**Progress Report**

**January - June 2014**

**Yogyakarta, 30 September 2014**

The SHAW Programme is implemented by:

Simavi

CD-Bethesda

Plan Indonesia

Rumsram

Yayasan Dian Desa

Yayasan Masyarakat Peduli

In coordination with:

Government of Indonesia (Pokja AMPL Nasional, chaired by Bappenas)

Royal Netherlands Embassy

IRC

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**Summary**

In 9 kabupaten in Eastern Indonesia, the SHAW programme (2010-2014) implements activities in Sanitation, Hygiene and Water along the five pillar strategy of STBM of the Government of Indonesia.

The programme involves several stakeholders: key-actors during the SHAW period are the five Indonesian NGO partners as implementers in the field and Simavi as the coordinator, in support to the various stakeholders at dusun, desa, kecamatan, kabupaten, provincial and national level.

The set-up of the SHAW approach goes beyond STBM achievements with construction of facilities and the change in sanitation and hygiene behaviour by the target population. SHAW is also oriented to the situation after the programme when an enabling environment should sustain the achievements.

In June 2014, the SHAW Programme has promoted STBM in 1,042 villages, reaching out to 1,460,000 persons. In total 970,000 persons show STBM behaviour, with respect to all 5 pillars. There are 479 desa that are declared 100% STBM by the government, after an official verification by the sub-district health service. STBM in (peri-) urban areas shows more difficult to introduce as none of the “urban desa” in Timor, Flores and Lombok already reached the official verification status, before declaration.

The SHAW partners were in the lead during the first years. However, during the final years of SHAW, the lead is gradually handed-over to the identified after-programme stakeholders in order that these stakeholders get familiar with the subject and are prepared for their role. Allocation of operational budget is another crucial aspect, and advocacy was needed to realise the allocation.

To this respect, the SHAW partners agreed in the first semester 2014 on an exit strategy using the FIETS sustainability model.

The SHAW programme has reached promising results in introducing and promoting the 5 pillar STBM behaviour, even if the progress at the start was not up to expectations. It showed very demanding to start such a programme in areas where the information on STBM lacked, where sanitation and hygiene were nobody’s priority and where entrepreneurial spirit lacked. One can observe that the interest in STBM is mounting from dusun up to kabupaten, and that government staffs are getting more and more involved and budgets are allocated.

Only the involvement of the private sector remains behind, as that sector does not yet perceive benefits.

The involvement at province and national level stayed behind the involvement of kabupaten, kecamatan and desa, but in 2014 interest is rising at national level, based on the documented promising results by SHAW.

Not all is yet optimum, information shows that the extensive SHAW monitoring system, with its data collection by village volunteers door-to-door, and discussions at different levels in the village and sub-district before entering the databases, is not everywhere correctly filled in. Also, several village volunteers have stopped the monitoring, and the sanitarians of the sub-district health service do not visit the village to give follow-up to the monitoring.

There are several reasons behind, which have to be explored. One reason however is clear, the target driven mind-set leads to slacken the intensive support to sustain the STBM behaviour after the village is declared 100% STBM.

The study into the perceived benefits of STBM behaviour shows very promising first results. The observed benefits and other results will be shared once the final report is finished in October 2014.

**1. Introduction[[1]](#footnote-1)**

Sanitation, hygiene and water remain one of the biggest development challenges in most of the developing countries, including Indonesia. The JMP - April 2013 update of rural sanitation data in Indonesia observes that in 2011, 55% of the rural population used an improved toilet, with 44% having its own and 11% sharing an improved toilet.

The 2012 EASAN conference (Bali, Sept12) underlined the global recognition that of the 8 MDGs, the sanitation target of MDG7 is the one most behind schedule. According to the UN, 80% of the global open defecation OD occurs in 22 countries, and behind India, Indonesia has the second largest number of persons doing OD (UN Campaign for Improved Sanitation, 24Mar13).

The situation of poor sanitation costs Indonesia Rp. 56 Trillion (US$ 6.6 billion) per year, according to the Report on Economic impacts of Sanitation in Indonesia (WSP, 2008). In recent years the high risk of stunting due to inadequate sanitation and hygiene was studied. Increasing percentages were observed by the GoI, in 2013 more than 37% of the children under 5 in Indonesia are stunted and in NTT-province, where SHAW has 3 working areas even up to 50% of the children (Jakarta Post, 07Dec13, treating Riskesdas 2013 report). Stunting brings long term negative consequences for quality of life as well as for human development possibilities, including school performance.

Improving the household sanitation and safe drinking water contributes directly to MDG7c. Beyond MDG7, it is amply demonstrated that improved sanitation, hygiene and drinking water contribute to the achievement of the other MDGs[[2]](#footnote-2) as well as to quality of life of each person.

Given that the majority of the poor households in Indonesia live in rural areas, a focus to rural areas was welcome.

On 31 March 2010, Simavi submitted the Sanitation, Hygiene and Water SHAW programme for East Indonesia (2010 – 2014) to the Embassy of the Kingdom of the Netherlands (EKN) in Jakarta. The proposal was a collaboration of four Indonesian NGOs and the Dutch NGO Simavi.

Principal idea of SHAW was to implement in a sustainable way the five pillars of STBM (community based total sanitation) at the level of rural communities and schools, in compliance with the STBM strategy of the Ministry of Health MoH in 2008 (Decree 852/2008). The five pillars are:

* Pillar 1: Open Defecation Free ODF
* Pillar 2: Hand washing with soap
* Pillar 3: Household water treatment and safe storage
* Pillar 4: Solid waste management
* Pillar 5: Household liquid waste management[[3]](#footnote-3).

Note that in January 2014, MoH issued a STBM Regulation (PMK 03/2014), refining further the STBM decree of 2008 (regulation has a higher level than a decree), and in its annexe giving an overall guideline on implementing STBM.

The programme document mentions as the Programme Goal: Reduce poverty by improving the health status of rural communities in Indonesia in a sustainable way. It presents three specific objectives of the programme, for different levels:

A - Community and sub-district level: STBM principles applied, access to water, schools as resources centres on STBM and sector management at community level

B - District level: Strengthening sector management and enabling environment at district level

C - National and Programme level: Sector management and strengthening the enabling environment

The proposal requested co-funding from the Royal Netherlands Embassy EKN to about half of the planned budget. The remaining funds come from investments by the target population in their own STBM facilities (STBM strategy is non-subsidy) and from contributions by Simavi and the Indonesian NGO partners.

Non-budgeted is the contribution by the Government of Indonesia. It concerns supportive activities at national level by Bappenas as well as different projects/activities in the SHAW areas to improve the water and sanitation situation. Also, local government budgets allocate funds for STBM activities.

The EKN approved on 09 April 2010 the funding request for the SHAW programme.

SHAW started in 9 kabupaten on 4 islands in Eastern Indonesia, but had to stop in June 2011 the activities in Central Papua. As a replacement, the NGO YMP joined the SHAW programme on 01 January 2012 to operate in East Lombok. This made that currently SHAW is active in 9 kabupaten over 5 islands, and is implemented by 5 Indonesian NGO partners: Yayasan Dian Desa YDD, Rumsram, Plan International Indonesia, CD-Bethesda and Yayasan Masyarakat Peduli YMP. Simavi is active at national level in Jakarta. See the map below in figure 1.

The progress by SHAW during the period January – June 2014 will be discussed in § 2. Please note that SHAW’s three specific objectives are clustered differently for ease of reporting:

- The implementation of STBM in communities and schools (specific objective A, see § 2.1),

- The creation of an enabling environment to stimulate sustainability of the STBM achievements (specific objective A + B, see § 2.2),

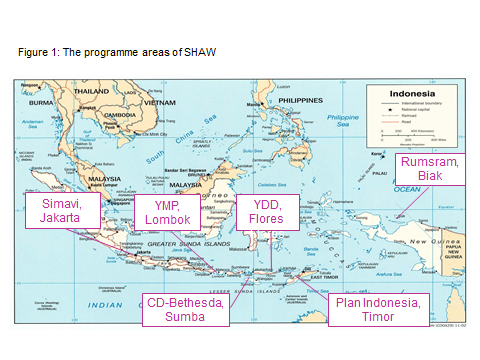
- Assistance to the national government to scale up STBM implementation nation-wide, including policies and regulations (specific objective C, see § 2.3),

- Capacity support to the SHAW NGO partners (specific objective C, see § 2.4),

- Water supply (specific objective A, § 2.5)

Water supply activities were added in 2012, see § 2.5. Although activities for water supply are high in demand by the population, the required investments per desa are high. Water supply was taken out by EKN of the budget, as it supported water supply through other channels. End of 2011, Simavi allocated its agreed contribution to water supply, but funds are limited.

Therefore, SHAW is in the first place a sanitation and hygiene programme and prioritises the sustainable 5 pillar STBM implementation. In line with the STBM strategy, the approach by SHAW in sanitation and hygiene is oriented towards a non-subsidy philosophy. The water supply activities are included in SHAW’s non-subsidy philosophy, including full coverage by the users of the costs for Operation and Maintenance through a water tariff.



There is one major consideration in the design of the approach by SHAW, namely sustainability. In 2010 the approach was designed in steps. As a first step, the desired situation after-programme was described to continue the achievements of SHAW, especially the long-term issue of behaviour change regarding the use of sanitation and hygiene facilities as well as maintaining these facilities in adequate quality. Secondly, the involved stakeholders were identified for this after-programme period and the way to prepare them. Thirdly, the steps were designed to get these stakeholders on-board as soon as possible in order to have a sufficient preparation period. SHAW was scheduled for a longer implementation period (4.5yrs) than the usual project period (2-3yrs), which allows SHAW more time to train and support these stakeholders in their role after programme.

The SHAW programme is based on collaboration between several partners and stakeholders at different levels. SHAW is implemented by five Indonesian (field level) and one Dutch NGO (national level and coordination).

The National Government supports the SHAW programme along the terms of a MoU between Simavi and Bappenas (May 2011). Bappenas, the National Agency for Development Planning and Chair of the Pokja AMPL Nasional[[4]](#footnote-4), was party during the formulation of the SHAW programme in 2009 and early 2010. One SHAW staff member is stationed at the Pokja AMPL Nasional Secretariat as liaison between SHAW and the Pokja as well as in support to the National STBM programme.

Next to the collaboration with Bappenas, SHAW has close working contacts with the Directorate of Environmental Sanitation P2PL of the Ministry of Health, which houses the national STBM Secretariat.

IRC, the Dutch knowledge institute on WASH, gives support to SHAW in monitoring, capacity building and knowledge management.

Originally, the NGO WASTE and the Dutch Waterboard Zuiderzeeland were collaborating partners of SHAW, but their input was terminated beginning 2013 by EKN after observation that progress was too little. However, a partner of WASTE, the Philippine NGO CAPS could continue regarding ecosan.

SHAW is an active member of the Sanitation Partner Group SPG in Jakarta, and has specific working relations with UNICEF, WSP, USDP and WASPOLA.

SHAW is supporting in its programme areas the local governments to implement the national 5 pillar STBM strategy. This support generates participation in the SHAW programme by the following local governments:

- Provincial and Kabupaten level through the Bupati (Head of Kabupaten), the Pokja AMPL Province and the Pokja AMPL District. At kabupaten level, especially Bappeda (chair of Pokja) and the departments of Health and Education are involved;

- Kecamatan level through the Camat (Head of Kecamatan), the Camat office and the staff of the Puskesmas (health centre at kecamatan), in particular the head of Puskesmas and the sanitarian;

- Desa and Dusun level through the Kepala Desa and Kepala Dusun (Head of village respectively sub-village). There are also contacts with the head of neighbourhoods RT, the lowest decentralised administrative level in Indonesia, and with the desa parliament.

- The desa health cadres of the Posyandu (organised by the desa mid-wife) who are in most cases also the desa STBM volunteers.

Further, there are also contacts with desa based organisations: the traditional leaders, religious leaders, the women group PKK and others. Which of these groups are involved in the STBM promotion varies per desa, depending the socio-cultural setting of the particular desa.

STBM Teams are created at the level of kabupaten, kecamatan and desa.

Outside the government services above, SHAW also stimulates the local private sector to become involved by responding to the created demand for sanitation and hygiene facilities.

SHAW aims at cooperation with other WASH related programmes and projects in the same geographical area to arrange coordination for complementarity and synergy during implementation, as well as for institutional strengthening of the WASH efforts. The Pokja AMPL kabupaten is a good instrument to discuss the cooperation.

The current report presents the progress made by the SHAW programme between 1 January and 30 June 2014. It is the 8th progress report by SHAW[[5]](#footnote-5).

The report presents the general developments along the activity clusters in chapter 2, followed by the developments per implementing NGO partner in chapter 3. Chapter 4 gives extra attention to the role of women. In chapter 5, the sustainability activities are treated, and chapter 6 gives a brief view to the future activities. Chapter 7 continues with the financial aspects.

The final chapter is chapter 8, general conclusions on the developments of the SHAW programme.

**2. Developments in January – June 2014**

At first, a general overview will inform the reader on the developments since the start of SHAW, to give a background of the activities that are reported below in the five activity clusters (§ 2.1 – 2.5).

The sanitation and hygiene situation of STBM, as discussed in this report, concerns a range of aspects:

* The presence of facilities for all 5 pillars,
* The quality of the facilities and their effective use,
* The mind-set and human behaviour towards sanitation and hygiene at home, in the community as well as beyond,
* The support given by various stakeholders (enabling environment) to introduce, promote and sustain the sanitation and hygiene behaviour change along the 5 pillars of STBM

SHAW had to develop all the tools, because no implementation approach or monitoring system existed in 2010 for 5 pillar STBM. It took some time to develop the correct approach and materials. Since nobody had experience, it was learning by doing with gradual steps ahead.

The sanitation and hygiene situation of STBM has a relation with both personal health as well as the public health in the living environment of a community.

Personal health is a private issue, but a bad sanitation and hygiene situation at one family quickly becomes a risk for the health of neighbours and the community at large, which is a public health issue. Public health issues concern the government, in particular the Ministry of Health. The government staffs from Puskesmas are therefore the indicated key-persons to ensure STBM implementation in the desa as well as the sustainability of the STBM achievements.

