



APPENDIX
THE REGULATION OF THE MINISTER OF HEALTH
OF THE REPUBLIC OF INDONESIA
NUMBER 3/2014
PERTAINING TO
COMMUNITY-BASED TOTAL SANITATION

I. HYGIENE AND SANITARY BEHAVIOR WITHIN THE COMMUNITY-BASED TOTAL SANITATION

A. INTRODUCTION

The challenge is still seriously significant for Indonesia dealing with health development especially in the area of hygiene and sanitation. Due to that a comprehensive intervention is needed through a total sanitation approach. Government changes its national sanitation development approach from sectoral approach through material subsidy which so far does not provide leverage to hygiene behavior change and the development in the access to sanitation, to become a community-based total sanitation which put emphasizes on five (5) hygienic behavior change.

The implementation of STBM with its five pillars will make ease the efforts in increasing the better community access to sanitation, as well as to change and to sustain the clean and healthy life culture. In a long run, the STBM implementation may decreases the rate of sicknesses and mortality caused by less sanitation, also can facilitate the existence of a healthy, resilient and just community.

The behavior change in STBM is promoted through a Triggering method, which encourage the target community collectively to change their behavior so that they will be able to build sanitation facilities independently according to their ability.

B. FIVE STBM PILLARS

The five pillar STBM consists of:

1. Stop Open Defecation (SBS in Bahasa Indonesia version – *Translator*)

A condition when no single individual among the community do open defecation.

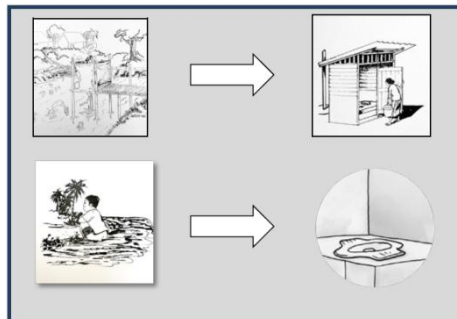
The SBS behavior followed with the utilization of sanitary sanitation facility which is a healthy toilet. Sanitary is a condition of the sanitation facility that meets the health standard and quality, i.e.:

Will not spread directly the dangerous materials for human as the result of the throwing away the human excreta; and

Be able to prevent carrier vectors in spreading sickness to users and the surroundings.



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Example of SBS behavior change

Healthy toilet is an effective facility in cutting the contamination chain of illness. Healthy toilet should be built, owned, and used by the family. The location – whether inside or outside the house) – should be easily been accessed for the whole family members.

Health standard and criteria for the toilet building consists of:

a) The top construction (wall and/or roofing)

The top construction of the toilet should effectively avoid the user from weather and other disruptions.



b) The mid-upper toilet construction

There are 2 (two) parts in the mid-upper toilet construction, i.e.:

A sanitary hole for throw away faeces and urine equipped with the water seal type of construction. In a simple-basic construction (semi-sanitary), the hole may not equipped with a water seal type system but required to be equipped with lid.

Slab is made of water-proof material, not slippery, and has drainage to dispose waste water to Waste Water Disposal System.





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c) Underneath construction

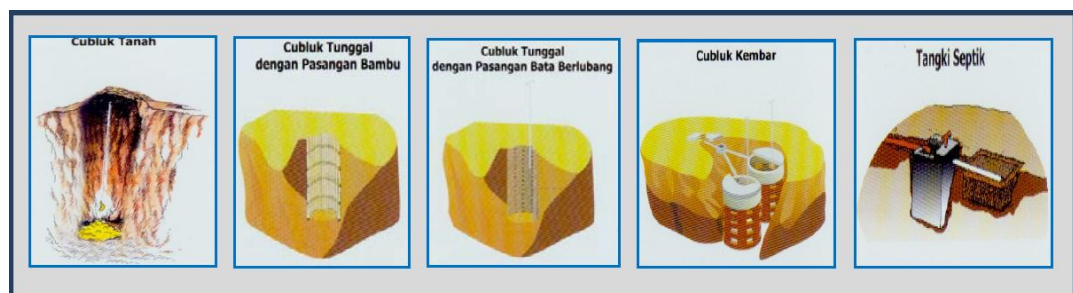
It is a collection construction, treating facility, and faeces decomposer as a way to avoid contamination from the faeces through carrier vector, both directly and indirectly.

There are two types of the underneath construction, ie.:

Septic tank, it is a water proof tank to collect the faeces and urine. The solid part of the human excreta will remain in the septic tank, while the liquid part will be soaked into a soak-away tank. When there is impossible to construct the soak-away tank, a filter system is built to treat the liquid waste.

Cubluk, is a pit to collect on daily basis both solid and liquid waste from toilet and the liquid one will be soaked away to earth without polluting the ground water. While the solid waste will be biologically decomposed.

The design of the cubluk can be circle or square shape, the line should be safe enough to avoid slide. It is suggested that the pit is fortified with bricks or stone wall, or concrete ring, or bamboo mat construction, wooden fortification, etc.



