

Newsletter

Kabar STBM - June 2015



Community Based Total Sanitation (STBM) Implementation in Nusa Tenggara Timur (NTT) Province, Indonesia

An effort to improve the sanitation and hygiene of NTT communities

A national survey produced by the Central Statistics Body for the period from 2004 to 2013 revealed almost one-third of Indonesians lacked access to safe drinking water and two-fifths did not have proper sanitation facilities. These proportions show that to reach universal provision of these two necessities an additional 78.2 million people require access to safe drinking water and 97.6 million to proper sanitation.

The target set by the 2019 Universal Access for Sanitation Sector is for 85% of Indonesians to have access to sanitation services that meet minimum service standards. In terms of wastewater, 85% of the population will have access to basic on-site sanitation facilities and 15% will have access to communal, district or city wastewater treatment facilities.

A further aim is for 80% of city waste to be managed and the remaining 20% dealt with by city-scale waste reduction facilities through 3R (reduce, reuse, and recycle) practices. Meanwhile, 15% of the remaining Indonesians are set to have basic sanitation facilities and behavioral knowledge in low-density areas such as villages

Sanitation conditions in NTT

NTT province is still a priority for sanitation development in Indonesia due to the region's very poor conditions. The National Sanitation Census showed that less than a quarter of the NTT population enjoyed proper sanitation, while only half of the community had access to clean drinking water. This situation causes a high incidence of diarrhea in the province, with 6,500 cases of the condition recorded in just one district in 2012.

STBM Implementation in Five Districts of NTT Province



Plan Indonesia is working with the Provincial Government of East Nusa Tenggara to expand a campaign promoting behavioral change concerning hygiene and sanitation. Using the Community Based Total Sanitation (STBM : Sanitasi Total Berbasis Masyarakat) approach, this program supports the achievement of universal access by 2019.

To ensure this program is successful, Plan is working with Australian Aid through CS Fund 2 to implement STBM in five NTT districts: Kupang, Sabu Raijua, Manggarai Timur, Ende, and Ngada.

Ever since its formulation in 2008, the STBM program in Indonesia has been widely implemented with promising results. One of the provinces that has extensively and consistently implemented STBM is NTT

Nationally, the STBM strategy is based on the Regulation of the Health Minister (Permenkes) No.3 2014 on the National Strategy for Community-Led Total Sanitation. This regulation is the reference point for all health officers in Indonesia to plan, implement, monitor, and evaluate the STBM campaign.



5 Pilar of STBM

Pillar 1



Man in Ngada district with his latrine, which was the result of an integrated STBM activity between Plan Indonesia and Government of NTT

Pillar 2



Hand washing with soap is becoming a habit among the community in East Manggarai district.

Pillar 4



A woman in Kupang district reveals the domestic wastewater channel for her house.

Pillar 3



Drinking boiled water is becoming a new habit in Ende district since STBM was implemented in community

Pillar 5

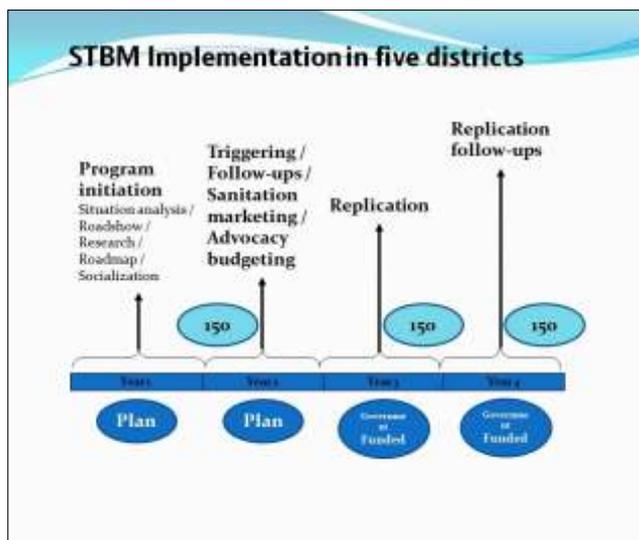


Woman in Sabu Rajjua district now consistently managing domestic solid waste by throwing it in a plastic bag in front of her house

5 Pillars of STBM

1. STOP Open Defecation
2. Hand Washing With Soap
3. Household's Drinking Water and Food Handling
4. Household's Liquid Waste Management
5. Household's Solid Waste Management

Project Targets



With the implementation of the STBM project in NTT province, a number of changes in terms of the government and communities are expected to occur in the five assisted districts. These changes are as follows.

