

# FINAL EVALUATION

## WATER FOR WOMAN PROJECT

*Wash and Beyond – Transforming Lives in Eastern Indonesia*

December 2022

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While the final evaluation report was a collaborative undertaking, the findings and recommendations presented in this report represent the views of the consultant and are not necessarily the views or opinions of Plan Indonesia or PIA.

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## EXECUTIVE SUMMARY

The Water for Women Fund (WfW) is an Australian Government investment through the Australian Government Department of Foreign Affairs and Trade (DFAT) that supports nine Civil Society Organizations (CSOs) to implement 20 projects in 15 countries in the Asia-Pacific region from 2018 to 2022. The program aims to “support the promotion of health, equity and well-being in Asian and Pacific communities through socially inclusive and sustainable water, sanitation and hygiene (WASH) projects.”

In Indonesia, WfW partnered with Plan International Australia (PIA) and the Plan International Indonesia Foundation (Plan Indonesia) as executors, to implement the “*WASH and Beyond – Transforming Lives in Eastern Indonesia*” project (referred to in this report as the ‘WfW project’). This project is expected to benefit 450,000 people, including some of the most marginalized members of society, such as groups of women, people with disabilities, as well as sexual and gender minority groups (SGM) in two districts, namely Manggarai Regency in East Nusa Tenggara (NTT) and Sumbawa Regency in West Nusa Tenggara (NTB).

The year of 2022 is the final year of the project, therefore a study is needed to evaluate the program's final achievements in the theory of change (ToC). It is hoped that the evaluation of the final results carried out by an independent consultant will support learning by exploring the effectiveness of various strategies that have been implemented as a basis for improvement for next projects.

### Method

A mix-method approach was used in data collection and analysis with a variety of instruments including:

- Literature Review based on data obtained from project documents and monitoring documents
- Household survey in 12 target villages (with a sample size designed to achieve a 95% +/- 6% confidence level).
- Key informant interviews with STBM Working Group members and leaders from the district to the village level.
- Group discussions with students (at school), women and persons with disabilities involved in participatory action research (PAR) processes.

Data was collected directly in the field and some of it was conducted online in November 2022. Overall, 547 people participated in the endline including 202 men, 220 women, 60 people with disabilities and 67 key informants, and 48 FGD participants at schools spread across two districts.

### Main Findings

Overall the WfW project has made substantial progress towards achieving the project's final targets. In addition, there has been a rapid increase in access to water, sanitation and hygiene and improvement in STBM behavior in the target villages during the four years the project has been running, especially related to STBM Pillars 1, 2 and 3. The project results are described in more detail as follows:

## OUTCOME 1: STRENGTHENING THE SYSTEM

Achievements related to strengthening the system include (but are not limited to):

### *Institutional Arrangements*

- Establishment of STBM Working Groups/Teams that have functions and resources from the district to village levels in the project target areas;
- Replication of STBM-GESI in new villages, led by the sub-district team, with a strong focus on Pillar 2 in responding to COVID-19; and

- Formal roles for DPOs and PKK women within the STBM Working Group/Team, ensuring that the STBM process is more inclusive and women as well as disabilities have the opportunity to take leadership roles.

#### *Policies and Strategies*

- Influencing the draft revision of the STBM National Policy to include GESI elements;
- Develop modules for HWWS and MHH, in collaboration with the Government of Indonesia for approval and rollout nationally;
- Influencing district SSK (city sanitation) plans to include GESI elements; and
- Create opportunities for women and people with disabilities to actively contribute and participate in influencing activities with stakeholders

#### *Planning, Monitoring and Review*

- Improved instruments and mechanisms for monitoring STBM-GESI with various data from village to national levels;
- Formal opportunities and roles for women and PWD to lead the STBM planning and monitoring process from village to district level;
- Increased knowledge and awareness of GESI considerations among members of the STBM Pokja/Team at all levels, and requests for further training in capacity building on inclusive STBM and practical skills/strategies to engage and support PWD.

#### *Fundings*

- Clearer regional regulations regarding the use of Village Funds for STBM-GESI;
- Significant increase in the number of villages accessing Village Funds for STBM-GESI; and
- Funding is guaranteed at the village level through a merger of STBM-GESI in the SSK.

## **OUTCOME II: ACCESS TO WASH**

As of January 2023, 242 villages in two districts (171 villages in Manggarai and 71 villages in Sumbawa) have achieved Open Defecation Free status. As many as 80% of the respondents interviewed in this study were able to identify more than one STBM pillar (an increase compared to the MTR which was only 57%). The more detailed achievements related to each pillar are as follows:

- As many as 77% of surveyed households have access to basic sanitation (basic sanitation or which has been managed safely by applying the Joint Monitoring Program/JMP standards). This has experienced a significant increase if compared to the baseline which was only 48%.
- In fact, as many as 53% of households have reached the level of safely managed sanitation at the end of the project. This has increased quite significantly if compared to the achievement in the MTR which was only 23% of households.
- As many as 55% of persons with disabilities have access to basic sanitation facilities, among the 55% of persons with disabilities are 53% women, girls and 57% men.
- As many as 61% of households surveyed in endline had access to basic handwashing facilities, while 14.8% of them had limited handwashing facilities. This has increased compared to the baseline where only 43% of households surveyed at the start of the project (baseline) had access to basic hand washing facilities.
- A total of 93.2% of households surveyed at the endline practice safe water treatment and storage. This achievement has increased compared to the baseline where only 66% of households practiced clean water processing and storage

Progress on pillar I is clearly visible from the increase in the percentage of people (from 48% to 77%) who already have access to basic sanitation (basic sanitation or that has been managed safely by

applying the Joint Monitoring Program/JMP standards). Whereas in pillar 2, when compared to the baseline there has been an increase in access to hand washing with soap facilities (from 43% at the baseline to 61% at the endline). The momentum of the Covid-19 pandemic had made the achievements in pillar 2 increase significantly (78%). However, reviving the focus on handwashing at critical times after the pandemic is a challenge for the project's sustainability.

Achievements in pillar 3 show remarkable progress, where more than 90% of villages have access to basic drinking water sources and achieve the STBM Pillar 3 target. Even though several villages such as Latung Village are experiencing a water crisis, they have been able to reach pillar 3 of STBM. Thus, almost all villages in various sub-districts have been facilitated with clean water, but this provision does not directly cover the entire community. Limitations in the amount of available water are a challenge. Meanwhile, Pillars 4 and 5 still face their own challenges. The challenges faced are more than just a lack of public awareness in managing waste and waste. Awareness of managing solid waste has started to increase slightly by 3% compared to the Mid-Term survey, but the ability to manage waste safely has decreased by 3%.

At the beginning of the project (baseline), 42% of households disposed of household wastewater into their yard, while 30% of households disposed of wastewater into sewers, and 25% disposed of liquid waste in ditches/canals. At the endline, this percentage has decreased to 30% of households still disposing of liquid waste into their yards, while 70% have discharged wastewater into sewers.

### **OUTCOME III: GENDER EQUALITY AND SOCIAL INCLUSION**

In every household, there is evidence of changing gender roles in terms of the provision of clean water, sanitation, and hygiene (WASH), women continue to play a more active role in this matter, either alone or with men. Although more men and women are sharing work and decision-making in terms of clean water supply, sanitation, and hygiene at the household level. However, there is still a strong social belief that women should be responsible for meeting the needs in terms of clean water supply, sanitation, and family hygiene at home, while men are responsible for this in the public sphere.

At the community level, progress towards gender equality and social inclusion has also been seen. Among them are more women and persons with disabilities participating in STBM activities and taking on leadership roles. Information from key informants also illustrates the increased awareness about the importance of an inclusive approach to STBM, compared to the baseline. Several village and sub-district change agents have indicated that participation in STBM-GESI and GWMT training has helped them to understand gender-related issues and problems. This activity informs not only what has been done in the community, but also how they can discuss about the distribution of roles in terms of clean water supply, sanitation, and hygiene in their own families. Several barriers related to the participation of persons with disabilities in community activities remain. The STBM Working Group/Team expressed a desire to receive more training on how to be more effective in engaging and working together and supporting people with various characteristics of disabilities.

### **CONCLUSION AND RECOMMENDATION**

Overall, the WfW project has made substantial and impressive progress over the approximately four years it has been running (2018-2022). There has been a rapid increase in access to WASH and changes in STBM behavior in the target villages over the past four years, especially for Pillars 1, 2, DNA 3. There is strong evidence in system reinforcement and early observations that demonstration/project approaches of replication methods have proven effective. Especially when the sub-district STBM team worked together to train STBM-GESI volunteers in new villages from an early age as anticipation in facing COVID-19 pandemic. Positive indications such as transformative changes related to gender and social inclusion at the individual, household and system levels are also visible. These final findings are consistent with the targets and assumptions outlined in the Theory of Change project. This indicates that the current approach has proven effective and should be continued.

Based on the lessons learned from the endline study as well as several related studies related to the project, there are five main recommendations that have been identified to strengthen and enhance the progress of the project particularly if the project is going to be continue. Especially if efforts to maintain the success that has been achieved so far need to be prioritized.

**1. Strengthening the capacity of Pokja AMPL/STBM TEAM and local change agents outside the PAR group for disability inclusion**

The project has the potential to widely disseminate valuable lessons from PAR activities dan building relationship among PAR groups, DPOs and expert consultants. This is to support the training in practice and capacity building for local change agents. The aim is to increase their skills and confidence to do some collaborations and support persons with disabilities in the STBM process. This is important because the project can monitor the achievement of disability inclusion in STBM. Based on the observations in the MTR report, collaboration and information sharing between DPOs, local health workers, and the STBM team, as well as the ongoing GWMT implementation are strategies that have a positive impact.

**2. Refocusing the practice of washing hands with soap at critical times, especially after the Covid-19 pandemic ended**

The results of the endline survey showed that there was a decrease in achievement of pillar 2. This was identified because of the easing of the treatment due to Covid-19 which affected CTPS activities in several locations, including two target locations. The project team can build a strong enabling environment for health promotion due to COVID-19, by promoting hand washing at other critical times. The team could also maximize the advantage of activities that currently underway to develop a national health promotion module, including the launching and training of the module in NTT and NTB as well as to revitalize the focus on handwashing at critical times. Apart from ensuring that simple hand washing facilities are existed near household toilets, and those installed in front of the house during COVID-19, supporting behavior change is also important.

**3. Develop a strategic advocacy plan to accelerate further progress on Pillar 4 and 5**

After the implementation of the MTR, the WfW team actually carried out quite a lot of activities to accelerate the progress of Pillar 4 and Pillar 5. However, more effort and cross-sectoral collaboration is needed to accelerate progress on pillars 4 and 5. The project team can further explore the factors that contribute to the achievement of Pillars 4 and 5 in certain communities, for example in locations that have built IPAL and TPS/TPA facilities, and/or have achieved all five STBM pillars since the project started. Funding and support from the public and private sectors for Pillars 4 and 5 are also very important. The project team needs to consider regarding on the realistic and achievable targets if the project is to continue in the next 2 years, and what efforts should be prioritized. The precise advocacy strategies to increase investment and support for the provision of waste management infrastructure are things that this project can do next.

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## ACRONYMS

<b>APBD</b>	Anggaran Pendapatan, dan Belanja Daerah (Local / Subnational Budget)
<b>APBDes</b>	Village Funds
<b>APBN</b>	Anggaran Pendapatan dan Belanja Negara (State / National Budget)
<b>BAPPENAS</b>	National Development Planning Agency
<b>CLTS</b>	Community Led Total Sanitation
<b>CS4</b>	Country Strategic Plan
<b>CSO</b>	Civil Society Organization
<b>DFAT</b>	Australian Government Department of Foreign Affairs and Trade
<b>DQA</b>	Data Quality Assessment
<b>DPO</b>	Disabled Peoples' Organization
<b>EOPOs</b>	End-of-program-outcomes
<b>FY</b>	Fiscal Year
<b>GBV</b>	Gender-based Violence
<b>GESI</b>	Gender equality and social inclusion
<b>GOI</b>	Government of Indonesia
<b>GWMT</b>	Gender WASH Monitoring Tool (also referred to locally MKGS)
<b>HWF</b>	Handwashing facility
<b>HWWS</b>	Handwashing with soap
<b>IPAL</b>	Wastewater treatment plant
<b>JMP</b>	UNICEF and WHO Joint Monitoring Program
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MEL</b>	Monitoring, Evaluation and Learning
<b>MHH</b>	Menstrual health and hygiene
<b>MHM</b>	Menstrual hygiene management
<b>MKGS</b>	Gender and social inclusion monitoring in STBM
<b>MTR</b>	Midterm Review
<b>NGO</b>	Non-governmental Organization
<b>NTB</b>	Nusa Tenggara Barat / West Nusa Tenggara
<b>NTT</b>	Nusa Tenggara Timur / East Nusa Tenggara
<b>PAR</b>	Participatory Action Research
<b>PIA</b>	Plan International Australia
<b>PKK</b>	Family Empowerment and Welfare (PKK)
<b>Pokja</b>	Kelompok Kerja Air Minum dan Penyehatan Lingkungan (Water Supply and Environmental Sanitation Working Group)
<b>AMPL</b>	
<b>PPE</b>	Personal protective equipment

<b>PWD</b>	People with disability
<b>SGM</b>	Sexual and gender minorities
<b>SNAP</b>	Social Norms Measures for Gender Programming
<b>STBM</b>	Sanitasi Total Berbasis Masyarakat / Community Led Total Sanitation
<b>SWA</b>	Sanitation and Water for All
<b>TOR</b>	Terms of reference
<b>TPS/TPA</b>	Temporary waste disposal site/Final waste disposal site
<b>UKS</b>	Usaha Kesehatan Sekolah (School Health Unit)
<b>WASH</b>	Water, sanitation and hygiene
<b>WfW</b>	Water for Women Fund (WfW)
<b>YPII</b>	Yayasan Plan International Indonesia

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## **I. BACKGROUND**

The Water for Women Fund (WfW) is an AUD 110.6-million-dollar investment by the Australian Government Department of Foreign Affairs and Trade (DFAT) supporting 10 Civil Society to implement 18 Projects across 15 Countries in the Asia-Pacific region from 2018 to 2022. The fund aims to “support improved health, equality and wellbeing in Asian and Pacific Communities through socially inclusive and sustainable water, sanitation and hygiene (WASH) projects.” In Indonesia, WfW is partnering with Plan International Australia (PIA), and delivery partner Yayasan Plan International Indonesia (YPII), to implement the “Wash and Beyond – Transforming Lives in Eastern Indonesia” project which will benefit 450,000 people, including some of the most marginalised community members – women and girls, people with disabilities, and sexual and gender minorities (SGM) – in two Districts: Manggarai in Nusa Tenggara Timur (NTT) and Sumbawa in Nusa Tenggara Barat (NTB). With a budget just under \$5 million dollars, the Project’s overarching goal is to achieve “Improved health, gender equality and well-being of Indonesian communities through inclusive, sustainable WASH”. The project has four long-term outcome objectives:

- Outcome 1 (System Strengthening): Government of Indonesia (GoI) and private sector invest and deliver GESI STBM in 2 districts (including implementation and replication).
- Outcome 2 (WASH Access): 450,000 people (227,000 females, 223,000 males) in 20 subdistricts including marginalised groups (particularly women, girls, PWD) have equitable universal access to, and use of sustainable WASH services.
- Outcome 3 (Gender Equity & Social Inclusion “Beyond WASH”): Women, girls, people with disability (PWD) and SGM are agents of change in claiming their rights in households, communities and public domains.
- Outcome 4 (Evidence & Influence): Practices of national and international actors are informed by project evidence.

The Project will achieve these outcomes largely by operationalising the national sanitation and hygiene policy, Sanitasi Total Berbasis Masyarakat (STBM) at sub-national level in the two target districts. The Project will support sustainable and GESI-sensitive STBM through a range of transformative strategies, including the establishment of Sanitation Entrepreneurs Associations; efforts to address policy gaps and mainstream GESI considerations in STBM policy, programming and reporting; Participatory Action Research empowering women, girls, PWD and SGM in urban areas; and integration of MHM in national education curriculum. The Project will also work alongside PAMSIMAS, Indonesia’s largest rural WASH program (co-funded by DFAT) to ensure reliable and sustainable water supply in Project villages. Since the project is going to close by the end of 2022, there is a need to implement Final Evaluation to seek how the project has brought benefits to achieve “Improved health, gender equality and well-being of Indonesian communities through inclusive, sustainable WASH” in two project’s location.

## **2. EVALUATION PURPOSE AND KEY QUESTIONS**

### **2.1. EVALUATION PURPOSE**

The purpose of the final evaluation is to provide an independent assessment of WfW project to evaluate the project implementation and results. The aim is to determine the relevance and fulfilment

of outcomes, effectiveness, impact and sustainability. More specifically, the objectives of the evaluation will be to document, assess, and support learning and improvement, around the following areas:

1. the performance of the WfW project against the project's baseline, formative research, mid-term review, project data from its M&E plan, and planned target. Effectiveness of the project's strategies leading to achieving its *end-of-program-outcomes* (EOPOs) including in the evolving context at each 'actor' the project is targeting:
  - Individual level: with focus on most marginalised including women, girls and people with disabilities
  - Household level
  - Community level: Village level, Schools, Health Centres
  - Change agents
    - Village level STBM teams, including village head.
    - Sub-district level STBM teams, including Sub-District head.
    - District level WASH working group members including education agency
    - Provincial level WASH working group members including education agency
    - Ministry of Health/National level STBM teams
    - Women's Organisation (PKK)
    - DPOS (HIMATRAS, LPPDS and PERSANI)
    - PAMSIMAS, CEDAW/SDG Secretariat
  - Several leaders such as Bupati, legislative, religious, traditional and/or local leaders identified by WfW team
  - Additionally, Plan Indonesia WfW project staff—understanding their WASH and GESI transformation journeys
2. Recommend adjustments to project strategies and directions for the remainder of the project and its timeframe, particularly for any further opportunities to extend the project and to maximize sustainability of project outcomes. Recommendations should be specific rather than general. Recommendations can be grouped to four project outcomes and it interlink in approaching project's objective.
3. Review of the project's STBM-GESI program implementation, specifically on its effectiveness to combine the GESI and WASH approach. This can include testing of project's assumptions.
4. Capturing lesson learned and best practice from the project that lead to meaningful change for individuals, and institutions (such as through most significant change method and/or pursuing lines of qualitative enquiry based on initial quantitative responses) using existing and also can capture new project change stories.

## **2.2.EVALUATION QUESTIONS**

Some key questions that the Water for Women Fund (GHD and DFAT) will be included in the evaluations:

1. To what extent is WfW Outcome 1 – 4 result achievement?
2. How effective is the project strategy implementation to achieve its results/outcomes and involving key actors/stakeholders at individual level, household level, community level, change agents, and

leaders, and project’s staff and/including the strategy effectiveness to combine the GESI and WASH approach.

- Is strengthening WASH sector systems and taking an inclusive approach to WASH/STBM supporting more sustainable outcomes?
- Any impact (or towards impact) of inclusive WASH strategies on GESI and transformative social change?
- How has GESI-specific interventions lead to improvements in WASH?
- How is the effectiveness of hygiene promotion being monitored and what strategies are proving the most effective? How is effectiveness of behavior change being measured?
- Is the increased attention on handwashing following COVID-19 leading to longer-term behaviour change?
- What is the sustainability of WASH facilities supported? How has it lead to behavior change?
- Which unmet needs did the evaluators identify that would be relevant for WfW to look into in an eventual continuation of the project?

The Evaluation also will draw on key DAC criteria questions such as:

1. Effectiveness: To which degree did the activities meet the objectives and results set out in the project (as outlined in the project Theory of Change)?
2. Relevance: Was the project designed in a way that is relevant to reach its goals?
3. Efficiency: Was the project run in an efficient way?
4. Sustainability: Are the results achieved so far sustainable?
5. Impact and spillover: Where there any unforeseen positive/negative effects of the activities?

Project interventions around promoting the rights of sexual and gender minorities (SGM), and project budget elements, is outside the scope of this Evaluation as part of the project’s Do No Harm approach and confidentiality requirements. It should be noted that the project indicators in the M&E Plan are aligned with JMP standards and have WfW indicator definitions (including for safely managed and basic service levels). In Indonesia, BAPPENAS have translated SDG 6 into the Indonesian context including MoH indicators and definitions for 5 Pillars of STBM.

### 3. THEORY OF CHANGE AND PROGRAM STRUCTURE

#### Overall objective

*Improved Health, Gender Equality and Well Being of Indonesian Communities through Inclusive, Sustainable WASH*

Luaran proyek ini adalah sebagai berikut:

#### Outcome I

Government of Indonesia (GoI) and private sector invest and deliver GESI STBM in 2 districts

IO.I.I.	19 sub-district STBM teams are implementing inclusive STBM (pilot/demonstration and replication), with PKK/Posyandu members undertaking leadership roles.
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IO.1.2.	210 villages are STBM-declared (i.e. practicing all 5 of STBM's sanitation and hygiene pillars) <sup>x</sup> and moving towards safely managed sanitation
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### Outcome 2

450,000 people (227,000 females, 223,000 males) including marginalized groups (particularly women, girls, PwD) have equitable universal access to and use sustainable WASH services

IO.2.1.	Women, girls and PWD are engaging in WASH decision-making forums in multiple domains.
IO.2.2.	Revitalize UKS in schools

### Outcome 3

Women, girls, people with disability (PWD) and SGM are agents of change in claiming their rights in households, communities and public domains.

IO.3.1	Urban WASH services have improved safety for GESI responsiveness
IO.3.2.	Men, boys and leaders are actively supporting gender equality and women's rights
IO.3.4	Women, girls people with disability (PWD) and SGM have strengthened individual and collective agency to advocate for their rights.
IO.3.1	Girls and women feel confident to manage their monthly periods.

### Outcome 4

Practices of national and international actors are informed by project evidence

IO.4.1	Sector actors (national/international) utilise WASH knowledge generated by the Project.
IO.4.2	Revised STBM policy which is GESI responsive and Official CEDAW and Indonesia SDGs data informed by Project information.

## 4. EVALUATION METHODOLOGY

### 4.1. DATA COLLECTION

The final evaluation employed a mixed-methods approach to data collection and analysis using the following tools, based on the terms of reference (TOR) developed by Plan Indonesia, and further consultation with PIA to ensure COVID-safety:

- a) **Desk-based review of project documents** including monitoring data and progress reports. A list of documents reviewed for the endline is provided in Annex 2. These documents informed the development of the endline methodology, and context for analysis of endline findings.
- b) **Household Survey** (prioritizing households with people with disability) using Kobo Collect.
- c) **Key Informant Interviews** with change agents at province, district, sub-district and village level, conducted hybrid via telephone or online and offline.

- d) **Adapted STAR and Skills & Means monitoring tool** implemented with Participatory Action Research (PAR) groups, facilitated by YPII staff online.
- e) **Group interview** with YPII WfW Project team, facilitated by international and local consultants online.

#### 4.1.1. HOUSEHOLD SURVEY

The household surveys questionnaire was adapted from a range of existing survey tools and monitoring frameworks including UNICEF/WHO’s Joint Monitoring Program (JMP) Framework, the Sustainable Sanitation Alliance (SSA) Shit Flow Diagram, Plan International Australia’s Gender WASH Monitoring Tool (GWMT), Oxfam’s Gender Equality Index and CARE’s Social Norms Analysis Plot (SNAP) Framework. The survey was designed to assess changes against baseline data on WASH service levels, STBM behaviors, and attitudes towards GESI.

**Sample size.** The survey will be conducted with a total of 264 households, including 29 households with PWD. This sample size is considered appropriate for an applied research initiative, factoring in COVID-19 risk mitigation measures and time and resource constraints.

**Table 1. Household Survey Sample Calculation**

Sample Calculation	
Sample Calculation Population	450,000
Proportion	0.5
Confidence Level	95%
Confidence Interval	0.06
Standard Error	0.03
Sample Size	264

For context when interpreting the endline data, based on the sample calculation above, we can be 95% confident that the WASH statistics in this report are accurate within a range of +/- 6%. This means, for example, that we can be 95% confident that between 72% and 84% of households have access to basic handwashing services (i.e. 78% +/- 6%). With all statistics there are confidence limits (this will be true of the Government of Indonesia’s Money data too), so different datasets will naturally differ to some degree. If the difference between two datasets is well outside of the estimated confidence intervals, then this indicates there may some other more fundamental differences in the datasets or data collection methods.

**Sample selection.** Surveys were conducted in 12 pilot villages across 6 sub-districts in Manggarai and Sumbawa, with a view to ensuring a diverse sample of villages. In each village, a random sampling method should be used to select 20 households to complete the survey. Two (2) additional households with PWD should be identified for targeted surveys (for a total of 22 households per village).

**Table 2. Sampling frame**

	Manggarai	Sumbawa	Total
Districts	3	3	6
Sub-Districts	2 per sub-districts = 6	2 per sub-districts = 6	12 sub-districts
Village	22 per village = 132	22 per village = 132	264 villages

Households	Including at least 2 surveys with PWD per village = 12	Including at least 2 surveys with PWD per village = 12	24 PWD included in the sample above
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There are a range of sampling methods that can be used, for example:

1. Accessing a list of households from village leaders prior to the survey, and selecting 20 households at random from this list, and two additional households with PWD; or
2. Using a transect method to divide the village into four zones, selecting five (5) households from each zone: two household close to the centre of the village, one towards the middle, and two towards the edge of the village/furthest from the centre).

Mix of villages with 'slow' and 'fast' progress towards STBM and GESI to support learning against project targets to support the project's final evaluation objectives. The villages or sub-districts selected in this final evaluation are as follows:

**Table 3. Selected survey location based on progress performance**

District	Selected location based on progress performance		
	High progress	Medium progress	Slow progress
Manggarai	Satarmese Utara	Rahong Utara	Cibal Barat
Sumbawa	Moyo Hilir	Rhee	Batulanteh

A gender balance must be achieved in the household survey, with an equal number of male and female respondents in each village. For example, if the enumerator speaks to a female respondent at the first household they visit, they should ask to speak to a male respondent at the second household, to ensure a gender balance. We will ensure that there is an appropriate balance of male and female enumerators on the survey team.

#### 4.1.2. SURVEYING PEOPLE WITH DISABILITY (PWD)

In each village, at least two (2) of the 22 surveys should be conducted with people with disability. In total, there are 29 respondents with disabilities, consist of 15 women with disabilities and 14 men with disabilities. Four children with disabilities were represented in this study (with parents responding on their behalf), along with three older adults with disabilities over the age of 70. To identify households with PWD, enumerators working with community leaders and use the following definition of disability as outlined by the Washington Group:

##### Washington Group Questions

An adult (over the age of 18) who experience some or a lot of difficulty with:

- Seeing (even when wearing glasses)
- Hearing (even when using a hearing aid)
- Walking or climbing steps
- Communicating, understanding or being understood (in their own language)
- Remembering or concentrating
- Self-care, such as washing all over or dressing

Or a child (under the age of 18) who experiences some or a lot of difficulty with the above, compared to other children the same age.

Where possible, surveys were completed by the person with disability directly, as the primary respondent. Some respondents preferred to complete the survey with support from a family member or carer. If the person with disability was not able to complete the survey on their own, was under the age of 18, or did not feel comfortable to do so, a family member or carer was asked to complete the survey on their behalf.

#### 4.1.3. KEY-INFORMANT INTERVIEW

Semi-structured key informant interviews were conducted with change agents at village, sub-district, district, and provincial level, using an interview guide based on the Sanitation and Water for All (SWA) Building Blocks Framework. Interviews at the village and sub-district level were conducted in-person, but all district and provincial level interviews were conducted via telephone or online to reduce the amount of travel required by enumerators under current COVID-19 conditions. The following schedule was used to identify interview participants, with support from the WfW team:

- 2 x School per districts (Sumbawa (2): SD N Batudulang, Kec Batulanteh, Mts Gunung Galesa, Kec Moyo Hilir) (Manggarai (2): SMP Satap Lemarang, SLB N Karya Murni)
- 2 x Village STBM team Members in each village (1 male and 1 female)
- 1 x Village Leader per village
- 1 x Sub-District Head/Deputy in each sub-district
- 3 x Sub-District STBM team Members (1 male, 1 female PKK rep, 1 other female) per sub-district
- 2 x District Pokja Members (1 male, and 1 female PKK rep) per district
- 2 x Provincial Pokja Members (1 male, and 1 female) per province
- 1 x Bupati per district (1 Manggarai, 1 Sumbawa)

Based on the schedule above, a total of 67 key informant interviews were conducted, including 25 women. Local researchers experienced several challenges coordinating and conducting interviews remotely, including difficulties confirming interview times and maintaining the focus and engagement of participants during telephone and online interviews. Overall, the interview process took four weeks. Despite these challenges, the participation targets listed above were achieved.

#### 4.1.4. ADAPTED STAR MONITORING TOOL FOR PAR GROUPS

The STAR and Skills & Means monitoring tools developed by Plan International and adapted by PIA, Plan Indonesia and Edge Effect specifically for use with Participatory Action Research (PAR) groups – were adapted for use in the endline process. In this way, the endline built on learnings from the PAR process about ‘safe’, ‘appropriate’ and ‘empowering’ monitoring and evaluation processes.

The focus of the adapted monitoring tools was on assessing activities and outcomes achieved from January 2021 – December 2022. The results of previous monitoring activities with PAR groups were also reviewed as part of the desk-based review of project documents.

The adapted STAR and Skills & Means tools were implemented by the YPII team as part of interviews and workshops with PAR groups between the 15 – 20 December 2022, and a summary report was produced by the team and shared with the consultant.

**Table 4. Number of PAR participants involved in MTR**

Group	District	Number of Participants	
		Male	Female
Women’s Group	Sumbawa	0	6
PWD Group A (including people who are deaf, hearing impaired and have physical disabilities)	Sumbawa	1	4
PWD Group B (including people who are vision impaired)	Sumbawa	5	0
Women’s Group	Manggarai	0	9
PWD Group (including people who are vision impaired and have physical or intellectual disabilities.	Manggarai	3	1
Total		9	20

#### **4.2. DATA ANALYSIS & QUALITY ASSURANCE**

Tabulation, summaries and translation of survey and interview data was completed by the researcher, using quantitative data tables and qualitative reporting templates by lead-consultant. Further critical analysis and triangulation of primary and secondary data collated for the endline was completed by the lead consultant with reference to the endline objectives and key evaluation questions.

The following frameworks were used to inform this analysis, as per the Terms of Reference developed for this endline:

- UNICEF/WHO’s Joint Monitoring Program (JMP) Framework
- Plan International Australia’s Gender WASH Monitoring Tool (GWMT)
- Sanitation and Water for All’s (SWA) Building Blocks Framework
- Sustainable Sanitation Alliance (SSA) Shit Flow Diagram
- Oxfam’s Gender Equality Index
- CARE’s Social Norms Analysis Plot (SNAP) Framework

Quantitative household survey data was collected using mobile data collection tool Kobo Collect and analyzed using Microsoft Excel to produce descriptive statistics for the project’s key performance indicators. The UNICEF/WHO JMP Framework was used to assess water and sanitation service levels. An adapted versions of Plan’s GWMT, the Oxfam Gender Equality Index and CARE’s Social Norms Analysis Plot (SNAP) Framework was used to evaluate changes in social norms and attitudes towards gendered divisions of labour and participation in decision-making in STBM. Data triangulation was used to query and validate the results of the household survey, comparing results to baseline data collect by YPII in 2018, MTR in 2021 and secondary data on STBM progress published by the Government of Indonesia.

Qualitative key informant interview data was partially transcribed/summarized by researcher team using an interview reporting template provided by the lead consultant to support thematic and content analysis, structured around the SWA Building Blocks Framework (approved by the Indonesian Government in 2019). Data triangulation was also used to query and validate findings from key

informant interviews, comparing this data to the results of the household survey, and secondary data from a desk-based review of available literature and project documents.

Finally, the following “Quality of Evidence Matrix” was also used (provided by the WfW Fund Management). Overall, the quality of evidence for the endline is rated as *Medium* to *Medium-High*, drawing on multiple data sources of data, including a series monitoring data from baseline to endline comparisons, to triangulate and validate results.

