



Kingdom of the Netherlands

Threading Pearls of STBM Sustainability

**Inspirational Stories of Sanitation
Champions to Flourish the
Community Based Total Sanitation
Programme in 7 Intervened Districts
of SEHATI (*Sustainable Sanitation
and Hygiene for Eastern Indonesia*)**





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and Hygiene for Eastern Indonesia*)**

Simavi
Basic health for all.



Yayasan Dian Desa
Appropriate Technology Group



YMP
YAYASAN MASYARAKAT PEDULI

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GLOSSARY



ADD	Village Fund Allocation
Universal Access 100-0-100	The National development policy to achieve universal access by 2019 where 100% access to clean water, 0% slums area and 100% access to sanitation
AMPL	Drinking Water and Environmental Health
APBD	District Annual Plan and Budget
APBDes	Village Annual Plan and Budget
ASN	Civil Apparatus
Bappeda	District Development and Planning Agency
Bappenas	Nasional Development and Planning Agency
BOK	Health Operational Assistance
BPD	Village Representative Councils
BPMPD	Community Development and Village Government Agency
BPS	National Bureau Statistic
BUMDes	Village Owned Enterprise
CD Bethesda	<i>Community Development Bethesda YAKKUM</i> , is one of Simavi partner implementing SEHATI in programme in Sumba Tengah and Sumba Barat Daya, Districts of East Nusa Tenggara. For further information please visit its website http://cdbethesda.org
CTPS	Hand Washing with soap and running water
DAK	Special Allocation Fund
DD	Village Fund
DPU	Public Work Agency
FORPAS	Sanitation Enterpreuner Forum
IPAL	Waste Water Treatment Plant
IRC	A Dutch NGO who provides technical assistance on monitoring and capacity building and knowledge management for SEHATI programme
Kepmenkes	Decree of Ministry of Health
Kesling	Environmental Health
KNPI	National Forum For Youth
KSM	Community Based Organisation
Litbang	Research and Development Department
MCAI	<i>Millenium Challenge Account – Indonesia</i>

Threading Pearls of STBM Sustainability

Musrembangdes	Multi Stakeholders Consultation Forum of Development Planning at village level
ODF	<i>Open Defecation Free</i>
OPD	District Government Organisation
P2PL	Disease Control and Environmental Health
Pamsimas	Safe Drinking Water Supply and Community Sanitation
PDAM	District Water Company
Perbup	Head of District Regulation
PERDA	District Regulation
Perdes	Village Regulation
Permenkes	Ministry of Health Regulation
PERSDAYGUN	Sanitation Association for West Nusa Tenggara
PHBS	Good and Healthy Sanitation Practices
PKPP	District House and Land Settlement Office
Plan	<i>Yayasan Plan International Indonesia</i> , is one of Simavi partner implementing SEHATI in programme in Lombok Utara and Dompu, District of West Nusa Tenggara. For further information please visit its website: https://plan-international.org/indonesia .
PMD	Village Community Development
PNS	Civil Servant
POKJA AMPL	Drinking Water and Environmental Health Working Group
PUPR	Public Work and Housing
Puskesmas	Primary Health Care
RAD – AMPL	District Action Plan - Drinking Water and Environmental Health
RAPBDes	Drafted District Annual Plan and Budget
RKPDDes	Village Development Work Plan
RPJMD	District Mid Term Development Planning
RPJMDesa	Village Mid Term Development Planning
Road Show	One of STBM core activity to advocate, socialize and raise awareness on STBM and gain commitment from relevant stakeholders.
Rumsram	<i>Yayasan Rumsram</i> , is one of Simavi partner implementing SEHATI in programme in Biak Numfor, District of Papua. For further information please visit its website http://www.rumsram.org .
SEHATI	Sustainable Sanitation and Hygiene for Eastern Indonesia
SHAW	Sanitation, Hygiene and Water
Simavi	A Dutch NGO who has role in coordinating SEHATI Programme and conducting advocacy at national level. For further information, please visit its website: website https://simavi.org .
SK	Appointment Letter

SKPD	Local Government Working Unit
SLBM	Community Based Environmental Sanitation
SPAL	Waste Water Drainage
SSK	District Sanitation Strategy
STBM	Community Based Total Sanitation
STOP BABS	Curbing Open Defecation Practise
TK	Kindergarten
TPST	Integrated Waste Treatment Area
TTK	District Technical Team
WASH	Water And Sanitation & Hygiene
YDD	<i>Yayasan Dian Desa</i> , is one of Simavi partner implementing SEHATI in programme in Manggarai Barat, District of East Nusa Tenggara. For further information please visit its website http://www.diandesas.org .
YMP	<i>Yayasan Masyarakat Peduli</i> , is one of Simavi partner implementing SEHATI in programme in Lombok Timur, Districts of West Nusa Tenggara. For further information please visit its website http://ympntb.org .

SEHATI PROGRAMME AT A GLANCE

Community Based Total Sanitation (STBM) was declared as the national policy through the decree of Ministry of Health No 852/MENKES/SK/IX/2008. Between 2008 to 2013, the implementation of STBM showed positive changes. This positive changes in STBM led to strengthening of legal aspect of STBM from decree to regulation of Ministry of Health No 3 of 2014. In the context Indonesia, regulation is more powerful than decree in providing legal ground through which a policy is implemented. Thus the regulation of Ministry of Health on STBM was introduced and it clearly stipulates that the main principle of STBM is **community empowerment and behaviour change**.



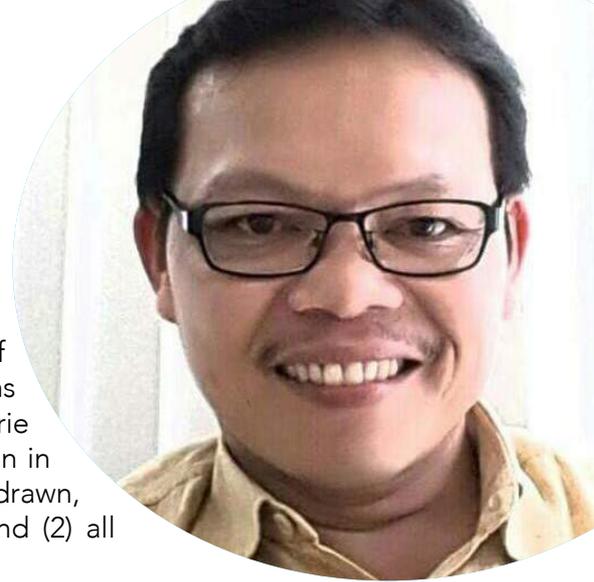
During 2010 to 2015, Simavi and 5 local implementing partner, implemented and promoted STBM under SHAW Programme at grass roots level. These local implementing partner were Yayasan Dian Desa (YDD), Yayasan Masyarakat Peduli NTB (YMP), Plan International Indonesia, Yayasan Rumsram and CD Bethesda Yakkum. Under SHAW Programme, this consortium made remarkable progress, reaching out 1,5 million villagers to practice healthy sanitation behaviour that is consistent with 5 pillars STBM approach. This 1.5 million villagers are spreaded in 850 villages out of 1.074 intervention areas. lesson learnt that working directly at grassroots level was inefficient nor ineffective to provide good sanitation practice to all Indonesian and to achieve universal access by 2019, given the geographical coverage of Indonesia.

In the light of this lesson learnt, since 2016, Simavi and its 5 local implementing partners has changed the implementation approach of promoting 5 pillars STBM. This consortium strongly believes that this new approach under SEHATI programme is more viable to achieve universal access by 2019 in comparison to previous one. The underlying principle of SEHATI approach is that working directly with Government by **improving their capacity and other relevant actors** are central. Once capacity of these key stakeholders are increased and improved, they are expected to address three critical components of STBM namely enabling environment, demand creation and supply. SEHATI works in 7 districts namely Lombok Utara, Lombok Timur, Dompu, Sumba Tengah, Sumba Barat Daya, Manggarai Barat and Biak Numfor.

The overarching objective of SEHATI programme is to ensure sustainability of STBM by advocating respective districts government to embed the STBM into their governance system, reflecting in the process of development planning and budgeting. Meanwhile the main focus of SEHATI lies in WASH governance elements that comprised of leadership and commitment, planning and monitoring strategy, financing and legislation support. It is critical to note that this WASH governance elements has been given serious attention since the onset of intervention to enhance the capacity of government so that they will be able to lead and direct the **'element service'** i.e. demand creation pro poor financing, sanitation marketing, health promotion and monitoring. In addition, once the capacities of respective government are enhanced and these key elements are embedded in the system, it is time for them to replicate the 5 pillars of STBM to entire location of their jurisdiction.

Since implemented in 2016, SEHATI programme has produced some achievement either at district, sub district and village level. These achievement are documented in this book through inspirational stories of sanitation champions at various level.

FOREWORD



Thank to Almighty God who has given His Bless for relevant contributors so that the book with the title “Threading Pearls of STBM Sustainability – Inspirational Stories of Sanitation Champions to Flourish STBM” can be published. While each of presented stories is different or unique to learn from, these 21 true stories written in this book share two similarities through which lesson learn can be drawn, namely: (1) all stories are about changes or transformation, and (2) all stories are about inspiration.

Changes or transformation like what? Changes or transformation that was preceded with self capacity development through willingness to learn hard, persistent to change and strong passion in the champion of STBM. Changes are not occurred only at individual but also at institutional, policy and communication pattern or partnership between persons and between district development agencies.

Inspiration like what? There are heartening stories, hilarious; serious and many more; these all stories are thought and heart-provoking for readers at different level. All stories are powerful that are able to inspire their readers to become an agent of change in different ways and being beneficial to other people.

The SEHATI programme envisages to attain transformational change comprehensively through capacity building. Everyone is able to change as long as they are facilitated to change, including sanitation actors at local level. Placing district government as leader in implementing sanitation programme is key for this transformation that take place within short period of time. Similarly, placing district government as prime actor in implementing sanitation programme is able to cherish hope that changes at bureaucratic and policy level will be able to produce remarkably behavioural change in community in SEHATI intervention areas.

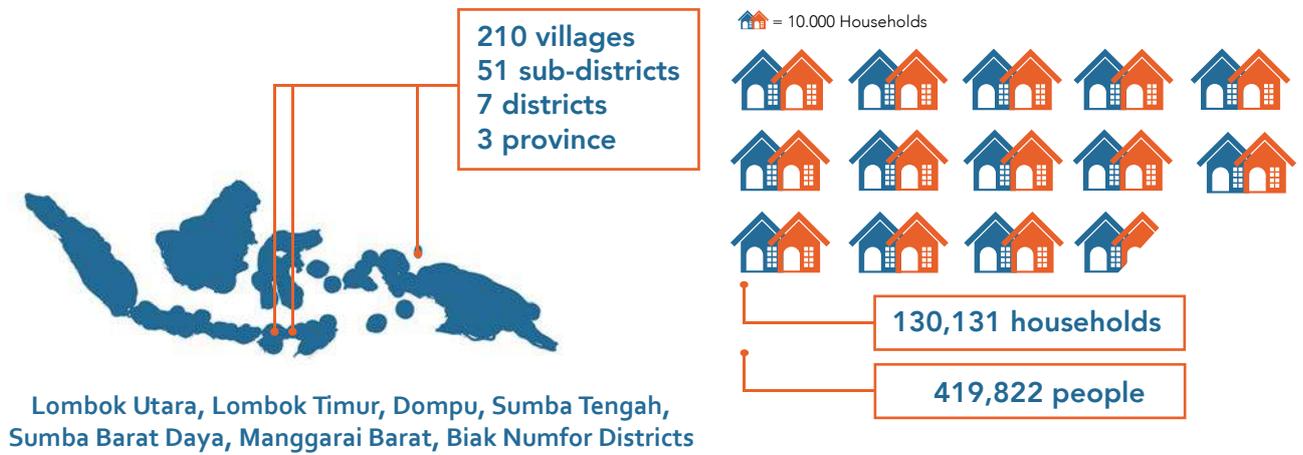
Improving capacities of local government (either at district, sub-district or village level) as well as sanitation entrepreneurs to declare 5 pillars STBM is one approach of SEHATI programme. Empowerment is not directed at community level purposely. Rather, empowerment is intended directly at pertinent bureaucrats who are responsible for implementing and continuing the STBM programme when this initiative come to an end. Up to now, many challenges encountered in the field when enhancing capacity, however, firm commitment and coupled with high fighting force of these initiators working in the field, these daunting challenges can be overcome successfully.

