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in a consortium with the implementing partners:

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ACRONYMS AND TERMS

AMPL	Safe Drinking Water and Sanitation
BAPPEDA	District Planning Office
BPMPD	Village Governmental and Community Empowerment Agency
BPMK	Village Community Empowerment Agency
EKN	Embassy of the Kingdom of the <i>Netherlands</i>
FIETS	Financial Institution Environmental Technology Social
INGO	International Non-Government Organization
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Government Organization
NTB	Nusa Tenggara Barat, it is one of province in Indonesia
PANSIMAS	Community Based Program for Safe Drinking Water Provision and Sanitation
PUSKESMAS	Community Health Centre
OSAMTU	Integrated Garbage Management, new technology to reduce garbage
STBM	Community Based Total Sanitation
SEHATI	Sustainable Sanitation and Hygiene for Eastern Indonesia
SHAW	Sanitation Hygiene and Water for Eastern Indonesia
UNICEF	United Nation Children's Fund
RPJMD	District Medium Term Development Plan (5 years)

EXECUTIVE SUMMARY

SEHATI programme, whose specific objective is that by 2018, the local government authorities (at district, sub-district and village levels) in 7 districts in Eastern Indonesia are ensuring sustainable sanitation and hygiene through implementation of STBM 5-pillars, has completed its first-year implementation.

Improvement of capacity from each key stakeholder under each outcome varies in each district. Compared to other districts, more effort is needed to accelerate program in Biak Numfor District to achieve the specific objective.

Under outcome 1, all districts have included sanitation into their five-year-term district strategic development plan. Budget allocation for those activities have also been approved by district government with variation in amount. STBM teams at district, sub-district and village levels have been strengthened to carry out their roles and functions. Replication and scaling up strategy and plan have been prepared and agreed on by some districts. Challenges found under this outcome is on inadequate number of district government staff who can become trainers at sub-district level and frequent rotation of government staff, causing a slowdown of the progress and less number of village to be replicated by the government in the first year.

Under outcome 2, all partners have developed an advocacy strategy together with district team based on local contexts. They have also transferred knowledge to other CSOs in their locations. In Biak Numfor district, due to limited number of CSOs working on sanitation in Biak Numfor district, Rumsram did less than other partners.

Under outcome 3, generally people who have been trained on sanitation product and marketing have not been interested in doing business on sanitation because due to the high production cost contributed by high costs for buying raw materials and transportation. In Lombok Utara and Dompu districts, sanitation entrepreneur forum (association) has helped its members to market their products with various payment scheme to help households having improved sanitation.

Under outcome 4, that is a viable Implementation model that ensures the adoption of the STBM 5 Pillars by the district government is developed and tested for potential replication to other districts the result, has not been measurable yet at this early stage and will only be available at the end of the programme. However, the key learning, success factors, toolkits and all the process of the programme implementation in each district which are necessary for the development will be documented. This model will be handed-over to the government at the end of the project.

The first year of implementation has been quite challenging for partners since it was a time when partners were to build strong foundation for the implementation of the program for the whole period of the programme. Open and intensive coordination and communication among SEHATI partners have been key in the success of partners to pass the first year. We are happy that we now have stronger program management system and tools as well as productive communication and coordination among partners.

I. INTRODUCTION

This annual report provides information about the progress of SEHATI programme after one-year intervention in 2016. Although we will also mention a few progresses from the Inception Phase (February – June 2016), in this report we will provide more information from the period of July – December 2016.

This report will be made based on the structure of specific objective and outcomes of SEHATI Program. The specific objective of SEHATI program is to increase the capacity of the local governments at district and sub-district levels, and in selected villages to implement a sustainable district-wide STBM 5-pillar strategy, as part of achieving the government target of universal access to water and sanitation. To achieve the objective, 4 outcomes are to be delivered by this program, which are:

1. Strong leadership, commitment and improved capacities of the local government (district and sub-district level) to implement and sustain the STBM 5-pillars
2. Strengthened capacity of civil society organizations (CSOs) on lobbying and advocating local government to lead STBM implementation and to conduct lobby and advocacy activities aimed at local and national policy makers who contribute to our specific objective
3. Increased private sector collaboration to improve supply of WASH products and services
4. A viable implementation model that ensures the adoption of the STBM 5-pillars by the district government is developed and tested for potential replication to other districts

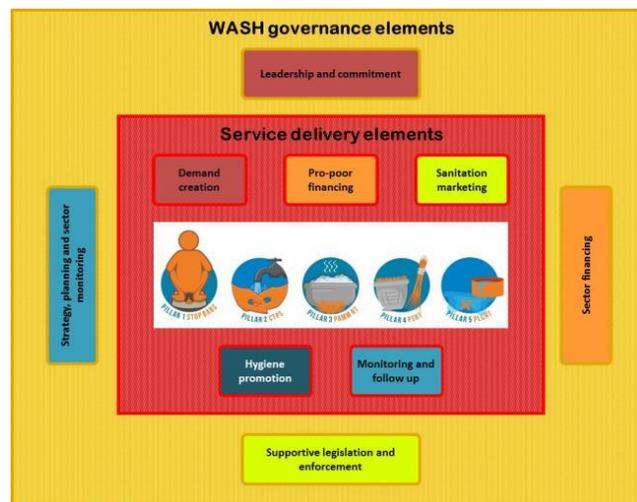
Therefore, information provided in this report includes achievements, challenges and lessons learned under the 4 mentioned outcomes. We will describe the achievements both in quantitative and qualitative means; the quantitative ones will be presented through figures, numbers and graphs or diagrams, while the qualitative ones will be explained through narratives of figures and *change (live) stories* from the project locations (on annexes), all of which will be put under the section of *Progress towards Program Goal, Specific Objective and Outcomes*.

A section to describe gender issue, which is how it has been taken into account in the implementation of the programme so far, will also follow. Before presenting all the information, however, we will first start with a brief information about the relevance of SEHATI theory of change as well as SEHATI monitoring framework and tools. Information on the financial management of the programme is also covered by this report, including the expenditure analysis.

At the last part of the report, we describe innovations, lessons learned and challenges. They are all made under the same section to be more easily read. Under this section is also included our next plan and targets for the year of 2017.

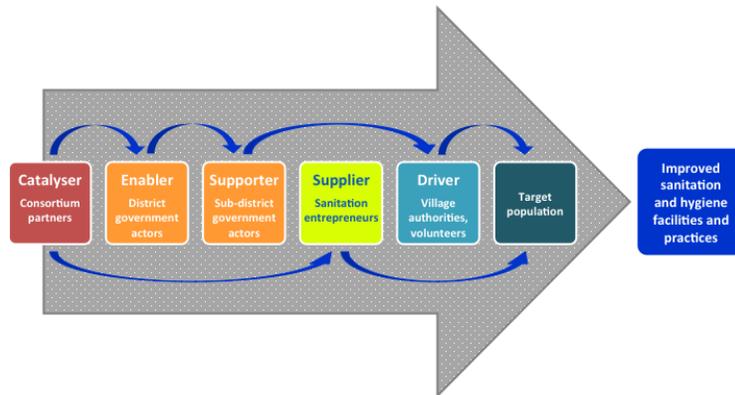
II. THE RELEVANCE OF THE THEORY OF CHANGE

From our experience in the SHAW programme we have learned that successful programs are not necessarily scalable; and without adequate resources and capacities at local level replication is unlikely to happen. Moreover, accelerating and sustaining changes in sanitation and hygiene behavior and practices requires strong leadership and commitment from local government. This means that the five 'service delivery elements' as well as four 'WASH governance elements' (see Picture 1 below) need to be in place for effective provision and utilization of sustainable sanitation and hygiene services that encompass all the five STBM pillars.



Picture 1. Sustainable sanitation and hygiene services for 5 pillars of STBM

In SEHATI, the focus will be on the WASH governance elements, which is to equip the local government to lead and steer the implementation of the 'service delivery element'. The government is seen as principally responsible to ensure delivery of services for the benefit of public health. To ensure a long-term success, STBM have to be embedded in local government system and process. Therefore, our efforts will be on advocating and building the capacity of the local government to assume responsibilities from the start. Promoting and strengthening government leadership for effective collaboration, harmonization and alignment at all levels is a key strategy of the programme. In addition to capacity strengthening of the local government actors, the consortium partners will be capacitated and guided in strategizing to lobby and advocacy the local government (please see Picture 2 below for the flow of capacity building process).



Picture 2. Capacity building process

The main intervention areas of the SEHATI programme are (1) improving capacities of the local government (district and sub-district levels) to implement and sustain the STBM 5 pillars, (2) Strengthen capacity of civil society organizations (CSOs) for lobby and advocacy towards local government to deliver adequate STBM related services, and at national level aim lobby and advocacy activities at policy makers to promote effective service delivery, (3) increase private sector involvement at local level to improve relevant and affordable WASH products and services, and (4) develop a viable service delivery by the district government for potential replication to other districts. We believe when capacities are enhanced and key elements (STBM plans, budgets, and legislations) are embedded in systems and processes, local actors will be enabled to replicate and scale up the STBM throughout their districts.

Is this theory of change still relevant now?

After 1 year implementation, we view that the theory of change remains relevant for a few reasons. *Firstly*, the baseline survey conducted at the inception phase of this programme shows that the leadership and commitment of the district authorities are still low. So, the focus of the programme, which is to ensure that strong leadership and commitment of the district authorities, the right attitude, a deep understanding, and the skills and competences to be able to initiate, implement, and sustain sanitation and hygiene programme strengthened, and maintained, is still relevant.

Secondly, a 'test' designed to check if the capacity building process and flow as shown in Picture 2 above worked or not confirmed that it is still relevant. As shown in the following sections (progress towards program objective and outcome), it is proved that after 1 year of intervention of SEHATI programme the flow is still valid. Programme activities of SEHATI's implementing partners (*the catalyzer*) have catalyzed district governments (*the enabler*) to enable sub-district governments (*the supporter*) support the villages authorities and volunteers (*the driver*) driving the target population.

To illustrate, in all program areas, sub-district STBM team members (*the supporter*) have influenced (with different extent) village heads (*the driver*) to allocate budget for STBM into their annual plans. This happened after the sub-district governments received support from the district governments (*the enabler*) following a coaching and mentoring conducted by SEHATI implementing partners (*the catalyzer*).

Thirdly, from a number of discussions with national and local governments, we found that the governments indeed are supportive with the approach used by SEHATI programme in the view of the government's ambition to reach universal access to water and sanitation in Indonesia by the end of 2019. SEHATI has been seen by the government as a strategic partner to achieve this that they keep involving our partners in collaborative meetings and actions in local and national levels.