2. Hand Washing with Soap (CTPS in Bahasa Indonesia version – *Translator*)

CTPS is a hand washing behavior with soap and clean flowing water.

a. Steps in a proper hand washing with soap:

- Flush both palms with clean flowing water.
- Rub soap on both palms till they are foamy. Then after that rub the palm's back, fingers, both thumbs, until all parts of the palms are covered with soap foam.
- Clean all the tips of the nails, and all rifts under the nails.
- Rinse with clean water while rubbing both palms until all foam away.
- Dry both palms with cloth, clean towel, or sanitary napkin, or by flapping both palms to dry



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b. Critical times for CTPS, a.o.:

- Before meals
- Before preparing foods
- Before baby nursing
- Before baby feeding or for u-5 child
- After defecate or urinate
- After having contacts with animals or birds

c. The main criteria for CTPS facility

- Clean water that flow able
- Soap
- Safe collection place or drainage or liquid waste



3. Household drinking water and foods management (PAMM-RT in Bahasa Indonesia version – *Translator*)

PAMM-RT is a process of treatment, storage, and the utilization of drinking water and the safe food treatment at household level.

The phases of the activities in PAMM-RT are:

a. Household drinking water management

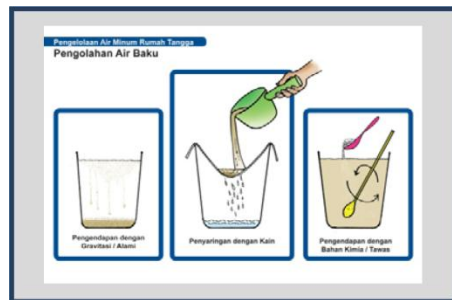


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1) Raw water treatment

When the raw water is turbid, initial treatments are:

- Deposition through gravitation
- Cloth filtering
- Deposition with chemical material/alum [$KAl(SO_4)_2 \cdot 12H_2O$] – *Translator*]



2) Treatment for drinking water

The treatment for drinking water at household level is carried out to get water which meets the drinking water qualification.

The proposed treatments are through:

- Filtration, e.g: bio-sand filter, ceramic filter, etc.
- Chlorination, e.g: liquid chlorine, tablet chlorine, etc.
- Coagulation and flocculation, e.g: coagulation powder
- Disinfection, e.g: boiling, sodis (solar disinfection)



3) Drinking water storage

After the treatment phase, the next phase will be storing the drinking water safely to use in daily basis:

- Store the water in a closed storage which has a narrow neck, better has tap.
- It is better to store drinking water in its treatment container.
- The treated water should be stored in a clean and closed container.
- Drink the water using a clean and dry cup/glass, or do not drink the water directly from its tap or container.
- Put the drinking water storage away from animal.



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- The drinking water storage needs to be washed once in three days or once the water empty. Use treated water for the latest rinse.



4) Important points in PAMM-RT

- Wash hands before handling the drinking water and prepare foods to eat.
- Treat drinking water sufficient enough only for the household need.
- Use treated water to wash vegetables and fruits to eat, as well as using for cooking.
- Do not immerse hands into treated water for drinking.
- Periodically invite Health Office staff to do check and laboratory test on household water.



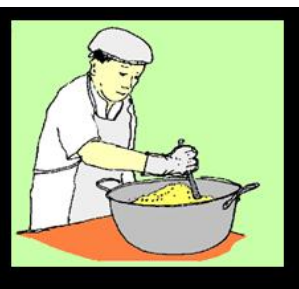
Good



Not good



Not good



Good



b. Household food management

Foods should be managed well and proper so that they will not harm to health condition but good for our body. The good treatment is by applying the hygiene and sanitation

principles on foods. Even though household level foods is in small quantity, but still the hygiene and sanitation principles should be applied.

The food hygiene and sanitary principles:

1) Food materials selection

The food materials selection should consider the quality and meet all the requirements, which are: for unpacked food materials should be fresh, not decayed, no fungus, free from dangerous chemical substance, no poisonous substance, as well as has clear information on official producers.

As for packed food materials or from factories, there should be labels and trade mark, clear information on material composition, registered and not expired.

2) Food materials storage

Storing the food materials both packed or unpacked should consider the container, the method in storing, the period of storing, and temperature. Bacteria contamination should be avoided during the storing period, also from insects, rats and the other animals as well as dangerous and poisonous chemical materials. Earlier expiry date food materials should be consumed earlier also.

3) Food preparation

The four hygiene sanitation aspects have relates to foods preparation. Therefore the foods preparation should meet these requirements, i.e:

The place for foods processing or kitchen should meet the technical hygiene sanitation requirements to avoid pollution to foods and to avoid insects, rodents, vectors and another animals.

Utensils used should be food grade, which means safe and not endanger our health (the surface will not dissolved in acid or alkali, and they are not producing poisonous and dangerous materials). Utensils should be in good condition, no cracks, and easy to be cleaned.

Those who prepare foods should be healthy persons, not infectious disease bearers, and practice the clean and healthy behavior.

4) Cooked food storage

Storing the cooked foods should consider the temperature, container, the place to store and the period of storing. To store foods at the right temperatures whether in cold, very cold, frozen or warm, also the length of storing, influence strongly on the condition and taste of cooked foods.

