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FOR ALL IN A FAST CHANGING WORLD

The SHAW experience in Indonesia: The multi-stakeholder approach to sustainable sanitation and hygiene

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BRIEFING PAPER 1891

Caring for sanitation is the basis of healthy living for all in the community, but in general it is an individual responsibility. From the late 1990s, the CLTS (Community Led Total Sanitation) approach showed that people can become aware of why sanitation is important for them and their communit. They can be triggered to accomplish non-subsidized actions towards an Open Defecation Free (ODF) environment. The Community Based Total Sanitation (STBM) strategy was initiated in 2008 by the Government of Indonesia (GOI). It is a "total sanitation and hygiene" approach as a next generation to CLTS. The Sanitation, Hygiene and Water (SHAW) Programme is the first in Indonesia to apply STBM at large scale and had to develop an approach to make it work. After 4 years, we reached nearly 1 million people, and a new generation of issues comes up and needs to be solved.

The SHAW Programme

The Sanitation Hygiene and Water SHAW Programme (2010 – 2014) implements the 5 pillar STBM strategy of the Government of Indonesia (GoI) in Eastern Indonesia. The major objectives are to achieve sustainable sanitation and hygiene behaviour by the population in the SHAW areas as well as an active enabling environment to support the occurrence of behaviour change and for it to become sustainable. The Community Based Total Sanitation strategy (STBM) was an initiative by the Indonesian government in 2008, officially reconfirmed in the Regulation of the Ministry of Health in 2014 (Permenkes No. 3/2014). The Indonesian STBM strategy is a further development of the globally known CLTS approach that focusses on Open Defecation Free (ODF) villages. STBM is a sanitation and hygiene strategy with five "pillars":

1. ODF villages,
2. Hand washing with soap and running water,
3. Drinking water treatment and safe storage,
4. Household solid waste management and
5. Household liquid waste management.

When SHAW started in 2010, the 5-pillar STBM strategy was nevertheless largely unknown. Even today, the government and most organisations are implementing only some of the 5 STBM pillars.The SHAW Programme concerns a partnership of five Indonesian NGOs with SIMAVI, a Dutch NGO, as the coordinating International NGO. The partners started SHAW as a group of community development organizations to support an improvement of health in rural communities through sanitation and hygiene, but they all had limited to no experience with the 5 pillar STBM strategy. The partners of SHAW work in nine districts in three provinces: NTT (CD-Bethesda, Plan Indonesia and YDD), NTB (YMP) and Papua (Rumsram), as well as at national level (SIMAVI). SHAW operates in close collaboration with the formal and informal structures in the villages, the decentralised and national governments and the private sector.

A major question at the start is: how do you show that the sanitation and hygiene situation can be improved, even by simple measures, by the population itself? At the same time, how to explain that this will help the population to improve their own life, and the government to develop the area? SHAW works in poor areas, where the community members, but also the local authorities have limited

resources, knowledge and capacity, and all tend to look to others for assistance. Along the GoI STBM strategy, any improvement of unhealthy conditions in and around the house will have to come from the households themselves, based on their own initiatives and means. SHAW firmly believes in this self-help in order to obtain a sustainable change. This document describes lessons learned by the SHAW partners together with all the stakeholders in the field. The introduction of sanitation and hygiene issues by the SHAW partners was and is mainly a struggle against ignorance and to a lesser extent passivity and apathy, traditions and beliefs.

Achievements so far

Up to March 2014, SHAW has been able to reach 1,005 villages, 112 sub-districts and more than 1,3 million people in the 9 districts, where SHAW is active. As a result, in March 2014 more than 900,000 persons practised the 5 pillar STBM sanitation and hygiene behaviour (100% STBM), with no subsidies for the sanitation and hygiene facilities and their operation and maintenance. Already 471 villages and 40 Sub-districts were declared 100% STBM by the Head of the (sub-) district.