III. PROGRESS TOWARDS PROGRAMME OVERALL GOAL, SPECIFIC OBJECTIVE AND OUTCOME

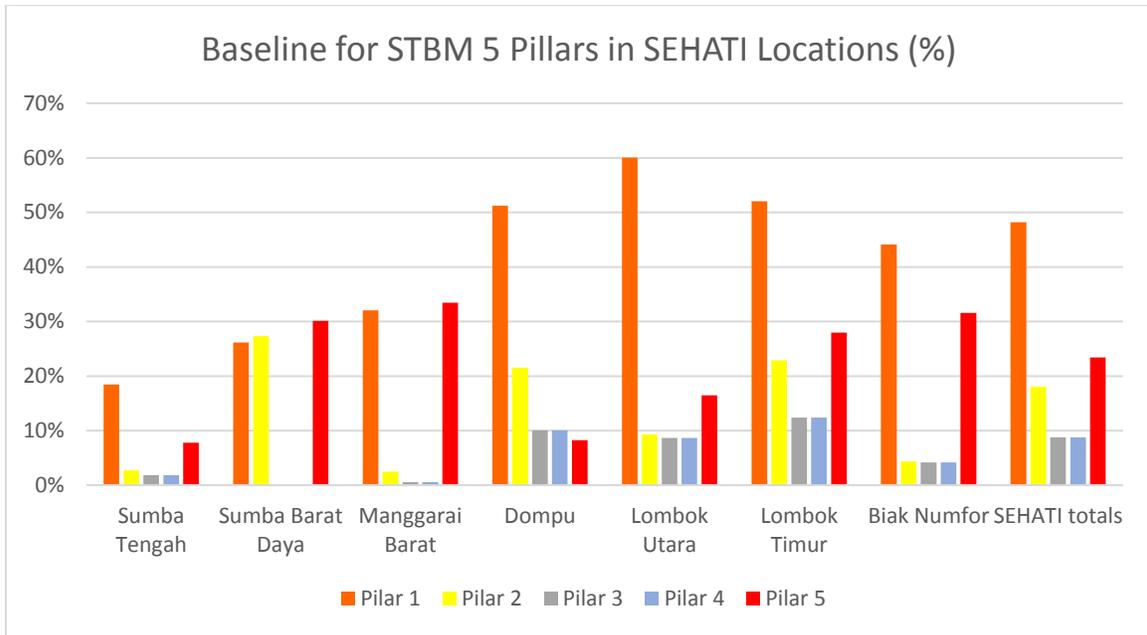
To measure our progress, we have developed a monitoring framework and tool which consist of 2 groups of indicators: (1) *capacity outcome indicators*, and (2) *Inspection Sanitation (IS) indicators*. The capacity outcome indicators were prepared to measure *stakeholder capacity* such as government, sanitation entrepreneurs and civil society organizations, from which we will see their readiness and ability to sustain the program implementation for universal access in sanitation and hygiene. Government capacity that was measured includes government institutions at district, sub-district and village levels. What we mean by capacity is a condition (policy, strategy, plan, resource, skill and competency, supporting local legislation system, etc.) that should exist for planning, implementation, overseeing and continuing STBM approach or programme.

Inspection Sanitation (IS) Indicators were prepared to measure the progress on STBM 5 pillars in the communities. This is important to measure because this is seen as the impact of the improved capacity of the government.

3.1. Progress towards program overall goal

The overall goal of this program is to achieve district-wide access to a utilization of sustainable and improved sanitation and hygiene facilities, which contribute towards Indonesian government target of providing universal access to water and sanitation for all population by 2019.

At this stage, we have not been able to provide progress on the overall goal since we are still in the first year of the programme. What we can provide now is data on IS indicators on STBM 5 pillars in 7 districts which will be used as baseline data of this program. In the second-year implementation until the end of the program, we will be able to measure progress following regular monitoring and evaluation processes.



Explanation:

1. Pillar 1 shows the number/percentage of households that have improved toilets
2. Pillar 2 shows the number/percentage of households that have handwashing facility with water and soap, and people know how and when
3. Pillar 3 shows the number/percentage of households that treated the drinking water safely, and people know risks
4. Pillar 4 shows the number/percentage of households that put the solid waste in open pit, covered, and no evidence of solid waste
5. Pillar 5 shows the number/percentage of households that disposed wastewater off in drain leading to a soak away, and no evidence of water pools

Picture 3. Baseline data for 5 pillars STBM in 7 districts of SEHATI Program

As shown by above graph, access of communities to improved sanitation in 7 districts varies. The trend of Pillar 1 situation is clear, that is Pillar 1 situation in 7 districts is much better than other 4 pillars. This is reasonable because in the last decade the government development plan still focused on Pillar 1.

Although homework still exists to improve access to Pillar 1, the homework of stakeholders to improve access to other 4 pillars are still many. The graph shows that the range of access to those 4 pillars is between 2 – 27%, meaning that SEHATI partners has to work very hard to accelerate the progress.

We present below table to compliment above graph. This table will give a more comprehensive situation on access to sanitation.

		Sumba Tengah	Sumba Barat Daya	Manggarai Barat	Dompu	Lombok Utara	Lombok Timur	Biak Numfor	SEHATI totals
1.1: Access to sanitary toilet (quality of the sub-construction of the toilet)									
0-1	No toilet (OD)	64%	39%	42%	4%	23%	18%	11%	23%
0-2	No toilet, people share toilet	5%	9%	8%	21%	9%	10%	8%	10%
1	Toilet, but not safe	8%	19%	8%	3%	1%	5%	11%	6%
2	Toilet with safe pit	5%	7%	10%	20%	7%	15%	25%	12%
3	Toilet with safe pit and slab	12%	3%	8%	27%	30%	22%	13%	21%
4	Toilet with safe pit and slab and safely located	6%	24%	24%	24%	30%	30%	32%	28%
1.2: Maintenance and repairs of the toilet (only for toilet owners)									
0	No toilet or not used as toilet	69%	48%	50%	26%	32%	29%	20%	34%
1	Toilet, and it is used	8%	21%	9%	9%	6%	7%	14%	9%
2	Toilet, used and clean	10%	15%	7%	17%	10%	13%	19%	13%
3	Toilet, used, clean and no flies	12%	10%	8%	26%	14%	22%	9%	18%
4	Toilet, used, clean, no flies and well maintained	1%	6%	25%	22%	38%	29%	38%	27%
1.3: Usage of the toilet (for all houses which use a toilet)									
0	No toilet or not used as toilet	69%	48%	50%	26%	32%	29%	20%	34%
1	Toilet and visibly in use	7%	22%	7%	22%	8%	9%	13%	11%
2	Toilet, used and accessible for all	11%	6%	9%	18%	19%	17%	14%	16%
3	Toilet, used, accessible, convenient and private	11%	1%	8%	17%	20%	16%	14%	15%
4	Toilet, used, accessible, convenient, private, no feces	3%	23%	25%	17%	21%	29%	39%	24%
2: Washing hands with soap at critical times									
0	No handwashing facility near toilet	71%	60%	91%	39%	20%	19%	59%	32%
1	Handwashing facility in or near toilet	6%	11%	2%	19%	16%	14%	14%	14%
2	Handwashing facility with water	13%	1%	3%	12%	34%	16%	6%	17%
3	Handwashing facility with water and soap	8%	1%	2%	8%	21%	27%	17%	19%
4	Handwashing facility with water and soap, and people know how and when	3%	27%	2%	22%	9%	23%	4%	18%
3: Treatment of drinking water and safe storage									
0	Drinking water is not treated	14%	17%	24%	10%	11%	15%	6%	14%
1	Drinking water is properly treated	80%	83%	70%	61%	56%	42%	83%	55%
2	Drinking water is treated and stored safely	3%	1%	5%	16%	19%	24%	3%	17%
3	Drinking water is treated, stored and withdrawn safely	1%	0%	0%	3%	5%	7%	4%	5%
4	Drinking water is treated, stored and withdrawn safely, and people know risks	2%	0%	1%	10%	9%	12%	4%	9%
4: Safe household solid waste disposal									
0	Solid waste not well managed	14%	17%	24%	10%	11%	15%	6%	14%
1	Solid waste is collected or burned in one place	80%	83%	70%	61%	56%	42%	83%	55%
2	Solid waste is collected and put in open pit	3%	1%	5%	16%	19%	24%	3%	17%
3	Solid waste is put in pit and covered with soil	1%	0%	0%	3%	5%	7%	4%	5%
4	Solid waste is put in open pit, covered, and no evidence of solid waste	2%	0%	1%	10%	9%	12%	4%	9%
5: Safe household wastewater disposal									
0	Wastewater not well managed	9%	29%	44%	9%	31%	9%	7%	18%

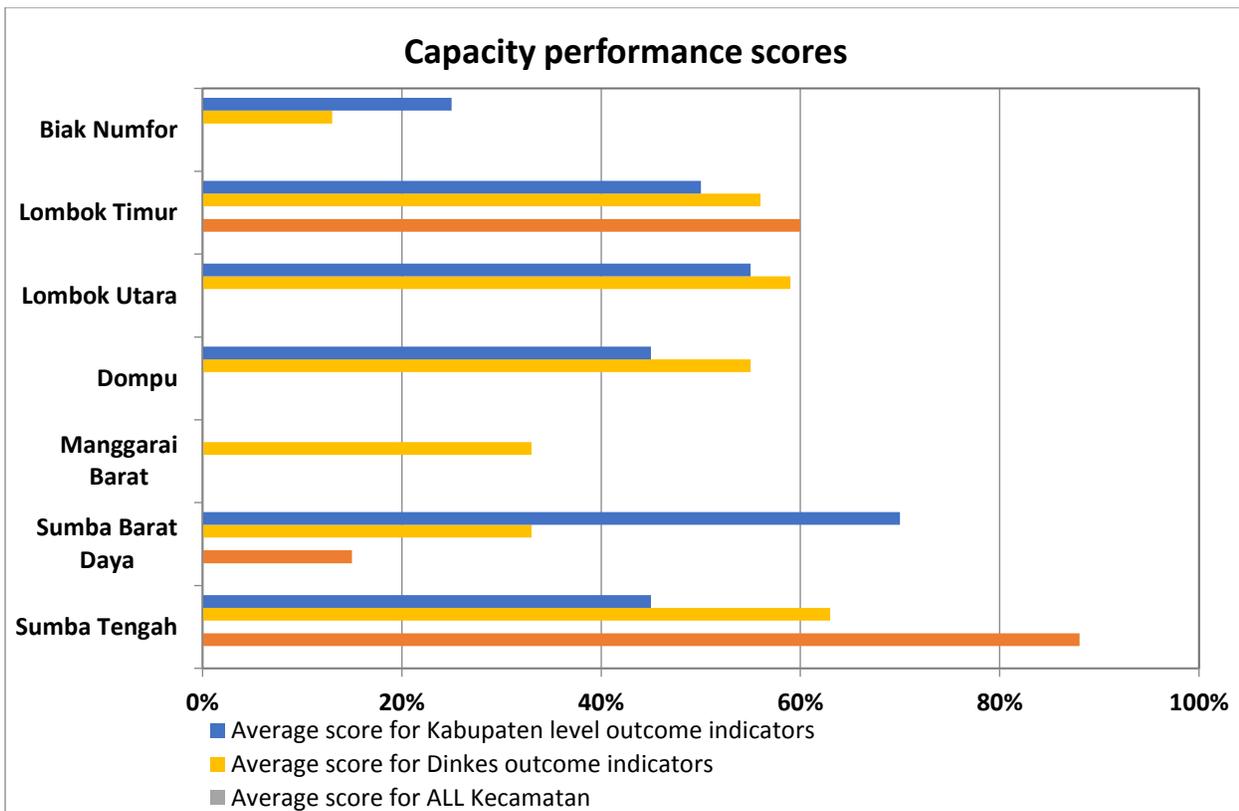
1	Wastewater collected in one place	74%	41%	10%	23%	21%	11%	37%	21%
2	Wastewater disposed off in a drain	6%	0%	10%	36%	14%	33%	6%	23%
3	Wastewater disposed off in drain leading to soak away	3%	0%	2%	23%	18%	18%	18%	15%
4	Wastewater disposed off in drain leading to a soak away, and no evidence of water pools	8%	30%	33%	8%	16%	28%	32%	23%