5) Food transportation

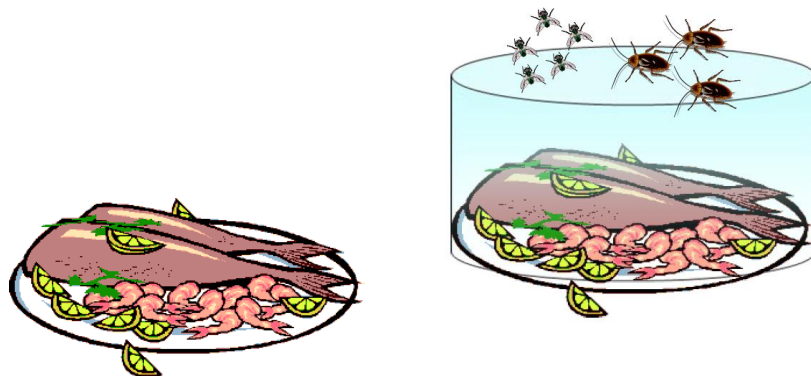
During the transportation either the food materials or cooked foods, some things should be considered, i.e the vehicle used, the transportation technique, the period, and the transportation staffs. These are for avoiding the risk of contamination either physical, chemical or bacteriological.

6) Food serving

Foods are considered as consumable if already been applied on to organoleptic, biological or laboratory test. This should be applied when there is a suspicious on the foods condition. What meant with:

- Organoleptic test, is checking foods utilizing the 5 (five) human senses which are sight (the appearance), touch (texture), smell (smell/ flavor), hear (e.g for egg), taste. When organoleptically good, then the food is considered qualify to be consumed.
- Biological test is by completely eat a food, and if within 2 hours after that there is nothing happened, then the food is safe to be consumed.
- Laboratory test is taken place to see the contamination stage upon the food, whether chemically or microbiologically. In executing the test, a sample food is needed, which should be taken by following the standard procedure set, and the result should be compared to the right standard.

Some that should be cautioned on the food serving is the place to serve, time of serving, the way the food served, and the serving principal. The length of waiting period from the food finished cooked through serving and being consumed is required not more than 4 (four) hours. The food required to be warmed - especially for high protein type of foods – except foods that remain/maintain in warm temperature. This treatment is to avoid the emerge and developing of bacteria within the food which may has impact on human health.



4. Securing household solid waste

The aims of Safe household solid waste treatment is to avoid keeping the solid waste inside the house by immediately treat the waste.

Securing the solid waste is through collecting, transporting, treatment, recycling, or disposing the solid waste, in such a method that there will not harm the community and environmental health.

Some principles in safe solid waste treatment:

- a. Reduce, is decrease the solid waste by reducing the using of things which are not so urgent needed, e.g:
 - Reduce the using of plastic bag.
 - Arrange and plan shopping schedule, e.g once in a week or month.
 - Prioritize to buy refillable products.
 - Repair the broken household appliances whenever possible.
 - Purchase the durable products.
- b. Reuse, is utilizing the old-used thing without re-shaping it through a process, e.g:
 - The household solid wastes which can be utilized are as examples are newspapers, boxes, milk can, liquid soap can, etc. Those are things that can be very useful, say as examples can reused for a tooth picks bottle, jewelry box, etc.
 - Use the blank part of papers, build a mini library at home and for public from used printed materials.
 - Reusing the shopping bag for the next shopping activities.
- c. Recycle, is recycling old products to become new products, e.g:
 - Organic solid waste can be fertilizer through composting or bioporic holes.
 - Inorganics waste can be recycled to be useful products such as recycling used paper to be recycle paper, plastic bottle to be stationary bin, detergent or milk bag can be bags, wallets, etc.
 - Sorted solid waste can be deposited to close by waste bank.



The activities to secure household solid waste can be implemented by applying:

- No solid waste inside the house and require being disposed every day.
- Sorting the solid waste based on their kinds, amount, and/or characteristics.



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- The sorting process is based on two different type of solid waste, i.e organic and non-organic. For this purpose two different garbage bin should be prepared. The garbage bin should be tightly closed.
- Solid waste collection is carried out by picking the garbage from houses to temporary dumping sites or integrated waste treatment centers.
- Collected solid waste in temporary dumping sites or from the treatment centers then being transported to final processing plant.



5. Securing household liquid waste

The process of securing safely the liquid waste at the household level is to avoid the stagnant waste water which potentially may cause the environmentally-related illnesses.

As to drain the household liquid waste, infiltration wells and household drainage are needed. Household liquid waste consists of faeces and urine are drained to septic tank equipped with infiltration tank. Household liquid waste from kitchen, bathroom and hand washing facility are drained to liquid waste drainage system.

The securing household liquid waste principal are:

Bathroom and kitchen water waste will not be mixed with water from toilet

Will not be the vector breeding

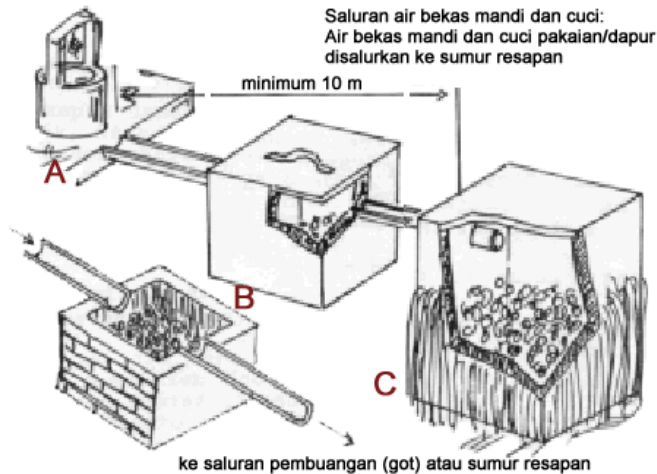
Will not produce smell

Will not stagnant water which create slippery floor which accident troubled

It is onnected to public waste water drainage or infiltration wells.