After the start in 2010, one of the first challenges the SHAW partners observed in the field, was that the strategy on 5-pillar STBM (MoH Decree 582/2008) had not been fully disseminated to the kabupaten levels and below. Therefore, when starting STBM promotion in an area, SHAW needed to take ample time to explain the objectives and requirements of the 5 pillar STBM strategy to the government staff at kabupaten and kecamatan levels in that area, and also to the population in the desa. Once it was clear that SHAW is assisting the government to implement its own STBM strategy, it became easier to approach and involve the local government.

Furthermore, the SHAW partners have to deal with a confusion regarding STBM. Other projects, including MoH, keep concentrating on pillar 1 of STBM (sanitation) in order to achieve the GoI aim of the sanitation coverage of MDG 7c by 2015. These projects in toilet building, and sometimes some pillars more (pillar 2, Hand Washing and pillar 3 Household Water Treatment and Safe Storage) claim however to be implementing STBM, hence the continued confusion at both national and local levels. For example, the new PAMSIMAS Programme by Min Public Works and MoH concerns 3 pillars STBM, and the SMS monitoring system of MoH concerns pillar 1 only.

By mid 2014, all relevant kabupaten and kecamatan staff have been reached several times. One aspect of the SHAW approach is to repeat regularly the promotion of STBM at kabupaten and kecamatan levels in order to maintain the understanding and refresh the motivation. A result of the repeated information and promotion sessions by SHAW on 5 pillar STBM is that government staff and population now understand and promote the national 5-pillar STBM strategy in their respective area.

There is one point for continued attention to avoid a set-back. Changes in government staff are common, and the new staffs require a renewed introduction, training and motivation. The government staff changes are further elaborated in § 2.2.

Another challenge in the field are projects implementing subsidised toilets constructions, these projects concern externally as well as government funded activities. The effect of subsidised toilet projects in the area is that the population becomes indifferent to work on its own development towards a healthy desa and depends on “others” to come and install a facility (e.g. toilet) for them, even if it takes many years waiting. In the meantime, the unhealthy sanitation and hygiene situation persists.

By continued advocacy from the SHAW partners, in the kabupaten, kecamatan and desa, the realisation grows at these stakeholders that subsidised toilets are maybe the easiest solution but not the best to improve the sanitation. Firstly it creates the mentioned dependency as well as a lack of ownership leading to limited maintenance. Secondly, the subsidised toilets come from hardware projects which look to numbers of facilities and do not come with an intensive promotion around purpose and use. With the SHAW non-subsidised approach to the community, the purpose becomes clear and several desa observed and reported an increase in community sense and joint activities.

However, subsidised sanitation projects continue to be formulated at (inter)national level, as a rapid solution to the delays in MDG7c.

Since early 2012, SHAW organises internal meetings each 3 – 4 months where all partners participate with the aim to exchange information, coordinate activities and share the learning. It is not only to discuss programme issues but also aiming at capacity building of the SHAW partners. Sometimes, there are presentations or training by outsiders. Most meetings are organised in the field, in order to also allow a field visit to observe the approach and results by the organising partner, followed by discussion for shared learning.

In the reported period, a meeting was organised by Plan Indonesia in Kefa (kabupaten TTU) in February 2014 and another by Rumsram in Biak (kabupaten Biak Numfor) in June 2014. Several subjects were touched, like monitoring system refinements, water supply, progress info on STBM in desa and in schools. New subjects concerned the exit strategy along the FIETS model to ensure sustainability (see chapter 5) and meeting kabupaten staffs to learn the vision of the Pokja AMPL kabupaten. At both meetings, the kabupaten staffs were interested to discuss with SHAW partners and learn from other SHAW areas.

The attention by local media to SHAW continued, demonstrated by articles and radio flashes and even interviews. Also at national level there is a regular feed to the Pokja AMPL and STBM websites.

The Knowledge Management activities advanced however only somewhat, as the partners do not have a habit of sharing information on developments beyond the biannual progress report. Therefore obtaining documentation is not easy. Documents published by SHAW concern the biannual progress report to the donor EKN, trimestral progress reports to Bappenas (shared with other stakeholders), SHAW Newsletters and the SHAW brochure.

A presentation was given during a special CLTS side-meeting at the International WASH Conference in Brisbane (March 21014), and a presentation was prepared and accepted for the WEDC Conference in Hanoi (September 2014). Also, SHAW presented its approach and results during a special meeting with the Vice Minister of Health in March 2014. The meeting was facilitated by Plan Indonesia, as a follow-up on the informal meeting during the mass STBM declaration in Timor end 2013.

Simavi and YDD started in 2013 a set of documentaries, with different objectives for different audiences. The finalisation of the first documentary is however delayed to September/October 2014, since other activities had higher priorities as well as both organisations struggled with the script.

The study into understandable impact indicators did not start as intended in 2013. The aim of the study was to come up with impact indicators that are understood by the villagers, which is not the case for the impact studies that use expressions as “statistical significant changes”. By understanding the impact, the population can perceive the benefits of its STBM behaviour in order to find motivation to continue the new behaviour, and share the motivation and benefits with others,

After some initial difficulties, SHAW could contract a consultant in June 2014, with the field research in August 2014. The announced assessment study into the capacity changes of the SHAW partners, also called 360º study, did not take place because of budget considerations.

It was observed that the STBM approach developed by SHAW enters straight into the future objectives of the SDG, the Sustainable Development Goals which will follow the current MDG. These goals will not only take into account the facilities but will put emphasis on their quality, access and usage. It is assumed that the Outcome Indicators as developed by SHAW are a first large scale attempt to measure these impacts.

SHAW has created a detailed monitoring system on the STBM facilities and the STBM behaviour, “output” respectively “outcome”. The system has been described extensively in earlier reports. One major element needs however to be stressed, the national government uses family as reference unit for monitoring. SHAW however uses the house as monitoring unit, after it was observed that in majority more than one family lives in one house. Monitoring STBM facilities and outcome per household would then result in incorrect data, hence the choice by SHAW to monitor per house.

SHAW ends on 31 December 2014, and the Final Evaluation was planned with EKN in the lead. Originally, the evaluation was planned to take place May-June 2014, but for several reasons, EKN had to postpone the evaluation to September-October 2014.

Below, the the developments in the five activity clusters are treated for the first semester of 2014. Please note that the previous progress reports presented extensively the activities and developments with their background, and whenever possible, the situation is summarised.

*2.1 Implementation of STBM in desa and schools*

*Desa*

The key-persons of the SHAW approach are the sanitarian (Puskesmas) and the desa volunteers. In principle, the desa volunteers are supervised by the sanitarian. SHAW trains the Puskesmas staffs who in turn train the desa volunteers and also give refresher training.

Intention was to involve SHAW staff during the first stages of the STBM activities, and that gradually only the sanitarian has contacts with the volunteers (supervision, refreshers). This way, the sanitarian and desa volunteer in the SHAW areas are prepared for their role when SHAW ends when all desa were declared 100% STBM, and the role of the sanitarian and desa volunteers would concern the follow-up activities like regular promotion and monitoring to ensure sustainability, as well as to find solutions for difficulties like cases of slippage.

These key-persons are part of the enabling environment, see § 2.2 for further details.

The actual situation in the SHAW areas is not yet at the intended status. Not all desa are officially verified, leave alone declared. But also, it appeared troublesome to sustain the achieved situation. The overall focus of the stakeholders in the SHAW Programme is still more towards achieving the targets than at achieving sustainable results.

As a result, some cases of slippage in STBM behaviour have been noted, as well as degradation of the support by the enabling environment to the population. SHAW needs to give prolonged attention, especially to the monitoring and follow-up support after STBM declaration.

During the first semester of 2014, the implementation of STBM in the communities advanced in the five SHAW areas.

By 30 June 2014, already 97% of the 1,074 desa were triggered. Concerning the verification by the government, 52% of the desa passed the verification of 100% STBM and 43% of the desa which were officially declared 100% STBM. The difference between 43% and 52% shows the current back-log between the official verification and declaration.

In the last semester of the SHAW Programme, the number of verifications and declarations will increase. Nevertheless, it is not expected to achieve 100% STBM in all SHAW desa.

The table in annex 1 presents updated information on the planning and progress by the SHAW partners in the implementation of STBM in communities and schools. The table presents information from the monitoring, with additional information from the partners.

The table shows that on 30Jun14, of the 1,462,000 persons reached by SHAW, 971,000 persons (66%) had changed their sanitation and hygiene behaviour towards respect of all the 5 pillars of STBM. The table also shows that Hand Washing with Soap and Solid Waste management (pillar 2 and 4) are the most difficult behaviours to change.

Note that the progress table (annex 1) presents the number of desa where SHAW is active. As part of the SHAW approach, each of these 1,042 desa have been visited several times. Behaviour change takes time to settle. Therefore the SHAW approach includes revisiting the desa after triggering and even after the 100% STBM declaration, to stimulate and ensure the intended functioning of the enabling environment.

The coverage of the monitored area expanded and covered 97% of the SHAW area in June 2014. The logistics of the data collection is impressive, as there are 9,000 desa volunteers that passed from door to door at 327,000 houses to do monitoring and refresher promotion, followed by discussions with the community at dusun and desa level in the 1,042 villages. Please note that in earlier reports, a number of 20,000 was mentioned, but this number included also others like village heads and village groups, who are involved in the monitoring but not really passing door-to-door. It also indicates the difficulties by our partners to report consistent data. Another element in the decrease is that volunteers stop their task, as the SHAW partners observe. Not receiving the agreed incentive for the monitoring tour is cited as reason, but there are other reasons, like the already reported insults in Biak. If a volunteer stop, the promotion and monitoring of STBM behaviour might be at risk. Information is that in such case, the head of dusun and/or head of desa steps in and performs the monitoring. The situation needs close attention by sanitarian as well as by SHAW staffs.

Annex 2 presents the output data, data on the presence and type of facilities for sanitation and hygiene, plus information on the water source.

Annex 3 presents the outcome data, with a four level scale on the actual use and behaviour. When the persons of one house reach level 3, they satisfy the STBM criteria. Note that however SHAW had to consider levels 2 and 3 as acceptable for pillar 4. The issue whether burning the solid waste is acceptable or not, is not clearly specified in the MoH guidelines. The issue is further influenced by the lack of infrastructure in solid waste removal and dumping/treatment.

It was observed by the SHAW partners that the monitoring results in one desa can help motivating a hesitant neighbouring desa to become more active in STBM behaviour.

*Schools*

In the first semester 2014, the SHAW partners finished the training at kabupaten level (Health and Education Departments). In most areas, the kabupaten trained the kecamatan, school teachers and the parents’ associations, and triggering STBM to the students started.

However, there are problems observed. In Sumba, the kabupaten trainers want CD-Bethesda to assist in the training to kecamatan and schools. In Timor, the kabupaten departments do not agree on their role as each assumes it has the sole responsibility. In the end, Plan Indonesia is giving the training to the kecamatan and school levels.

By 30 June 2014, already 74% of the 578 primary schools were triggered. Concerning the verification by the government, 2% of the schools passed the verification of 100% STBM and most of them obtained the official 100% STBM declaration. In the last semester of the SHAW Programme, the number of verifications and declarations will increase.

Since many of these schools are in desa which have been triggered long time ago, and maybe passed the desa verification, one would expect these schools to advance quickly. Part of the problem of slow progress however is the situation that many schools do not have the basic water, sanitation and hygiene facilities as required by the standards for schools of the Ministry of Education and the Ministry of Health. There is no indication of government planning to equip the schools with their basic school facilities.

SHAW does not have enough funds to bring all the primary schools in its area up to conformity of the standards. In some desa SHAW will invest in school sanitation, hygiene and/or water supply to bring the school its minimum facilities. The school and community might also unite in finding solutions, e.g. by using part of the upcoming increase in ADD for school WASH facilities.

Given the realities, the solution for SHAW is to propose minimum criteria for schools which, although possibly sub-standard, will not demotivate the stakeholders and delay the process.

The lessons at school are welcome to support the community STBM progress and sustainability through the children, along the idea of “children as agents of change”.

*STBM in (peri-) urban areas*

The interest in STBM in (peri-) urban areas is growing. Therefore a special section is introduced to the STBM in (peri-) urban areas to document the SHAW approach and experiences. After all, the SHAW Programme is the leading project in the 5 pillar STBM development and is approached by several interested parties for urban STBM experiences/materials. Even though SHAW is mainly working in rural areas and has limited experiences in the densely populated areas of (peri-) urban areas.

SHAW covers 4 kabupaten completely (TTS, TTU, Sikka and Flores Timur). Among these desa are also the “urban desa” of the capital cities. Further, the habitation in the SHAW area of East Lombok is dense and therefore represents in reality also a (peri-) urban area.

Note that the urban areas in the SHAW area do not resemble the big towns in Indonesia.

These “urban desa” in Timor, Flores and East Lombok are approached by SHAW likewise as the rural desa, however there are several differences observed which make different approaches necessary for these particular issues. Per STBM pillar, the observations are:

* The dense habitat pattern does not always allow for one toilet per house, as the space is limited. In these situations, a joint toilet building is constructed by the different families that will use the toilet(s). There is no report yet of a sludge emptying enterprise which collects and dumps the sludge safely. According to the information, the pits/tanks are not yet full.

Another observation is that subsidised toilets, especially public toilets or MCK, are constructed by other projects, which in fact hinder the introduction of STBM with its approach of non-subsidy construction, own responsibility for maintenance and effective use of the toilet.

* Hand washing facilities are constructed close to, but mostly inside the toilet. Hand washing facilities at the houses are mainly in the yard. Note that in these areas, there is often a water supply network with yard connections.
* Many people boil water on petrol or gas, as fire wood is difficult to get and is expensive. Others buy bottled water. The use of water filters is not yet widespread.