Tabel 1. Baseline data IS indicators on STBM 5 pillars

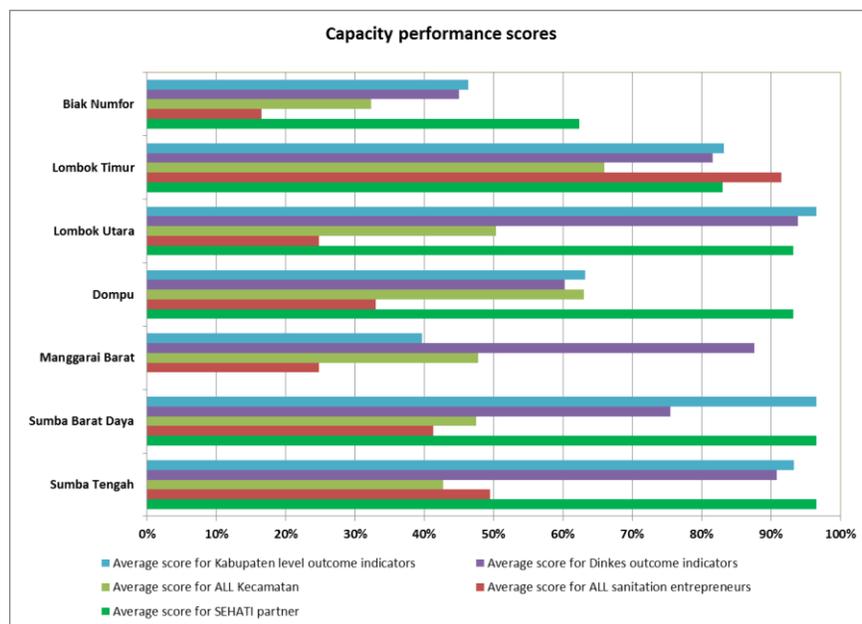
3.2 Progress towards programme specific objective

The specific objective of this programme is that by 2018, the local government authorities (at district, sub-district and village levels) in 7 districts in Eastern Indonesia are ensuring sustainable sanitation and hygiene through implementation of STBM 5-pillars. To measure it, the programme has developed a key question to be answered, that is "To what extent do the capacity of district governments, district health offices, sub-district governments, implementing partners and sanitation entrepreneurs contribute in sustainable sanitation and hygiene facility through STBM program?"

Below graphs show the change of capacity of stakeholders in 7 districts by comparing the baseline data (conducted in August 2016) and the monitoring result (conducted at the end of 2016). The change has not been significant yet since the time difference between the two surveys is very short. However, this small change is a positive sign that the programme implementation is on the track.



Picture 4. Capacity Baseline Data



Picture 5. Monitoring data on capacity performance

The graph on Picture 4 shows that in Biak Numfor the capacity level of district government, sub-district government, district health office and sanitation entrepreneurs is below 50%. In Lombok Timur, the level of capacity of all institutions and partner organizations are above 60%. In the 5 other districts, 2 or 3 institutions of each location have score below 50%. Interestingly, the level of capacity of all SEHATI implementing partners is above 60%.

The elaborated information on above graph will be described in following sections.

3.3. Progress towards Programme Outcome

SEHATI has 4 programme outcomes, which are:

1. Strong leadership, commitment and improved capacities of the local government (district and sub-district level) to implement and sustain the STBM 5-pillars;
2. Strengthened capacity of civil society organizations (CSOs) on lobbying and advocating local government to lead STBM implementation;
3. Increased private sector collaboration to improve supply of WASH products and services; and
4. A viable implementation model that ensures the adoption of the STBM 5-pillars by the district government is developed and tested for potential replication to other districts.

In the following sections, we will present general information of each outcome, while the detailed will be provided in annexes.

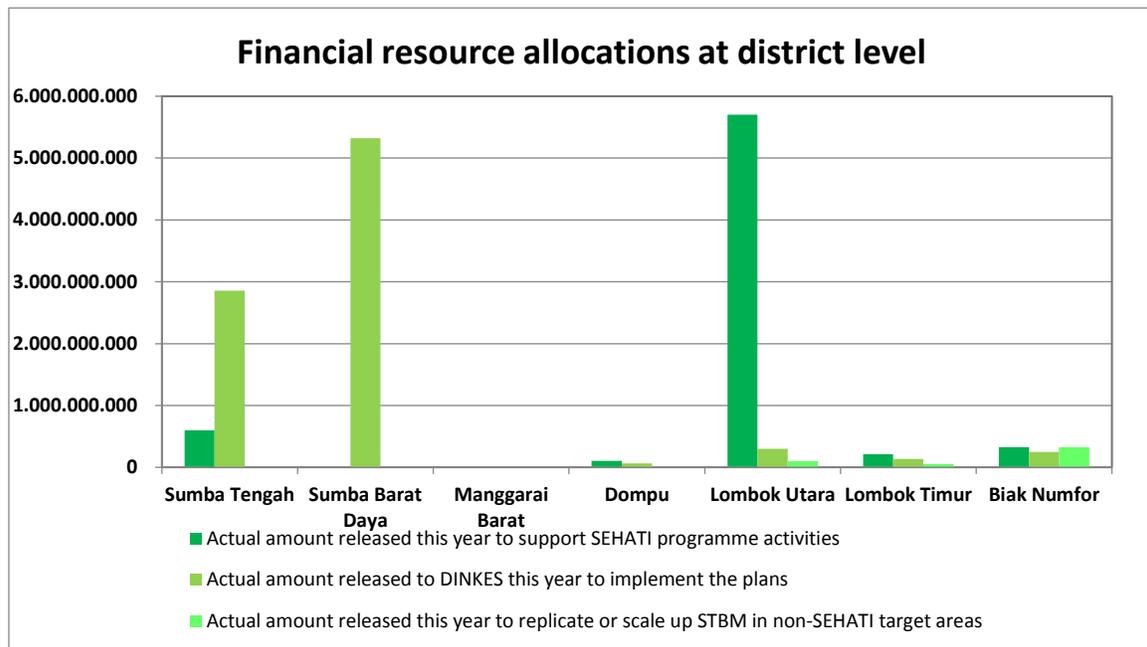
3.3.1 Strong leadership, commitment and improved capacities of the local government (district and sub-district level) to implement and sustain the STBM 5-pillars

3.3.1.1 District Government

Plan or Budget	NTT			NTB			PAPUA
	CD Bethesda		YDD	PLAN		YMP	RUMSRAM
	Sumba Tengah	Sumba Barat Daya	Manggarai Barat	Dompu	Lombok Utara	Lombok Timur	Biak Numfor
STBM is included in 5-year-term development plan	100%	100%	100%	100%	100%	100%	100%
Budget amount allocated for STBM-related activities in EUROS	45,186.86	22,881.13	0	7,778.07	42,9645.54	21,306.58	26,297.27
Actual amount released this year to support SEHATI activities in EUROS	44,446	0	0	7,778	422,238	15,731	24,075
Actual amount released as % of budget amount	98%	0%	0%	100%	98%	74%	92%
Actual amount released as % of total amount released	9%	0%	0%	2%	82%	3%	5%
Actual amount released to DINKES this year to implement the plans in EUROS	211,727	394,275	0	4,815	22,223	9,951	18,519
Actual amount released as % of total amount released	32%	60%	0%	1%	3%	2%	3%
Actual amount released this year at district level	25,6172.88	394,274.75	0	12,593.06	44,4460.91	25,681.78	42,594.17
Actual amount released at district level as % of total amount released	22%	34%	0%	1%	38%	2%	4%
Actual amount released this year to replicate or scale up STBM in non-SEHATI target areas in EUROS	0	0	0	0	7,408	3,846	24,075
A detailed work plan is in place to implement STBM in the district	100%	100%	100%	100%	100%	100%	100%
Adequate financial resources are available to implement the plans	100%	100%	100%	100%	100%	100%	100%

Table 2. Capacity Outcome at District Level

In all district authorities, sector leadership and commitment to STBM is there. Seven (7) district governments have included STBM in the RPJMDs which reflect the vision and priorities of the Bupati. The commitment on the Bupati is crucial for the success of any programme. A programme runs well as long as it is included in the RPJMD and until the end of the term of the Bupati. In the RPJMD, the plans targets, activities, budget, performance indicators and implementing bodies are mentioned. Biak Numfor district, even, has a target becoming a district implementing 100% STBM by 2018, while Lombok Timur by 2019. Sumba Tengah and Sumba Barat Daya districts do not state any specific time because they enacted this plan before Government of Indonesia set a target of universal access sanitation by 2019.



Picture 6. Financial Resource Allocation at District Level

For 2016, budget for STBM has been allocated in 6 district budget plans through various activities, including to support SEHATI programme. Manggarai Barat district has not yet planned and budgeted activities related to pillars of STBM, including for SEHATI programme. Monitoring and evaluation activities were planned by all the 6 districts; community empowerment was carried out by Sumba Barat Daya and Biak Numfor districts; Lombok Timur district carried out activities to utilize sanitation and constructed sanitation facilities for preparing sustainability; Sumba Barat Daya district carried out health promotion for 5 pillars of STBM, but has not yet allocated budget to support SEHATI Programme; Lombok Utara and Biak Numfor districts carried out activities related to more than 1 pillar; and Dompu district only carried out activities related to pillar 1 (open defecation free).

Three out of 7 districts released fund during 2016 for replication and scaling up STBM in non SEHATI target areas. The number of replication villages planned for 2017 are 182.

There are 4 districts (Sumba Barat Daya, Dompu, Lombok Utrara and Lombok Timur) that have had STBM supportive legislation in place. Sumba Barat Daya has Bupati Regulation on STBM;

Lombok Timur has Bupati Instruction on STBM and Bupati Regulation on Authority Division between district and villages; Lombok Utara has Bupati Regulation on AMPL Action Plan; and Dompu has Bupati Instruction on STBM. Support from partners to districts to develop a supportive STBM legislation is needed, especially, at the development stage of the Bupati regulations, since it is important that these documents create as much clarity as possible.

All districts have formed district STBM teams. However, out of 7 districts, 2 districts have not had legal basis (decree from authorities) on the formation of the team, which are Manggarai barat and Biak Numfor. The absence of this decree prevented them to work optimally on the STBM, for example in doing STBM monitoring in sub-districts and villages. This is a reason why the capacity of district STBM team in those 2 districts are still low compared to other districts.