#### **Quality of Evidence Matrix (Rating Quality Substantiation)**

1. Low: Assertion of change with no evidence
2. L-M: Assertion of change with limited evidence
3. Medium: Reported changes with self-assessment findings
4. M-H: Reported changes with systematic / series monitoring data
5. High: Verifiable or independently evaluated findings

### **4.3.LIMITATIONS**

#### ***Participant Engagement & Time Constrains***

Overall, a key limitation of evaluating such a large scale and multi-faceted project (amidst a pandemic) is being able to address all elements of the project in adequate detail through surveys/interviews. The research consultant team has attempted to shorten the duration of data collection and analysis while ensuring the data quality. interviewing key informants online/by phone was also a challenge in this project especially in keeping participants engaged during the interviews and ensuring we got appropriate responses. Long surveys and interviews also signify the use of limited time to dig up detailed and further information on individual questions without risking fatigue/loss of focus.

#### ***Household survey sampling***

A truly randomized sample of target villages and households was not feasible during the household survey due to COVID-safety measures limiting data collection to ‘green zone’ communities (without known COVID-19 cases). As such, the project sought to ensure a diverse sample by including an equal number of villages identified through project monitoring as having made ‘slow’ and ‘faster’ progress towards the 5 STBM Pillars. Efforts were also made to ensure that the sample was geographically diverse, including mountainous and coastal villages, and a mix of villages located near to and remote from district centres. Within each village, a systematic random sample of 20 households were surveyed, starting from the centre of the village, and working out towards the periphery. As such, survey data is likely to be broadly representative of conditions across the project’s target areas, influenced by the limitations outlined above.

#### ***Observations of household WASH facilities***

Due to COVID-safety protocols, enumerators were not able to enter the homes of survey respondents to conduct direct observations of WASH facilities. Instead, respondents were asked to take pictures showing the location and type of sanitation facilities in use. These photos, and classifications of sanitation facilities, were validated by one of a local research consultant with a

background in WASH. A random audit of photos was also conducted by the international consultant to validate facility classifications facilities.

### ***Key informant interviews***

Due to COVID-safety protocols, interviews with key informants at sub-district and district level were conducted via telephone and video call to limit travel and reduce exposure risk. The length of the interview questionnaire was revised to accommodate the remote interview format, acknowledging the challenge of engaging participants for lengthy interviews over the phone or online. This remote format also limited the degree to which interviewers could probe for further detail on individual interview questions without extending the interview time and risking participant fatigue. Face-to-face interviews with village stakeholders yielded stronger participant engagement and greater depth of questioning and response.

### ***SWA Building Blocks Framework***

The SWA Building Blocks tool is designed to be implemented in a group setting to allow for deep reflection, critical discussion, and consensus rating. Due to COVID-19 conditions, focus groups and group discussions were not feasible during the MTR. As such, the SWA Building Block tool was adapted with rating and assessment questions incorporated into semi-structured interview tools. Individual ratings and assessments provided during interviews were aggregated in the data analysis phase. This aggregate data was then compared with information provided by the YPII WfW project team in progress monitoring reports to validate, question and combine ratings and assessments.

The 'adapted' approach to using the SWA Building Blocks in key informant interviews resulted in a lengthy interview questionnaire. With district and sub-district stakeholders interviewed via telephone or video call, maintaining the focus and engagement of participants throughout the interview process was challenging. The overall length of the interview tool also limited the ability of the research team to probe or dig more deeply into individual questions.

It is important to note that self-assessments and ratings are not the most reliable quantitative indication of change in that they reflect the views of individual participants at a particular point in time and can be influenced by a range of factors. They are useful primarily as a discussion prompt. As such, the ratings providing in this report should not be relied upon in and of themselves as a measure of 'change' or taken out of context. It is recommended that the end of project evaluation use the SWA Building Blocks tool as per its original design (i.e. in a group discussion or focus group setting) should COVID-19 restrictions allow.

## 5. FINDINGS AND DISCUSSIONS

This chapter was divided into five sections presenting results from the household survey, key informant interviews and group discussions conducted for the Endline Survey. The discussion is structured around the following end of project outcomes:

**Section 5.1 System Strengthening (Outcome 1):** Government of Indonesia (GoI) and private sector invest and deliver GESI-STBM in 2 districts (including implementation and replication).

**Section 5.2 WASH Access (Outcome 2):** 450,000 people (227,000 females, 223,000 males) in 20 subdistricts including marginalised groups (particularly women, girls, PWD) have equitable universal access to, and use of sustainable WASH services.

**Section 5.3 Gender Equality & Social Inclusion “Beyond WASH” (Outcome 3):** Women, girls, PWD and SGM are agents of change in claiming their rights in households, communities and public domains.

**Section 5.4 Climate Change and WASH:** presents the impact of climate change to WASH

**Section 5.5 WASH and School:** The impact of the Community-Led Total Sanitation program on schools to WASH.

The further detailed analysis from Endline survey was presented below.

### 5.1. SYSTEM STRENGTHENING

Section 5.1 presents results relating to end of project Outcome 1: Government of Indonesia (GoI) and private sector invest and deliver GESI-STBM in two districts (including implementation and replication).

The WfW project aims to strengthen capacity for the implementation and resourcing of GESI-informed approaches to STBM at sub-national level (from district to village) in Sumbawa (NTB) and Manggarai (MTT). Key activities implemented by the project in its first two years towards this outcome include (but are not limited to):

- Working with GoI change agents, DPOs and PKK at national, district and local level to review and revise STBM policies and strategies to be more GESI-responsive.
- Establishing and re-vitalizing Pokja/STBM teams from district to village level, including DPO and PKK representation.
- Working with PAMSIMAS to ensure water supply provision in target villages.
- Train-the-trainer capacity building for GESI-STBM with Pokja/STBM teams at district and sub-district level to support replication with STBM teams at village level.
- Training sub-district STBM teams and demonstration/pilot village STBM teams in the Gender and WASH Monitoring Tool (GWMT) and revising STBM monitoring approaches to incorporate GESI considerations and gender and disability data collection.
- Advocating for the integration of GESI-STBM data in GoI’s online monitoring systems.

- Capacity building support for DPOs and PKK/Posyandu women on GESI-STBM, policy and budget advocacy and leadership.
- Influence district government policies to enable/encourage GESI-STBM including SSK and regulations on use of Village Funds.
- Train Pokja/STBM teams with knowledge and skills to advocate for GESI-STBM budget allocations.
- Market research on consumer WASH preferences and supply chains, and training for sanitation entrepreneurs (products, marketing, finance access, GESI, management).
- Producing learning products and resources to share evidence and learning on GESI-STBM.
- Training Pokja/STBM teams and local leaders in GESI-sensitive STBM

Using a demonstration/replication model, the project seeks to strengthen systems and capacity for district Pokja and sub-district STBM teams to independently replicate GESI-STBM in other villages in their constituent areas, expanding the reach of project outcomes.

Midterm results from key informant interviews with Pokja/STBM teams and leaders at district, sub-district and village level are presented below, structured around the four Sanitation and Water for All (SWA) building blocks which are critical to creating and sustaining an enabling environment for GESI-STBM. The building block analysis includes:

- **Institutional Arrangements:** institutional roles and responsibilities, coordination mechanisms and legal and regulatory frameworks.
- **Sector Policy & Strategy:** goals, policies and strategies, implementation plans and models.
- **Planning, Monitoring and Review:** planning, monitoring and evaluation, mechanisms for dialogue and learning, information sharing and accountability.
- **Sector Financing:** expenditure framework and priorities, budgeting and funding streams.

Ratings and assessments are provided against each of the building blocks.

Baseline assessments are drawn directly from the baseline report produced in January 2019 with input from stakeholders at provincial, district, sub-district and village level.

Year 1 ratings and assessments are drawn from the *Water for Women CSO January 2020 Progress to Outcomes Report* which incorporates feedback from district and sub-district government representations, DPO and PKK representations from Sumbawa and Manggarai, and YPII WfW project staff. It is important to note that these 2020 ratings are an assessment of the “potential” for change, as opposed to ratings of actual/perceived change to date.

Year 2.5 ratings and assessments are drawn from the *Water for Women CSO January 2021 Progress to Outcomes Report*, based on self-reporting from the YPII WfW project team, and feedback from sub-district and district government representatives (including STBM team members and PKK representatives) who participated in individual interviews for the MTR. These ratings represent actual/perceived change to date.

Meanwhile, the Endline assessment conducted in December 2022, based on the results of interviews with sub-district and district government representatives (including STBM team members and PKK representatives) who participated in individual interviews for the Endline Survey. This rating represents the actual/perceived change to date.

### 5.1.1. SECTOR INSTITUTIONAL ARRANGEMENTS

In Year 1, project stakeholders rated the potential for positive change concerning institutional arrangements for STBM as 4 out of 5 (between 'some' and 'significant' change). At midterm, with an average rating of 3 out of 5, project stakeholders report that 'some change' has occurred. This indicates that the WfW project has succeeded in using these potential changes.

**Table 5. System strengthening sector achievement assessment (scale of 1-5)**

EVALUATION	MTR	ENDLINE
SCALE 1 - 5	3 / 5	4 / 5
NOTE	There have been several changes in the institutional strengthening of STBM-GESI	There have been many changes in the institutional strengthening of STBM-GESI

The outcomes of this institutional strengthening can already be seen in the impressive STBM results that have been achieved in pilot villages to date, particularly in relation to Pillars 1 and 2, in line with the projects Theory of Change.

*“Honestly speaking, Plan Indonesia through Water for Women Project makes all it works. I mean for us, NTT residence. Our behavior has changed even though it was not as easy as turning our palms. It takes time and process.” (Pokja AMPL Manggarai NTT)*

However, a consistent rating of 4 depends on several contribution that was mentioned by the stakeholders, such as:

*“We rated it on a scale of 4 because the STBM women team members and the women in STBM villages themselves were very active concerning STBM through door-to-door home visits or meetings. Further, each time they accompany the sub-district to do the fieldwork, they receive updated knowledge regarding STBM. For example, the district has informed the women STBM team members about the current STBM target being related to persons with disabilities. But, as already stated, the only drawback is the skills of STBM members regarding the STBM itself. STBM members know about the concept of STBM. But when they should deliver the information and give an example of STBM practices to the community, it was hard.” (STBM Desa Olat Rawa)*

The limited skills of the STBM Team/Pokja were also highlighted by one of the Pokja AMPL in NTB Province. Then there was a suggestion on the need for training or capacity building for the STBM team, including the inclusive issues.

*“Inclusion issues are new for us. Not just us as a developing country, even developed countries haven't quite gotten there. But it doesn't become an obstacle for us, because we have a strong Pokja Team, and all teams from the village, district, city, and province levels are working hand in hand. I don't think there is a problem even though it takes some time to trigger the community again and again, then advocate. However, in inclusive planning, carrying out internal socialization, coordination, training, and assistance for the working group team, both districts, and provinces are still necessary. It is still very necessary to increase the team capacity, understanding, and socialization, have similar perceptions, and shared views, and have a strong commitment to such inclusion” (Pokja AMPL NTB)*

Further, the high dependency on the STBM Working Group/Team leader is also one of the factors on a scale of 4/5, as expressed by the STBM Team of Cibal Barat Manggarai District as follows:

*“...in general 4, the understanding of the STBM team is quite good, but the success of implementation (triggering, monitoring, etc.) still depends on the team leader, is not evenly distributed to all members...”* (Tim STBM Kecamatan Cibal Barat, Manggarai)

The changes in institutional arrangements from baseline to Endline are listed in Table 6.

### **Enabling & Constraining Factors**

Enabling factors in achieving the 5 pillars of STBM in the MTR are still relevant in the Endline survey. In general, this achievement was supported by several factors, including:

- The involvement and awareness of the role of the POKJA Team at each level in STBM activities.
- Synchronization of STBM activities at the sub-district level with the RPJMD to provide support, especially in budgeting development activities in the regions according to performance targets.
- Facilitated capacity building of the POKJA Team by holding special training for Women and Persons with Disabilities.
- More equal or even greater representation of women (50:50) than men in the STBM team, and more women in leadership roles (as Head or Deputy Head of the STBM team). Even though they do not act as a direct leader, women are actively involved in planning, monitoring, and evaluation.
- ● Post-COVID pandemic, there are routine STBM Team meetings again. Besides that, proactively adjusting communication and remote collaboration approaches through social media is still being implemented.
- Very good understanding within STBM teams of the principles of STBM as a ‘partnership’ between government and communities, with everyone needing to play a role to achieve social and behavioral change.
- Understanding and appreciation of the different roles and responsibilities of Pokja/STBM teams at each level, from district to village.
- Strong leadership at sub-district and village level, and a proactive approach to planning, implementing and monitoring STBM activities that is guided by, but not dependent on the District Pokja.
- Proactive engagement and support from the Village Head, and other strong ‘natural leaders’ involved in STBM at the village level.
- Active role of Posyandu cadre on STBM team and at hamlet level supporting STBM activities, particularly home visits, engaging women and people with disability, and local STBM monitoring. The active role of the PKK mobilization team was highlighted by one of them by the STBM AMPL Working Group, Manggarai Regency: “...the fact that so far, those who have created a movement or that movement have reached the village level. I will say that this role is mostly on the PKK mobilizing team. The PKK mobilizing team is in the district, in the sub-district, in the

village/Kelurahan, while under the village/Kelurahan there are Dasawisma. Once again, I say that their role is 70-75% that trigger, run and implement this program.”

- Regular and proactive monitoring, including proactive collaboration with health officials to access additional data/information on women and people with disability in the community to inform targeted planning.
- Proactive strategies for facilitating the participation of people with disability, including home visits and funding for mobility aids or other resources required to support participation.

In villages reporting slower progress towards institutional strengthening and STBM outcomes, the following factors are identified as barriers inhibiting stronger institutional arrangements:

- Varied understanding of STBM team roles and responsibilities at village and sub-district level, and greater reliance/dependence on leadership and support from district Pokjas.
- Less nuanced understanding of STBM as a program of social and behavioral change by some Pokja AMPL/STBM team members, with a stronger local focus on and expectation of support for infrastructure, including a perception that funding should be provided by Plan Indonesia.
- Approach to engaging people with disability needs improvement particularly around more tailored strategies for engagement during meetings or follow up.
- Replacement of human resources in the STBM team is usually not followed with similar capacity.

**Table 6. SWA Building Block I – Institutional Arrangements**

<b>INSTITUTIONAL ARRANGEMENTS</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
<b>National level</b>			
<p><i>This project focuses on institutional strengthening at sub-national and local levels to operate the National STBM Policy. See further discussion on institutional strengthening at the national level for STBM-GESI under 2.1.2 Sector Policies &amp; Strategies below.</i></p>			
<b>District level</b>			
<ul style="list-style-type: none"> <li>• District Pokja are active in the coordination of discrete WASH programs and involved in periodic STBM monitoring, but roles and responsibilities for implementation of National STBM Policy from district to sub-district and village level are not clear, and coordination is identified as a challenge.</li> <li>• District Pokja are focused predominately on water and sanitation infrastructure programs such as</li> </ul>	<ul style="list-style-type: none"> <li>• The project has re-established and strengthened district to village Pokja/STBM teams in pilot areas and provided training in GESI-STBM.</li> <li>• The project has supported women to take on leadership roles to create opportunities for individual agency, role-modelling and shifting attitudes about leadership. This has included successful advocacy for formal recognition of the PKK's role on Pokja/STBM teams.</li> <li>• The project has supported GESI rights by facilitating</li> </ul>	<ul style="list-style-type: none"> <li>• Sub-district STBM teams are leading replication of GESI STBM in new villages with a focus on Pillar 2 and with less support from district Pokja and the WfW project team.</li> <li>• PKK women have been supported by the project to lead GWMT implementation and to report on results at Pokja/STBM team meetings, building skills for leadership and meaningful participation.</li> <li>• 15 DPO members including nine women have been formalized as members of district Pokja. Both DPO and PKK members are now entrusted with management of STBM budgets, demonstrating their leadership skills and ensuring marginalised voices are included in institutional planning and decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>• The Provincial Working Group Team has role in program monitoring, while the District Working Group has a role in the technical aspect.</li> <li>• The roles of women and men in the POKJA Team have exceeded the target with some findings that the proportion of women's involvement is 75:25 with men.</li> <li>• The deputy governor of NTB currently serving (female) supports concrete delivery of the five Pillars of STBM messages and prioritizes persons with disabilities.</li> <li>• District and Provincial Pokja Teams routinely hold meetings to evaluate the achievement of STBM pillars. Besides that, program synchronization and coordination with stakeholders so that two districts have achieved and declared 100% ODF areas.</li> </ul>

<b>INSTITUTIONAL ARRANGEMENTS</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
<p>PAMSIMAS and SANIMAS, with less focus on STBM.</p>	<p>opportunities for direct dialogue between government decision-makers and marginalised groups. This has included the formation of Leadership and Reference Groups in each district, including women, PWD, DPOs, PKK, and leaders from village to district level. These groups have created opportunities for collaboration between marginalised women, PWD, decision-makers and the wider community, building support and reducing challenges for advocacy around safe and inclusive WASH.</p>		<ul style="list-style-type: none"> <li>• The role of Provincial POKJA in establishing SK Pokja AMPL Teams, actively involving BAPPEDA, PUPR Office, Public Health Office, Service Office of Environment dan Forestry (Dinas LHK, Social Service, Perkim Service, BPPW, Housing, and Settlement Offices and NGOs such as PLAN and UNICEF.</li> <li>• Collaboration with Public Works and Public Housing Bimtek is carried out with sanitation managers operating in the Regency. Likewise, the Environment Service organizes assistance for waste sorting programs for people with disabilities and women in collaboration with YKMI (Indonesian Civil Society Foundations)</li> <li>• The composition of the Pokja Team includes DPO, PKK, BAZNAS, and inter-ethnic and inter-religious Communication Forums to accelerate the achievement of STBM Pillars. BAZNAS plays a role in the waqf program which is used to complete</li> </ul>

<b>INSTITUTIONAL ARRANGEMENTS</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
			<p>access, maintenance, and monitoring of STBM.</p> <ul style="list-style-type: none"> <li>BAPPEDA plays a role in planning and budgeting development activities in the region. Aligned with the WfW Program and performance targets in the RPJMD.</li> </ul>
<b>Sub-district and village level</b>			
<ul style="list-style-type: none"> <li>Few sub-districts or villages have an active STBM team.</li> <li>STBM activities are typically led by Sanitarians in accordance with Puskesmas work plans, with focus on Pillar 1 and Pillar 2 only. STBM competes for time and resources with the other priorities of the Puskesmas.</li> <li>Varying levels of STBM understanding,</li> </ul>	<ul style="list-style-type: none"> <li>STBM teams have been established in all pilot/demonstration sub-districts and villages and participated in GESI-STBM training, clarifying roles and responsibilities with support from district Pokja.</li> <li>Sub-district STBM teams are working with villages to lead socialization and triggering activities for STBM, with support from district Pokja and YPII.</li> </ul>	<ul style="list-style-type: none"> <li>STBM teams continue to meet regularly for planning, coordination and monitoring with support from the district Pokja. During COVID-19, STBM teams have adapted to restrictions and continued communicate and coordinate activities via phone, demonstrating institutional strength, capacity and adaptability (strong indicators of sustainability).</li> <li>Sub-district STBM teams are replicating GESI-STBM in new villages, providing training to STBM volunteers in with a strong focus on Pillar 2, capitalizing on increased</li> </ul>	<ul style="list-style-type: none"> <li>Increased commitment and solidity within the District team in supporting the success of the Program.</li> <li>After Covid-19 has subsided, routine meetings are held every month or trimester per the work plan prepared by the secretariat. Incidental meetings are held when necessary. Adapting to pandemic conditions, the WA group is still relevant for team coordination</li> <li>Involvement of women and persons with disabilities has been carried out in planning, monitoring, and evaluation activity. The sub-district POKJA always monitor the involvement of women and persons with disabilities. The involvement of women and persons with disabilities makes the team more solid and implements the needs of</li> </ul>

<b>INSTITUTIONAL ARRANGEMENTS</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
<p>participation and support from sub-district and village leaders.</p> <ul style="list-style-type: none"> <li>In the absence of active STBM teams there are limited opportunities for women to be involved in leadership or technical roles for STBM.</li> </ul>	<ul style="list-style-type: none"> <li>Through this institutional strengthening and the implementation of GESI-STBM, 134 villages have achieved ODF status and began working towards the other four STBM pillars.</li> <li>Human Centred Design (HCD) processes have commenced with PWD working alongside Pokja/STBM team members, sanitation entrepreneurs, and village heads as co-designers to support more inclusive, affordable and robust toilet designs. The Ministry of Public Works has regulations on inclusive toilets, so</li> </ul>	<p>awareness of and need for handwashing during COVID-19.</p> <ul style="list-style-type: none"> <li>As of January 2021, all 12 sub-districts in Manggarai have achieved ODF status (verified by MoH). Across both Manggarai and Sumbawa districts, 221 villages have achieved STBM Pillar 1. A further 317,322 people are practicing STBM Pillar 2 within both pilot and replication areas. Additionally, 2 of 12 sub-districts in Manggarai are verified as practicing all 5 STBM pillars; and 3 of 8 sub-districts in Sumbawa have achieved Pillars 1, 2, and 3.</li> <li>Activities with entrepreneurs decreased during COVID-19, but some remain active particularly in Manggarai. Women and PWD fabric mask entrepreneurs were supported during COVID-19 and sold over 1,500 masks. The project provided these women and</li> </ul>	<p>persons with disabilities in achieving the 5 Pillars of STBM.</p> <ul style="list-style-type: none"> <li>Monitoring activities are continuously carried out to ensure that each pillar has been and continues implemented at the household level.</li> <li>The capacity strengthening of the STBM team has been carried out in several villages, including leadership training, public speaking, and preparation of women as field data collectors. The training involves the PKK in 2021 in collaboration with several partners including Plan Indonesia. The training was provided by the village and sub-districts government as well as health centers.</li> <li>The activities of sanitation entrepreneurs have started to increase again after the pandemic ended.</li> </ul>

<b>INSTITUTIONAL ARRANGEMENTS</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
	co-designers are focused on addressing high costs, production/construction method issues and constrained availability of local materials, typical in rural areas.	PWD with specific business, finance and marketing coaching.	

## **Challenges & Opportunity**

During the Endline survey, even though the Covid-19 Pandemic had ended. STBM team still identified several challenges to achieving and maintaining the 5 Pillars of STBM. First, there is a priority scale in regional development in budget allocations. Meanwhile, not all parties share the same vision of realizing disability-responsive development.

Second, the policies issued by the district or sub-district government have not met the expectations of citizens and persons with disabilities. For example, there is a policy of installing handrails in the bathrooms of homes with disabled residents. The policy could not be accepted by the community. However, to address this issue, cooperation with schools with special needs will be a potential way to expand the reach of this policy.

Third, change the perspective of the community to live a clean and healthy life, to be independent of the availability of facilities and infrastructure. It causes there to be still a few people who defecate in an open space. Apart from that, some people consider STBM trivial, as expressed by the Village Head of Wae Codi, Manggarai: “The challenge is that there are still some who refuse and take STBM lightly. But we as leaders must continue to make a movement on”.

Fourth, limitations in funding and infrastructure. Whenever there were triggering and other activities related to STBM, community members were expected to receive funds for their presence and participation. Meanwhile, permanent behavior changes need to be supported by residents' awareness of STBM for the benefit of the community.

Fifth, not all of the POKJA team equally received the capacity building training. Some of the POKJA teams, such as cadres, members, and women members, found it difficult to educate residents and explain good and proper practices.

Sixth, difficulty communicating with certain types of disabilities and/or characteristics of certain communities, such as the deaf who cannot hear, and mental disorders that are difficult to understand. With the presence of migrants, an appropriate communication strategy is required. To solve this challenge, the team used cross-ethnic forums. The health office has also developed guidelines for behavior change communication strategies to adjust the approach method.

Seventh, the condition of the village experienced limited access to clean water, electricity, and hilly topography. This kind of area requires more energy in triggering activities.

### 5.1.2. SECTOR POLICY AND STRATEGY

In Year 1, project stakeholders rated the potential for positive change in relation to sector policy and strategy for GESI-STBM as 4/ 5 (expecting ‘some’ and ‘significant’ change). At midterm, with an average rating of 3/5, project stakeholders report that ‘some change’ has occurred. At the end of the project, with an average rating of 4, interviewees reported that ‘some changes’ had occurred.

In line to the MTR finding, project monitoring data and the assessments provided by the Plan Indoensia, WfW staff, Pokja/STBM teams and local leaders. At the end of the project, there are highlight of the strong progress and significant achievements that have been made towards more GESI-sensitive STBM policies and strategies since the project began, as explain in Table 7.

**Table 7. Assessment of policy and strategy sector achievements (scale of 1-5)**

EVALUATION	MTR	ENDLINE
SCALE 1 - 5	3 / 5	4 / 5
NOTE	There have been several changes to STBM-GESI policies and strategies	There have been many changes to STBM-GESI policies and strategies

This achievement was slightly better than the MTR because several parties interviewed admitted that they already had a strategy or roadmap to achieve STBM-GESI goals, as expressed by a member of the Manggarai District WSES Working Group:

*“Documents about Planning exist, but implementation in the field is difficult because not all executors are exposed to GESI. For example, the Ministry of Health has developed a sanitation development for households with low incomes or families with stunted children. However, the construction of sanitation facilities is not yet inclusive, meaning it does not consider groups with disabilities. For the policy, there should be collaboration in the construction of sanitation or water facilities that should include persons with disabilities in the development planning. (Pokja AMPL NTT)*

However, the village does not have the roadmap and strategy, as expressed by a member of the STBM Team for Olat Rawa Village, Sumbawa as follows:

*“As far as I know, currently there is no roadmap. It all depends on village directives (Village & Equipment). Because there was no written and determined work plan for the STBM team, my assessment was not optimal. However, what can be ascertained is that latrines are a priority for the STBM policy because there are many residents who receives latrines but have not built a bathroom yet. In addition, there is a policy of having a garbage collection car so that women, person in charge of household affairs, do not have to bother throwing garbage far away. The trash could be transported by this car.” (STBM Olat Rawa, Sumbawa)*

The changes in more detail related to policies and strategies from baseline to endline data are summarized in Table 8. Major achievements in the four years of the project include (but are not limited to):

- Building trust by involving women, persons with disabilities, and other marginalized groups in regional development planning. Through thematic and inclusive MUSRENBANG.

- Facilitating the provision of training and technical assistance to sanitation managers at the district level in collaboration with PUPR and LH
- Influence district SSK (District Sanitation Strategy) plans to incorporate GESI considerations; and
- Planning for budgets other than those from the Regional Government, but other funding alternatives such as BUMN and BUMD CSR.

**Table 8. SWA Building Block 2: Policy and Strategy**

<b>POLICY AND STRATEGY SECTOR</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
<b>National level</b>			
<ul style="list-style-type: none"> <li>• National STBM Policy is largely gender and disability 'blind' with no GESI considerations.</li> <li>• Menstruation health and hygiene (MHH) not included in national health curriculum (UKS) for schools.</li> <li>• National hygiene promotion strategies and guidelines not sufficiently informed by GESI or behaviour change theory.</li> </ul>	<ul style="list-style-type: none"> <li>• Factsheet on GESI-STBM developed by the project has been shared with Gol and local and national CSOs, increasing awareness of GESI-STBM concepts. This factsheet has been formally accepted by MoH as a supporting document to inform draft revisions to the National STBM Policy.</li> <li>• Discussions with MoE, MoH and UNICEF about mainstreaming MHH in school WASH curriculum have led to strategy improvements, with a recommendation to integrate MHH in</li> </ul>	<ul style="list-style-type: none"> <li>• After extensive project advocacy and meetings with Gol, including dissemination of a policy brief on GESI-STBM, GESI considerations have been included in the draft revised National STBM Policy. This includes the participation of marginalised groups in CLTS triggering, and formal roles for PKK women in STBM implementation.</li> <li>• MHH module has been developed by the project and trialed in two schools (including children with disabilities). Module is now approved by MoH, MoE and Ministry of Religion. YPII working with Gol to support roll-out.</li> </ul>	<ul style="list-style-type: none"> <li>• The government through THEMATIC MUSRENBANG builds efforts to increase the participation of women and disabilities. Thematic Musrenbang translates steps to address the needs of women, disabilities, and children. Through this, women, people with disabilities, and marginalized groups can be involved in regional development starting from the planning stage.</li> <li>• The work plan is contained in the Governor's Regulation on STBM. The initial Governor Regulations were issued in 2013-2017, continuing in 2020-2023. The initial Governor Regulation only discussed BASNO, while Governor Regulation No. 71 2020-2023 concerning BASNO towards safe sanitation, there is integration with the SDGs until 2030.</li> <li>• The POKJA collects data on persons with disabilities who can walk and do</li> </ul>

<b>POLICY AND STRATEGY SECTOR</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
	<p>school curriculum as opposed to the UKS curriculum. STBM</p> <ul style="list-style-type: none"> <li>YPII has been approached by the Gol to develop new curriculum on STBM and MHH for peer education in schools.</li> </ul>	<ul style="list-style-type: none"> <li>HWWS module has been developed by the project, based on known behavioural triggers/drivers and GESI considerations. Module has been approved and project is working with Gol on national roll-out.</li> <li>YPII has worked with the Committee on the Elimination of Discrimination against Women (CEDAW) to include data from the project highlighting the importance of inclusive WASH issues in its latest CSO report. This is the first time CEDAW will include WASH issues in its Indonesia CSO report.</li> </ul>	<p>daily activities (fine with mobility). From the data, those persons with disabilities could receive intervention from the government, other institutions, NGOs, and churches to actively help achieve the STBM pillar. In addition, every year the Inclusive MUSREMBANG is held with marginalized groups (people with disabilities, women, youth, ODGJ perpetrators, and the elderly). At the district level, there is a special consultation forum for marginalized groups.</p> <ul style="list-style-type: none"> <li>PUPR Office provides training and technical guidance regarding sanitation managers in the district area (specifically for PU). Regarding waste, PUPR has a program to increase the institutional capacity of drinking water and waste in the village. This program is routinely carried out in collaboration with the Village Empowerment Service. The Department of Environment, specifically dealing with waste, also</li> </ul>

<b>POLICY AND STRATEGY SECTOR</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
			<p>provides many wastes segregation programs. The Department of Health focuses on the latrines program. The PUPR Service also assists SLB in collaboration with YKMI in assisting persons with disabilities in living a clean and healthy life.</p> <ul style="list-style-type: none"> <li>● Other funding alternatives such as BUMN and BUMD CSR. For regulations, it is necessary to provide quality data and information to support the improvement of the quality of regional planning documents. The working group team has developed a benchmark towards ODF.</li> <li>● Capacity building for the STBM team in implementing an inclusive approach involves Plan Indonesia. The sub-district STBM team is trying to strengthen the village government to pay attention through budgeting in the village.</li> </ul>
<b>District level</b>			

<b>POLICY AND STRATEGY SECTOR</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
<ul style="list-style-type: none"> <li>● District STBM policies and strategies are gender and disability “blind” and do not include GESI considerations.</li> <li>● Limited understanding of and capacity to implement GESI-sensitive approaches to STBM.</li> <li>● ‘Needs-based’ understanding of GESI (as opposed to ‘rights-based’).</li> </ul>	<ul style="list-style-type: none"> <li>● Project has influencing Manggarai and Sumbawa districts to include GESI-STBM in SSKs, paving the way for sub-national governments to seek funding for implementation. GESI data provided by the project is included in SSKs. The revised SSK also allows villages to apply for national funding for wastewater treatment.</li> <li>● Advocacy efforts are ongoing, together with PKK and DPOs, to influenced Bupati regulations to include STBM-GESI and require/encourage participation of</li> </ul>	<ul style="list-style-type: none"> <li>● Both districts now have STBM/AMPL and SSK plans. Project has worked closely with Pokjas to ensure GESI is integrated into plans, including targets for participation of women and people with disability, guidance on safe, accessible and inclusive WASH, and technical instructions on using APBD and Village Funds for STBM. Future advocacy to focus on strengthening wastewater treatment in SSK for safely managed sanitation.</li> <li>● District stakeholders in Sumbawa participating in interviews for the MTR note that there is now a district regulation requiring ‘gender-responsive’ planning and budgeting. While it is unclear what this looks like in</li> </ul>	<ul style="list-style-type: none"> <li>● The majority of villages have prioritized the 4th and 5th pillars in the village development plan in the last two years because the achievement of pillars 1, 2, and 3 is almost 100% (such as Labuhan Ijuk, Lia, and Rhee villages). Meanwhile, due to the topography of areas that are difficult to reach (mountainous areas and without main roads) such as, Compang Dari Village, Batudulang, Batulanteh is still focusing on Pillar 2.</li> <li>● Priority on the interests of disability and women by focusing on GESI values has been implemented in many sub-districts and villages such as Moyo Hilir, Olat Rawa.</li> <li>● Stakeholders at the district level have developed work plans, guidelines, and regulations related to STBM. Sumbawa Regency has issued a Regent Regulation on GESI STBM. GESI has also begun to be assimilated into the Perda that regulates the RPJMD and the RKPD. For each sub-activity that</li> </ul>

<b>POLICY AND STRATEGY SECTOR</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
	<p>women and PWD in leadership roles.</p> <ul style="list-style-type: none"> <li>• Sumbawa Bupati has committed to District ODF by end of 2020 for all 24 sub-districts (extending beyond the project's eight target sub-districts).</li> </ul>	<p>practice, it is an indication of GESI considerations becoming more embedded in district policy and regulations and the strong enabling environment for GESI created by the project.</p>	<p>supports the implementation of the PKP Working Group, there is an SSK document that forms part of the road map for carrying out activities that intersect with clean water, settlements, etc.</p>
<b>Sub-district and village level</b>			
<p>Project aims to influence national and sub-national policies and strategies that will support/guide implementation at village level. Hence the MTR has focused on assessing this building block at District and National level based on feedback provided by stakeholders at all levels from village up.</p>			

### **Enabling and Constraining Factors**

The project's achievements in influencing policy and strategy to date reflect strong advocacy as well as established communication and good relationship-building skills among the WfW Plan Indonesia team. The project has also built a strong reputation with the Government of Indonesia, particularly the Ministry of Health and the Ministry of Education, Culture, and Research, which Plan Indonesia has approached directly to support STBM-MHM guidelines in schools, leveraging the project's best practices. This institutional foundation will enable the project to continue influencing key national STBM policies, handwashing strategies, and MHM in the school curriculum.