Finally, we would like to thank you for contribution of all local implementing partners namely (Yayasan Dian Desa, Yayasan Masyarakat Peduli, CD Bethesda YAKKUM, Yayasan Rumsram and Plan International Indonesia) who continuously work in the field to mentor these prime initiators of this book. In the same way, we extend our gratitude to the Embassy of Kingdom of the Netherland who is supporting SEHATI programme. Equally important, appreciation and gratitude are extended to these prime initiators of this book whose stories have inspired and transmitted their spirit to other actors.

Jakarta, October 2017

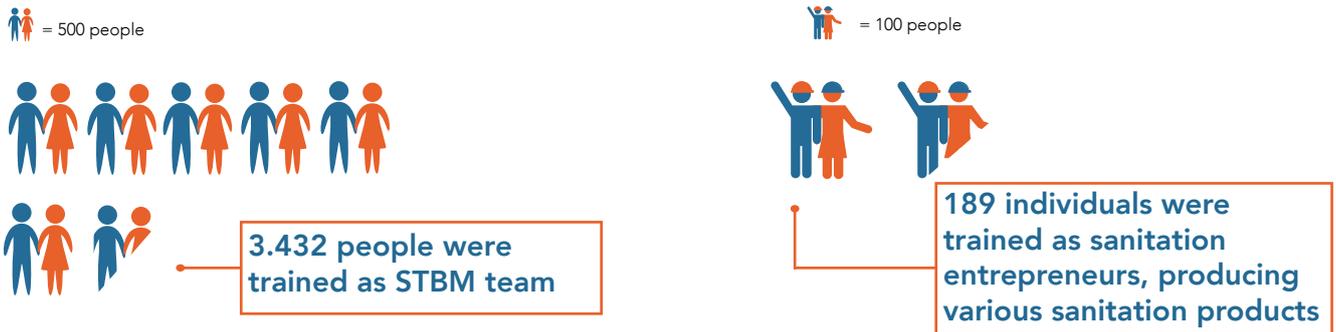
Asken Sinaga
Country Representative Simavi

WHERE IS SEHATI ACTIVE ?

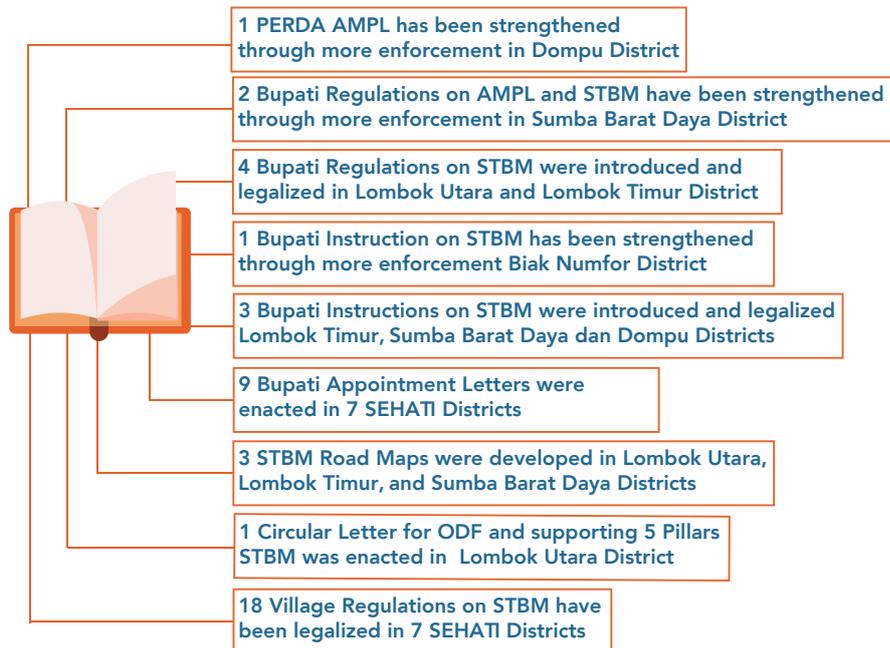


SEHATI monitoring data collected in 2017 shows only 37% household who use improved sanitation facilities.

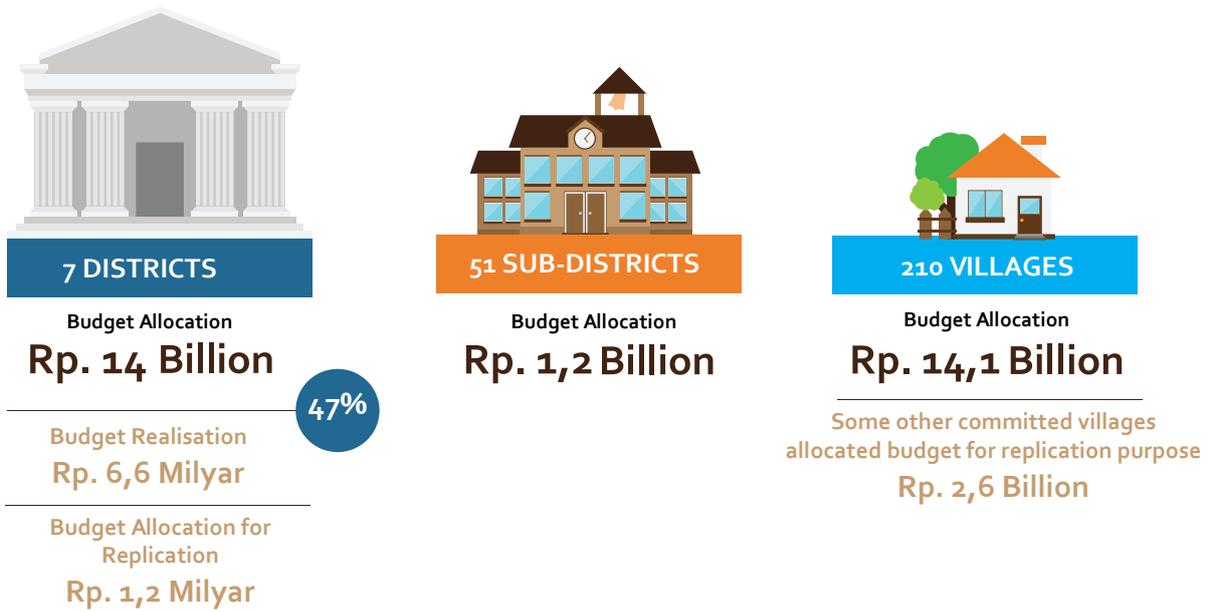
WHAT SEHATI HAS BEEN DONE ?



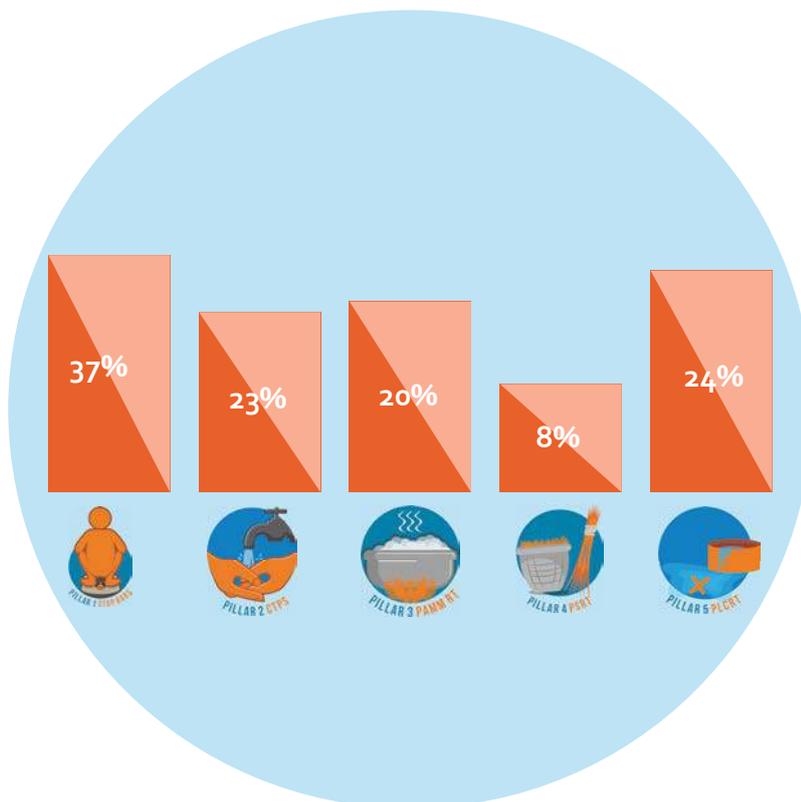
ADVOCATING ON REGULATION



BUDGET ADVOCATION FOR STBM



ACHIEVEMENT OF 5 PILLARS STBM AT HOUSEHOLD LEVEL IN 7 SEHATI DISTRICTS







STOP BABS

PRINSIP-PRINSIP STOP BABS



1. Tanpa subsidi kepada masyarakat
2. Masyarakat sebagai pemimpin
3. Tidak mengkuriri & tidak memaksa
4. Totalitas, seluruh komponen masyarakat terlibat dalam:
 - Identifikasi masalah
 - Analisa masalah
 - Pemilihan teknologi sanitasi
 - Perencanaan
 - Pelaksanaan
 - Pemanfaatan dan pemeliharaan.

TIDAK ADA MASYARAKAT YANG BUKAN ADA RESAP DI TEMPAT TERDUNA/SEMBARANGSIAN
(DI KERUMAH, SUNGAI, SEMAM-SEMAM, PANTAI)



Lombok Timur STBM Team for SEHATI

We Strategise Our Efforts to Engage All Primary Health Centre!

APPROACHING AND ENGAGING THOSE IN AUTHORITY SINCE PLANNING PHASE OF PROGRAMME HAS PRODUCED POSITIVE IMPACT INSTITUTIONALLY. SOMETIMES, THE PRODUCED IMPACT GOES BEYOND INITIAL EXPECTATION.

It was on Monday January 4 of 2016, precisely two days after **dr. Akmal Kurnia** was inaugurated as head division of P2PL, Ellena and her team from Yayasan Masyarakat Peduli (YMP), met for the first time with him during the launching of TPST at Kalijaga Selatan village, in Lombok Timur District.