On one occasion in Flores, it was possible to compare the running costs between petrol and water filter. The costs to filter water is zero, the costs for boiling water with a petrol stove is about Rp 100,000 / month, an amount that will vary with the number of occupants. The investment costs for water filter and petrol stove were not known by the two families.

* The solid waste is a huge problem. The waste collection and the treatment/disposal systems are virtually non-existent/non-functional in Flores and Timor, and the waste collection system in East Lombok serves only the urban area of the kabupaten capital Selong.
  + In Flores, YDD tries to revitalise the waste collection by advocating the replacement of the current broken waste collection containers. Also, the waste containers are now more frequently collected and replaced by empty ones. However, the waste disposal of Larantuka (kabupaten Flotim) is dumping along the main road and burning it.
  + In Timor, Plan helped establish a solid waste separation and collection system. The recyclable waste is then sent via Kupang to the recycle industry in Surabaya. The families receive money for the recyclable materials.

The remaining waste is collected by the town service and dumped in a landfill. The families pay for the waste collection and dumping system.

* + In Lombok, YMP advocates for solid waste collection points per desa, with concrete rings. However, in general the waste in these rings is not collected and flows over. The neighbourhood then burns the waste, which is not pleasant. Another method reported is to dump the waste in a river.
* Liquid waste is another issue, especially because in the “urban desa” much ground surface is covered which reduces infiltration. Household waste water either flows into or is dumped in the open gullies.

There are three common observations for Timor and Flores:

* The urban centres have many commuters from surrounding rural desa, who work in the offices, shops and markets. When in the urban area, they have less concern about solid waste management and even about open defecation.
* It is difficult to get the population in a (peri-) urban area at a general meeting, e.g. to talk about STBM. They have limited time, are less organised or less interested in communal issues than in the rural area. It demands short intensive meetings while accepting that not all are present. The volunteers then have to pass the message to give follow-up of such promotion meetings.
* Some urban desa (kelurahan) simply do not want to participate. A solution can be to ask the Camat or even Bupati to step in, when these are convinced of the benefits by STBM. After all, a positive message by higher authorities will stimulate the population to give attention, in this case to STBM.

NB. The general SHAW approach has these two sides, one of respectful approach of the desa and wait for progress, while the other side is to promote positive signals from the authorities backing the STBM promotion. It works well, especially when a Camat goes door-to-door, but a careful balance is needed to avoid imposing behaviour as that does not sustain in the longer term.

As a conclusion, STBM promotion for urban areas is not only needed for the urban population but also for the surrounding desa. Probably a strict control is needed to enforce the commuters to respect other’s living environment.

Also, the SHAW approach probably needs adaptations for STBM promotion in (peri-) urban areas. Because the experiences by SHAW still cover a reduced period and/or are not yet well documented, it is too early to reach a final conclusion over the changes needed.

As a result of these difficulties to introduce STBM in the mentioned (peri-) urban areas, progress is slow and no urban desa in Timor, Flores and Lombok has been officially verified by 30 June 2014.

*2.2 Creation of an enabling environment to stimulate sustainability of the STBM achievements*

From its start, SHAW looks to the enabling environment in order to ensure a smooth STBM implementation and also to ensure that support to the population continues after the SHAW programme ends. SHAW realises that a change in behaviour takes time and needs continued support and lasting motivation. Aim is that:

- The achieved changes in behaviour towards sanitation and hygiene will sustain and thus continue to benefit the population by an improved health situation. The health improvements in turn contribute to poverty reduction, which is the Overall Programme Goal of SHAW.

- In case of slippage or new influx of people in the area, there is knowledge how to refresh or promote STBM behaviour.

- In case of a split of a desa, there is knowledge how to set-up the monitoring and the follow-up in the new situation.

Note that “support” by the enabling environment covers a large variety of activities, like refresher promotion on STBM behaviour to keep the community spirit high, or a focused approach to families that prevents or repairs slippage, or a response to demands for STBM facilities and/or services by handymen or enterprises. It also refers to leaders including STBM in political speeches or religious sermons, and it refers as last example to the broad monitoring process when the volunteer discusses the STBM situation of a house and meanwhile promotes STBM behaviour with later a discussion of the results at dusun, desa and kecamatan level to conclude to eventual follow-up actions.

Stakeholders in the enabling environment are manifold, and include but are not limited to:

- In the desa: the desa volunteers, the various organisations in the desa (e.g. religious leaders, traditional leaders, group of elders and women group), the head of the school and the teachers, and the heads of dusun and desa (government function). Please note that in most desa, the desa volunteers come from the health cadres of the Posyandu (village health promotion service).

In many desa, the local handyman or tukang is also involved as stakeholder. The SHAW partners have trained the tukang to construct several models of toilet (dry pit to pour-flush toilet with septic tank). Some tukang are active beyond their desa, especially those trained in producing the squatting place of the pour-flush toilet.

- In the kecamatan: the Camat, the kecamatan office (e.g. Welfare section, kecamatan Secretary and Camat), as well as the staff of the Puskesmas (head of Puskesmas, sanitarian and promkes) and the Education section.

- In the kabupaten level: the members of the Pokja AMPL (especially Dinkes, Dinas PPO and Bappeda), the kabupaten office including the Bupati and Wakil Bupati, the district parliament, the media / press, and the private sector with its shops, enterprises and financial institutes.

The desa persons form the desa STBM Team, those at the kecamatan the kecamatan STBM Team. The members of the kabupaten STBM Team are mainly the Pokja AMPL members.

At the start of SHAW, there were only few persons in the desa STBM Team, but over time the team expanded to comprise more and more desa groups and has become an undeniable factor in the desa, impossible to avoid. It brings the sense of a community, living together, developing together. SHAW also tries to include the message that one person who does not respect the STBM behaviour is a health risk for the whole community. Therefore, the community has to get organised to oversee that everybody respects STBM as well as give a hand to joint activities, for example to help the underprivileged (poor, disabled, widow, etc.) or to sweep the desa through gotong-royong (joint community activity).

It can be observed that at kecamatan level, the government staffs are well aware of the STBM principles, and many are actively supporting the STBM. Several Camat pass the desa to motivate the population, and some go even door-to-door. Most sanitarians are actively involved in promotion, monitoring and support. The promkes (staff of Puskesmas for health promotion) are also getting more and more involved. The desa population are constantly approached by the STBM desa team members.

However, on Timor a problem in the support by the sanitarians was reported. Three sanitarians do not want to be involved in the SHAW monitoring system and they keep to the monitoring system of MoH. No solution has been found, the issue needs close attention.

The SHAW partners report that the Puskesmas use their budget (BOK) for STBM activities, although budget details are not shared by the government services. Note that the BOK in principle contains a STBM allocation, but in most Puskesmas, these funds were used for other health related activities before SHAW. In many kecamatan, it needed continued lobby and advocacy by SHAW to have the Puskesmas effectively allocate the destined funds for STBM activities.

The schools covered by SHAW already start to allocate part of their budget (BOS) to STBM activities. The desa monitoring persons receive in many cases an incentive from the desa budget (ADD). In some cases in Sumba, the incentives are allocated by the Puskesmas.

At the kabupaten level, awareness of STBM can also be observed, with most Bupati explicitly pronouncing their support. Several Bupati have issued an instruction letter, stating that all government staffs in the kabupaten have to follow and facilitate STBM.

The kabupaten staffs participating in the June 2013 Review workshop emphasized the realities in the regions, namely that the momentum of the support to STBM at kabupaten level fluctuates and slows down at certain moments. The support by the Pokja AMPL kabupaten to the STBM implementation remains in general limited. If support is given by a Pokja member, e.g. by training of kecamatan staffs, promotion to kabupaten leaders, field visit or by monitoring, the support is given by the local government department individually and not through the Pokja.

Especially mentioned is the “staff rotation”, when the Bupati replaces the key staffs like head of departments or Camat. On these occasions, advocacy and awareness raising towards support for STBM needs to be done again. Sometimes it can work out well, when for example a well-motivated Camat is moved to another kecamatan that is hesitant towards STBM.

The growing engagement by the kabupaten and kecamatan stakeholders comes from the public recognition of the importance of STBM by key players like the Bupati and Camat. It is also the result of a growing appreciation that a non-subsidy approach in STBM can indeed bring desa to an officially recognised 100% STBM status, and bring an improved health situation to the desa population.

Concerning the use of the monitoring data, the data are discussed per dusun and desa level, although not yet structurally. At kecamatan level, the sanitarians and Camat are positive, as the monitoring data present a good overview of the situation. During the regular meetings at the Puskesmas between the sanitarian and the heads of desa, the monitoring data are used for discussion on STBM and for agreement on follow-up activities.

The use of the monitoring data by the kabupaten level is less clear, some kabupaten use the data for analysis and follow-up, others not yet.

SHAW is active in the integration of its monitoring system into the national monitoring system. In the first semester 2014, a start has been made to change the method to keep and analyse the data. The system and its indicators were more or less finalised, however, the data themselves were kept in almost 250 Excel sheets and a change was needed. In collaboration with IRC, SHAW decided to a new data system, and a new cloud database was chosen, ActivityInfo designed by Bedatadriven. In the second half of 2014, the database is introduced and trainings are given. It is expected that the September 2014 monitoring data, will already be uploaded in the new system by the SHAW partners.

Together with the consultant of Bedatadriven, the link with the national databases of Nawasis (Bappenas) and SMS Gateway (MoH) will be studied, to insert the SHAW data in these databases.

The integration of the monitoring data is becoming urgent, since Plan Indonesia observed that in Timor already 3 sanitarians refuse to use/give support to the SHAW monitoring system, next to the SMS Gateway (see above).

Gradually the SHAW partners are preparing the persons involved in the enabling environment for the moment of their final withdrawal end of 2014. Many supportive activities are still needed and done although, as mentioned above, the perception and understanding by these stakeholders of their role is growing, followed by active involvement.

The SHAW programme will end in December 2014 and if all stakeholders are indeed motivated and willing to work without external funding and support, then chances are good that the STBM status will continue. In this respect, it is stimulating to read in the progress reports of the SHAW partners that

- The regular contacts by SHAW partners with the Puskesmas, Camat and Kabupaten departments in the different areas have led to more understanding of STBM. Especially at kecamatan level, the active involvement is noticeable (except the three sanitarians on Timor). At kabupaten level, less involvement is observed. Many Bupati are actively supportive, but most kabupaten departments as well as Pokja AMPL Kabupaten remain passive towards their involvement: nice words but less action in stimulating and coordinating the WASH sector. The kabupaten departments have to follow the Bupati as well as their ministries, resulting in mixed signals and limiting the interest for collaboration. However, some positive developments are observed, which are then used for advocacy to other kabupaten. Also, the SHAW Review of June 2013 helped the kabupaten staffs to learn the situation in other areas.

- Several heads of desa are making regulations (Perdes) regarding respect to the sanitation and hygiene behaviour. A Perdes needs an official approval by the kabupaten, and it takes some time to get it approved. In the meantime the desa use internally agreed rules.

- Some kabupaten started approval by the local parliament of STBM regulations (Perda), but it is a long process.

- The SHAW partners have regular contacts with the local media, for (repeated) dissemination of the promotion message on STBM.

- With all the trainings and discussions, several people at kecamatan and kabupaten have become capable to instruct neighbouring kecamatan or neighbouring kabupaten on STBM introduction (replication for scaling up).

However, there are signals that not everywhere the desired situation is already achieved. The SHAW persistence to involve population, government and local enterprises and prepare them to sustain actively the STBM behaviour is not always perceived as high priority. Most government staffs are used to target driven activities with (monitoring) reports to national level, but are not used to sustainability driven approaches, involving a wide range of roles and stakeholders. Giving continued support to the population to change and sustain its STBM behaviour is therefore also a new habit, which needs time to become institutionalised.

The involvement of the kabupaten parliament still needs to be further elaborated, although some SHAW partners established the necessary contacts. The support by the kabupaten parliament is needed to approve STBM regulations (Perda) as well as to approve different budgets to include STBM activities by the government services. It was reported that a Perda needs national approval, which seems a lengthy and costly process.

Briefly mentioned above is one of the stakeholders, the private sector. Unfortunately, the involvement of the private sector did not advance as hoped for during the formulation of SHAW. Each of the five implementing partners is actively promoting and supporting the involvement of the private sector, also called sanitation marketing, with varying results. Main issue is that for the private sector, activities in sanitation and hygiene do not appeal as being attractive and profitable. Despite active lobbying by SHAW, for example the financial sector did not want to get involved by making loans available for sanitation and hygiene facilities.

Positive however is that the construction of pour-flush toilet slabs (“closet”) by local entrepreneurs / artisans is spreading over the SHAW areas. Ceramic slabs are available at high prices in the shops in town, but the artisans construct a concrete slab with epoxy-paint to get a hard and impregnable covering layer, in bright colours. These slabs are sold for a much lower price than a ceramic slab, and have attracted interest of the population. The activity started in the Plan Indonesia area of Grobogan (Central Java), and was copied in Timor. From there, the technique spread to Lombok, Biak and Flores.

Another positive development in the supply creation is the engagement of Dinas Koperasi dan UKM (Cooperative and Small and Medium Enterprise Office) of TTS in Timor in supporting the change of the informal association of artisans, Asosiasi Sanitasi Asal SOE (ASAS) into an official Cooperative of Sanitation Products Producer. The advantage is that the members of an official cooperative are entitled to a soft loan and various types of technical assistance (e.g. marketing or product development) from the Dinas Koperasi dan UKM.

Uncertainty remains what will happen after the demand for toilet slabs and toilet construction has been satisfied and will decrease? In the near future, the SHAW partners could start promoting diversification of products and/or services, to avoid large reduction in income followed by withdrawal from their sanitation marketing business and subsequent loss of knowledge and contacts. For example, desludging services will be in demand in the very near future, and could constitute a valuable added service for these artisans.

Ecosan slabs are developed by three partners (YDD, YMP and CD-Bethesda). Construction by the private sector is taking off, however at a reduced scale. The interest by the population is still low, due to the prejudice against the use of human waste. Some appealing experiences are needed and need to be spread, in order to attract and increase the interest.