Out of 7 districts, 4 districts (Sumba Tengah, Sumba Barat Daya, Lombok Utara and Lombok Timur) have collected, analyzed and reported their Sanitation Inspection (or service delivery) in time. Lessons learned were taken and follow-up action plans were made for improving their program operation. In Dompu district, data was analyzed on time but the analysis was not yet able to provide lessons learned to be used. What is more, that meeting was not attended by technical staff from government who can help in the learning process. Biak Numfor district's AMPL working group did not analyze the monitoring result.

In most of the districts, except in Manggarai Barat and Biak Numfor, STBM teams were formed under the leadership of the district authorities. These district STBM teams are up and functioning and involved in all the programme activities to increase their motivation and commitment. Challenges are important actions to be considered by partners in 2017. Partners agreed to support and continue building the capacity of STBM team at district and sub-district levels in order to create a strong STBM implementation team at village level. Partners use the achievements at village level to reflect and adjust their strategy on how to improve the capacity of district and sub-district teams.

With regard to IS monitoring system, SEHATI still has to face the old challenge to integrate the monitoring system with the government STBM Smart (which focus only on Pillar 1, ODF). However, during SEHATI national meeting with stakeholders, including the national government, the government promised to facilitate INGOs working for STBM to discuss a system that can accommodate 5 pillars of STBM.

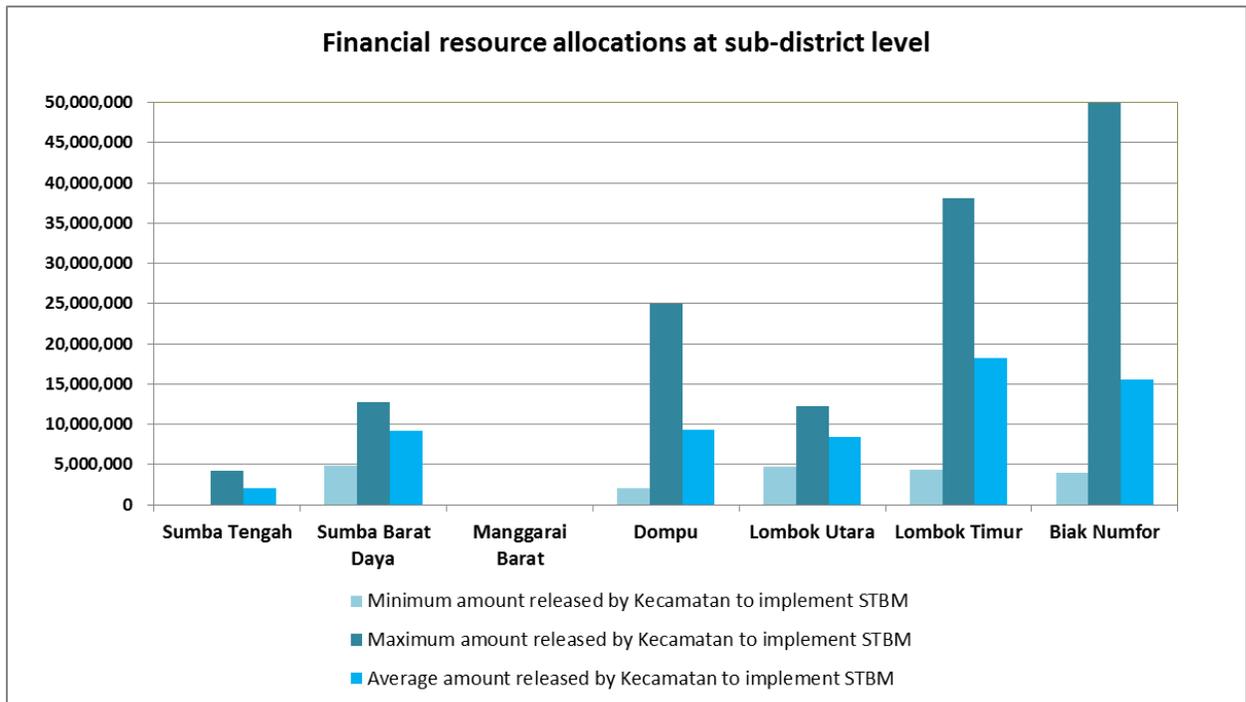
All 7 district governments have been trained and supported by SEHATI in triggering, hygiene promotion, follow-up, and monitoring. After training, they did do capacity building for sub-district teams. In Biak Numfor, however, only half of the trained district team members that were active to transfer the skill to sub-district teams as mandated by SEHATI programme. In Lombok Timur, the district STBM team have been able to evaluate the performance of sub-district teams by conducting review meetings and supervisions (although this has not been done regularly). In Dompu, although district STBM team has been able to train the sub-district teams independently, the coordination among district teams were not good enough yet. In Sumba Barat Daya, the sub-district STBM team was established only at the end of 2016; so, they have not been trained by the district STBM team. In the other 2 districts, Lombok Utara and Sumba Tengah, the district STBM teams have been able to train the sub-district STBM team.

3.3.1.2 Sub-District Level

Indicator	NTT			NTB			PAPUA
	CD Bethesda		YDD	PLAN		YMP	RUMSRAM
	Sumba Tengah	Sumba Barat Daya	Manggarai Barat	Dompu	Lombok Utara	Lombok Timur	Biak Numfor
Number OF SEHATI TARGET SUB-DISTRICTS	2	6	3	4	4	14	8
Number of plans and budgets in place to replicate and/or scale up STBM interventions in the sub-district	0	6	0	0	0	4	0
Number of sub-district that released funds this year	1	3	0	4	4	14	4
Sub-district with funds as % of total Number of SEHATI target sub-districts	50%	50%	0%	100%	100%	100%	50%
Minimum amount released in EUROS	0.00	355.57	0.00	148.15	348.16	327.05	296.31
Maximum amount released in EUROS	311.12	948.18	0.00	1,851.92	911.14	2,826.77	3,703.84
Average amount released in EUROS	156	682	0	689	622	1,354	1,148
Average amount released as % of overall average	23%	103%	0%	104%	94%	204%	173%
Total amount released for all SEHATI's sub-districts in EUROS	311	2,045	0	2,756	2,490	18,955	4,593

Table 3. Capacity Outcome in Sub-District Level 2016

All intervened sub-districts in 6 districts (except Manggarai Barat) have had plan and budget for STBM implementation and replication. In Manggarai Barat, 2 sub-districts (Welak and Boleng) have not had any plan at all, but in the other sub-district (Komodo Sub-District) only 1 Primary Health Care (out of 2) that has a plan and budget. The range of budget amount allocated among sub-district is between 148.15 EUR to 3,703.84 EUR. For Manggarai Barat the realization of budget for STBM is their top priority for 2017.



Picture 7. Financial Resource Allocation at Sub-District Level

The financial source in sub-district level is from Ministry of Health's special fund aid (*Bantuan Operasional Kesehatan* - BOK) which was managed by Primary Health Care. The transfer of this funds to the Primary Health CARE was often late, causing a delay in implementation by the Primary Health Care. What is more, the amount of BOK was very limited and could not cover all planned activities.

All sub-districts in Lombok Timur district had budget for many activities such as triggering, strengthening capacity of village STBM team, monitoring, health promotion, handwashing with soap campaign, sanitation inspection, training for cadre, home visit, meeting coordination, replication, training on survey for cadre and water quality testing. In Biak Numfor, only 3 Primary Health Cares, out of 8, that provided budget for STBM in 2016. In Lombok Utara, only Gangga Sub District that provided adequate budget for all STBM activities in 2016, while 3 others did not. In Sumba Tengah and Sumba Barat Daya districts, the BOK was only provided for operational cost for sanitarians in doing triggering, sanitation inspection, monitoring and evaluation.

In all intervened sub-districts, sub-district STBM teams have been formed. Out of 7 districts, 3 of which have had decrees on the establishment of the teams. In Lombok Timur and Lombok Utara, the roles of the team members have been made clear, understood, and implemented. In Dompu, some team members have not been able to show their commitment. In Sumba Barat Daya, the

team includes representatives from army, police, and non-government, while in Biak Numfor, the teams consist only representatives from sub-district office and primary health care.

Three (3) sub-districts STBM team in Lombok Timur have adequate capacity to analyze monitoring data that was received from village team. They have used the analysis for improving their implementation plan. They also regularly organize coordination meeting with village STBM teams to discuss progress and challenges. In the other sub-districts, the capacity of the team has not been adequate and need improvement.

In Dompu district, all 4 sub-district STBM teams have relatively similar capacity in conducting trainings on triggering, hygiene promotion, follow-up and monitoring for village STBM teams, while in other districts, the capacity is not yet spread evenly.

3.3.1.3. Village Level

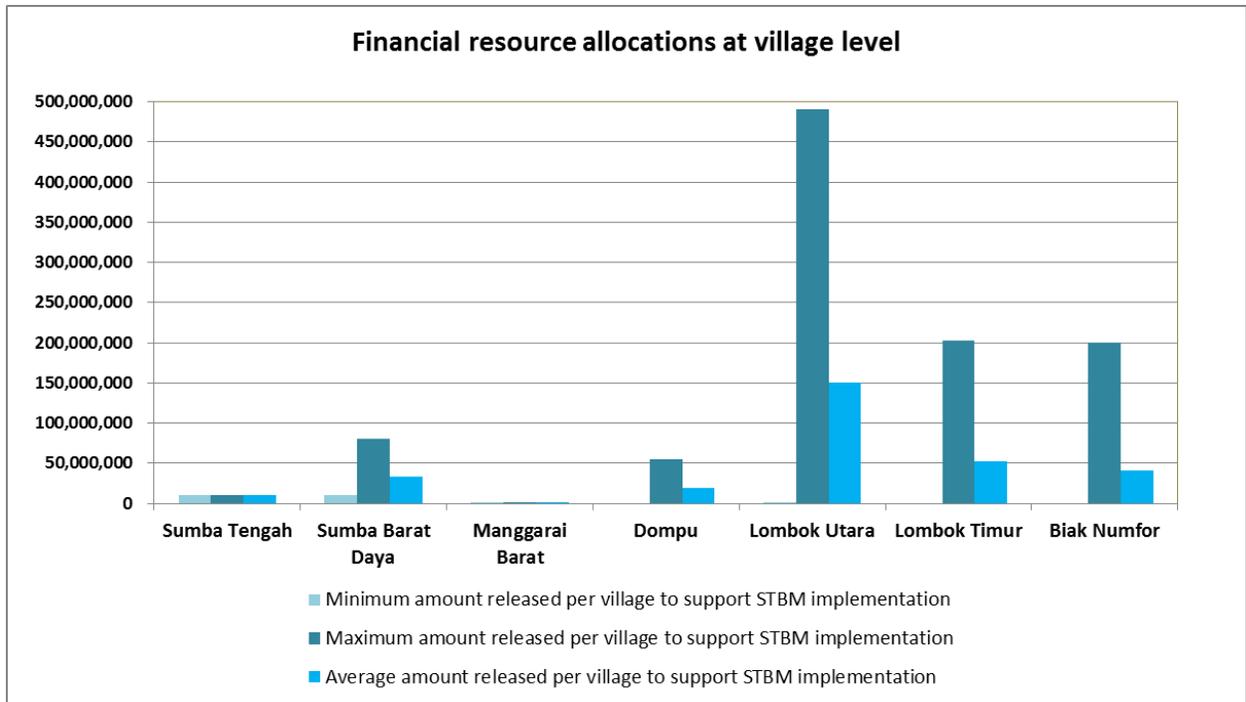
Indicator	NTT			NTB			PAPUA
	CD Bethesda		YDD	PLAN		YMP	RUMSRAM
	Sumba Tengah	Sumba Barat Daya	Manggara i Barat	Dompu	Lombok Utara	Lombok Timur	Biak Numfor
Number OF SEHATI TARGET VILLAGES	16	18	15	16	15	43	36
Number of villages that have integrated STBM in village plan and budgets (under the leadership of the sub-district authorities)	3	6	0	9	15	34	19
Number of SEHATI target villages that allocated funds this year	3	6	15	9	15	34	20
Minimum amount released per village in EUROS	740.77	740.77	14.82	0.00	111.12	0.00	0.00
Maximum amount released per village in EUROS	740.77	5926.15	37.04	4074.22	36297.64	15033.37	14815.36
Average amount released per village in EUROS	740.77	2469.23	25.68	1424.81	11104.66	3850.89	3007.37
Average amount released as % of overall average	23%	76%	1%	44%	344%	119%	93%
Total amounts released for all SEHATI villages in this district in EUROS	2,222.30	14,815.36	385.20	13,749.45	166,857.34	124,875.51	58,302.55