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II. TRIGGERING METHOD

A. Triggering targets

The triggering target are communities (RW/dusun/desa), they are not individuals or families, namely:

1. All families which are not yet implement one or the five STBM pillars.
2. All families which have already sanitation facilities but are not yet meet the health requirements.

B. Messages for community

1. Stop open defecation

- OD will pollute the environment and be the illnesses source
- Defecate in a safe and healthy way means maintaining the self-dignity and maintain the environment.
- Do not create others' and self-sufferings by throwing faeces everywhere
- Healthy life by familiarizing the whole family members to safe and healthy defecation means maintain healthy generations sustainably.

2. Hand washing with soap

- If you want to be free from bacteria contamination, wash your hand with soap before meals and after work.
- There many diseases that can be avoided simply by washing hand with soap.
- 20 seconds only needed to avoid illnesses by washing hands with soap.

3. The household drinking water and foods management

- To make sure that both water and foods will be consumed will meet the health requirements and safe to be consumed.
- Treat water before it consumed, e.g by boiling it, chlorination, filtering, and other proper ways. So does with foods.
- Cover drinking water and foods bins/container before they are consumed.



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4. Securing the household solid waste
 - Solid waste can be a disastrous cause when it is not managed well.
 - Do not dispose solid waste in scattered.
 - Do sort solid waste into dry and wet ones.
 - Has your home is equipped with a safe disposal for solid waste?
 - Solid waste can be managed and be an income source through sorting, composting, and produce handicraft from dry solid waste.
 - Tailored to individual creativity

5. Securing the household liquid waste
 - Stagnant water will be the nest for diseases
 - Keep the environmental cleanliness and avoid polluting by managing safely and healthily the household liquid waste water
 - There are many illnesses which can be avoided by maintaining the environment clean and free from household waste water pollution.
 - Tailored to individual creativity

Those messages can be addressed by using various media such as brochures, leaflets, banners, forbidden signs, video, radio, etc, which can developed by the village communities. Each village may develop by themselves in line with the local condition and their preference to what most effective way of messages that they want to address.

C. The basic triggering principals

Allowed to be done:	Not allowed to be done:
Facilitate the process, asking for opinion, and listening	Teacher-like approach
Let individuals realize by themselves	Tell the good and bad things (teaching)
Let people address their innovations on simple toilets	Promote specific design of toilet
Non-subsidy	Offer subsidy

D. Triggering actors

1. Desa/Kelurahan Facilitator Team which consists of at least volunteer, community leader, religious leader, supported by the Kepala Desa, can also be supported by other people by those from within or outside the village.
2. Village midwife, hopefully can take its role as community advocate, especially when there will be questions related to medical issues, during the follow-up advocacy, and carry out the monitoring and evaluation
3. Posyandu hopefully can take the role as an institution within the community which can be used as a place to educate, trigger, development implementation[Rahino1], an alternative place to pool funding, as well as to monitor and evaluate
4. The Posyandu cadres hopefully can also take role as the facilitator in desa triggering activity.



5. Natural leader can also be invited to be the member of Village STBM Facilitator Team for sustainable STBM.

E. The triggering steps

Triggering process is carried out once in a certain period, with a duration between 1-3 hours each. This way is to avoid overwhelmed information which may create confusions among the community. Triggering will be carried out several times, reaching certain amount of people triggered. Those who are triggered are the ones who spontaneously move on and declare to change their behavior. These pioneers are usually to be called as natural leaders.

1. Meeting introduction

- Introduce yourself and the whole team members, and build an equal relationship with the community which will be triggered.
- Explain the aims of the cadres' existence and or facilitators. The aim is to learn the community's habits and practices dealing with the environmental health.
- Explain that the cadres and or facilitators will ask a lot and request the willingness of the community to answer frankly.
- Explain that the coming of the cadres and or the facilitators will not offer any aids such as money, cement, etc, but to learn.

2. Ice breaking

- Ice breaking is carried out to create a friendly atmosphere between facilitators and community, so that the community will be open in telling what happened in their village.
- The ice breaking can be set up by developing a game that entertained, easy to be done by the community, and involve many people.

3. Identification on terms that relate sanitation

- Facilitators and or cadres may start with a question, such as "Who saw or smell human excreta today?" "Who did an OD today?"
- After that draw a consensus for the usage of OD and excreta terms using local rude terms such as "berak" for defecate and "tai" for human excreta. Use these terms during the analysis process.

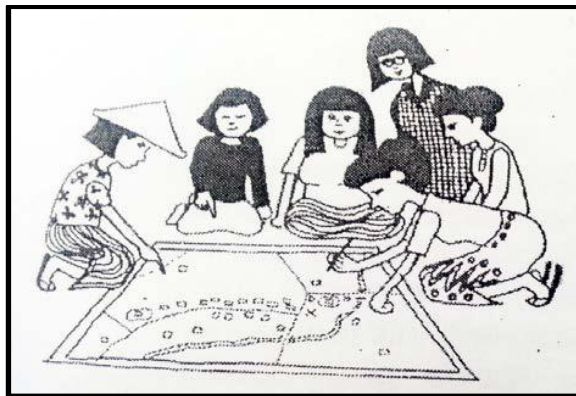
4. Sanitation mapping

- Develop and assist a simple sanitation mapping by the community to identify the location of homes, available resources, and sanitation concerns that occurred, which create a discussion. Do it in an open space which wide enough.
- Use the local materials (leaves, sticks, etc) to develop the map.
- Start to develop map by drawing the village border, village roads, Triggering site, field sites, rice fields, sport field, houses (marks those which have and have no toilets, hand washing facilities, waste disposal, waste water drainage).