Kalijaga Selatan Village was one of sites in which YMP worked during SHAW programme. This initiative attained significant achievement. This positive changes brought about good recognition and visibility of YMP as a newly local NGO working on Hygiene and Sanitation. When YMP team met with dr. Akmal at TPST launching, he was intrigued with the YMP's work and this boost confident and optimism of YMP as an organisation. Also, dr. Akmal recalled that " Ibu Ellena said during the meeting to stop by at his office to discuss further about the SEHATI programme". This initial meeting formed the basis for further cooperation between dr. Akmal and YMP

Lack Understanding of STBM

Although the government of Indonesia introduced STBM policy since 2008 through decree of Ministry of Health No 852, it did not necessarily result in positive response from relevant stakeholders such as District Health Office. Lack of understanding of STBM amongst health practitioner at district health office might be responsible for unawareness of the importance of 5 pillars STBM. No wonder then after 8 years of 5 pillar STBM policy introduced, it was not visible and recognised nationwide including to dr. Akmal himself as health practitioner. Yet, SHAW programme from 2012 to 2015 in Lombok Timur District was deemed successful to raise awareness and introduced 5 pillars STBM to district health office authority. Working as a general practitioner at a hospital, dr Akmal admitted he was not familiar with and understood about 5 pillars STBM until SEHATI initiative is implementing at Lombok Timur District. Trained in medical education, he understands basic theoretical understanding of sanitation, but not on the practical and deeper understanding of 5 pillars STBM. He got his head around 5 pillars STBM when met with SEHATI team and took up responsibility as head division of P2PL.

"Theoretically speaking as a general health practitioner, I have good understanding of how poor environment impacts on health negatively. But I have no idea how this conceptual understanding should be translated into detailed practices", dr Akmal responded in humble way

Being a mediator, actively participate in planning phase and fully support the district government

When YMP introduced 5 pillars STBM and SEHATI, Akmal Kurnia was triggered to learn and understand more about SEHATI. He sought information about STBM and SEHATI from head of sub-department of environmental health and other health practitioners who already exposed to 5 pillars STBM through SHAW Initiative. What Akmal found through initial discussion with his colleagues about YMP's SEHATI was that of disappointment and communication gap between YMP and health practitioner at District health Office on SEHATI Initiative. "I asked YMP to mediate this misunderstand and address communication gap, ." dr. Akmal tried to recall that moment". Through

'mediation process between YMP and his team at Department of Environmental Health' Akmal found that his team was concerned about no significant difference between strategy of SEHATI and that of SHAW where it was produced modest impact

Unlike his subordinate, dr. Akmal himself is more optimistic on SEHATI Initiative. Having sufficient organisational experiences with KNPI, he believes that YMP is a solid organisation supported with competent human resources and has willingness to work collectively. Also, Akmal was able to look at the considerable potential of SEHATI Initiative to support his division through 5 pillars STBM. He also thinks that strategy of SEHATI is built on previous achievement made by SHAW, and thus it complements to what SHAW gains.

Akmal chaired several consolidation meetings with his team of P2PL which resulted in growing optimism amongst his team on SEHATI programme. Since then, SEHATI has been managed under being an integral system of sub-department of Environmental Health which led by Saruji Ahmad. Solid coordination and meaningful partnership between YMP and sub-department of Environmental Health firmly established

As head division of P2PL at district health office, dr. Akmal actively participate in planning and establishment of STBM team either district, sub-district and village levels. Indeed, he identified and recommended potential sub-district for which YMP to work in. Even Akmal through his strong leadership and managerial capacity were successful to assemble all primary health centre at Lombok Timur district to participated in developing STBM roadmap. This full participation of Primary Health Care beyond YMP's expectation as it planned to invite only 26 of Primary Health Care where SEHATI is working with. In this respect, Akmal argued that developing roadmap is critical to evaluate and map the development of sanitation at district level, therefore all Primary health Centre must take part in producing roadmap of STBM. Through developing STBM roadmap SEHATI has contributed to address sanitation and hygiene issues not only at sub district where it is working in but to entire sub district indirectly.

"Evaluation will produce partial result should not all Primary Health Care take part in the evaluation meeting of roadmap. STBM roadmap will be solid if it map out all Primary Health Care or district. Conversely, it will be partial or unsolid road map if 3 Primary health centre did not participate in for example," dr. Akmal explained seriously. *"We synergise to ensure participation of all Primary Health Centre,"* He added.

"Evaluation will produce partial result should not all Primary Health Care take part in the evaluation meeting of roadmap. STBM roadmap will be solid if it maps all Primary Health centre or district. Conversely, it will be partial or unsolid road map if 3 Primary health centre did not participate in for example" dr. Akmal explained

Eventually STBM Roadmap is specifically designed and meant for District level rather than sub-district oriented. Hence, dr Akmal' decision to invite all Primary Health Centre was valid, and more importantly it shows his leadership capacity and vision to understand sanitation issue at bigger pictures. Similarly, his vision and leadership capacity led him to integrated SEHATI initiative with that of MCAI and Pamsimas in order to produce consolidated impact as opposed to individual initiative.

Sanitation Development is long Initiative!

Looking at sanitation from sustainability angle, As head division of P2PL, Akmal places emphasis that sanitation development requires continues effort and long investment in term duration. Hence, he expects that this initiative should be sustainable. He himself is aware that huge amount of budget and supported with competent human resources, sanitation development cannot be addressed with 1 year. But, it requires a conducive environment for sustainability.

"It requires supportive regulation whether that of District Health Office, District, provincial and central government, including other key actors such as YMP, MCAI, Pamsimas. Sanitation development will not be permanently addressed. Poor sanitation practices can be relapse at anytime. Akmal explained.(YMP/ Putri)



District STBM Team in Biak Numfor for SEHATI STBM is the Best Approach and Cost-Efficient

As a facilitator member of District STBM team at Biak Numfor District, **Yubelina Marandof** bears moral responsibility to advocate all head of sub district. This because they are prime decision maker in their respective areas. Indeed, she is very committed to assist STBM facilitator at sub -district team addressing sanitation issues and promoting PHBS.

She was born on June 9 of 1970 and works at District Health Office in Biak Numfor District. She is a head division of Health Services and a facilitator member of district STBM team who actively provide technical assistance to both Sanitarian and sub

district facilitators of STBM. Yubelina admitted that prior to introducing 5 pillars STBM, the mindset of health practitioners let alone community were curative oriented. Consequently, promotive and preventive measures were not implemented widely. *"Health services either at DHO or PHC focused on how to cure patients, even if there is the promotive and preventive measure such as sanitation, the allocated budget was very modest, Yubelina explained"*. When Yubelina took up responsibility as District STBM team, this curative mindset was changed slowly. Promotive and preventive measure were discussed specifically during work plan and budget development at DHO. Even, Yubelina and her colleagues spread this positive change to PHC. Yubelina believes that promoting a healthy and good sanitary practice through 5 pillars STBM is the best approach and is cost-efficient.

To retain this positive mindset, Yubelina together with other District STBM facilitator teams periodically conduct field visit to assist sub district STBM facilitator team. The most frequent issue Yubelina and her team found during mentoring and field visit was that PHBS is not widely practised by community. This is regardless of sub-district facilitator team has done socialisation and promoted STBM regularly. In addition to that inaccessible of water make it difficult to implement 5 pillars STBM. However, irrespective of this daunting challenges, Yubelina and her team persistently keep motivating sub-district STBM team to promote STBM at village level continuously. She believes that behavioural change is long process and thus repeated promotion through STBM approach is the best strategy. Even, Yubelina actively and collectively participates in promoting and doing socialisation and monitoring of STBM directly at village level. Through direct participation, she experience and observes what the real challenges are in the field.

Advocating to both sub district and villages authorities to introduce regulations on 5 pillars STBM is also strategy Yubelina use to support 5 pillars STBM. This advocacy has produced some policy changes where some of sub-districts head introduced instruction letter to provide legal basis for head of village to allocate village fund for constructing clean water and improved latrine

Yubelina and her team also encourages Primary Health Care to fully support of 5 pillars STBM in their respective area. *"she maintains that health workers's mindset PHC have to be changed"*. *They (Health workers) should not be proud of when many patients visit the Primary Health Care, Instead they must be proud of when they visit villages to promotes and monitor good and healthy sanitary practice through STBM approach"*. Expectedly, through 5 pillars STBM, District authority will recognise and reward those sub district and villages implementing STBM independently. (Rumsram/Yustin Pabisa)

Converting Central Government's Aid from Communal IPAL to Household's Improved Latrine, Reflecting STBM's Principles

Yohanes B Stat, known as John, has been working as a civil servant since 2010 at the Public Work Agency in Manggarai Barat District. And in 2015, John took up higher position as a head of department of Cipta Karya and was acting director for Local drinking water company (PDAM) in Mbeliling.

In the 2016, Yayasan Dian Desa (YDD) together with District Government of Manggarai Barat began to introduce STBM activities. Forming and training district STBM team were the main activities done during this initial stage, and John was one of active

and committed participant toward STBM activity during the STBM training. He is very passionate about STBM and is the focal point of Public Work Agency for STBM district team. His commitment can be seen through his meaningful participation in the implementation of STBM related activity such as Roadshow, one of STBM activity to advocate, socialize and raise awareness to gain commitment from relevant stakeholders. Also, he one of district STBM trainer for enhancing capacity of sub-district and village STBM team. John conducts STBM monitoring activity at village level.

Applying STBM principle gained momentum in 2017 when John was promoted as head division of Clean and Environmental Health at PKPP. As a leader at this division, John is responsible for managing and implementing central government's aid of communal IPAL in 10 villages in Manggarai Barat District. Being District STBM team and coupled with his profound knowledge on STBM, John thought that communal IPAL is not applicable to rural context nor it is consistent with STBM principle. Thus, he consulted the central government's policy with YDD's team. He was advised that community at Rahak and Welak villages were constructing improved household latrines. In

addition, this improved household latrine is not expensive, costing about 2 million IDR for septic tank and latrine. Being intrigued with the improved household latrine programme, John advocated and convinced his superior that communal IPAL is not appropriate with local setting. But, improved household latrine does. Also, John persuade his team and trained them to be able facilitate this programme. Also, he invited CBOs who is in charge for central government's aid and all villages' STBM team to do field visit to Rehak and Welak villages.

Following the field visit, the participants gained faith that improved household latrine is much more applicable to their respective villages compared to that of communal IPAL. This mainly because rural people live in scatter way and water is scare. Thus, it is costly both for piping and maintenance.

As one of District STBM team having solid knowledge on STBM, John's bold decision to convert IPAL communal into improved household latrine has produced profound effect in Manggarai Barat District, benefitting 1000 poor households. This number is much higher compared to initial plan under communal IPAL, expected to serve only 200 households.



Threading Pearls of STBM Sustainability



Of course, John consulted the conversion of IPAL communal into improved household latrine with the central government and it has been approved. Now, this initiative is being implemented and 200 households are digging hole for constructing their own latrine. SEHATI consortium is giving salute and highly appreciate John and his team for their courage and commitment to apply STBM principle and convert the central government policy that consistent with local realities. In turn, this effort is benefiting more targeted communities. (YDD/ Sukamto)



District AMPL Working Group in Dompu District
for SEHATI

STBM Should Be Movement Approach Not Project Oriented



Jufri, ST, MT is head division of Social and Cultural Affair at at BAPPEDA in Dompu District. He took up this responsibility since January 2017. Having trained in mining and energy sector and coupled with his prior post as head division at mining and energy district agency, Jufri did not consider STBM as an interesting initiative.

"When I was inaugurated as head division of social and cultural affair at BAPEDDA on the 5th of January 2017, I started to focus and address issues on health, education, social, women empowerment and religious affair. Thus, this new assigned post is quite challenging yet I need to be able to address it successfully including STBM," Jufri, recalled. To be able to comprehensively understand nature and issues of STBM, Jufri chaired coordination meeting with District Health Office, Plan International Indonesia and MCAI and PAMSIMAS. This coordination meeting also aimed at having a shared understanding of common objective in relation to STBM programme, implemented by those organisations as it is clearly stipulate in RPJMD. In my judgment, STBM need to be implemented collectively by all relevant stakeholders, thus I gave direction to all STBM players including SEHATI team that is implemented by Plan International Indonesian and Simavi to be under my directive at BAPEDDA. STBM Initiative was under DHO. Since then, all key actors participate in coordination meeting regularly in order to realise the mission of Bupati, declaring 81 villages of ODF in 2021 as stated clearly in RPJMD.