Total amounts released for all SEHATI villages in this district in EUROS	2,222	14,815	385	13,749	166,857	124,876	58,303
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Table 4. Capacity Outcome at Village Level in 2016

There are 93 intervened villages (out of 210 villages) that have plan and budget for STBM. All 3 intervened villages in Manggarai Barat have not planned and budgeted STBM in 2016. The range of budget amount allocated among villages is between 14.82 EUR to 36,297.64 EUR. The priority area of the partners for 2017 is to assess whether the allocated fund is sufficient to monitor and sustain STBM achievements including regular follow up.

Village fund in general was used to construct toilets (as a stimulant) for community. However, in Biak Numfor, the construction of toilets is under scheme of full subsidy (non-stimulant). Village authorities want to achieve STBM status in the shortest possible time in order to achieve the target of Bupati which is all villages is 100% STBM by 2018. Competition with neighboring villages can create pressure to move faster. Village funds are used to speed up the process by providing financial support to households who require more time to construct a toilet within their own financial means. Usually facilities are provided instead of building the capacity and resilience of the communities. The question is if the use of village funds to provide support to needy (poor) households against the STBM approach. According to our experiences in SHAW, yes, it is against the STBM principles, because when there is a lot of money, people automatically assume that this is the responsibility of the government including the building and maintenance of toilets. This condition is a homework for SEHATI Partner (Rumsram) to advocate the government and villages how to utilize their budget in the smartest way. Possible solutions could be to allocate village fund budget for monitoring and technical assistance and capacity building of STBM team and village government staff for promotion and education on STBM sustainability, to use smart subsidies for poorer segments of the population that already changed their behavior and that want to improve the quality of their sanitation facility (upgrading from unimproved to improved toilet), to use village fund for putting in place communal facilities that benefit the entire community.



Picture 8. Financial Resource Allocation at Village Level

There are 116 intervened villages (out of 210 villages) having adequate capacity in collecting, analyzing, and reporting the monitoring data in time under the leadership of sub-district authorities. In Sumba Barat Daya, 79 villages (out of SEHATI intervention area) were replicated by sub-district STBM team with their own resources. While in Dompu, Lombok Timur, and Biak Numfor 10, 17 and 20 villages, respectively, were replicated by sub-district STBM team with their own resources.

There are 13 intervened villages in 7 districts that have STBM supportive legislation in place, such as Village Regulation.

It is worth noted that in Lombok Utara and Dompu, there have been 7 and 11, respectively, ODF villages before SEHATI started. Plan selected this area as programme intervention due to a few reasons:

- a. Recommendation of provincial and district government.
- b. The verification process for ODF in those areas was not been done properly. The number of people with access to improved sanitation is still low between 50-60%.

3.3.2. Strengthened capacity of civil society organizations (CSOs) on lobbying and advocating local government to lead STBM implementation

Indicator	NTT			NTB			PAPUA
	CD Bethesda		YDD	PLAN		YMP	RUMSRAM
	Sumba Tengah	Sumba Barat Daya	Manggarai Barat	Dompu	Lombok Utara	Lombok Timur	Biak Numfor
Number of partners with advocacy strategy suitable for their location/local context	100%	100%	100%	100%	100%	100%	100%
Number of MOUs or commitment letters signed with districts and sub-districts for them to take lead responsibilities on STBM	100%	100%	100%	100%	100%	100%	100%
Number of partners that have transferred their knowledge and skill to other CSOs	100%	100%	100%	100%	100%	100%	33%
Number of lobby and advocacy issues which are related to gender and pro-poor	100%	100%	100%	100%	100%	100%	100%
Number of lobby and advocacy issues from the programme adopted by government (village, sub-district or district)	100%	100%	100%	100%	100%	100%	100%
Number of lobby and advocacy issues from the programme adopted as one of joint national sector-wide advocacy	100%	100%	0%	100%	100%	0%	0%

Table 5. Capacity Outcome at Partner level in 2016

All partners reported that they have developed an advocacy strategy with the district team based on local context. As a result, all district governments have signed MoUs or commitment letters with SEHATI partners in implementing STBM.

All partners have transferred knowledge to other CSOs in their own locations, however, compared to other partners, Rumsram did less due to limited number of organization working on sanitation in Biak Numfor.

Although not specific, all partners confirmed that issues they are advocating, including gender and pro poor issues, have been accepted by the local government in the form of various policies.

3.3.3. Increased private sector collaboration to improve supply of WASH products and services

Indicator	NTT			NTB			PAPUA
	CD Bethesda		YDD	PLAN		YMP	RUMSRAM
	Sumba Tengah	Sumba Barat Daya	Manggarai Barat	Dompu	Lombok Utara	Lombok Timur	Biak Numfor
Number of sanitation entrepreneurs that have established viable sanitation businesses	18	11	5	25	16	108	5
Number people that accessed or acquired sanitation products or services	380	675	17	0	17	44	11
Average number of customers per sanitation entrepreneur ¹	21.1	64.3	3.8	0.0	1.1	0.4	2.4
Number of new sanitation products and services that have been successfully introduced in to the market	0	0	0	2	1	2	0
Number of adjustments that have been made to make the products and services more suitable to women and poor	4	0	16	0	0	2	0

Table 6. Capacity Outcome at Sanitation Entrepreneurs level in 2016

In 2016, intervention which was implemented by all SEHATI partners were still addressing the technical issues (improving skill to make toilets) of artisans in the villages, but not yet addressed the real entrepreneurs (shop owners). The output of this intervention is still the availability of

¹ Note: The average number of customers per sanitation entrepreneur does not represent the number of toilets sold in 2016. Based on our experience, many clients buy more than one toilet and sometimes for all households in their community who have no access to own toilet. We have, therefore, decided to change this indicator to 'number of toilets sold' for the next follow-up data collection period.

new artisans. It is challenging to make them interested in doing business and investment in this sanitation business.

What was then done by the partners was to link the artisans with governments, artisan association, and micro finance institutions. Some challenges faced by the artisans, such as the high cost of the raw materials and transportation, caused their products price was not competitive in the market.

In Lombok Timur, the trained artisans have been able to transfer their new skills by training other new artisans in other villages and districts. In Lombok Utara and Dompu, the trained artisans, together with association, have been able not only to produce toilets but also offer toilet construction packages with lower price and option of payment scheme. This is aimed at targeting different groups of communities and strengthening sanitation marketing initiatives so that there is more choice. In Dompu and Lombok Utara, the artisans have been able to make an innovation by constructing toilets for children.

3.3.4 A Viable Implementation model that ensures the adoption of the STBM 5 Pillars by the district government is developed and tested for potential replication to other districts.

A replication model has not been made during 2016. However, the key learning, success factors, toolkits and all the process of the programme implementation in each district will be documented in 2017 to be used for developing the model. This model will be given to the government at the end of the project.

3.4 Progress towards programme output

Result and Progress that will be described in this section will be presented per output indicators, as shown in Annex 1.

Below are some highlights of the outputs achieved in 2016.

At the district level, all partners in 7 district have conducted training for district authorities regarding STBM approach, methodologies and monitoring. The trainings on introduction of STBM approaches and methodologies were conducted from July – September 2016 since the agreement and commitment between government and partners were in place. The district STBM team of Sumba Barat was the team with the highest number of members, which was 47 people, consisting of 7 females and 40 males. Lombok Utara has the lowest number, which is 18 people.

At sub-district level, YMP has trained 151 people sub-district team members during 2016. It was possible because YMP intervened 14 sub-districts based on their agreement with District Government during Inception Phase. Different with YMP in Lombok Timur, CD Bethesda in Sumba Barat Daya trained 142 people from only in 6 sub-districts. While in Sumba Tengah, CD Bethesda worked only in 2 sub-districts supported by 23 people from sub-district STBM team members.

At the village level, Sumba Tengah and Sumba Barat Daya had the lowest number of village STBM team that have been trained to plan, implement, monitor and sustain STBM: 14 people in

Sumba Tengah and 49 people in Sumba Barat Daya. It is because CD Bethesda focused their strategy on strengthening the capacity of sub-district team in 2016. Only two villages were trained to plan, implement, monitor and sustain STBM in Sumba Tengah, and few villages in Sumba Barat Daya. While in Manggarai Barat, no village was trained during 2016 because they focused on realization of the district government's priority.

Four partners have conducted training for sanitation entrepreneurs in their areas. Only CD Bethesda that has not trained them yet in both Sumba Tengah and Sumba Barat Daya because they worked in old districts (SHAW) and in 2016 they only strengthen the capacity of existing private sector.

3.5 Progress towards programme replication and scaling up

Below are the plan of each partner regarding replication and scaling up in 2017

PARTNER	DISTRICT	REPLICATION TARGET (WHAT NEXT)
YMP	LOMBOK TIMUR	<p>REPLICATION IN 5 SUB-DISTRICT BY LOCAL GOVERNMENT</p> <ul style="list-style-type: none"> In 2016, replication was made in 27 villages. In 2017, each of 12 puskesmas will replicate 1 village each. YMP to supervise and facilitate 6-monthly information sharing. All budgets is from local government in 2017, consisting of puskesmas budget and village funds.
PLAN	LOMBOK UTARA	<p>1 Replication in 5 Sub-districts</p> <p>Village replication in 4 sub-districts of SEHATI</p> <p>Replication in 1 sub-district of non-SEHATI</p> <p>Plan is to support local government in monitoring and provision of assistance in technical and advocacy.</p>
	DOMPU	<p>Replication in 6 sub-districts</p> <p>Village replication in 4 sub-districts of SEHATI</p> <p>Replication in 2 sub-districts of non-SEHATI by local government</p> <p>Plan is to support local government in monitoring and provision of assistance in technical and advocacy.</p>
YDD	MANGGARAI BARAT	<p>In 2016, replication in 3 sub-districts of SEHATI at 17 villages by local government funds.</p> <p>YDD is to start working in 3 new sub-districts in 2017</p> <p>YDD is to do advocacy, lobby and supervise local government.</p>
CDB	SUMBA BARAT DAYA	<p>Replication in 3 sub-districts of non-SEHATI by local government</p> <p>Village replication at remaining villages in 6 sub-districts of SEHATI.</p>
	SUMBA TENGAH	All villages have been intervened during SHAW and SEHATI.