The project has also created opportunities for women and persons with disabilities to play an active role in policy advocacy, sharing their experiences, expertise, and extraordinary stories based on their lives. The transformative changes in advocacy for women and communities with disabilities are discussed in more detail in the GESI section of this report.

### **Challenges & Opportunities**

Policies and strategies to enhance progress towards Pillars 4 and 5 present a more significant challenge. Lack of solid waste collection, transport, treatment and disposal infrastructure, challenges accessing funding and land for temporary or final disposal sites (TPS/TPA), and ongoing operation and maintenance costs, were consistently identified in key information interviews as barriers to achieving Pillars 4 and 5 by Pokja/STBM teams. These structural barriers exist across Indonesia and are not unique to the project's target areas.

In Sumbawa District, the District Head once promoted the 'Garbage Bank' model as a combination of the concepts of livelihoods and waste management as well as environmental health issues to address solid waste management. Training is being rolled out to villages on waste segregation as part of an initiative that creates opportunities for the project.

Substantial investments in waste management infrastructure will be required to achieve Pillars 4 and 5 and to promote and sustain behavior change. It is important for the project team to establish realistic outcomes in relation to Pillars 4 and 5 if the project is to proceed in the future.

### **5.1.3. SECTOR PLANNING, MONITORING AND REVIEW**

In Year 1, project stakeholders rated the potential for positive change in relation to sector planning and monitoring as 4/5 (expecting 'some' to 'significant' change). At midterm, with an average rating of 3/5, project stakeholders (on average) report that 'some change' has occurred. In the endline survey, project stakeholders gave an average rating of 4/5 reporting that 'change' had occurred.

**Table 9. Assessment of the achievements of the planning, monitoring and review sector (scale of 1-5)**

<b>EVALUATION</b>	<b>MTR</b>	<b>ENDLINE</b>
<b>SCALE 1 - 5</b>	3 / 5	4 / 5
<b>NOTE</b>	Several changes occurred in the STBM-GESI planning, monitoring and review sector	Many changes occurred in the STBM-GESI planning, monitoring and review sector

A consistent rating of 3/5 was provided by YPII project staff and sub-district STBM team members when asked to assess the degree of change that has occurred in sector planning, monitoring and review processes for GESI-STBM since the project began, indicating 'some change'. There was greater variation in the ratings provided by village-level STBM team members, which ranged from 2/5 ('minimal change') to 5/5 ('significant change').

One of the informants from the Klungkung Village STBM Team expressed a positive assessment of this planning, monitoring, and review aspect as expressed as follows:

*"...From the results of our monitoring, we see positive changes in the community. We went for field data collection. Through that activity, we immediately observed and checked each household's progress. We do the monitoring frequently. Before going to home visits, we already have data from the district. Forms are available. So, it's easy for us to monitor. Before going for monitoring activity, we were trained by PLAN Indonesia, STBM in District level, and Health Center..."* (Tim STBM Desa Klungkung, Sumbawa)

Another informant in Sampe Village revealed, in general, there were no problems in data collection or monitoring activities. It is because the project has brought many changes. In addition, the sub-district government and related agencies also facilitate this monitoring activity. However, he highlighted the lack of optimal monitoring of the needs of women's groups, girls, and groups with disabilities, as described below:

*"...In general, there is no problem in monitoring STBM, considering that there are not too many residents in Sampe Village, so the data collection is quite easy. In particular, we do not too focused on monitoring the needs of women, girls, and disabilities. But before conducting the activities, the POKJA team collects data on the community. From those data, the Working Group team is adjusting activities according to the needs of the community so they would be triggered to change..."* (Tim STBM Desa Sampe, Sumbawa)

These changes are highlighted in table 10 and include the following key points:

- There have been improvements to the STBM-GESI monitoring instruments and mechanisms and various data from the village to the national level
- Monitoring activities in synergy with other parties such as the PKK, Community Health Centers, and POKJA at the district and provincial levels. This allows data synchronization across levels of government
- Training conducted by Plan Indonesia WfW raises formal opportunities and roles for women and persons with disabilities to lead the STBM planning and monitoring process from the village to the district level.
- ● Increased knowledge and awareness to consider GESI among members of the STBM Working Group/Team at all levels and requests for further training and capacity building on inclusive STBM and practical skills/strategies to engage and support persons with disabilities.

**Table 10. SWA Building Block 3 - Planning, Monitoring & Review**

<b>PLANNING, MONITORING &amp; REVIEW</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
<b>National level</b>			
<ul style="list-style-type: none"> <li>• Gol has no specific programs, regulations or targets to encourage/support the participation of marginalised groups in STBM planning and monitoring.</li> <li>• Gol's online STBM monitoring system (Monev) only records data on Pillar 1 and does not include disability disaggregated data.</li> </ul>	<ul style="list-style-type: none"> <li>• Project has contributed to increased knowledge and awareness of GESI-STBM amongst national stakeholders by producing and sharing learning tools and resources including (but not limited to) a GESI-STBM factsheets, pocket-book on the GESI-STBM, a video on disability and WASH, and a training video introducing the Gender WASH Monitoring Tool and 5 Pillar data monitoring process.</li> <li>• Project has worked with the National WASH Working Group to successfully advocate for the inclusion of data on STBM Pillars 2-5 within</li> </ul>	<ul style="list-style-type: none"> <li>• YPII invited to present on implementing GESI-STBM during COVID-19 at National WASH Cluster meeting with more than 100 government and non-government sector actors present. YPII also convened a national webinar on GESI-STBM, sharing best practices to over 3,000 people including MoH, Ministry of Social Affairs, BAPPENAS, and Ministry of Women's Empowerment and Child Protection.</li> <li>• Gol STBM monitoring website now includes gender disaggregated data on all five STBM pillars. YPII is working with government to develop a video tutorial on the new data that is available. Disability disaggregated data remains a gap on Gol STBM monitoring website and will be focus of further advocacy.</li> <li>• DPO representatives have been supported by the project to advocate for inclusive STBM in meetings with Gol and CSOs at various levels</li> </ul>	<ul style="list-style-type: none"> <li>• Plan Indonesia assists in monitoring through home visits activities to Pilot Villages including for groups with disabilities. Replication of monitoring activities from the Pilot Village could be possibly expanded by the Provincial government.</li> <li>• The Pokja team conducts periodic monitoring, engages in triggering activities, and verifies data on areas that have achieved STBM pillars. Involvement of Persons with Disabilities in data collection activities in the field in collaboration with the health Office. The collected data is the achievement of the STBM 5 Pillar targets. Data collection and evaluation also received attention from the Provincial POKJA. The determination of the next steps or activities is decided after the evaluation process by the Pokja Team.</li> <li>• Plan Indonesia with PKK, Dasawisma, Social Service and Health Office has carried out data collection per the main</li> </ul>

<b>PLANNING, MONITORING &amp; REVIEW</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
	GoI's online STBM monitoring system.	(including meeting with MoH to influence draft revision of National STBM Policy).	tasks and functions such as the availability of drinking water by PUPR or PDAM, proper housing from the Housing Agency, related to waste with the Environment Agency. Through monitoring and advocacy activities on monitoring results by Plan Indonesia, various lines of government have been involved in monitoring and evaluation activities.
<b>District level</b>			●
<ul style="list-style-type: none"> <li>● Limited opportunities for marginalized groups to participate in decision-making at district level.</li> <li>● Pokja members and district government officials demonstrate limited awareness of strategies to increase the participation of women and people with disability in STBM activities and planning.</li> </ul>	<ul style="list-style-type: none"> <li>● Participatory Action Research (PAR) processes have increased confidence, assertiveness, knowledge and capacity to act amongst women, PWD and SGM participants.</li> <li>● Women and PWD are becoming agents of change in their communities, developing public WASH action plans, undertaking data collection, and advocating to district government and</li> </ul>	<ul style="list-style-type: none"> <li>● Women and PWD have demonstrated strong adaptive capacity and confidence, independently progressing their STBM action and advocacy work during COVID-19 with limited support from the project.</li> <li>● District government and community leaders are listening to and supporting the advocacy of marginalized groups, providing funding for trash collection programs, and use of vehicles and venues for PAR meetings.</li> <li>● YPII together with partner DPO representative invited to participate in</li> </ul>	<ul style="list-style-type: none"> <li>● The village STBM team and volunteers in the pilot village collecting data for STBM-GESI and replicated it with support from the sub-district then verified with the Provincial POKJA team.</li> <li>● Initiating STBM Pillar monitoring members, Plan Indonesia provided Training in data collection. In line with this, increased knowledge regarding monitoring was also provided by the district and sub-district STBM teams.</li> <li>● Data collected includes monitoring the progress of STBM, the distribution of residents who have changed their</li> </ul>

<b>PLANNING, MONITORING &amp; REVIEW</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
	community leaders for WASH improvements and inclusive public WASH.	meetings with Gol on updating STBM monitoring forms.	behavior not to defecate in the open, data related to the needs of women and disabilities (i.e. availability of water), and data on girls/adolescents who are menstruating, data on the number of persons with disabilities, and the presence/absence of persons with disabilities in one family. This data is also paired with other health aspects, such as data related to stunting and the elderly who receive special assistance.
<b>Sub-district and village level</b>			
<ul style="list-style-type: none"> <li>Few women and PWD involved in STBM planning and monitoring activities.</li> <li>STBM monitoring tools do not include GESI considerations.</li> </ul>	<ul style="list-style-type: none"> <li>Members of Women's PAR group in Ruteng have been formally recognized as members of their respective village STBM teams.</li> <li>Project has integrated GESI in village STBM monitoring forms and trained village and sub-district STBM teams to collect gender and disability disaggregated data.</li> </ul>	<ul style="list-style-type: none"> <li>Number of women on STBM teams has increased including women in leadership roles.</li> <li>PKK women and DPO representatives are participating in STBM monitoring and verification visits in villages.</li> <li>GESI-STBM monitoring data is being collected by village STBM teams and volunteers in pilot and replication villages with support from sub-district, then verified, collated and published on Gol STBM monitoring website.</li> </ul>	<ul style="list-style-type: none"> <li>Data collection instruments have adapted GESI needs from data on the needs of women/girls/adolescents and groups with disabilities. One of the needs for disabilities that have become a focus is the need for disabilities to access latrines and to encourage families to provide the facility and install handrails.</li> <li>The capacity of data collectors always gets "upgraded" through periodic training by sub-district and village teams</li> </ul>

<b>PLANNING, MONITORING &amp; REVIEW</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
		<ul style="list-style-type: none"> <li>• 16 GWMT sessions have been undertaken at sub-district level led by PKK women who have presented key findings and aspirations to district Pokja and sub-district STBM teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of a cycle of program planning, analysis, and intervention with monitoring and evaluation.</li> </ul>

### ***Enabling & Constraining Factors***

Supporting factors that contribute to a more inclusive monitoring and planning process include the following:

- Religious leaders and youth also participate in STBM-GESI monitoring and evaluation activities for the STBM Team and Working Group. Posyandu cadres also have an active role in monitoring activities at the village and hamlet levels, helping overcome geographical barriers in remote areas, and facilitating communication and involvement of women's groups.
- STBM and GWMT training, increasing awareness amongst STBM teams and community leaders of the need for everyone (including men, women, boys, girls and PWD) to play an equal role in households and the wider community to achieve the 5 STBM Pillars.
- Training in GESI-STBM monitoring forms and ongoing support from sub-district teams.
- STBM teams initiating cross-sector data sharing with the village head, posyandu and PKK representatives, and health workers to inform planning and review processes, including the identification of people living with a disability or with serious health conditions for targeted support. This kind of data sharing makes synchronization of data across sectors and between levels of government possible.

The following constraints were identified as challenges to more inclusive monitoring and planning processes. In general, these constraints are still the same as those found in the previous MTR, such as:

- A heavy reliance amongst some villages STBM teams on leadership and direction from the district Pokja for monitoring activities, and lack of local motivation/leadership within some of the village STBM teams.
- Lacked of data and information related to disability. This sometimes causes the rights of persons with disabilities not optimally be fulfilled
- Challenges reaching and conducting monitoring activities in more remote and mountainous areas, including increased time and resource costs.
- A lack of specific funding to support STBM monitoring activities (for example, to cover the cost of stationary, phone credit, transportation and meals for monitoring teams).
- An identified need by government and Pokja/STBM team representatives for better data on people with disability in the community, and training on how to collect this data, including practical strategies to communicate and engage more effectively with PWD in planning and monitoring processes.
- Entrenched gender norms and traditional beliefs held by both men and women about gender roles in the home and wider community, necessitating realistic expectations about the level of social change that can be achieved over the life of this project to increase the participation of women in leadership and decision-making processes. While positive changes were observed in the MTR, this type of social change is likely to take significant time, even generations, to become widespread and embedded.
- Challenges related to technical capacity and substance in preparing monitoring reports are also one of the obstacles in reporting monitoring activities, both at the village level and 'above the village'.

### ***Challenges & Opportunities***

Progress on disability inclusion in STBM planning, implementation and monitoring was considered by almost all key informant interview participants (from village to district level) to be slow and challenging.

There were consistent calls from Pokja/STBM team members for more capacity building support and practical training to build their knowledge and skills in how to effectively identify, communicate with, motivate and engage people with different types of disability in the community. Several informants at the village level revealed that the planning, implementation, and monitoring of STBM for persons with disabilities has so far been very dependent on the family, so there is a possibility of a perception bias or it does not cover everything needed by persons with disabilities.

Another challenge is access to data, such as specific data relating to disability, gender, and children. The lack of access to data on the prevalence of disability in the community disturbs inclusive planning and monitoring processes. Whether this perception is because data is not available at the local level, because the data is incomplete or inaccessible, or because it is available but cannot be used, it is necessary to explore this matter further.

STBM POKJA/Teams at all levels expressed a strong desire within themselves to reach out and involve persons with disabilities in the STBM planning and implementation process. However, most of them feel they lack the knowledge and practical skills to practice effectively. In addition, locations that are difficult to access are also a challenge in monitoring STBM progress.

#### 5.1.4. SECTOR FINANCING

In Year I, project stakeholders rated the potential for positive change in relation to sector financing for GESI-STBM as 4/5 (expecting ‘some’ to ‘significant’ change). At midterm, with an average rating of 3/5, project stakeholders report that ‘some change’ has been observed. In the endline survey, project stakeholders reported that ‘some changes’ had occurred.

**Table II. Assessment of the achievements of the financing sector**

EVALUATION	MTR	ENDLINE
SCALE I - 5	3 / 5	3 / 5
NOTE	There have been several changes in the STBM-GESI financing sector	There have been several changes in the STBM-GESI financing sector

One of the informants from POKJA AMPL in NTB Province revealed that access to finance for the implementation of the STBM program so far has been greatly assisted by the presence of Plan Indonesia.

*“... Because of Plan Indonesia, we could receive triggering activities in the field; related to facilities, we receive assistance. If we don't get help, it is impossible for us to achieve the 5 pillars of STBM in the next ten years....” (Pokja AMPL Provinsi NTB)*

However, the informant still acknowledged that access to other financial sectors was still very limited, as disclosed as follows:

*“...The problem is our limited budget. For example, we want to carry out activities to support the district's performance related to the drinking water and sanitation program. However, there is no existing supported budget. Especially now, NTB still has many debts that have to be paid off. Therefore, we collaborate with CSR, NGOs, or the entrepreneurs. If we only rely on the government's*

*budget, it seems like it could not work. Yes, we can run the activities, but how many percent? The target maybe 50%, but due to limited budget, perhaps, we can only complete around 10%...”– Pokja AMPL NTB*

At the village level, several community groups have not agreed on the STBM budgeting, as occurred in Sampe Village, Sumbawa. The rules and bureaucracy for accessing finance are very complicated. There is also limited access to information on new sources of financing, as stated by one respondent from Batu Dulang Village and the Satarmese District STBM Team as follows:

*“...So far, there are still many people who have not agreed on the STBM budgeting because the community prefers to use funds independently and work together in using funds for STBM.” (Tim STBM Desa Sampe, Sumbawa)*

*“...There are still a lot of binding regulations for the village government that make it impossible for the Team to access the STBM funds immediately and at any time, making it quite difficult to take direct action...” (Tim STBM Desa Batu Dulang, Sumbawa)*

*“...We haven't yet (accessed funding) because we may also lack of information where we could access them. What we know is just that funding, we don't know where we could get any other information about it...” (Tim STBM Kecamatan Satarmese Utara, Manggarai)*

The key informants highlighted some of the changes and achievements that have been made in increasing sector financing for STBM-GESI since the project begin. Changes from baseline to midterm are shown in Table 12.

Some of the main findings identified include:

- Clearer district regulations on use of Village Funds for GESI-STBM;
- A significant increase in the number of villages accessing Village Funds for GESI-STBM; and
- Funding secured at direct level through the incorporation of GESI-STBM in SSK.

**Table 12. SWA Building Block 4 – Sector Financing**

<b>SECTOR FINANCING</b>			
<b>Baseline Conditions</b>	<b>Year 1 Assessment</b>	<b>Year 2.5 (Midterm) Assessment</b>	<b>Year 4 (Endline) Assessment</b>
<b>National level</b>			
The project is seeking to influence access to national funding via regional (sub-national) budget and planning processes.			
<b>District level</b>			
<ul style="list-style-type: none"> <li>• STBM is rarely prioritized in regional development plans/budgets (RPJMDs) limiting access to national funds.</li> <li>• 0% of the SSK budget in Manggarai and Sumbawa is allocated to STBM.</li> <li>• No clear regulations or guidelines in Manggarai or Sumbawa on use of Village Funds for GESI-STBM.</li> </ul>	<ul style="list-style-type: none"> <li>• Following substantial project advocacy and influencing work, both Manggarai and Sumbawa district governments have included GESI-STBM in their SSKs, paving the way for accessing to implementation funds.</li> <li>• Project is supporting village development agencies and DPOs to advocate directly to district governments for clear regulations on use of Village Funds for GESI-STBM.</li> </ul>	<ul style="list-style-type: none"> <li>• Manggarai Pokja has successfully obtained a budget for GESI-STBM through their SSK following project advocacy to include GESI-STBM in this plan.</li> <li>• Bupati in both Manggarai and Sumbawa have identified STBM a 'priority program' and issued regulations allowing/encouraging use of Village Funds for GESI-STBM.</li> <li>• Project continues to advocate for long-term GESI-STBM funding through Midterm Review Planning (RPJMD) and SSK.</li> </ul>	<ul style="list-style-type: none"> <li>• District heads in Manggarai and Sumbawa have identified STBM as a 'priority program' and issued regulations permitting/encouraging the use of Village Funds for STBM-GESI.</li> <li>• One successful strategy to increase access to funding is budget advocacy to the APD Team (TAPD) by involving TAPD in POKJA AMPL. That way, the alignment of the budget becomes bigger.</li> <li>• In the last two years due to budget restructuring for COVID-19, in implementing BASNO, the Provincial Government has informed the relevant villages that they will</li> </ul>

			<p>receive rewards. The areas that have achieved ODF would receive promised rewards including Rp. 10,000,000 per village, Rp. 50,000,000 per sub-district and 1 billion for those villages that have reached 5 pillars of STBM targets. Thus, the government owes the region because the government has not been able to pay the reward.</p> <ul style="list-style-type: none"> <li>• The project continues to advocate for long-term STBM-GESI funding through the Medium-Term Review Plan (RPJMD) and SSK.</li> <li>• Several other agencies such as BAZNAS in Sumbawa Regency also support STBM and stunting. Meanwhile, the private sector, such as the NTT BANK, provides credit to residents to build drinking water facilities.</li> </ul>
<b>Sub-district and village level</b>			
<ul style="list-style-type: none"> <li>• Most villages are not allocating Village Funds or BUMDES to STBM.</li> </ul>	<ul style="list-style-type: none"> <li>• In Manggarai district, the project also worked with DPOs to advocate directly to district government for</li> </ul>	<ul style="list-style-type: none"> <li>• To date, 151 villages (94 Manggarai and 57 Sumbawa) have accessed Village Funds for GESI-STBM, in total accessing 8,950,430,794 Rp</li> </ul>	<ul style="list-style-type: none"> <li>• Even though there is no fund allocation intended for STBM, STBM activities have entered the Community Welfare</li> </ul>

<ul style="list-style-type: none"> <li>Limited knowledge and capacity amongst village leaders on how to access Village Funds for STBM.</li> </ul>	<p>funding, highlighting why there was a need for this for people with disabilities.</p>	<p>(&gt;\$800,000 AUD) for WASH improvements.</p> <ul style="list-style-type: none"> <li>In villages interviewed for the MTR, Village Funds allocated to STBM range from 5% of total budget to between Rp. 1,500,000 and Rp. 10,000,000 per annum.</li> </ul>	<p>System, such as Village Funds ranging from 3.5 million to 200 million rupiahs per village. Village Funds are distributed among others for the provision of cars (for waste) and latrines (Rp. 143,000,000). For example, in Olat Rawa Village or Sampe Village with a total budget of Rp. 200,000,000. A minimum of IDR 2,500,000 for one toilet unit. Each sub-district was also given directions to village heads in the Moyo Hilir sub-district to set aside at least Rp. 5,000,000 per village.</p>
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### **Enabling & Constraining Factors**

The following enabling factors were identified by the Plan Indonesia WfW team as contributing to successful advocacy for improved sector financing:

- Increased understanding and awareness of funding structures and opportunities within the WfW team through mapping exercises and mentoring activities conducted by the project team.
- Direct advocacy by village development agencies and DPOs supported by the project influencing district government regulations on the use of Village Fund for GESI-STBM, with DPOs highlighting the importance of funding for inclusive WASH.
- Institutional triggering with village governments, sharing examples of other villages that have successfully used Village Funds for GESI-STBM and the improvements they have seen in WASH and hygiene behavior.

The STBM team that reported 'significant changes' in the financing sector acknowledged that there had been an increase in the overall funding allocation for STBM-GESI through Dana Desa since the project began. They also argue that funding for STBM has continued in their village during the COVID-19 crisis due to strong advocacy by village leaders. For example, the village head in Olat Rawa (Moyo Hilir) managed to withdraw funds from the village budget (BUMDES) to continue STBM activities during COVID-19 when other funds were diverted, realizing the importance of STBM in reducing the spread of disease. In Olat Rawa and Moyo Hilir, for example, the village government has allocated funds ranging from Rp. 5,000,000 to Rp. 8,000,000 for STBM activities.

### **Challenges & Opportunities**

STBM teams that reported 'minimal change' in sector financing felt that Village Fund allocations for GESI-STBM were not adequate to support the achievement of all five STBM pillars. Several key informants did not understand the funding structure and how to access and advocate effectively for STBM-GESI funding. They are also very dependent on the direction of the district/district STBM POKJA that guides them. Several other STBM teams in Sumbawa and Manggarai reported that some funds were allocated for STBM. However, they did not understand the procedure to access the funds. They also did not understand the steps for submitting and reporting after receiving funds.

The following funding needs were consistently identified across all villages:

- Increased funding for waste collection, transport, treatment and disposal infrastructure to support the achievement of Pillars 4 and 5.
- Funding to support regular monitoring activities, particularly in remote and mountainous areas where transportation costs are high and monitoring is more time and resource intensive.
- Specific funding to support people with disability to upgrade or install safer and more accessible WASH facilities in their homes. While some STBM teams and village leaders had successfully used Village Funds to support this, calling on households to contribute 50% of the costs, almost all interviewees felt that there was not enough funding support available for these households and that the Office of Social Welfare should be playing a stronger role.

Several interviewees commented on the increased time and resources requirements for implementation of STBM activities during COVID-19. With community gatherings on hold and the need for more individual, door-to-door engagement with households for hygiene promotion and monitoring, travel time and implementation costs have increased, particularly in more remote and mountainous areas.

There are opportunities for the project to identify targeted advocacy strategies to address the funding needs outlined above in the final year of the project, and to work with local change agents to advocate for inclusion of funding for these activities in regional midterm development planning.

## 5.2. WASH ACCESS

The WfW project is expected to increase access and awareness of the importance of Community-Based Total Sanitation as the main pillar of health. Involving as many as 450,000 people (227,000 women and 223,000 men) including persons with disabilities in 20 sub-districts in West Nusa Tenggara and East Nusa Tenggara, this project focuses on WASH (Water, Sanitation, and Hygiene). The project aims to periodically change access, behavior, and healthy habits related to WASH sustainably in Eastern Indonesia.

The progress of this project has been evaluated since the implementation of the project (based on baseline data) and mid-term report data. The report in section 5.2 will describe the monitoring results that occurred after the project was completed by comparing the results with MTR data.

The key activities and achievements outlined in relation to the WfW project also ‘pivoted’ to focus on the following:

- Preparing/collating online, mass media and hard copy IEC materials for STBM-related COVID-19 health promotion. This has included only promotion via video, WhatsApp, social media; mass media promotion through radio and motorcycles with loud-speaker, and hard copy proportion through printing and distributing posters, stickers for households and banners in every village.
- Working with field staff and Pokja AMPL/STBM teams to prepare for and undertake safe COVID-19 STBM health promotion, including door-to-door promotion and monitoring where safe and supported.
- Supporting the MoH to strengthen its module and approach to behaviour change communication within STBM Pillar 2 (handwashing with soap), with a focus on behavioural motivators and triggers.
- Training with village governments to access and prioritise Village Funds for STBM-related COVID-19 prevention and response initiatives.

### 5.2.1. AWARENESS AND IMPROVEMENT OF STBM

**Table 13. Sanitation, hygiene, and Water Treatment and Storage**

Service	Baseline	Mid-term	Endline
<b>Sanitation</b>	48% of households surveyed at baseline had access to basic or above sanitation services.	Indicator 2.3: 54% of households surveyed at midterm have access to basic sanitation services: <ul style="list-style-type: none"> <li>• Approximately 155,150 men and boys, and 154,920 women and girls</li> <li>• 58% of PWD surveyed for the MTR (n=24), including</li> </ul>	Indicator 2.3: 49% of households have access to at least basic sanitation. <ul style="list-style-type: none"> <li>• This evaluation report involved 132 (50%) women and 132 men (50%), with 29 people with disabilities (11%).</li> <li>• 55% of persons with disabilities have access to basic</li> </ul>

Service	Baseline	Mid-term	Endline
		<p>8/10 men and boys with disability, and 6/14 women and girls with disability</p> <p>Indicator 2.4: A further 23% of households surveyed at midterm have access to safely managed sanitation services</p>	<p>sanitation facilities, among the 55% of persons with disabilities are 53% women and girls, and 57% men have access to at least basic sanitation.</p> <p>Overall, the community's access to basic sanitation facilities has decreased during Endline. However, it is followed by the increased of access to safely managed facilities. In line with that, there has also been a shift from those who were using unimproved toilets or still practicing open defecation, to use limited sanitation facilities. These changes are quite significant improvements after this project.</p> <p>Indicator 2.4: A further 27% of households surveyed by endline had access to safely managed sanitation services</p>
<b>Hygiene</b>	43% of households surveyed at baseline had access to basic handwashing services	<p>Indicator 2.5: 78% of households surveyed at midterm have access to basic handwashing services:</p> <ul style="list-style-type: none"> <li>• Approximately 224,106 men and boys, and 223,773 women and girls</li> <li>• 63% of PWD surveyed for the MTR (n=24) including 5/10 men and boys with disability, and 10/14 women and girls with disability</li> </ul>	<p>Indicator 2.5: 61% of households surveyed in Endline had access to basic handwashing services, while 14.8% of them had limited handwashing services.</p> <ul style="list-style-type: none"> <li>• 59% of persons with disabilities surveyed for the endline (n=29) including 50% of men and boys with disabilities, and 60% of women and girls with disabilities had access to basic handwashing services</li> </ul>
<b>Water treatment and storage</b>	66% of households surveyed at baseline were practicing safe water	77% of households surveyed at midterm were practicing safe water treatment and storage:	<p>93.2% of households surveyed at mid-year practice safe water treatment and storage:</p> <ul style="list-style-type: none"> <li>• 96% of persons with disabilities surveyed for the endline (n=29),</li> </ul>

Service	Baseline	Mid-term	Endline
	treatment and storage.	<ul style="list-style-type: none"> <li>Approximately 221,233 men and boys, and 220,905 women and girls</li> <li>54% of PWD surveyed for the MTR (n=24), including 7/10 men and boys with disability, and 6/14 women and girls with disability.</li> </ul>	including 93% of men and boys with disabilities, and 100% of women and girls with disabilities practice safe water treatment and storage.

Community awareness of STBM in the end-line evaluation after project implementation showed a significant increase in almost all related STBM Pillars. The achievement of Open Defecation free (100%) was revealed during this Endline Survey. This is also reflected in their highest awareness of handwashing with soap (75%) and Stopping Open Defecation (58%). Likewise, their practices in maintaining food and drinking water security increased to 33% in 2022. The proportion of people who have "never heard" of STBM also decreased to 20%. Unfortunately, the awareness of managing solid waste (26%) and liquid waste (11%) is still relatively low and has decreased (Figure 1).