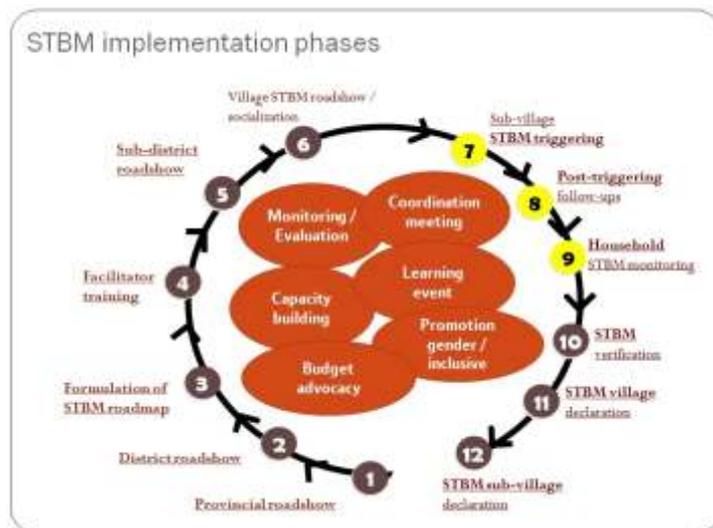
1. The five district governments to formally implement the five STBM pillars in 150 villages.
2. The five districts and 15 sub-districts to have functional STBM teams and AMPL working groups.
3. District-level and sub-district-level STBM action plans to be prepared with adequate budgets to replicate STBM activities in other areas.
4. The five district governments to independently implement the national strategy and budgeting for STBM activities in the 2016 APBD .
5. District and sub-district government officials to actively support the involvement of women in STBM.
6. 135,000 households (675,000 people) in the five districts to adopt the five STBM pillars.
7. The private sector in each targeted sub-district to provide the materials and sanitation services required.

Project Location Statistics

Description	Pilot	Replication from 2015
No. of project locations	5 districts: East Manggarai, Ende, Kupang, Ngada, and Sabu Rajua	
No. of target villages	172	300
No. of pilot sub-districts	15	30
No. of beneficiaries (households)	60,000	135,000
No. of beneficiaries (individuals)	210,000	675,000
No. of villages with STBM	150 (pilot)	7 in East Manggarai (other districts TBD)
No. of sub-district STBM teams / partners	15	Ongoing Process
No. of village STBM teams / partners	172	Ongoing Process

Strategies and Project Phases

1. Capacity building for district Pokja AMPL, sub district STBM, and village STBM teams.
2. STBM triggering, promotion, and follow-ups led by the district Pokja AMPL, sub-district STBM, and village STBM teams, with the active involvement of sub-villages and RT/RW .
3. APBD advocacy to replicate STBM programs outside the pilot project area.
4. Sanitation entrepreneurship for high-quality sanitation and sanitation access for people with special needs.



Advocacy Strategy for Government Funded STBM Replication



Government of Manggarai Timur District sign commitment to implement STBM and to fund STBM Replication

Aspects to consider for successful Government Funded STBM Replication :

1. Encouraging district government to issue letter of interest showing a willingness to allocate budget for STBM.
2. District governments sign MoU to replicate STBM in at least 60 villages and where Plan will support 150 villages for piloting STBM
3. Formulation of the STBM Roadmap.
4. Encourage government to include STBM as a priority in RPJMD (District Mid-Term Development Plan)
5. Capacity building for STBM teams and Pokja AMPL.