		In 2017, CDB will continue intervention in 2 sub-districts which were initiated in 2016, through provision of assistance and monitoring.
RUMSRAM	BIAK NUMFOR	<p>Start intervention in 2 new sub-districts.</p> <p>The remaining 5 sub-districts will be replicated by local government in 2017 using local funds.</p> <p>Rumsram will provide assistance in the process</p> <p>Rumsram will continue intervention in 10 sub-districts of SEHATI</p>

Table 7. Plan of each partner regarding replication and scaling up in 2017

IV. GENDER ANALYSIS OF THE SEHATI PROGRAMME

4.1. General Gender Mainstreaming in Indonesia

In Indonesia, gender mainstreaming issue has been addressed by POKJA PUG (Gender Mainstreaming Working Group) at national and district levels. POKJA PUG has been established under Ministry of Women Empowerment and Child Protection. Even, gender mainstreaming has been included in RPJMN (National Mid-Term Development Plan) 2015 – 2019. Nevertheless, many challenges are remaining in implementing gender equality in all development programmes. Two of the challenges are limited policies in district/municipality and lack of capacity of the government staffs on gender mainstreaming. The evaluation result of Gender Analysis Development Plan in 2007 conducted by Bappenas showed that gender equality perspective has not been integrated in the development process, both in national and local level.

4.2. Current condition in seven districts

The above-mentioned condition is reflected in the 7 districts of SEHATI. POKJA AMPL in district level which is responsible to improve the water and sanitation in the district level, does not collaborate with POKJA PUG on how to mainstream gender in the field of water and sanitation.

Although focal point persons of PUG have been assigned in every SKPD in district level, STBM is not yet included in their program priority. What is more, the planning and budgeting process in Bappeda, Dinkes and other relevant SKPD are most often not yet gender-responsive.

The knowledge of government staffs regarding gender is still poor: the perception of gender that they have is limited only to “the number of participation of women” but not yet on how to address the access, control, and benefit for women and men in the implementation of STBM.

Based on the outcome capacity monitoring result of SEHATI in 2016, the number of participation of women in the programme activities, especially in the training activities and their involvement in the STBM team, is still lower than that of men participation.

Limited, but targeted, non-monetary in kind-support has been provided by village government to the poor household to stimulate the investment of improved sanitation facilities. However, in some villages, such as Lombok Timur, the physical infrastructure facilities are not gender responsive (opened-non-permanent toilets).

STBM indeed was considered by men as female issue, and therefore they tried not to involve themselves in the process of planning of sanitation program. Instead, they ask women to participate in the process. Unfortunately, when it came to making decision, most final decision regarding water and sanitation investment were done by men, not women, and it caused sanitation facilities remained women-unfriendly.

Almost in all project areas, local integrated health service (posyandu) cadres, predominantly women, are also given tasks or plays important roles in the implementation of sanitation program at the grassroots level, including for example, in collecting data for monitoring and evaluation. This additional task means additional burden for women. Although at the end they still do the given tasks or roles, there has no attempt done by the local government to compensate this with incentive such as transport cost.

4.3. Gender involvement in the Programme

SEHATI Programme is expected to bring a solution for important practical needs of women. The improvement of sanitation is indeed a change that is in first instance felt and welcomed by women, who are in charge of most activities at household level. In particular, the proximity of a toilet adds much to their comfort and feelings of safety.

Our theory of change stated that all the element of WASH governance should be in place in order to ensure the sustainability of STBM in the district. One of them is support for gender equity and pro the poor. Based on this mandate, gender has been included in the capacity outcome monitoring tools at Village level which is to identify how many village that includes *gender and pro-the-poor* in their plan and budgets.

To respond to this mandate, SEHATI conducted a training on *introduction to gender* in July 2016 and *Training for Trainers on gender equality and social inclusion* in November 2016 for SEHATI staff within all partner organizations. In addition, SEHATI also developed a new indicator to measure progress in village level. What is more, our programme activities are designed to support village governments in developing plan and budget for gender equity and pro the poor.

Our implementing partners have different strategies to address gender mainstreaming in the programme. YMP decided to first conduct a gender training in September 2016 and involved all relevant government officials in the training in order to increase their awareness in gender mainstreaming.

Plan International Indonesia is the only partner who has monitoring tools for gender in STBM, and they have used gender transformative approach in all their programmes. To illustrate, in Dompu, to ensure that women is involved in all programme, Plan supported government in developing a concern forum, consisting of government and community members. This forum is intended to support government in addressing issues in the district, one of which is STBM. The uniqueness of this initiative is that women must be involved in the forum.

In Lombok Timur, villages government are now establishing a Musrenbang Perempuan (Development Planning Meeting specially made for women) where women cadres/volunteers are participants of the meeting.

In Biak Numfor, the integration of gender in STBM is still lacking. The good news is that Bupati has promised to allocate funds to sub-district level to support 4 priority programmes in 2017:

- a. STBM Programme for all village
- b. Women Empowerment
- c. Children Friendly
- d. Democracy Economy

In 2016, the progress of capacity improvement at village level was still low. To certain extent, this was still reasonable because it is still not too long after the trainings on gender for SEHATI partners was conducted. Our intervention entered village level only in September 2016 when the village plan and budget for 2016 has been in place. This was why our partners and governments cannot include gender in the existing plan and budget in 2016. Nevertheless, it was a right time to intervene village because they can include gender in their plan and budget for 2017.

In 2017, SEHATI will translate the strategies of gender mainstreaming into concrete actions and the progress can be seen in the next monitoring period.

V. PROGRAMME AND FINANCIAL MANAGEMENT

5.1. Programme Management

A number of capacity building activities have been successfully done by Simavi to improve SEHATI implementing partner capacity during 2016, some of which were: training on lobby and advocacy for partners, training on facilitation skill, communication and introduction to gender, workshop for Sanitation Marketing and Strategy, mWater usage training (for Sanitation Inspection), Organizational Capacity Assessment for NGO Partners and ToT on Gender and Social Inclusion (GESI).

At national level, Simavi's role is to provide support for partners in doing advocacy in national level. Simavi has started doing its role in advocacy facilitation through the registration process, introducing Simavi, its partners and its programs to various government institutions, such as Ministry of Health, Ministry of Foreign Affair, Ministry of Planning, national working group and networks, such as AKKOPSI, HAKLI. Simavi has also been active in various coordination meetings and events (such as National Water and Sanitation Conference, coordination meetings, sanitation roadmap workshop, etc). These all are expected to be helpful for partners in doing advocacies in local and national levels.

IRC was involved in SEHATI programme to support SEHATI Indonesia team in developing new reporting template and monitoring tool as well as guidelines how to use them. IRC also did an analysis on monitoring data collected by partners.

5.2. Financial Management

Below is the

No	Implementing Partner		Total Budget	Total Expenditures	Budget Remaining	% Burn Rate	% Remaining	Remarks
			Jan - Dec 2016	Jan - Dec 2016	Jan - Dec 2016			
			(in EURO)	(in EURO)	(in EURO)			
1	Yayasan Dian Desa (YDD)							
	-	Program Activities	96.897	74.191	22.706	76,57%	23,43%	
	-	Human Resources	63.186	61.471	1.715	97,29%	2,71%	
	-	Operational	22.676	18.696	3.980	82,45%	17,55%	
	-	Admin	12.793	11.058	1.735	86,44%	13,56%	
	SUB-TOTAL		195.552	165.416	30.136	84,59%	15,41%	
2	CD Bethesda							
	-	Program Activities	77.997	70.178	7.819	89,98%	10,02%	
	-	Human Resources	51.172	42.571	8.601	83,19%	16,81%	
	-	Operational	15.307	13.511	1.796	88,27%	11,73%	
	-	Admin	10.113	8.839	1.274	87,40%	12,60%	
	SUB-TOTAL		154.589	135.099	19.490	87,39%	12,61%	
3	Yayasan Rumsram							
	-	Program Activities	115.139	70.323	44.816	61,08%	38,92%	
	-	Human Resources	33.577	33.114	463	98,62%	1,38%	
	-	Operational	8.069	6.518	1.551	80,78%	19,22%	
	-	Admin	10.975	7.972	3.003	72,64%	27,36%	
	SUB-TOTAL		167.760	117.927	49.833	70,30%	29,70%	
4	Yayasan Masyarakat Peduli (YMP)							
	-	Program Activities	124.377	136.113	-11.736	109,44%	-9,44%	
	-	Human Resources	42.190	41.378	812	98,08%	1,92%	
	-	Operational	26.603	24.676	1.927	92,76%	7,24%	
	-	Admin	13.522	12.207	1.315	90,28%	9,72%	
	SUB-TOTAL		206.692	214.374	-7.682	103,72%	-3,72%	
5	Plan Internationalz							
	-	Program Activities	84.555	126.691	-42.136	149,83%	-49,83%	
	-	Human Resources	47.356	31.724	15.632	66,99%	33,01%	

2 The financial report of Plan for 2016 is still under discussion and a final decision on the expenditures has not yet been reached. Plan Netherlands has included 7% admin cost in their financial report 2016. Since these costs are not stated in the contract between Plan and Simavi, Plan Netherlands will adjust their financial report 2016 and try to book these cost to different budget lines in the report. There will still be an overspending.

	-	<i>Operational</i>	51.564	38.062	13.502	73,82%	26,18%	
	-	<i>Admin</i>	0	0	0	0,00%	0,00%	
	SUB-TOTAL		183.475	196.477	-13.002	107,09%	-7,09%	
6	Simavi							
	-	<i>Program Activities</i>	48.118	0	48.118	0,00%	100,00%	
	-	<i>Human Resources</i>	90.242	0	90.242	0,00%	100,00%	
	-	<i>Operational</i>	28.464	0	28.464	0,00%	100,00%	
	-	<i>Admin</i>	11.678	0	11.678	0,00%	100,00%	
	SUB-TOTAL		178.502	0	178.502	0,00%	100,00%	
	TOTAL		1.086.570	829.293	257.277	76,32%	23,68%	

Table 8. SEHATI financial status as of Desember 2016

As seen on above table, in general the expenditure realization in 2016 is 76.32%; PLAN international had the highest expenditure (107,09%) and Rumsram had the lowest one (70,30%). The high expenditure of PLAN was caused by the shift of a few activities from 2017 to 2016. This was confirmed by the above table under program activities budget of PLAN in which PLAN was overspent almost 50%. This overspent was not identified earlier because PLAN did not communicate this change to Simavi. Plan's expenditures related to some of the activities were higher than budgeted because they could not find appropriate local trainers so they decided to hire international consultants.