When Jufri took up his position as head of division, data from statistic Agency showed that there are 6,545 diarrhea cases and 8,671 cases of acute respiratory infection resulted from poor sanitary practices. This data was presented by Plan International Indonesia. Also, Jufri had general picture that 15.607 HH still practise open defecation. This data is major homework for him and he need to work hard in order to meet the central government policy, achieving sanitation universal access by 2019.

So far, Jufri together with district AMPL Working Group have done some concrete measures to support STBM:

1. Introduced Bupati regulation No 050/92/Bappeda dan Litbang/2017 on forming community based AMPL Working Group in Dompu District
2. Developed Road Map document for STBM by engaging all relevant stakeholders. E.g. District Health Office, Plan International Indonesia. With budget from APBD in 2017, POKJA AMPL, this developed document has been copied and distributed to all villages in Dompu District.
3. Developed RAD AMPL
4. Developed document for District sanitation strategy (SSK)
5. Periodic evaluation meeting of AMPL working group at district and sub-district level, aiming at updating progress and challenging of STBM implementation at village level.

Threading Pearls of STBM Sustainability

6. Collectively with Plan International Indonesia and AMPL Working Group, conducting regular monitoring of STBM at village level.
7. Actively participate in triggering, socialization, seminar activity with PLAN international Indonesia.
8. Initiating STBM competition activity especially at villages level where Plan International Indonesia is working in. This activity has been positively valued by community and PHC.
9. Facilitating Roadshow with budget from Division of Social and Cultural Affair of BAPEDDA at sub districts where Plan International Indonesia is intervening. Jufri addressed his remark speak during the road activity at these two sub districts.
10. District AMPL Working Group has facilitated and sub-district AMPL Working Group to be under district team in order to have better coordination and reporting system.

According to Jufri, STBM should not be treated or implemented as business usual or project oriented. Rather, STBM has to be implemenyed in the spirit of moral movement so that 5 pillars STBM can be expedited and meet the intended objective. Collectively with District AMPL Working Group, Jufri is optimistic that within this year 3-5 villages can be declared ODF because the system of this moral movement has been in place. (Plan International Indonesia/Rony).



District AMPL Working Group in Lombok Timur for SEHATI

Supporting for Village STBM comes from all Key stakeholders



Policy support is given by all key actors, cross-sectoral and programme coordination have opened up an opportunity to address sanitation issues. What is pressing agenda now is regular mentoring.

Unexpected surprise was shown by the district government in 2017: instructing PHC to allocate BOK for supporting and implementing STBM at village level. This instruction is based on the decree of MOH No 71 of 2016 on technical guidance for allocating special fund for non-construction work purpose in health sector. Achmad Dewanto Hadi, ST. MT, the head of Bappeda Lombok Timur district, called this expected surprise as 'mass movement for STBM'.

"The central government is given support, District government is also given support and so is village government," Achmad Dewanto Hadi expressed eloquently. The technical guidance from MOH on this special fund is advantageous because the disbursement process from the central government is done through APBD, not directly to Primary Health Care like it did before. As a result, 'this transfer scheme allows effective control to fully support district government's policy'.

As SKPD responsible for leading and coordinating development sector, Bappeda places emphasis on the importance of concerted coordination amongst various development programmes, aiming at attaining maximized outcomes and anticipating duplication amongst those development programmes. This no exception for sanitation sector. The district government of Lombok Timur is working tirelessly to achieve the universal access in sanitation sector, or widely known in Indonesia as 100-0-100 policy. This passionate commitment of district government is reflected in its implemented policy. Vivid example of this policies are allocating special fund or DAK for supporting village STBM and Kotaku policy, literally mean free slums city. The latter, as clearly stated on the policy's title is envisage to humanize squatters living in slum area especially addressing sanitation, amongst other critical issues. Dewanto Hadi strongly believes that addressing sanitation in a densely populated area like in Lombok Timur requires a concerted initiative. Thus, KOTAKU policy is introduced through which physical and non-physical approaches are combined together. "Dewanto Hadi argues that suburbs or areas in which physical construction is completed will likely to remain or present 'slum face' should behavioural change approach is not introduced."

In relation to sustainable aspect once SEHATI programme come to an end, this issue still poses a question mark? although supportive policy has been in place. This question mark is mainly related to district government that it is not confident to have good and comprehensive mentoring to villages as YMP does. Dewanto Hadi explained further that current government's facilitators or mentors are potential modality to address this question mark. Nonetheless, these mentors have not demonstrated a highly capable of mentoring. Meanwhile those facilitators or mentors are frontline worker for executing and monitoring government policy. To tackle this concern "Dewanto Hadi thinks that capacity building by using APBD budget for these facilitators will be potential way out. (YMP/Putri)

District AMPL Working Group in Sumba Tengah for SEHATI

The Existing AMPL Working Group at District and Sub District level is More Startegic than It Was



AMPL Working Group is the central government policy to oversee and coordinate all related initiatives for clean water and environmental health issues. Nationally, AMPL Working Group is coordinated by BAPPENAS and is cross sectorial in scope yet is ad-hoc in purpose. Since the AMPL Working Group formed, it has expanded its coverage from central to provincial and district government. Also, like other programme such as sanitation, STBM is critical for AMPL Working Group and to be an integral part of it.

In previous initiative or under SHAW programme in Sumba Tengah District, AMPL Working Group was initiated by district government and its coverage was only at district level. *"At that level, I personally think that district AMPL Working Group worked across sectorial, engaging some SKPD that are responsible for delivering sanitation and clean water. However, the nature and purpose of AMPL Working Group was simply coordination and creating space for sharing information but each SKPD worked on its own. I think that working in that way is not strategic at all. Now, the AMPL Working Group is different in the sense that it is more functional"* **Paulus S. Anakaka**, member of



District AMPL Working Group, explained. To Paulus, coordination per se is insufficient to ensure sanitation development is working well. Instead, it requires strategic position at government level. Hence, Paulus argues that AMPL Working Group should be led by those in authority at district level.

While Paulus S. Anakaka has just taken up new post as head department of social, cultural, publication and social affair at BAPPEDA, he has been observing AMPL Working Group since couples year back when he replaced his colleague at district AMPL Working Group in Sumba Tengah. Since then he is more knowledgeable about. When he had coordination meeting with CD Bethesda, Paulus elucidated that one of mission of Sumba Tengah District is to support STBM village, having improved sanitation and access to clean water.

According to Paulus, AMPL Working Group is now performing properly, effectively and sustainably. This bold claim can be seen through budget allocation for its operational. Whereas, in the past the operational budget for AMPL working Group was allocated by individual SKPD. *"With having its own operational budget, District AMPL Working*

"To me, the sustainability of STBM and sanitation programme is realistic because every level of government is now actively in AMPL working group," said Paulus

Group is able to deliver its main tasks independently such as chairing coordination meeting with all relevant stakeholders, mentoring Sub-district AMPL Working Group and conducting monitoring activity for STBM at village level. In my view, AMPL Working Group has been strategic now, not only merely doing coordination," he said.

The changing of structure and function of District AMPL Working Group in Sumba Tengah is multi faced. In the past for example, head of sub-district and PHC were part of district AMPL Working Group. Consequently, the leadership

and performance of these sub-district authorities were not noticeable. This reality brought about an idea to form the sub-district AMPL Working Group. Another critical consideration to form sub district AMPL Working Group was that it plays pivotal roles in addressing sanitation and STBM programmes at villages level.

With thoughtful consideration and in reference to technical guideline of STBM, the district government of Sumba Tengah decided to form sub-district AMPL Working Group. Moreover, head of sub district and Primary Health Care are appointed as leader to provide direction and strategic initiative to speed up achievement of STBM at village level. Thus, those sub-district leader is no longer being members of district AMPL Working Group. In addition, with this devolution and decentralization of power and budget to sub district level, it is has produced positive effect in implementing sanitation and STBM related activities at village level. For instance, periodic mentoring and monitoring of STBM at village level are conducted regularly by sub-district AMPL Working. (CD Bethesda/Dewi).

District AMPL Working Group in Lombok Utara for SEHATI

Realising ODF & STBM Villages in Lombok Utara

When talking about sanitation at district level, AMPL Working Group is a critical institution of it. This is mainly because this institution is expected to play significant roles in achieving open defecation free at village level in 2018 and declaring and establishing STBM village in 2021. In this regard, AMPL Working Group of Lombok Utara District, has passed some supportive regulations: Perbup STBM No 13 of 2017 on STBM and Bupati's circular letter No. 47 of 2017 on Implementing STBM to accelerate universal access of sanitation, ODF district and STBM village of Lombok Utara by 2019 and 2021, respectively.

"AMPL Working Group of Lombok Utara is a strategic institution to support and monitor the introduced regulations as well as to synergize related program delivered at various SKPD, Yuni Kurniati explained." She is the head division of Social and Cultural Affair at BAPPEDA and also responsible for daily management and implementation of District AMPL Working Group in Lombok Utara.



As the acting director of District AMPL Working Group in Lombok Utara, Yuni always ensures that STBM activities at village level such as triggering, smart subsidy and monitoring should be budgeted through DD and ADD. In this respect, village cadres and facilitators should play critical role to provide reliable data.

Lombok Utara District is comprised of 5 sub districts and 33 villages. SEHATI Initiative, implemented and supported by Plan International Indonesia and Simavi as well as Lombok Utara government, is intervened at 4 sub-districts and 15 villages as piloted areas. In addition, District AMPL Working Group is committed to declare non-SEHATI villages of which 6 ODF villages will be declared in 2017, and other 13 are expected to be declared in 2018. In total, 33 ODF villages are foreseen to be able to declared by the end of 2018. *"Similarly, government of Lombok Utara District is target to have 4 STBM villages by 2017 and this is of course with support from Plan International Indonesia,"* Yuni, expressed her ambition.

In relation to budgeting, the government of Lombok Utara is committed to fully support the implementation of STBM. For the time being the government of Lombok Utara has allocated budget for sanitation under liveable houses and smart subsidy policy, implemented by LHPP Agency. *"With support of regulation and budget at village, sub district and district levels, it is foreseen that the target of ODF and STBM village can be materialized,"* Yuni, convincingly explained. (Irfan Ariyanto/ Plan International Indonesia)



District STBM Technical Team in Lombok Timur for SEHATI

Wishing Sanitary Issues Become the Talk of the Town in Community



Establishing a district technical team is the uniqueness of STBM programme, compared to that of in the past. This team as reflected in its term, is comprised of cross sectoral SKPD, specifically Development Planning Agency, DHO and Village Governmental & Empowerment Agency. This is team is the district in charged agency, overseeing and addressing sanitary or STBM technical matter at villages level. Such technical matter as conducting baseline survey, monitoring & mentoring and so forth. In the past, it was YMP who was responsible for facilitating and conducting these kind of activities.

It is **Lalu Saruji Ahmad or Mamik Uji** who lead the district STBM technical team. For Mamik Uji, STBM is not new, he has participated in STBM since over past years, when SHAW programme implemented in Lombok Timur. Nonetheless, Mamik Uji said that he did not actively participate in SHAW programme as much as he is doing in SEHATI programme. Further, he recounted that: *"initially, I think I didn't actively participate in SHAW programme, unless I was invited to any event. Consequently, my understanding of SHAW was very modest. Equally important, as far as I am concerned, the intervention of SHAW programme focused more on primary health care, sanitarians and villages than those agencies at district level. Similarly, we, at district level, was not fully aware of YMP's activities, unless we, district, were invited to meeting or the like"*, he said.