*2.3 Assistance to the national government to scale up STBM implementation nation-wide*

During the first semester of 2014, the Simavi-SHAW staff member at Bappenas / Secretariat Pokja AMPL Nasional continued to support the Pokja in its daily functioning. He also attended the regular meetings with the STBM Secretariat at the Ministry of Health MoH, for coordination between the two national structures.

These contacts at national level by him as well as by other members of the Simavi-SHAW team facilitate a regular flow of information between the field and the national level. In the previous section, the SHAW monitoring activities were presented, including the look towards integration of the data into the 2 national databases.

In relation to monitoring, several SHAW partners participated in a MoH workshop in Bandung in March 2014 on the STBM monitoring indicators of MoH. The Simavi-SHAW team presented its indicators for pillar 2 – 5, and they were essentially taken over by MoH, in order to complete the monitoring indicators for the 5 pillar STBM. The introduction and training by MoH of the 5 pillars monitoring is ongoing, SHAW is only involved by attending workshops by MoH/STBM Secretariat on monitoring.

Considering the difficulties to arrange meetings with national level government staffs, the SHAW staff member at Pokja AMPL Nasional is valuable in making appointments. This way, the SHAW partners and especially the SHAW coordinator was able to meet national level government staffs to exchange experiences, to look for harmonisation to ensure continuation after SHAW ends, and to give input to policy issues.

SHAW produces quarterly reports to Bappenas, which, at the explicit wish of pak Nugroho, director at Bappenas, include also the problems encountered in the field, as well as whether and which solution was found. The quarterly reports aim to inform the central level and organisations that are looking to implement STBM in other areas of Indonesia.

In June 2014, SHAW discussed with Bappenas to draft a paper on the ideas by SHAW regarding scaling up. The document is in preparation.

During the meeting with the Vice-Minister of Health as well as during a meeting with Bappenas, SHAW found support to organise a National Symposium, in order to bring the experiences to the Jakarta level. The symposium will be organised in the second semester, on 19 November 2014.

*2.4 Capacity support to the SHAW NGO partners*

In 2012, IRC and Simavi started capacity support workshops to four of the five SHAW partners, Plan Indonesia did not express interest. The used tool is called Capacity Self-Assessment CSA, in which the NGO is guided through critical self-analysis of the functioning of the organisation within the SHAW programme. As result of the CSA session, there is an action plan drafted by the NGO, and further support through training can be discussed.

The implementation of the Action-Plans by the four NGOs did not receive much attention after the workshops, only two of the four NGOs requested follow-up, with special trainings. In fact, the follow-up of the Action-Plans was overshadowed by the ever growing range of activities within SHAW, and the moment passed. During the Final Evaluation of SHAW, the issue will receive attention.

Next to the Action-Plans from the CSA, general capacity support is continuously offered to the SHAW partners, concerning organisational, financial and programmatic issues. Three examples:

- Field visits: the four Simavi-SHAW programme staffs plus one water supply consultant visited the SHAW partners in the reported period. The visit covered their STBM and water supply activities to discuss the activities eventually followed by a session to re-orient the mind-set, e.g. outcome-driven instead of target-driven, quality of implementation, or cross learning. Other visits concerned special topics like the exit strategy.

- Monitoring system: the development of the SHAW monitoring system took much time and effort, but also the introduction of the idea that, beyond feeding central databases, monitoring data can be used for follow-up and planning. During the ToT workshop for monitoring in September 2013, the distinction of difficult, not-so-easy and easy villages was introduced, in order to assist the partners in orienting and planning their activities, and thus optimise the efforts. The idea of planning from the monitoring results was re-discussed during PC Meetings.

- SHAW Meetings: these meetings with the Programme Coordinators and other key staff of each NGO are used as platform for discussions, coordination and learning. Aim was not only to discuss the SHAW activities but also to give capacity building on the topics as they were treated going from the topic in general to its relevance and implementation during the SHAW Programme. During the SHAW Meetings in Timor and Biak in 2014, the FIETS sustainability model was presented and discussed to structure the activities towards the end of SHAW.

*2.5 Water supply*

During the STBM activities in the desa, the lack of water in many villages hindered the population to respect the 5 pillars of STBM. For example, STBM pillar 2 on hand washing with soap is only possible when water is available in sufficient quantities. When water is fetched from some distance, the initial priority is not to use it for STBM, and it takes extra time to promote reserving some water for sanitation and hygiene use.

A field reality is that several water supply systems have been installed but are not well functioning or not functioning at all. Target oriented projects give little attention to monitoring as well as follow-up. Therefore the population struggles with understanding the software aspects of water supply and the need for it, like water management (distribution, water quality, by-laws), O&M, and financial aspects (tariff setting, fee collection, expenditures and accountability). Some SHAW partners have shown more oriented towards technical implementation and struggle to plan and implement activities related to these software aspects.

Support was given by a special water supply consultant and by members of the SHAW team, especially the SHAW team member in Jakarta. Overall it can be observed that the capacity of the four SHAW partners in water supply is limited, concerning hardware as well as software issues. They are concentrating on a technical installation in response to community demands but, even though some hire outside help, the NGOs do not yet have the capacity to integrally plan, design and implement a proper sustainable water supply system. This aspect will need to be further analysed in order to evaluate the capacity strengthening needed for community based water supply in SHAW areas.

Activities per SHAW partner in the period January – June 2014 were:

YDD started in 2012 on the volcanic island of Palue (NW-Sikka) with installing or repairing Rain Water Harvesting tanks RWH with plastic lining. A massive eruption in August 2013 caused the government to seal off the island and mid 2014, most islanders were still on the mainland as refugees. The actual condition of the RWH is unclear as YDD staff is not able to access the island, but the RWH will surely be damaged by the hot volcanic ash.

YDD further started an experiment with large open rainwater collection reservoirs in the water scarce kabupaten of Flores Timur, on the island of Solor. After some delays from technical aspects but also from natural problems (e.g. large boulders to evacuate of the reservoir site), both systems are now completed. One system benefitted from the remaining rainy period early 2014 and supplies the desa. However, no systematic data is available about the use and management. A potential problem of algae growth is reported.

Support was given to several technical and software issues.

Development of a third site was stopped in May 2014, among others because the costs for plastic lining would surpass an acceptable amount, and the first two pilots did not yet gave experiences to justify the high expenditures.

CD-Bethesda stopped its water supply activities in 2013.

Rumsram submitted its water supply proposal for 10 villages in the first semester 2013, and started designing the water supply systems. The water supply consultant observed technical and software issues and by mid-2014, Rumsram almost finished making new designs, now focussing on 3 villages. Rumsram contracted an additional local consultant (from PU - Jayapura). However, the contract with the consultant was stopped, as the input was not of sufficient quality.

YMP started with a water supply project before joining SHAW. After the mission by the water supply consultant in September-October 2013, YMP focusses to 2 villages. Each has a complex gravity system over long distance. Mid-2014, final technical and software issues remained, and the support will continue.

**3. Developments per NGO partner in 1st semester 2014**

At the suggestion of the Embassy of the Kingdom of the Netherlands EKN in 2010, a chapter is reserved in the biannual progress report on the developments of each of the five implementing SHAW partners. Each NGO partner has a different background and experiences, which lead to a different set-up and an own approach within the overall SHAW approach. This might in turn possibly lead to different results.

With the end of SHAW approaching, it has become more and more obvious that the Indonesian development sector is target oriented and less outcome and sustainability oriented. This includes the Indonesian NGO partners of SHAW. Therefore, much attention was paid to coaching on sustainability aspects beyond the end of project. This coaching is not only the SHAW Programme approach with its focus on sustainability, but it is also a preparation of the NGO partners to the post-2015 sustainability orientation by donors and governments.

*3.1 CD-Bethesda (Sumba)*

CD-Bethesda started its SHAW project in two places, Sumba and Papua. Unfortunately it had to withdraw from Papua in June 2011 due to a categorical rejection by the local population of the non-subsidy approach.

Eight desa were declared 100% STBM in the first semester 2014, bringing the total to 26 STBM declared desa by June 2014. There are 10 desa 100% STBM verified by the Puskesmas and waiting for the administrative process of the declaration.

CD-Bethesda has some difficulties in following the SHAW approach regarding roles and sustainability. It considers that CD-Bethesda should stay in the lead because the Sumba enabling environment is not capable yet. The SHAW project manager of CD-Bethesda was replaced in April 2014, and efforts are now concentrating on improving the activities.

CD-Bethesda is interested in ecosan, and started tests in Sumba Barat Daya including the production of special squatting places.

*3.2 Plan Indonesia (Timor)*

Plan Indonesia is operating CLTS and 5 pillars STBM in a similar way in all its project areas throughout Indonesia, which is: target oriented and operating in a fast and smooth way. Its size and experiences as a major NGO in Indonesia play favourably in the advocacy to the local government on STBM, as well as in the local media attention in order to spread the STBM message.

The progress in the field is fast compared to the other SHAW partners. Plan finished STBM triggering and promotion by end 2013. By June 2014, in total 361 desa were declared 100% STBM, no verified desa is waiting for the declaration.

The challenge for Plan is to keep up the status of STBM behaviour. Due to the large number of desa in the area, Plan has the challenge of continuing support to all desa (STBM behaviour and monitoring) as well as to continue stimulating the enabling environment, which should step in and take over the follow-up and support to the desa. Note that the same challenge of keeping in touch with many desa in a large area is valid for YDD, which also covers two complete kabupaten.

A good help for Plan is the active involvement of several Camat in the STBM promotion.

From the monitoring, almost all desa effectively respect the 5 pillars of STBM at 100%, however signals (e.g. from the study into perceived benefits) are that the reality is somewhat different. This is not surprising, as a sustained change in behaviour takes time. However, the monitoring system should not give inflated data (it is not clear at what moment these inflated data are introduced, probably during the collection) but give realistic information in order to eventually activate the enabling environment to repair slippage.

Further attention to the well-functioning of both the monitoring data collection and reporting system as well as the enabling environment is needed.

Plan Indonesia has started the sanitation marketing along the model developed in a CLTS project in Central Java. In the reported period of January – June 2014, in total 57 toilet construction packages and 1,914 squatting places were sold by the private sector. The related revenues over the period totalled to Rp 132 million, which means an average income for the 24 entrepreneurs of Rp 5.5 million over the 6 months period.

Plan Indonesia is an active member in the STBM network at national level and is promoting its own STBM approach, which orientation is looking differently to ensure the phase after-programme than the agreed SHAW approach. Continued coaching is therefore needed to coordinate the approach by Plan Indonesia as partner in the SHAW programme.

*3.3 Rumsram (Papua)*

Rumsram is a small organisation, and therefore it developed an approach in which community members play an important role by regular door-to-door visits to promote the STBM message on pillar 1 – 5, as well as cross promotion where a desa member does promotion / training in another desa. The Pokja AMPL District in Biak Numfor is supportive to the SHAW programme, and monitors the situation in the field.

End of 2012, Rumsram started its activities in Supiori. Supiori is a rather remote area, and working on developing the basic infrastructure. Many kabupaten government staffs prefer living in Biak town and commute daily to Sorendiweri (2.5 hours by car one way).

It showed a challenge for Rumsram to get the government departments active (pro-active) and involved.

The support funds for Papua by the central government are large. Desa development projects like PNPM (called “Respek” in Biak) make it possible that Respek continuously constructs new and fully subsidised toilets as well as other hardware like houses and roads. This makes the non-subsidy approach an almost impossible challenge for Rumsram, a reality that was recognised by the government staffs of Biak and Supiori during the SHAW Review workshop in June 2013.

In the first semester 2014 however, a change in attitude is observed in the kampung as the community showed pride that they took care of their own sanitation and hygiene situation (non-subsidy) and achieved a better living environment. The health services indicate a decrease in illnesses, and even in maternal mortality. The persistent approach by Rumsram apparently shows effect after some years.

The change is also observable in the number of 100% STBM declared kampung. By the end of 2013, in total 8 desa were declared STBM, but in the first semester 2014, 17 new kampung were declared, bringing the total to 25 kampung in June 2014. These kampung are all in kabupaten Biak Numfor, and none yet in Supiori.

*3.4 YDD (Flores)*

YDD is a relatively large NGO, with a large range of activities in several geographical areas. A major focus is to appropriate technology, including the water, sanitation and hygiene sector. Another focus is to support business-like activities by communities or groups of persons as income generation, for example the cashew nuts (Flores Timur) and the rosella-salt (Bali).

Both YDD and Plan Indonesia indicated at the start of SHAW that they will completely cover the two kabupaten in their respective SHAW area. However, YDD realised that covering two full kabupaten with 410 desa is a great challenge for its staff and is actively promoting the involvement of government staffs. Through this, it aims for sustainability but also will relieve its own staff, which is a win-win situation.

However, it was not the complete solution for the optimistic vision of 2010. In June 2014, YDD observed that it estimates to achieve at least 100% STBM verification in 50 – 60% of the desa. In consultation with EKN, the lower achievement rate will be accepted if the sustainability is good, considering SHAW as a STBM pioneer and the already achieved SHAW targets by the other partners, especially Plan.

The involvement by government staff in Sikka is less than that in Flores Timur, Sikka has been a “donor darling”, attracting many projects with a subsidised approach. Due to the political situation in 2010 and 2011, the start in Flores Timur was delayed, but the kabupaten is making much faster progress than Sikka because the government staffs are more active and interested in STBM. Another factor is that the YDD staff gained experiences in Sikka before moving to Flores Timur.

In total, 92% of the 410 desa have been triggered by June 2014. Of these desa, by June 2014 in total 67 desa received a 100% STBM declaration, of which 51 in Flores Timur.

*3.5 YMP (Lombok)*

YMP joined the SHAW programme on 1 January 2012 as an alternative NGO after SHAW had to stop the CD-Bethesda activities in Central Papua. YMP started in 2010 a Simavi funded water supply programme including some sanitation activities and could benefit as SHAW partner to improve the sanitation activities.

One of the main characteristics of YMP is building commitment of the communities and then waiting for the desa to organise itself and become motivated before YMP starts implementation activities.