Table 1. Coverage by SHAW since 2010

Coverage	Revised planning for December 2014	Achievements March 2014
- # Persons triggered on STBM	1,383,348	1,390,704
- # Houses covered by STBM *	-	311,515
- # Villages covered by STBM	1,074	1,005
- # Primary schools covered by STBM	538	181
- # Sub-districts covered by STBM	116	112
Achievements		
- # Toilets constructed after SHAW promotion**	-	110,502
- # Persons with ODF behaviour (P-1)	1,383,348	1,118,798
- # Persons washing hands with soap (P-2)	1,383,348	905,949
- # Persons drinking treated water (P-3)	1,383,348	1,266,274
- # Persons managing solid waste (P-4)	1,383,348	937,302
- # Persons managing liquid waste (P-5)	1,383,348	1,233313
- # Villages 100% STBM verified	1,074	471
- # Primary schools 100% STBM verified	538	2
- # Sub-districts 100% STBM	108	40

* The house is used as monitoring unit, instead of households. In East - Indonesia, usually 1 - 3 households live in one house, but these houses have only one site for e.g. treating water or solid waste collection.
** The number can be used as the contribution by SHAW to MDG7 (sanitation).

How it is done, expriences from the field

The SHAW approach aims at sustained sanitation and hygiene behaviour along the 5 pillars of STBM by all community members in the villages including the schools. Achieving 100% STBM is praiseworthy but only a formal step within the process of internalisation of improved sanitation and hygiene behaviour. The enabling environment is a crucial part in the multi-stakeholder approach developed by SHAW. The main idea is to trigger and promote the community to change its sanitation and hygiene behaviour along the 5 pillars of STBM as well as give follow-up support to sustain the 100% STBM behaviour. Stakeholders of the enabling environment are the STBM Teams at village, sub-district and district level (see below), the

provincial and national government, NGOs as well as the private sector. The private sector is responding to the created demand for STBM facilities and services.

What stakeholders need to know

For a community-based program like SHAW to introduce a new behaviour, while operating on a non-subsidy approach, it is essential:

- That those who are involved are fully aware of what is the goal and the derived in's and out's of the programme, in this case STBM.
- To understand that only a respectful attitude can motivate community members to construct the STBM facilities with their own funds as well as change their sanitation and hygiene behaviour. Too often, outsiders take a "telling" attitude (out of uncertainty, time pressure, sense of superiority, etc.) and/or focus on negative aspects but such attitude will not incite self-action by the community members.
- To understand that each village requests an adapted approach, to respond to the local realities (culture, village society, geography, infrastructure, availability for meetings, etc.).
- To find motivated village volunteers to continue stimulation and instruction of their peers, after the outside staff of NGOs and/or government have left. It is not only an issue of frequently repeated messages and promotion, but the direct contact as sanitation and hygiene are sensitive issues, which are more easily discussed among peers.
- Note that field staff of several SHAW partners stay overnight in the village in order to optimise attendance to the community meetings and create a better understanding by intensive discussions, since in the evening most/all villagers have returned from the field and offices.
- To cover a whole administrative area with an administrative head and decentralised government services like health. This way, maximum interest and involvement of the sub-district head and government services are obtained since it affects their whole area and not only some villages.
- Consequently, SHAW covers sub-districts, with on average 9 villages, but also covers four complete districts (with between 19 – 32 sub-districts).

In many cases the information level and capacity of the NGO staff was not adequate, and the local government was not informed. Information sharing, training and refresher activities on a large scale were necessary.

Roadshows

As the first step in an area, the SHAW partners organized Roadshows at district and sub-district level, to obtain informed commitment and involvement of the respective governments. Before activities will start in a village, the village leaders are requested during the Roadshow at the sub-district to commit themselves and sign a letter of interest in STBM activities. If not yet ready, activities will start in other villages. All initially hesitant villages turned around, after observing the STBM results in neighbouring villages and/or due to a feeling of competition and/or influence by the head of sub-district, who feels responsible for the well-being of the population in the area.

The core teams for STBM

The village STBM team consists of volunteers, usually health promoters, supported by the village and sub-village leaders (heads, women group, traditional and religious leaders, etc.). Their role is to assist in triggering, frequent promotion and stimulation, and monitoring house-to-house plus give follow-up after analysis of the monitoring data.