In SEHATI programme, this aforementioned narrative is totally different, Mamik Uji said. SEHATI programme is under direct coordination of environmental health department within the DHO in which he is the lead of the department. Thus, he is appointed as the district technical team coordinator. Specifically, Mamik Uji recounted about the district technical team's roles in SEHATI programme. *"In SEHATI programme, both planning and*

Threading Pearls of STBM Sustainability

executing of the planned activities are our responsibility or district technical team," he explained enthusiastically.

Though sub district STBM team is responsible for advocating STBM related activities at sub district level, the district technical team is playing pivotal roles in these attempts. More importantly, this assigned duty has boosted confidence of the district technical team as well as increased their communication & advocacy skills. Improved skills and competence are resulted from a series of trainings the district technical team participated in. Now, the district technical team and especially for Mamik Uji, he is confident and is capable of engaging and delivering official speech to 'high rank echelon, both at sub-district & district levels such as head of district, head of primary health care and the like.

The improved skills and competence also shared by other district technical team such as **Ramzul Ain, Hesti, & Herry Siswandi who hold no structural position or they are at lower echelon.** Furthermore, it is important to highlight that the Indonesian bureaucratic culture is well known as 'distance culture' in the sense that it is uncommon practice for those government officers at lower echelon level to freely engage in and confidently express their thought and opinion to those at higher echelon level in this case is Head of Sub district and PHC. Indeed, they (Ramzul, Ain and Herry) were doubtful at the beginning. Yet, now not only have they confidently and comfortably engaged with high rank officer at various events but also those high rank tend to welcome and be opened to this 'new culture of bureaucratic interaction'.

"I used to think that it is inappropriate for us at lower echelon level to train head of sub district and that of primary health care," Ain recounted. Even, Hesti, Ain's colleague sitting beside him, said *"even Ain proposed to not wear an official attires when facilitating trainings where head of sub district and primary health care participated in, then Hesti laugh genuinely"* when recounting his experience. The same change story also expressed by Herry Siswandi or known as Andi, since he's engaged in the district technical team, he has interacted with superior comfortably & confidently.

"The community meeting for STBM supposed to be attended by all villagers so that we can identify the root of issue and redress it. It shouldn't only attended by influential people," he said.

However, once they are appointed as district technical team and was equipped with capacity building, they practise the obtained skills through several facilitating meeting & training either at district, sub-district and village levels. In turn this exposure and practice have allowed the district technical team gained experience and exercise the trained skills. Now, the district technical team is also engaging in other STBM related projects, funded & organised by other agencies such as MCAI & Pamsimas (these 2 projects are newly implemented projects in Lombok Timur, since 2016). Engaging in these 2 projects have allowed the district technical team to sharpen and exercise their facilitation, communication and advocacy skills. Similarly important, though the district technical team is the newly installed working group at district level nor the personnel themselves, they have demonstrated

broad knowledge and spectrum when it comes to community participation. Mamik Uji for example, criticised low participation of the poor & other vulnerabled group in community meeting. He said, *"the community meeting for STBM supposed to be attended by all villagers so that, we can identify the root of issue and redress it, it shouldn't only attended by influential people"*.

Mamik Uji proposed and thought that it is imperative for the technical facilitators' team to enhance or equip skills on identifying issues and how to analyse it, communicating with media motivational technique. *"Should the district technical team possess and/ or is trained on these set of skills, I think sanitation will be the talk of town in community."* (YMP NTB/Putri)



Sub-district AMPL Working Group in Sumba Barat Daya for SEHATI Not Alone Any Longer

"I am not alone any longer" is strong statement made by **Benedikta**. She said that now she is assisted by village STBM teams to implement STBM related activities at respective villages under her responsibility. Since the policy on sub district AMPL working introduced and this policy enactment was initiated and advocated by CD Bethesda. This policy has led to the formation of village STBM team. Similarly important, not only has established village STBM team but also budget has been allocated for conducting baseline survey on HH latrine, triggering, promotion, monitoring and verification and declaration. This improved environment has helped her to update data related to 5 pillars of STBM as village STBM team collects it regularly. And for triggering of STBM that has been planned to take place in April 2017, the trained village STBM team by PHC and District AMPL team also took up more responsibility.

Benedikta is a sanitarian at PHC of Radamata,

Loura sub-district, Sumba Barat Daya district. "Mama Dino" is her nickname and she is responsible for STBM related activities in 11 villages at Loura sub district. It is important to highlight that the geographical location of these 11 villages is mountainous and road is bumpier, make it difficult for her to access, from one village to another.

The SEHATI programme has been implemented since February 2016, and it is done through collective approach in which sub district team and PHC work hand in hand to inform and motivate as well train head of villages and communities. In addition, one strategy to influence head of village and community on STBM related activities is that it is employed non-subsidy approach and this because the benefit of practicing STBM is for community themselves. Such as, it will likely to reduce the incidence of diarrhoea, dengue fever and other water borne related diseases. Thus, it is important for village apparatus to

allocate budget for implementing STBM related activities.

Prior to the implementation of SEHATI programme, Benedikta feel hopeless and helpless. This because as she has been working for 3 years on implementing STBM but the progress made was insignificant especially related to closet and sanitation. Benedikta said that the PHC for which she work, just allocated 5.1 million IDR or equal to \$ 300 for STBM related activities, covering 11 villages. This amount was insufficient to monitor and mentor cadres at those 11 villages. As a result, among other key factors, it may be responsible for modest achievement of STBM pillar 1, stood below 30%. this lower achievement was resulted from some constraints namely village allocation fund was not allocated for STBM activities nor incentive for cadres to collect data and facilitate triggering activity. These concerns were responsible for lack of awareness among community on the importance of PHBS.

With that identified issues, AMPL Working Group collectively with CD-Bethesda took initiative to form village institution for STBM including its operational budget which would be stipulated in village regulation on STBM. Sub district AMPL Working Group itself also received APBD for its operational and implementing programme such as coordination meeting, mentoring and monitoring activities. This APBD amounted to RP. 60.000.000 in 2017

With that identified issues, AMPL Working Group collectively with CD-Bethesda took initiative to form village institution for STBM including its operational budget which would be stipulated in village regulation on STBM. Sub district AMPL Working Group itself also received APBD for its operational and implementing programme such as coordination meeting, mentoring and monitoring activities. This APBD amounted to RP. 60.000.000 in 2017

Now, Benedikta is cheerful as she no longer work on STBM related activities on her own. Of 11 villages under her responsibility, all of which has village STBM team and it make her job not only easier but also bring much hope and motivation. Also, with village fund allocated for STBM, Benedikta is firm believe that the STBM related activities will be sustainable and meeting the intended objective, 100% of village declaring STBM in 2017. (CD Bethesda/Eko).

If Lombok Can Make it, So Does Biak



Now, **Agustina** is confident that 100% of community at 16 villages of Biak Kota sub district would have access to clean water and improved sanitation by 2017. **Agustina Adriana Rumbewas, S.IP** is chief of sub district at Biak Kota, Biak Numfor district. She has been taking up this position since 2011. Agustina, 44 years old, is an experienced chief of sub district, and she was chief of Utara and Timur sub district before appointed as chief of Biak Kota. In October 2016, she along with 3 other sub district chiefs, was invited to attend study tour to Lombok Timur (NTB) and Manggarai Timur (NTT).

The study tour was facilitated by Rumsram foundation, in partnership with SIMAVI. The purpose of the study tour was to obtain deeper understanding of how STBM 5 pillars is implemented through SEHATI programme. The SEHATI is an integrated programme of previous one on sanitation for Eastern part of Indonesia.

STBM related activities is not a new concept for Agustina. She exposed to this sanitation approach when she took up position as chief of sub-district at Biak Utara and Timur. Nonetheless, she did not comprehend STBM approach as much as she understands it now. In fact, since she took up position as chief of Biak Kota sub district, she has fully engaged in the executing of STBM related activities at village level. What she has found is that poor sanitary practice and infrastructure are not

uniquely belong to those community living in rural areas but also be found in 'urban setting' Biak Kota, capital city of Biak Numfor district. "I have observed that community practise open defecation, closet is not constructed according to standardised one, and women fetch water for long distance and some of which depend on rainwater. All these poor sanitary practice and infrastructure resulted from the absence of clean water infrastructure. Similarly, other environmental issue such as solid waste is not managed properly, this very poor condition and practice, and thus we cannot tolerate them any longer.

Agustina found that study tour is very positive, giving her new insights and motivation on how to induce change related to STBM in her administrative area. In addition to that, Agustina has found that she will exercise her power and discretion to induce change of practicing STBM, and it will be done through village fund. In practice, Agustina said that of 16 villages under her responsibility, she will urge each of head of village to allocate budget for STBM related activities for period of 2016-2017. The allocated budget will be spent on smart subsidy, purchasing materials for closets and facilities of clean water. This strategy, I expect that by the end of 2017, all 16 villages will have access to clean water and standardised closet. If Lombok has been able to make it true, we, in Biak Kota, will be able to do so.

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Agustina will work closely with other key actors on STBM and clean water related activities. Specifically, she will engage with head of PHC, district, and villages STBM teams in implementing STBM related activities. In addition, she will facilitate quarterly meeting by which all key stakeholders will share experience and pinpoint the challenges in implementing STBM related activities.(Rumsram/Yustin Pabisa).

According Agustina, study tour was beneficial to motivate her to produce positive changes in her respective working area.



Sub District STBM Team in Lombok Timur for SEHATI

Putting Triggering Back on Its Objective

To sanitarians of Terara PHC, the SEHATI initiative re-presents the concept of triggering which used to be practiced and then replaced with counselling approach. *“Prior to SEHATI initiative, we did triggering with counselling approach and at best just we did mapping, yet due to particular circumstances, the participants attending the triggering one by one left the meeting activity,”* Abdul Rahim said, who widely known among his friends as Bram. Another issue was that lack of coordination with chief of village made it difficult to locate a proper spot for facilitating triggering activity

The counselling session that was considered as part of triggering activity was done several times at a Mosques. Or it was done at a house of head sub village whose yard is not spacious enough to conduct the triggering process. Given this circumstance, it was difficult for sanitarian to facilitate triggering activity other rather than opting to counselling sessions in a room. Consequently, during counselling session, it very often that counselling session had to be stopped as participants left the room one by one. Counselling is uninteractive session that might be responsible for this situation. Furthermore, the triggering itself failed to achieve its intended objectives, raising awareness of the importance of good sanitation and hygiene practices.

Since sanitarians of PHC Terara actively take part in SEHATI programme and is supported by village chief and village facilitators, thus the triggering activity can be done in reference to its main principles.

“Prior to SEHATI initiative, we did triggering with counselling approach and at best just we did mapping, yet due to particular circumstances, the participants attending the triggering one by one left the meeting activity,” Abdul Rahim said,

In addition, with the present of village chief at triggering spot, makes it effective to encourage community to actively engage in the triggering activity, according to sanitarians’ assessment.