Rumsram had the lowest expenditure in 2016. They, however, completed all activities planned in 2016.

The low expenditures of YDD and CD Bethesda were contributed by shifts of a few activities from 2016 to 2017.

A general impression that we have when looking at the expenditures of partners is that the planning need to be improved. We found the actual expenditure is higher or lower than the planned budget. This means two things: (1) The plan is not quite accurate, or (2) the implementation of the activities is not as per the plan. During the reporting period, we have communicated with the implementing partners on above issues agreed to communicate any significant change of activities, as already mentioned in the contract.

Anticipating difference between plan and realization is quite challenging for us because partners did not voluntarily inform Simavi when it happened. Simavi need to be actively ask for information from partners in the future. Monthly monitoring regarding expenditure may be considered to be done.

VI. INNOVATION, LESSONS LEARNED, CHALLENGES AND NEXT PLAN

In 2016, three of five partners conducted field study activity for several local government staff where they work to other province or districts. They expected the government staff learned from

the fields. While this activity was seen effective, most of the time this cost a lot of money. To cope with this challenge, we decided to involve local government in SEHATI Program Coordination (PC) meeting where the meeting was held. We started this approach at the PC Meeting 3 in Lombok. In that meeting, we found that local government got benefits from learning session and change stories brought from other districts. This approach was proved effective and efficient. As a result, we continued this approach in the PC Meeting 4 in Biak and we will plan the same in upcoming PC Meeting 5 in Labuanbajo around July 2017.

In Dompu district, after SEHATI partner trained entrepreneurs to make toilet and construct healthy toilets, they also formed a forum (is planned to be association soon) which will be responsible to sell products produced by trained. The forum managed to develop a sanitation package in which they provided all things needed to construct a toilet to households. With this package, a household will not need to buy materials and build the toilet by themselves or find workers to build it for them. In this package, the forum also developed various payment scheme based on the household's financial condition. This forum also did door-to-door offering supported by village government and STBM team. The communities were enthusiastic with this package.

One of big challenges of our programme in the past was the difficulty in finding change stories from the fields. While actually there were many changes that happened in the fields, it was not easy to have in written from partners. To cope with this, we initiated a special session since SEHATI PC meeting 3 in Lombok called Change Story Session. In this session, all partners were requested to bring at least 2 change stories from the field resulted by SEHATI programme. They have to write the stories and present them to all participants. We did also the same at the SEHATI PC meeting 4 in Biak. As a result, all partners listened stories from one to each other and get lessons learned from it. This initiative not only facilitated them to write and present stories, but also encouraged them to make more and more changes in the fields through SEHATI.

Advocacy and lobby to the government used to be seen as a separated activity such as meetings with Bupati, Camat and head of village to discuss certain issues. While in fact, during 2016 there were many occasions where partners met with various stakeholders. This is possible because partners are required to accompany district government when they train sub-district government. This accompaniment has not been seen as an opportunity to do informal advocacy and lobby. We learned that such opportunities were actually a good opportunity to do advocacy and lobby. In the future, the partners agree not only to accompany the district government in such event, but also to do advocacy and lobby.

In 2016, we found that there is increasing number of government subsidized programs implemented in districts and villages. This may shift the focus of the government from behavior change oriented to (physical) project-based oriented. SEHATI partners shall put the back the focus of the government into its place, that is to keep the behavior change aspect while doing the subsidized projects.

Frequent staff rotations of key kabupaten and STBM stakeholders are another big problem. Supports stops when people are moved around. However, this is a fact which we cannot change but it is all about defining a smart capacity building strategies to cope with this situation. Our suggestion to the partners with regards to capacity building of individuals is to train more people

than planned so that when the trained individuals leave, there are still some trained staff members present.

The challenges encountered during the 1st year have been discussed with the partners during the 3rd PC meeting in Biak. The partners were successful in identifying the challenges and solutions to resolve them in 2017. The challenges and suggested strategies per partners are presented in the following table.

Partner	Challenges encountered in 2016	Suggested strategies for 2017
CD Bethesda	Rotation of government staff	Refreshment on STBM for new staff
	Establishment of new village within village of SEHATI	To encourage local government to establish new STBM team and facilitators at new village
	mWater monitoring system has not been integrated in government system	To familiarize the STBM team with mWater system
Plan	Rotation of government staff	Refreshment on STBM for new staff
	Government plan and budgeting do not refer to RPJMD	Plan is to guard the process of development of detailed budget and plan
	Local custom/value forbidding people to construct toilet near houses	To help local government develop strategy in educating local leaders
Rumsram	District STBM team is too dependent to Rumsram.	Rumsram is to enrich the tam with best practices at other SEHATI districts
YDD	Local education office is not willing to involve	Keep doing lobby and advocacy and approach bupati to give warning
	Geographical and infrastructure at SEHATI areas, increasing project expenses	Lobby and advocacy to for government to build infrastructure
	Compete with local agenda/program/schedule	To review the existing plan and or combine activities with local activities
YMP	Lack of government budget for STBM implementation	Support the government in developing budget and plan based on evidence.
	Rotation of government staff	Refreshment on STBM for new staff

Table 9. Challenges in 2016 and Strategies for 2017

All implementing partners prepared their work plan for 2017 in December 2016 and have been approved to be implemented in 2017. The work plan remains strengthening the capacity of the local governments with below focus:

- Strengthening AMPL Working Groups in district and sub-district levels in term of replication and scaling up;
- Strengthening networks with other NGOs which concern in sanitation;
- To raise awareness of the government on the need to mainstream gender in STBM program.

- Supporting the districts to adapt and roll out the IS monitoring system
- Getting STBM supportive legislation in place;
- Ensuring that governmental budget allocations are sufficient for implementing, replicating and sustaining STBM in the districts;
- Ensuring functionality of STBM teams at all levels;
- Continuing support of district and sub-district authorities until they have the capacity to implement STBM independently;
- Supporting the private sector especially supporting viable businesses that are able to meet the demand of a wide range of customers.

Annex 1. Progress towards programme outputs

CAPACITY OUTPUT INDICATORS	NTT			NTB			PAPUA	TOTALS	
	CD Bethesda		YDD	Plan Indonesia		YMP	Rumsram	5 Partners	As % of total
	Sumba Tengah	Sumba Barat Daya	Mangarai Barat	Dompu	Lombok Utara	Lombok Timur	Biak Numfor	7 Districts	
	In #	In #	In #	In #	In #	In #	In #	In #	In %
# OF SEHATI DISTRICTS	1	1	1	1	1	1	1	7	
# of district authorities trained in STBM approaches and methodologies	11	8	18	7	8	9	21	82	
è Number of females trained	4	1	4	5	5	2	8	29	35%
è Number of males trained	7	7	14	2	3	7	13	53	65%
# of district level trainers trained to provide training on STBM at lower levels	9	7	18	7	8	9	21	79	
# of district authorities trained to organise district-wide STBM monitoring	11	8	18	19	12	9	21	98	
è Number of females trained	4	1	4	6	3	2	8	28	29%
è Number of males trained	7	7	14	13	9	7	13	70	71%
# of district STBM team members	28	47	18	23	18	19	21	174	
è Number of female team members	6	7	4	3	3	5	8	36	21%
è Number of male team members	22	40	14	20	15	14	13	138	79%
# of sub-district level actors trained to provide training on STBM at village level	16	28	24	74	18	40	58	258	
è Number of females trained	10	10	10	54	11	19	27	141	55%
è Number of males trained	6	18	14	20	7	21	31	117	45%
# of sub-district level actors trained to organise and support STBM monitoring	16	28	24	95	49	80	55	347	
è Number of females trained	10	10	10	31	15	26	25	127	37%
è Number of males trained	6	18	14	64	34	54	30	220	63%

CAPACITY OUTPUT INDICATORS	NTT			NTB			PAPUA	TOTALS	
	CD Bethesda		YDD	Plan Indonesia		YMP	Rumsram	5 Partners	As % of total
	Sumba Tengah	Sumba Barat Daya	Manggarai Barat	Dompu	Lombok Utara	Lombok Timur	Biak Numfor	7 Districts	
In #	In #	In #	In #	In #	In #	In #	In #	In %	
# of sub-district level actors trained to organise and conduct ODF and STBM verification	0	0	0	11	29	0	25	65	
è Number of females trained	0	0	0	7	5	0	9	21	32%
è Number of males trained	0	0	0	4	24	0	16	44	68%
# of sub-district STBM team members	23	142	24	66	73	151	57	536	
è Number of female team members	14	30	10	14	26	50	26	170	32%
è Number of male team members	9	112	14	52	47	101	31	366	68%
# of village authorities and or village STBM team members trained to plan, implement, monitor and sustain STBM	14	49	434	111	139	987	277	2,011	
è Number of females trained	1	11	284	55	72	811	127	1,361	68%
è Number of males trained	13	38	150	56	67	176	150	650	32%
# of villages trained to plan, implement, monitor and sustain STBM	7	11	15	16	15	43	36	143	
# of visits to villages to provide post-training support (on-the-job-training, advising, coaching, mentoring and so on) to the Kabupaten STBM team and Kecamatan STBM teams during this reporting period	51	132	0	4	5	3	3	198	
# capacity needs assessments conducted with capacity building plan	1	1	0	1	1	1	1	6	
# context specific lobby & advocacy strategies developed	1	1	0	1	1	1	1	6	
# partners that have gender and pro-poor action plan included in their lobby & advocacy strategies	1	1	0	1	1	1	1	6	

CAPACITY OUTPUT INDICATORS	NTT			NTB			PAPUA	TOTALS	
	CD Bethesda		YDD	Plan Indonesia		YMP	Rumsram	5 Partners	As % of total
	Sumba Tengah	Sumba Barat Daya	Manggarai Barat	Dompu	Lombok Utara	Lombok Timur	Biak Numfor	7 Districts	
In #	In #	In #	In #	In #	In #	In #	In #	In %	
# people trained in influencing policy development and/or insight into budget for STBM	12	12	0	3	3	64	5	99	
# times a representative of a partner organises or attends advocacy meetings with relevant stakeholders	56	96	0	2	2	33	3	192	
# of multi-stakeholders network, group or platform set up and/or actively maintained by partner organization	3	9	0	1	1	3	1	18	
# of coordination meetings to review progress on STBM organised or attended by partner representatives at National, Kabupaten and Kecamatan level	60	48	0	6	6	50	9	179	
# of SEHATI and or STBM related knowledge products produced and disseminated by partners during this reporting period	4	4	0	1	1	5	3	18	
# of sanitation entrepreneurs trained and supported to produce and sell appropriate and affordable products and services	0	0	18	14	30	28	9	99	
# of sanitation entrepreneurs actively supported to produce and sell appropriate and affordable products and services	2	3	6	14	2	19	9	55	
Replication model is tested (in the target locations) and documented, with key learnings, success factors and toolkits	0	0	0	0	0	0	0	0	
Procedures and budget allocation (standards) are in place at the district level	0	0	0	0	0	0	0	0	

	NTT			NTB			PAPUA	TOTALS	
CAPACITY OUTPUT INDICATORS	CD Bethesda		YDD	Plan Indonesia		YMP	Rumsram	5 Partners	As % of total
	Sumba Tengah	Sumba Barat Daya	Mangarai Barat	Dompu	Lombok Utara	Lombok Timur	Biak Numfor	7 Districts	
	In #	In #	In #	In #	In #	In #	In #	In #	In %
Replication model is shared for replication to other districts	0	0	0	0	0	0	0	0	

Annex 2. Change Stories

Story 1:

HEALTH AWARENESS

Swapodibo Village is one of the villages at Biak Kota District. Until the beginning of the year 2000, many community members conduct open defecation at random places. If a community member has a latrine, its condition is inadequate: its wall is covered with used sacks and roofless. Other than that, the necessity of clean water is depended on rain water dan *Salobar* water (water source surfacing at the beach).