The sub-district STBM team consists of the sub-district head, health staff, village development staff and others, depending on the sub-district initiative. Their role is triggering STBM, facilitating, stimulating and supervising the progress and sustainability of the STBM behaviour, including the facilities, as well as analyse the monitoring data and give subsequent follow-up. Key roles are for the sanitarian (health staff for WASH) and the head of sub-district. Albeit for different reasons, both meet regularly the heads of village and visit the village. The sanitarian is also in direct contact with the STBM volunteers, and is involved in the triggering.

The district STBM team consists of several members of the interdepartmental working group on WASH (Pokja AMPL), especially the planning agency and the health service. Their role is to coordinate, supervise and monitor the STBM implementation. After the respective Roadshows, training activities started to capacitate and prepare these teams for their roles.

Preparation of the STBM activities

Facilitated by SHAW, the village leaders select the members of the village STBM team. The number of STBM volunteers per village is usually based on 1 volunteer per 15-25 houses. In total, at present in SHAW we count around 20,000 active volunteers.

The training of the village STBM team members, especially the volunteers, concerns the aspects mentioned above, like triggering, follow-up promotion and monitoring. The training also treats the different options for STBM facilities, stressing that health criteria and appropriateness are more important than fancy facilities. For example, promoting/insisting on pour-flush toilets will not be very successful in a water-scarce area.
The sub-district STBM team members are trained for their respective tasks, in formal sessions but also on-the-job, for example during the first triggering events in the sub-district. The district STBM team receives training if needed.Aim of the trainings is that, after being in the lead during the first STBM activities in a village and sub-district, the SHAW partners can gradually reduce their role to a supporting role and pass the lead on to the village and sub-district STBM teams. The intention is that towards the end of the SHAW Programme, there will be competent teams who can operate without support by SHAW in village and sub-district in order to sustain the STBM behaviour. It is also possible to replicate / expand STBM to other areas.

Triggering, the start of the community at work
Triggering can only be done one time as hereafter the "shock effect" is gone. Triggering is done at sub-village level. The SHAW triggering approach uses the CLTS techniques for Pillar 1, mainly aiming for the realization that defecating in the open gives an unhealthy situation for all in the community, and that something needs to be done and can be done. Yet STBM is broader, and SHAW presents the 5 pillars as a holistic concept to a clean and healthy living environment. After the triggering event, the households sign a "contract" with the community to document their intention to implement 5 pillars STBM, and they give a time-line to get there.

Follow-up and promotion
Crucial after triggering is maintaining the spirit to come into action, which is the installation of STBM facilities as well as the change in sanitation and hygiene behaviour. The messages about the 5 pillars of STBM are repeated by the volunteers and leaders of the village STBM team as well as by the sub-district team on many occasions: house-to-house monitoring visits, public events like the monthly health consultations for women and children, village and sub-district meetings and also during church and mosque services. People need to be aware that the STBM triggering event was not a one-time activity, but that STBM behaviour should become part of their lives.
Sanitation marketing responds to the created demand for STBM facilities, but will only be interesting for the households when it offers affordable and attractive options for each of the 5 pillars. The SHAW partners have been very successful in facilitating the production of e.g. toilet squatting plates and local craftsmen associations are being set-up to spread these affordable toilet plates. Quality control of the products is not structured but comes with the follow-up visits by SHAW staff to the craftsmen.

Monitoring, output and outcome
SHAW has developed a monitoring system that will play a central role in the progress and sustainability of the behaviour changes. The system is based on two types of data, output and outcome. The output indicators monitor the presence and type of the STBM facilities. The outcome indicators monitor the STBM behaviour of all community members in a four level technique, which includes the operation and maintenance situation of the facilities. Pictograms are used to avoid difficult indicator terminology for the volunteers as well as to explain in simple drawings to the community members what the expected behaviour is.
The volunteers pass house-to-house to monitor and promote STBM. The data are aggregated and discussed within the sub-villages, then further aggregated and discussed at village level. This way, the situation is known to all, and quick follow-up actions are possible to stimulate progress, repair slippage, decide communal action on e.g. solid waste, etc. The data are then discussed with the sanitarian as part of a situation analysis and follow-up, and can enter into the national monitoring system. The SHAW monitoring system with its output and outcome indicators for 5 STBM pillars has attracted attention of the Indonesian national government agencies, and currently integration is discussed for use in the national database system, which uses SMS messages.

