SEHATI PROGRAMME: Building the capacity of local government to implement, sustain and scale up 5 Pillars of STBM and sanitation marketing in Indonesia

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METHODS
• Works in 215 villages in 7 districts: Lombok Utara, Lombok Timur, Sumba Barat Daya, Sumba Tengah, Manggarai Barat, and Biak Numfor
• Quantitative research on capacity outcome monitoring and 5 pillars of STBM (adopted from Inspeksi Sanitasi).

RESULTS
• 6 out of 7 districts issued Bupati Regulation related to 5 pillars of STBM implementation
• 14.7 Billion spent from Kab to support 5 pillars of STBM in 7 districts in 2017 (SEHATI areas)
• 1.9 Billion spent from Kab to replicated 5 pillars of STBM in non SEHATI areas in 2017
• 345 sanitation entrepreneurs has been trained to manufacture sanitation related products and services.
• 18,317 products and services have been sold in 2017
• All districts have team to implements and support 5 pillars of STBM (POKJA AMPL, technical STBM team, village team)
• 489,835 people is triggered on demand creation process.
• 13 our of 215 villages are declared 5 pillars of STBM (one year intervention)
• 94 villages have been replicated

CONCLUSIONS
• The impact of this programme may take several years because staff rotation and political issues at district and village level often hamper the process of the programme.
• Government bodies have their own priorities programme
• It is necessary to advocate for STBM 5 pillars practises at national (POKJA AMPL) and district level (e.g. head of districts).

BIBLIOGRAPHY
[1] Basic Health Research 2013, Ministry of Health