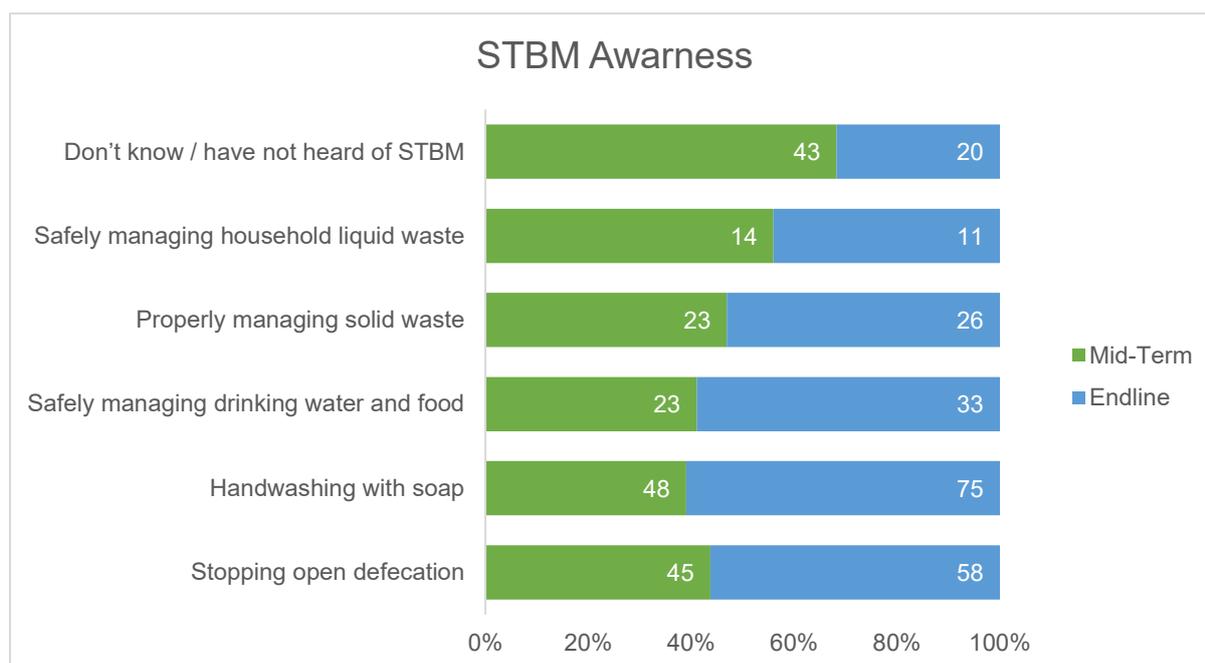
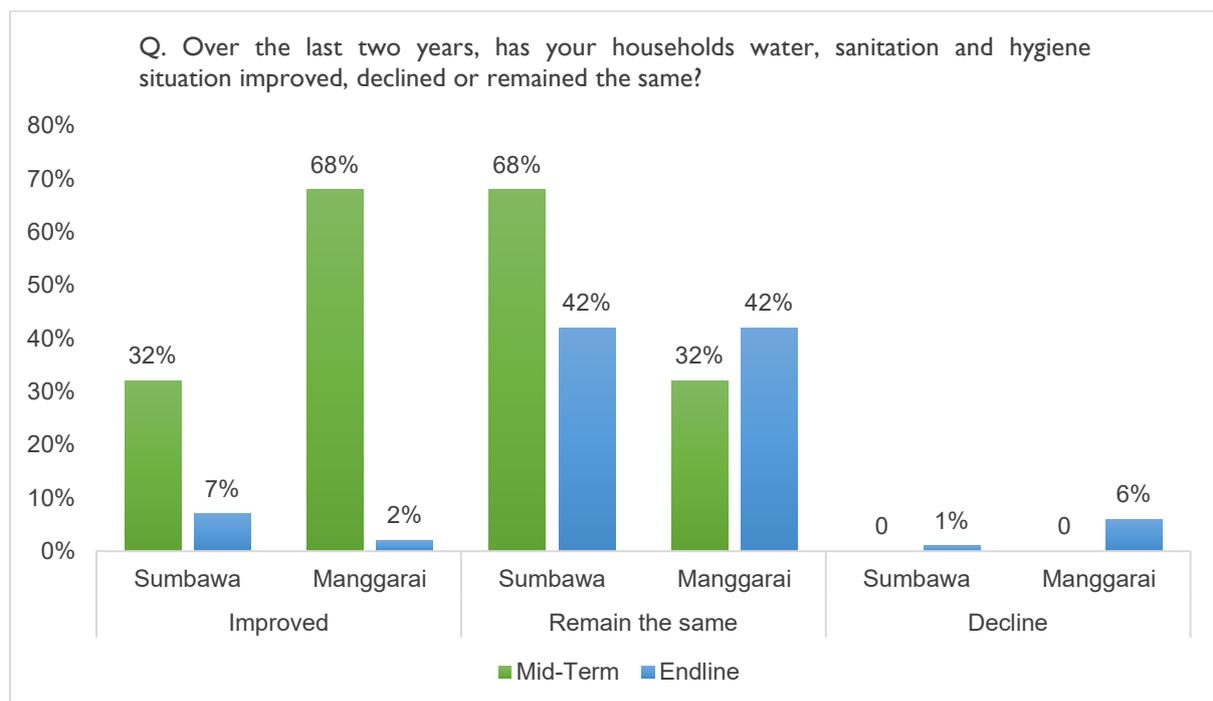


Figure 1. Percentage of household survey respondents aware of each STBM pillar

This is also supported by the findings from key informants that the STBM Pillar 1 is the most progressive. Especially with the Latinization "Jambanisasi" program; providing latrines and squatting toilets for the community has encouraged the community not to defecate in an open space and to practice hygienic behavior. In Pillar 2, the awareness of handwashing in the community is still sufficiently maintained even though the availability of facilities is starting to experience a decline as presented in section 5.2.3. Further, STBM Pillars 4 and 5 still have the biggest challenge with the low level of public knowledge regarding the practice of disposing of solid waste and liquid waste as presented in sections 5.2.5 and 5.2.6. Along with increasing access to facilities that support the achievement of the STBM

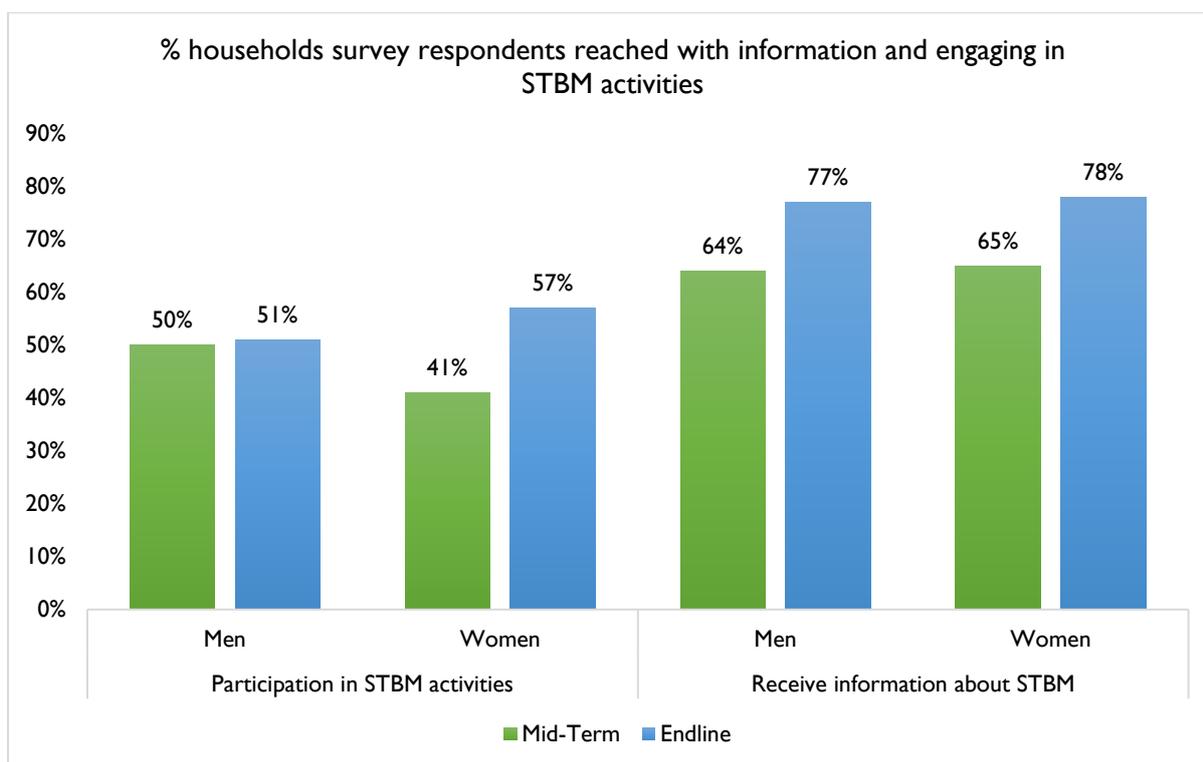
Pillar. The community perceives that this condition has remained the same in the past two years. Therefore, the condition in Sumbawa (42%) and Manggarai (42%) have not changed. Only a few people in Sumbawa and Manggarai experienced an increase (9%) or a decrease (7%) (Figure 2). The perspective of the community that does not like to do Open Defecation is the main driving force for the changes. Meanwhile, financial limitations impede the improvement of STBM.

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**Figure 2. Perceived improvements in household WASH**

Based on interviews with key informants, most people have been "moved" to involve in completing the 5 Pillars of STBM targets, not only waiting for assistance from the government. This involvement also includes Persons with Disabilities in STBM activities. More than 70% of both women and men have received information regarding the implementation of STBM activities and 50% of them have participated in activities (Figure 3). This figure shows a fairly good increase indicating that the range of STBM activities is expanding.



**Figure 3. Participation in STBM Activities**

STBM activities used a face-to-face meeting after the Covid-19 Pandemic began to be held routinely. It is shown by the proportion of people who received information through home visits (39%). Even so, using technology such as the Whatsapp group can facilitate communication between members of the STBM group even if they don't attend STBM activities. The most common mediums through which household survey respondents received information about STBM were:

- Community meetings (51%)
- Door-to-door visits (39%)
- Promotional media (posters, banners announcements) (33%)

The most common sources of STBM information were:

- Village Leader (49%)
- Health Centre (35%)
- STBM team (30%)
- Plan Indonesia (14%)
- Posyandu Cadre (13%)
- Family and colleague (12%)
- PKK, Sanitarian dan social media (8%)

Activities to achieve the 5 Pillars of STBM involve many parties, not only the community but also village leaders, health workers, sanitarians, and non-governmental organizations. Plan Indonesia is one of the NGOs involved in disseminating information that facilitates the community in achieving the STBM Pillar targets. In general, STBM is the main program of the health Office, supervised by the Village

Government. Therefore, the village leaders, health officers, and the STBM Committee were pioneers who facilitated the information dissemination.

## **5.2.2. PILAR I: STOP OPEN DEFECACTION**

### ***Rates of Open Defecation***

Almost 100% of households at the Endline (95%) have their latrines. At baseline, 30% of households did not have their toilet and were likely to be practicing open defecation. The decline occurred periodically during the mid-term evaluation, with 7% of households not having their latrines. In the endline report, households that do not have a latrine often use the family latrine (3%) and unimproved toilet (2%).

The open defecation practices in the Endline evaluation have decreased drastically compared to the Mid Term and Baseline. Stimulant latrine programs from the village providing cement, toilets, and paralons for the community to build their toilets, as well as the construction of public toilets in every sub-district have triggered residents to achieve Open Defecation Free. However, further evidence of the emerging norm of toilet use within target communities many of them still use family-owned latrines (used by more than one family). This is proved by the level of sanitation service "Limited" level (21%) which is increased compared to the Mid-Term (14%). In addition, even though the latrines are available, providing clean water inside the bathroom is another challenge.

Based on the interviews, even though there was support for toilet construction for each household, it is necessary to change the structure of the toilets aimed at persons with disabilities. One village stated that they had received 20 units of latrines for 3 hamlets. Assisting with equipment and materials to build latrines does not simultaneously help residents, financial difficulties remain one of the biggest obstacles. However, cooperation and allocation of village funds support the achievement of Pillar I.

### ***Barriers to Installing a Household Toilet***

For the majority of households, the barriers to building toilets are still related to funding. 37% of households explained that building a toilet required a lot of budgets. Therefore, 26% of them decided to save more money to build a toilet based on their needs. Several households also stated that they waited until receiving assistance from the government or non-governmental organizations (26%). Other technical barriers are related to the environment as the lack of land or space to build toilets (5%) and residential areas being prone to flooding or drought (5%).

### ***Attitudes towards Household Toilets***

All survey respondents felt that it was "very important" for every household to have a toilet, indicating a strong social norm for toilet ownership. The reasons respondents gave for having a household toilet were:

- Health, hygiene and to prevent disease (25%)
- Comfort and access to toilet (47%)
- Prevent Open Defecation (20%)
- Safety (6%)
- Feeling ashamed (1%)
- Won't use the neighbor's toilet anymore (1%)

## **Toilet Coverage**

In the Endline report, 95% of households in the target area had access to a basic toilet; 93% in Sumbawa and 96% in Manggarai. Most toilets were built more than 5 years ago (52%), while many of them were built between 2 and 5 years ago (26%), one to two years ago (14%), and less than one year ago (2%).

The types of household toilets vary, with the majority of them being flush toilets (91%). Households using holes without footing (1%) and with footing (3%) still exist in small quantities.

- Toilet functional/currently working (90%)
- Clean, with no visible feces, flies or bad odor (84%)
- Private, with no gaps in superstructure (77%)
- Secure, with lighting and a door that could be closed and locked (78%)
- Presences of a bin for disposal of menstrual hygiene products (58%)

## **Sanitation Service Levels**

The project aims to move households towards safely managed sanitation. The Endline report still used an adapted version of SSA's 'Shit Flow Diagram' methodology to assess 'safely managed' sanitation as MTR.

The Indonesia Ministry of Health uses the following definition for safely managed sanitation:

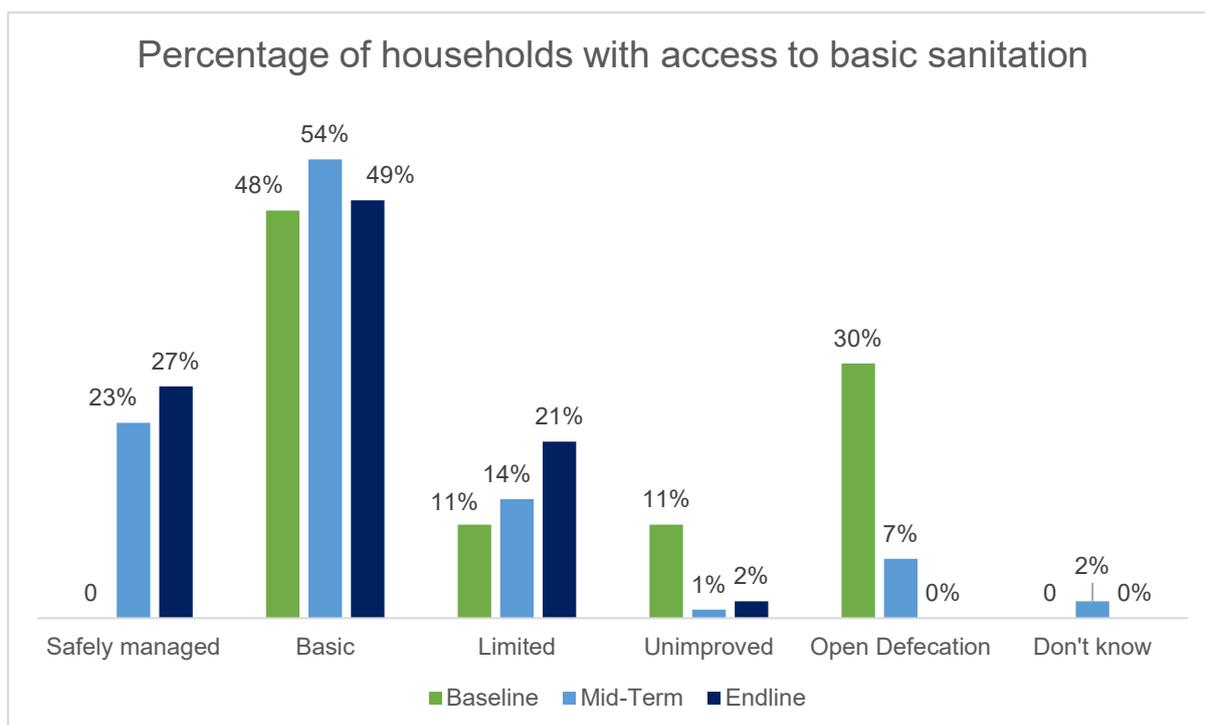
- An improved sanitation facility (closet pour flush);
- That is not shared with other households;
- Is connected to a septic tank;
- That has been emptied at least once in the last 3-5 years or piped to a Wastewater Treatment System (SPAL).

Given there are no SPAL in the project's target areas or safe methods for waste emptying, transport, treatment and disposal services, the MTR used an adapted version of the definition above to assess safely managed sanitation:

- An improved sanitation facility (closet pour flush);
- That is not shared with other households;
- Is connected to a septic tank that safely contains waste on-site;
- Is located more than 10 meters away from the nearest water source;
- And has not been emptied.

In the Endline report (49%) the range of access to basic sanitation has decreased compared to the Mid-term (54%). However, an increase in the "Safely Managed" sanitation services level substituted the decrease (27%). This indicates more household toilets have pits and are located more than 10 meters from the drinking water source. Unfortunately, even the basic sanitation service level is accessible, but most toilet using septic tank has never been emptied (53%).

The results of the 'Shit Flow Diagram' assessment are outline in the figure below.



**Figure 4. Percentage of households with access to basic sanitation**

It is important to note that the sanitation facilities identified as ‘safely managed’ at endline must continue to keep fecal waste safely contained on-site in the absence of SPALs or other infrastructure to safely empty, transport and treat fecal waste off-site as in MTR. This means that overtime, as toilet become full and need to be emptied, the proportion of households considered to have access to safely managed sanitation will decline. This is a challenge across Indonesia, not specific the project’s target areas. As many as 53% of households in Endline have a septic tank for drains which has increased from the MTR (23%). Even though it has never been emptied. The number of toilets with non-septic tanks decreased (17%).

**Table 14. Shit Flow Diagram**

Percentage of households with access to basic sanitation			Mid-Term	Endline
Improved Sanitation	Waste contained on-site	Waste Safely Contained	1%	1%
		Waste NOT safely contained	23%	53%
	Waste NOT contained on-site		50%	17%
			3%	5%
Limited (shared) Sanitation			14%	21%
Unimproved Sanitation			1%	2%
No Toilet			7%	0%

At midterm, 93% of survey respondents with a household toilet reported that women and girls in their household felt comfortable using the toilet when menstruating. The prevalence is not really different

from Endline (90%). There were no significant differences in the responses of men and women to this question, indicating either that household toilets are largely meeting the needs of women and girls, or that there is a low level of awareness of WASH needs specific to MHH and the potential for improvements. Households that at least have access to basic sanitation are not different from the MTR, as 77% in the Endline. Meanwhile, the proportion of households without toilets has decreased by 5%. The use of toilets with “Limited” sanitation levels increased by 17% (Figure 5).

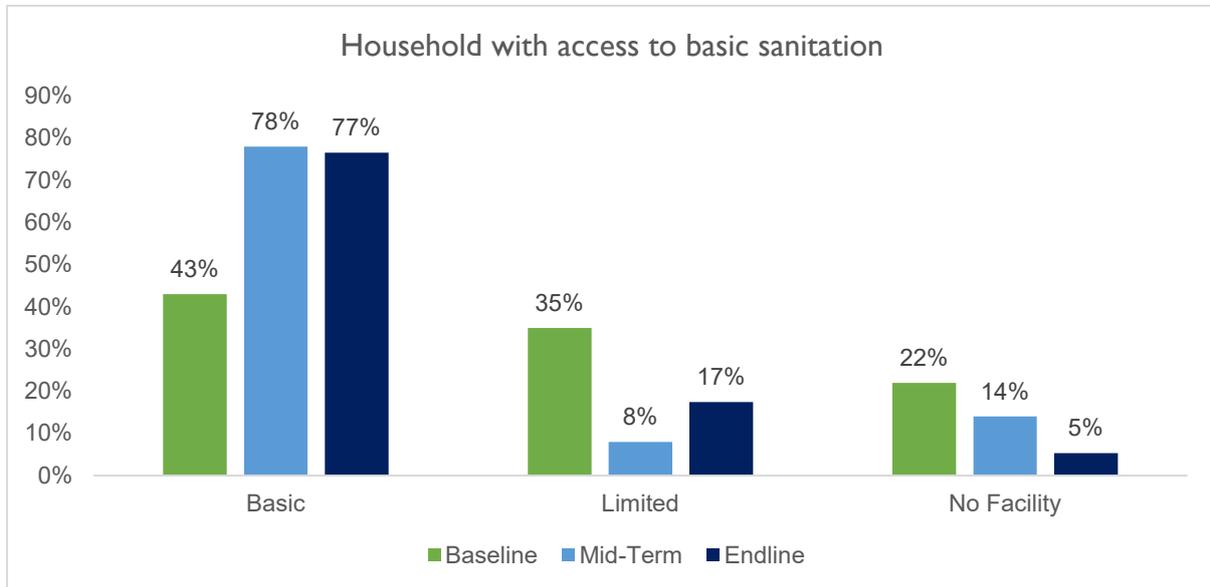


Figure 5. Household with access to basic sanitation

### 5.2.3. PILLAR 2: HANDWASHING WITH SOAP

#### Handwashing Service Level

The criteria for determining the handwashing service level used in the Endline are in line with those used for the MTR. The basic HWWS service level is defined as the availability of hand washing facilities with the availability of water and soap. Meanwhile, in the "limited" HWWS service level defined as limited water and soap, either one or no water and soap is available.

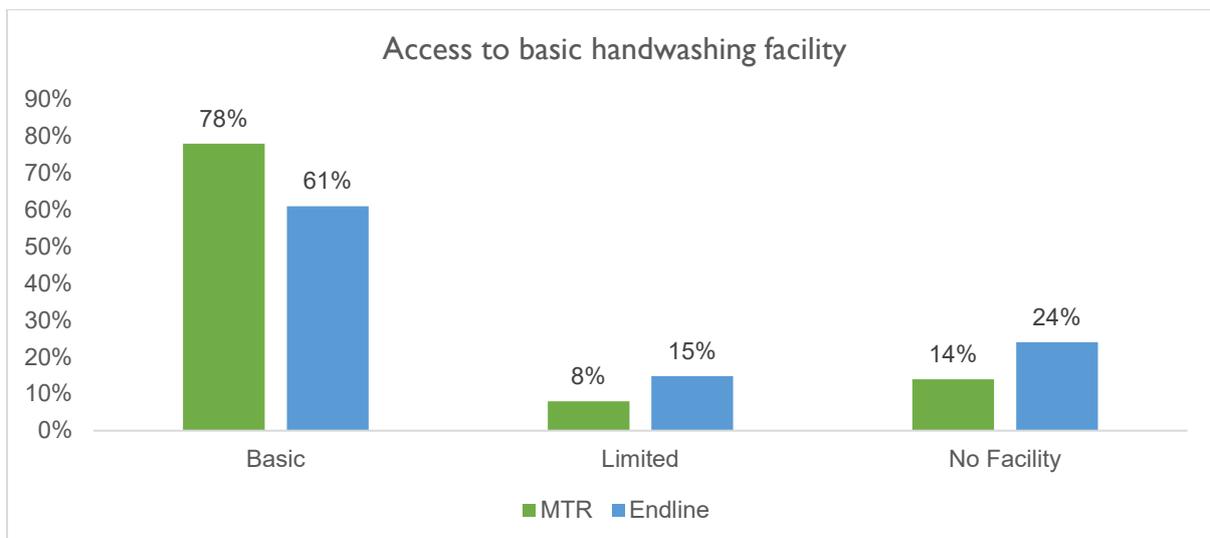


Figure 6. Access to basic sanitation

The availability of the HWWS service level in the Endline is slightly different from that of the MTR. In the MTR, the high prevalence of Covid-19 in 2020 encourages the rapid attainment of Pillar 2. HWWS facilities are provided at public facilities or in front of houses/roads, with access to the community. There was also support from the government or NGOs in providing soap and water. In the Endline, the decreasing prevalence of Covid-19 and the obligation to get vaccinated has resulted in a decrease in access to basic HWWS facilities (61%). Nonetheless, the interview results show that Pillar 2 is still one of the pillars of STBM with the most visible progress among the 5 Pillars. Campaigns regarding CTPS after using the toilet are also always given to the community.

As prevention of Covid-19 which is still relevant today, households are still aware of the importance of HWWS to prevent the spread of the virus. The household knowledge to prevent Covid-19 is listed below:

- Handwashing with soap (92%)
- Wearing mask (89%)
- Using hand sanitizer (24%)
- Keeping the distance (12%)
- Keep a clean environment (4%)
- Eating healthy food and exercise (2%)
- Drink traditional medicine (2%)
- Vaccination (2%)

### Knowledge of Critical Times for Handwashing

In the MTR survey, only 38% of respondents could identify three or more critical times to wash their hands with soap, such as “before eating or preparing food”, “after going to the toilet”, “after caring for” a sick person or “after taking out baby waste”. There was no significant difference in knowledge of men and women about critical times for hand washing. This number increased in the Endline survey to 40.2%.

In Endline, the highest concern for households to perform handwashing was "after working outside or in the yard" (64%), "before and while preparing food" (54%), and "after going to the toilet" (52%). The campaign for HWWS after going to the toilet has often been delivered in the last two years and has become a trigger for households to increase the habit of washing after going to the toilet.

**Table 15. Knowledge of critical times for handwashing with soap and water**

<b>What do you think are the most important times to wash your hands with soap?</b>	<b>Mid-Term</b>	<b>Endline</b>
Before eating or preparing food	92%	54%
After going to the toilet	42%	52%
After working outside / in the garden	71%	64%
After caring for a sick person	2%	4%
After disposing of infant feces	5%	7%
After contact with an animal	13%	8%
After coughing or sneezing	1%	2%

The campaign for HWWS at a critical time, especially after going to the toilet, supports awareness raising to do HWWS and builds HWWS around/close to toilets. Based on the Endline data, Sumbawa (64%) showed a significant increase compared to Manggarai (20%) regarding the availability of HWWS facilities near the toilets. Meanwhile, many HWWS facilities were identified around the kitchen, yard, or other places around the house for Sumbawa (25%) and Manggarai (42%).

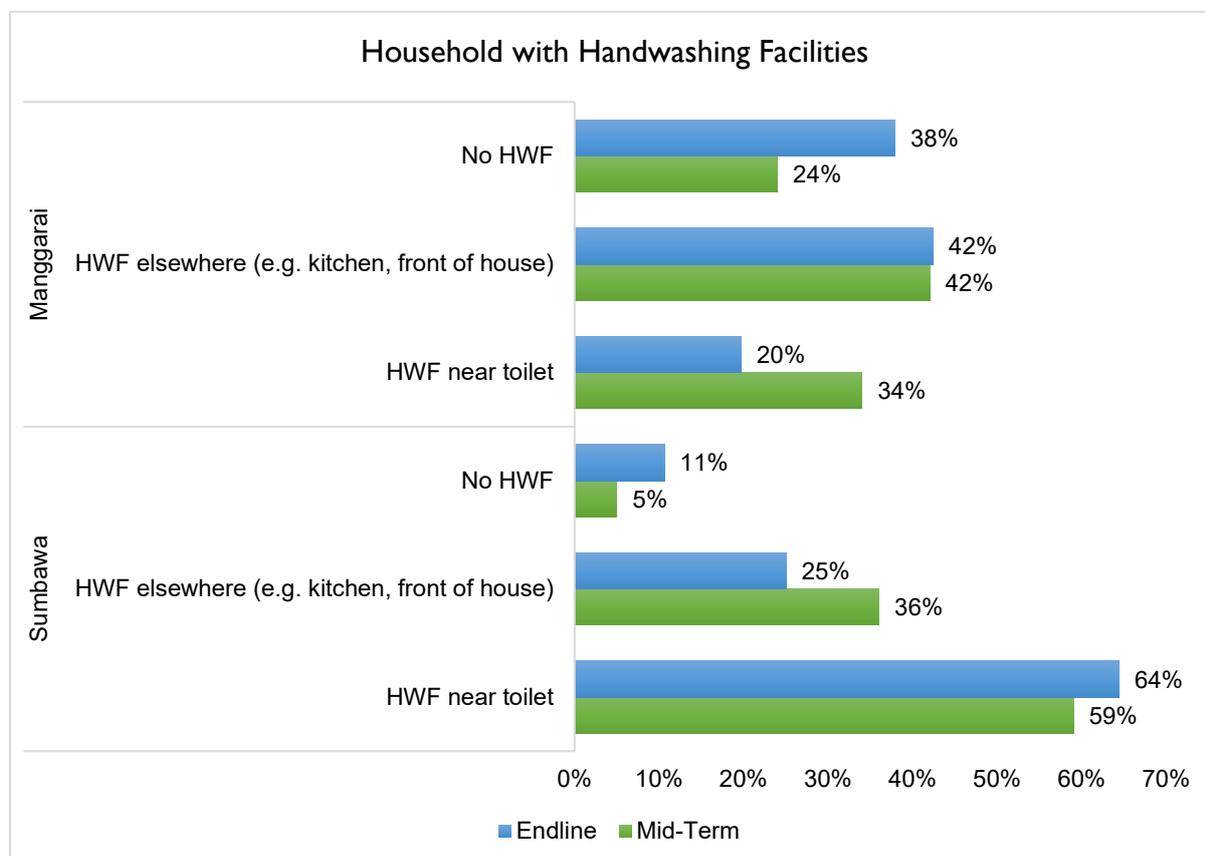


Figure 7. Location of handwashing facilities

### Effectiveness of Hygiene Promotion

In the Endline report, the reasons that motivate people to wash their hands with soap include:

- Stopping the spread of disease (66%)
- Feeling/looking/smelling clean (71%)
- Stopping the spread of COVID-19 (specifically) (31%)
- Keeping children/family healthy (19%)
- Being a role model to children (5%)

When it comes to hygiene messaging, Endline found that the following mediums were the most common ways households received information about handwashing include:

- Family and colleagues (52%)
- Community Promotion (posters, banners, announcements) (34%)
- Community Meetings (31%)
- Door to door home visits (38%)
- Media social (11%)
- Television (17%)

- Counseling (8%)
- WhatsApp message (1%)

The most common sources of information about handwashing were:

- Village Leaders (59%)
- Health Centres (52%)
- Religious Leaders (6%)
- Posyandu (16%)
- STBM Team (35%)
- PKK (8%)
- Sanitarian (17%)
- School (1%)
- Family (15%)
- Plan Indonesia (11%)
- Other NGOs and other media (2%)

These are the key change agents that project has been working with to support implementation of STBM including hygiene promotion.