YMP is capable to attract media coverage. It has close collaboration with the Pokja AMPL and the Bupati. The Pokja AMPL in East Lombok takes the stance that it must coordinate all the WASH related activities in the kabupaten. The commitment by the Pokja to SHAW is an example for other Pokja in the SHAW areas.

YMP has a small staff, and the operations by YMP depend much on the presence of the ever more active director. Capacity building, e.g. in delegation of tasks, did not yet fully yield results. It constitutes a risk to the smooth operation of the administrative organisation, with for example delays in reporting.

Note that in East Lombok an average desa counts 4,000 inhabitants, whereas in other SHAW areas, an average desa has 1,000 inhabitants. In such densely populated area, raising awareness of the population in one desa and their STBM activities resembles (peri-)urban characteristics with its lower social cohesion. YMP approaches these problems by involving several groups, especially the religious leaders. The lack of community infrastructures, especially waste collection, is an extra factor to overcome. YMP has triggered all 47 desa but no declaration was yet obtained by June 2014.

In the SHAW area of East Lombok, local artisans are active in producing the squatting place, after training by the leading person for Timor. YMP is also promoting ecosan, details are not yet clear.

The water supply activities by YMP are on-going. There has been much support given to YMP over the years in hardware and software aspects. A factor to overcome is the low capacity at YMP staff in these aspects, causing a dependence on local consultants and no conceptual capacity building within the organisation for future water supply activities.

**4. Role of women**

At the request by EKN, a special chapter on the role of women is introduced.

*a- What are the total number of women and number of men in the SHAW area?*

The total number of inhabitants of the SHAW areas is 1,460,108, of which 754,493 are women and 705,615 men (reported data Jun14).

*b - What is the role of women during the following stages of STBM:*

Note that each desa has a Posyandu, a place for health activities (e.g. vaccination) and for regular health information and promotion. The cadres of the Posyandu are mainly women, who function also as the desa STBM volunteers, involved in the STBM activities listed below. There are in general more women as STBM volunteer than men, which gives them a crucial position for the progress and sustainability of STBM behaviour.

* Planning and decision of STBM activities (before triggering)

Women are always participating in the information sessions on STBM. Especially the female Posyandu cadres are involved and will speak to influence the male to decide positively on STBM introduction. Women are active in the preparations of the triggering event.

* STBM triggering

In general, there are more women than men participating in the triggering event, as the men mostly work outside the desa during the day. This is partially solved by changing the triggering to a more convenient moment, like during the evening.

But also, women have become the key-facilitators during the STBM triggering.

* STBM implementation (between triggering and declaration)

Women are in general active promoters. After the triggering event, women are much more aware of the need for improvements of the hygiene situation which directly influences their health. During the public discussions, probably helped by the fact that most volunteers are women, the women are heard when they require more adequate and safe facilities. These public sessions also present a momentum to the women to act as a group and urge the men to agree to the necessary investments.

Women monitor the progress and continue promotion, at the desa and dusun level and also at home. Hardly observable for outsiders, but through the arisan groups, women find funds to construct facilities.

In Papua, women are making the facilities for pillar 2 – 5 of STBM.

* STBM Verification process

The Posyandu cadres, mainly women, participate in the verification itself, supervised by the sanitarian.

NB. In Papua, the men tend to decide and women have less influence than in the other SHAW areas.

*c - What is the role of women after the STBM verification/declaration? How do they keep the STBM principles alive, how do they work to maintain the status of 100% STBM?*

Women are key in maintaining the STBM behaviour. They are active at several occasions: women have easy contact with women groups like the arisan groups and PKK, they are present during the Posyandu sessions and promote to the community at large (directly or through women groups like PKK). Also at home, they are mostly the driving force to maintain the change in behaviour.

*d - What is your approach to get women active and involved in all the stages mentioned above (planning, triggering, implementation, verification and after-STBM-declaration)?*

In every event in the desa about STBM, women can participate because they mostly stay in the desa. Women feel the effects of a dirty living environment, and have the burden when a family member becomes sick. Therefore, they are more easily motivated to participate in STBM events than men. Also, women are active cadres and can promote easily during all events, like Posyandu sessions or desa meetings. Some partners train women to speak out in public, and women recognise an increased confidence to speak during community meetings.

*e - How do women give the right example in their own household/homestead?*

Women practice the respect to sanitation and hygiene at home, and teach their children e.g. to use the toilet and wash hands.

Women maintain the facilities.

*f - Do you judge that women are special actors for change in STBM behaviour? Why?*

Yes, women are key to the success and sustainability of change in STBM behaviour. Women are the principal instructors of the children, as they want to protect their children from disease.

Also, women are more sensitive than men towards the sanitation and hygiene needs of e.g. persons with disability.

*g - What are the results of the involvement of women in the STBM process?*

STBM is continuously promoted in the household as well as to the neighbours and the community at large. Some women are active promoters/facilitators of STBM to the neighbouring desa.

Further, the promotional activities by the Posyandu include now also sanitation and hygiene.

In short: the SHAW partners observe that there is progress in STBM because of the involvement of women.

*h- What has changed in your STBM approach towards the role of women since the last progress report?*

There are no changes in the approach by the SHAW partners.

Considering the observations above, one can conclude that women actually have an essential role in the desa towards STBM introduction as well as towards behaviour change. Firstly it is mainly the women who have the care-taker role for the children and for a sick family member. Secondly, they have a better understanding of what good or bad sanitation and hygiene behaviour can do to a human being

**5. FIETS sustainability principle**

In the previous reports, the five elements of the FIETS model were treated. Very little has changed in the considerations by SHAW towards these elements, the text is maintained as introduction to the way of thinking.

During the two PC Meetings in first semester 2014 the exit strategy by SHAW was discussed, concerning the roles and responsibilities as well as activities by the enabling environment when the SHAW staffs withdraw. The exit strategy was designed using the five elements of FIETS, and presents what situation should be achieved at end 2014 to ensure continuation of the STBM behaviour, and maybe even improvement and/or expansion.

See Annex 4.

*5.1 Financial sustainability*

The financial aspects in the longer term in STBM include for the household and school the operation and maintenance of the STBM facilities and an eventual repair or replacement (including yes/no climbing the sanitation ladder). By having a non-subsidy approach, the households feel ownership of the facilities. By stimulating the effective use and the perception of benefits from respecting the STBM pillars, the household will indeed change its behaviour and mind-set, and take care for the facility. This will need a long period of stimulation and follow-up by external persons, like the monitoring volunteer, the kepala dusun, kepala desa, the sanitarian and other government staffs higher in hierarchy.

For the desa, kecamatan and kabupaten, there are administrative processes like the allocation of budget for monitoring and follow-up to ensure the financial sustainability.

Currently, several desa have started to allocate the ADD for monitoring and their number is growing. Most, if not all, Puskesmas have allocated budget from their BOK.

The activities around STBM in schools started recently, but part of the promotion is to allocate part of the BOS to sanitation and hygiene.

*5.2 Institutional sustainability*

The government institutions in the dusun, desa, kecamatan, kabupaten and up to national level are involved in the STBM approach, and should continue to play their role in order to sustain the achieved changes in behaviour by the population and continue to the eventual not-yet-STBM desa. Note that scaling-up is not part of the attention to institutional sustainability by SHAW.

Activities in the STBM desa include monitoring of the effective respect of the 5 STBM pillars, along the SHAW output (hardware) and outcome (behaviour) monitoring.

That monitoring continues by the desa volunteers has to be stimulated by the kepala dusun and desa as well as by the sanitarian and other government staffs outside the desa. Once the monitoring round is done of the houses, the analysis for problems is done plus the aggregation to the next level. The sanitarian needs to visit regularly the desa to check and needs to continue the regular meetings with the kepala desa on the STBM situation.

From the sanitarian up to national level, the monitoring data are used for the national monitoring. The request for the monitoring data per desa by national level will maintain the stimulus to the sanitarian to continue collecting the information.

SHAW has involved from the start all levels at dusun, desa, kecamatan and kabupaten levels as well as national level, as part of its activities towards the enabling environment. Note that the kabupaten is a decentralised government level with autonomy.

What can be observed, and is confirmed by the SHAW Review, is that the institutional levels within a kecamatan are actually involved and supportive. The involvement and activity at kabupaten level is growing, but still observing challenges. One of the challenges is staff rotation.

The provincial level, in between kabupaten and national level, is not yet mentioned, but the SHAW partners have some contacts with the provincial level of NTT and NTB, not of Papua. The role of the province towards STBM is not fully clear, and will need to get attention.

The involvement at national level is not as pronounced as within the kabupaten, but the national level is supportive towards SHAW and STBM. The role of the national level is important in developing a different attitude at the local government towards development activities, with its current focus to hardware targets. One element is to change the monitoring systems to include also qualitative data on what is the situation after implementation, as well as give feedback on the monitoring information. By the request for qualitative information, the local government needs to collect different data and are thus guided towards activities that will sustain the achievements after implementation.

*5.3 Environmental sustainability*

The environmental sustainability in STBM relates to no pollution as well as to no harm to the nature when constructing the facilities or implementing STBM.

All 5 pillars of STBM can potentially pollute the environment, the human wastes from the toilet pit/tank, the dirty water from hand washing, the used SODIS plastic bottles, and the other solid and liquid waste from the household. Harm can be done to nature, for example through uncontrolled cutting of wood for e.g. toilet construction or fire to boil water.

SHAW is promoting the 3 R principle of reduce, reuse and recycle in the desa..

Also, a student from Avans Technical Highschool (Netherlands) did his graduation research into solid waste management. His pilot in Lombok, to collect solid waste and have the organic parts remade into fertilizer and most of the the non-organic parts recycled, is kept active by the desa population. The student left 3 months ago.

The pilot in ecosan in Flores is inactive but the SHAW partners in Lombok and Sumba started their own ecosan activities.

Sludge management will become a topic for the remaining period of SHAW, to work on a solution to the pits and septic tanks that will become full in some years time. The use of the sludge through ecosan is not possible everywhere.

*5.4 Technical sustainability*

SHAW is promoting different options to each STBM pillar during the triggering event and follow-up sessions, in order to respond in an appropriate way to the demand by the households for STBM facilities. Appropriate options give attention to the local geographical circumstances, the technical knowledge and skills available, the materials available as well as the ability and willingness to pay.

Experience shows that there are several options in use for pillar 1 – 3, but only one for pillar 4 and 5, see the list of options in the output monitoring in annex 2.

By insisting on non-subsidy constructions by the households, the family that constructs its own facility will also use techniques that it understands, techniques that are within the range of possibilities, capacities and affordability of a particular household.

The options used for schools, especially the sanitation blocs, are less automatically sustainable as in most cases external designs are use, and implemented by external constructors with not locally available materials. It is a point of attention.

*5.5 Social sustainability*

If one family or group of persons is left behind in STBM, intentionally or not, it will be impossible for the desa to become 100% STBM. Beyond the honours of an official STBM declaration, more important is the issue of public health risk when not all the inhabitants respect the 5 pillars of STBM.

The STBM approach by SHAW is aiming at this social cohesion within a desa, that the community takes care of those who are not able to construct STBM facilities (e.g. poor, disabled, old). But also, that the social cohesion within a desa takes care of stimulating all to respect the STBM pillars and continue to respect them. All need to participate.

The SHAW approach to STBM stimulates the social cohesion in the desa. Observed is that the desa allocates funds from its ADD to pay materials for the poor, or neighbours to construct the facilities at a house of an old widow.

However, not all families in a desa are equally active and some desa have less progress. In that case, SHAW supports the STBM desa team to continue its promotion activities, the kepala dusun and desa in motivating those behind, as well as the sanitarian and promkes to give follow-up.

A successful method is to discuss the outcome monitoring data of a successful neighbouring desa. The social networks within the desa are then stimulating progress towards a change in behaviour of all.

Some partners use symbols to indicate the achievement of pillars, to show to everybody the progress made by that particular house.

The major challenge for the desa is to find ways to maintain the achievements in STBM. The outcome monitoring system will show cases of slippage, but will the villagers keep the drive to motivate those who slipped back? Therefore SHAW is commissioning a research into impact indicators of STBM that are understandable as well as perceivable to the villagers. Qualitative monitoring plus feedback as routine activities is the challenge ahead to protect public health, in particular STBM monitoring.

**6. View to the activities in the 2nd semester 2014**

There will be some major moments for the SHAW Programme in its last semester:

* The Final Evaluation takes place from mid-September – end October. The evaluation is organised by EKN and Bappenas, and implemented by a team of independent consultants.
* The evaluation team will not only assess the achievements but also look ahead to eventual activities after 2014. Their recommendations will form the basis of the preparations and formulation of the follow-up phase, whether consolidation and/or scaling-up.
* The National Symposium by SHAW is scheduled, to inform the national level about the SHAW Programme; the approach, the results and the benefits.
* The documentary / promotion film “It’s SHAW Time” will be completed and distributed.
* The study on perceived benefits will be finalised and shared.
* The new SHAW database will be introduced, together with trainings and efforts to link it with the national databases Nawasis and SMS Gateway.
* Reports to support the government will be written, for example on the advice by SHAW towards scaling-up.

There will also be other activities, which will come up in the course of the semester along the developments of the SHAW Programme and/or the external environment.

The official closure of the SHAW Programme activities is 31 December 2014. However, the collection of information, for example for the monitoring and financial audit, will take place early 2015 for the final report of the SHAW Programme 2010 – 2014. The final report is expected by the donor EKN on 30 April 2015.

**7. Financial overview**

**8. Conclusions**

The SHAW programme is running towards its end and the contours of its achievements become visible.

The programme is successfully pioneering the 5 pillar STBM approach in East Indonesia where in 2010 only a few had heard of CLTS (pillar 1 of STBM), and even less of STBM with its 5 pillars. This situation has turned around, and most of the population and government staffs in the SHAW areas are now familiar with the 5 pillar STBM, informed either directly by SHAW or indirectly from neighbouring desa, colleagues or mass media. The message is also getting understood that government and population in the SHAW areas have responsibility to sustain the general sanitation and hygiene behaviour, after SHAW assisted in the introduction of STBM.