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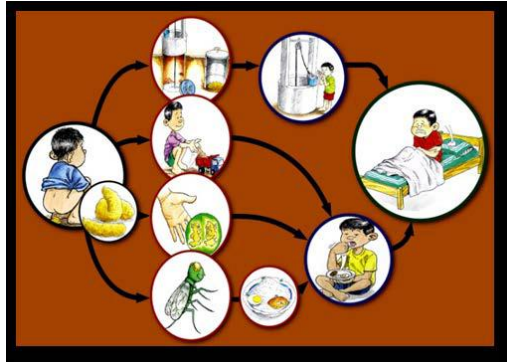
- Give marks to places which usually be used for human faeces dumping, solid waste and household waste water. Then draw lines from dumping sites to houses area.
- Develop a discussion with the issue of that map by grouping the community based on their respective dusun/RT groups. Ask them to identify which dusun or RT which are most dirty? Which one is the second most dirty, and so on. Take notes all discussions and read aloud.
- Copy the map developed onto flipchart paper. This map will be used to monitor the progress of the community's behavior.



5. Transect walk
 - Invite the community members to track the village area while at the same time to observe, ask and listen.
 - Mark the sites for dumping faeces, solid waste and household liquid waste, and visit houses having toilets, hand washing facility, solid waste disposal place and liquid waste drainage.
 - It is very important to stop by at the faeces, solid waste and household liquid waste dumping sites, and develop a discussion on the spot.
6. Discussion
 - a. Contamination routes
 - Expose picture that shows diseases contamination routes.
 - Raise a question what will happen if those flies perch on their foods? On their dishes? On their children's faces and lips? So, what
 - Then ask: So, what do we eat along with our foods?
 - Ask: How do their feeling on eating each other's excreta as the result of doing OD?
 - It is not allowed for Facilitator to address any comment, for they need to think by themselves. Remind this again during the developing of the final resume of the analyses process.



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Picture of contamination route

b. Simulation on contaminated water

- Prepare 2 new plastic cups of mineral water and ask one of the community members to drink it. Continue to the other people until they are all sure that the water is safe to drink.
- Ask a piece of hair from one of the meeting participants, then touch it to feces, then dip that piece of hair into the water that previously drunk by the participants.
- Ask the previous drinkers to re-drink the water with feces-dipped hair. Ask also another people to drink it. Ask a question: Why no one wants to drink?
- Ask them how many legs does fly has, and then tell them that fly has six furred-legs. Ask participants whether a fly can bring more amount feces compared to a piece of hair dipped into the water previously?

7. Develop the sanitation program plan

- Once there already been community triggered and willing to change, encourage them to set up a meeting to develop an action plan.
- During the Triggering, check and see whether there are natural leaders.
- Encourage those natural leaders to become group leaders, to trigger other people to change their behavior.
- The follow up after the Triggering is an important step which should be carried out, as to secure the sustainable behavior change, as well as the continuum of the sanitation facility quality improvements.
- Encourage natural leaders to be responsible on the implementation of the action plan, and the sustainability of the behavior change.
- After achieving 100% STBM (at least for Pillar 1), the community is encouraged to set up a declaration. When it is considered as a need, a declaration sign board is erected.
- As to guarantee there won't be any slippage, the community needs to develop a locally applied regulation, e.g fine those who still do OD.
- Encourage the community to continuously maintain their hygiene and sanitation behavior until they got the Total Sanitation.



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F. Technology options

1. Stop open defecation

The toilet technology adapt the local characteristic, such as elevated toilet for tidal area.

2. Hand washing with soap

- The option for hand washing with soap facility is depend on their own creativity, e.g:
- Kettle or water pitcher specifically for hand washing, equipped with soap and towel
- A pale with a dipper, equipped with soap and clean towel
- Modified jerry-can equipped with water tap. Provide soap and clean towel
- Fountain equipped with soap and clean towel
- Sink equipped with soap and clean towel.

3. The household drinking water and foods management

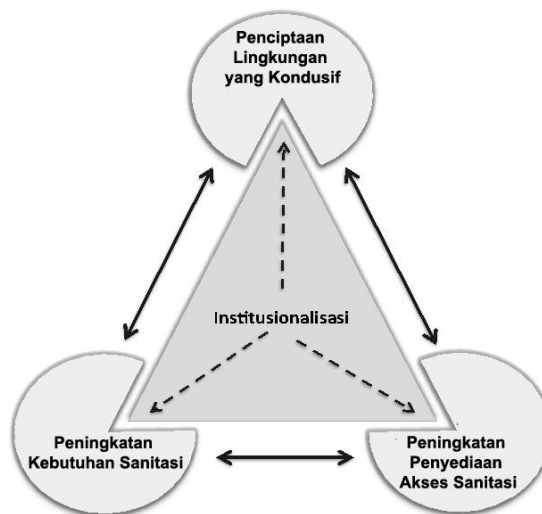
The drinking water management facility covers two parts which are drinking water treatment and storage:

Drinking water treatment	Drinking water storage
<ul style="list-style-type: none"> ● Boiling for clear and clean water ● Coagulation/ flocculation + disinfection ● Chlorination ● Disinfection by sun light (SODIS) ● Ceramic water filter 	<ul style="list-style-type: none"> ● Store in a safe storage (kettle, pitcher etc), and tightly closed ● Cover up the water glass ● Etc. <p>The principle is: Flies or other animals cannot perch the drinks before they are consumed.</p>
Foods treatment	Foods storage
<ul style="list-style-type: none"> ● In treating vegetables, wash it first then chop ● Do HWWS before treating and serving the foods. 	<p>Store in larder Cover foods lying on the table with net hood.</p> <p>The principle is: Flies or other insects/animals cannot perch the foods before they are consumed.</p>

4. Securing the household solid waste
The available technology that is already developed so far to secure the solid waste, such as composter.
5. Securing the household liquid waste
The principle of the liquid waste disposal drainage technology is there will not an open-air stagnant water. Some of the technology options are a.o:
 - Piping drainage connected to covered disposal
 - Open drainage constructed with water-proof lining connected to a covered disposal.

III. STRATEGY AND PHASES IN STBM IMPLEMENTATION

The strategy in implementing STBM covering three (3) inter-supporting components, which are creating an enabling environment, developing the needs of sanitation, and developing the availability of sanitation access. Whenever there is an absence of one of those components, then the achievement process for the 5 (five) STBM pillars will not on its optimum.



1. Creating an enabling environment [Rahino2]
 - a. This component covers the advocacy to Government, Local Governments, and stakeholders as to developing the common commitment to institutionalize the rural sanitation development program, which expectedly will have the results of:
 - b. The Local Government commit to provide the resources in supporting the implementation of STBM expressed in a Lol.
 - c. The local government's policy and local regulation related to sanitation program such as Bupati Decree, Perda, the Regional Medium Term Development Plan (RPJMD in Bahasa Indonesia term – *Translator*), Strategic Planning, etc.



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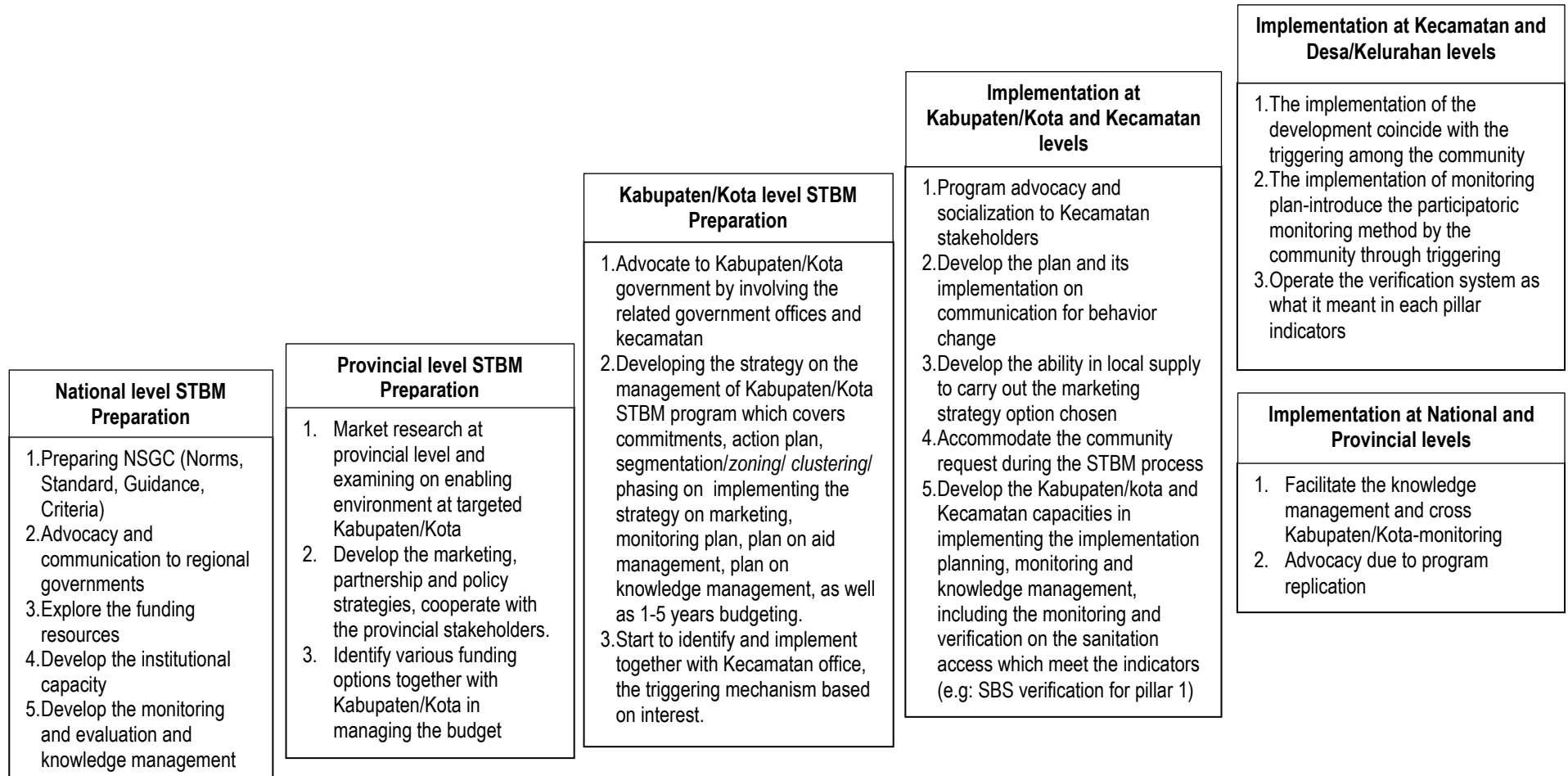
- d. The establishment of the coordination body for sanitation mainstreaming, which then resulting the budget increasing for sanitation program locally, as well as the coordination system to mobilize resources both from Government and non-Government sectors.
 - e. There will be available of facilitators, STBM trainers, and capacity building program.
 - f. There will be a program performance monitoring system and the process of knowledge management.
2. Developing the needs of sanitation
- a. Developing the needs of sanitation component is a systematic efforts to obtain the hygienic and sanitary behavior, consisting of:
 - b. The triggering for behavior change;
 - c. Promotions and campaigns on hygienic and sanitary behavior change;
 - d. Addressing messages utilizing mass media and another communication media;
 - e. Develop the community commitment in behavior change;
 - f. Facilitating the establishment of community team works; and
 - g. Develop the appreciation mechanism for community/institution^[Rahino3]
3. Developing the availability of sanitation access
- Prioritizing to accelerate the access availability of sanitation proper services, as an approach to widen the rural sanitation markets, i.e:
- a. Develop the sanitation facility technology options which are affordable and meet the needs;
 - b. Create and strengthen the rural sanitation market networks; and
 - c. Develop the mechanism in developing the capacity of sanitation marketers.