Verification and declaration
Together with the decentralised government services, SHAW established criteria for the STBM facilities and behaviour, and has set-up a system of verification and declaration. Note that these criteria are integrated in the monitoring system. Once a village considers itself 100% STBM, implying that all in the community satisfy the STBM criteria, an internal verification can be organized by the village STBM team. If positive, the head of the village will write to the sub-district health service and ask for a formal verification by the government. The sanitarian then organises the verification, implemented under her/his supervision by either

STBM volunteers from the same village or from a different village (cross checking). The sanitarian will then report to the sub-district health service that the village as 100% STBM or not yet. In case the village is positively verified by the government, the village will be declared 100% STBM, and receives a certificate. The declaration can be done by the sub-district but frequently the acknowldegement of the district head is preferred.

100% STBM can be achieved

The results by SHAW show that it is feasible to achieve communities with 100% coverage in STBM facilities and behaviour change. In Indonesia, there is a long history of subsidised projects, by government and organisations, creating expectations of subsidies and incentives. At the start of SHAW, this expectancy created difficulties as SHAW operates along the STBM strategy with an "empty hands" approach. However, patience, awareness creation, remaining respectful and showing examples of STBM successes attracted curiosity and general interest in implementing STBM. SHAW is not finished yet but it is well on its way to change the behaviour of people in the least developed areas of Indonesia. Three and a half years after the start of the implementation, already 65% of the 1.3 million persons apply the 5 pillar STBM behaviour and sustain it. There are about 20,000 village health volunteers involved, and the sanitarians of most primary health centres (Puskesmas) have been fully involved in the training and triggering of STBM. The enabling environment of active volunteers, sanitarians, leaders and government staffs at village and (sub-)district level has been crucial when it comes to supporting, monitoring and giving follow-up in order to ensure progress in the behaviour change as well as to sustain the achieved sanitation and hygiene behaviour. The involvement of the province and national level remains to be ensured.

Budget

SHAW operates on a budget for STBM of € 14.3 million, of which € 10.5 million (73%) are grants from the Dutch Government (60%) and SHAW partners (13%). The communities contribute the remaining 27% by investments in STBM facilities, based on averaged and monetised constructions. On top of this budget, GoI allocate funds for STBM activities for village visits and the villages allocate funds for promotion/monitoring by the volunteers as well as occasional support to poor families. In some cases even the village provided funds for the needed start-up capital for the private sector to produce STBM supplies. The GoI allocations are not communicated and remain unknown. Extrapolation of village budget allocations for the volunteers gives an estimated expenditure of € 0.4 million annually, or € 19/year/volunteer.

SHAW operates at village, sub-district, district, province and national level, therefore it is difficult to express the needed external investment amount per village for replication. Moreover, SHAW needed extra efforts to inform the different levels on the national 5 pillar STBM strategy before securing involvement and motivation. SHAW does not provide awards to a village when it achieves the 100% STBM status, only a certificate. Worldwide, there are many bad experiences with such awards, as villagers tend to strive to obtain the award instead of changing mind-set and behaviour.

Striving for sustainability

Our focus now is to get 100% STBM villages, and create an enabling environment to support the population to sustain the STBM behaviour. Most of the issues mentioned are applicable for rural areas as well as urban areas. Sustainability is more than keeping motivation and avoiding slippage. It concerns also anticipating upcoming issues like sludge and solid waste management as well as future needs to improve the facilities for more comfort, including climbing the STBM ladder. Our main lessons are:

