient tools and other outputs that can be readily shared on a broader scale. Further, SHAW's activities at the central level have remained too scanty and not enough strategically designed and managed to produce much effect.

Finally, it is important to mention Simavi's role and position in the country. So far, Simavi has not yet opted for official registration in the country. While this decision is to some extent understandable (official registration is a tedious process) and might have produced efficiency gains on the short run, it can be seriously questioned in view of the scale of the SHAW program, its ambitions at the national level and, above all, the principles of good conduct of international NGOs operating in the South. As a result the SHAW program office has operated quite autonomously and has been oriented mainly to the country's program stakeholders, including EKN, the main program funder. The lack of a well elaborated institutional policy has produced important negative consequences, the most important being that much of the experience and expertise of SHAW is presently not embedded in Simavi, which can constitute a major handicap in view of imminent efforts to consolidate the SHAW experience and replicate it in other areas.

3. Effectiveness

The creation of an enabling environment. The Evaluation has found that *at district level*, the efforts undertaken to trigger the attention for STBM and then to embed it (through workshops, training, etc.) in government policies and practices have been largely successful. Most district heads welcome STBM and some have become strong promoters of the program. In most districts, key government institutions (BAPPEDA, health and education services) cooperate actively with the program and support its roll out in the district. In virtually all districts, support to STBM is also formally institutionalized, either via an instruction of the district head and/or by integration of STBM in the Midterm District Development Plan and/or in sector Strategic Plans. While the program has certainly been successful in creating an enabling environment, some challenges remain. Local stakeholders state that the quality of support will decrease in case the program does not undertake specific actions on a regular basis. Moreover, frequent government staff rotation implies that program staff is forced to repeat awareness and advocacy efforts at the level of incoming officials. This seems to suggest that maintaining the 'enabling environment' without continuous support is difficult and that STBM is not yet truly 'embedded'.

At the sub-district level, field visits have provided a strong indication that government officials are well aware of the principles of STBM and that many are actively supporting its implementation, among others by approving specific budgets to support STBM, even though the budgets available are generally quite limited. The cooperation between the program and the local health centres (particularly the so-called sanitarians of those health centres who are in charge of environmental health) is good. Many health centres take up an important role in the process of changing behaviour related to the five STBM pillars. A similar picture has been obtained at the village level where after the process of socialization, the head of the village, and hamlet (*dusun*) and neighbourhood (*RT*) heads are generally supportive to the program.

While the importance of the role of the village and district officials cannot be ignored, the activities of the local cadres (often the so-called *posyandu* cadres) seem to be the most important factor in the development and the embedding of an enabling environment at the village level. The evaluation considers these cadres as the spearhead of the program at the village level. They often tirelessly go from house to house to socialize STBM and to convince people who so far have not consciously followed the program. They also may take up a key role in following up the adoption process, among others through conducting on a regular basis M&E monitoring of outputs and outcomes via house visits. The *posyandu* cadres, predominantly women, perform these tasks without any compensation, although they have many other duties and responsibilities, which often must be implemented simultaneously with their daily tasks as housewives. In some of the villages visited, the regeneration of the *posyandu* cadres has become a problem, as younger women are not attracted to take over the job because of its demanding but at the same time voluntary character.

The creation of a sustainable healthy living environment (in villages and schools) via the application of STBM principles. SHAW has succeeded well in introducing STBM at village level. Some key performance indications include (June 2014): outreach to 1,042 villages, 578 schools and close to 1.5 million people; more than 110,000 toilets constructed under SHAW guidance, close to 1.2 million of people having adopted ODF behaviour, 971,000 people washing hands at critical moments, more than 1.3 million people drinking treated water, 1.09 million people managing solid waste and 1.31 million people managing liquid waste. So far 466 villages have obtained the so-called STBM declaration, while many other villages might get the declaration before the end of the program.

ODF is clearly considered as the most important pillar of STBM. While people see ODF increasingly as an intrinsic part of human dignity, the challenges to reach ODF communities are relatively big, as the construction of adequate toilets constitutes a major effort for each family. M&E data of SHAW clearly indicate that virtually all toilets are also effectively used and in most cases well maintained. By June 2014 access to toilets has reached 88% in the villages covered, an impressive figure. On the other side, it should be underlined that SHAW was not the first program to promote ODF at village level and that for instance in Flores and Timor

many people had already adopted toilets before the start of SHAW. The single issue of further consideration here might be the finding that quite many people use their toilet at home, but will continue to practice open defecation when they are elsewhere (e.g. when they work in the field).

The practice of *washing hands at critical moments* is the second pillar of STBM and, according to scientific research, highly important in avoiding water related diseases. The population in the program areas to varying degrees already adopted hand-washing practices before the program, but in many cases the prevailing practices (e.g. no use of soap, no use of current water) had to be adapted. Substantial progress has been achieved in most areas, with the exception of East Lombok and to a lesser extent Flores where hand-washing facilities were already well spread before the start of the program. However, in relative terms the achievements are relatively less than expected; at least in some areas, it seems to be difficult to change old habits.

Adequate household water treatment and safe storage of water and food is the third pillar and its level of adoption is high, as in most areas good practices existed already, in particular with regard to the treatment of drinking water. On the other side, the conscious *management of solid waste* is a new practice for many people, although it is not that demanding, at least not in rural areas where the volume of solid waste is often limited and mostly composed of organic material. There has been a positive change in practice towards the collection of waste that it usually put in an open pit. Few opt however for covering the pit with soil and most resort to burning the waste, a practice that has to be questioned from an environmental point of view, in particular because much plastic waste is burnt. Composting is still rarely practiced but could actually constitute an easy solution to avoid burning of at least the most bulky part of the waste.

The relevance of adequate *liquid waste management*, the fifth pillar, differs among the areas. As it is meant in particular to avoid stagnant water, the practice is particularly relevant in areas with high levels of rainfall and/or drainage problems. Most SHAW program areas have however a long dry season during so that wastewater that is discarded is immediately absorbed by the soil.

STBM at school level only got substantial attention after the midterm evaluation of mid 2012. Achievements at school level lag behind those at village level, which implies that still a lot can be done. This is understandable in view of the fact that efforts undertaken have mostly only recently started. However, the Evaluation Team also wonders whether the approach used so far in schools is adequate.

Availability of sanitation equipment. Access to sanitation has only received minor attention so far, among others because such access might be less a constraint than in many other areas where rural sanitation programs are implemented. The main activity in this area has focused on ensuring *the availability of sanitation equipment* via the development of a sanitation marketing component that included the training and the subsequent support of local craftsmen to produce and market toilet pans and slabs. The evaluation team is critical towards the achievements so far in this area, mainly because of basic errors in the design and implementation of this component that so far has not sufficiently taken the (commercial) autonomy of the actors involved as a guiding principle. Only in Lombok Timur, an area with a high population density, the activity has so far generated a substantial effect.

Strengthening of the capacity of the partner NGO's to monitor, maintain and extend the STBM results and process in and beyond the actual programme areas. Notwithstanding their differences, partner NGOs state without exception that their capacities have been substantially strengthened via their participation in SHAW. For most partners, rural sanitation was largely a new area of work. As such they had to work hard to get acquainted with the sector but got also the opportunities to do so via the SHAW program office and the regular exchange and learning events organised by SHAW. All partners point to these events as producing the most valuable learning and capacity building effects. The heterogeneity among

the partners allowed to sharing experiences in various fields, be it that some of the partners were more on the receiving side and others more on the providing side.

The fact that at the technical level the introduction of STBM is not that demanding certainly helped the partners in reaching the required level of quality via a structured investment in technical and methodological training and follow-up. In addition, the explicit choice for a non-subsidy approach obliged the partners to truly develop their mobilisation and awareness raising skills and, in some cases, even to change drastically their approach. While all partners had already gained experience with village mobilisation and dealing with local authorities at the district and lower levels, the SHAW approach often constituted a change in paradigm from being in charge for program implementation to facilitating implementation via local stakeholders.

Some calculations pointed to substantial differences in cost effectiveness among the partners. However, there are doubts about some key baseline data that have been used for this analysis. Further, some partners could work in areas that at the start of the program were clearly more receptive to STBM (including its non-subsidy approach) than others. In some areas, the villages are substantially bigger, allowing SHAW to reach out more easily to a bigger number of people. Further some partners are working in institutionally and culturally difficult areas, which makes their work far more tedious and obliges them, among others, to invest far more in the creation of an enabling environment (which is a factor not taken into account in our cost effectiveness calculations). Overall, the Evaluation finds that performance of all implementing partners is to be considered at least as satisfactory and in most cases outstanding.

The gender effects of the program. SHAW has brought a solution to important practical needs of women. The improvement of sanitation is a change that is in first instance felt and welcomed by women, who are in charge of most activities at household level. In addition, in particular the proximity of a toilet adds much to their comfort and feelings of safety. However and notwithstanding the fact that women are well included in program activities, potential negative effects of the introduction of STBM on the role and position of women have not been considered, nor has the program been conceived as a means to improved unequal gender relations.

A first consequence of the absence of gender has been the de facto bias towards women in awareness raising activities, which has implied that women are responsible to ensure that STBM related changes in attitude and behavior are taking place in the household; in other words, they had to convince their husbands who were not that much reached by awareness raising activities.

Further, the adequate application of STBM requires water and does so in substantially bigger quantities compared to the previous situation. As such, STBM introduction increases the workload related to fetching and storing water, which is typically a task of women who are already making longer working days than men. The size of this increase of the women's workload will differ from one place to another. Luckily, over the last years in many areas considerable progress has been made in ensuring adequate water supply, but there remain many villages where access to water constitutes a major problem, in particular in the (often very long) dry season. Finally, local *posyandu* cadres, predominantly women, play an important role in the implementation of the program at the grassroots level, including in the collection of the M&E data. This additional task is however quite substantial (some cadres told us that they spend 2 days monthly on M&E) without there being considered a way to alleviate the cadres' workload or compensate them in some way.

4. Indications of program impacts

First of all, it is important to put the changes brought by STBM in perspective. Whereas there is no doubt that STBM responds to an important need, the relative importance (as considered by the population) of the fulfilment of that need varies over time: it seems to be highly appreciated in the period immediately after introduction to become quickly 'part of life' and

hardly considered as an issue (compared to other problems considered more important such as access to drinking water, good road infrastructure, increase of income).

The positive impact of STBM introduction on health has been largely considered as the most important impact of the program, both by women and men. Whereas the evaluation could not gather empirical evidence in this regard, the improvement of health conditions was often spontaneously mentioned and includes: decreased incidence of diarrhea and worm infections, less malaria, less skin diseases. Better health relates obviously to increased productivity, higher school attendance of children and less expenses spent on health care.