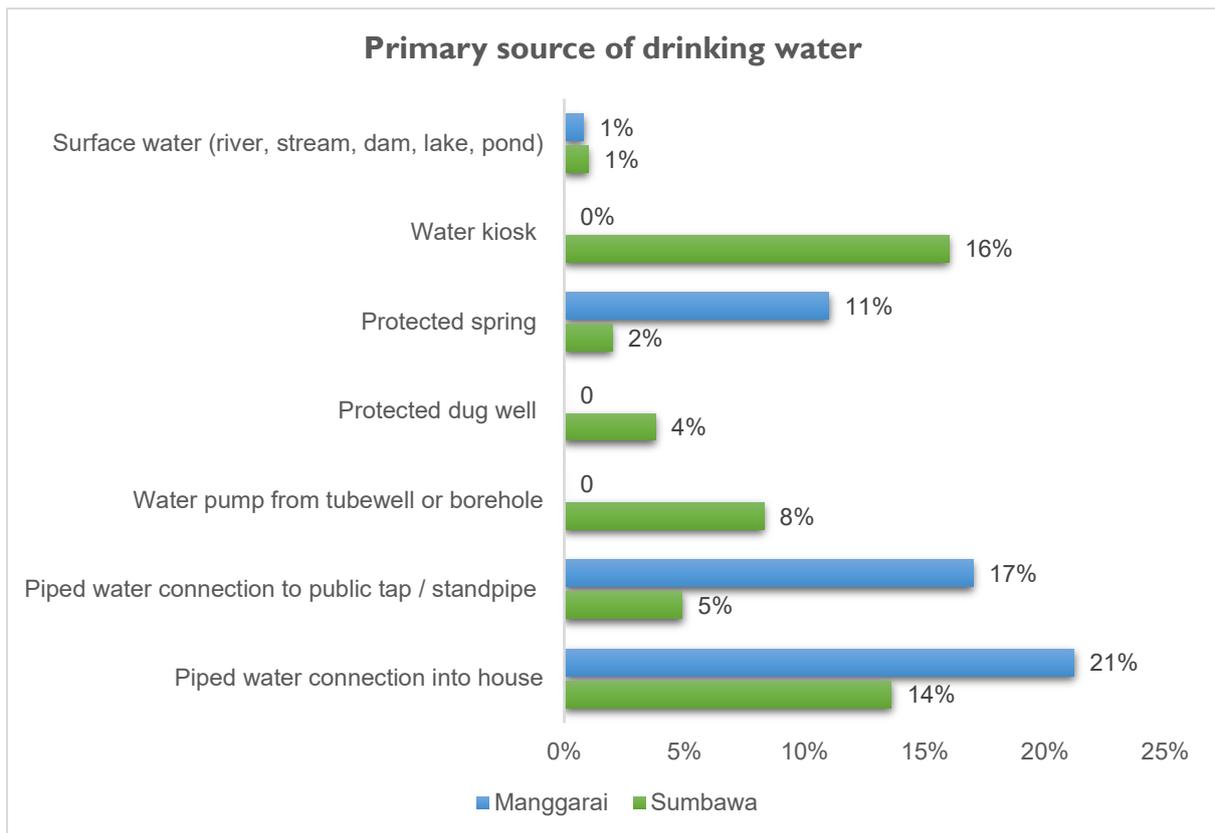
#### **5.2.4. PILAR 3: DRINKING WATER TREATMENT AND STORAGE**

##### **Water Treatment and Storage Practices**

The project does not directly influence water supply improvements, but has been working in concert with PAMSIMAS who are addressing water supply issues and increasing household water connections in the project's target areas. This ongoing work is critical to the achievement and sustainability of other STBM outcomes.

More than 90% of villages have access to basic drinking water sources and have achieved the STBM Pillar 3 target. For example, there is Latung Village which even though experiencing a water crisis, has achieved the pillar 3 STBM target. Thus, almost all villages in various sub-districts have been facilitated with clean water, but this provision does not directly cover the entire community. The challenge is the limited amount of water available in the area. Based on findings, households have to collect water at night to be used during the day. The water discharge is heavier at night due to the large number of users during the day. Complaints regarding a broken water machine are also a concern.

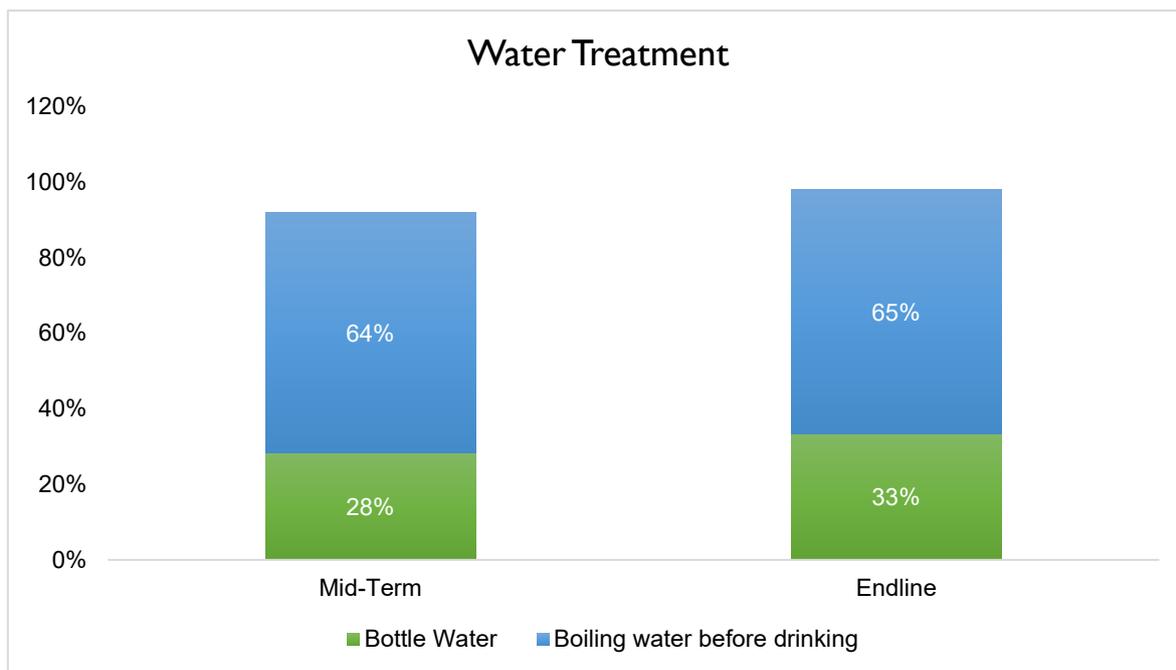
Since 2018 around 127 springs in NTB have disappeared, most of them in Sumbawa. POKJA has delivered advocacy to the Sumbawa Regional Government in increasing capacity to maintain water quality and expects to get a sustainable solution. On the other hand, in the NTT region, a collaboration has been initiated between Bank NTT and BUMD to develop micro drinking water loans, without collateral and interest. In this credit simulation, the cost of installation from the main canal to each household is estimated. The credit is not in the form of money, but the installation of drinking water pipelines. However, apart from that, the tea should also consider the maintenance of pipes and water machines.



**Figure 8. Primary source of drinking water**

Based on a household survey in the two districts, 93% of the community had access to basic drinking water. The tendency in the two districts seems different. In several villages in Manggarai (NTT), more households are installing piped water connections to the house (21%) or using piped water sources that flow to public facilities (17%). Meanwhile, in Sumbawa, most households consume drinking water from gallons or refills at kiosks (16%). Water pipes connected to houses have started to exist (14%) but not as much as found in Manggarai. The protected springs are still consumed by the people in Manggarai (11%), while a small number of Sumbawa people consumed unprotected springs (4%).

In the endline survey, the majority of households boiled raw water for drinking (65%). From those, households used drinking water from piped water (76%), drilled/dug wells (3%), protected springs (19%), unprotected springs/surface water (12%), and water kiosks (0.6%). Other households use bottled/kiosk water which doesn't need boiling (15%). Meanwhile, another 11% do not treat drinking water even though it comes from pipes or springs. As much as 0.4% of households treat water by adding chlorine. Therefore, there are improvements in drinking water treatment during the Endline compared to the Midterm (Figure 9).



**Figure 9. Household Water Treatment**

**PILAR 4 AND 5 DOMESTIC SOLID AND LIQUID WASTE MANAGEMENT**

The Endline results show that among the five STBM Pillars, the best achievements are in pillars 1 to 3. Meanwhile, Pillar 4 and 5 still face several challenges. The challenges are more than just a lack of public awareness in managing solid and liquid waste. Awareness of managing solid waste has increased slightly by 3% compared to the Mid-Term survey, but that of managing waste safely has decreased by 3% (Figure 10).

The main obstacle in achieving Pillars 4 and 5 also includes the condition of the settlement which is narrow and difficult to make sewers. Making gutters for drains also requires expertise. Although drains for washing dishes and clothes have been made besides their houses, it is still not connected to the main sewer. Each household only tries to prevent inundation in the sewer. Some of them also use household wastewater to water the yard.

In a village in Sumbawa, several policies regarding waste transportation prioritize women. The policy is to provide garbage collection cars to help women, as the person in charge of household affairs, to be assisted in managing waste. For Pillar 4, several places have developed 3R (Reduce, Recycle and Reuse) waste management and processing. The amount of waste has decreased. Further, waste has turned into useful goods. This activity cooperates with BUMDES to sell the recycling product to the market.

Based on the interview with the Manggarai Regent, Pillar 5 will be drafted into a Regent Regulation regarding village-scale local authority to build sewers. It indicates a village commitment to achieve Pillar 5 using the village fund budget in 2023. The village has committed to making sewers, whether communal or private.

## 5.2.5. PILLAR 4: SOLID WASTE MANAGEMENT PRACTICES

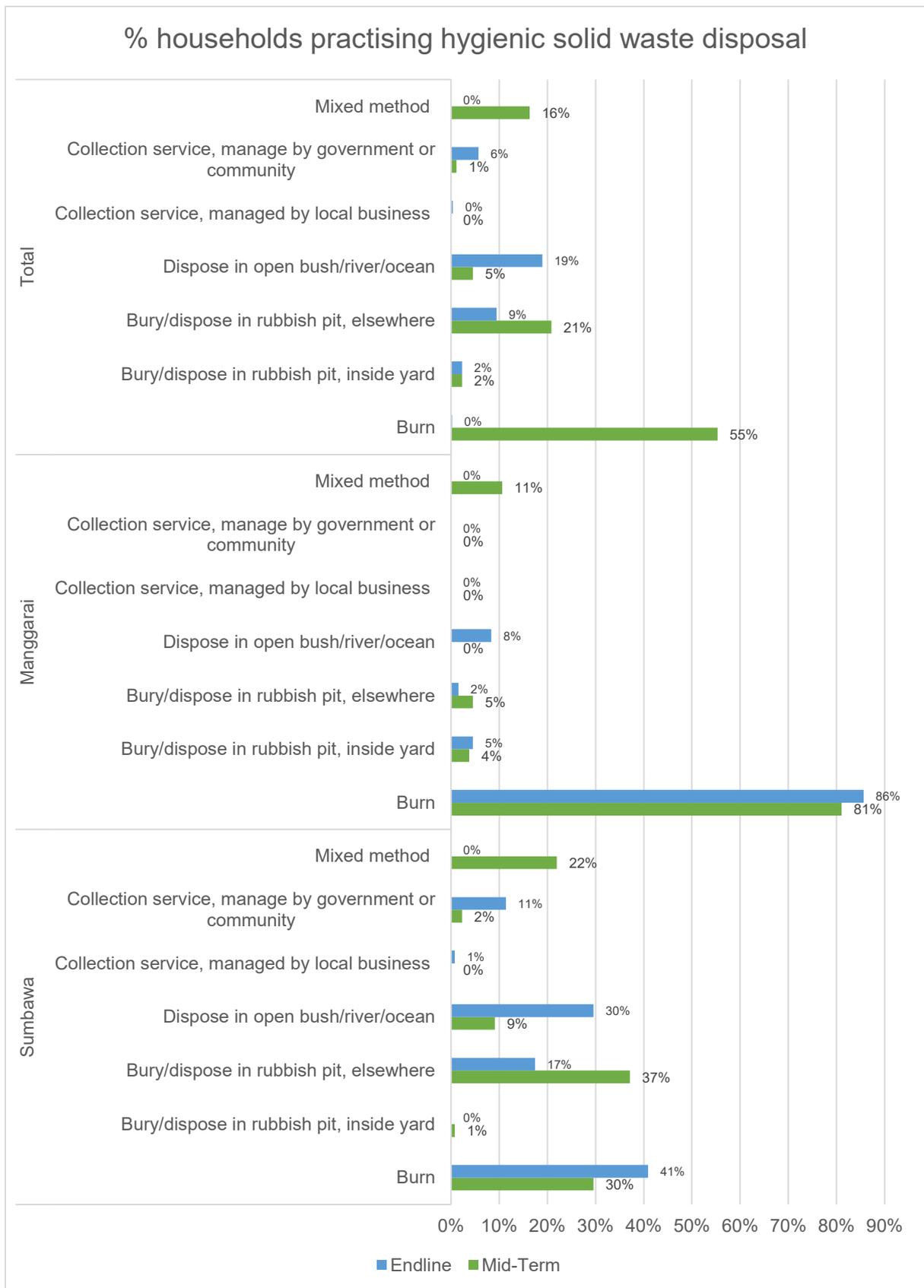
### Household solid waste sorting practices

In general, households still practice unhygienic solid waste storage. Only 13% of households use closed bins, while 61% use open bins, and 3% store waste in open pits in the yard/garden. Meanwhile, those who store garbage in open bins inside the house have decreased by 6%.

The practice of household solid waste sorting practices in Sumbawa and Manggarai did not change during MTR and Endline. Both in MTR and Endline, 85% of households did not practice solid waste sorting, and only 15% of households practiced waste sorting, recycling, and composting.

Most households (85%) did not sort solid waste, both in Manggarai (89%) and in Sumbawa (89%). Figure 11 showed the practice of solid waste disposal. 55% of solid waste was burned, which is higher in Manggarai (86%) than in Sumbawa (41%). Further, as many as 8% of households in Manggarai and 30% of households in Sumbawa dispose of their solid waste in open dumps/rivers/seas. This has increased compared to MTR, in which no (0%) households in Manggarai disposed of solid waste in open dumps/rivers/sea, and 8% of households in Sumbawa District disposed of solid waste in open dumps/rivers/sea.

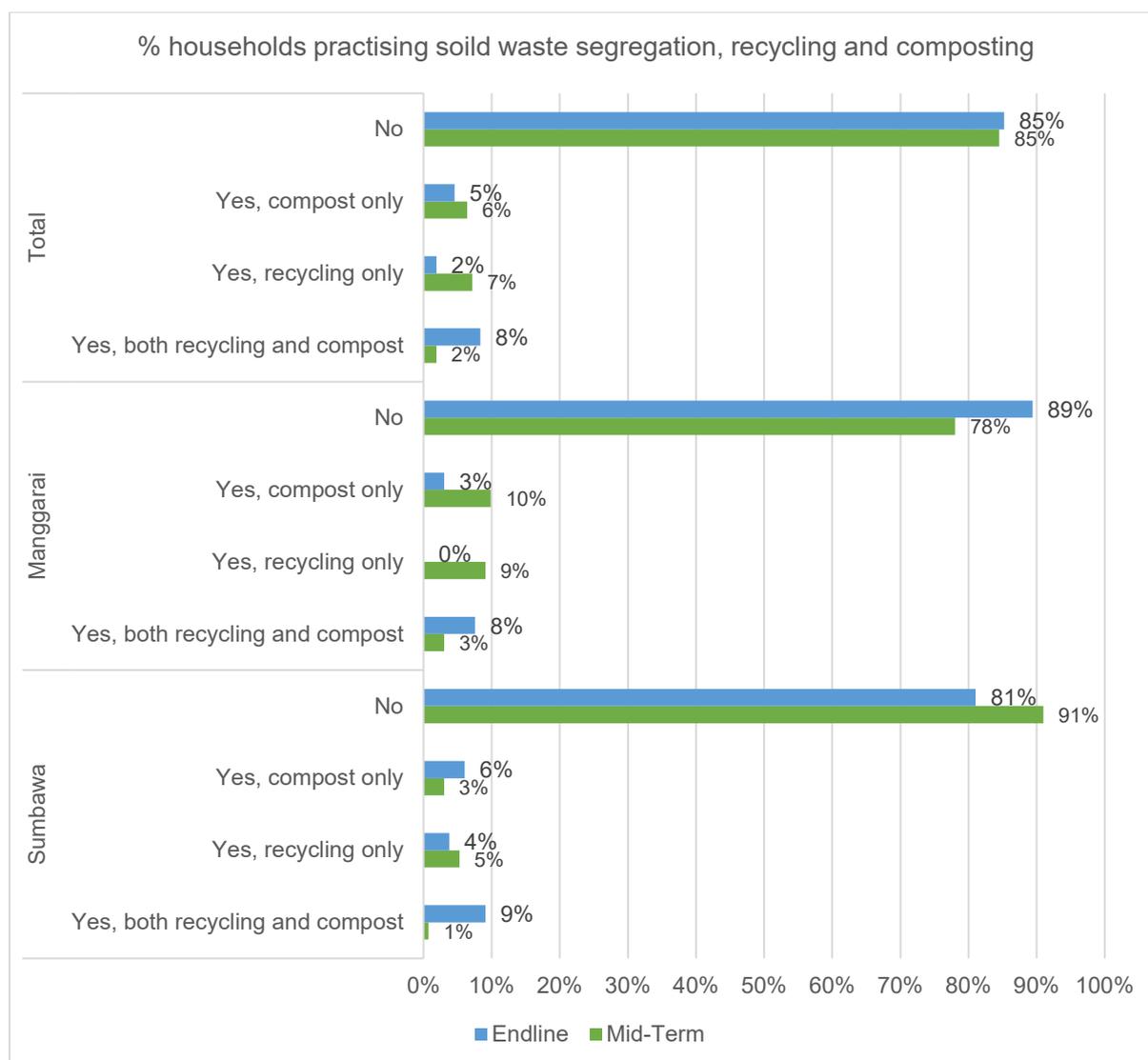
The unideal solid waste disposal practices with burning among the community might be due to the lack of understanding and awareness about the impact of burning the waste. One of the key informants stated, " We, the community, segregate the waste into two groups such as which can be composted and which one can be burned". Meanwhile, 5% of households dispose of solid waste behind the house. This is because of their perception of having a large land, so they can dispose of household solid waste behind the house by burying it.



**Figure 10. Separation and Management of Household Waste**

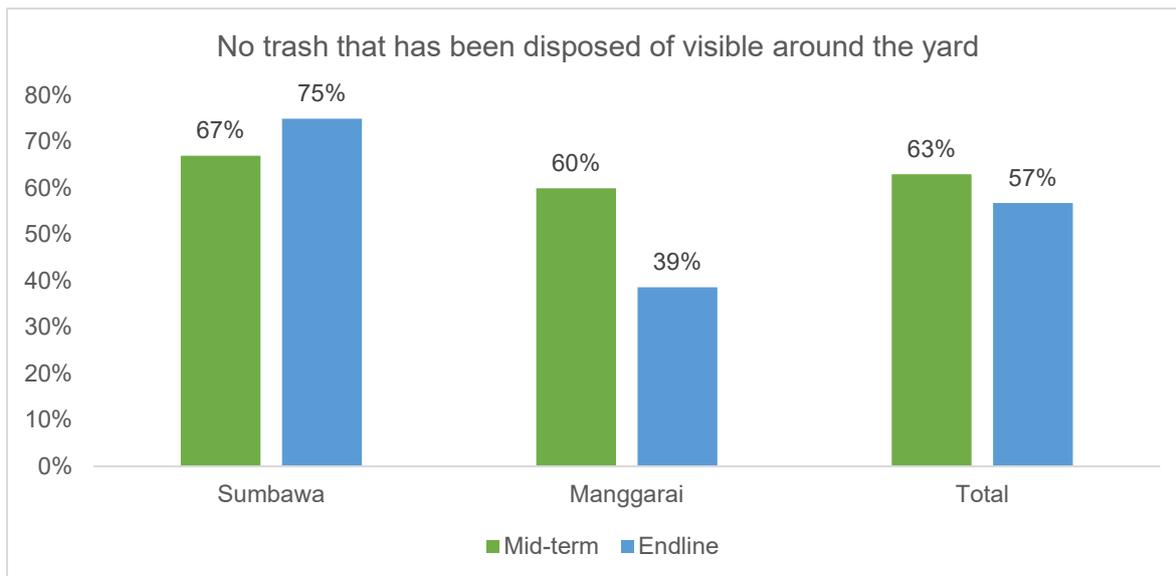
In Sumbawa, there was an increase in safe behavior for solid waste disposal. As much as 11% of household solid waste was transported by local sanitation workers and 1% of them by private cleaners. This is in line with the statements of several key informants in the NTB Province that since 2021, there was 3-wheeled cars or motorcycles have been provided to transport garbage and landfills in each sub-district. However, this movement has not been evenly distributed throughout the NTB Province.

Compared with the MTR data, Manggarai District experienced a decrease in awareness of access to safe disposal of household solid waste. This is due to an increase in the behavior of solid waste disposal by burning, disposal in open areas/rivers/sea, and disposal in land/yards of houses.



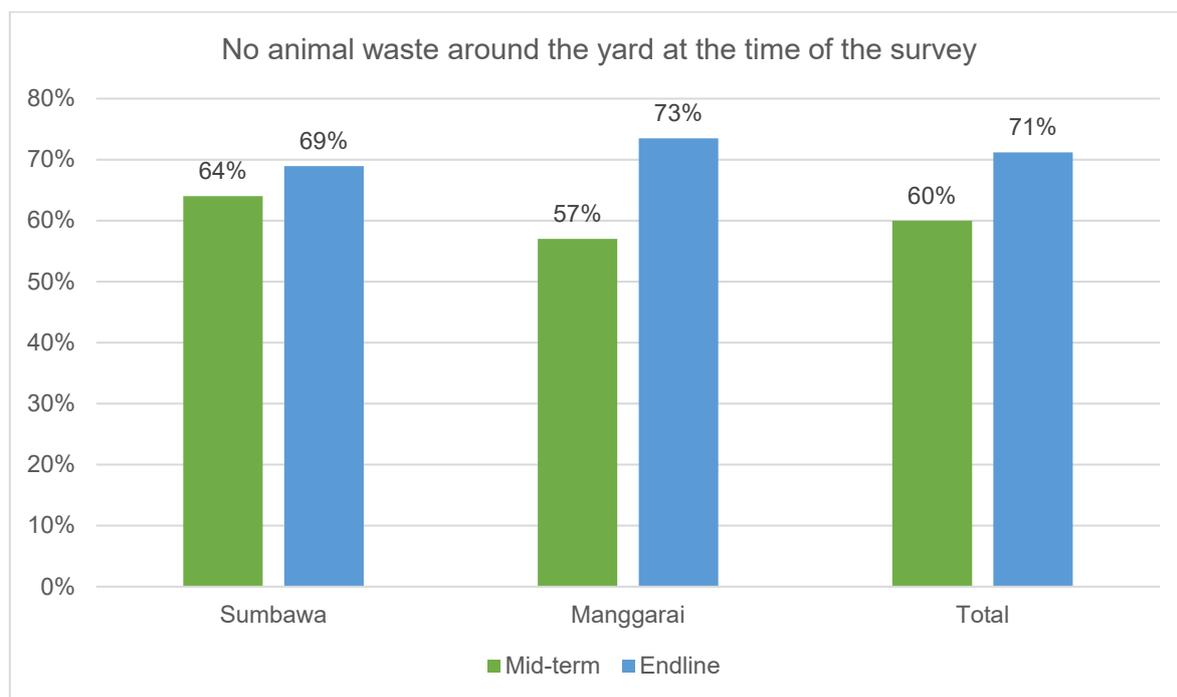
**Figure 11. Practice Hygienic Solid Waste Disposal**

Both Endline and MTR surveys observed the cleanliness around the house and yard. It is noted, whether there was solid waste in the surrounding area of the house. Overall, 57% of the houses were clean, with no solid waste around the yard during Endline. There is a decrease in the Endline report than MTR (67%). A significant decrease was observed in Manggarai during MTR (60%) and Endline (39%). This is consistent with the findings that there is an increase in households disposing of solid waste in open areas in their yards (5%).



**Figure 12. Observations of environmental hygiene – solid waste**

Observations of the environment found that 71% of household environment was clean of animal waste. Compared to MTR, only 60% of the home environment was clean from animal waste. This shows an increase in environmental hygiene.



**Figure 13. Observations of environmental hygiene – animal waste**

## 5.2.6. PILAR 5: LIQUID WASTE MANAGEMENT

### Liquid Waste Management

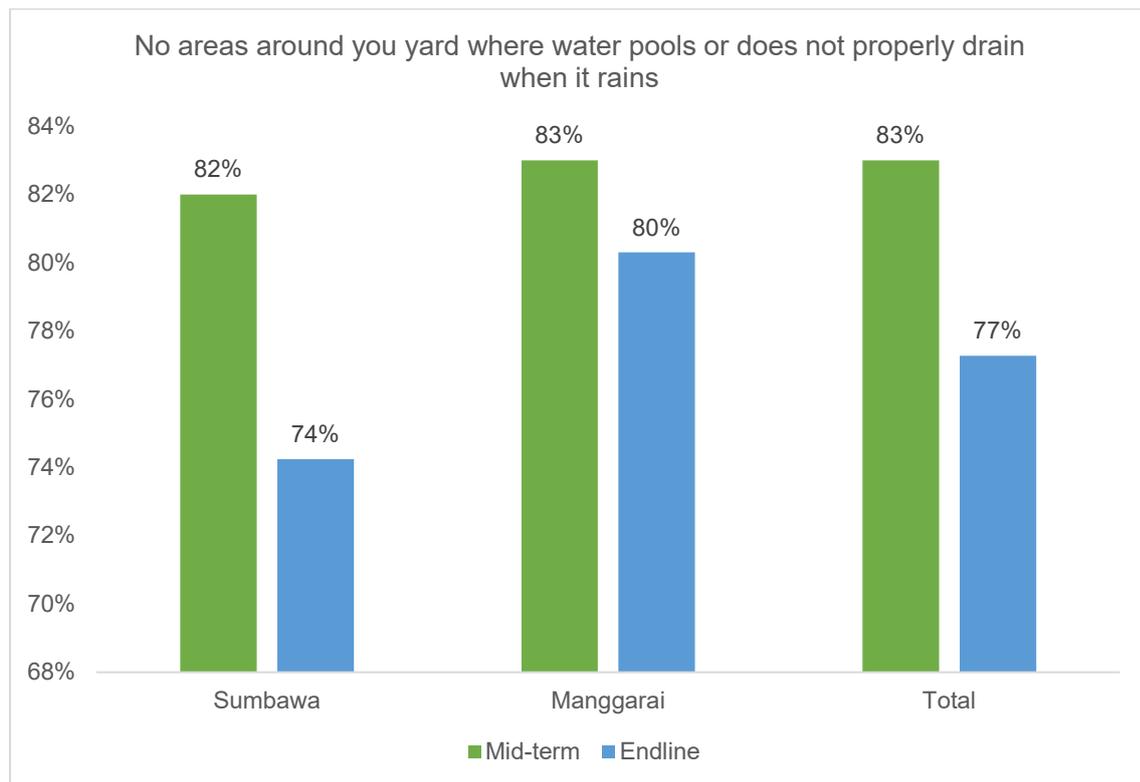
At baseline, 42% of households disposed of household wastewater in their yard, while 30% of households disposed of wastewater to a drain, and 25% disposed of liquid waste in a dug-out ditch/channel. At midterm, the percentage of households disposing of wastewater to a drain increased to 53%, while only 16% of households were draining wastewater to a ditch/channel, and 30% of

households were disposing of wastewater in their yard/garden. This data suggests some improvement concerning Pillar 5 although this improvement appears to be limited to a small handful of villages. At the endline, 30% of households still dispose of liquid wastewater in their yards, and 70% have channeled wastewater into sewers. Of 70% of households, 46% have drained wastewater into closed sewers and 24% have discharged wastewater into ditches.

At baseline, enumerators observed poor drainage in 15% of households, and this remained relatively consistent at midterm, with 17% of households observed to have poor drainage. In the Endline survey, 23% of households had poor drainage wastewater around their home environment. Therefore, at increased risk of water and mosquito-borne disease and this indicates a decline related to pillar 5.

A village in Sumbawa Regency stated that 80% of the residents' houses had built an IPAL for each house and a communal IPAL used by almost 100 families. However, recently, the IPAL is no longer functioning properly. Therefore, the village proposes to the government to fix it.

The key informants in Manggarai District revealed that overall, they felt it was unlikely that there would be poor wastewater drainage, shown with a wastewater pool, considering the condition of several villages that often-experienced water crises. Further, they thought the settlement area is too narrow to make a sewer; the topographical of the houses located on the edge of the cliff is one of the factors.



**Figure 14. Observations of water pools around the yard**

### 5.2.7. SANITATION ENTREPRENEURS

The project has undertaken two key activities with sanitation entrepreneurs since the beginning of the project, including:

- Training for 20 enterprise groups in toilet construction and GESI needs, basic business skills and how to access capital from local banks. According to the WfW project team, seven of these groups remain active, two of which are led by female entrepreneurs (including one woman with a disability).
- Training for PAR groups on how to make facemasks as a supplementary livelihood activity during COVID (including a mask designed for people who are hearing impaired/lip readers).
- Video tutorials on how to make fabric masks for children and transparent masks for people who are deaf or hearing impaired. These videos were endorsed by MoH.

The progress of this activity began to be seen at the end of the project with more households mentioning the names of sanitation entrepreneurs who distributed sanitation materials. Several names were mentioned by households in Sumbawa. Meanwhile, for sellers in Manggarai, most households only stated the shop location. Several shops were mentioned during Endline data collection, including Unity Store, Gemilang Jaya Moyo Store, Bal Store, Sumber Emas, Labalong Store, Bos Nik, UD Harapan Baru, Sumber Bangunan, Hidayah, Saely Jaya Store, Arwan Shop, Rabiatal Shop, Pak Saleh and Pak Muis. It was identified from the interview results that there were toilet manufacturers who had just started their business after receiving training from Plan Indonesia and had collaborated with the village to provide toilet materials in North Rahong, Golo Langkok Village.

Recently, the Province of NTT initiated partnership with Bank NTT to help provide credit for water and sanitation. The credit is to make water channels to the house and build latrines. Further, several sanitation entrepreneurs were identified in NTT, such as:

- There is a sanitation entrepreneur on disability group in Belu District that makes and sells goose neck toilets.
- A toilet entrepreneur in Golo Langkok Village, Manggarai Regency, who started a toilet manufacturing business after receiving training from Plan Indonesia and is currently working with the village in providing materials for making latrines.

Local sanitation businesses were also found in Batudulang Village, Sumbawa Regency, NTB Province. However, those local businesses have not been able to provide special products for women and persons with disabilities. The government provides support for local sanitation entrepreneurs, like obtaining business permits.

Most of the villages in Kabupaten Manggarai and Kabupaten Sumbawa report that they are still buying materials for latrine construction from the city center due to limited materials available at the sub-district level.

The need for special toilet designs for persons with disabilities, especially toilets in public places, was conveyed directly by several key informants. One of the key informants stated that there is a need for assistive devices for persons with disabilities in the form of handrails that can make it easier for persons with disabilities to go to the toilet at the village office.

### 5.3. GENDER EQUALITY AND SOCIAL INCLUSION

Section 5.3 presents results in relation to outcome 3: *women, girls PWD and SGM are agents of change in claiming their rights in households, communities and public domains.*

The WfW project is working towards transformative change “beyond WASH” for project communities with a focus on marginalized groups. Key activities implemented by the project in its first two years to facilitate transformative change include (but are not limited to):

- Training for government personnel and Pokja/STBM teams in GESI-STBM as a ‘mainstreaming’ activity
- More targeted capacity building training for DPOs, PKK, women, PWD and SGM on GESI-STBM.
- Participatory action research (PAR) processes led by women, girls, PWD, and SGM to develop self-led community action and advocacy plans to improve public WASH. The PAR process has involved four iterative and participant-led cycles of planning, action and reflection by women, PWD and SGM working in peer groups, with facilitation support from Plan and Edge Effect to support the development of critical analysis, planning and advocacy skills.
- Working with PAR groups, DPOs and PKK women to strengthen capacity for direct advocacy to Gol to increase support for and investment in GESI-STBM and inclusive WASH facilities.
- Supporting village and sub-district PKK and Posyandu cadres to develop leadership and decision-making skills within STBM teams.

During -19, the following activities also commenced:

- Community competitions (in partnership with the private sector) to design an inclusive and accessible toilet for women and people with disability, and to demonstrate inclusive and accessible handwashing facilities in the home
- Mentoring and training support to some women and people with disability to establish small businesses selling face masks (including facemasks for the deaf and lip-reading community), as a livelihood activity in recognition of the economic impacts of COVID-19 (see discussion of hygiene and sanitation enterprise activities above)
- Training for village governments in how to access and prioritize Village Funds for STBM-related COVID-19 prevention and response, including support for marginalized individuals and households within their communities (see discussion on Building Block 4: Sector Financing above).
- A WASH facilities audit and ‘accessibility checks’ within sub-district health centres, building on the advocacy of PAR groups in 2020 for more inclusive WASH facilities in health centres and lessons from research with the Institute of Sustainable Futures on integrating CCA/DRR in GESI-STBM (see discussion on Pillar 2 above).