- **STBM as Government Strategy:** The STBM strategy is formulated by the GoI, and has a close relationship to public health. Therefore, the government is indicated to create and lead the enabling environment that promotes, facilitates and supports the population in its STBM behaviour. SHAW partners have given support, training and facilitation where necessary, but SHAW will end in 2014, and continuation is needed. Communication is the key, between the communities, government, private sector and NGOs.
- **5 pillars STBM is about behavioural change:** Promoting 5 pillar STBM needs a respectful and sympathetic approach as well as an intensive follow-up for some years in order for the STBM behaviour to start and get internalised. Please note that behaviour change demands a long-term attention span, often going beyond a project period. SHAW was formulated for 4.5 years, and observes that the period is not enough to achieve internalisation of the behaviour.
- **Attention to STBM is part of daily life:** The declaration of 100% STBM is a stage and not the end of support needed. Hence also after the STBM declaration, budget allocation is needed for the enabling environment to continue, especially the volunteers and sanitarians. Every generation is a new one which has to learn how to handle STBM, to live healthy in a clean environment. SHAW observed that budget is

allocated by the village (ADD) for the volunteers and by the sub-district health centres for the STBM visits to the village.

- **STBM for a healthy village:** STBM is not only about the facilities related to the 5 pillars, but is to improve the living environment and a healthy lifestyle in the whole the village, including the schools. All villagers are able to profit from better health and can save on health costs and therefore have more resources left for other activities. After 3.5 years, the first indications arrive that effects from STBM behaviour on health and household budget are indeed observed by the villagers. For example a health centre that asked why the villagers do not come anymore or parents who save funds (no transport costs to health centre) and transfer it to children studying at universities, or teachers observing that the school performance of their class has improved. The information needs to be verified, but these unverified data already motivate the villagers to sustain STBM behaviour.
- **Community volunteers and the sanitarian are the backbone:** Community health volunteers are the hands-and-feet of the programme, and the sub-district STBM team is the backbone. All are part of the enabling environment, each with a specific role and responsibility.
- **Household STBM facilities are private self-financed facilities:** STBM is non-subsidy, and households will step in when they are well informed on the options, including the criteria and costs of the facilities. Nevertheless, sharing of information updates are needed as the demand for different types of facilities will develop over time.
- **Monitoring using output and outcome indicators:** Is change really happening, is the sanitation and hygiene situation in the village good or does slippage occur, are questions that need to be reviewed on a routine basis. The SHAW programme has developed its Output and Outcome indicators which will be able to provide this information for the local authorities at village, sub-district and even district level to decide which kind of follow-up activities are necessary to either progress towards or remain a 100% STBM village. The output monitoring (facilities) is not needed after village declaration, but the outcome monitoring (maintenance and behaviour) will continue. Discussions are ongoing at national level to include the SHAW outcome indicators in the STBM section of the national SMS-monitoring system per village.
- **Up the STBM ladder:** At the end of SHAW, much will be achieved in terms of facilities and behaviour. However, to ensure sustainability in behaviour and environment, steps need to be taken on the STBM ladder for facilities and behaviour. Possible next steps include higher quality facilities for more comfort and easier use but also reducing the environmental burden by sludge management, by moving from boiling water for treatment to filtration as well as by solid waste management along the 3-R-principle (reduce, reuse, recycle) and improved waste deposit.
- **Enabling Environment:** To be able to guide communities and community members towards better sanitary conditions and keep the villages clean and safe, it is and will be necessary for the government to take an active role:
    1. Providing up-to-date information, tools and facilities for people to move up the STBM ladder will always be necessary, in particular the options for more difficult environments like areas with extensive flooding or water scarcity.
    2. Regular monitoring of the houses/households in the village will need to be done to maintain the awareness and behaviour change. A measure of institutionalization of the reporting of the results needs to be accomplished, to regularly discuss the results at village, sub-district and district level and to determine additional measures. The provincial and national level can give support by requesting (monitoring) information and by giving feedback.
    3. Ensuring continued allocation of funding via ADD, BOS and BOK for regular monitoring by the village volunteers (cadres) as well as for other sanitation and hygiene related activities.
    4. Regulations at village and district level as response to the guiding principle that “nobody is allowed to endanger the life and livelihood of others”. A village regulation on sanitation and hygiene behaviour as well as selected sanctions needs to be confirmed by the district level. However, the District Parliament can issue a regulation that serves as an umbrella-regulation recognizing the right of communities to regulate their own living environment including possible local or even sanctions along the local traditions and culture.
    5. To solve upcoming issues related to better sanitary conditions in the villages or towns, such as collection and treatment of sludge, solid waste and liquid waste.

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