Finally, having a more comfortable life (via better health, a more hygienic environment, more cooperation, ...) impacts positively on the lives of the people and their social interaction. The latter is also intensified by the momentum created via the program that through its non-subsidy approach and the many awareness creation and mobilisation activities, contributes to increased self-esteem and pride. In many cases these activities have brought villagers closer to each other and empowered them to jointly engage in other activities. However, no explicit attempts have been undertaken (e.g. by government instances) to bank on the social capital developed via SHAW.

The program has well addressed the practical needs of women in particular. Indeed, the positive changes in environmental conditions and personal health impact in first instance on women and provide solutions to problems they experience daily. For some women, in particular the *posyandu* cadres, their involvement in the program might have increased their social status and self-esteem, which might (or might not) have had an influence on their position in the household and the local community. However, by ignoring gender the program missed a golden opportunity to contribute to gender equality. Indeed, sanitation seems to be an area that by excellence can be used as an entry point to work on more egalitarian gender relations.

5. Sustainability of program benefits

The sustainability perspectives of the main program benefits, which are related to STBM adoption, are undoubtedly good. There are strong indications that STBM is well grounded in the people's lives and that STBM has become part of their lifestyle and a social obligation. The spontaneous improvements of sanitary facilities along the sanitation ladder, but also related to pillars 2 till 5, are another illustration of the firm socio-cultural embedding of STBM. Further, the strong conviction that STBM contributes to a decrease of illnesses certainly constitutes an important guarantee for benefit sustainability. Further, financial considerations play a limited role only; in other words adoption and maintenance of STBM is mostly financially viable (with some exceptions in atypical villages of at the level of needy families that often are supported by the others).

Other positive factors include: the high level of ownership of the results, which have been realized by the beneficiaries themselves; the high level of knowledge and positive attitude towards STBM, at the level of both men and women; the fact that STBM is not only considered as a change process at household level, but also as a community duty; the existence of social drivers such as the STBM declaration at village, sub-district and district level; and the fact STBM has improved social cohesion at the village level via the interplay among government official, health cadres, traditional and religious leaders, and is often supported by community actions such as the weekly cleaning of the village environment. Concluding, it can be stated that as there are few if any reasons to believe that people might give up their STBM practices (though some slippage might be unavoidable), there are no reasons to believe that the health, economic and social gains achieved would not be sustainable.

The institutional dimension of sustainability seems to be the most vulnerable part of the program. One might even state that this is the Achilles-heel of the program, but the evaluation thinks that this is too strong a statement. Ensuring a certain level of institutional embedding of

STBM is indeed important, but a strong enabling environment is particularly a key for success during the adoption process of STBM, but not that much in the subsequent consolidation phase. At that moment a 'regular' inclusion of STBM in local development plans, mechanisms, etc. should be sufficient, well knowing that it is impossible to maintain STBM as a government top priority over a longer period. The fact that, in particular at village level where the bottom-up effect from empowered communities plays an important role, there will be substantial financial resources available in the future, constitutes another guarantee for sustainability. Only in areas where STBM has not yet gained sufficiently ground is there a need for continued awareness raising, training, etc. to bring the enabling function of government institutions to the level needed to ensure widespread change. Concluding, the Evaluation Team thinks that even with a weakening enabling environment, most of the changes at grassroots level will be sustainable. People simply value too much the changes brought by STBM and will not go back to OD.

7.2 Overarching analysis

SHAW is clearly a successful program and, as is mostly the case with good programs, success is to be attributed to a series of factors that to a major extent have been mutually enforcing.

First of all, SHAW managed to introduce STBM in an environment, characterized by ambiguity, with on the one hand a high level of reluctance at the institutional level, but with also much openness at the grassroots level. While the decision to adopt STBM as a policy was adopted in 2008 (and even mentioned before), it took a very long time before it was fully adopted as a concept *at the institutional level*, where for a long time the focus has been on toilets only. In addition, the non-subsidy approach, while part of the policy, was and often still is not yet fully endorsed, with a government allowing two conflicting approaches to co-exist, creating a lot of uncertainty. Lastly, the five-pillar approach was often not supported by the sector ministries, in particular the ministry of health, as it was perceived that STBM (could) delay the performance of the MDG 7c target.

On the other side, SHAW has had the advantage that it could operate in a generally conducive environment *at the grassroots*. Demand for improved sanitation already existed in most program areas that have seen their welfare drastically increase over the last decades; in such a context, improved sanitation is considered as being part of human dignity and a 'modern' lifestyle: having a toilet is considered as important as, for instance, enjoying the advantages of a hand phone (as somebody stated during an interview). In this regard, it should be noted that in most areas other less successful programs have paved the way for SHAW by starting up the tedious process of behavioral change related to sanitation years before SHAW entered the area.

This generalized demand from the population has been in most cases well understood by local governments that also realize that ensuring improved sanitation should be a key area to be addressed. Local governments were also triggered by the issuance of favorable policies at the national level promoting STBM as the strategy for (rural) sanitation. As such, most governments very quickly reacted positively to SHAW's demand for cooperation. Another important environmental factor is the existence, at village and sub-district level, of key services such as a well functioning health service and, in particular, well functioning *posyandu* cadres that provided SHAW the crucial relay allowing it to reach out effectively to all village households. Lastly, everywhere the program could rely on local service providers that ensured adequate access to sanitation. Construction materials are available at a reasonable price, and the private sector reacts rapidly on demands from the population (e.g. closets). And while SHAW had to fight against resistance sparked by its non-subsidy approach, this difficulty precisely forced it to continuously adapt and fine-tune its approach and strategy, an end up with a well tested and highly professional approach.

A second series of factors relates to the characteristics of the program itself. The Evaluation thinks that the double-track approach working both 'top-down' (using the government machinery) and bottom-up (creating demand at the grassroots) has been a key strategic

factor, which has in particular allowed the program to reach out to an important number of people. Secondly, using relatively strong NGOs as implementing partners has been an adequate strategic choice provided that these NGOs disposed of crucial capacities (in terms of adequately approaching local communities, awareness raising, providing quality services, ...) government agencies often do not dispose of. In addition, (professional) NGOs have the capacity to assume a broad variety of tasks, which was quite crucial in the SHAW setup: they needed to be capable to liaise both with the grassroots and district level authorities. Finally, the STBM approach in itself contains important characteristics that have endorsed smooth adoption of the proposed behavioral changes. Indeed, while STBM is an integrated set of behavioral practices related to various dimensions of sanitation and environmental health, it is not that demanding in financial terms. In addition, its adoption does not require a substantial package of accompanying measures to improve the knowledge and attitude of the population. Notwithstanding the fact that STBM is a combination of measures and as such an innovation in rural sanitation, the required changes are rather down-to-earth and relatively modest, at least perceived from the socio-cultural perspective of East Indonesia.

Finally, the third cluster of factors explaining SHAW's good performance relates to the way the program has been managed and implemented. SHAW has been lucky to have a capable program coordinator, who has been in charge of implementation throughout the entire program period. He has been able to strike a delicate balance between the need for firm program direction and a demand for flexibility allowing partners to experiment and develop approaches and instruments along their own organizational culture and preferences. Furthermore, the staff members of the implementing NGOs initially often did not dispose yet of the required technical and methodological skills and background, but most of them were capable and, above all, eager to learn. SHAW has been able to provide them with the necessary technical and other skills in this regard. The implementing partners have further proven to be excellent learners that were capable to develop innovative approaches on the basis of what they acquired from SHAW. The fact that the program coordinator, after an initial period with much reservation and restraint from the participating partners, succeeded in gradually creating a culture of exchange and mutual learning added much to this process. A few external service providers in charge of setting up the M&E system, managing the program coordinators meetings and triggering knowledge management completed the efforts of SHAW's program office and blended SHAW into an effective program that combined a sound focus on results with care for underlying processes to enhance learning and, eventually, sustainability.

8. RECOMMENDATIONS

The recommendations hereafter are grouped into three categories:

- short-term recommendations that relate to the final stages of the SHAW program so as to consolidate its achievements and ensure the implementation of an adequate exit strategy; a period of 6-7 months after submission of this evaluation report (i.e. till mid 2015) is considered as realistic for the implementation of these recommendations, for which the unspent (EKN and partners') budget can be used, whereby it should be noted that some of the recommendations cannot be completed in this period;
- mid-term recommendations meant to enhance the replication of SHAW;
- strategic recommendations which address the further development of the sanitation sector in the country.

While it is important that all stakeholders should be aware of the entire set of recommendations, for each recommendation we have indicated the actor(s) most targeted. These actors are mentioned in bold; other actors that to some extent are concerned by the recommendation are mentioned in italics.

8.1 Short-term recommendations related to the consolidation of SHAW's achievements and its exit strategy

1. *While STBM adoption has been impressive overall, it has been uneven in and within the SHAW program areas; as a result, sustainability is still at stake in some of districts. This applies in particular for those program areas (notably Sumba, Biak island and East Lombok) where the program does not entirely cover the district. In these areas, SHAW should step up its capacity building efforts for stakeholders from district till village level so as to ensure further understanding and institutionalization of STBM. In case a next phase of SHAW is decided upon (see also 8.2), these capacity building efforts should be framed in a mid-term plan that goes beyond the duration of SHAW, as the few remaining months of SHAW are not sufficient to ensure sustainability of program benefits in the areas mentioned above.*

(SHAW program unit, SHAW implementing partners, local government institutions, EKN, BAPPENAS, MOH)

2. *The evaluation is positive about the M&E approach developed via SHAW as it does not only generate important management information at various levels, but also enhances learning and the sustainability of STBM adoption. However in view of the imminent closure of SHAW, modifications are needed to ensure the sustainability but also the comprehensiveness of the present system.*

The present M&E system only addresses one of the three components of the STBM approach, i.e. the actual adoption of STBM related behavior. SHAW should simplify the M&E system related to this component so that it becomes more user-friendly, less demanding and easier to understand, whereas it should continue to generate strategic management information. The simplification of the system should be undertaken in a participatory way with all partners concerned. The evaluation team has the following suggestions in this regard:

- the present system can be maintained till the STBM Declaration stage for internal use as it allows close follow-up of the change process at village level, but slight changes might be needed to ensure improved compatibility with existing monitoring activities to be conducted at the local level for which the sanitarians of the health centers are responsible;
- once a village has obtained the STBM Declaration, the system should be further simplified and focused on monitoring the acquired behavioral changes (outcome

level) only; this simplification should take into account the results of the process presently undertaken at the national level to elaborate an amplified (five pillars) national monitoring system (see also next recommendation).