As the chief of the village, I had not been aware of the importance of sanitation before STBM intervention took place. Now, I have been aware of it and understand how critical sanitation is in our daily lives.

“We used to think that *muntaber* (vomiting and diarrhea) was just a seasonal disease, and not until we received STBM intervention that we are cognizant our poor sanitary practices contribute to vomiting and diarrhea. .” (FRANS ROMSUMBRE, Swapodibo’s Village Chief).

I heard about STBM from Yayasan Rusram and it has opened up my eyes as well as those of my community. Now we are conscious of our poor sanitary behaviour, and thus it must be changed to the healthy one. . I call this as “HEALTH AWARENESS.”

At the moment, our village has 7 STBM volunteers, responsible for promoting, retaining ongoing commitment from community and carrying out programme monitoring. . , As the village’s chief, one of my major responsibility is to enable and facilitate community’s needs concerning sanitation infrastructure. This can be attained for example through appropriation of the village’s fund for constructing or rehabilitating communal latrine and clean water facilities. . In addition, although exposure to STBM is totally new in our village, I strongly believe that we can pursue intended objective, practicing a healthy sanitary behavior through STBM. . We will try to achieve this through small things.

Story 2:

Rovinus - Staff of Sub-District Wewewa Barat, Sumba Barat Daya District

Prior to the year 2016 AMPL working group or POKJA AMPL & budgeting were absent, (institutional and financial enabling environments), both at sub-district and village level. . Now, this critical enabling environment has been in place and is working progressively. **This has led to 4 villages allocated village fund for STBM activities, and I personally expect that the other 16 villages will catch up with these 4 villages in the year to come.**

Moreover, I think it is important to take note that building the institutional enabling environment has been done through a concerted effort, from a district way down to village level. For instance, in my sub-district, Wewena Barat, it was the district STBM team who facilitate and support the building of AMPL working group through socialization. Similarly, I together with head of sub-district, organized and facilitated the

community meeting on STBM budgeting. This community meeting was attended not only by head of village, villagers and CDB as Simavi's implementing partner but also other local NGOs concerning on STBM issue such as Yasuka and Yayasan Harapan Sumba. In addition, I am personally delighted looking at both the enthusiastic response from all interested actors especially head of village and passionate commitment from head of sub district on strengthening institutional enabling environment for STBM activities. Also, I am confident that STBM related activities will be sustainable in my respective working villages as it has been included in RKA, Local government agency budget and work plan. Hence, during the community meeting I placed considerable emphasis that village STBM team will not be replaced with the new one. The village STBM team's appointment is bound to SK, a decision letter from head of sub-district and now STBM is routine activities of sub-district.

In the implementation of STBM activities. In 3 villages budget for STBM triggering and promotion was allocated through the village fund, and one of them had baseline data on WASH related services..

Story 3:

MARTEN – Bappeda staff, POKJA AMPL member, Sumba Barat Daya District

We truly appreciate the contribution of Simavi and CDB for the STBM programme. Both Simavi and CDB have demonstrated continued commitments on STBM. This can be seen from the previous SHAW programme, implemented from 2012 to 2015, and the ongoing SEHATI programme. . I had we ourselves implemented STBM without partners' support, our motivation would differ. Furthermore, though the district head insists us to address poor sanitation practices such as by constructing latrines, we are confronted with serious challenges, ranging from technical, energy, time and budget constraints. . In addition, sanitation issues have been stipulated clearly in the local medium term development plan (RPJMD), and we realize that a concerted attempt is fundamentally critical to be in place in order to address both community's poor sanitation practices and infrastructure.

Therefore, after we had an evaluation at the district's level, we realize that POKJA is needed for addressing and coordinating cross-sectoral issues of AMPL. Now since the AMPL POKJA has been in place, we have demonstrated our strong commitment as follows: Firstly the AMPL working group or POKJA will not be stopped at the district's level, but it should be in place at the sub-district's level too. Secondly, STBM was viewed as a supporting program, now it has become a priority programme (P1). Thus, 'we are committed to safeguard this priority programme (P1)'

Thirdly, we have engaged motivated, energetic and young personnel in AMPL working group. This young and motivated personnel, though with limited authority in regulation, has demonstrated their passionate commitment, advocating of strengthening AMPL working group and supporting budget allocation for STBM as well as to other sanitation related programme. Lastly, we are committed to address any obstacle that may potentially hinder the effectiveness of AMPL working group to pursue intended objective stipulated in RPJMD. For example, the Local agency overseeing community empowerment and village government (BPMPD) did not participate actively in the AMPL working group due to the appointment of the staff in charged to other working unit. Thus, as this may have direct impact on budgeting and regulation as well as executing STBM activities at village level, we proactively advocate by sending an official letter to PPMPD to replace the old staff. Now the new staff in charged has been in place.

Story 4:

TO CHANGE MY DESTINY BY BECOMING A SANITATION ENTREPRENEUR (WUSAN)

My name is Rofinus Kopong (45 year), graduated from a primary school. I have a wife and 5 children, 3 which are married and the other 2 are still at school). We have been living in this neighborhood since we got married in 1996. We bought this land as a *KASIBA* (ready to build area) in Pocu Ruteng Village, Lembor Sub-district.

Receiving entrepreneurial training, facilitated by Yayasan Dian Desa and Simavi, has changed and shaped my destiny as a WUSAN entrepreneur. This training has not only equipped me with set of practical skills on moulding and shaping latrines but also it has opened up link to local market. Equally important, the training placed more emphasis on using local resources such as clay and sand. These local resource are both plenty and accessible, not too far from my home, from the rice field in backyard way down to river.

It was pak Camat, head of sub-district who invited me to attend this WUSAN entrepreneurial training and he told me that this entrepreneurial training is new, making latrine from sand and cements. Suddenly I thought this entrepreneurial skill would not totally be different from my skill, moulding brick from clay. Furthermore, once the training was concluded and I received transport fee, I spent it to buy a U-pox paint, a material used for colouring latrine. Similarly important, I obtained credit for purchasing tools and equipment such as moulding, cans, compressor and so forth. Now, not only have I produced latrine and 35 units have been order by customers but also I am determined and optimistic to do and is confident that I can make good profit. Latrine price at local market is not affordable enough for those poor family, it is costed at IDR 180, meanwhile according to Community health centre, Puskesmas, latrine is on high demand.

I was a brick craftsman, moulding and baking it from clay. Also, I crafted stove, cupboard and tables made of wood and plywood and the latter was my side job. My workshop used to be located in my backyard where I rented an area of rice field, and it had been operated for 20 years, since 1997, before I closed it because demand from local market decreased significantly. . In addition, I earned monthly income around IDR 2,500,000 for moulding brick, meanwhile I charged a customer IDR 100,000 for per unit stove.

Story 5:

Hesti Kurniati : "I try to love what I am doing"

I Hesti Kurniati is the staff member of social and cultural section of Bappeda Lombok Timur. She has been appointed as the member of the technical team of STBM Kabupaten. She is busy with her new activity of facilitator. "I totally learn about STBM". When I took part in TOT facilitated by YMP, I had no idea at all what STBM was about. I did not actively participate in the TOT not because I was afraid of public speaking, but because I absorbed the presented knowledge'. , she recounted. As one of technical STBM team at district level, Hesti is facing some challenges in performing her newly appointed duties. She said that this newly appointed position is differ from her prior tasks at Bapedda, planning and reporting. . Another obstacle is that of cultural bureaucracy in which it is uncommon practice for those in lower echelon level to facilitate training or meeting to those who are in higher level, such as head of sub district or head of

community health centre. Hesti is new to the nature of YMP programme nor to STBM. Thus, I keep challenging myself to learn on STBM.

Story 6:

STBM HAS CHANGED MINDSETS AND ATTITUDES OF MINE AND THOSE OF OUR COMMUNITY

I am Dominikus Pahun, the head of community unit of Tondong Galang, Compang Longgo village, Sub-District Komodo, District Manggarai Barat. I have taken up this position for 5 years. . Community meeting on sanitation held in my village is routine activities and is facilitated by sanitarians from community health centre. This kind of community meeting is lecture oriented. And we are passive participants, listening to the preaching of sanitarians. Thus, when village chief informed and asked me to gather villagers as a district team would visit my community unit, it was suddenly crossed in my mind that this meeting would be no difference from previous one. However, as the meeting ran progressively, I found it totally differ from previous one. It encourages active participation and encompasses triggering, drawing a map and so forth. In short, it is interactive and participative.

Drawing a map by which to identify which houses have latrine and which ones have not. Exercising this drawing map made me embarrassed and even shameful. As the chief of community unit in my village, my house was not equipped with latrine. These embarrassed and even shameful feeling were also shared by those villagers have not constructed latrine in their houses. In addition, once the triggering and drawing map done, the meeting continued for plenary in which head of village urged to that the village should declare of practicing 5 pillars STBM by February of 2017. I feel, STBM approach like trigger us, each of head of community unit to compete one another in order to ensure positive sanitary practice in their respective area.

I no longer feel a burden when I have to visit community members and ask them to build a latrine. The STBM triggering has changed my views as a sub-village chief, that to move people, mere words are not enough, but first through actions. A leader must become a model that can be modeled by the community he leads. And apparently, with my model, the community members have started to build their own WCs with their own funds, without waiting for the financial assistance from the government

Story 7:

FATHUSSHOBIR, S.T. SANITARIAN OF SIKUR PUSKESMAS AT SIKUR SUB-DISTRICT

"Prior to partnering with SEHATI programme and receiving training on STBM, as a sanitarian I only could address open defecation in 1 village for the period of 5 years and it was with very modest quality'. It made me hopeless'. Now, by partnering with SEHATI, I have enhanced my set of skills and capacity as a sanitarian. I am able to facilitate TOT and is also capable of designing roadmap and conducting advocacy. Equally important, I have demonstrated my communication skill to communicate with wide range of key actors, ranging from religious leaders, head of sub districts, youth's leaders and many more. As a result, this has led to improved cooperation and coordination among key actors in diverse agencies, and I have

boosted my confidence that sanitarian is as much worth and professional as that of other health workers such as nurse, midwife and forth.