“In the past, village Chief was absent. Every times we did triggering we just accompanied by head of sub village and facilitators,” Zakiah Izzawati, explained. However, after villages of PHC Terara’s working sites demonstrated commitment to support SEHATI programme, village chief is not only present at the triggering

activity but also strongly motivate his people to practise good sanitation and hygiene practice

“Now, community doesn’t leave the triggering activity as they used to do. In the past, they simply did not care about it, (the counselling session might be uninteresting),” the other sanitarian, said. Well planned phase prior to triggering is important for having good quality of triggering itself. Conversely, poor coordination and communication amongst key actors especially between sanitarians and village chief during planning phase of triggering activity is responsible for poor quality of triggering as what we experience in the past. (YMP/Putri)

Threading Pearls of STBM Sustainability

Sub District STBM Team in Biak Numfor
for SEHATI

Environmental Health is as Much Important as Other Public Health

Rianawati, originally comes from Purwokerto, widely known amongst her friends Nana, born in August 28. She works as a sanitarian at Ridge HPC since 2012. In addition to work as a sanitarian providing services to community, Rianawati is a wife and mother with 2 daughters who are doing kindergarten.

Samofa sub-district is working area of Ridge PHC and it has been intervening through STBM under SEHATI programme since September 2016. Referring to PHC's disease statistical data, water borne related diseases is the top 10 contributor of overall diseases on yearly basis. Given this figure, implementing 5 pillars STBM at grassroots level is likely to reduce the prevalent rate of water borne related diseases significantly.

After actively engages in socialization, training and facilitating triggering activities, Nana comes to realise that environmental health is not only the responsibility of sanitarian and PHC but all key actors, ranging from DHO, sub district and village government to CBOs. Also, this engagement has enhanced Nana's capacity that allow her to better plan and develop environmental health services such as promotional activity, mentoring

and monitoring.

According to Nana, Sanitarian plays central roles and holds tremendous responsibility to improve public health. Sadly, sanitarian in delivering environmental health interventions is still considered secondary health worker to other health care practitioners. At the PHC itself, public health intervention policy is primarily focus on nutrition, immunization and maternal and child health. This curative measure is reflected in budget allocation. Meanwhile, the environmental health is preventive and promotive in purpose and nature. Nana explained in detail that if environment is healthy it will contribute to child and maternal health enormously; pregnant women are unlikely to contacted with malaria, and anemia can be prevented so that newly born babies will have normal weight. Besides, if people are healthy they are more productive, and family health expenditure can be reduced so that it can be spent to other expenditure such as having more nutritious food for family and education for children.

Prior to get in touch with STBM, Nana conducted household sanitation inspection and safe water. Also she did the same inspection at schools and restaurant. However, all these activities aimed at





field visit and collect data to report to district health office without equipped with sufficient technical guidance and standardized data collection format. In fact, Nana had to google information on this matter or asked other sanitarians.

In addition, there is a sanitation clinic yet, it was not operated routinely. *"I was not confident to deliver public speaking at sanitation clinic and I was not sincere with my superior who think environmental health is not important, I will withdraw my participation at sanitation clinic"* said Nana.

Now, Nana thinks that STBM is a space to prove that sanitarian is as much important as other

health practitioners. And this can be achieved if it is done seriously, thus it can reduce prevalent rate of water bourne related diseases and mortality rate. *"Prevention is better than curative"* Nana, said.

Besides doing mentoring and monitoring, Nana is more confident and being active in promoting STBM through churches and schools setting. Engaging churches and schools is found effective to disseminate and promote STBM to community and this because logistical consideration. *"Although I am a Muslim, I have found no difficulty to promote STBM by working with Churches, in fact I feel that the majority of community who embrace Christianity accepts this religious difference. At the beginning I was doubtful but latter on I kept positive*



thinking that my duty is part of the God's message to service community." Nana, explained.

Sanitarians in implementing STBM supposed to be working in the field not at the office. In reality this ideal situation doesn't take place because of limited monitoring and supervision budget. They prefer to stay in at office especially for contract services sanitarians. Nana is very concerned with community' health so that she often ignores whether she receive incentive or not.

She is very thankful to Yayasan Rumsram who does mentoring in the field so that when Nana is confronted with constraint she can directly coordinate with them and find way out.

Nana is fully aware that capacity building for sanitarians are fundamentally important to boost their confident, and those sanitarians have been equipped with technical knowledge and capacity under SEHATI initiative. Hopefully, District Health Office and PHC are will be

able to support sanitarians and consider us as important as other health practitioners. (Rumsram/ Yustin Pabisa)



Sub District STBM Team in Lombok Timur for SEHATI

Being A More Professional Sanitarian and A Concerted Coordination with Key Actors

SEHATI INITIATIVE HAS BROUGHT BACK PROFESSIONALISM AMONGST SANITARIAN. THEY ARE NO LONGER BECOMING SUPPORTING SYSTEM OR POSTING AT ADMINISTRATIVE DESK, PERFORMING DUTIES OUT OF THEIR MAIN JOB DESCRIPTION AS SANITARIAN. EVEN, WHEN THEY FACILITATE TRIGGERING ACTIVITY, THEY ARE MORE ENGAGED AND HAVE A CONCERTED COORDINATION WITH KEY ACTORS ESPECIALLY VILLAGE CHIEF.



Sanitarian is no longer 'less famous' compared to Goat

It is unthinkable for Baiq Rusti, that her 'professionalism' was spoiled by the sudden presence of a goat. This story occurred when Rusti was facilitating triggering activity and a goat entered into a triggering spot suddenly. As a result, triggering activity was standstill. Rusti underwent this experience together with her colleagues at Prue village, Sakra sub-district when they facilitated triggering activity. Rusti and their colleagues were not aware that when they facilitated triggering at the same time there was distributing of goats as social assistance to community.

"At that time we came from our office, PHC and we were facilitating triggering activity, then came goats as part of social assistance. When few goats were unloaded, participants of triggering activity still look enthusiastic participating in the activity. But their attentions were distracted when unloaded goats got increase in numbers, participants were more interested in social assistance (goats) than the triggering activity. itself," Baiq Rusti, recalled that experience. *"We were not as famous as goats"* Rusti chortle. For Baiq Rusti and other sanitarians, facing that kind of experiences was normal situation given the fact they did not coordinate with village chief. Consequently, conflicting agenda was inevitable.

Baiq Rusti also shared this unforgettable experiences when she attended training facilitated by YMP under SEHATI initiative. The facilitated training by YMP was allowed Baiq Rusti to improve effective triggering by fostering good communication and coordination with relevant stakeholders in respective village. Now, Baiq Rusti is no longer worried that goat will spoil the triggering activity as she always does coordination and communication with village chief, prior to triggering activity

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take place.

Being posted everywhere is ok

Baiq Rusti and Hairani were relieved since the SEHATI programme was introduced because they can be more focused on their responsibility as sanitarians. Prior to SEHATI, Baiq Rusti was given a task to handle administrative things for four years. During that period only from time to time did she facilitate the triggering activity at village level. If taken all Rusti's tenure since she was hired as a service contract worker or locally known as "on job period" (an appointment period when employees are given tasks other than their main duties). All this period constitutes of 14 years in total for Baiq Rusti and during that period she must be sincere to be posted "everywhere", by doing whatever tasks were instructed, this filled the gap of limited number of health workers at PHC until she officially became permanent staff or a civil servant at PHC.

"Wherever I was posted it was ok with me," Baiq Rusti tried to recall that memory while smiling. Ironically, during her tenure for 14 years at PHC, Baiq Rusti admitted that she almost never had capacity building. In fact, she only had 1 technical capacity building after she officially became permanent contract or civil servant and it was facilitated under SEHATI Initiative. No capacity building was because Baiq Rusti was appointed at pharmacy unit and she was responsible for managing and taking care of it. Indeed, it was very few employees who were appointed at pharmacy. *"Rarely was I engaged in triggering activity,"* said Baiq Rusti. In addition, she explained that she got an opportunity to facilitate triggering activity once the district health office instructed the PHC's authority to prioritise main tasks for the staff.

Finally, an opportunity came true where Baiq Rusti is able to work professionally as sanitarians. Two years after Baiq Rusti received a permanent contract in 2014, Sakra PHC was one of the locations where SEHATI is working with since 2016. This has brought about a good opportunity for her to be posted as sanitarians professionally. Now, as she works and is appointed at Pringgasela PHC where it is also committed to implement SEHATI, Baiq Rusti is consistent to be a professional sanitarian by declining to perform other responsibilities other than those closely related to sanitarians'. *"After I got in touch with YMP, now I am confidently refuse to perform other responsibilities other than related to my job description. I am fully committed and spent all my working day as a sanitarian,"* Baiq Rusti, said.

In a similar vein, Hairani shared the same experiences with Baiq Rusti since she was "on job period" performing duties other than her main job description and was appointed "everywhere". (YMP/Putri)



Village STBM Team in Biak Numfor for SEHATI AWARENESS FOR HEALTH



Swapodibo village is one of village in Biak Kota sub district. At the early period of 2000, community used to practice open defecation even when some villagers have latrine it was not good nor improved one; it was unsafe and roofless. Also, clean water was inaccessible other than from rainwater and Salobar water, water sources from beaches.

“

In the past, we used to think that diarrhea was periodic disease. We did not realise that our poor sanitary and hygiene practise are responsible for causing diarrhea (FRANS ROMSUMBRE, Kepala Kampung Swapodibo).

”

It is **Frans Rosumbre**, village chief of Swapodibo in Biak Numfor District, who is jerk knowing poor sanitation in his village. He was not aware that sanitation issue is critical, thus it need to addressed. Now he is aware that poor sanitation might be responsible for environmental health, and is important issue at community level. When community heard about STBM from Yayasan Rumsram, they are welcome with it. Hence, Frans and his forks at village office are becoming aware that community's poor sanitary and hygiene practice need to be changed. This behavioural change what he called it **“HEALTH**

AWARENESS”.

Now, there are 7 volunteers working as frontliners to disseminate information, mentoring and evaluating programme. Frans main responsibility as village chief is to ensure physical infrastructure for sanitation by using village allocation fund. This village allocation fund can be used to construct clean water facility and rehabilitating communal latrine. Though STBM is newly introduced at Swapodibo STBM, yet he is confident that he will be able to deliver and implement this STBM initiative, starting from doing small thing. (Rumsram/Nasaruddin).

PELATIHAN PEMBUATAN PEMBALUT RAMAH LINGKUNGAN UNTUK MENDUKUNG PROGRAM MANAGEMENT KESEHATAN MENSTRUASI (MKM) DI KAB



Village STBM Team in Lombok Utara for SEHATI Lucky for Participating in “Full Package Of Training” on STBM

Talk about STBM, community at Slengen Village directly associate it with STBM cadre, **Baiq Sumuriyanti**, or she is widely known as Yanti and is 40 years of age. She is multi-skills cadre. Other than she is skilful in facilitating triggering activity and promoting 5 pillars STBM at community, Yanti is knowledgeable on how to mentor community to construct affordable but improved latrine. She obtained these skills and knowledge actively participate in PERSDAYGUN (Literally mean Sanitation Union of Sanitasi Dayan Gunung). PERSDAYGUN is CBO who provide a space for cadres who have been trained on sanitarian entrepreneurship and this training is a set of strategic activity facilitated and supported by Plan International Indonesia and Simavi under SEAHATI initiative. In addition to being a STBM cadre, Yanti is appointed as cadre of MHM (Menstrual hygiene management).

Yanti is famously known as a great figure at her village. She is also a contract service teacher at elementary school at neighbouring village. Yanti who holds bechalar certificate and has two children is lucky as she participated in full package of STBM training, and she herself often says so. She attended training on 5 pillars STBM; training on applying STBM media; training on sanitation products management; technical training on producing improved sanitation and training on producing environmentally friendly sanitary pads. To her, this a set of trainings is a gold opportunity to foster her capacity as an environmental health cadre to understand all components of STBM comprehensively. This has boosted her confident to share her knowledge to her neighbours and pupils.