On the other side, there is a need to include in the M&E system key indicators related to the two other components of the STBM strategy: the creation and development of an enabling environment and the development of adequate access to sanitation. Monitoring these two components is an activity that is crucial during program implementation, but less once STBM has been adopted at the local level. It is proposed that efforts to expand the M&E system are initiated under SHAW and carried over to the next phase in case a new phase is decided upon.

(SHAW program unit, SHAW implementing partners, IRC, local government institutions)

3. *The evaluation has welcomed the initiatives at the national level to expand the national monitoring system, which presently is focusing on ODF behavior only; the experience of SHAW is a useful input in these expansion efforts. However, there is a need to review the present way of working which most probably will not guarantee quality results in the short run.*

The setup of a national M&E system that includes the five STBM pillars is an important priority for the country to support its present and future international commitments (MDGs, SDGs); in addition, the development of such a system is a logic follow-up of the Ministerial Decree 3/2014. SHAW and its partners should continue to provide their support to this process. Actors at the national level should further review the way the expansion process is presently being implemented. Thereby it seems important to agree, under the overall coordination of BAPPENAS, on the position of a coordinator/focal point who manages the change process towards a more comprehensive monitoring system incorporating the five pillars. More in particular this coordinator/focal point should be able to decide on some important pending technical problems such as the co-existence of two partially overlapping databases. SHAW should also ensure that its experience with regard to its efforts to expand the M&E system (see previous recommendation) are shared with national working group and a discussion held on the desirability and feasibility of including (some of) these indicators in the national M&E system.

(SHAW program unit, BAPPENAS, MOH, other members of national working group)

4. *The evaluation learned that local cadres and volunteers play a crucial role in ensuring an adequate reach out of SHAW at the local level, in monitoring and supporting the adoption process and in ensuring sustainability of behavioral changes. As such, these local cadres and volunteers are the spearhead of the program and their adequate functioning is key both in the post SHAW period and in new programs. The tasks these cadres and volunteers are taking up is however very substantial and demanding.*

SHAW should initiate the development of a strategy to ensure the continuity of the involvement of local cadres and volunteers. Such a strategy includes provisions for regeneration and gradual phasing out of older cadres who want to retire. Specific measures should be context specific and, hence, can vary among the districts covered by the program. They might include the setup of a reward system (financial or in kind) for cadres and volunteers, the introduction of measures to alleviate the burden of female cadres, the provision of free health care for cadres and their family in the local health centers, the issuance of a certificate, ...). The introduction of the new Village Law might provide new opportunities in this regard. The further development of this strategy should be part of an eventual next phase.

(SHAW program unit, SHAW implementing partners, local government institutions, cadres and volunteers)

5. *While the strength of the SHAW approach lies to a major extent in its clarity and straightforwardness, it should be recognized that it focuses only on behavioral changes at the household level whereas other issues related to environmental health need to be addressed and will gain in importance in the future. Already at this moment, SHAW should start to address these issues, which allows it gaining experience for future programs. In addition,*

present experience allows introducing some modifications related to some of the five STBM pillars.

It is recommended that SHAW introduce the following operational modifications (some already applied to some extent) to its present approach, which should also be taken over in future replication initiatives:

- a. Pillar 4 (solid waste management) should be modified whereby the composting of organic waste and the adoption of a 3R approach (reduce, re-use, recycle) in particular with regard to plastic waste should be recommended;
- b. Increased attention should be paid to the management of livestock within the settlement area of villages so as to avoid that animal excrements pollute the village environment;
- c. Information related the Ministerial Decree on STBM (3/2014) should be provided more exhaustively, in particular at the sub-district and village level.

(SHAW program unit, SHAW implementing partners, local government institutions)

6. *In many ways, SHAW has been an innovative program and much experience and expertise has been gained. Efforts have also already been undertaken to take stock of SHAW's rich experience in view of future (external) sharing and dissemination, and replication. However for various reasons these efforts have not yet culminated in well designed outputs/products (brochures, manuals, short studies, publications). The danger exists that this aspect of SHAW remains unaddressed now that most attention and energy is devoted to implementing the exit strategy.*

SHAW should consider the capitalization of its experience and expertise as a top priority, as this is an important factor for eventual replication of the program. This includes:

- a. The finalization of the outputs which are presently in the pipeline, so that these can be publicized; thereby it will be important to define a dissemination strategy for these outputs;
- b. The publication and dissemination efforts should be coordinated adequately with the initiatives of the implementing partners who also are engaging in capitalization and dissemination efforts;
- c. One of the publications should address SHAW's experience with the setup, application and adjustment (i.e. simplification – see recommendation 2) of its M&E system;
- d. Another capitalization effort should be the implementation of a small study to analyze more in depth the costs and benefits of STBM adoption at district level. This study should in particular address the various parameters that influence the cost-efficiency and cost-effectiveness of STBM introduction and follow-up; as such it should provide key information to districts that are interested to introduce STBM;
- e. Capitalization outputs should include clear suggestions with regard to the way STBM should be socialized, the buy-in of local actors can be ensured and changes should be institutionalized (and, where necessary, enforced).

(SHAW program unit, SHAW implementing partners, KM advisor, BAPPENAS, MOH, EKN)

7. *The Village Law 6/2014 will profoundly change the approach of planning, funding, implementation, monitoring and evaluation of development actions at village level. This will inevitably affect the way SHAW and future similar initiatives have to be implemented at district, sub-district and, above all, village level. At this moment (November 2014), the implementation modalities of the new law are still being prepared.*

SHAW and its partners should follow up the developments with regard to the definition of the implementation modalities of the new Village Law 6/2014; once these modalities have been clearly defined, it should engage in a comprehensive reflection to adapt its strategy and approach where necessary. This should also become a major issue of attention in an eventual new phase of SHAW.

(SHAW program unit, SHAW implementing partners, BAPPENAS, EKN)

8. Simavi should make a priority of its official registration as an international NGO in Indonesia. It should thereby follow the existing (and well established) procedures, which will culminate in the signing of a MoU with a technical ministry (most probably the MOH).
(**Simavi, BAPPENAS, EKN**)

8.2 Mid-term recommendations related to the replication of SHAW

First of all, it is important to remind that some of the short-term recommendations are to be addressed also in a possible extension of SHAW and in any replication effort of the program; more in particular this relates to recommendations 1, 2, 3 (possibly), 4, 5 and 7.

9. *Despite the fact that SHAW has gained ample experience with the introduction, implementation and scaling-up of STBM, the latter is still an innovation at the national level where rural sanitation strategies so far have mainly dealt with the promotion of ODF behavior and hand washing to some extent.*

Replication efforts of the SHAW experience should take STBM in its present form (i.e. without modifications) as their basis. In first instance, STBM should hence be further consolidated via the capitalization of experience in other socio-cultural and demographic settings. As such improvements *within* each pillar should become the major focus of future replication efforts.

(SHAW implementing partners, other rural sanitation actors, local government institutions, Simavi, BAPPENAS, MOH)

10. *Future replication of SHAW should allow some degree of experimentation and change, preferably to be realized in first instance within the five existing pillars. The analysis of the SHAW experience and the many exchange events that have been organized have allowed identifying some key characteristics related to STBM that are to be maintained in any future replication effort.*

The strength of STBM lies in the combination of a series of elements that preferably should be maintained in any future replication effort. These include:

- a. *The application of a non-subsidy approach at village level.* Rural families are mostly able to ensure themselves STBM adoption. Only in exceptional cases the provision of financial or material support should be considered (e.g. when toilet construction is expensive; in the case of needy families), but such support should be organized via existing support mechanisms at village level whereby the program only plays a facilitating role;
- b. *The application of a double track approach,* combining grassroots awareness raising and mobilization with the creating of an enabling environment at district, sub-district and village level; the SHAW flow of activities can be used as a guidance for developing and fine-tuning this approach in new districts;
- c. *The joint implementation of the five STBM pillars,* which has proven its added value at all levels.

(SHAW implementing partners, other rural sanitation actors, local government institutions, MOH, Simavi, BAPPENAS)

11. *While the STBM approach has been brought to maturity via SHAW and should become the backbone of any new replication effort, the latter should include some adjustments, which will further enhance its relevance, effectiveness and replication.*

Future replication of STBM in new districts (and finalization of the STBM process in some of the present SHAW districts, see recommendation 1) should include the following adjustments (compared to the present approach):

- a. The introduction of STBM in new districts should not commence without a clear and unambiguous commitment from the district head (bupati) and district parliament (DPRD). Such commitment should include: the inclusion of STBM as a priority program in the district head's program, its integration in the district planning and budgeting system and outputs, the in-district STBM replication with own resources.

The modalities of the district's commitment are preferably to be included in a MoU signed by the district authorities and the program;

- b. New programs should only cover around 30% of the costs needed to implement STBM in a district, the remaining funds to be mobilized via other sources (district budget, among others); the introduction of STBM should hence become a joint effort of district and external program partner(s), whereby the latter focuses on capacity building at all levels (including the promotion of STBM at the grassroots) and on adapting the existing approach to local circumstances;
- c. New programs should have as their major focus (even more than in the past) the adequate putting into function of local government institutions that are supposed to play a role in STBM introduction and maintenance;
- d. The promotion of STBM at school level should become an integral part of the program approach at village level (including other education institutions, market places, ...) and not be designed as a separate program component. As such, local cadres and village authorities should where necessary be empowered to engage in advocacy efforts to ensure that existing sanitation related programs at school level (such as UKS – Health in Schools Initiative) are duly implemented;
- e. The development of the supply component of STBM is to be reviewed via an analysis of existing present (and future) needs in terms of access to sanitation; sanitation marketing might (or might not) be a strategy to be taken into account in this regard:

(SHAW implementing partners, other rural sanitation actors, local government institutions, MOH, BAPPENAS, EKN, MOE, Simavi)

12. *Gender is an aspect that requires specific attention and has not been adequately addressed so far in STBM implementation. As (rural) sanitation is an area where that affects gender perceptions, roles and functions, adequate replication of STBM cannot ignore the integration of gender in the entire change process.*

Gender is to be integrated in all steps of the STBM program cycle and should preferably be based on a gender sensitive analysis of prevailing practices to sanitation at district and village level. Specific points of attention related to gender integration should include:

- a. the design of mobilization and awareness raising activities in such a way that both women and men are targeted and 'labeled' as responsible actors for the changes required;
- b. the ex-ante assessment of the impact of STBM introduction on the workload of women and women cadres and, if necessary, the adaptation of the approach in such a way that increase of the workload of women and women cadres is avoided;
- c. (optional) the design and implementation of STBM introduction in such a way that STBM introduction contributes to gender equality;
- d. the situation with regard to gender-based violence at school level⁴⁹

(SHAW implementing partners, other rural sanitation actors, local government institutions, MOH, BAPPENAS, EKN, Simavi)

13. *It can be expected that in the medium term new challenges will emerge with regard to rural sanitation. These will come up at different moments in time, according to local circumstances (quite rapidly in semi-urban and high population density areas; later in truly rural areas). Dealing with these challenges will be more complex than STBM management at household level and, hence, will require thorough preparation via on-site experimentation.*

Adequate management of STBM in the future will require the management of new problems that are expected to arise and might compromise the sustainability of the benefits achieved so far. These include: the management and recycling of solid waste (in particular plastic waste), sludge management in rural areas, sustainable solutions for livestock management. The search for adapted solutions should include experimentation in

⁴⁹ A recent study conducted by Alex Munive (Global Girls Innovation Programme Manager at Plan International) in five South and South East Asian countries including Indonesia revealed disturbingly high levels of gender-based violence in schools, a.o. related to the lack of adequate sanitation infrastructure, regulations and practices (the study is expected to be available in December 2014).