SHAW is not bringing funds to be distributed, but it motivates and stimulates, as well as facilitates and capacitates the population and government to respect the full STBM now and to sustain it in the future. SHAW also works with the (small) private sector to support the created demand in STBM facilities, regarding sale of materials, construction and/or services after construction.

In general, the SHAW Programme is advancing well. The original target of 750,000 persons respecting the 5 pillars of STBM has already been largely reached with 970,000 persons behaving along the 5 pillars of STBM in June 2014. Also, the mind-set towards sanitation and hygiene behaviour changed at population, government and private sector.

Realism however tells that it will take continued great efforts to reach the target of completely covering 100% STBM in 4 kabupaten (96 kecamatan) plus 16 kecamatan of the 5 other kabupaten, as well as partial coverage in 5 kecamatan. The involvement and motivation especially found in the 108 kecamatan that are fully covered, support the choice made by SHAW in 2010 that the administrative area should be fully covered in order to attach government staffs. Their full interest to implement STBM is needed to make progress.

Also, signals from the field indicate that not all is fine as it seems. Especially after the declaration, the intensive monitoring and follow-up slackens in some places, and people slip back from their STBM behaviour. It shows the common mind-set of target driven projects: when the STBM declaration is obtained, the job is done. It demands a consolidation phase with intensive support to the enabling environment to promote a different mind-set, and promotion, monitoring and follow-up to the population needs to continue in order to ensure sustained behaviour change. It also demands a consolidation phase to introduce further the understanding that a STBM declaration is not the final point, but the sustained STBM behaviour with its many benefits for each.

The ambition of SHAW was not to focus on how to reach the targets in Dec14 but to facilitate the creation of a healthy living environment that is sustained and hence still healthy in 20, 30 years from now. Background of the long-term ambition are the experienced realities in the field that it is better to look to sustainable sanitation and hygiene behaviour change as promoted by STBM, than to insist on construction of sanitation and hygiene facilities only. One can observe everywhere in East Indonesia subsidised facilities that are not or little used in the beginning and later abandoned, which in the end comes down to wasting funds and efforts, and more importantly, it can demotivate the families to give again attention to new sanitation and hygiene efforts.

As another activity towards sustainability, SHAW has commissioned a study into the benefits of the 5 pillar STBM as perceived by the population and government. First information is that there are several benefits, although not by all families perceived as linked to STBM behaviour.

The activities on STBM in primary schools have started but no clear results are yet obtained of the schools. There are three targets, first to educate the students in sanitation and hygiene behaviour, second to involve the relevant government structures, and third to have cross-stimulation between the desa community and the school.

The period for the water supply activities is almost over, but there is still a lot to be done. The water supply activities were attached to the SHAW Programme, and were planned at a limited scale and became even smaller after intensive support towards adequate quality and realism. The SHAW partners needed support on both hardware (technical design as well as implementation) and software. The given support had a strong component of capacity building of the participating SHAW partners.

As mentioned above, there is a need for consolidation activities to work on sustainability of the achievements. Also, the SHAW Programme has gained much respect at the different levels, which can be used for scaling-up the STBM activities to other areas. The Final Evaluation will give recommendations to this respect.

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**Annex 1: Data on the SHAW programme**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SHAW overall** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | Situation 30Jun14 | 2011 | 2012 | 2013 | 2014 | Planning 2010 - 14 | Remains |  |  |  |  |  |  |
| Jan-Jun |  |  |  |  |  |  |
| Where was SHAW active | # of desa active | **1,042** | 244 | 1,012 | 1,752 | 1,042 | 1,074 | 32 |  |  |  |  |  |  |
| # of schools active | **578** | 136 | 102 | 431 | 578 | 538 | -40 |  |  |  |  |  |  |
| # of kecamatan active | **114** | 43 | 148 | 204 | 114 | 116 | 2 |  |  |  |  |  |  |
| # of persons reached by STBM intervention | **1,462,988** | 225,168 | 640,434 | 2,165,488 | 1,462,988 | 1,460,346 | -2,642 |  |  |  |  |  |  |
| # of toilets constructed | # of toilets constructed after SHAW promotion | **111,459** | 41,023 | 69,497 | 190,651 | 111,459 | 0 | 0 | SHAW contribution to MDG7c, from start to 30Jun14: | | | | | |
| # of toilets constructed by other projects | **2,625** | 1,075 | 4,076 | 5,250 | 2,625 | 0 | 0 | Total # toilets through SHAW : 38,149 | | | | 111,459 |  |
| STBM achievements by SHAW | # of persons with ODF behaviour (STBM pillar 1) | **1,192,740** | 0 | 325,291 | 2,010,583 | 1,192,740 | 1,460,346 | 267,606 | Total # persons access+using a toilet: 378,677 | | | | 1,192,740 |  |
| # of persons washing hands at critical moments (STBM pillar 2) | **971,216** | 0 | 268,565 | 1,575,098 | 971,216 | 1,460,346 | 489,130 |  |  |  |  |  |  |
| # of persons drinking safely treated water (STBM pillar 3) | **1,326,445** | 0 | 362,875 | 2,211,557 | 1,326,445 | 1,460,346 | 133,901 |  |  |  |  |  |  |
| # of persons managing solid waste (STBM pillar 4) | **1,095,597** | 0 | 317,779 | 1,663,230 | 1,095,597 | 1,460,346 | 364,749 |  |  |  |  |  |  |
| # of persons managing household liquid waste (STBM pillar 5) | **1,313,578** | 0 | 370,608 | 2,155,279 | 1,313,578 | 1,460,346 | 146,768 |  |  |  |  |  |  |
| # of desa with 100% STBM declaration by SHAW activities | **479** | 11 | 148 | 478 | 479 | 1,074 | 595 |  |  |  |  |  |  |
| # of kecamatan with 100% STBM declaration by SHAW activities | **39** | 2 | 3 | 34 | 39 | 108 | 69 |  |  |  |  |  |  |
| # of desa with 100% STBM declaration by other projects | **0** | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |  |
| Water supply | # of persons with access to water supply by SHAW activities | **147,473** | 0 | 1,491 | 153,282 | 147,473 | 27,189 | -120,284 | SHAW contribution to MDG7c, from start to 30Jun14: | | | | | |
| # of desa with water supply by SHAW activities | **85** | 0 | 2 | 86 | 85 | 64 | -21 | Total # persons with access to water supply through SHAW : | | | | | |
| # of desa with water supply by other projects | **273** | 101 | 321 | 496 | 273 | 0 | 0 | 147,473 |  |  |  |  |  |
| School achievements | # of schools with STBM by SHAW activities | **456** | 0 | 0 | 244 | 456 | 538 | 82 |  |  |  |  |  |  |
| # of schools with water supply by SHAW activities | **10** | 15 | 8 | 9 | 10 | 13 | 3 |  |  |  |  |  |  |
| # of schools with water supply activities by other projects | **216** | 0 | 0 | 198 | 216 | 0 | 0 |  |  |  |  |  |  |

**Annex 2: SHAW output monitoring**

(Frequency: monthly after triggering for 3 month, then 3-monthly together with outcome monitoring until STBM declaration. After that, no output monitoring, only outcome monitoring)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SANITATION, HYGIENE AND WATER (SHAW) PROGRAMME** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OUTPUT MONITORING DATA 2014** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Version:** | **18-Aug-14** | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **OUTPUT totals for SHAW Programme** | | | | | | | |  | **OUTPUT Monitoring data JUNE 2014** | | | | |
|  |  |  | **Baseline** | **Dec-12** | **Mar-13** | **Jun-13** | **Sep-13** | **Dec-13** | Mar-14 | **Jun-14** |  | **Biak** | **Timor** | **Sumba** | **Flores** | **Lombok** |
|  |  | **# kabupaten monitored >** | 9 | 7 | 8 | 9 | 9 | 9 | 9 | **9** |  | 2 | 2 | 2 | 2 | 1 |
|  |  | **# kecamatan monitored >** | 114 | 47 | 85 | 100 | 104 | 112 | 113 | **114** |  | 8 | 56 | 5 | 38 | 7 |
|  |  | **# desa monitored >** | 992 | 379 | 708 | 830 | 899 | 985 | 1,018 | **1,042** |  | 78 | 460 | 79 | 378 | 47 |
|  |  | **# dusun monitored >** | 3,303 | 1,187 | 2,330 | 2,658 | 2,872 | 3,228 | 3,338 | **3,450** |  | 167 | 1,443 | 281 | 1,336 | 223 |
|  | Total number of houses in the villages | | 341,692 | 97,912 | 213,974 | 249,682 | 266,783 | 302,284 | 309,937 | **327,591** |  | 5,818 | 149,844 | 19,713 | 99,851 | 52,365 |
|  | Total number of women in the villages | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |  | 0 | 0 | 0 | 0 | 0 |
|  | Total number of men in the villages | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |  | 0 | 0 | 0 | 0 | 0 |
|  | Total number of people in inhabitants of the village | | 1,471,167 | 458,933 | 960,134 | 1,138,050 | 1,214,045 | 1,367,633 | 1,397,936 | **1,461,368** |  | 29,238 | 657,589 | 116,246 | 471,684 | 186,611 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pillars** | **INDICATORS** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pillar 1** | **1: NO OPEN DEFECATION** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # toilets in the desa | | 197,028 | 77,261 | 181,300 | 209,000 | 225,554 | 252,001 | 258,651 | **271,372** |  | 5,101 | 147,710 | 10,944 | 74,840 | 32,777 |
| # houses with toilet | | 194,599 | 77,225 | 180,296 | 207,552 | 224,765 | 250,966 | 257,925 | **269,287** |  | 5,097 | 147,710 | 10,971 | 74,437 | 31,072 |
| % of total # houses | | 57% | 79% | 84% | 83% | 84% | 83% | 83% | **82%** |  | 88% | 99% | 56% | 75% | 59% |
| # toilets per type |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a) | Pit latrine (#) | 59,998 | 37,145 | 74,482 | 74,828 | 76,693 | 77,739 | 78,036 | **76,520** |  | 118 | 64,990 | 7,810 | 3,393 | 209 |
| b) | Poor Flush Toilet (#) | 38,534 | 15,209 | 44,813 | 50,580 | 53,656 | 54,886 | 54,952 | **55,517** |  | 217 | 42,442 | 1,700 | 11,032 | 126 |
| c) | Water Seal Toilet (#) | 97,617 | 24,727 | 61,439 | 83,164 | 94,860 | 119,252 | 125,539 | **139,179** |  | 4,758 | 40,278 | 1,362 | 60,341 | 32,440 |
| d) | Other type of Toilets/Latrines (Ecosan, or other shape) - corrected | 879 | 180 | 566 | 428 | 345 | 124 | 124 | **156** |  | 8 | 0 | 72 | 74 | 2 |
| **Pillar 2** | **2: HAND WASHING WITH SOAP** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # hand washing facilities in the desa | | 86,078 | 68,752 | 165,383 | 198,049 | 228,789 | 262,487 | 268,171 | **284,562** |  | 5,366 | 148,154 | 11,877 | 66,067 | 53,098 |
| # houses with hand washing facilities | | 80,233 | 67,648 | 158,937 | 194,309 | 223,016 | 253,798 | 259,204 | **275,186** |  | 5,369 | 147,638 | 11,675 | 65,278 | 45,226 |
| % of total # houses | | 23% | 69% | 74% | 78% | 84% | 84% | 84% | **84%** |  | 92% | 99% | 59% | 65% | 86% |
| # of hand washing facilities per type | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a) | Hand washing facilities with running water (piped) | 11,691 | 4,611 | 10,680 | 10,943 | 15,952 | 22,928 | 22,840 | **26,001** |  | 270 | 4,964 | 1,024 | 6,811 | 12,932 |
| b) | Tippy tap /treadle tap (#) | 1,659 | 35,250 | 81,925 | 95,768 | 104,159 | 104,653 | 106,246 | **112,156** |  | 643 | 88,806 | 6,445 | 16,231 | 31 |
| c) | Water basin with scoop (#) | 52,167 | 23,933 | 58,367 | 67,054 | 77,490 | 89,519 | 92,330 | **97,845** |  | 4,194 | 49,492 | 4,059 | 27,464 | 12,636 |
| d) | Water basin with a tap or other closure(#) | 15,059 | 3,161 | 7,438 | 15,706 | 21,236 | 32,149 | 33,585 | **39,674** |  | 127 | 4,892 | 71 | 14,300 | 20,284 |
| e) | Other type of hand washing device | 5,502 | 1,797 | 6,973 | 8,578 | 9,952 | 13,238 | 13,170 | **8,886** |  | 132 | 0 | 278 | 1,261 | 7,215 |
| **Pillar 3** | **3: HOUSEHOLD WATER TREATMENT AND SAFE STORAGE** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # water treatment facilities in the desa | | 149,661 | 94,512 | 212,635 | 245,839 | 259,170 | 291,429 | 301,021 | **315,799** |  | 5,775 | 149,772 | 19,152 | 100,051 | 41,049 |
| # houses with water treatment | | 148,846 | 92,756 | 207,593 | 245,839 | 259,170 | 291,429 | 300,613 | **315,536** |  | 5,775 | 149,772 | 19,152 | 99,851 | 40,986 |
| % of total # houses | | 44% | 95% | 97% | 98% | 97% | 96% | 97% | **96%** |  | 99% | 100% | 97% | 100% | 78% |
| # household water treatment per type | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a) | Boiled / cooked | 134,021 | 89,311 | 198,225 | 229,303 | 243,971 | 269,811 | 279,323 | **290,002** |  | 5,775 | 144,252 | 19,115 | 88,777 | 32,083 |
| b) | Water filters | 314 | 1 | 1,669 | 1,498 | 539 | 541 | 522 | **315** |  | 0 | 0 | 31 | 192 | 92 |
| c) | Sodis | 472 | 3 | 174 | 428 | 1,224 | 704 | 585 | **1,032** |  | 0 | 0 | 0 | 38 | 994 |
| d) | Buy bottled water | 12,583 | 3,524 | 8,446 | 11,165 | 13,035 | 19,915 | 20,114 | **23,992** |  | 0 | 5,520 | 4 | 10,795 | 7,673 |
| e) | Others | 2,271 | 1,673 | 4,121 | 3,445 | 401 | 458 | 477 | **458** |  | 0 | 0 | 2 | 249 | 207 |
| **Pillar 4** | **4: HOUSEHOLD SOLID WASTE MANAGEMENT** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # houses without solid waste around the house | | 114,898 | 79,230 | 183,946 | 216,272 | 241,833 | 275,289 | 286,035 | **307,226** |  | 4,068 | 145,985 | 16,382 | 96,700 | 44,091 |
| % of total # houses | | 34% | 81% | 86% | 87% | 91% | 91% | 92% | **94%** |  | 70% | 97% | 83% | 97% | 84% |
| **Pillar 5** | **5: HOUSEHOLD WASTEWATER MANAGEMENT** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # houses without stagnant water around the house | | 136,896 | 87,267 | 201,099 | 237,021 | 256,883 | 291,348 | 299,445 | **317,951** |  | 5,227 | 148,613 | 18,672 | 99,247 | 46,192 |
| % of total # houses | | 40% | 89% | 94% | 95% | 96% | 96% | 97% | **97%** |  | 90% | 99% | 95% | 99% | 88% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **WATER SOURCES USED BY HOUSEHOLDS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **ACCESS TO CLEAN DRINKING WATER SOURCES** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | # houses that have access to improved safe drinking water sources | | 116,523 | 69,699 | 162,175 | 191,044 | 206,263 | 232,305 | 240,707 | **255,770** |  | 4,173 | 119,877 | 9,384 | 71,534 | 50,802 |
|  | % of total # houses | | 34% | 71% | 76% | 77% | 77% | 77% | 78% | **78%** |  | 72% | 80% | 48% | 72% | 97% |
|  | # safe drinking water sources per type | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | a) | Piped water into house or into yard | 29,253 | 19,476 | 46,046 | 52,333 | 56,969 | 63,736 | 36,905 | **41,601** |  | 1,943 | 12,789 | 427 | 8,354 | 18,088 |
|  | b) | Piped water to public place (tap or standpipe) | 42,321 | 1,100 | 2,762 | 3,274 | 2,771 | 3,477 | 68,883 | **72,204** |  | 370 | 20,381 | 4,507 | 41,940 | 5,006 |
|  | c) | Tubewell or borehole | 1,394 | 20,136 | 42,925 | 58,876 | 64,542 | 68,467 | 3,891 | **3,985** |  | 17 | 1,600 | 811 | 665 | 892 |
|  | d) | Protected dug well | 31,053 | 21,887 | 49,592 | 51,574 | 48,322 | 52,634 | 69,982 | **74,460** |  | 1,091 | 40,914 | 803 | 8,352 | 23,300 |
|  | e) | Protected spring | 8,498 | 0 | 0 | 0 | 7,223 | 8,827 | 51,830 | **53,723** |  | 352 | 44,080 | 2,127 | 3,767 | 3,397 |
|  | f) | Rainwater catchment | 4,004 | 0 | 0 | 0 | 0 | 0 | 9,216 | **9,797** |  | 400 | 113 | 709 | 8,456 | 119 |