STBM Budget Advocacy Steps



1 Advocacy through Musrembangcam (Sub District Development Meeting)

Encouraging the sub-district STBM teams to actively promote STBM as a priority through the Musrembangcam



2 Advocacy through SKPD Forum (District Government Agency Forum) and Musrembangkab (District Development Meeting)

Encouraging WASH Task Group to ensure STBM is included and prioritized in the Musrenbangkab and SKPD Forum



3 Advocacy through the formulation of RKPD (Annual District Government Agency Workplan)

WASH Taskgroup ensures STBM is included in the work plan of each SKPD (District Government Agency)



4 Advocacy through the formulation of KUA-PPAS (General Policy on District Revenue and Expenditure Budget - Temporary Budget Priority)

Capacity building for WASH Task Group members to negotiate with the legislative department and promote STBM to legislative members

Project Progress

Description	Progress	Comment
No. of districts with STBM roadmap	5	Reference in STBM planning/ budgeting
No. of STBM-triggered villages	172	All pilot villages, sub-villages
No. of women in village STBM teams and actively promoting STBM	1,032	Average of 5-6 people per village (some appointed to lead the village STBM teams)
No. of household-monitored villages	172	
No. of STBM-verified villages	124	Puskesmas' responsibility
No. of STBM-declared villages	74	
No. of people with disabilities with access to proper sanitation	75	Includes people with physical disabilities and myopia and the elderly
No. of sanitation entrepreneurs (individuals)	18	Produce toilets and sanitary latrine packages

District Budget Allocation for STBM Replication 2015

District govt.	2015 replication	Description	APBD 2015 allocation
Ende district	31 villages	29 additional villages in 2016	APBD II 2015, IDR 450 million
Ngada district	20 villages	40 additional villages in 2016	APBD II 2015, IDR 114 million
East Manggarai district	60 villages	All initiated in 2015 and to be strengthened in 2016 or replicated in over 60 villages	APBD II 2015, IDR 546 million
Sabu Raijua district	18 villages	13 villages completed by 2016	APBD II 2015, IDR 300 million
Kupang district	40 villages	Referring to the RPJMD target, 40 villages per year, all villages covered by STBM by 2019	APBD II 2015, IDR 354 million
Total	169 villages		

Step by step to Achieve STBM Declaration

1

Village STBM Socialization



Village STBM Socialization was conducted in 32 villages in each district. All sub-village heads, sub neighborhood heads, and school's headmasters signed commitment to implement STBM.

Establishment of village STBM Team 50% of team members are women

2

Triggering of 5 Pillars of STBM



Conducted in each sub-village and facilitated by sub-district STBM team. Social contracts made to build facilities for 5 pillars.

3

Post Triggering Follow-up and STBM Promotion



Conducted by village STBM teams and involving cultural figures, religious leaders and teachers.

Communication methods: film screenings, double-sided flipcharts, posters dissemination in local languages, and home visits

4

Household STBM Monitoring



Organized by village STBM teams on a household basis. Monitoring of facilities and behavioral change regarding the 5 STBM pillars.

5

Verification 5 Pillars of STBM



1. Village heads request proposals to the sub-district STBM teams / Puskesmas.
2. Verification by sub-district/district and village STBM teams using cross RT/sub-village method.
3. Conducted in all houses and facilities and verification of behavioral change.

6

Sanitation Audit for People With Dissabilities



An 80-year-old mother with myopia in South Golewa sub-district, Ngada can now access a latrine as her family and neighbors have constructed a concrete pathway and bamboo handrail.

Promoting sanitation access for people with disabilities through communal work and neighbors' care.



7

STBM Declaration



The declaration was based on verification results. All households have, use and maintain facilities for the 5 STBM pillars and have changed their behavior appropriately.



STBM Declaration in Kupang District. Photo : Plan International Indonesia/Suardi

STBM Declaration by 150 Villages in NTT Province

A breakthrough for Cleaner and Healthier NTT communities

150 villages from five districts in NTT province, Ende, Kupang, Manggarai Timur, Ngada and Sabu Raijua, have declared themselves as having implemented the 5 STBM Pillars (Sanitasi Total Berbasis Masyarakat/Community Based Total Sanitation). Through the project, people in 5 districts have benefited by improving sanitation and hygiene.

Plan International Indonesia's project manager for STBM-CS Fund 2, Sabaruddin, explained that the STBM project in the five districts started in 2013, has operated in association with the NTT provincial government and receives the majority of its funding from Australian Aid

The STBM approach campaigns for clean and healthy living by triggering behavioural change through non-subsidised action. Through the STBM project, the villages have implemented the five sanitation pillars: STOP open defecation; hand washing with soap; household drinking water and food management; domestic solid waste management; and liquid waste management.