'old' STBM villages and take into account the substantial body of knowledge that has already been gained in these areas.

(SHAW implementing partners, other rural sanitation actors, knowledge institutions in Indonesia and the Netherlands, EKN, BAPPENAS, Simavi)

14. The present positive experience with SHAW where partners with a different organizational culture managed to cooperate effectively and improve each other's performance could (or should?) be used as a basis for developing a broader network of rural sanitation actors that continues the present exchange and mutual learning efforts. This network can eventually evolve into a more permanent partnership structure taking the creation of added value as a major guiding principle. Thereby, even more than has been the case in SHAW, efforts should be undertaken to optimize the expertise of each individual partner, which might lead to a setup where particular partners take the lead in particular areas and where, hence, not all partners perform the same tasks in all program areas.

(SHAW implementing partners, other rural sanitation actors, knowledge institutions in Indonesia, IRC, EKN, BAPPENAS, Simavi)

8.3 Strategic recommendations

15. Any effort in Indonesia to promote sanitation in the future should take STBM (i.c. its five pillars) as its basis. Such efforts should however not necessarily take the first pillar (introduction of toilets) as entry, but adjust their approach to local preferences (e.g. urban communities might be interested to give priority to pillar 4: solid waste management)
(all actors concerned)

16. *At this moment there is a major window of opportunity for the nationwide introduction of STBM: a well tested and viable model, a strong demand from the grassroots, a newly installed government that has the ambition to give priority to livelihood improvement for the poor via concrete measures, and the existence of funds and funding mechanisms at district and village level which will gain importance in the near future.*

The nationwide introduction of STBM should become a major priority in the immediate future and efforts to ensure its dissemination should be stepped up.

(all actors concerned, but in particular BAPPENAS and MOH)

17. Donor organizations should continue to support the introduction and dissemination of STBM but should earmark their support strategically:
 - a. Support to STBM implementation at the grassroots can be continued but should be directed only to regions that are lagging behind (high level of poverty, low levels of STBM adoption) and, hence, present particular challenges; donors should take into account that bringing and sustaining change in these areas might take time and, hence, be ready to fund programs during a relatively long period;
 - b. Donors should support the development of STBM related innovations (as mentioned among others in recommendation 14), e.g. related to sludge and solid waste management. Such innovations should however not be confined to the technical aspects of rural sanitation, but might also include institutional aspects (such as the set up of a rural sanitation network (see recommendation 15 above)

(EKN, BAPPENAS, MOH).

8.4 Advice on the positioning of the Netherlands' water sector in the area of rural sanitation in Indonesia

The future positioning of the Netherlands' water sector in rural sanitation in Indonesia is to be framed in the Dutch government policy that considers Indonesia as a key strategic partner for the Netherlands in Asia. Thereby, new cooperation is to be viewed as a further step in the

transition to a trade and aid partnership, in which various actors from the water sector (companies, knowledge institutions, NGOs, government agencies, water utilities, ...) should play a role.

The SHAW evaluation has learned that in the forthcoming years the importance of 'rural sanitation' (and even better: sanitation at large) will probably increase as a result of various developments: the increasing demand from the population that desires to match its socio-economic progress with adequate sanitation, the increased attention of the political leaders both at national and decentralized levels, the availability of important financial resources, in particular at the local level, and the existence of an important body of knowledge and skills to effectively design and implement rural sanitation actions.

The potential for the actors belonging to the Netherlands' water sector to participate in the development of rural and semi-urban sanitation⁵⁰ varies along a series of parameters that relate to institutional, demographic and natural characteristics and the geographic location. This being said, overall the potential is limited for developing business cases that might offer investment opportunities for Dutch private actors. There are various major reasons for this limited potential: the low level of investment needed in the sector, the fact that most constraints can still be addressed with relatively cheap and easy technologies and the capacity of the local private sector to address the emerging problems and constraints. The major challenge is, hence, situated at the level of defining an adequate approach to induce, expand and sustain behavioral change. Furthermore, this adoption process should be accompanied by efforts to improve local technologies and transfer knowledge so that regions, communities and families are better informed about existing technical solutions. More specifically, the following can be stated:

- in remote areas with a low level of socio-economic and institutional development, there is still a need for support to the introduction of rural sanitation following an approach that is similar to that of SHAW; while local partners have been strengthened via SHAW, there still is a role to play for Dutch actors (specialized NGOs, knowledge centers), but rather in a supporting position; the primary challenge in these areas is clearly on setting in motion and expanding the adoption process;
- the same type of Dutch support can be considered in less challenging rural areas, but with an even lower profile and with a stronger focus on strategic monitoring and backstopping, learning, and, to some extent, technical support and innovation (to develop and promote higher quality technical solutions, among others);
- in 'regular' rural areas and semi-urban areas that are characterized by high demographic growth rates and/or high population densities, it can be expected that challenges related to (among others) sludge and solid waste management and (in some areas) liquid waste management will increase; in these areas, there might be a bigger potential to bring in technical expertise related to particular issues (septic tanks, sludge treatment facilities, communal facilities for solid and liquid waste management, ...), but also to assist local governments in the setup and management of specialized services/utilities;
- some specific areas/problems that are technically not well addressed and might provide opportunities (again in particular for advice, not really for investment) include: the construction of toilets in areas subject to flooding and the development of adequate technical solutions for school sanitation (toilets in particular);
- overall there is a need to improve the quality of the technical solutions offered; the domestic private sector is, indeed, proactive in identifying and grasping new business opportunities, but often lacks the technical skills and drive to come up with product of good quality (e.g water taps, toilet pans, hand-wash stations, ...); improved quality will become increasingly an issue as households move to higher ranks on the sanitation ladder.

⁵⁰ Urban sanitation, which provides different challenges and opportunities, is not included in this analysis.

ANNEXES

ANNEX 1: TERMS OF REFERENCE

Context

The Ministry of Foreign Affairs created an instrument (facility) to support the Embassy Kingdom of The Netherlands (EKN) in Jakarta with the development and (re)design of their 'multi-year water program'. This facility is called the 'Water OS' program (Water OS), which is coordinated and managed by the Netherlands Water Partnership (NWP) and Rijksdienst voor Ondernemend Nederland (RVO.nl). The overall aim of this programme is achieving high quality bilateral development cooperation through value added by Dutch Water Sector. Hereto the Dutch embassies in the 'water focus countries' will be assisted in implementing an ambitious water programme, where possible and beneficial using the broad spectrum of expertise of the Dutch water sector. Further to this the following three result areas have been formulated:

- Result Area 1: More focused and result-oriented programmes/projects in water-related matters within the Multi-annual Strategic Plan of the Dutch embassy in the partner country
- Result Area 2: Achieve and strengthen partnerships between local and Dutch water sector in a way that the networks remain active also after phasing out of Dutch government assistance.
- Result Area 3: Strengthened/improved link with other policy priorities (food security), cross-cutting themes (environment & climate, gender and good government), policy programmes (Water Top Sector, Global Water) and policy instruments (ORIO, PSI, etc.)

The formulated assignment in this Terms of Reference (ToR) will be within the context of the 'Water OS' program. More background information is available at the website of the 'Water OS' program.

1. Background of the SHAW Program

1.1 The SHAW programme

The Sanitation, Hygiene and Water programme for Eastern Indonesia SHAW (2010 – 2014) aims for the realisation of an enabling environment for communities in 9 selected districts in Eastern Indonesia to realise a sustainable healthy living environment through coordination action on community sanitation and hygiene as well as school sanitation.

Specific objectives have been identified in terms effective realisation of adequate sanitation and hygiene conditions, capacity building at different levels of government administration and at the level of capacity of the partner NGOs.

The specific objectives of the SHAW programme have been translated into the following main activities areas:

- Sanitation and hygiene behaviour change using the 5 pillar STBM ("Sanitasi Total Berbasis Masyarakat", Community Led Total Sanitation) approach in communities and schools;
- Creating an enabling environment from village up to national level to support the implementation and ensure sustainability;
- Capacity building of the implementing SHAW partner NGOs;

The programme also has a drinking water supply component, but at a limited scale due to budget constraints during formulation and explicit priority for sanitation. It is therefore not an explicit part of the final evaluation.

1.2 General data

Programme period:	April 2010 – December 2014
NGOs involved:	Simavi (coordination), CD-Bethesda, Plan Indonesia, Rumsram, YDD and YMP
Support from:	Indonesian Ministry of Planning (Bappenas), Embassy Kingdom of The Netherlands Jakarta (EKN), IRC, CAPS, UNICEF and in previous years WASTE and Waterboard Zuiderzeeland
Programme areas:	Biak (Papua), Flores, Sumba and Timor (NTT), Lombok (NTB) and Jakarta (national level)
Target	750,000 persons having improved health through sanitation and hygiene 107 schools
Budget:	€ 15.4m (55% by EKN, 30% by communities, remaining by SHAW NGOs) Investments and services by GoI in water and sanitation in SHAW area

1.3 Sanitasi Total Berbasis Masyarakat(STBM) approach

'Sanitasi Total Berbasis Masyarakat' (STBM) is the approach introduced by the Indonesian Ministry of Health in 2008, to improve the sanitation and hygiene situation for Indonesia. When comparing STBM to CLTS (Community Based vs. led total sanitation), one could observe that the STBM approach is a next development after CLTS by its explicit attention to hygiene and environment (pillar 2 – 5).

The STBM approach includes 5 pillars:

- Open Defecation Free communities
- Washing hands with soap
- Household water treatment and Safe storage of water and food
- Solid waste management
- Liquid waste management.