Equipped with this set of skills and knowledge, now Yanti is being a source of person for STBM at her village where routinely conduct some activities such as triggering and promoting STBM, doing follow up action and promoting menstrual health management to her students and their parents. What most important is that she is confidents to mentor construction workers on how to build affordable

but improved sanitation. Yanti receives support from village government where they lobby DHO to distribute tools for constructing improved latrine.

Up to now, she along with construction workers have facilitated about 30 latrines within 3 weeks at her village. "Even there is a joke from construction worker of Sambik Jengekel sub village, saying that although they have been work in construction for many years, but we have to learn much on how to construct latrines from environmental health cadre," Pak Mamber said,

Based on sanitation inspection monitoring of 13 sub villages at Slengen, only 4 villages out of 13 that need acceleration effort in order to achieve improved toilets. Therefore, it is not unreasonable if village government and Mrs Yanti to set an ambitious target to declare ODF village by 2017 and village STBM by 2018. (Plan Indonesia/Irvan Ariyanto).



Village STBM Team in Sumba Barat Daya for SEHATI

Introducing Innovative village's Policy On STBM for Public Health



Dikira village is under Wewewa Timur sub district, Sumba Barat Daya District. While it is located 25 KM away from sub district government, meaning with limited access to information and other supporting systems, both the village and community of Wewewa Timur is passionate about SEHATI Initiative. Indeed, constraint on delayed disbursement of village fund allocation, the village government took innovative measure to find funds from other resources to implement triggering activity.

Another important policy introduced by **Agustinus Malo** as village chief was that forming village STBM team through village chief decree, stipulating village STBM team receives incentive performance on monthly basis which allocated from village funds. This incentive performance is provided on output basis, verifying through monitoring data of 5 pillars STBM.

Under his transformational leadership, village apparatus is fully supported the implementation of STBM. By employing empowerment approach, it has led to village government to develop a community empowerment strategy as opposed to charity oriented. This is expected to create sense of belonging amongst community to sanitation facility so that they maintain it sustainably. *"Charity-oriented approach will create dependency and is empowering,"* said Agustinus Malo.

SEHATI Initiative was introduced to the village in last of December 2016 and it was coincidentally with MUSREMBANGDes for period of 2017. Unfortunately, STBM was not included in village government work plan of procedural consideration and it would be disbursed in the following months. However, government also taking into account of the importance of STBM for community, through village government evaluation meeting it sought way out by taking fund from other sources in order each sub village could implement STBM activities. With this innovative policy, the triggering activities at those sub villages were facilitated from January to February of 2017. This policy was taken on the basis that triggering activities should be facilitated as early as possible. Agus said that budget unavailability should not be constraint the implementation of 5 pillars STBM in his village.

This innovative policy produced positive results, monitoring data collected in June of 2017 showed that 70% of HH in which majority of it had pit latrine and this option was taken due to scare of water sources. Agustino hopes that with community participation and support from village government this will positively contribute to increase of public health and reduce water bourne related diseases. *"STBM programme with community empowerment approach for promoting environmental health is consistent with the village government work plan on envirenmental health and sanitation,"* said Agus. (CD Bethesda/ Martinus).

Village STBM Team in Lombok Utara for SEHATI Not Only Satisfied With Pillar 1



"Essentially, was declared as ODF village, verified by DHO of Lombok Utara. Nonetheless, as the village chief I continuously encourage my apparatus and forks so that Pendua village will be the first STBM village in Lombok Utara District by 2018.", this is the reflection of strong commitment and expectation of **M. Abu Agus Salim**, the village chief of Pendua village of Lombok Utara district.

Initially, the village chief who is young and is good looking, used to think that STBM is physical oriented such as constructing latrine and drainage facility. However, his uninformed perception about STBM changed dramatically when SEHATI Initiative is intervening at his village. "In essence the prime indicator of STBM is behavioural change", he said. Thus, SEHATI initiative was point of departure from which Agus developed village government work plan for non-physical work of 5 pillars STBM activities such as triggering, promotion and monitoring. This village work plan was stipulated in village government budget of 2017. Nonetheless, Agus also took into account the importance

“In fact, critical indicator of STBM is behavioural changes,” he said

Threading Pearls of STBM Sustainability

of allocating village funds for providing smart subsidy for vulnerable and marginalised (the elderly, widows, bodily disabled people) group in order for *these group to construct their own latrines*. *This policy is critical and, most importantly is consistent with SEHATI initiative's guiding principle, promoting social inclusion and gender sensitive approach.*

Agus, the nickname by which he is widely known and is aged of 32 years, has been the village chief since 2015. 32 years old is culturally considered young in leading a village. However, he holds full political support from religious and customary leaders to have the first status as village STBM in Lombok Utara District. To achieve this ambitious target, his administration collectively with religious and customary leaders formed village STBM team, consisting of village government representative, midwife, health worker and PKK and Posyandu's cadres, 23 people in total, 14 are women.

The village adopted a motto Lampak Lempek (Literally mean stands on level road). The coverage area of the village is 513 Ha, and mostly is steep in topography. About half of this steep area is rice field supported with irrigation system, and the rest is communal land on which community grow various cash crop commodities such as coconut trees, cashew nut and cacao. Given this village economic modality, the village chief along with other leaders are confident that the stated objective can be attained. "The main responsibility of village government and STBM team are to mentor and raise awareness of community set STBM as family's major priority."

With support from Plan International under SEHATI Initiative, Agus got an opportunity to participate in the training on "village allocation fund for STBM". This training has enhanced his managerial skills to better develop a responsive programme to address the needs of his village. This two- days training was facilitated by a local advocacy NGO-based in Yogyakarta. Furthermore, this training is a series of strategic activities to achieve STBM where one of the key component of STBM is that conducive and enabling policy environment is central to meet STBM target. Sustainability of budgeting exemplify the supportive policy enabling environment. This training was attended by all village chiefs along with their administrations such as head of village planning development body and head of sub district planning department. It was held from 25 to 26 of October 2016. This training has produced positive effect where all villages allocated budget for implementing STBM, and this was reflected in their village development budget, as Agus's story show. (Plan International Indonesia/Irfan Ariyanto)



Village STBM Team in Manggarai Barat for SEHATI STBM Changed My Leadership Style and Community's Mindset and Behaviour

Dominikus Pahun has been a head of Tondong Galang sub village, Compang Longgo, Komodo district for 5 years. He is capable of performing his responsibility as head of sub village whether it is managing administrative, organizing social services, ensuring social order and facilitating infrastructure building. Functioning as the second layer of village chief, Dominikus is authorized to exert his authority in performing his responsibility under particular circumstance. He said that when he exercises his authority to his people, it is work out. Exerting authority under particular circumstance is Daminikus's leadership style since he serves as head of sub village.

In the mid of July 2016 was a momentum that changed his leadership style. This momentum arose when all head of sub village received information from village chief that district government would carry out sanitation programme at Compang Longgo village. And this activity would take place at each sub village level on July 20 of 2016. Initially, he thought that this activity must be the routine one, precisely the same as what PHC Benteng does. Yet, as it was an instruction from village chief, he had no option other than accept it. Then, he informed his people and invited them to assemble

at a house of neighbouring unit head who has spacious front yard.

When district arrived and activity started, the leader from district team gave opening remark, explaining the objective of the activity; namely facilitating triggering of STBM activity and it required active participation from participants. So, during triggering activity each sub village was triggered and seemed like we were encouraged to compete one another to declare as STBM sub village. At the last session of activity, or widely known as pleno, village chief emphasized that Compang Longgo village to declare as a village that implements 5 pillars STBM in 2017. Each of sub village head was instructed to mobilise their forks to construct their own latrines.

"As head of sub village, I shouldered that responsibility though I was aware it must not be easy; my thoughts and feeling mixed up. How could I convince and mobilise my people to construct their own latrine while I myself had no one, he mumbled. Did I morally capable of performing this task? What if my people questioned me back by saying that you encouraged us to construct our own toilet while you yourself had not

done so! Now people are more critical and I don't want them teased me out", he said.

Therefore, shortly after triggering activity end, he went back home and discussed with his spouse to construct their own latrine.

He is committed to mobilise community to construct their own toilet and change their sanitary behaviour by role model rather than by instruction

When District STBM team came for monitoring visit, Dominikus showed a digged spot in which he would construct his own toilet.

STBM triggering activity has changed Dominikus's leadership style that mobilizing community is not only done through power or instruction but should be a good deed.

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STBM triggering activity has changed Dominikus's leadership style that mobilizing community is not only done through power or instruction but should be a good

deed. A leader should be a role model for his/her people. A new Dominikus's leadership style has led to major impact at his sub village, they constructed their own toilets with their own pocket, not expting aid from government. (Yayasan Dian Desa/Nista).

Sanitation Entrepreneur in Dompu for SEHATI

Now, Mas Poer Gets Increasingly Successful in Latrine Business

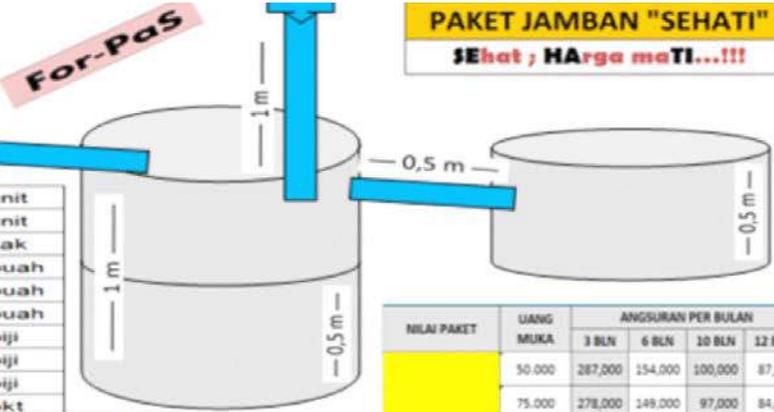


Mas Poer has now firmly set his heart on a move into sanitation business. He took this decision after finding out that there are very potential market opportunities in the sanitation business. "This is an opportunity to contribute to sanitation development in Dompu District," he said, "because according to data from the District's Department of Health, in 2016 there were 26,255 households with no hygienic latrines." He said he firmly took this big decision after taking part in the "Sanitation Entrepreneurship Training" that was facilitated by the STBM SEHATI Project

Rudi Poertomo, who is affectionally called Mas Poer, lives in Lepadi Village in Pajo Sub-District in Dompu District.

The father of four is the owner of a shop selling building materials named Toko Bangunan Lepadi Jaya in his village. In November 2016. He had the opportunity to attend a training course on sanitation entrepreneurship that was facilitated by Plan International Indonesia and Simavi during which the establishment of the Sanitation Entrepreneurs Forum (FORPAS) was initiated and Mas Poer was elected as its chairman. Rather than being known as a businessman he would prefer to be known as a "latrine dealer" because of the innovative idea he advocates for the marketing of a hygienic latrine package that emulates the financing scheme offered by "motorcycle





PAKET JAMBAN "SEHATI"
SEhat ; HARGA meTI...!!!

1 Kloset	1	unit	
2 Gorong gorong	3	unit	
3 Semen	1	zak	
4 Pipa 3"	1	buah	
5 Pipa 1 3/4"	1	buah	
6 Shock T 3"	1	buah	
7 Tutup Buis Beton	2	biji	
8 Dop 3"	1	biji	
9 Shock L 3"	1	biji	
10 Tukang	1	pkt	
11 Bata	50	biji	SWADAYA
12 Gali Septic Tank	1	ls	SWADAYA
13 Pasir	0.25	m3	SWADAYA

For-PaS : solusi yang Pas untuk yang ingin punya jamban, tapi dana'nya PaS-PaS'an...