The head of NTT province's POKJA AMPL/WASH Taskgroup, Wayan Darmawa said that with the STBM declaration of the villages, community health in Ende, Kupang, Manggarai Timur, Ngada and Sabu Raijua had improved. Meanwhile, he hopes the implementation of living standards in a healthy environment will contribute to achieving the Universal Access 2019 target.



East Manggarai's traditional dance performed by children during STBM Declaration in Kota Komba Sub District, East Manggarai. Photo : Plan International Indonesia/Rio Robertus

Plan International Indonesia and NTT province's POKJA AMPL have campaigned for STBM since 2013 and initiated activities to trigger change in 150 pilot villages in 15 targeted sub-districts across the five districts.

Ayub Seda Gadi, a member of a sub-district STBM team in Ende district, said: *"After the triggering activities, the sub-district STBM team have monitored changes to ensure the community's commitment. Through STBM, the community has changed independently without subsidies from either the government or Plan."*

Ayub's team do not recommend a specific model for latrines. Instead, they have merely encouraged the community to be creative in constructing the facilities to end open defecation.

"The same goes for the hand washing facilities locals have constructed at their houses."

He continued. *"They make them from buckets, jerry cans, jugs or other items. I asked them to be creative."*

The STBM declaration by 150 villages is not the end of the government's struggle against diarrhoea. It is just one breakthrough towards a cleaner and healthier NTT community.

Referring to the district's revenue and expenditure budget known as Anggaran Pendapatan dan Belanja Daerah (APBD), Tobias Mesakh, member of Sabu Raijua's district's

POKJA AMPL (WASH Task Group), said: *"Starting in 2015, the district government should independently implement STBM using APBD and no longer accept financial assistance from Plan. We are certainly ready to replicate the STBM village model in the coming years. This is our commitment."*

Based on a memorandum of understanding signed in 2013, the district government should independently implement STBM with APBD funding by replicating the model in 300 other villages in five districts of NTT province.

To date, the budget for replication is in accordance with the plan. The district government has allocated a fund of IDR 1.7 billion for the CLTS project in 176 villages in 2015. Hopefully, the government will continue to consistently implement CLTS with APBD funding in the future.



District's Government of Sabu Raijua handed STBM Certificate to Village Heads during STBM Declaration in Sabu Raijua District. Photo : Plan International Indonesia/Ali Munir

Implementation of Inclusive STBM in NTT Province and Lessons Learned

The 2019 Universal Access goal declares all Indonesians, including people with special needs also known as People With Disabilities (PWD), should have access to proper and sustainable hygiene and sanitation facilities by the targeted year.

Sanitation actors have implemented various projects in Indonesia to assist PWD to gain access to sanitation, including one conducted by Plan International Indonesia and the NTT community, especially in the five districts covered by the STBM-CS Fund 2 project.

With this Inclusive STBM approach, Plan and POKJA AMPL have successfully helped local PWD to have access to sanitation and hygiene facilities. The steps in implementing this model are as follows

- Introduce the inclusive concept to the community.
- Identify village-based PWD groups after community triggering activities.
- Design sanitation facilities after consultation with PWD families.
- Construct sanitation facilities with the involvement of PWD.



Gender and Inclusion Training in Sabu Raijua District participated by STBM Team in Subdistrict and member of POKJA AMPL



Lea Huki, PWD from Sabu Raijua now has access to sanitation facility after STBM was implemented. Photo: Plan International Indonesia/Ali Munir

Lessons Learned

- The definition of OBK should not be limited to people with disabilities, but also include non-disabled children, elderly people, pregnant women and other female residents who do not have access to basic sanitation facilities.
- OBK individuals do not require special sanitation facilities that are separate from the ones used by other family members. Instead, existing facilities should be altered to be accessible by OBK as separation only adds to the potential discrimination they face.
- Campaigns to raise awareness of the Inclusive CLTS concept should continue to target communities and the government because without their assistance, OBK individuals will remain marginalised.