The SHAW programme is probably the only programme in Indonesia implementing the 5 pillar STBM approach at sub-district and district scale. Other projects are active in one or two pillars, mainly focussing on sanitation. This brings a pioneering role to SHAW in order to develop methods to reach full STBM coverage including scaling-up methods.

Within the SHAW programme several complementary activities are undertaken to support the 5 pillar STBM approach notably monitoring, the development of a school sanitation approach, private sector involvement and sanitation marketing as well as knowledge management.

1.4 Progress and development

According to its original project document of 31 March 2010, the SHAW Programme aimed to target 100% STBM for 750,000 persons in 9 districts of East- Indonesia, located in NTT province (Flores, Sumba and Timor) and Papua province (Biak). The Inception Report (November 2010) reduced the target by indicating that 80% of the targeted number of households will fully respect the 5 pillars of STBM, and added schools for STBM but without a target indication.

Recent progress and planning reports state however that SHAW will reach around 1.4 million persons in 1,074 villages with STBM promotion and also 538 primary schools in 9 districts, located in NTT province and Papua province as well as NTB province (Lombok). End of December 2013, in total around 875,000 persons fully respected the 5 pillars of STBM.

SHAW also provides support to the national level working group on sanitation (Pokja AMPL) at the National Planning Ministry (Bappenas) in Jakarta.

1.5 Institutional framework, organisation and partners

The programme operates under overall guidance of the National Working Group on Drinking Water and Sanitation (Pokja AMPL) and the Directorate of Human Settlements of the Ministry of Planning (Bappenas).

The SHAW programme touches the government administration and other stakeholders at dusun (hamlet), desa (village), kecamatan (sub-district), kabupaten (district), province and national levels. Besides the government structures, these stakeholders comprise community volunteers, community organisations, the private sector and some local NGOs.

The programme has several agreed partners and interested stakeholders. There are five Indonesian SHAW partner-NGOs operating in the field and at (sub-)district level: CD-Bethesda, Plan Indonesia, Rumsram, Yayasan Dian Desa YDD and Yayasan Masyarakat Peduli YMP.

The government collaborates closely with the SHAW programme through Bappenas, the Ministry of Health, the Water and Sanitation Working Group (Pokja AMPL) at national and district level, the Administrative Heads Bupati, Camat, Kepala Desa at respectively district, sub-district and village level, and the sub-district health structure (Puskesmas).

Organisations involved in the programme implementation are IRC (monitoring, capacity building), a private consultant (water supply), CAPS (Ecosan) and UNICEF (collaboration in STBM). In previous years, WASTE and the Water Board Zuiderzeeland gave input. The overall management of the programme is done by SIMAVI.

The programme was subject of an internal Mid Term Review in 2012 done by an external consultant. This review confirmed to a large degree the orientation of the project but requested substantial more attention for the field of school sanitation.

The SHAW programme receives funding from the Embassy of the Kingdom of the Netherlands (EKN), from SIMAVI and from the Indonesian partner NGOs within the SHAW Programme. It also generates investments by the targeted households in its own sanitation and hygiene

facilities. The Government of Indonesia allocates budgets for STBM activities by several institutions, ranging from district to village and school.

During the SHAW programme period, the investments by the Government of Indonesia for safe water supply and sanitation continue coordinated by the Pokja AMPL District.

2. Objective

With this terms of reference the main donor of the SHAW programme, the Embassy Kingdom of The Netherlands in Jakarta, plans to organise the final evaluation in September – October 2014, concerning the entire implementation period between 2010 and 2014 and against the background of the changing relation between Indonesia and The Netherlands, from an aid towards a trade relation.

The objective of this evaluation is therefore two folded:

1. independent evaluation of the SHAW program;
2. sound advice on the position of the Dutch Water sector after the program period against the background of the changing relation.

3. Expected results/ outcome

Main expected outcomes of this final evaluation are:

- a. an independent assessment of the performance of SHAW to date, paying particular attention to the achievements of the program against its original and adjusted overall objectives and its central goal;
- b. an independent assessment of the programme achievements in terms of relevance, effectiveness, efficiency, consistency, impact, sustainability and coherence;
- c. key lessons and practical recommendations for the exit strategy of SHAW and the consolidation and/or replication of the achievements;
- d. an advice on the position of the Netherlands after de program period

Besides an assessment of the achievement of the quantitative targets and objectives of the programme, the scope of the evaluation will comprise;

Evaluation of the SHAW program:

- the quality of the enabling environment for STBM which has been created in the concerned districts
- the capacity of the partners-NGO's to monitor, maintain and extend the STBM results and process in and beyond the actual programme areas.
- the specific contribution of the distinct Netherlands partners (Simavi, IRC) to the different achievements
- the relevance and replicability of the institutional arrangement of the programme notably the central role of the 6 partner NGOs operation in partnership with each other and with government structures at different levels
- the performances and results of each of the involved NGOs (the 5 implementing NGO as well as the coordinating NGO)
the technical aspects, e.g. the sanitation and hygiene approach and the promoted hardware options;
the different components of the programme and their mutual relationship, e.g. STBM, school sanitation, sanitation marketing, water supply; the knowledge management dimension of the programme and it relevance for others parties in Indonesia (governmental and non-governmental) which are engaged in sanitation

Advice positioning Netherlands:

- the role and position of the Netherlands water sector, including private sector, knowledge institutes and non-governmental organisations;

- the role of the EKN in Jakarta.

4. Expected output

- An inception note outlining the review work plan and field work methodology and analytical framework;
- Synthesis reports of the fieldwork;
- A (power point) presentation to be used for the final workshop with main stakeholders to summarise the mission’s provisional findings, conclusions and recommendations;
- A draft final report evaluating SHAW’s results, containing lessons learnt and detailing recommendations for the exit strategy of SHAW including the consolidation and, if possible, replication, of the SHAW approach and achievement;
- A draft advise for the position of the Netherlands after the program period;
- A final report if major comments are made after submission of the draft final report.

In addition, the following is asked;

- The findings and recommendations shall be presented in a reader friendly and professional manner and may include illustrations and photos;
- An electronic version of the final report along with all the relevant annexes;
- A summary of the study of maximum 3 pages, which can be used for publication on websites of EKN in Jakarta and NWP/RVO;
- One joint mission report by the expert team;
- Representatives of the expert team should be available to present the findings during a sector meeting in the Netherlands.

5. Team composition

The team of experts for this assignment will work in close collaboration with local stakeholders and under the direct guidance of EKN in Jakarta to achieve the objective of this assignment. The EKN is responsible for the formulation of the ‘multi-year water program’ and the required financing. The mission is supported and facilitated by the EKN.

The review team will be composed of 3 – 4 experts, one international and two or three national (Indonesian). The international specialist is the team leader and responsible for delivering the outputs.

International expert/ team leader

Total days (max.)	10 working days preparation and inception 20 working days fieldwork 7 working days for analyses, conclusions and recommendations
Profile	International Senior expert Experience in evaluation. Experience in sanitation Climate Change Adaptation issues Rural Water Supply and Sanitation issues Communicator and team player Preferably experience in Indonesia Preferably basic knowledge of bahasa Indonesia Good English oral and writing skills
Role	Teamleader

National expert/ sanitation specialist (example)

Total days (max.)	tbd
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Profile	tbd
Role	tbd

National expert/ behavioral specialist (example)

Total days (max.)	tbd
Profile	tbd
Role	tbd

6. Method of Work

The final evaluation will have three phases: an inception phase, a fieldwork phase and a phase for analysis/conclusions/-recommendations.

The following phases and activities should be part of the review:

Inception phase

Step 1: The mission will start with a briefing at the EKN and with the Director Human Settlement of Bappenas

Step 2: The final evaluation mission will undertake a desk review of all relevant programme documents, including relevant programming documents and implementation manuals, and documents shaping the wider sanitation strategy/policy framework. The SHAW team will provide the mission with an analytical Position Paper on the current state of the programme, challenges and future perspectives. The desk review can be done also before the arrival of the international expert.

Step 3: Within 5 working days of commencement, the mission will present an inception note to the EKN and Bappenas. The inception report will outline the scope, methodology and proposed process of the final evaluation, as well as identify key stakeholders to be involved and activities to be undertaken. It will include a schedule for meetings with relevant parties and for field visits.

Step 4: During the inception phase, the mission will hold initial discussions with project management and counterpart organisations to gauge the relevance, efficiency, effectiveness, impact and potential sustainability of the programme. Part of these discussion and contacts can be grouped around a central location allowing to meet the main partners and to make a first field visit to involved communities

Step 5: During the first ten days the consultants will finalize the methodology and sample for field surveys/evaluation in the project areas. The first assignment of the international consultant will stop here

Field Work

Step 6. During a period of 4 weeks the national consultants will perform indepth fieldwork in selected communities taking part in the SHAW programme. The communities will have to be representative for the 3 provinces, 9 districts and 5 NGO-partner organisation involved in the project.

Field work will include quantitative and qualitative methods and review the process as well as concrete outputs and outcome of the project.

This step and phase of the evaluation will be concluded by synthesis reports by each of the consultants of the field work conclusions according to a common analytical framework

Analysis, conclusions and recommendations

Step 7: The international and national consultants will synthesize the findings of the inception and field work phase and formulate main conclusions and recommendations. Individual discussion with key stakeholders can be held, if necessary.

The main findings, conclusions and recommendations will be included into a Power Point format. These interim conclusions will be presented to the partner NGO's and the central level partner organisations in an evaluation workshop.

Final Report

Step 8: The consultants will submit a draft of their final report that will have incorporated the views and comments reflected during the central-level workshop within 2 weeks after the completion of their mission in Indonesia. The EKN will give the consolidated comments of the Bappenas and EKN within two weeks. The consultants will include these comments in the final version of the mission report when necessary.

7. Language

All reports and communication will be in the English language. If desired and in consultation with EKN Jakarta, (parts of) the communication and/or reports will be in bahasa.

8. Selection of experts

Experts will be selected based on the qualifications of the Curriculum Vitae, in relation to the described profiles in this Terms of Reference and within the policy for professional fees of the Ministry of Foreign Affairs.

9. Administration

The mission is organized and financed in the framework of the Water OS program which on behalf of the Netherlands Ministry of Foreign Affairs/DME is implemented by RVO.nl in cooperation with the Netherlands Water Platform (NWP). Contracting of the Dutch experts will be conducted by RVO.nl. The local experts will be sub-contracted by the Dutch team in close coordination with EKN.