#### 5.3.1. KNOWLEDGE AND ATTITUDES ABOUT ‘SAFE’, ‘ACCESSIBLE’ AND ‘INCLUSIVE’ WASH

At baseline, government and community leaders demonstrated a largely ‘need-based’ understanding of inclusion (i.e. to meet the WASH needs of marginalised groups), while in interviews conducted for the endline, a more ‘rights-based’ understanding of GESI was evident. Interview participants from village to district level commented on the rights of women and PWD to participate in decision-making and planning processes in their community, and the importance/value of their contribution and input. Pokja AMPL/STBM team members indicated that GESI-STBM training and participation in GESI monitoring activities for the project (including the GWMT) had informed their views.

Several key informants noted that women involved in STBM teams tended to be more active than men, and that women’s active participation was driving progress towards the five STBM pillars and critical to achieving outcomes for the community. When it came to creating opportunities for women to participate in STBM planning and decision-making processes, the role of Posyandu and PKK cadre was identified as critical in reaching out to, inspiring, mobilizing and engaging other women, including via home visits and activities at hamlet level to make it easier for women with other household responsibilities to participate.

Key informant interview participants (both men and women) from Pokja AMPL/STBM teams report that GESI-STBM training and monitoring activities have increased their understanding and appreciation of the roles that women and people with disability can and do play in helping communities to achieve STBM. Many commented that GESI-STBM training had also led to personal transformations in how they discussed gender roles within their own family and increased their willingness to question/challenge ‘traditional beliefs’ about the roles of men and women.

### 5.3.2. GENDERED DIVISION OF WASH WORK WITHIN THE HOME

Interviews with the representatives from STBM teams at village and sub-district level said that GESI-STBM training and GESI-STBM monitoring activities had contributed to changes in how they discussed gender roles within their homes, and a greater willingness to challenge traditional beliefs about the roles of men and women.

Consistent with these reports, household survey data collected for the MTR shows an increase in the involvement of men in WASH work within homes in the project’s target villages:

- At baseline, 70% of survey respondents said that women were usually responsible for household WASH tasks such as fetching water.
- At midterm, around 35% of respondents said that women were usually responsible for fetching water, while 49% said that this task was shared by men and women
- At endline, only 34% of respondents said that women were usually responsible for fetching water, while 51% said that this task was shared by men and women

This means that during the four years of WfW project, there has been a significant increase in the role of women in household water collection.

**Table 16. Roles of men and women in household water collection**

Who is usually responsible for fetching water in households in this community?	Female Respondent		Male Respondent		Total	
	MTR	Endline	MTR	Endline	MTR	Endline
Women	32%	39%	37%	29%	35%	34%
Men	14%	8%	12%	14%	13%	11%
Women and men together	50%	49%	47%	53%	49%	51%
Children	4%	4%	4%	5%	4%	4%

Although men may be increasing their participation in household WASH work, the burden on women to undertake WASH work (either on their own, or as a shared responsibility) has not reduced significantly:

- At baseline only 13% of respondents said that men were usually responsible for fetching water within their household.
- At midterm this figure remains unchanged at 13%.
- At endline, this figure decreased slightly to 11% of respondents who said men were usually responsible for fetching water within their household

Household survey respondents were also asked about social beliefs in their community regarding the division of household WASH work. Approximately half (62%) of all respondents said that most people in their community would agree that women should be responsible for WASH work within the home, such as fetching water, cleaning toilets and bathing children. This finding is a good indication and quite significant progress when compared to the MTR results, project monitoring data and findings from MKGS reports produced by Plan Indonesia, which found that: “Women are still the group that bears most of the STBM workload.”<sup>1</sup>

**Table 17. Social beliefs and attitudes about the division of WASH work in the home**

Which of the following statements do you think most [men/women] in this community would agree with?	Female Respondent		Male Respondent		Total	
	MTR	Endline	MTR	Endline	MTR	Endline
Women should do most of the chores around the home, like fetching water, cleaning the toilet, and bathing children.	54%	35%	50%	41%	52%	38%
Men should help with chores around the home, like fetching water, cleaning the toilet and bathing the children.	46%	65%	50%	59%	48%	62%

Social norms and traditional beliefs regarding the roles of men and women in the home remain strong, and social change in this context is likely to be slow to emerge. Widespread and sustained social change in gender roles is unlikely to be seen in the life of a four-year project, given these changes typically occur over longer periods of time, often generations, and therefore it is important for the project to maintain realistic expectations about what can be achieved in the short-term during the extension of the project. Findings from the endline and MTR do suggest, however, highlight some positive early indications of change for individual families (and project stakeholders/change agents) when it comes to the gendered division of WASH work in their homes as a result of increased awareness through participation in GESI-STBM training and activities.

### 5.3.3. PARTICIPATION OF WOMEN IN STBM DECISION-MAKING IN THE HOME

Women's participation in STBM decisions-making at home is very important. This is one of the GESI indicators in STBM implementation. At baseline, 44% of household survey respondents said that the final decision to buy or build their household toilet was made by men and women together. This has increased to 79% (MTR) and 83% (endline) of survey respondents reporting shared decision-making in relation to household sanitation.

<sup>1</sup> Plan International Indonesia, 2020, *Implementation of MKGS in Manggarai and Sumbawa District WfW Pilot Projects*, internal document.

**Table 18. Roles of men and women in household decision-making for sanitation**

Who in your household made the final decision to buy/build this toilet?	Female Respondent		Male Respondent		Total	
	MTR	Endline	MTR	Endline	MTR	Endline
Women	7%	8%	5%	5%	6%	6%
Men	24%	6%	29%	11%	26%	9%
Both (together)	67%	86%	65%	81%	66%	83%

When asked about social beliefs in the community, 71% of survey respondents agreed that men and women should make decisions about household expenditure together.

**Table 19. Social beliefs and attitudes towards decision-making roles in the home**

Which of the following statements do you think most [men/women] in this community would agree with?	Female Respondent		Male Respondent		Total	
	MTR	Endline	MTR	Endline	MTR	Endline
Men should make the final decision about what to spend money on for the family	3%	3%	5%	5%	4%	4%
Men should ask women what they think before making the final decision about what to spend money on for the household	21%	27%	18%	23%	19%	25%
Men and women should make the final decision together about what to spend money on for the family	76%	70%	78%	72%	77%	71%

Findings from project monitoring and MKGS reports note that: “Authority in the decision-making process is directly proportional to participation in STBM activities. In this regard, women show greater decision making for matters relating to STBM within the household, and vice versa for those that are carried out at the community level.”<sup>2</sup> This is consistent with the midterm survey results which show greater participation by women in decision-making in the home compared to the public realm, where men remain more dominant.

#### 5.3.4. PARTICIPATION OF WOMEN IN STBM DECISION-MAKING AND LEADERSHIP IN THE COMMUNITY

At baseline, 76% of household survey respondents said that it was usually a male household member who attended community meetings or events about STBM. At midterm, 46% of respondents said that both men and women attended community STBM meetings, and only 40% said that it is usually men alone who attend. At endline, there has been a significant change where as many as 55% of respondents said that both men and women attend STBM meetings, and only 26% said that usually only men attend.

**Table 20. Participation of women and men in community STBM**

In this community, who usually attends meetings about STBM?	Female Respondent		Male Respondent		Total	
	MTR	Endline	MTR	Endline	MTR	Endline
Women	13%	20%	16%	19%	14%	19%
Men	43%	24%	37%	28%	40%	26%
Both	45%	56%	47%	53%	46%	55%

<sup>2</sup> Plan International Indonesia, 2020, *Implementation of MKGS in Manggarai and Sumbawa District WfW Pilot Projects*, internal document.

The data above highlights an improvement in women’s participation in community STBM activities through the WfW project, however a number of key informants at village level reported that men are still more dominant in public discussions and decision-making processes. The same thing was also reported in previous MTR studies.

When asked who speaks up at community meetings, 50% of survey respondent said that both men and women contribute to discussions, while 36% said that it is usually men who speak up. Female respondents were slightly less likely than male respondents to report that women speak up at meetings. However, this data shows an improvement when compared to the MTR report where as many as 43% of respondents said that both men and women contributed to the discussion, while 48% said that it was usually men who spoke.

**Table 21. Participation of men and women in public decision-making**

Di komunitas ini, siapa yang biasanya berbicara pada pertemuan masyarakat?	Female Respondent		Male Respondent		Total	
	MTR	Endline	MTR	Endline	MTR	Endline
Women	7%	13%	11%	16%	9%	14%
Men	51%	36%	45%	35%	48%	36%
Both	42%	51%	44%	49%	43%	50%

When asked who leaders in the community typically defer to when making decision, 69% of respondents said that leaders listen to both men and women, while 25% of respondents said that leaders listen predominantly to men. Female respondents were slightly more likely than male respondents to report that leaders listen predominantly to men. This is of course a significant achievement from WfW. This shows an improvement compared to the MTR data, where as many as 51% of respondents said that leaders listen to the opinions of both men and women, while 41% of respondents said that leaders listen more to men.

**Table 22. Social beliefs and attitudes towards the role of men and women in public decision-making**

In this community, who do leaders usually listen to the most when making decisions?	Female Respondent		Male Respondent		Total	
	MTR	Endline	MTR	Endline	MTR	Endline
Women	8%	6%	9%	8%	8%	7%
Men	49%	27%	33%	23%	41%	25%
Both	43%	67%	58%	70%	51%	69%

As much as 68% of respondents agree that women can be good leaders in society. The percentage of female respondents was slightly higher than male respondents. This is also better than MTR data where only 52% of respondents said women could be good leaders in society.

**Table 23. Social beliefs and attitudes about the roles of men and women in public leadership**

Which of the following statements do you think most [men/women] in this community would agree with the most?	Female Respondent		Male Respondent		Total	
	MTR	Endline	MTR	Endline	MTR	Endline
Men are better community leaders than women	45%	30%	51%	33%	48%	32%
A woman can be a good community leader, just like a man	55%	70%	49%	67%	52%	68%

### 5.3.5. MEETING THE STBM NEEDS OF PEOPLE WITH DISABILITY

#### **Safe and accessible sanitation for people with disability**

A total 29 individuals with disability participated in household survey for the endline study. Around 69% of these individuals said that they experience a degree of difficulty accessing or using household toilet facilities. This figure is still quite high and there has been same result compared to the situation at the time of the MTR, where as many as 58% of individuals with disabilities experienced difficulties accessing or using the household toilet. There needs to be a more massive effort to reduce and help them to deal with difficulties in using household toilets.

**Table 24. Accessibility of household sanitation for PWD**

Do you ever have difficulty accessing and using the toilet independently?	MTR	Endline
No - no difficulty	42%	31%
Yes – some difficulty	33%	38%
Yes – a lot of difficulty	25%	24%
Yes – cannot do at all	0%	7%

When asked what might make their household toilet safer and more accessible, people with disability identified the following areas for improvement:

**Table 25. Improvement for safer and more accessible toilet for PWD**

What might make their household toilet safer and more accessible, people with disability identified the following areas for improvement?	MTR	Endline
Tailored toilet design	4%	10%
Installing handrails or pathway to the toilet / Mobility aids	8%	7%
Fixing the toilet floor/slab/riser	8%	3%
Don't know	13%	3%
No problem	8%	7%

Around 48% of respondent with disability participated in this survey also experienced some degree of difficulty accessing water and soap for handwashing and bathing when needed. However, this condition tends to improve compared to the situation during the MTR where half of persons with disabilities still experience some difficulties in accessing water and soap for handwashing and bathing.

**Table 26. Accessibility of household hygiene facilities for PWD**

Do you ever have difficulty accessing water and soap for handwashing and bathing when need to?	MTR	Endline
No – no difficulty	50%	52%
Yes – some difficulty	50%	48%

When asked what improvements they would like to see in relation to STBM in their village, PWD said:

**Table 27. Improvement for better hygiene facilities for PWD**

What improvements would you like to see in relation to STBM?	MTR	Endline
Provide latrines near the house	38%	31%
Accessible facilities (including access to water) and mutual respect for PWD	0%	10%
Government support	8%	7%
Repair handwashing	0%	3%
Waste management in the village	13%	0%
Water Pipes and Wastewater Sewers	26%	0%
Better improvements for all aspects	4%	0%
None	0%	17%

### ***Inclusive STBM for People with Disability***

Pokja AMPL/STBM team members at all levels acknowledged the need to create opportunities for PWD to participate in STBM activities and decision-making processes, and most viewed this through a rights-based lens (as opposed to a needs-based or welfare issue). Despite this, most felt that they lacked the necessary capacity to effectively communicate with, motivate and engage people different types of disability in STBM processes. Pokja AMPL/STBM teams at all levels expressed a need for further support to identify and monitor disability-specific WASH needs, and training in practical strategies to engage with and support PWD to participate in STBM advocacy and activities to address their specific needs.

### **5.3.6. PARTICIPATION OF PEOPLE WITH DISABILITY IN DECISION-MAKING AND LEADERSHIP**

The participation of persons with disabilities in decision-making and leadership is urgently needed as a form of recognizing their rights in GESI-STBM. At MTR, 70% of household respondents without disabilities agreed that persons with disabilities should be invited to attend community meetings, but only 35% agreed that persons with disabilities could be a good leader. At endline survey, 48% of respondents believe that persons with disabilities can play the role of leaders in society. Although this figure still shows a low perception of this among persons with disabilities themselves, it does show an improvement in their own perceptions about good leaders. The low assessment and stigma regarding the role of persons with disabilities in society still seems to be a barrier for them to participate in STBM.

**Table 28: Social beliefs and attitudes towards the participation of PWD in community STBM and public leadership**

Do you think people with disability can play a leadership role and participate in decision-making about STBM in this community?	MTR	Endline
Yes	13%	20%
Maybe	42%	28%
No	17%	36%
Don't know	29%	16%

Despite this, only 40% of respondents with disability had participated in a community meeting or event about STBM in the last 24 months. A majority (60%) experienced some degree of difficulty attending or participating in community activities. The following were the most frequently identified barriers:

**Table 29: Barriers for PWD participation in community STBM**

Barriers for PWD participation	MTR	Endline
Not aware of meetings	17%	17%
Not invited to attend	25%	14%
Limited access to transportation	4%	0%
No access to mobility aids (e.g. walking chair, frame)	17%	7%
Need help from family/friends	4%	17%
Feel shy / not confident	13%	3%
Feel ashamed/embarrassed/don't want to be a burden	8%	3%
Don't know	4%	24%
Intellectual disability	4%	0%
A lot of difficulty with seeing	8%	14%
Too young	4%	0%
Movement/mobility difficulties	4%	0%
Others	0%	0%

The following were the most frequently identified enabling factors:

**Table 30: Enablers for participation of PWD in community STBM**

Enabling factors for PWD participation	MTR	Endline
Access to mobility aids/transportation	21%	48%
Direct invitation to participate	46%	38%
Help from friends/neighbors	8%	38%
Help from community leaders	8%	14%
Self confidence	8%	10%
Social change in community	0%	10%
Gain new knowledge	0%	3%
Attitude toward disability	17%	3%
Increased community awareness disability rights	8%	0%
Others	17%	10%

Overall, this data suggests that while the project has contributed to improving attitudes towards the participation of people with disability in STBM processes, particularly amongst change agents, there is room in the extension period of the project for a more intensive focus on identifying and engaging people with disability to meet their specific STBM needs at community level, and further practical training with change agents to support this.

### 5.3.7. PARTICIPATORY ACTION RESEARCH

Under Outcome 3, the project works with partners Edge Effect and Arus Pelangi to develop and facilitate a Participatory Action Research (PAR) approach with marginalised groups (women and people with disability, and SGM people) in Sumbawa and Manggarai/Ruteng.

Five PAR groups have been established with women and people with disability, with 73 participants in total:

- Sumbawa Women's Group
- Sumbawa PWD Group A (including people with hearing impairment and physical disabilities)
- Sumbawa PWD Group B (including people with vision impairment)
- Ruteng Women's Group
- Ruteng PWD Group (including people with visual impairment, physical disabilities and intellectual disabilities)

The project has also been working with a SGM group, but this falls outside the scope of the endline. The Endline used an adapted version of the 'STAR' and 'Skills & Means' tools developed by Plan International, and adapted by PIA, YPII and Edge Effect. Self-assessment results from the STAR and Skills & Means tools are summarized in Annex 3.

### ***Achievements to date***

The project aims to complete six PAR cycles with each group, with participants drawing on their own knowledge and lived experience to form action plans to advocate for safe, accessible and inclusive public STBM in their communities. In Endline, actions plans have been developed by the PAR groups to collect data to inform advocacy initiatives and to build advocacy skills and confidence. A leadership group with representatives from each of the individual PAR groups has also been established to support learning and sharing.

Since the project began, PAR groups have engaged in numerous advocacy activities including surveys, petitions and photo campaigns on solid waste management and inclusive public sanitation, direct advocacy to sub-district and district leaders to secure support for waste collection services and improvements to public toilet facilities, and community awareness raising campaigns including media engagement.

Opportunities to connect and engage with community members and government stakeholders have been more limited due to COVID-19 restrictions, which has been a challenge for some women and PWD seeking to build momentum in their self-led projects and advocacy work. This difficulty is not unique to PAR participants only but a reflection of almost all people in Indonesia and in the World.

Formal PAR meetings and workshops were suspended during COVID-19, however women's and PWD groups and individuals have continued to communicate and take action to support health promotion and WASH advocacy in their communities. This ability to adapt, and motivation to continue taking self-led action, is a strong indication of the capacity and confidence that women and PWD have built through participation in the PAR process and their community and advocacy work.

In FGDs conducted for the Endline, PAR participants reported the achievement of PAR and their groups. The results of the MTR (2021) stated the biggest achievement of the PAR group was the ability to communicate with stakeholders such as Sekda. They made a waste campaign video, organized the management of disability groups, and as individual/personal achievements; they created social media and revised the school curriculum related to WASH. From those, people are starting to become aware of their existence.

Compared to MTR, the current endline report does not only occur at the activity level. Endline results are more focus on higher outcomes or achievements. As an individual, they are more confident in convey their opinions and make decisions; pay more attention to their environment; and get many job opportunities. Meanwhile, as a group, the biggest achievement felt in Ruteng. The government increase their support for the existence of PAR groups, more people understood the importance of STBM GESI (Ruteng and Sumbawa), and the group were starting to be independent in Sumbawa.

PAR participants also noted increased capacity and confidence to make decisions for their groups and engage in advocacy and activities in the community. In this way, the involvement of the marginalized and the government becomes possible:

*Since joining PAR, I have gotten positive lessons. We received the trust to socialize PAR issues to the community. The point is we can be more confident (RM\_PWD\_Ruteng)*

*We become more confident to stand and speak in front of the public. Therefore, people become aware that actually, a disability can do something for themselves or even for other people if they have the opportunity (SN\_PWD\_Ruteng)*

*Confident and enthusiastic, non-disabled friends then can speak using a sign language (FH\_PWDGA\_Sumbawa)*

*It is very influential on individuals and groups with disabilities, including more self-confidence, more collaboration, etc. (MI\_PWDGB\_Sumbawa)*

*It helps because beforehand we have less confident, different from now that we have more confidence (DH\_PWDGB\_Sumbawa)*

*“Personally, around my neighbourhood, I don’t dare to talk about hygiene, but afterward, I can talk about it. Alhamdulillah (thank God), my neighbours are coming along” (N\_WG\_Sumbawa)*

*My self-confidence has increased because the PAR issue goes hand-in-hand with other activities, my networking increased, and I care more about the environment. Through PAR, issues that I thought are simple, turned out to be very crucial for the environment, community, and myself. Through this group, the government gave their trust in persons with disabilities who are concerned about waste (ADPK\_PWD\_Ruteng)*

*We can advocate for the government because we are being more confident (AY\_PWDGA\_Sumbawa)*

*We are confident when dealing with other people and feeling enthusiastic. Further, now, our non-disabled friends also can talk with the sign language (FH\_PWDGA\_Sumbawa)*

*It has become a tradition and normal for us to discuss with RT, Lurah, and Camat. Since we feel equality as a group of women (PH\_WG\_Ruteng)*

*It's hard for me to talk. But slowly even though the courage is still lacking, I can say something (E\_WG\_Ruteng)*

*I have become more confident, responsible, and have the courage to rebuke people who litter (GS\_WG\_Ruteng)*

However, beyond the achievements, there are also more diverse challenges for PAR groups. Some of the challenges of the PAR group were society's discrimination against persons with disabilities in Ruteng, lack of access for persons with disabilities, and lack of government support for persons with disabilities in Sumbawa. Further, the Covid-19 pandemic and the women's group's vision regarding waste management which has not gone well in Sumbawa and Ruteng.

Compared to the MTR, the challenges faced by women and persons with disabilities are now more diverse. This indicates that the group is growing and learning to be independent. The PAR groups have been and will continue conducting outreach to the community regarding the existence of PAR and its vision and mission, advocating the government at various levels, and being involved in STBM activities in the community.

*The challenge for me; there are still many people who cannot hear the opinion of members with disabilities and their decisions. We hope that the government at the sub-district level will listen to us (ADPK\_PWDG\_Ruteng)*

*In terms of the knowledge gained from PAR, the issue of sanitation is sufficient. However, how we implement it in the community is the problem. Because there are so many people who have not paid attention to our ideas regarding PAR issues so far (RM\_PWDG\_Ruteng)*

*Lack of Sign Language translators (Deaf Group), no translators at universities yet (FH\_PWDG\_Sumbawa)*

*During the pandemic, we could only communicate by phone, because we had difficulty leaving the house or seeing each other. Besides that, at the end of the day, it's been raining heavily in Manggarai (KD\_WG\_Ruteng)*

*We had time to go to the RT to propose ideas, it's just that we were asked not to gather people/avoid crowds (MB\_WG\_Ruteng)*

*The government does not really respond to the needs of persons with disabilities, including the follow-up of the Musrebang Disabilities (D-PWDGB\_Sumbawa)*

*The local government has not taken the initiative to invite groups with disabilities to find solutions to overcome disability problems (D-PWDGB\_Sumbawa)*

*We feel that the government still discriminates against the abilities of persons with disabilities (MI\_PWDGB\_Sumbawa)*

*PAR members have never been involved in "cleaning" activities in the sub-district area (KD\_WG\_Ruteng)*

*The tricycle is broken so we can't pick up trash in the narrow alley (GS\_WG\_Ruteng)*

PAR group's hopes and dreams in Sumbawa are Plan Indonesia will continue to assist PAR groups because they are not yet fully independent. Further, they hope to be continuously involved in the issue of disability rights. We also hope that the implementation of GESI STBM by the government and stakeholders will be increased. The PAR group in Ruteng also expected the increase in campaigns related to the STBM issue. Furthermore, the PAR groups in the two regions hope that they can achieve their vision/mission.

## **5.4. CLIMATE CHANGE AND WASH**

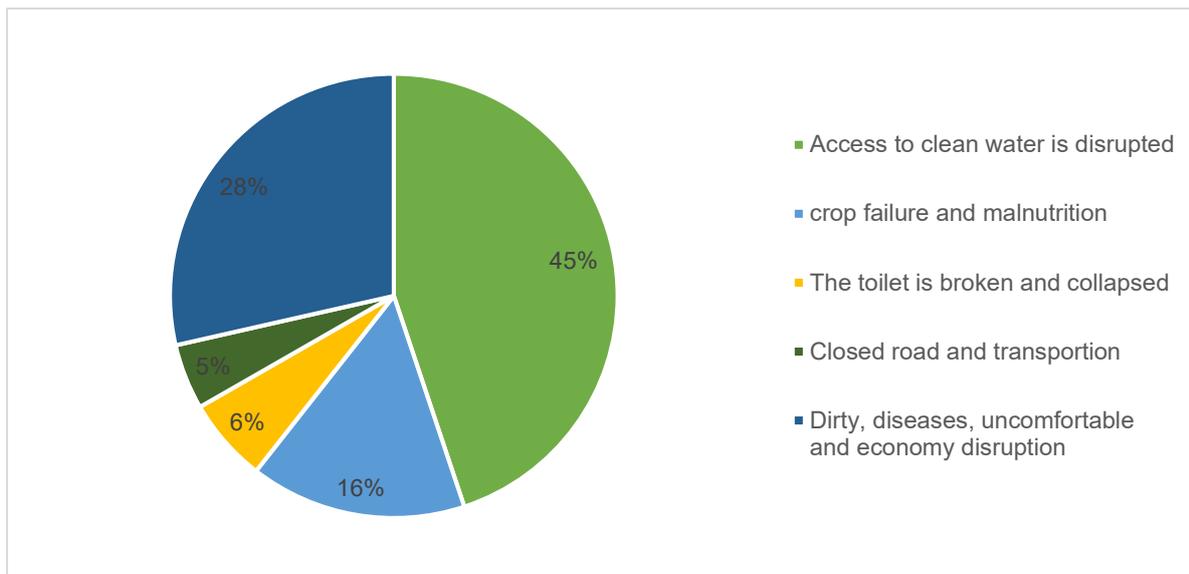
### **5.4.1. DRR, CLIMATE CHANGE ADAPTATION AND SANITATION**

Increasing the reach of basic and safe sanitation facilities is an indicator used in achieving STBM Pillar I which aims to improve community health status. In the endline survey results, the results of the review show that there are still 65% of households that have a distance of less than 10 meters between fecal waste storage and the main drinking water source. However, in the results of the endline survey there was also a positive increase in the distance between the toilet and the drinking water source, which was more than 10-meters (30%).

As a source of drinking water, the majority of households used piped water connections to the house (33%), to public taps (22%) and bought water from refill drinking water kiosks (16%). The household survey did not include testing household water quality, but it was anecdotally reported that most of the households in the project target villages were connected to piped water sources and therefore the risk of contamination from the vicinity of the sanitation facilities was minimal. A number of households in Manggarai (9%) and in Sumbawa (3%) stated that their toilet had experienced a leak or flood in the endline survey.

Even though they have recovered from the Lombok disaster that previously occurred in 2020. Climate change is starting to occur frequently in several provinces in Indonesia, including Manggarai and Sumbawa. Based on questions related to the type of climate change that is occurring in Manggarai, namely drought or long dry season resulting in water shortages (27%) and landslides (35%). Meanwhile in Sumbawa, climate change that is being felt by most households is floods, heavy rains causing crop failures (39%) and drought or long dry spells causing water shortages (11%).

The impact of climate change on WASH facilities is presented in Figure 15. The majority of households that have been affected by climate change stated that disruption to access to clean water had the largest proportion (45%), toilets were damaged so they could not be used, especially for people with disabilities (6%) and crop failure resulting in difficulty in food supply and malnutrition (16%).



**Figure 15. Impact of Climate Change on WASH**

#### 5.4.2. KNOWLEDGE AND ATTITUDE ABOUT CLIMATE CHANGE

Changes in global temperature caused by increasing greenhouse gases are now starting to be felt in the NTB and NTT regions. The general changes experienced by the two provinces are weather conditions that are increasingly difficult to predict, where the rainy and hot seasons experience time shifts. During the rainy season, the intensity of rain that has been felt in recent years is very high, so it is very prone to causing floods and landslides. The rain is also accompanied by strong winds that have the potential to cause disaster. Likewise, when the dry season arrives, the hot temperature is felt hotter than usual which then has the potential to cause drought. As stated by one of the informants: “... There is no need to talk about the last 10 years, during my term of office many people have been affected by landslides. Landslides are the most prone here. Then also changes in weather make people's income decrease because there are no plants that bear fruit. ”

(Head of North Rahong Village-NTT)

While the conditions in NTB were also conveyed by one of the informants

“...Here the threat due to climate change is wind or rain. This heavy rain accompanied by wind will have an impact on the farmers. Our plants here are fruit trees, such as candlenut, rice, etc. With the wind rain, the fruit is reduced. Usually our rice also falls, this damages the fruit...” (STBM, Batu Dulang Village)

Referring to the seasonal calendars of the two provinces, in general the rainy season can be predicted to last from December to March, and continue the dry season from April to November. If there is a shift in season, it will not be too far from the previous months. However, given the current conditions, both the rainy and dry seasons cannot be predicted. Sometimes rain comes during the dry season and vice versa.

The issue of climate change has in fact begun to be discussed at the provincial and district scales. Both provincial and district governments in these two regions understand that climate change is a condition that is being faced by all regions in the world. As conveyed by Pokja AMPL of NTB Province:

“...but this climate change is a connectedness of all existing activities on earth. Because... the changes that occur in other places will also have a significant impact in different places.... ” .

The Regent of Manggarai also conveyed the similar points:

*“..... Climate change has occurred evenly throughout Indonesia. It's just that in Manggarai Regency it hasn't been seen yet. In previous years there were landslides due to climate change, but this was due to human behavior that did not protect the forest, making houses in vulnerable areas. In Manggarai Regency the most visible is the reduced volume of water....”*

In fact, what is understood by the government at the provincial and district scales is not in line with the understanding at the subdistrict, especially village scale. The community does feel the impact of climate change, but the majority do not understand the issue of climate change, especially talking about policies or strategies related to climate change adaptation and mitigation. The word that is known and familiar to the public is "**climate change**".

In an effort to respond to climate change, the governments of the two provinces say that a commitment is needed to balance the ecosystem, because the changes that occur are also contributed by local scale actions which then turn into global changes. There needs to be education and outreach about climate change, as well as cooperation with various parties. On the other hand, climate change when viewed based on Water and WASH will have an impact on access difficulties when a disaster occurs, especially access for women, children and disabilities. Therefore the NTT and NTB governments recognize the need to advocate for the BPBD when carrying out disaster mitigation. This was conveyed by an informant from Bappeda, Sumbawa Regency -NTB:

*“ ..... What needs to be done is to provide education in land use, preferably in a balanced way so that the ecosystem is maintained. Education, socialization, is required with a participatory approach. So that the impacts felt by women, children and disabilities can be minimized ....” ..... It is necessary to advocate again for the disaster mitigation team to pay attention to sanitation issues during a disaster. Currently, the Regent and Deputy Regent's concern is that if a disaster occurs, what is being asked is how to access clean water... “ (Bappeda, Sumbawa Regency -NTB)*

### 5.4.3. BARRIERS FOR ADAPTATION TO CLIMATE CHANGE

Climate change adaptation in the Provinces of NTT and NTB is still faced with various challenges, both from internal government and from the community. The main challenges faced are:

- There is no policy or regulatory framework at the district scale that specifically addresses climate change adaptation and mitigation. Climate change has not yet become a common issue, so it is still very limited to be discussed in certain agencies at the district scale. Even though the RPJMD of the two provinces contains adaptation and climate change. As stated by an informant from Manggarai Regency-NTT: *“..... Climate change in the government is always discussed, but for local governments it is still limited to agencies that have a direct impact on climate change such as the Environment Agency, the Health Service, the Disaster Agency, Department of Agriculture and Department of Animal Husbandry. However, other agencies have yet to see that the impact of climate change is affecting them...”*

Conditions are slightly different from NTB, where Sumbawa Regency has an Integrated Water Resources Management Communication Forum (PSDAT). Although the issue of climate change is limited to being discussed in the government, this issue is discussed in forums whose members are various stakeholders from the provincial, district and community organizations levels.

However, the forum is considered not yet influential because what is currently being produced is still limited to plans that are only known by internal forum members. As conveyed by the guilty informant from the Bappeda of Sumbawa Regency: “... *Mitigation and adaptation activities, these 2 activities have been discussed in the integrated water resources empowerment forum with Plan Indonesia. The efforts to be made have been arranged into a matrix, and have been discussed in detail. The results will later become one of the planning materials for OPD friends in Sumbawa Regency. This document will serve as a guide in dealing with the impacts of climate change in Sumbawa Regency....*”

- Communities in both regions are still not used to hearing "climate change", due to limited information about climate change. If there is socialization, it is considered only limited to certain circles. As conveyed by an informant from Manggarai Regency: "... *There was once a seminar on climate change. From an understanding point of view, we already understand that there is massive climate change. Attention to climate change is embedded in the program of activities of technical equipment, especially in the Department of Agriculture and Health. There has been no socialization at the community level....*".

This is also in line with what was conveyed by an informant in the village who stated that climate change is still limited to the district scale, “... However, the community does not understand climate change. Information regarding climate change is still very limited at the district level”.

- Another thing that is also considered a challenge is community behavior that amplifies the impact of climate change. This is because the majority of people in NTB and NTT still depend on nature for their livelihood. As stated by one informant "... It is rather difficult to carry out prevention because deforestation and planting corn have been carried out and have even become the main livelihood of the community so it becomes difficult to prevent because it is related to the community's economy..."