Kredit Jamban...??? Hanya For-PaS lho yang mau layani...!!!

NILAI PAKET	UANG MUKA	ANGSURAN PER BULAN			
		3 BLN	6 BLN	10 BLN	12 BLN
850.000,-	50.000	287.000	154.000	100.000	87.000
	75.000	278.000	149.000	97.000	84.000
	100.000	269.000	144.000	94.000	82.000
	125.000	260.000	139.000	91.000	79.000
	150.000	251.000	135.000	88.000	76.000
	175.000	242.000	130.000	85.000	74.000
200.000	233.000	125.000	82.000	71.000	

Persyaratan :

- formulir permohonan;
- foto kopi KTP pemohon yang masih berlaku, dan foto kopi KTP pasangan kawinnya yang sah (bagi yang sudah menikah);
- foto kopi Kartu Keluarga (KK);
- surat keterangan dan rekomendasi dari Kepala Desa;
- foto kopi bukti kepemilikan Jaminan Kredit (apabila dengan jaminan).

0852-8

Hu'n.: 0852-0555-9807 (Santy)
 Pajo.: 091-237-444-90 (mas PUK)
 Dompu.: 0853-3828-5885 (Arie)
 Woja.: 0821-4436-7427 (Mita)
 M.L.ewa.: 0823-0145-0032 (Airy)
 Kempa.: 0822-3603-5955 (Mala)



dealers" that is quite common and popular in the community.

"Only by making a down payment of IDR 50,000,-, within a period of 2 x 24 hours, FORPAS will build a hygienic latrine at your homes. Until recently, we are the only ones who dare to provide latrine credits in Dompus!". He said passionately on the sidelines of a Community-Led Total Sanitation-related health promotion campaign, an approach aimed at eliminating poor sanitation habits and practices by emphasizing the importance of clean and hygienic lifestyle through five pillars of behavioral change.

He is involved in the promotion of STBM in his capacity as the chairperson of the sub-district STBM team in Hu'u Sub-District. The facilitation of sanitation entrepreneurship training by The STBM SEHATI Project is aimed at providing poor people including the most destitute of them with access to decent and proper sanitation facilities especially affordable and quality hygienic lavatories and latrines.



Previously, Mas Poer was concerned with the attitude of people in his village who were reluctant to build latrines because latrines are still considered a luxury item. Despite repeated triggering, financial constraints remain a barrier to building hygienic latrines. It thus comes as no surprise that the prevalence rate of cases of diarrhea in the district where he lives is still very high. In 2016 alone, there were 2654 cases of diarrhea according to data from the Ranggo community health center. He considered this a challenge that eventually prompted him to sign up to participate in the selection of participants for sanitation entrepreneurship training.

After being elected as the Chairman of FORPAS, he immediately formed and coordinated 5 hygienic latrine production centers that are spread in Hu'u District, Pajo Sub-district, Dompu Sub-District and Manggelewa District. He produced different variants of cheap lavatories priced at IDR 85.000 for adults in addition to which he also produced child-friendly lavatories. As for the financing of latrine credits, Mas Poer cooperates with people's credit banks (Bank Prekreditasi Rakyat), cooperatives and even village-owned enterprises (BUMDES). The lavatories he is marketing are given the brandname "Tim", short for "Faeces is Money". What is interesting is that he also involves young teenage girls and housewives in this sanitation business as marketing staff and or as staff in production unit. This is rarely found in other businesses.

"I really hope that the government especially the

District Chief is concerned about sanitation issues. It is useless to have increases in agricultural outputs if many people still defecate openly. This is unhygienic and undignified!," he said while participating in Dompu District's STBM Coordination Meeting.

He also expresses hope that FORPAS would continue to be engaged by the government and other concerned parties on the issue of sanitation. Mas Poer hopes that the forum he leads gets trained again in the areas of promotion, marketing and development of other sanitary products such as sinks, trash bins, ceramic water dispensers and others. Mas Poer is very confident that with the support of various parties, FORPAS would be able to play a key role in the sanitation development in Dompu District, thus making the district finally able to be free from open defecation. (Plan International Indonesia/Roni).

Village STBM Team in Sumba Barat Daya for SEHATI

A True Leader Works Collectively with Community



Although Pero village was just profelirated in 2016, it doesn't decrease commitment of **Petrus Adi Papa**, chief of village to prioritise budget allocation of STBM programme in 2016. Pero village was administratively under the Kalembuweri before get profelirated, and Petrus Adi Papa strongly believes that STBM programme is compelling need of community because a prosperous community resulted from a healthy community. As widely known that a healthy man is the one who is physically and economically productive so that he can fulfil his family basic need and seek family prosperity. In the light of this widely accepted awareness, Pero village was decided to become one of the village out of 3 villages in Wewewa Barat sub-district to implement 5 pillars STBM or applying SEHATI approach. This is surprising for community themselves given the fact that Pero village is newly a profelirated yet chief of village together with his village apparatus demonstrate passionate commitment toward STBM programme.

Some delivered of STBM activities were the forming of village STBM team, coaching of this team



and conducting survey on sanitation baseline. Another activity was that of budget planning for STBM in 2016. Specifically this budget was allocated for triggering, promotion and monitoring of STBM. *"a leader plays a role model for their folks to achieve prosperity"*, said Petrus.

During the triggering activity, Petrus said that his community showed active participation and tremendous enthusiasm to perform good sanitary and hygiene practices. In addition, he said that, principally, triggering method is not patronizing community to implement government's programme nor it promises any aid. Instead, technically, it encourages community to do transect walk and do mapping to locate where their houses are, spot in which open defecation is practiced and water sources. This triggering process mainly aims to raise awareness and produce shaming effect for those community who practice open defecation and who manage their solid and liquid waste environmentally irresponsibly.

As a result, at the Pero village, this triggering method has raised community awareness and built collective consensus to change their poor sanitary practice into healthy ones. This reached consensus was written down on provided commitment form to do follow up action. For Petrus, community's passionate commitment and enthusiasm has enhanced his leadership skill to routinely monitor the progress of the agreed consensus, and exercises his authority by directing his staffs to mentor village STBM cadres to follow up action plan following the triggering activity through home visit monitoring. The result of home visit monitoring found that almost all households at Pero village has constructed proper latrine and use it on daily basis.



It is interesting, thus worthy taking note that following the home visit monitoring, the community whose houses were visited were invited to reflect result of monitoring and discuss issues and challenges they encountered, and this was done at community centre. This reflection and discussion have led to build a collective agreement between community and village apparatus, declaring the Pero village as one who is aware the importance of STBM in 2017. (CD Bethesda/Sovia)



Village STBM Team in Lombok Timur for SEHATI Strict Village Regulation on- Stopping OD and Enforced It Consistently is Effective for Reducing Zero OD

Embung Kandong is a profelirated village from Rarang Selatan village, Terara sub district of Lombok Timur District. Recently, community of Embung Kandong is implementing 5 pillars STBM. **Reman RS**, village chief who lead the village for the first time, explained that implementing 5 pillars STBM has been practiced by his people under PHBS framework. Yet the awareness of community is not fully raised, for example some still practise open defecation whether at rice field or estate. While other still manage their solid waste environmentally unresponsibly by throwing it at front or backyard of their houses.

"In July 2016 if I recalled it correctly it was informed that 5 pillars STBM is introduced at Embung Kandong village. This where I heard about 5 pillars STBM," said Reman. Before 5 pillars STBM was introduced by at Embung Kandong village, community still practiced oped defecation at rice field secretly. *"Thank God, now no one practice open defication,"* said Reman. Community get interested after village government facilitated triggering activity and introduced a awig - awig (regulation) that strictly prohibit community to practice open defecation and should they breach the regulation they will be punished socially or shaming by taking picture of their faeses and display it at public space. This shaming method is needed to trigger behavioural change amongst community.

In addition, village government introduced a policy on smart subsidy to co-finance construction of household toilets. Through this smart subsidy policy, village government only provide toilet pans, cement, pipe while community have to contribute to pay construction workers and materials for a whole package of toilets.

Socialization process for pillar 1 to 5 is engaged village facilitators who have been appointed to mentor village cadres in implementing every step of socialization activity. Furthermore, other stakeholders such as head of sub district Military and Police units are engaged in activity, what so called collective Friday in which other cultural event and praying group are held on weekly basis. So, during this collective Friday police and Military leader encourage community to practice 5 pillars STBM. Also, village government use banner that strategically placed at public space to disseminate of 5 pillars STBM. (YMP/Samsul Haer).

Sanitation Entrepreneurs in Dompu for SEHATI Srikandi Sanitasi Dari Desa Nusa Jaya



Nurjannah is one of the sanitation entrepreneurs in Nusa Jaya Village in Manggelewa Sub-District in Dompu District. In November and December 2016, she took part in the sanitation training program organized by Plan International Indonesia and SIMAVI as a representative of her village. Since then she decided to become a sanitation entrepreneur. She believes that sanitation entrepreneurship has a good business prospect and is also beneficial for her village's environmental health.

She is now the 35-year-old woman whose full name is Nurjannah is affectionately called by the residents of Nusa Jaya Village in the District of Manggelewa. Besides being a housewife, she is also the treasurer of the BUMDes in her village. Her interest in sanitation business grew when she was involved in the triggering process in her village. She said the triggering process delighted her greatly not only because the facilitator adopted a humorous, amusing approach to training but also because he invited people to think together to change their sanitary and hygiene behavior towards the better through the implementation of the five pillars of STBM.

She became more and more interested in finding out more about STBM after participating in sanitation entrepreneurship management training organized by Plan International Indonesia in November 2016. Her enthusiasm for sanitation peaked when she got directly involved in sanitation production training organized by the FORPAS in cooperation with Plan International Indonesia and SIMAVI.

So, she officially became a member of FORPAS and used the backyard at her home as a unit production site for making toilet bowls under the brandname of TiM, an Indonesian acronym for "Feces Is Money".

She, together with housewives around her home, did not hesitate to work with materials including cement that are needed to construct toilet pans. She felt that sanitation business was quite promising given that there were 26,000 households that had no healthy latrines yet in Dompu District.

In addition to selling toilet pans made from local materials, Nur also sells NAZAVA water filters out of concern for the relatively still high number of diarrhea cases as many residents in her village still consume unboiled water. In addition, through the village-owned company in her village, she proposed a revolving loan scheme of IDR 20 million for 2017 to make it easier for the financially-challenged residents in her village to buy toilet pans. Her proposal has been approved through the village's leadership conference and became one of the flagship programs in her village. Moreover, Nur has also managed to advocate the government of Nusa Jaya Village to put aside a budget of IDR 11 million for healthy latrine programs to help out underprivileged families.

"This sanitation business is very suitable for a housewife like me. This business enables you to make money on the side while doing your household chores. It also increases your income so that there is always food to eat!" she said. *"Moreover, this business is not just a profit making oriented but, as a matter of fact, it is also a humanitarian business, as reflected in the name we give to our latrine package, SEHATI, which is an Indonesian acronym for "Being Healthy Is an Irrefutable Must!"*, she continued with enthusiasm while chalking white cement mortar into the toilet mold. In a day Nur is able to produce 10 toilet bowls and until now she has sold more than 100 units of toilet bowls.

Until now, Nur has been actively engaged in the village's sanitation sector as a businesswoman as well as a team member of the Nusa Jaya Village STBM. *"By the end of 2017 at the latest,"* she passionately said, *"my village should have already declared the full adoption of STBM!"*

Hopefully the passion of Ibu Nur inspires the birth of other sanitation champions in the village so that the children and families in Nusa Jaya Village could live in clean and healthy environment. (Plan Indonesia/ Rony).