10. Budget

Each individual expert for this mission is expected to provide an all-inclusive detailed budget including the fees and expected expenditures in order to conduct this assignment. While presenting a total budget for this assignment, the following items must be specified:

- Curriculum Vitae;
- Fees, specified in number of days and applied fee rates per person working in the Netherlands and abroad;
- Expenditures eligible for reimbursement and specified for accommodation and travel expenditures, based on the schedule of daily subsistence allowance rates (dsa), used by the Dutch Ministry of Foreign Affairs. The maximum rate is:
 - In Jakarta: € 120 for accommodation,-; €77,-for other expenses,-
 - Other: € 40 for accommodation,-; €35,-for other expenses,-
- Other costs.

ANNEX 2: EVALUATION FRAMEWORK

See following pages.

Data collection methods	Document-ary analysis		Inter-views NL	Inter-views Ja-karta	Field visits senior evaluators						Qualitative impact assessment (junior researchers)			
	Re-gular docs	M&E data			Interviews local level		FGD's local level	Inter-views at house-hold level	Direct observa-tion	Bene-ficiary inter-views	Direct obser-vation			
			Dis-tr.	Kec. & Vil.	Sch.	Interviews SIMAVI & implementing NGOs								
Evaluation subjects/questions														
2.3.1 STBM in general	X		X	X	X	X	X	X	X	X		X		
2.3.2 STBM in schools	X		X	X	X	X	X	X	X	X				
2.4 To which extent does the combination of the different program components (STBM, school sanitation, sanitation marketing, water supply, ...) work out well (e.g. produces synergies, efficiency gains, ...)	X		X	X	X	X	X	X	X	X				
2.5 To which extent are the M&E and learning (incl. knowledge management) approach of good quality?	X	X	X	X	X	X	X	X	X	X		(X)		
2.6 To which extent are the institutional arrangements of the program (among SIMAVI, NGOs, govt. institutions) efficient and replicable?	X		X	X	X	X	X	X	X	X				
2.7 To which extent are the overall performance and results of each of the involved NGOs (the 5 implementing NGOs as well as SIMAVI) and IRC according to standard?	X	X	X	X	X	X	X	X	X	X		X	X	
3. Effectiveness														
3.1 To which extent has the program reached the targeted number of beneficiaries?	X	X												
3.2 To which extent has an enabling environment (adequate STBM understanding and capacities, STBM as policy priority, ...) been created:														
3.2.1 at district level	X		X	X	X	X	X	X	X	X		X		
3.2.2 at sub-district and village level	X		X	X	X	X	X	X	X	X		X		
3.2.3 at school level	X		X	X	X	X	X	X	X	X		X		
3.3. To which extent has the program achieved its original and adjusted objectives and central goals:														
3.3.1 a sustainable healthy living environment created (villages and schools)	X	X	X	X	X	X	X	X	X	X		X	X	X
3.3.2 STBM principles applied villages and schools):														
a. Open defecation free communities	X	X	X	X	X	X	X	X	X	X		X	X	X
b. Washing hands with soap at critical moments	X	X	X	X	X	X	X	X	X	X		X	X	X
c. Adequate household water treatment and safe storage of water and food	X	X	X	X	X	X	X	X	X	X		X	X	X
d. Adequate solid waste management	X	X	X	X	X	X	X	X	X	X		X	X	X

Data collection methods	Documentary analysis		Interviews NL	Interviews Jakarta	Field visits senior evaluators						Qualitative impact assessment (junior researchers)		
	Regular docs	M&E data			Interviews local level		FGD's local level	Interviews at household level	Direct observation	Beneficiary interviews	Direct observation		
			Dis tr.	Kec. & Vil.	Sch.	Interviews SIMAVI & implementing NGOs						Beneficiary interviews	
Evaluation subjects/questions	X	X			X	X	X	X	X	X	X	X	X
	X	X			X	X	X	X	X	X	X	X	X
	X	X			X	X	X	X	X	X	X	X	X
e. Adequate liquid waste management	X	X			X	X	X	X	X	X	X	X	X
3.3.3 Private sector actors adequately involved	X	X			X	X	X	X	X	X	X	X	X
3.4 To which extent has the programme strengthened the capacity of the partner NGO's to monitor, maintain and extend the STBM results and process in and beyond the actual programme areas?	X	X	X	X	X	X	X	X	X	X	X	X	X
4. Impact													
4.1 To which extent has (or will) the program produce a positive environmental impact?	X				X	X	X	X	X	X	X	X	X
4.2 To which extent has (or will) the program produce a positive impact on health?	X	(X)			X	X	X	X	X	X	X	X	X
4.3 To which extent has (or will) the program produce a positive economic impact?	X				X	X	X	X	X	X	X	X	X
4.4 To which extent has (or will) the program produce a positive social impact; is the social capital produced by SHAW used in other contexts?	X				X	X	X	X	X	X	X	X	X
4.5 To which extent has (or will) the program produce a positive impact on gender equity?	X				X	X	X	X	X	X	X	X	X
4.6 Are there other (unexpected) positive or negative impacts?	X				X	X	X	X	X	X	X	X	X
5. Sustainability													
5.1 To which extent are the benefits related to a sustainable living environment sustainable?					X	X	X	X	X	X	X	X	X
5.2 To which extent are the benefits related to the enabling environment sustainable?					X	X	X	X	X	X	X	X	X
5.3 To which extent are the benefits related to the adoption of STBM sustainable?					X	X	X	X	X	X	X	X	X
5.4 To which extent are the benefits related to the strengthening of the participating NGOs sustainable?					X	X	X	X	X	X	X	X	X
5.5 To which extent are the (health, economic, social, gender) impacts sustainable?					X	X	X	X	X	X	X	X	X
6. What are the key lessons that can be learned	X	X	X	X	X	X	X	X	X	X	X	X	X

Data collection methods	Documentary analysis		Inter-views NL	Inter-views Jakarta	Field visits senior evaluators						Qualitative impact assessment (junior researchers)			
	Regular docs	M&E data			Interviews SIMAVI & implementing NGOs	Interviews local level		FGD's local level	Inter-views at household level	Direct observation	Beneficiary inter-views	Direct observation		
			Dis tr.	Kec. & Vil.		Sch.								
Evaluation subjects/questions	X	X	X	X										
from this evaluation?														
7. Practical recommendations <ul style="list-style-type: none"> for the exit strategy of SHAW for the consolidation and/or replication of the achievements 	X	X	X	X		X	X							
8. What advice on the position of the Netherlands after the program period can be provided: <ul style="list-style-type: none"> related to the role and position of the Netherlands water sector, including private sector, knowledge institutes and non-governmental organisations; related to the role of the EKN in Jakarta 	X		X	X		X								
9. What advice can be provided to BAPPENAS and other key Indonesian stakeholders: <ul style="list-style-type: none"> steps to be undertaken by central and local government to ensure sustainability of STBM results and encourage the population to step up in the sanitation ladder steps to be undertaken to upscale the program 	X		X	X		X								

ANNEX 3: LIST OF PERSONS CONTACTED

In the Netherlands:

- Peter de Vries, Water resources expert, Economic Department, Embassy of the Kingdom of the Netherlands in Indonesia
- Martin Keijzer, SHAW program coordinator
- Pim van der Male, Water and Sanitation specialist, Directorate General of International Cooperation
- Dick van Ginhoven, Water and Sanitation specialist, Directorate General of International Cooperation
- Ewout van Galen, Director Programmes, Simavi (via phone)
- Erick Baetings, Senior Sanitation Specialist, IRC
- Ivo van der Linden, coordinator NWP
- Paul van Koppen, NWP
- Hugo de Vries, Department of International Development, RVO

In Indonesia:

- Peter de Vries, Water resources expert, Economic Department, Embassy of the Kingdom of the Netherlands in Indonesia
- Christien Hukom, Program Officer Water, Economic Department, Embassy of the Kingdom of the Netherlands in Indonesia
- Martin Keijzer, SHAW program coordinator
- Galuh Wulan, program officer
- Yusmaidy, program officer
- Yuli Arsanti, finance and administration officer
- Ewout van Galen, Director Programmes,
- Saskia Geling, Program Manager WASH, Simavi
- Dinnia Joedadibrata, Staff member in charge of SHAW, Simavi
- Setiawan Deviariandy, Task team leader Rural Sanitation, WSP
- Nugroho Tri Utomo, Director, Directorate Settlements and Housing, BAPPENAS
- Wahanudin, Head, AMPL Working Group
- Kania Mayang, Staff member, Directorate Settlements and Housing, BAPPENAS
- Aldy Mardikanto, Staff, AMPL Working Group
- Kristine Darundiya, Head of M&E section, sub-directorate Water-related health issues and basic sanitation, Directorate Eradication of Environmental Diseases, Ministry of Health
- Eka Setiawan, WASH Program Manager, Plan Indonesia
- Nono Sumarsono, Program Department Manager, Plan Indonesia
- Simon Heintje, SHAW Program Manager SHAW, Plan Indonesia
- Mexi Eryan Nenobais, SHAW M&E officer, Plan Indonesia
- Christina Aristanti, Deputy Director YDD
- Anton Sudjarwo, Director YDD
- Sadinah, Primary Health Care Unit, CD-Bethesda
- Sri Bayu Selaadji, head of the M&E division, SHAW program manager, CD-Bethesda
- Kris Setyo Utoma, financial department, CD-Bethesda
- Hamdan F., staff M&E division, CD-Bethesda
- Kristiani Sulistiyowati, secretary of the SHAW program, CD-Bethesda
- Paula Hartyastuti, SHAW program coordinator, CD-Bethesda
- Agus Umbu Rupa, SHAW field coordinator, CD-Bethesda
- Henny Pesik, SHAW field coordinator, CD-Bethesda
- Moh. Saefulloh, SHAW staff, CD-Bethesda
- Pam Minnigh, KM specialist
- Nasarudin, SHAW program coordinator, Rumsram
- Ishak Matarhiri, director, Rumsram

- Susana Helena, SHAW program coordinator, YMP
- Noer Sakinah, SHAW program manager

Sikka district

- Maria Ernestias Sodin, staff of the district planning agency
- Melchior Kosat, Coordinator SHAW program
- Yoseph
- Moalela, facilitator
- Kosat Ikos, facilitator
- Mikes, field staff
- Maria Erwin, staff
- Franky, field staff
- Anselm, logistician
- Kanto, sanitation infrastructure specialist
- Christina Aristanti, Deputy Director YDD
- Village head, village staff, cadres and inhabitants of Ilin Medo village, Waiblama sub-district
- Village head, village staff, cadres and inhabitants of Kolisia village, Magepanda sub-district
- John Bola, head of sub-section environmental health, Health Department
- Richard, staff member of sub-section environmental health, Health Department
- Helena, STBM facilitator, Health Department
- Maria, STBM facilitator, Health Department
- XX, Department of Education, Youth and Sports
- Ashan Ali, staff of the district planning agency