**Annex 3: SHAW outcome monitoring**

(Frequency: 3-monthly before STBM declaration, 6-monthly after STBM declaration)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SANITATION, HYGIENE AND WATER (SHAW) PROGRAMME** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OUTCOME MONITORING DATA 2014** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Version:** | **18-Aug-14** | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **OUTCOME totals for SHAW Programme** | | | | | | | |  | **OUTCOME Monitoring data JUNE 2014** | | | | |
|  |  |  | **Baseline** | **Dec-12** | **Mar-13** | **Jun-13** | **Sep-13** | **Dec-13** | Mar-14 | **Jun-14** |  | **Biak** | **Timor** | **Sumba** | **Flores** | **Lombok** |
|  | **# kabupaten monitored >** | | 9 | 9 | 9 | 9 | 9 | 9 | 9 | **9** |  | 2 | 2 | 2 | 2 | 1 |
|  |  | **Total # of Kecamatan in the Kabupaten >** | 0 | 0 | 0 | 0 | 0 | 0 | 156 | **156** |  | 24 | 56 | 16 | 40 | 20 |
|  | **# kecamatan monitored >** | | 58 | 48 | 86 | 98 | 104 | 112 | 113 | **114** |  | 8 | 56 | 5 | 38 | 7 |
|  |  | **SHAW Kecamatan as percentage of Kecamatan in the Kabupaten >** | 0% | 0% | 0% | 0% | 0% | 0% | 72% | **73%** |  | 33% | 100% | 31% | 95% | 35% |
|  |  | **Total # of Desa in the SHAW Kecamatan >** | 0 | 0 | 0 | 0 | 0 | 0 | 1,084 | **1,096** |  | 90 | 460 | 79 | 381 | 86 |
|  | **# desa monitored >** | | 584 | 381 | 715 | 812 | 901 | 986 | 1,018 | **1,042** |  | 78 | 460 | 79 | 378 | 47 |
|  |  | **SHAW Desa as percentage of Desa in the SHAW Kecamatan >** | 0% | 0% | 0% | 0% | 0% | 0% | 94% | **95%** |  | 87% | 100% | 100% | 99% | 55% |
|  | **# dusun monitored >** | | 1,983 | 1,197 | 2,366 | 2,643 | 2,882 | 3,231 | 3,338 | **3,450** |  | 167 | 1,443 | 281 | 1,336 | 223 |
|  | Total number of houses | | 177,434 | 99,754 | 217,393 | 247,491 | 267,644 | 302,274 | 310,047 | **327,878** |  | 5,818 | 149,844 | 19,892 | 99,851 | 52,473 |
|  | Total number of people | | 819,032 | 468,588 | 977,069 | 1,128,605 | 1,211,015 | 1,368,789 | 1,399,091 | **1,462,129** |  | 29,238 | 657,589 | 117,866 | 471,684 | 185,752 |
|  | a) | Number of females |  |  |  |  |  |  | 726,959 | **755,422** |  | 14,334 | 341,340 | 57,974 | 243,455 | 98,319 |
|  | b) | Number of males |  |  |  |  |  |  | 672,132 | **706,707** |  | 14,904 | 316,249 | 59,892 | 228,229 | 87,433 |
|  | # houses with own toilet | | 98,613 | 78,660 | 183,448 | 206,675 | 225,256 | 250,925 | 257,946 | **270,267** |  | 5,097 | 147,710 | 11,064 | 74,437 | 31,959 |
|  | In % | | 56% | 79% | 84% | 84% | 84% | 83% | 83% | **82%** |  | 88% | 99% | 56% | 75% | 61% |
|  | # houses that do not have toilet but share a toilet of others | | 10,552 | 3,813 | 15,025 | 16,471 | 12,582 | 14,507 | 16,027 | **17,689** |  | 374 | 2,134 | 477 | 8,867 | 5,837 |
|  | Total # houses that has access to toilet | | 109,165 | 82,473 | 198,473 | 223,146 | 237,838 | 265,432 | 273,973 | **287,956** |  | 5,471 | 149,844 | 11,541 | 83,304 | 37,796 |
|  | In % | | 62% | 83% | 91% | 90% | 89% | 88% | 88% | **88%** |  | 94% | 100% | 58% | 83% | 72% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **STBM VERIFICATION AND DECLARATION** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total number of villages that have been verified 100% STBM | |  |  |  |  |  |  | 536 | **489** |  | 23 | 361 | 35 | 70 | 0 |
|  | Total number of villages that have been declared 100% STBM | |  |  |  |  |  |  | 422 | **466** |  | 25 | 361 | 26 | 54 | 0 |
|  | % of villages that have been declared 100% STBM | |  |  |  |  |  |  | 41% | **45%** |  | 32% | 78% | 33% | 14% | 0% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pillars** | **INDICATORS** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pillar 1** | **1: NO OPEN DEFECATION** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.1: Access to sanitary toilet (quality of the sub-construction of the toilet)** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L.0 | There is a toilet, but sub-structure is open and not safe | 5,679 | 372 | 940 | 1,962 | 1,459 | 1,262 | 969 | **993** |  | 61 | 0 | 637 | 167 | 128 |
| L.1 | There is a toilet, and (i) the pit (or tank) is closed and safe | 15,118 | 31,958 | 7,081 | 11,597 | 13,357 | 12,345 | 11,976 | **10,781** |  | 250 | 0 | 3,221 | 6,787 | 523 |
| L.2 | There is a toilet, and (i) the pit is closed and safe, and (ii) the slab is closed and safe | 22,685 | 2,676 | 7,572 | 11,021 | 13,382 | 19,598 | 17,824 | **19,797** |  | 883 | 0 | 3,457 | 5,621 | 9,836 |
| L.3 | There is a toilet, and (i) the pit is closed, and (ii) the slab is closed, and (iii) it is at least 10 meter from a water source. | 55,131 | 43,654 | 167,855 | 182,095 | 197,058 | 217,720 | 227,177 | **238,696** |  | 3,903 | 147,710 | 3,749 | 61,862 | 21,472 |
| **Pillar 1** | **1.2: Maintenance and repairs of the toilet (only for toilet owners)** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L.0 | Toilet is dirty or broken and cannot be used safely | 34,231 | 156 | 666 | 3,122 | 686 | 883 | 722 | **729** |  | 31 | 0 | 576 | 0 | 122 |
| L.1 | Toilet is (i) clean and there is no shit visible | 8,945 | 31,378 | 7,228 | 9,679 | 10,932 | 9,413 | 8,419 | **7,465** |  | 162 | 0 | 2,567 | 3,528 | 1,208 |
| L.2 | Toilet is (i) clean and there is no shit visible, and (ii) there are no flies inside the toilet | 18,644 | 3,081 | 6,917 | 12,114 | 15,006 | 17,543 | 17,039 | **18,149** |  | 1,876 | 0 | 3,777 | 5,312 | 7,184 |
| L.3 | Toilet is (i) clean and there is no shit visible, and (ii) there are no flies inside the toilet, and (iii) it is well maintained and safe to use | 36,793 | 44,045 | 168,637 | 181,760 | 198,632 | 223,086 | 231,766 | **243,924** |  | 3,028 | 147,710 | 4,144 | 65,597 | 23,445 |
| **Pillar 1** | **1.3: Usage of the toilet (for all houses which use a toilet)** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L.0 | Nobody uses the toilet | 3,630 | 72 | 883 | 835 | 812 | 1,528 | 522 | **661** |  | 0 | 0 | 278 | 0 | 383 |
| L.1 | Toilet is (i) used by women and girls | 9,102 | 2,316 | 2,168 | 2,633 | 2,616 | 2,603 | 2,393 | **1,700** |  | 0 | 0 | 602 | 91 | 1,007 |
| L.2 | Toilet is (i) used by women and girls, and (ii) men and boys | 24,695 | 7,011 | 7,845 | 14,784 | 15,721 | 19,865 | 20,121 | **17,394** |  | 119 | 0 | 4,577 | 2,270 | 10,428 |
| L.3 | 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 | 71,738 | 73,074 | 187,577 | 204,894 | 218,689 | 241,436 | 250,937 | **268,201** |  | 5,352 | 149,844 | 6,084 | 80,943 | 25,978 |
| **Pillar 2** | **2: HAND WASHING WITH SOAP** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Washing hands with soap at critical times** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L.0 | There is no specific facility with water and soap to wash hands | 90,109 | 27,643 | 49,274 | 51,842 | 41,305 | 44,879 | 49,781 | **54,109** |  | 432 | 2,199 | 9,948 | 34,573 | 6,957 |
| L.1 | There is (i) a hand washing facility | 41,318 | 4,654 | 12,897 | 14,464 | 18,003 | 24,227 | 20,558 | **18,334** |  | 669 | 7 | 1,762 | 9,460 | 6,436 |
| L.2 | There is (i) a hand washing facility, and (ii) there is enough water and soap | 33,891 | 7,428 | 16,495 | 24,148 | 28,873 | 36,085 | 33,583 | **34,362** |  | 917 | 0 | 3,634 | 14,441 | 15,370 |
| L.3 | 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 | 60,029 | 138,727 | 157,037 | 179,463 | 197,083 | 206,125 | **221,073** |  | 3,800 | 147,638 | 4,548 | 41,377 | 23,710 |
| **Pillar 3** | **3: HOUSEHOLD WATER TREATMENT AND SAFE STORAGE** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Treatment of drinking water and safe storage** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L.0 | People drink raw/untreated water | 28,143 | 4,269 | 5,314 | 7,454 | 8,033 | 11,390 | 9,400 | **11,513** |  | 43 | 72 | 559 | 0 | 10,839 |
| L.1 | Drinking water is (i) treated | 14,920 | 6,225 | 6,972 | 7,192 | 7,389 | 6,876 | 5,430 | **5,033** |  | 21 | 0 | 1,894 | 27 | 3,091 |
| L.2 | Drinking water is (i) treated, and (ii) stored in a clean and closed container | 33,877 | 8,385 | 10,529 | 14,593 | 13,559 | 15,083 | 14,342 | **16,969** |  | 6 | 0 | 4,886 | 221 | 11,856 |
| L.3 | Drinking water is (i) treated, and (ii) stored in a clean and closed container, and (iii) withdrawn or taken out safely | 100,494 | 80,875 | 194,578 | 218,252 | 238,663 | 268,925 | 280,875 | **294,363** |  | 5,748 | 149,772 | 12,553 | 99,603 | 26,687 |
| **Pillar 4** | **4: HOUSEHOLD SOLID WASTE MANAGEMENT** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Safe household solid waste disposal** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L.0 | Household solid waste is not managed well - corrected # | 45,152 | 5,860 | 11,602 | 21,717 | 18,615 | 21,396 | 17,284 | **16,465** |  | 70 | 3,859 | 2,071 | 2,168 | 8,297 |
| L.1 | Solid waste is (i) collected and/or burned | 85,325 | 22,362 | 44,547 | 54,944 | 64,072 | 76,772 | 82,999 | **62,846** |  | 4,462 | 4,186 | 13,819 | 26,417 | 13,962 |
| L.2 | Solid waste is (i) collected, and (ii) put in an open pit | 31,982 | 2,431 | 10,156 | 16,912 | 21,084 | 29,060 | 124,412 | **199,946** |  | 788 | 141,799 | 2,201 | 36,149 | 19,009 |
| L.3 | Solid waste is (i) collected, and (ii) put in an open pit, and (iii) covered with soil | 14,975 | 69,101 | 151,088 | 153,918 | 163,873 | 175,046 | 85,352 | **48,621** |  | 498 | 0 | 1,801 | 35,117 | 11,205 |
| **Pillar 5** | **5: HOUSEHOLD WASTEWATER MANAGEMENT** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Safe household wastewater disposal** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L.0 | Household wastewater is not managed well | 36,853 | 6,201 | 7,902 | 10,392 | 7,537 | 8,555 | 7,592 | **8,473** |  | 56 | 1,231 | 737 | 596 | 5,853 |
| L.1 | Wastewater is (i) collected in one place | 23,390 | 9,729 | 12,408 | 10,308 | 10,324 | 12,018 | 9,540 | **7,237** |  | 0 | 0 | 2,131 | 1,081 | 4,025 |
| L.2 | Wastewater is (i) collected in one place, and (ii) disposed off in a drain | 35,095 | 2,106 | 8,824 | 15,074 | 15,831 | 22,242 | 20,705 | **20,813** |  | 29 | 0 | 2,314 | 4,522 | 13,948 |
| L.3 | Wastewater is (i) collected in one place, (ii) disposed off in a drain, and (iii) drain leads to a soak away | 82,096 | 81,718 | 188,259 | 211,717 | 233,952 | 259,459 | 272,210 | **291,355** |  | 5,733 | 148,613 | 14,710 | 93,652 | 28,647 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SATISFACTION OF STBM CRITERIA (Indicator level 3)** | | | **Baseline** | **Dec-12** | **Mar-13** | **Jun-13** | **Sep-13** | **Dec-13** | Mar-14 | **Jun-14** |  | **Biak** | **Timor** | **Sumba** | **Flores** | **Lombok** |
| **Houses in the desa with access to a toilet** |  |  | 62% | 83% | 91% | 90% | 89% | 88% | 88% | **88%** |  | 94% | 100% | 58% | 83% | 72% |
| **Pillar 1** | 1.1: Access to sanitary toilet (quality of toilet construction) | | 56% | 55% | 92% | 88% | 87% | 87% | 88% | **88%** |  | 77% | 100% | 34% | 83% | 67% |
| 1.2: Maintenance and repairs of the toilet (toilet owners only) | | 37% | 56% | 92% | 88% | 88% | 89% | 90% | **90%** |  | 59% | 100% | 37% | 88% | 73% |
| 1.3: Usage of the toilet (for all houses which use a toilet) | | 66% | 89% | 95% | 92% | 92% | 91% | 92% | **93%** |  | 98% | 100% | 53% | 97% | 69% |
| **Pillar 2** | Washing hands with soap at critical times | | 7% | 60% | 64% | 63% | 67% | 65% | 66% | **67%** |  | 65% | 99% | 23% | 41% | 45% |
| **Pillar 3** | Drinking water treatment and safe storage | | 57% | 81% | 90% | 88% | 89% | 89% | 91% | **90%** |  | 99% | 100% | 63% | 100% | 51% |
| **Pillar 4** | Safe household solid waste disposal **(L2)** | | 26% | 72% | 74% | 69% | 69% | 68% | 68% | **76%** |  | 22% | 95% | 20% | 71% | 58% |
| **Pillar 5** | Safe household wastewater disposal | | 46% | 82% | 87% | 86% | 87% | 86% | 88% | **89%** |  | 99% | 99% | 74% | 94% | 55% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CONVERSION TO PERSONS** | | | **Baseline** | **Dec-12** | **Mar-13** | **Jun-13** | **Sep-13** | **Dec-13** | Mar-14 | **Jun-14** |  | **Biak** | **Timor** | **Sumba** | **Flores** | **Lombok** |
| **People with access to a toilet** |  |  | 337,454 | 41,244 | 41,334 | 41,426 | 41,518 | 1,082,106 | 1,114,725 | **1,154,958** |  | 25,783 | 657,589 | 46,135 | 329,079 | 96,373 |
| **Pillar 1** | 1.1: Access to sanitary toilet (quality of toilet construction) | | 255,198 | 197,906 | 730,037 | 814,473 | 880,326 | 977,212 | 1,014,369 | **1,055,800** |  | 19,838 | 648,235 | 21,766 | 289,952 | 76,010 |
| 1.2: Maintenance and repairs of the toilet (toilet owners only) | | 162,983 | 199,829 | 732,936 | 811,094 | 885,227 | 1,000,199 | 1,034,827 | **1,078,920** |  | 15,474 | 648,235 | 24,105 | 308,113 | 82,994 |
| 1.3: Usage of the toilet (for all houses which use a toilet) | | 333,735 | 325,291 | 818,388 | 920,374 | 980,273 | 1,090,208 | 1,127,508 | **1,192,740** |  | 26,825 | 657,589 | 35,337 | 381,029 | 91,961 |
| **Pillar 2** | Washing hands with soap at critical times | | 53,021 | 268,565 | 597,296 | 697,727 | 795,374 | 877,372 | 913,535 | **971,216** |  | 18,875 | 648,148 | 26,127 | 194,134 | 83,932 |
| **Pillar 3** | Drinking water treatment and safe storage | | 475,008 | 362,875 | 853,776 | 987,736 | 1,078,553 | 1,223,821 | 1,274,670 | **1,326,445** |  | 28,874 | 657,283 | 75,259 | 470,559 | 94,471 |
| **Pillar 4** | Safe household solid waste disposal **(L2)** | | 201,414 | 317,779 | 697,869 | 758,967 | 818,643 | 904,263 | 923,861 | **1,095,597** |  | 6,530 | 622,974 | 22,877 | 336,260 | 106,956 |
| **Pillar 5** | Safe household wastewater disposal | | 395,821 | 370,608 | 827,438 | 965,673 | 1,068,448 | 1,189,607 | 1,242,486 | **1,313,578** |  | 28,816 | 651,919 | 88,314 | 443,121 | 101,409 |