#### 5.4.4. IMPACT OF CLIMATE CHANGE

The climate disasters that frequently occur in both NTB and NTT are drought, floods and storm Saroja. This disaster caused damage to regional infrastructure, disrupted community livelihoods, and disrupted access to WASH. While the parties most affected are women, children and disabilities.

##### **Damage on Infrastructure**

Floods and landslides cause infrastructure damage, such as broken bridges, collapsed houses, fallen trees which then make access roads impassable. This disaster also affected water channels which caused difficulties in obtaining water, especially clean water for household consumption. Sanitation facilities were also submerged, resulting in many losses. As stated by an informant from NTB... “It is very influential, especially in relation to the availability of drinking water and clean water. Because with this bad weather, it means that frequent and heavy rains will also affect infrastructure. The infrastructure will also damage a lot of piping for clean water, so that there is a shortage of water. Indeed, many have reported to us and to the PUPR Department. Many of the drinking water networks have been damaged so that people feel they are short of water or even due to landslides, so that the water that was originally clean water has become mixed with mud and cannot be consumed again.” (STBM Province of West Nusa Tenggara). In responding to disaster conditions, the PUPR Department is one of the central agencies that will handle post-disaster infrastructure repairs.

##### **Impact of Climate Change on WASH**

Floods, landslides and storms are disasters that greatly impact Water and WASH, especially for areas where water sources are not available directly around the house, and use pipelines such as PDAM and PAMSIMAS. The condition of the water that enters the household also becomes murky. Garbage and mud that is transported in water sedimentation is a separate problem because it takes time to clean up and rearrange the environment to normal. As said by an informant:

*"if you go to sanitation and clean water, it's automatic, because here the water source from Pamsimas or from other sources passes through the river, so during big floods the pipes sometimes break during the rainy season so this has an impact on clean water. As for sanitation, it's not the big river, the small river that passes through this village, especially including those in my settlement, it's like that, because every flood that comes through the village automatically, mud continues to rock with garbage, that's for sure. So that's how it is, so it's sometimes difficult to clean up the sanitation environment".*

Access to Water and WASH also becomes difficult when faced with a drought. Drought has resulted in scarcity or even unavailability of water in relatively accessible locations for daily needs. People have to go straight to the well to fetch water, while those with disabilities experience difficulties when transporting water. Likewise, women feel uncomfortable because they bathe in public places, household activities are not smooth, and women's workload in managing water is also higher. Even though currently the disparity in the division of roles between women and men is not too high, women still have a sizable portion of the responsibility of looking for water. Conditions are different when road access in one village is good, because it allows the aid water tanker to enter the village. Although women are still on duty to wait for water, the distance to the location is closer than before. As stated by one informant:

*"..... In fact, when I saw it, I saw it in my village. So the burden of looking for water is higher for each woman. But now the access road is smooth, so all we have to do is call a tanker. If in the past, yes, in the past, yes, the load from water was the highest, the intensity was on the women's side, it means that now it is different..."* (STBM Latung Village, Manggarai Regency).

For areas that do not receive clean water assistance, the drought has caused high expenses because they have to buy water. Thus, both floods, Saroja and drought all have a significant impact on access to water and WASH, especially for women, children and disabilities because it is related to health and also the availability of water for daily needs. As conveyed by the informant:

*"It is very influential Miss, especially related to health. Because our basic need in life is water, right? When the water is polluted or lacks water, it means that the basic needs have not been met. how do we want to behave with a healthy lifestyle when it is not supported by clean water infrastructure like that. We want to wash too limited because of the lack of water. We want to consume clean water even if it's cooked, for example if the water is water mixed with mud, that's impossible, sis. So we have to buy more water by adding more expenses, so it will really affect the lives of the community members." (Provincial STBM)*

## **Livelihood**

The disasters that these two regions faced in fact also had an impact on people's livelihoods. When the intensity of rain is high accompanied by wind, there is a potential for crop failure, and vice versa when there is a drought, people's agricultural production also decreases. The impact on women is felt, when crop yields decrease, housewives will have difficulty adjusting or managing their daily spending. As stated by one informant:

*“... the income of farmers has decreased, these plants produce less fruit if there is too much rain, and lots of leaves. But heavy rains cause water sources to stabilize, making us realize that our problem is a clean water network that hasn't been built much. Some places are lacking, some places are over...”*

### **School**

The impact felt by the school is a lack of water. Several schools use drilled wells but during the dry season the water is felt to decrease. Until now there has been no effort to anticipate climate change. In addition, the school also said that climate change had an effect on the health of school members, this was due to the erratic weather.

### **5.4.5. POLICY RELATED TO CLEAN WATER AVAILABILITY & HOUSEHOLD WASTE MANAGEMENT**

In general, policies regarding the availability of clean water and the management of household waste are included in the regional regulations for both NTB and NTT provinces. This can be seen from the Water Supply and Environmental Sanitation Working Group (Pokja AMPL) at the provincial to district levels. In the case of NTB, water and waste management policies are contained in the 2018-2023 RPJMD, namely the third mission (Healthy and Smart NTB), fourth (Asri and Sustainable NTB) and fifth (Prosperous and Independent NTB). Meanwhile in NTT the provincial government conducted mapping and exploration of drinking water and sanitation issues, drew up a strategic and comprehensive water supply and sanitation development plan, determined policy directions and targets.[1] All of these efforts are scheduled in the RPJMD and contained in the third Mission, namely increasing the availability and quality of infrastructure to accelerate development.

In Sumbawa Regency, the availability of clean water and waste management is the government's main program for the 2021-2026 period, which is contained in the 9th program, namely "improvement of clean water services and rehabilitation of distribution networks and the 10th flagship program (Strengthening the infrastructure of roads, irrigation, Final Disposal Areas. Sumbawa Regency also has a Regional Regulation regarding the implementation of STBM Gesi, and a District Head Regulation regarding the establishment of an Integrated Water Resources Communication Forum (Forum PSDAT). In addition to policies, programs are available, including:

- The Public Works and Housing Agency, through funds sourced from both the Central budget and the Regional Budget, has determined priority programs for 2023. Various forms of facilities to be developed, such as TPS, IPLT, drilled wells, etc., are adjusted to the needs data in each village. WASH development will also be associated with a stunting locus.
- Community based water supply and sanitation program (PAMSIMAS). However, PAMSIMAS is considered not optimal because not all villages can be served, as well as in villages not all residents can access Pamsimas.
- Establish drought-prone villages which will then receive a supply of clean water distributed by the Sumbawa District BPBD when a drought occurs. In addition, BPBD also conducts disaster simulations
- Currently it has been intensively encouraged to process plastic waste, and has reached out to the world of education to encourage plastic processing practices. Some schools have started to utilize plastic waste. At the community level, many waste management innovations have emerged, such as waste banks, waste alms, both managed collaboratively and managed by BUMDES. In addition, the

Department of Environment also has a priority waste management program. The realization of clean water sanitation is also a priority because it is a mandate from the APBD.

Even though there have been several programs, the water issue still needs initiatives as conveyed by WSES Working Group of NTB Province “...It is necessary to advocate for the government to budget for water inspection, because this is urgent. Apart from that, things that need to be done in Sumbawa: 1) There needs to be assistance to supervise clean water facilities, in the form of environmental health inspections or sanitation inspections; 2) increasing the capacity of sanitarians to carry out water quality checks, so that there is no need to test water samples outside. In the future towards safe drinking water, one of the conditions is checking the quality of water, so it is very important to increase commitment to water inspection, empower the community to process drinking water, and monitor the sustainability of drinking water facilities both built by partners and managed by village-owned enterprises.... ”.

Manggarai Regency also has a Regional Regulation regarding the Implementation of GESI STBM. The PAMSIMAS program is also available in 18 villages. However, the waste management program has not yet become a government concern, as stated by the Head of Latung Village. “So now it's still just planting the waste. Meanwhile, for clean water, the government's plan is to budget for reservoirs from the village budget in 2023, then according to the promise from the government, electricity will go to Latung village in 2023....”.

#### 5.4.6. PROJECT SUSTAINABILITY

It is considered that climate change in the two districts is still not socialized enough so that the community does not really understand matters related to climate change even though in reality they feel the impact, especially in relation to STBM GESI. Likewise at the provincial level, even though there has been a policy, it is considered that they are still not very aware. As stated by the informant:

“... Several meetings have been held to discuss climate change, but it is not clear which stakeholders should be involved in handling climate change. Usually there is an explanation of the types of danger that might occur in NTB, but don't know what they want next? What next needs to be mitigated? On the other hand, there is no data on the risk of damage...”.

Furthermore, related to the response to climate change, the government in Sumbawa Regency has carried out several incidental activities:

- There was once a collaboration between UNICEF and BNPB as well as BPBD, in the context of training and socialization in responding climate change especially on the availability of drinking water.
- Department of Public Works and Social Service is the one who responsible on distributes clean water to disaster areas.
- For disaster mitigation, it is under BPBD. The Public Works and Housing Agency is often invited to participate in planning for climate change disaster mitigation. There is a determination of clusters of areas that are prone to landslides, high rainfall, and prone to drought.
- The Sumbawa Regency Government is working with PT Sumitomo to plant mangrove trees. This is a form of protecting biological natural resources. “We must continue to maintain sustainability, yes, living natural resources, living natural resources in the sea and so on. That is so that the ecosystem of life in Sumbawa Regency will be better and avoid disasters.”

Similar to Manggarai, some activities that can support climate change mitigation and adaptation include:

- To overcome climate disasters, the Government has conducted disaster resilience training so that people can anticipate disasters. The government also educates the public so they know what to do in the event of a disaster.
- All Working Groups now have areas for climate resilience. With the presence of the Working Group, it becomes an effort to support the achievement of development goals. The issue of climate resilience and GESI is being intensively carried out.
- Regarding the impact of climate change on the implementation of STBM, the Government has made an appeal to use water as efficiently as possible, and to utilize water absorption technologies such as biopori.
- Currently, outreach to the community is to be able to learn how to sort waste and reduce waste. Reduce the impact of food security by returning to consuming native foods and local vegetables.
- There has been a sounding on climate change down to the village level. The PKK team in collaboration with the Food Security Service made a biological catalog of local vegetables for the Manggarai Regency, because many agricultural products failed to harvest due to high rainfall
- There is already a government concern about frequent landslides in collaboration with BPPD, then the village itself has budgeted 20% of village funds for food security due to continuous bad weather.
- The government has issued an appeal and has made efforts to allocate village budgets for repairs to water reservoirs.

## 5.5. WASH IN SCHOOL

### 5.5.1. STBM MHM AWARENESS, REACH, AND IMPROVEMENT

Plan Indonesia provided facility assistance to 20 schools spread across Sumbawa, NTB and Manggarai, NTT. Plan Indonesia provides support in the form of procuring cleaning equipment, sanitation facilities (disinfectants, hand sanitizers, hand washing soap, and masks) as well as constructing sewerage channels for wastewater in schools<sup>3</sup>. Plan Indonesia also provides aids in the form of building inclusive toilets to support MHM in school environments<sup>4</sup>. This inclusive toilet provides all menstrual essentials stuff such as sanitary pads, underwear, and a change of skirt.

The improvement of the STBM MHM program in schools can be seen in three conditions. First, in the baseline assessment by visiting 8 schools<sup>5</sup>. Second, in the program monitoring report by visiting 19 schools. Third, there were 4 schools visited in the endline survey out of a total of 20 schools that are partners with Plan Indonesia in implementing the STBM MHM program. The schools visited during the endline survey included MTS Gunung Galesa and SDN Batu Dulang in Sumbawa Regency NTB, as well as SMP Satap Lemarang and SLB A Karya Murni in Manggarai Regency NTT. Comparison of the improvement of the STBM MHM program in schools can be seen in the following table:

**Table 31. Comparison of STBM MHM Program Improvement in Schools**

Indicator	Baseline Survey	MTR / Monitoring Report	Endline Suvey
<b>Water service in schools</b>	As many as 50% of the schools visited during the preparation of the baseline were considered to have access to a basic water supply, based on JMP standards.	Most schools already have good water availability in the toilets (91% of schools in Manggarai and 85% of schools in Sumbawa).	All schools already have access to a water supply. Plan Indonesia played a major role in providing assistance for water storage (tedmond).
<b>Sanitation services in schools</b>	All schools visited had good toilet facilities, but only 62% of schools had at least one functional toilet (one toilet per gender) at the time of the facility inspection.	All schools already have adequate sanitation facilities, including facilities to support MHM, although the ratio is still not in accordance with the Minister of Education and Culture and the number still needs to be increased.	All schools already have safe toilets and complete facilities and infrastructure. Plan Indonesia also provides assistance for the construction of inclusive toilets.
<b>Hygiene services in schools</b>	Handwashing facilities were owned by 75% of the schools visited, while only 12% of schools had water and soap available at the handwashing facilities during the facility inspection. As many as 25% of schools do not have handwashing facilities, and 12% of schools do not have	With the existence of COVID-19 the number of hand washing facilities is quite a lot in schools, but the placement of these hand washing facilities is still not strategic.	All schools have provided hand washing facilities along with soap at every strategic location.

<sup>3</sup> School and Health Center Facility Data Water for Woman Project, Plan Indonesia

<sup>4</sup> SMP Satap Lemarang

<sup>5</sup> Baseline Assessment Report Water for Woman Project, Plan Indonesia

Indicator	Baseline Survey	MTR / Monitoring Report	Endline Suvey
	water available in handwashing facilities.		
<b>Menstrual hygiene education</b>	Menstrual hygiene education is limited to delivery that is covered in science subjects in Grade 6 SD and Grade 7 SMP with a focus on puberty and reproductive health.	The integration of STBM MHM materials and socialization still needs to be improved in all schools.	UKS teachers take advantage of their free hours and breaks to provide education about MHM by playing board games and discussions with students.
<b>UKS Program</b>	Only 62% of schools have UKS teachers. All schools have not received training for UKS teachers. Several schools considered that UKS was not the most appropriate way to integrate menstrual hygiene programs in schools given the program's dominant focus on first aid, medical conditions, and illnesses.	All schools already have a good management system in which an STBM team has been established with a work plan. Plan Indonesia has also conducted several trainings for accompanying teachers and peer educators.	There is a decree from members of the STBM team/school UKS team so that the position of the members becomes clearer. UKS has a triggering program with health centers and peer educators.
<b>Menstrual hygiene management knowledge and attitudes</b>	Most of the students participating in the FGD already had a good understanding of the definitions, symptoms, and attitudes in responding to menstruation.	There are still girls who are made fun of and don't even go to school because they are menstruating.	All students know about menstruation. They consider menstruation as a natural thing.
<b>Menstrual hygiene management practices</b>	All students in SMP and some in SD have good knowledge and skills regarding menstruation. However, female students in several schools indicated that the school's WASH facilities did not meet the needs of menstruating girls such as garbage disposal and safe toilets.	Most girls can easily access sanitary pads when they are needed, whether they are provided at school or purchased at the nearest kiosk/shop. However, girls who know how to change and dispose of pads are relatively low and need to do more socialization.	In the inclusive toilets, there are free pads, underpants and a change of skirt for female students. Several female students in the FGD stated that they felt more comfortable during their menstruation at school with the inclusive toilets. Most of the students know how to maintain cleanliness during menstruation.
<b>Funding for WASH in schools</b>	Of the 8 schools, none had a specific budget for WASH. Funds for maintaining WASH facilities and purchasing hygiene and cleaning products were taken from the maintenance and cleaning funds for public facilities at BOS.	BOS funds are still one of the main sources of funding for all schools.	All schools utilized BOS funds as a source of funding in supporting the implementation of the WASH program.

STBM and MHM supporting facilities are well available in schools that are partners of Plan Indonesia. The completeness of these supporting facilities began to be renewed after triggering from Plan Indonesia, such as MHM boxes, toilets for disabilities, to the ideal placement of trash cans. Plan Indonesia also assisted in providing input regarding STBM supporting facilities while still paying attention to GESI. In addition, in several schools Plan Indonesia also provides physical assistance to support STBM such as water reservoirs and MHM boxes. This becomes a trigger for the school community to maintain the cleanliness of these supporting facilities. The completeness of the STBM and MHM supporting facilities in the schools visited during the endlines survey (Sumbawa and Manggarai) included:

- Each school already has a water storage tank.
- Each school already has a disabled-friendly toilet.
- There is a place for CTPS and all the amenities (soap, running water faucet) in every accessible place.
- Toilets in each school are equipped with MHM boxes (containing pads and underpants for girls and a change of skirt).

### 5.5.2. SCHOOL PROGRAMS AND CHALLENGES

In order to support STBM MHM, the school has several special programs. First, holding healthy gymnastics and hand washing exercises with all school residents<sup>6</sup>. Second, schools also arrange picket schedules for students who are responsible for cleaning gutters, toilets and the school environment accompanied by picket teachers<sup>7</sup>. The third program is conducting triggering and socialization to students, both during the orientation period for new students, or when scheduling what has been done with peer-educators<sup>8</sup>. Fourth, the school also educates STBM MHM through a game board and discussions which was originally taught by Plan Indonesia<sup>9</sup>. This strategy is considered successful because students already have their own awareness which is applied through games which also increase the close relationship between the teacher and students.

In schools with disabilities<sup>10</sup>, the STBM MHM program is carried out through a personal approach to each student. Even though previously students had been trained to always maintain cleanliness, the arrival of Plan Indonesia was considered very good because it gave practical lessons related to hand washing and garbage disposal. Teachers have an important role in realizing STBM in schools. This is related to the different disability conditions of each student so that teachers must adapt and be patient in providing education to each student. This is in accordance with the statement of one informant as follows:

*“... so we make students as friends and family, without any distance so that the atmosphere is fun and students can be invited to work together, not afraid. So they understand about STBM”* (Principal of SLB A Karya Murni)

The implementation of the STBM MHM program in schools encountered several challenges. First, the age of the students, especially elementary school students, are still in the early adolescent category, so most of them have not had menstruation yet<sup>11</sup>. The second challenge is raising awareness among

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<sup>6</sup> SD Batu Dulang

<sup>7</sup> SMP Satap Lemarang, SD Batu Dulang, MTS Gunung Galesa

<sup>8</sup> SMP Satap Lemarang, MTS Gunung Galesa

<sup>9</sup> SD Batu Dulang, SMP Satap Lemarang

<sup>10</sup> SLB A Karya Murni

<sup>11</sup> SD Batu Dulang, MTS Gunung Galesa

some students who previously did not have awareness regarding cleanliness, disposing of trash in its place, and MHM<sup>12</sup>. Furthermore, the third challenge is in the process of changing behavior and habituation of students that according to the statement of one informant as follows:

*"Maybe from the point of view of our first members to change behavior patterns, it may not be instant by turning the palm of the hand, it takes time. So hopefully in the future as time goes by, we will continue to socialize it to students so that we can have a healthy lifestyle."* (UKS teacher of Satap Lemarang Middle School)

### 5.5.3. SCHOOL STRATEGY AND FUNDING FOR STBM MHM PROGRAM

Most of the school's strategy regarding funding for the STBM MHM program is proposed in the Bos budget. As many as three of the four schools visited stated that the funds for STBM MHM activities came from BOS funds. Schools include supporting facilities in their submissions for BOS funds which will be allocated every three months. Meanwhile, one other school still does not have a specific budget for implementing the STBM MHM program<sup>13</sup>. The school hopes for cooperation with the local village government which has not been established so far.

The STBM MHM program in schools is carried out by several parties. First, the school has a UKS team consisting of teachers and students who become peer-educators<sup>14</sup>. The UKS team, supported by all school members, has an action plan for the STBM MHM program<sup>15</sup>, including changing soap at hand washing stations, refilling soap, changing tissues, making a schedule for cleaning toilets, dividing picket schedules for cleaning, cleaning drains, and cleaning trash cans. Second, the school collaborates with the local health center with an agreed MoU. The role of the health center in several schools includes:

- Provide assistance and monitor the implementation of STBM MHM in schools.
- Provide blood booster tablets, weight measurement, and dental health checks.
- Conduct socialization regarding STBM MHM and CTPS.

Third, Plan Indonesia is considered to be one of the parties that plays a major role in the implementation of STBM MHM in schools. Plan Indonesia helped trigger STBM related triggers, provided assistance in the form of water tokens, and provided MHM box needs in school toilets. Furthermore, the triggering and procurement of MHM boxes in school toilets was allocated by BOS funds<sup>16</sup>. Therefore, the parties who also have an important role to support STBM MHM are teachers, and the support of the school principal.

The school also enforces several policies to support program implementation. One of them is SD Batu Dulang which has a work plan to include STBM MHM in subject hours for students. This plan is supported by the school budget so that students can carry out STBM MHM activities practically and increase their understanding. Therefore the school also provides learning about menstruation considering that this is a natural process that must occur in women.

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<sup>12</sup> SLB A Karya Murni, SD Batu Dulang

<sup>13</sup> MTS Gunung Galesa

<sup>14</sup> SD Batu Dulang, SMP Satap Lemarang

<sup>15</sup> MTS Gunung Galesa

<sup>16</sup> SLB A Karya Murni

#### 5.5.4. PROGRAM MONITORING DAN EVALUATION

In order to monitor the implementation of STBM MHM, the school carries out regular monitoring and evaluation. Every morning, the teacher makes it a habit for students to wash their hands before entering class. Apart from that, regular monitoring is also carried out together with the puskesmas. The Community Health Center visited the school to review the conditions and situation of the STBM MHM program and provide suggestions and input for improvement.

Monitoring in schools is still manual with the observation by the teacher and does not yet have written data regarding the progress of the STBM MHM program. Teachers and school principals monitor the availability and adequacy of the facilities such as the availability of soap, and the MHM boxes. Monitoring related to STBM infrastructure facilities is also assisted by deputy school principals for infrastructure facilities. If there are damaged infrastructure facilities, they will be included in the budget plan through BOS funds<sup>17</sup>.

#### 5.5.5. IMPACT OF CHANGES AFTER THE IMPLEMENTATION OF STBM MHM

Changes can usually be seen from three aspects, namely cognitive, affective and motor. Cognitive, namely in the form of knowledge, in this case, the importance of implementing the five pillars of STBM and MHM in schools. The five pillars of STBM in the school environment include stopping open defecation, washing hands with soap, processing food and beverages, processing waste and finally treating liquid waste. Furthermore, the knowledge that is known by students in the sample endline school is related to MHM, namely menstrual health management. The knowledge gained since the STBM and MHM triggering in schools such as about how to wash hands using the correct technique, the different types of waste, the definition of menstruation and the types of pads. The understanding of MHM that is known by the endline sampling school students in Sumbawa and Manggarai is not only related to how to maintain health during menstruation, but they also already know what menstruation is and what is the right perspective for someone who is menstruating. They got this knowledge not only from Plan Indonesia, but there is a boarding-based school in Manggarai, namely at SLB A Karya Murni, which has provided knowledge about environmental and self-cleanliness from the subjects that exist every week, namely ADL or Activity Daily Living.

Knowledge about STBM and MHM has been mastered better by children in four schools in Sumbawa and Manggarai after triggering from Plan Indonesia. This can be seen when during focus groups in four schools all the children memorized the five STBM pillars, they were very fluent in practicing the 9 stages of proper hand washing techniques, and were able to state what they knew about menstruation. Several students said that since Plan Indonesia had triggered STBM and MHM, they knew more about the concept of hygiene and its understanding, as said by one of the students at SLB A Karya Murni, Manggarai, East Nusa Tenggara.

*"From me, I am grateful to Plan Indonesia because I have learned a lot. In the past, before I got teaching from Plan about washing my hands, I just washed my hands, after socialization from Plan Indonesia, I already know how to wash my hands. well." (Male Student of SLB A Karya Murni)*

The next change is related to the affective aspect, namely acceptance related to the implementation of STBM and MHM in schools in Sumbawa and Manggarai. The good reception and response as well as changes in lifestyle to become cleaner have been felt by the school community since Plan Indonesia was present. In the monitoring data conducted by Plan Indonesia in May-June 2022 there are still

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<sup>17</sup> SMP Satap Lemarang

students who defecate openly. However, now it is certain that there are no more members of the school community or those around the school who defecate indiscriminately. This is a positive impact from the results of STBM activities carried out in schools, because students not only convey information about STBM to their families and people they meet around them. Psychomotor changes can be seen from their behavior to get used to a clean lifestyle, now every school is used to always washing hands at certain times, holding routine pickets, and holding gymnastics to support this STBM movement. The pattern of clean living in the school environment can be seen in one school in Manggarai, that since the STBM activity, trash has never been scattered and friends always wash their hands when needed.

*"... because we are used to washing our hands at school, and disposing of trash in its place, at home I also always apply it. I wash my hands before eating, after eating, after defecating, and after playing."*  
(Male Student of SMP Satap Lemarang)

Regarding the understanding and practice of menstrual health management, it has also been very well practiced by students in the four sampling endlines schools. This ensures that they have never heard of boys making fun of women during their menstruation period, either from teachers or female students who participated in the FGDs. This change in understanding regarding MHM occurred in one of the female students in Sumbawa.

*"..... before STBM and MHM, I did not go to school, and after getting an understanding of MHM I was no longer lazy to go to school with the excuse of menstruation because people see it normal and complete facilities were also available, such as a place to rest."* (Female Student of MTS Gunung Galesa, Sumbawa)

Changes in understanding do not only occur in female students who experience menstruation, but also in male students who have a new perspective regarding menstruation. Furthermore, psychomotor changes in students in Sumbawa and Manggarai in implementing a clean life include discipline when washing hands, washing hands with the 9 correct techniques, carrying out routine pickets, and reminding other school members to keep the school environment clean.

#### **5.5.6. INDIRECT IMPACTS FROM STBM MHM ACTIVITIES & TYPES OF ACTIVITIES CARRIED OUT**

There are several indirect impact from STBM MHM activities to the schools as follows:

##### **a. Management of MHM STBM Facility Support Maintenance**

STBM and MHM supporting facilities are available at the four sampling endlines schools, such as handwashing stations, MHM boxes, and inclusive toilets. The availability of these supporting facilities makes school students have the responsibility to maintain cleanliness in the following way:

- Refilling soap
- Change tissue
- Create a toilet cleaning schedule
- Dividing cleaning picket schedules
- Cleaning drains and bathrooms
- Provide and clean the trash

Their way to maintain the cleanliness of the school environment and its supporting facilities is by rotating pickets and holding collective community service once a week. This was done at the four endlines of the school.

- b. The attendance rate of female students in STBM and MHM activities

In every STBM and MHM activity both inside and outside the school for peer educators, women are always involved. Peer educators have an equal proportion of women and men.

### 5.5.7. DELIVERY OF MATERIALS OUTSIDE OF SCHOOL BY PEER EDUCATORS

Peer educators are students selected by the school to represent their school in each STBM activity held by Plan Indonesia. Schools usually send four students with an equal proportion of boys and girls and across generations to represent their school. Peer educators are responsible for explaining back to the school community regarding the understanding and skills they have acquired after receiving the triggering activities organized by Plan Indonesia. The activities they carried out after receiving triggering from Plan Indonesia were carrying out independent triggering in their respective schools. Various methods were used by peer educators to re-socialize the understanding they had previously obtained from Plan Indonesia, namely usually by triggering after the ceremony in the middle of the field, during breaks, and from class to class. The understanding that was disseminated was not only with speech techniques, but they packaged triggering to be more fun as taught by Plan Indonesia, namely with educational snakes and ladders games to joint exercises to practice hand washing with the correct technique.

Socialization of the material by peer educators was not limited to their respective schools, 1 out of 4 endlines survey schools, namely SLB A Karya Murni, had visited other schools twice to socialize STBM MHM. The visit was carried out by SLB A Karya Murni to public schools, namely SDK 2 Pagal. Even though they are students with disabilities, there is no difference between children with special needs and other children. This is considered to be a success for Plan Indonesia, which has built the confidence of children with disabilities well. Apart from that, peer educator students also delivered material to their closest relatives, as was done by one of the students at SDN Batu Dullang, Sumbawa.

*".....after I came home from the hotel following the program from Plan Indonesia, I immediately told my mother that men cannot touch women when they are menstruating, then I also told them about the types of pads, and told them that menstruation is no longer taboo to talk about....."* (Female student at SDN Batu Dullang, Sumbawa)

Currently, two of the four endlines survey schools are undergoing a regeneration period for peer educator members because the other two members have graduated from their respective schools, so that the remaining two are still active.

#### **Self-change after becoming a peer educator**

During the nearly two years that MHM STBM activities have been running in schools, many changes have been felt by the school community, including the peer educators as the main activists. Things that peer educators have felt since they were assigned as MHM STBM movers in schools included:

- Gained a lot of knowledge and made new friends while participating in activities with other schools.
- Peer educators feel more needed because every time a student has a problem they will report it to peer educators.
- They feel happy and proud of themselves for being able to represent the school for STBM MHM activities.
- Improved self-confidence.
- A sense of responsibility arises for the cleanliness of the school and its supporting facilities.

The addition of knowledge was greatly felt by all the peer educators, but what was felt the most was about their respective self-confidence. Plan Indonesia teaches them how to demonstrate, socialize to educate school members regarding STBM MHM. This change in the level of belief was also clearly seen by the teachers who accompanied them. The principal of SLB A Karya Murni felt changes in the peer educator children after receiving guidance from Plan Indonesia.

*"I also saw their confidence in their ability to train it to the teacher's children who accompanied the 2 people just as anything giving instructions for you to do this, I was also very surprised, in my opinion, it was extraordinary, so what they got there, they were right really understand and can give it to his friends." (Principal of SLB A Karya Murni)*

Becoming a peer educator is not an easy thing because they have to educate school members both to their peers, seniors to their own teachers. This is not an obstacle for them to continue socializing with pleasure and responsibility.

## **6. CONCLUSIONS AND RECOMMENDATIONS**

### **CONCLUSION**

Overall, the WfW project has made substantial and impressive progress over the approximately four years it has been running (2018-2022). There has been a rapid increase in access to WASH and changes in STBM behavior in the target villages over the past four years, especially for Pillars 1, 2, DNA 3. There is strong evidence in system reinforcement and early observations that demonstration/project approaches of replication methods have proven effective. Especially when the sub-district STBM team worked together to train STBM-GESI volunteers in new villages from an early age as anticipation in facing COVID-19 pandemic. Positive indications such as transformative changes related to gender and social inclusion at the individual, household and system levels are also visible. These final findings are consistent with the targets and assumptions outlined in the Theory of Change project. This indicates that the current approach has proven effective and should be continued.

### **RECOMMENDATION**

Based on the lessons learned from the endline study as well as several related studies related to the project, there are five main recommendations that have been identified to strengthen and enhance the progress of the project particularly if the project is going to be continue. Especially if efforts to maintain the success that has been achieved so far need to be prioritized.

#### **1. Strengthening the capacity of Pokja AMPL/STBM TEAM and local change agents outside the PAR group for disability inclusion**

The project has the potential to widely disseminate valuable lessons from PAR activities dan building relationship among PAR groups, DPOs and expert consultants. This is to support the training in practice and capacity building for local change agents. The aim is to increase their skills and confidence to do some collaborations and support persons with disabilities in the STBM process. This is important because the project can monitor the achievement of disability inclusion in STBM. Based on the observations in the MTR report, collaboration and information sharing between DPOs, local health workers, and the STBM team, as well as the ongoing GWMT implementation are strategies that have a positive impact.

#### **2. Refocusing the practice of washing hands with soap at critical times, especially after the Covid-19 pandemic ended**

The results of the endline survey showed that there was a decrease in achievement of pillar 2. This was identified because of the easing of the treatment due to Covid-19 which affected CTPS activities in several locations, including two target locations. The project team can build a strong enabling environment for health promotion due to COVID-19, by promoting hand washing at other critical times. The team could also maximize the advantage of activities that currently underway to develop a national health promotion module, including the launching and training of the module in NTT and NTB as well as to revitalize the focus on handwashing at critical times. Apart from ensuring that simple hand washing facilities are existed near household toilets, and those installed in front of the house during COVID-19, supporting behavior change is also important.