Flores Timur district

- Rafael Aja Sena, Coordinator SHAW program in Flores Timur district, Flores
- Vincent (facilitator)
- Erna (facilitator)
- Sipri (facilitator)
- Frans (facilitator)
- Nista (facilitator)
- Wailolong village, Ili Mandiri sub-district: Yacobus Mila, Secretary of the sub-district, Simon, secretary of the village, staff of the local health centre, village staff, Posyandu cadres
- Wailebe village, Wotan Ulumadu sub-district, Petrus Ola, village head, Pius Boleng, sub-district staff, staff of the local health centre, village staff, Posyandu cadres
- Sagu village, Adonara sub-district, Moses, secretary of the sub-district, Michael, staff of the sub-district, Ridwan Kamba, village head, staff of the local health centre, village staff, Posyandu cadres
- Lamika village, Demon Pagong sub-district, Tommy, sub-district staff, Hermanus, Head of the Village, Paulus, secretary of the village, ward leaders, village staff, Posyandu cadres
- Lewomuda village, Demon Pagong sub-district, Tommy, sub-district staff, Sifinus, village head, ward leaders, village staff, Posyandu cadres, village midwife
- Theodorus L. Hudjon, Head of the District Planning Agency,
- Mans, staff of the District planning agency
- Yosef Usen Aman, Head of the Health Department
- Dominikus Hekin, staff of the Larantuka sub-district
- Raemondus Ratukeah, head of the Labao Tengah primary school (Larantuka)

Timur Tengah Selatan district

- Ir. Paulus VR. Mella MS., district head
- Tius Beno, Health Department
- Aba L. Anie, SH., M.Si., Head of the Department of Education, Youth and Sports
- Yuliana M. Tunlau, head of Oebeko primary school
- Simon H. Tulandi, Program Manager, STBM-SHAW

- Mexi Nenobais, staff in charge of M&E
- Syaechu Azis, Supervisor
- Adrianus Dambuk, Supervisor
- Josina M. Napu, finance and administration Officer
- Agus Haru, field staff
- Alfraido SeU, field staff
- Philius Tampani, field staff
- Yemi Tamelan, field staff
- Yosef H. Turut, field staff
- Juliani Talan, field staff
- Roland Taopan, field staff
- Jerry Feo, field staff
- Aloysius Jepapu, field staff
- Apliana Kitu, field staff
- Maria O. Manehat, staff
- Wahyu Indrawan, Data Entry
- Nusa village, Amanuban Barat sub-district: Yunus Nuban, village head, Piter Bani, village secretary, Nahor Nesimnasi, village staff, Amos Faot, village staff, Melky Beii, village staff, Kornalius Talan, village staff, Oktofianus Tse, village staff, Melianus Nenomnanu, head of Neto Boy ward, Agustinus She, head of Oesena ward, Lukas Tse, head of hamlet 05, John Payon, sub-district secretary, Yunia Bidima, sub-district staff, Hana A. Menabu, sub-district staff, Mateus Fernandes, sanitarian
- Naukea village: Amos, village head, Maxi, village secretary, Vincent, village staff, Arnoval, Timotius, village staff, Yusac, village staff, Martinus, village staff, Yacob Sela, village staff
- Oe'ekam village: Yustus Manboy, village head, Martin L. Maris, head of LPM, Salomon Sabat, village staff, Daniel Maris, village staff, Darius Isu, village secretary, Nohnemo Lay, posyandy cadre, Alfonsina, village staff, Ukasin Samas, village staff, Imanuel, village staff, Aerseler, village staff, Abudlkodir, vice head of BPD, Nasafat, head of BPD

Timur Tengah Selatan district

- Melky, Head of the socio-cultural section, District planning agency
- Thomas Laka, Head of P2PL section, Health service
- Gregorius Seran Klau, Head of formal education section, Education, Youth and Sports service
- Maria Yosefina Lika Bau, Gua Aplasi primary school
- Simon H. Tulandi, Project Manager, STBM-SHAW (TTS and TTU)
- Tethy Tafuli, Supervisor
- Yerem Abatan, field staff
- Kornelius Lison, field staff
- Prillia L. Surak, field staff
- Dan Daud Tauto, field staff
- Leonard Sonbai, administrative staff
- Ester Mantolas, field staff
- Agustina Usabatari, field staff
- Frans Bou, Supervisor
- Erwin Lalung, field staff
- Indah Damayanti, administrative staff
- Aloysius Tae Lake, field staff
- Subun Bestobe village, Insana Barat sub-district: Hilaris Tahona, Village head and health cadre, Petrus, head of hamlet, representatives of the local community
- Letneo village, Insana Barat sub-district: Manam Fkun, Village head, Paulus, village staf, Emanuel Fkun, Head of ward, Fernandes, village staff, Pius Tetun, village staff, Philipus Bek, village staff, Apolinari, village staff, Wilibrordus, BPD Head, other village staff members, ward heads and posyandu cadres

Sumba Tengah district

- Uumbu Sapi Pateduk, district head

- Umbu Saga Kuralena, Secretary of the Planning Agency
- Marthen U. Bewa, Head of the socio-cultural section of the Planning Agency
- Andreas FA., Head of the P2PL section, Health Service
- Rambu Doku Bani, Head of Waihibur primary school
- Sri Bayu Selaadji, Project Manager STBM-SHAW (Sumba Tengah and Sumba Barat Daya)
- Moh. Saifulloh, Administration coordinator and Sanitarian
- Rexi, Community Organizer, field staff
- Debora L. Kaka, cashier
- Edy Umbu Soru, field staff
- Bayu, field staff
- Gedeon S., field staff
- Endro Saptono, field staff
- Lisa, Sanitarian
- Widi P., information and communication officer
- Mbilur Pangadu village: Umbu K. Radi, sub-district head, Yohannes Ndapamahau, village head, M.M. Juka Praimbu, village secretary, Dominggus DJ Deta, village staff, Ch. Florida Rati Doko, Head of the health centre, Augustinus K. Wau, secretary of (neighboring) Patira Tana village, K. Langgu, head of neighboring village, posyandu/STBM cadres, heads of wards and hamlets, head of BPD and LPM
- Anapallu village: Ferdinand, sub-district head, Bonefasius Kangutu, village head, Herlin LD., head of health centre, posyandu/STBM cadres, heads of wards and hamlets, sanitarian, staff of health centre
- Selfhelp group Dewa Milla, Watawaikajawi village (closet producers): Stefanus U. Runga, president, Yosui U.L. Ngagu, secretary, Melkianus U.K.H., production section, Firms U. Saga, marketing section, Jefri U. Rai, member, Jeremias U. Larya, member, Bolu U. Kuli, member, Bora L. Peu, member, Seblon U. Dina, member, Adi, member, Tius, member, Wiyati WS, member, Umbu Tereka Pajaga, member, Sri Lestari, member, Rengu U. Tagela, member

Sumba Barat Daya district

- Ndara Tanggu Kaha, vice district head
- Isto Tarru Bani, secretary of the planning agency
- Yulianus Kalen, secretary of the health service
- Dominggus, Head of the P2PL section of the health service
- Wensislaus Sepan, section head, education, youth and sports service
- Masehi Bukombero primary school: Ngongo Laba, school head, the school teachers
- Sri Bayu Selaadji, Project Manager STBM-SHAW (Sumba Tengah and) Sumba Barat Daya
- Henny P., Area Manager
- Sofia Zaird, cashier
- Martinus Ngongo Riada, field staff
- Joel
- Julio Nuhim, field staff
- Yanto Ngailo, field staff
- El
- Duka Danguwole,
- Oktavian Hans, information and communication officer
- Agus
- Rada Loko village: Albertus L.M. Pandi, sub-district head, Donatius Djapen Ndoda, village head, Lukas, village secretary, Muda Galuh, head of health health centre, Petrus, village staff and STBM cadre, Matheus, STBM cadre, members of the posyandu/STBM, ward and hamlet leaders, heads of LPM and BPD
- Wilhelmus P. Mali, sub-district head of Kodi Utara

Biak district

- Harun Saman, secretary of the planning agency
- Yoel O. Maryen, had of socio-cultural section of the planning agency

- Albertus Tanalepy, section head, health service
- Kalep F. Padwa, staff health service
- Merry A. Sangian, staff health service
- Nolly Ayomi, head of BPMK
- Meki Rumfanfar, Head of the Education, Youth and Sports service
- Kamarudin, secretary of the education, youth and sports service
- Piet Havurubun, section head of the education, youth and sports service
- Ishak Mattarihi, SHAW Program Manager, Rumsram
- Nasarudin, Program coordinator
- Yustine, Facilitator
- Yuyun, Facilitator
- Sam, Facilitator
- Ona, Facilitator
- Anas, Facilitator
- Korem village: Muhamad Darumi, sub-district head, Misael Faknik, head of the health centre, Alfons Dimara, village secretary, Sulaeman Dimara, church leader, volunteers, posyandu cadres, sanitarian, representatives of the village community
- Andey village: Alexander Kasepo, sub-district head, Dominggus Rejauw, village head, Yansen Markumbo, village head, Helena Rumbewas, Sanitarian, Na'aman Ronsumbrey, staff health centre, Dominggus Dimara, primary school head, volunteers, posyandu cadres, sanitarian, representatives of the village community
- Saukoby village primary school: Soleman Kapisa, school head, Margareta Vincesawek, teacher, Martina Wabesa, teacher, Rifka Dimara, teacher

Supiori district

- dr. Jenggo Suarko, Head of Health service
- Rosalina Major, secretary of health service
- Anton Wanma, staff of health service
- Ishak Mattarihi, SHAW Program Manager, Rumsram
- Nasarudin, Program coordinator
- Yustine, Facilitator
- Yuyun, Facilitator
- Sam, Facilitator
- Ona, Facilitator
- Anas, Facilitator
- Wandos primary school: Frans Boseran, school head, Yulianti, teacher, Roswati, teacher, Yoshua, teacher, Elda, teacher, Octavianus, teacher, Yolanda, teacher
- Warbinsi village, Andei sub-district: Mekky Anes, village head, Jon Kapitaraw, Sanitarian, Salmon Anes, staff of the health centre, volunteers, posyandu cadres, leaders of the village community
- Douwbo village, Supiori Timur sub-district: Robert Boseran, village staff, Pieter, village secretary, Arens Daudi, Sanitarian, Demianus Sawaki, head of the health centre
- Warbinsi village, Andei sub-district: Mekky Anes, village head, Jon Kapitaraw, Sanitarian, Salmon Anes, staff of the health centre, volunteers, posyandu cadres, leaders of the village community