**Annex 4: SHAW exit strategy along the FIETS model**

**Exit strategy | What needs to be in place by the end of 2014?**

| **FIETS ELEMENTS** | | **WHAT NEEDS TO BE IN PLACE AT WHAT LEVEL** | | |
| --- | --- | --- | --- | --- |
| **DESA** | **KECAMATAN** | **KABUPATEN** |
|  | **FINANCE** | Recurrent budget is in place for monitoring and follow up activities on the basis of annual (development) plans   * Desa (ADD) * School (BOS) | Recurrent budget is in place for monitoring and follow up activities on the basis of annual (development) plans   * Kecamatan (BOK, BOS, APBD) | Recurrent budget is in place for monitoring and follow up activities on the basis of annual and multi-annual (development) plans (Renstra and RPJP??)   * Kabupaten (APBD) |
| Households and schools are aware that financial resources are needed to cover recurrent costs of operation and maintenance and or replacement or improvements, and they have access to funds and are willing to allocate sufficient funds:   * Households (family budget, subsidy, loan) * Schools (BOS and donations) | Recurrent funds for operation and maintenance and or replacement or improvements of school toilets are available:   * Kecamatan /Puskesmas (BOK, APBD) | Recurrent funds for operation and maintenance and or replacement or improvements of school toilets are available:   * Kabupaten (APBD) |
|  | **INSTITUTIONAL** | STBM related activities are initiated by local authorities and included in village development plans | STBM related activities are initiated by local authorities and included in annual development plans | STBM related activities are initiated by local authorities and included in annual and multi-annual development plans |
| Roles and responsibilities of village leaders and Team STBM Desa are clear, understood and embraced.  They have the capacity and motivation to carry out their roles and responsibilities effectively with a focus on monitoring, analysis and providing quality follow up activities. | Roles and responsibilities of the Camat and Team STBM Kecamatan are clear, understood and embraced.  They have the capacity and motivation to carry out their roles and responsibilities effectively with a focus on monitoring, analysis and providing quality follow up activities. | Roles and responsibilities of Dinkes and Pokja AMPL are clear, understood and embraced.  They have the capacity and motivation to carry out their roles and responsibilities effectively with a focus on monitoring, analysis and providing quality follow up activities. |
| A functioning monitoring system is in place and applied on a regular basis by Team STBM Desa under the guidance and supervision of the village leaders to track progress and to plan necessary follow up activities. | A functioning monitoring system is in place and applied on a regular basis under the overall guidance and supervision of Team STBM Kecamatan to track progress, to plan necessary follow up activities and for reporting to higher levels (district, province and nation levels). | A functioning monitoring system is in place and applied on a regular basis to track progress and to inform decision making for WASH development and regulations. |
| Regulations are in place and enforced at different levels:   * Surat Keputusan Kepala Desa and or Perdes at village level | Regulations are in place and enforced at different levels:   * Surat Keputusan Camat at Kecamatan level | Regulations are in place and enforced at different levels   * Perbup[[6]](#footnote-6) at Kabupaten level or Bupati instruction (faster?) |
| Coordination and cooperation mechanisms exist between village, Kecamatan and Kabupaten level authorities and other relevant stakeholders. | Coordination and cooperation mechanisms exist between village, Kecamatan and Kabupaten level authorities and other relevant stakeholders. | Coordination and cooperation mechanisms exist between village, Kecamatan and Kabupaten level authorities and other relevant stakeholders. |
|  | **ENVIRONMENT** | Households understand the risks associated with poor sanitation and hygiene practices, in particular where this concerns unsafe toilet pits (indicator 1.1) and poor solid waste management practices (indicator 4) | Coordination between villages will be done to solve environmental issues which demand larger scale solutions, in particular waste management using central dumping sites and/or waste banks, sludge and waste water management, and others. | Coordination between Kecamatan will be done to solve environmental issues which demand a larger scale solution, in particular waste management using central dumping sites and/or waste banks, sludge and waste water management, a.o. |
| Household level faecal sludge management practices are mapped and used for decision making and actions towards environmentally friendly and safely emptying, transportation, treatment and disposal or reuse of human waste. | Faecal sludge management practices in the villages are mapped and used for decision making and actions towards environmentally friendly and safely emptying, transportation, treatment and disposal or reuse of human waste. | Faecal sludge management practices in the villages are mapped and used for decision making and actions towards environmentally friendly and safely emptying, transportation, treatment and disposal or reuse of human waste and to develop and enforce relevant regulations. |
|  | **TECHNICAL** | Existing facilities (e.g. toilets, hand washing facilities, etc.) continue to be of good quality by considering adequate operation and maintenance and or replacement or improvements  New facilities have to abide by the STBM criteria. | The Kecamatan STBM team will collect relevant information, innovation, good practices and lessons learned and will disseminate this information to the villages (village authorities, cadres and possibly others). | The Pokja AMPL and or SKPDs will collect relevant information, innovations, good practices and lessons learned and will disseminate this information to the Kecamatan and villages. |
| Households have easy access to affordable quality products on the local market for new toilets as well as for recurring repairs and maintenance and or improvements | Affordable quality products are available on the local market and producers and suppliers are able to respond to demand for new toilets as well as for recurring repairs and maintenance and or improvements | Affordable quality products are available on the local market and producers and suppliers are able to respond to demand for new toilets as well as for recurring repairs and maintenance and or improvements |
|  | Producers and suppliers have sufficient knowledge to inform and advise (new) customers | Producers and suppliers have sufficient knowledge to inform and advise (new) customers |
|  |  | Where necessary district authorities work towards a conducive environment so that small-scale sanitation entrepreneurs can run healthy and viable businesses |
|  | **SOCIAL** | All STBM village level processes undertaken by the Team STBM desa and or the village authorities are community-based, inclusive (gender, poor, disabled, etc.) and participative in nature so that no one is left out as to avoid slippage. | All STBM processes undertaken by the Team STBM Kecamatan respect the circumstances whereby planning and activities need to be community-based, inclusive (gender, poor, disabled, etc.) and participative in nature so that no one is left out as to avoid slippage. | All STBM processes undertaken by the Pokja AMPL and or the Kabupaten SKPDs respect the circumstances whereby support is provided for planning and activities which are in essence community-based, inclusive (gender, poor, disabled, etc.) and participative in nature so that no one is left out as to avoid slippage. |

**Annex 5: Realisation budget 2014**

**Annex 6: Realisation budget 2010 – 2014**

1. This chapter introducing the SHAW Programme is almost identical to the introduction chapter in previous progress reports. It is however maintained in order to inform about the background and set-up of SHAW, especially the new readers. [↑](#footnote-ref-1)
2. See for example the table in WHO/UNICEF, Meeting the MDG Drinking Water and Sanitation Target, Mid Term Review, July 2004. [↑](#footnote-ref-2)
3. There is a large overlap with the approach to Community Led Total Sanitation CLTS, which is known worldwide. However, STBM develops the CLTS idea further, towards a clean and healthy living environment by putting hygiene next to sanitation. [↑](#footnote-ref-3)
4. The Pokja AMPL is an interdepartmental working group for the WASH sector. Pokja AMPL are at national, provincial and kabupaten level. Next to government departments, multilateral organisations and NGO can participate in the Pokja AMPL meetings. [↑](#footnote-ref-4)
5. The interested reader can request previous progress reports at martin.keijzer@simavi.nl [↑](#footnote-ref-5)
6. NB. A Perda costs too much money (Kabupaten Parliament needs money, but it has to be approved by Min. Home Affairs and by President, 3 steps with total costs estimated at Rp 500+ million) as well as much time. A Perbup (Bupati decree/regulation) is feasible to obtain. [↑](#footnote-ref-6)