After the three above mentioned component strategy will be fulfilled, following phases then can be carried out as to implement STBM:



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PHASES ON STBM IMPLEMENTATION





IV. STBM IMPLEMENTATION MONITORING AND EVALUATION METHOD

The STBM implementation monitoring and evaluation is carried out to measure the changing in program achievement and to identify the existing lesson learnt during the implementation, from its community level in village/kelurahan.

The STBM implementation monitoring and evaluation is carried out in tiers (layers - *Translator*) throughout all government levels by utilizing the Monitoring Information System in activity phases:

1. Data and information collection;
2. Data and information generating and analyses; and
3. Reporting and feedback providing.

Monitoring and evaluation indicator achievements^[Rahino4]

1. Village/Kelurahan which implement STBM

The indicators that show a village already implemented STBM are:

- a) At least a Triggering already carried out in one of the dusuns within the village.
- b) There is party that responsible to follow up the STBM interventions as what mentioned in point 1.a., whether an individual person (natural leader) or a group.
- c) Community develops an action plan as to response the STBM intervention in order to achieve the agreed commitment in five STBM pillars behavior change.

2. Village/Kelurahan ODF

The indicators that show a village considered as achieved already the ODF are:

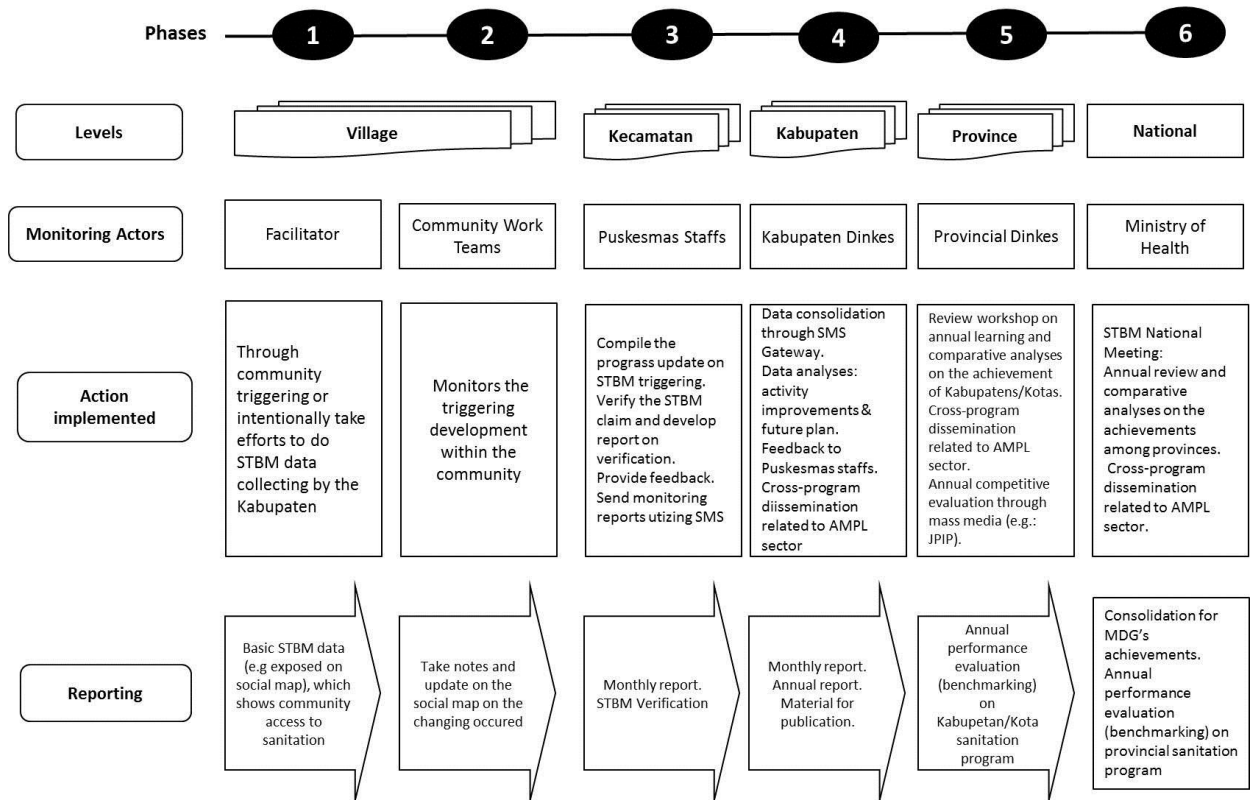
- a) All the community members defecate only in improved toilets, and dispose the baby feces only to improved toilet (including at school).
- b) No human feces seen around.
- c) There is sanction, regulation or another effort to avoid people to do OD.
- d) There is a general monitoring mechanism developed by the community to make 100% of the households have improved toilets.
- e) There is clear efforts or strategy to achieve total sanitation.