#### **3. Develop a strategic advocacy plan to accelerate further progress on Pillar 4 and 5**

After the implementation of the MTR, the WfW team actually carried out quite a lot of activities to accelerate the progress of Pillar 4 and Pillar 5. However, more effort and cross-sectoral collaboration is needed to accelerate progress on pillars 4 and 5. The project team can further explore the factors that contribute to the achievement of Pillars 4 and 5 in certain communities, for example in locations that have built IPAL and TPS/TPA facilities, and/or have achieved all five STBM pillars since the project started. Funding and support from the public and private sectors for Pillars 4 and 5 are also very important. The project team needs to consider regarding on the realistic and achievable targets if the project is to continue in the next 2 years, and what efforts should be prioritized. The precise advocacy strategies to increase investment and support for the provision of waste management infrastructure are things that this project can do next.

## **ANNEX**

ANNEX 1. ADAPTED SHIT FLOW DIAGRAM METHODOLOGY

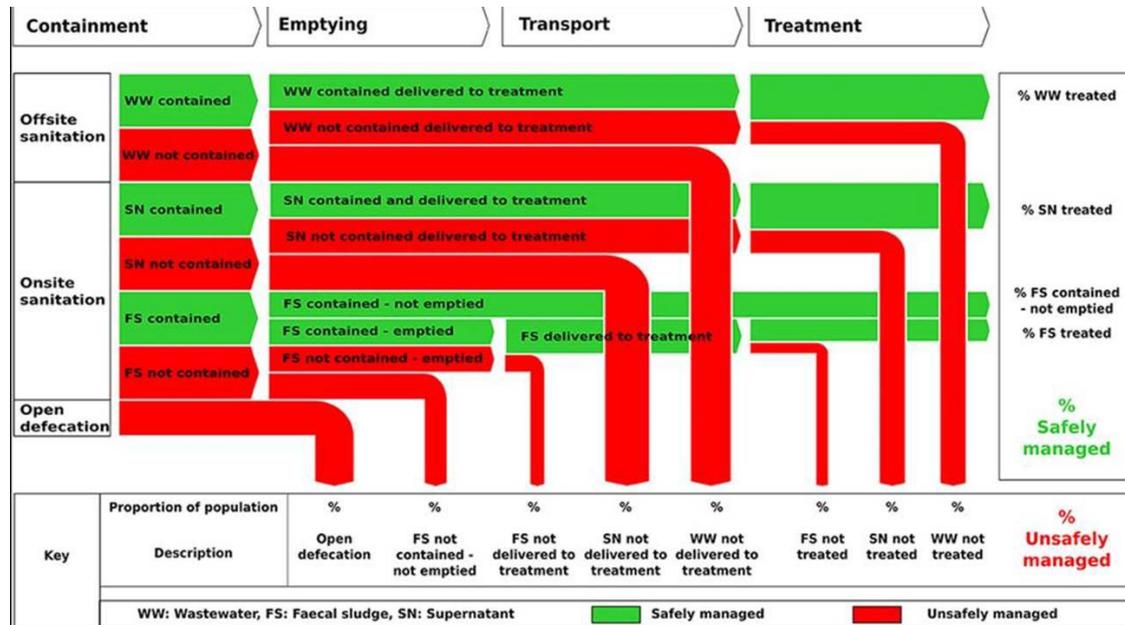
ANNEX 2. LIST OF DUCUMENTS REVIEWE FOR ENDLINE

ANNEX 3. STAR AND SKILLS AND MEANS PAR

ANNEX 4. DATA ANALYSIS WITH SOFTWARE N-VIVO

## ANNEX I. ADAPTED SHIT FLOW DIAGRAM METHODOLOGY

The Sustainable Sanitation Alliance (SSA) 'Shit Flow Diagram' (SFD) methodology was used to calculate safely managed sanitation in the MTR, consistent with the use of this methodology at baseline.



The following considerations were applied factoring in unique conditions and the availability of data in the Indonesian context.

**Off-site sanitation:** In the absence of treatment facilities in the project's target districts, we know that any collection of household excrete cannot be safely-treated off-site. Hence households will not be counted as using safely managed sanitation.

**On-site sanitation:** Consistent with the SFD methodology for on-site (improved) facilities, contained systems that are not emptied will be counted as 'safely managed' sanitation (as far as this can be determined). Refer to the SFD table below. The following limitations in verifying 'contained systems' during the MTR are acknowledged: 1) we need to be realistic about what enumerators can feasibly check during housing survey, given the difficulties associated with assessing the quality of construction, any potential damage or leakage in septics unless this is visible; 2) it is not feasible to do hydrological assessment to determine risk to groundwater pollution; and 3) households can struggle to remember or accurately describe how their toilet systems were constructed (e.g. pit lining or not).

Even the Indonesian Ministry of Health (MoH) does not go this far in their definition and assessment of safely managed sanitation, which they consider to be:

- a) An improved system (closet flush);
- b) Not shared with other households; and

c) Connected to a septic that has been in suction at least once in the last 3-4 years, or piped to a wastewater treatment system.

MoH also requires toilets to be at least 10 metres distance from a water source.

Containment: Where does the toilet discharge to?	What is the containment connected to?				
	To sewer	To soakpit	To open drain or storm sewer	To water body, to open ground, or to don't know where	No outlet or overflow
No onsite containment. Toilet discharges directly to sewer, or open drain etc.	C	C/NC	NC	NC	Not applicable
Septic tank	C	C/NC	NC	NC	
Fully lined tank (sealed)	C	C/NC	NC	NC	C
Lined tank with impermeable walls and open bottom	C/NC	C/NC	NC	NC	C/NC
Lined pit with semi-permeable walls and open bottom	Not applicable				C/NC
Unlined pit					C/NC
Pit (all types), never emptied but abandoned when full and covered with soil					C/NC
Pit (all types), never emptied, abandoned when full but NOT adequately covered with soil					NC
Toilet failed, damaged, collapsed or flooded	NC	NC	NC	NC	NC
Containment (septic tank or tank or pit latrine) failed, damaged, collapsed or flooded	NC	NC	NC	NC	NC
No toilet. Open defecation	Not applicable			NC	Not applicable

KEY:  C Excreta are contained  NC Excreta are NOT contained  
 C/NC Extent to which excreta are contained is dependent on level of risk of groundwater pollution  Not applicable Combination of technologies is not possible.

<b>Contained</b>	Sanitation technology and/or system which ensures safe level of protection from excreta i.e. pathogen transmission to the user or general public is limited.
<b>Containment system</b>	First part of the sanitation service chain, also referred to as 'containment' on the excreta flow diagram. For offsite sanitation it includes a) the toilet and b) what the toilet is connected to (typically a pipe to the sewer network) For onsite sanitation, it includes a) the toilet, b) the onsite sanitation technology that the toilet discharges to and c) the second stage technology (if anything) that the onsite sanitation technology is then connected to (e.g. soak pit or sewer)
<b>Containment technology</b>	A single sanitation infrastructure immediately downstream of the toilet into which excreta is discharged.

With these considerations in mind, systems that are safely contained on-site, more than 10 metres from the nearest water source, and 'not emptied' will be considered safely managed for the purpose of the MTR. This is consistent with JMP definitions and the fact that systems are 'safely managed' until the time that they are not (i.e. until they require emptying, at which point we would need additional information to determine if they continue to be safely managed). Our assessment of safely managed sanitation in the MTR can best be interpreted as "the percentage of households who had a toilet that was 'safely managed', based on available information at the time of the MTR".

An alternative approach would be to draw on the SFD method to identify the toilets that we know are definitely not safely managed, and to provide an estimate of the number of toilets that (to the best of our knowledge at this time) are 'probably' safely managed, or at

least have the 'potential' to be safely managed if in future safe methods of collection and treatment of excreta are available.

## **ANNEX 2. DOCUMENTS REVIEWER FOR ENDLINE SURVEY**

### **Internal documents:**

- Project Plan and Theory of Change
- Project Monitoring & Evaluation Framework
- Project Baseline Report (January 2019)
- Annual and mid-year progress reports (January 2020, July 2020, January 2021)
- MTR Report (Augustus 2021)
- GESI-STBM Module
- Research paper on COVID and Disability (2020)
- List of COVID-19 activities (2020)
- Report on GWMT findings to date (2020)
- Participatory Action Research Follow-up Baseline Findings Report (2019, 2020)
- Participatory Action Research Cycle Progress Reports (including STAR and Skills & Means assessments)

### **External publications:**

Kohlitz, J., Megaw, T., Chong, J., Sugi, F., Palaipeni, P., Emanuel, Y., Brikman, H., Joman, Y., Landa, S., Talan, J., Leong, L., Kelleher, J. & Gero A., 2020, Climate Change Response for Inclusive WASH: A guidance note for Plan International Indonesia. Prepared by ISF-UTS for Plan International Indonesia.

Woolf, L and L. Leong, 2020, Participatory Action Research in Practice: WASH for women and people with disabilities. Prepared by Edge Effect for Plan International Indonesia.

### **Methodology documents:**

Cooperative for Assistance and Relief Everywhere, Inc. (CARE), 2017, “Applying Theory to Practice: CARE’s Journey Piloting Social Norms Measures for Gender Programming”.

Guidance Note: Sanitation and Water for All (SWA) building blocks for communicating progress towards Outcome I

Lombardini, S., Bowman, K., and Garwood, R., 2017, “A ‘How To’ Guide to Measuring Women’s Empowerment: Sharing experience from Oxfam’s impact evaluations”, Oxfam GB.

## ANNEX 3. STAR AND SKILLS AND MEANS TOWARDS PAR GROUP

### I. RINGKASAN

Survei PAR (*Participatory Action Research*) dilakukan dengan tujuan untuk mengetahui perkembangan akhir dari setiap kelompok PAR yang terlibat secara langsung dengan program Water for Women (WfW) di 2 wilayah yakni di Manggarai (Propinsi Nusa Tenggara Timur) dan Sumbawa (Propinsi Nusa Tenggara Barat). Hasil dari survei ini nantinya digunakan untuk kepentingan survei akhir program WfW yang dilakukan oleh konsultan external Yayasan Plan International Indonesia (Plan Indonesia).

Terdapat 2 alat yang digunakan dalam survei ini yaitu Self-administered Quisioner atau Quisioner yang dikelola sendiri dan Focus Group Discussions (FGD) atau Fokus Diskusi Terarah. Self-administered Quisioner dilakukan menggunakan Google Form yang pengisiannya secara individu sedangkan FGD dilakukan secara berkelompok dengan metode online (dalam jaringan). Kedua alat diatas diadaptasi dari 'Star Tool' dan 'Skills and Means Tool' yang juga digunakan oleh kedua kelompok PAR dalam program WfW yakni kelompok perempuan dan kelompok penyandang disabilitas.

Alat-alat dan metode ini sudah familiar bagi anggota kelompok PAR dan telah digunakan sebelumnya saat Mid Term Review. Beberapa pertanyaan diskusi tambahan disertakan di bagian akhir tools agar memudahkan anggota kelompok memahami maksud dan memberikan jawaban secara lebih mendetail. Survei dilakukan langsung oleh Staff Program WfW dan Konsultan internal dengan pertimbangan safeguarding policy dan Do No Harm.

### 2. HASIL

#### 2.1. Manggarai/Ruteng

Hasil endline survey menunjukkan terjadi peningkatan pada hampir semua indikator untuk Aspek Agen dibandingkan dengan hasil MTR sebelumnya (tahun 2021). Baik kelompok perempuan maupun penyandang disabilitas di Kabupaten Manggarai meningkat pengetahuan, ketrampilan dan kepercayaan diri serta sering dilibatkan maupun didengarkan pendapatnya dalam pengambilan keputusan terkait WASH di masyarakat.

Tabel 1. Average of agency aspect in women's and PwDs group in Manggarai

No	Agency	Women's Group		PwD's Group	
		MTR	Endline	MTR	Endline
1	Contribution to decision making related to WASH	1	4	2	4
2	Being listened for issues related to WASH	1	4	3	4
3	Have knowledge, skill, and confidence to participate	2	4	4	4

Tabel 2. Average of action aspect in women's and PwDs group in Manggarai

No	Action	Women's Group		PwD's Group	
		MTR	Endline	MTR	Endline
1	Participiation in any small businesses/enterprises activities	2	3	1	3
2	Getting support from others related to WASH action	2	5	1	4
3	Change in personal/professional	3	5	4	5

Hasil endline survey menunjukkan terjadi peningkatan pada semua indikator untuk Aspek Aksi dibandingkan dengan hasil MTR sebelumnya. Hal ini dibuktikan dengan adanya peningkatan partisipasi kelompok perempuan dan penyandang disabilitas dalam kegiatan wirausaha sanitasi, walaupun masih belum merupakan aktivitas yang reguler. Baik kelompok perempuan maupun penyandang disabilitas juga mendapat dukungan dalam aksi-aksi kegiatan WASH dan ini berdampak pada perubahan pribadi mereka. Terlepas dari keterlibatan dan dukungan yang mereka dapatkan, kelompok penyandang disabilitas maupun perempuan menghargai perubahan yang lebih berarti pada masalah pribadi dan profesional mereka.

Tabel 3. Average of Means Tool aspect in womens and PWDs group in Manggarai

No	Action	Women's Group		PwD's Group	
		MTR	Endline	MTR	Endline
1	Engaging	3	4	3	4
2	Grounding	4	4	4	5
3	Navigating	2	4	3	4
4	Sense-making	3	4	3	4

Hasil endline survey menunjukkan terjadi peningkatan pada hampir semua indikator untuk Aspek Sarana Alat dibandingkan dengan hasil MTR sebelumnya. Hal ini terlihat dari adanya peningkatan tentang cara-cara untuk saling bekerjasama dan mendukung, memahami tentang tujuan yang akan dicapai, mampu memimpin dan membuat perencanaan terhadap aksi tindakan secara mandiri maupun memiliki cukup informasi untuk untuk membuat keputusan perencanaan dan tindakan. Peningkatan diakhir project ini terjadi pada kelompok perempuan maupun penyandang disabilitas.

## 2.2. Sumbawa

Hasil endline survey menunjukkan terjadi peningkatan khususnya kelompok penyandang disabilitas pada semua indikator untuk aspek Agen dibandingkan dengan hasil MTR sebelumnya. Baik kelompok perempuan maupun penyandang disabilitas di Kabupaten Sumbawa meningkat pengetahuan, ketrampilan dan kepercayaan diri serta sering dilibatkan maupun didengarkan pendapatnya dalam pengambilan keputusan terkait WASH di masyarakat.

Tabel 4. Average of agency aspect in womens and PWDs group in Sumbawa (MTR)

No	Agency	Women's Group		PwD's Group	
		MTR	Endline	MTR	Endline
1	Contribution to decision making related to WASH	4	4	2	4
2	Being listened for issues related to WASH	4	4	3	4
3	Have knowledge, skill, and confidence to participate	4	4	3	4

Tabel 5. Average of action aspect in womens and PWDs group in Sumbawa

No	Action	Women's Group		PwD's Group	
		MTR	Endline	MTR	Endline
1	Participation in any small businesses/enterprises activities	2	4	2	4
2	Getting support from others related to WASH action	4	4	3	4
3	Change in personal/professional	5	5	4	4

Hasil endline survey menunjukkan terjadi peningkatan hampir pada semua indikator untuk Aspek Aksi dibandingkan dengan hasil MTR sebelumnya. Hal ini dibuktikan dengan adanya peningkatan partisipasi kelompok perempuan dan penyandang disabilitas dalam kegiatan wirausaha sanitasi, walaupun masih belum merupakan aktivitas yang reguler. Baik kelompok perempuan maupun penyandang disabilitas juga mendapat dukungan dalam aksi-aksi kegiatan WASH dan ini berdampak pada perubahan pribadi mereka. Terlepas dari keterlibatan dan dukungan yang mereka dapatkan, kelompok penyandang disabilitas maupun perempuan menghargai perubahan yang lebih berarti pada masalah pribadi dan profesional mereka.

Tabel 6. Average of Means Tool aspect in womens and PWDs group in Sumbawa

No	Action	Women's Group		PwD's Group	
		MTR	Endline	MTR	Endline
1	Engaging	4	4	4	4
2	Grounding	4	4	4	4
3	Navigating	4	4	2	4
4	Sense-making	4	4	2	4

Hasil endline survey menunjukkan terjadi peningkatan khususnya kelompok penyandang disabilitas pada hampir semua indikator untuk Aspek Sarana Alat dibandingkan dengan hasil MTR sebelumnya. Hal ini terlihat dari adanya peningkatan tentang cara-cara untuk saling bekerjasama dan mendukung, memahami tentang tujuan yang akan dicapai, mampu memimpin dan membuat perencanaan terhadap aksi tindakan secara mandiri maupun memiliki cukup informasi untuk untuk membuat keputusan perencanaan dan tindakan. Peningkatan diakhir project ini terjadi pada kelompok perempuan maupun penyandang disabilitas.

### 3. KESIMPULAN

Hasil endline survey menunjukkan peningkatan di semua indicator survey, baik dalam Survey Mandiri (secara kuantitatif) maupun dalam FGD (secara kualitatif) jika dibandingkan dengan hasil MTR.

Berikut beberapa kesimpulan yang dapat diambil dari hasil survey dan FGD yang dilakukan yakni:

1. Kelompok PAR Disabilitas masih mengalami diskriminasi yaitu belum semua masyarakat mendengarkan pendapat mereka dan pemerintah masih kurang memastikan akses, pelayanan dan partisipasi mereka dalam berbagai kegiatan di level desa sampai kabupaten.
2. Semua kelompok PAR sudah dikapasitasi melalui program WfW sehingga mereka mampu melakukan berbagai aktifitas untuk memperjuangkan hak-haknya serta melakukan aksi STBM GESI melalui kegiatan sosialisasi, kampanye, kerja bakti di lingkungan RT/RW/Dusun dan advokasi dari level desa sampai Kabupaten. Hal ini dilakukan secara mandiri maupun dengan pendampingan dari YPII.
3. Pencapaian terbesar dalam kelompok PAR yang dirasakan yaitu pemerintah semakin sadar akan keberadaan mereka dan mulai memberikan dukungan kepada mereka. Selain itu, lebih banyak masyarakat yang sudah memahami akan pentingnya STBM GESI dibandingkan sebelum terbentuknya PAR dan Kelompok PAR semakin mandiri melakukan aktifitasnya.
4. Sedangkan secara individu, anggota PAR merasa lebih percaya diri, mampu membangun jaringan dengan berbagai pihak, beberapa diantara mereka berhasil mendapatkan pekerjaan dan mereka berani melakukan advokasi di lingkungan keluarga, masyarakat sekitar dan pemerintah.
5. Semua kelompok PAR masih konsisten dengan Visi dan Misi PAR. Kedepan, mereka akan terus berbenah diri, tetap bersatu dan berinovasi untuk menggapai mimpi mereka di masa mendatang.

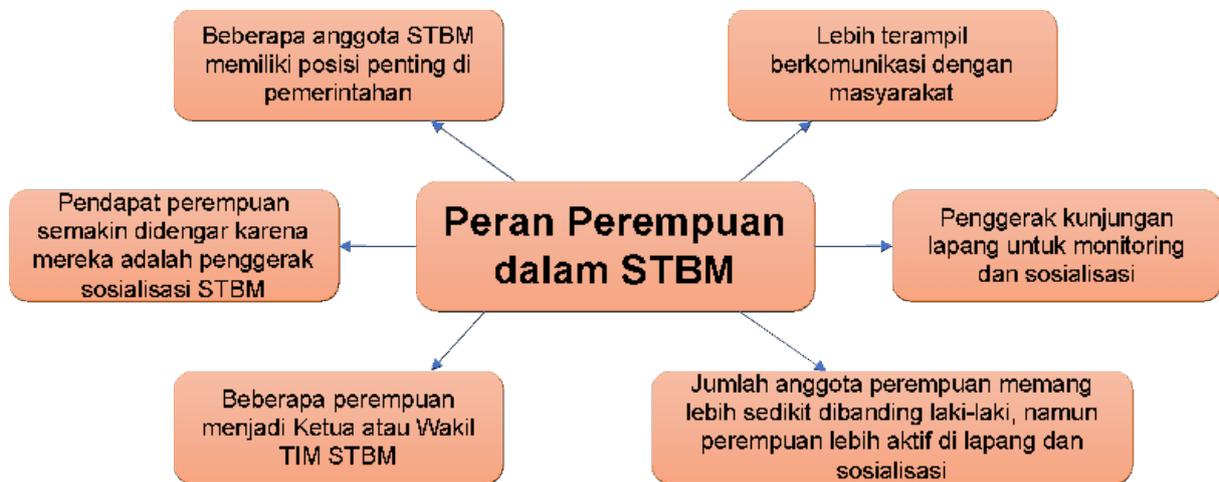
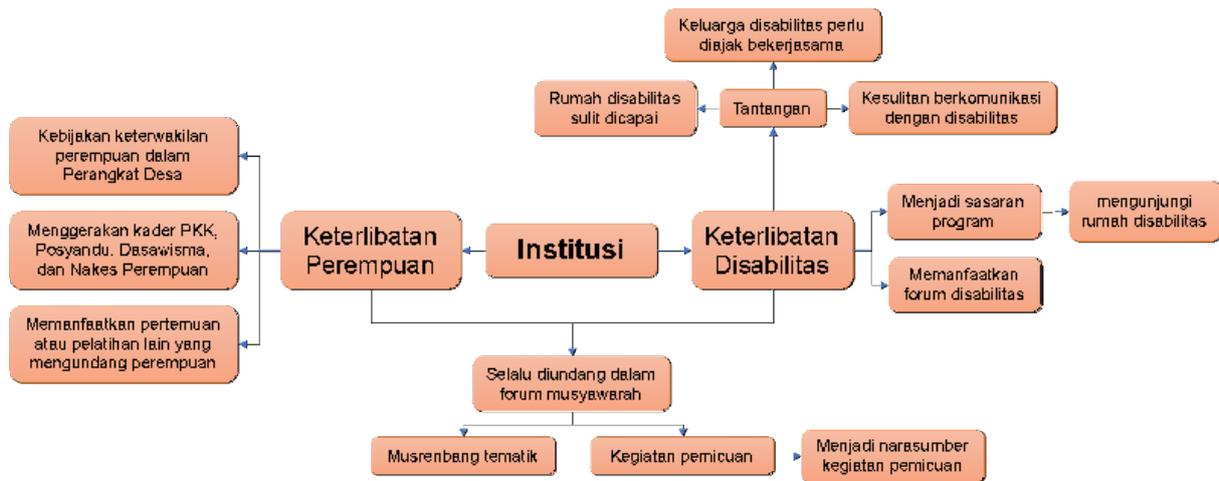
### 4. REKOMENDASI

Beberapa rekomendasi yang diberikan yaitu :

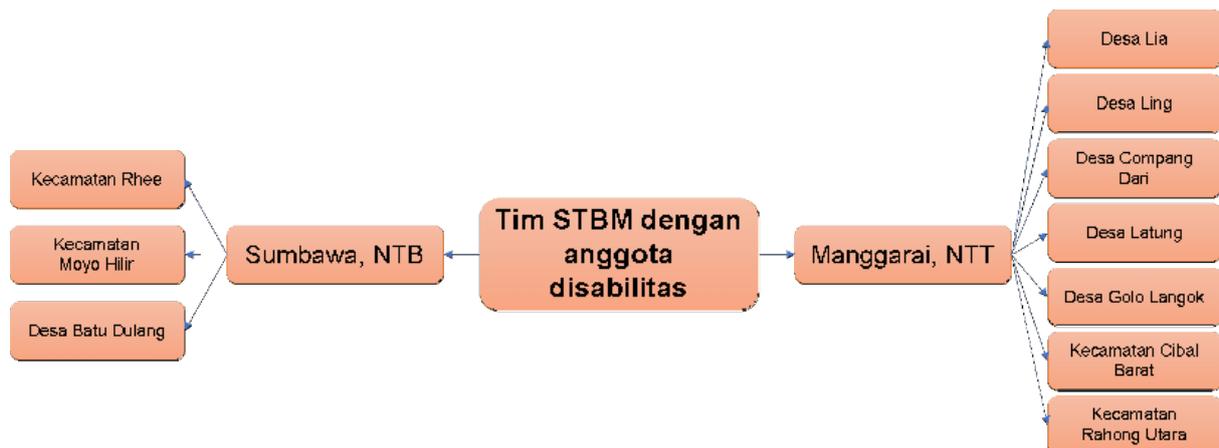
1. Menghubungkan Kelompok-kelompok PAR dengan Dinas terkait di level Kabupaten, Propinsi bahkan Kementerian sehingga melanjutkan pendampingan dan peningkatan kapasitas agar mereka tetap exist walaupun tanpa pendampingan dari YPII.

2. Melibatkan kelompok PAR dalam Program WfW selanjutnya karena sebagian besar Visi mereka berhubungan dengan Perubahan Iklim.
3. Mendukung PAR agar mandiri melakukan advokasi melalui kampanye, sosialisasi dan lainnya melalui media social mereka.

**ANNEX 4. ANALISIS DATA KUALITATIF MENGGUNAKAN SOFTWARE N-VIVO**



	Perempuan	Disabilitas
Partisipasi dalam Perencanaan dan Pengambilan Keputusan	Selalu diundang dalam forum musyawarah: musrenbang, musrenbang tematik, sosialisasi atau kegiatan pemicuan	
Strategi pelibatan Sebagai anggota tim STBM	<ul style="list-style-type: none"> <li>Menggerakkan kader PKK, Posyandu, Dasawisma, dan Nakes Perempuan</li> </ul> Kebijakan keterwakilan perempuan dalam Perangkat Desa	Memanfaatkan forum disabilitas Adanya anggota disabilitas dalam anggota tim STBM
Strategi pelibatan sebagai sasaran	Memanfaatkan pertemuan atau pelatihan lain yang mengundang perempuan	Mengunjungi rumah disabilitas
Tantangan	Perlu pelatihan untuk TIM	<ul style="list-style-type: none"> <li>Rumah disabilitas sulit dicapai</li> <li>Keluarga disabilitas perlu diajak bekerjasama</li> <li>Kesulitan berkomunikasi dengan disabilitas</li> </ul>
Perubahan yang dirasakan	Beberapa sasaran mulai memiliki kesadaran tentang kebersihan	
	Suara perempuan lebih didengar	Ada kesadaran terkait pelibatan disabilitas

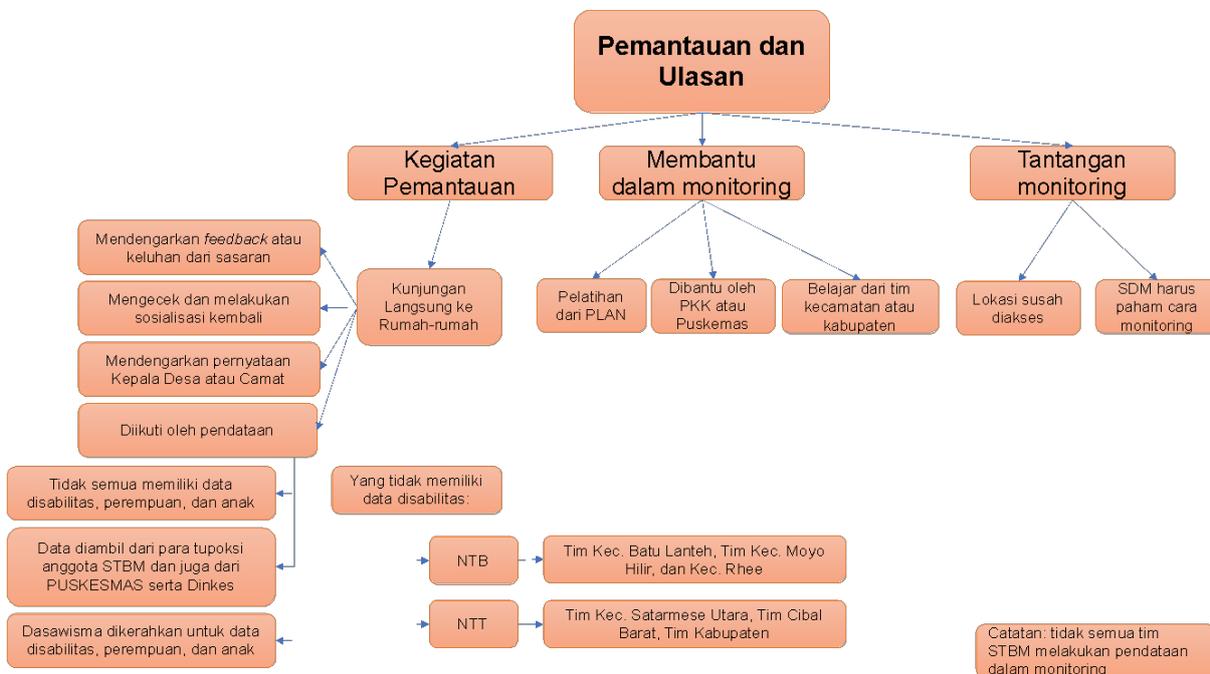


**Kebijakan yang sulit dilakukan dan tantangan**

NTB	NTT
Mengundang masyarakat dalam kegiatan sosialisasi	
Pembiayaan	
Masih banyak kebijakan yang belum diimplementasikan di lingkungan kerja	
Pengolahan sampah dan pengelolaan TPS/TPA	Perwujudan GESI, karena tidak semua anggota TIM STBM terpapar pengetahuan tentang GESI
Masih ada yang meminum air yang tidak di masak	Lahan sempit yang menghambat dalam membangun toilet dan aliran limbah
Kebijakan pegangan tangan untuk disabilitas di kamar mandi	Meningkatkan keterlibatan disabilitas

### Kebijakan yang membantu

NTB	NTT
<b>Kebijakan penyediaan motor/mobil angkut sampah</b>	
Kebijakan Kabupaten Layak Anak	Sudah ada pergub untuk mendukung GESI
Kebijakan pemberian kursi roda untuk disabilitas	Adanya Perda dan SK Kecamatan terkait STBM
Sudah ada perbup (sampai perdes) terkait STBM	Penyediaan fasilitas untuk disabilitas di kantor-kantor desa atau pemerintahan
	Kebijakan desa berupa ancaman apabila KK mampu yang belum memiliki jamban akan dipersulit membuat surat-surat rekomendasi desa (Desa Latung) atau menunda pemberian bantuan (Desa Lia, Ling, Golo Langok)



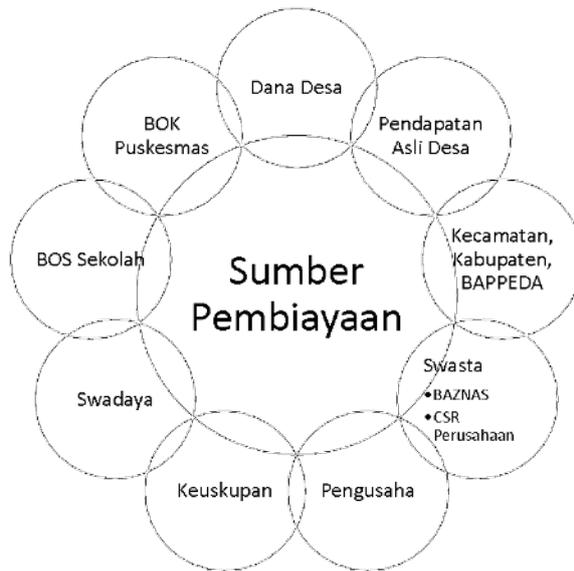


Pembiayaan dari Dana Desa juga banyak diambil dari berbagai pos sehingga tidak maksimal

Pembiayaan dari keuskupan terjadi di NTT, sedangkan BAZNAS di NTB

Beberapa TIM mengaku tidak mendapat dana karena kegiatan STBM tidak masuk dalam APBDES

Beberapa TIM juga menyampaikan perlu adanya honor bagi TIM STBM



beberapa TIM mengaku tidak mendapat dana karena kegiatan STBM tidak masuk dalam APBDES

Pembiayaan dari Dana Desa juga bervariasi di setiap kabupaten sehingga tidak maksimal

Pembiayaan dari keuskupan terjadi di NTT, sedangkan BAZNAS di NTB

beberapa TIM juga menyampaikan perlu adanya honor bagi TIM STBM