Lombok Timur district

- Chandra, Head of the Social and Cultural Section, district planning agency
- H. Jarwan, Head BPM
- Lalu Saruji Ahmad, Head of the section Health promotion, Health service
- Zaenal Marjan, Cipta Karya, Infrastructure service
- H. Muhamad Tahir, service for religious affairs
- Lalu M. Natsir, service for religious affairs
- Wahyuni Kunayati, Hea of Kalijaga health centre, Aikmel sub-district
- Muhamad Jarkasih, Human Relations service, district government
- Dewi Asma Susilawati, Sanitarian
- Dayu, PKK

- Sumantyar, PKK
- Ross, Environmental service
- Selebung Ketangga primary school (Keruak sub-district): Hasan Basri, school principal,, Sahidi, member of the school comittee, Awaludin, Keruak health centre
- Montong Betok primary school (Montong Betok sub-district): Suskamdani, school principal, Masitoh, health centre
- Ibtidaiyah Nahdathul Madrassa, Woton Penyenggir village: Lalu Muna'an, school principal, H. Abdul halim, teacher
- Yayasan Masyarakat Peduli staff
 - Susana Helena, director, SHAW project coordinator
 - Noer Sakinah, Deputy Director, project Manager
 - Husni Mubarak, Coordinator Sikur I area
 - Saharrudin, Coordinator Sikur II area
 - Hermi Irwandi, Coordinator Montong Gading area
 - Samsul Hidayat, Coordinator Aikmel & Sembalum area
 - H. Usman Riyadi, Coordinator Keruak I area
 - Everilia Sutiawati, Coordinator Keruak II area
 - Suparwadi, Coordinator Pringgasela dan Suka Mulia area
- Ketangga Jeraeng village, Keruak II sub-district: H. Suwirlan, sub-district secretary, H. Masrum, Religious affaires service, Sumarlin, village staff, Imran, village staff, Faturrahman, staff Education, Youth and Sports service, H. Sallahudin, religious leader, Rubai, village staff, Zaenudin, ward head, Zaeni, village head, Zulvictoriaman, staff health centre, Bairahanum. staff health centre, Nurniati, staff health centre, Sofiana Harlim, staff health centre, Sugianto, head health centre, Irawan Suraedi, staff health centre, Zaenab, PKK, Mohdar, village facilitator, Posyandu cadres
- Pesanggarahan village, Montong Gading sub-district: H. Badrun, village head, Tauhid, hamlet head, Mawardi, hamlet head, Rafi'i, hamlet head, Kamrun, hamlet head, Marzuki, hamlet head, Yuyun Bayuniarsih, Sanitarian, Nur Citra Nurani, head of the health centre, H. Sumarman, head of the LKMD, Posyandu cadres
- Sikur Barat village, Sikur dub-district: Slamet Muhamad Sirodjotun, head of the health centre, Darwan, hamlet head, Eri wandi, village staff, Fathusobir, staff health centre, Lalu Wildan, village secretary, Ba'i Wahidin Sofian, Head of PKK at sub-district level, posyandu cadres, representatives of the population
- Paguyuban (closet producers group), Lalu Maryadi, H. Muhamad Said, Husnaedi, Kudin, Mulyanto, Muhamin, Umar, Darma Sastrawan, Abdul Syukur, Suhardi, Ishak, Lalu Muslim Muljana

ANNEX 4: LIST OF MAIN DOCUMENTS CONSULTED

Policy and legal documents

- Kingdom of the Netherlands, Multi-Annual Strategic Plan 2014-2017, Indonesia
- Peraturan Pemerintah Republik Indonesia nomor 60 tahun 2014 tentang dana desa yang bersumber dari Anggaran Pendapatan dan Belanja Negara
- Peraturan Menteri Kesehatan Republik Indonesia nomor 3 tahun 2014 tentang Sanitasi Total Berbasis Masyarakat
- Surat Edaran nomor 132 tahun 2013 tentang Pelaksanaan Sanitasi Total Berbasis Masyarakat (STBM)
- Kementerian Kesehatan Republik Indonesia, Rencana Strategis Kementerian Kesehatan Tahun 2010-2014, 2010
- Keputusan Menteri Kesehatan Republik Indonesia nomor 852/Menkes/SK/IX/2008 tentang Strategi Nasional Sanitasi Total Berbasis Masyarakat
- Departemen Kesehatan Republik Indonesia, Strategi Nasional Sanitasi Total Berbasis Masyarakat
- Kementerian Kesehatan Republik Indonesia, Roadmap STBM Nasional 2010-201
- BPS, Laporan Pencapaian Tujuan Pembangunan Milenium di Indonesia 2011, p. 93.

SHAW/Simavi/IRC documents

- SHAW, Building partnerships for sustainability
- SHAW, 5 pillars on 5 islands in Eastern Indonesia, 2014
- SHAW, Progress Report January-June 2014
- SHAW, Rencana Tahunan 2014
- SHAW, Progress Report July-December 2013
- SHAW, Progress Report January-June 2013
- SHAW, Progress Report July-December 2013
- SHAW, Response by SHAW partners to the Mid-Term Evaluation report, September 2012
- Simavi, Sanitation, Hygiene and Water (WASH) for East Indonesia, Inception Report, November 2010
- Simavi, Sanitation, Hygiene and Water (WASH) for East Indonesia, program proposal, March 2010
- SHAW, financial reports for the years 2011 till semester I 2014
- SHAW, Penerapan Sanitasi Total Berbasis Masyarakat (STBM) di Sekolah, Alur Kegiatan dan Hasil yang direncanakan, November 2012
- SHAW, Exit strategy
- SHAW, Sustainability framework
- SHAW, Petunjuk penggunaan format verifikasi
- IRC, SHAW Programme Coordinators Meeting, June 2014
- IRC, SHAW Programme Coordinators Meeting, February 2014
- IRC, SHAW Programme Coordinators Meeting, October 2013
- IRC, SHAW Programme Coordinators Meeting, June 2013
- IRC, SHAW Programme Coordinators Meeting, February 2013
- IRC, Training of Trainers on SHAW performance monitoring, September 2013
- IRC, Joint Review Workshop 'Building partnerships for sustainability, June 2013
- IRC, Review of Monitoring Systems and Practices, March 2012

- IRC, Mission Report, April 2011

Studies and evaluations

- IRC, Report on the review and planning workshop, June 2011 (incl. Review report prepared for the workshop)
- J. Bijlmer and Nur Eli Djamilah, SHAW, Mid-term Evaluation, June 2012
- WSP, Gender in Water and Sanitation, November 2010
- WSP, Results, Impacts, and Learning from Improving Sanitation at Scale in East Java, Indonesia, October 2013
- WSP et al., Community-Led Total Sanitation in East Asia and Pacific, Progress, Lessons and Directions, March 2013
- Paul Tyndale-Biscoe, Matthew Bond, Ross Kidd, ODF sustainability study, Plan International, December 2013
- Ima Susilowati, et al., Kajian tentang manfaat yang diperoleh dari program sanitasi total berbasis masyarakat (STBM) lima pilar, di empat kabupaten di Nusa Tenggara Timur, Circle Indonesia, Oktober 2014

ANNEX 5: QUESTIONNAIRE USED FOR THE QUALITATIVE IMPACT ASSESSMENT

PANDUAN PERTANYAAN PENGKAJIAN KUALITATIF TERHADAP DAMPAK PROGRAM STBM

Tanggal :
Nama Pewawancara :

Informasi Umum		
1.	Nama Responden:	
2.	Jenis Kelamin : Perempuan <input type="checkbox"/> Laki-laki <input type="checkbox"/>	
3.	Usia : Tahun	
4.	Peran di tengah masyarakat (bila ada) :	
5.	Mata Pencaharian Utama Keluarga	
	a. Suami : _____ Lokasi _____	
	b. Istri : _____ Lokasi _____	
6.	Kabupaten :	
7.	Kecamatan :	
8.	Kelurahan/Desa :	
9.	Dusun :	
10.	Status STBM Desa : Sudah Verifikasi <input type="checkbox"/> Sudah Deklarasi <input type="checkbox"/> Belum Verifikasi <input type="checkbox"/>	
Perubahan Signifikan		
11.	Perubahan apa yang paling signifikan/paling nampak di desa/dusun ini dalam beberapa tahun terakhir (maksimal 3 perubahan)?	
12.	Mengapa hal tersebut menjadi hal paling signifikan?	
13.	Dalam rumah tangga ini sendiri, apa saja perubahan apa saja yang paling signifikan/nampak dalam beberapa tahun terakhir?	
14.	Mengapa hal tersebut menjadi hal paling signifikan?	

Ketersediaan Air
15. Dari mana air biasanya diperoleh (sumber air)?
16. Apakah pernah mengalami kesulitan air dalam 3 tahun terakhir?
17. Jika ya, bagaimana solusi untuk memperoleh air pada masa sulit/kering?
18. Siapa yang bertanggungjawab untuk mengusahakan ketersediaan air di rumah tangga?

Program STBM																								
19. Sebelum STBM (SHAW), adakah program sanitasi lain yang pernah ada di desa/dusun ini? Jika ya, program apa? Dari LSM mana?																								
20. Bagaimana gambaran sebelum menerapkan STBM dan setelah menerapkan STBM? <ul style="list-style-type: none"> a. Bagaimana tentang BAB? b. Bagaimana mencuci tangan? c. Bagaimana mengolah air minum? d. Bagaimana mengolah sampah? e. Bagaimana mengolah limbah rumah tangga? 																								
21. Apakah Anda merasa terbebani secara ekonomi terutama dalam pembiayaan kegiatan STBM?																								
22. Menurut anda, apakah lebih baik/efektif jika STBM dilakukan satu per satu ataukah lebih baik jika lima pilar dilakukan serentak/sekali jalan? Sebutkan alasannya!																								
23. Bagaimana pengetahuan (<i>knowledge</i>), sikap (<i>attitude</i>), dan perilaku (<i>practice</i>) responden terhadap 5 pilar STBM? Skor 0-5, penilaian terbaik : 5																								
<table border="1"> <thead> <tr> <th>Pilar STBM</th> <th>Pengetahuan</th> <th>Sikap</th> <th>Perilaku</th> </tr> </thead> <tbody> <tr> <td>BABS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CTPS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PAMMRT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PSRT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SPAL</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Pilar STBM	Pengetahuan	Sikap	Perilaku	BABS				CTPS				PAMMRT				PSRT				SPAL			
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ANNEX 6: REPORTS OF THE FIELD STUDIES

See separate volume.

ANNEX 7: REPORTS OF THE QUALITATIVE IMPACT ASSESSMENT

See separate volume.