3. Village/Kelurahan STBM

Indicator that a village said as STBM Village is a village that has achieved 5 (five) Pillar STBM.

The series of the STBM monitoring implementation is as shown at the following picture.

Series of STBM monitoring and evaluation procedures:



- Monitoring in the village done by the facilitator to see the development of Triggering events in the community and collect the STBM baseline data. The result of the monitoring will be a baseline data and the progress of sanitation related to Triggering which were subsequently recorded and documented in the form of social map, the establishment of the village community work team, and the community work plan.
- Monitoring and evaluation at Kecamatan level is implemented by the the Puskesmas staffs, who compile the Triggering, the community work plan, and the activity of the community work team.
Furthermore the Puskesmas health staffs carry out assistance to triggered community so that they will be able to implement their work plan, and do the report of the community's sanitation access progress of her/his area of work.
- The monitoring and evaluation at the Kabupaten/Kota level is carried out by the Kabupaten/Kota Dinkes to get the picture of the progress of the Triggering, the implementation of the community work plan and the activities of the natural leader, the



community condition who do not practice OD, and efforts in accelerating towards the STBM Village.

- d) The monitoring and evaluation at the Provincial level is carried out by the provincial level Dinkes to get the picture of the efforts in acceleration of the Village STBM at the Kabupaten/kota level.
- e) Monitoring and evaluation at the national level is carried out by the Ministry of Health to get the picture on the capacity of the Kabupaten/Kota as well as provinces in applying the STBM approach in order to prevent and cut off the chain of transmission of the community-based diseases.

The monitoring and evaluation reporting technique can be carried out by:

- a) The Puskesmas' Sanitarian transmits the data to SMS server at the MoH. The incoming SMS will then be verified by the system, based on the history of previous data. In case the system finds doubtful information or mistakes, it will send back to the Sanitarian an SMS for clarification. In case reversely, it will send the data to website server.
- b) The monitoring staff in Kabupaten will enter the Kabupaten control panel menu at the STBM website, and enter at the entry data menu. The system will recognizes the Village date which been connected to sender's database, based on her/his working area as the person in charge in monitoring.
- c) The data from two recording systems of monitoring which will be stored in a database server through a website and SMS, will be synchronized in two main database, i.e baseline data and progress data.

Beside the monitoring and evaluation described previously, during the STBM implementation village verification will be carried out to make sure that behavior change already occurred among the community while they implement the STBM.

The complete set of STBM village verification is as followed:

1. Verification actors

Verification is a series of activities to understand the validity of reported information and provide response to it.

Level	What to be done by the Verification Team	Verification Actor	The behavior change evaluator
Dusun	<ul style="list-style-type: none"> • Home visits • Progress report on 5 pillar STBM 	Village Verification Team	STBM Cadre
Village	<ul style="list-style-type: none"> • Random home visits • Progress report on 5 pillar STBM • Recommends the STBM Village declaration • Recommends the development the STBM village 	Kecamatan Verification Team	Community Work Team



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Level	What to be done by the Verification Team	Verification Actor	The behavior change evaluator
	<ul style="list-style-type: none">• Recommends the revocation of SBS/STBM village status		
Kecamatan	<ul style="list-style-type: none">• Random home visits• Progress report on Kabupaten/Kota 5 pillar STBM• Recommends the declaration of the STBM Village achievement at the Kecamatan region• Recommends the improvements and development of STBM Village in the Kecamatan region• Recommends the revocation of the SBS/STBM Village status at the Kecamatan region.	Kabupaten/Kota Verification Team	Kecamatan Monitoring Team
Kabupaten	<ul style="list-style-type: none">• Carry out an analyses on the progress report of the 5 pillar STBM• Recommends the declaration of the STBM Village achievement at the Kabupaten region• Recommends the development of STBM Village in another Kabupaten/Kota regions	Provincial Verification Team	Kabupaten/Kota Monitoring Team

2. Verification timing

Verification activities carried out after a report submitted describing that the community in an area has been declared as to implement completely the 100% 5 Pillars STBM, or a community that already implemented a certain pillar fully 100%.

3. Method of implementing the verification

The verification activity is implemented through interviews, field observations, report analyses, and in-depth discussion on the STBM pillars.

THE MINISTER OF HEALTH
REPUBLIC OF INDONESIA

Signed

NAFSIAH MBOI