



GOVERNMENT OF REPUBLIC OF INDONESIA  
MINISTRY OF HEALTH  
DIRECTORATE GENERAL FOR COMMUNICABLE DISEASE CONTROL AND  
ENVIRONMENTAL HEALTH

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## SECOND WATER AND SANITATION FOR LOW INCOME COMMUNITIES PROJECT (WSLIC-2)

### MID-TERM REVIEW

### FINAL REPORT

IDA Credit No. 3382-IND, AusAID TF 23692



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## ABBREVIATIONS & ACRONYMS

APBD	Anggaran Pendapatan dan Belanja Daerah – Regional Budget
AusAID	Australia Agency for International Development
BPKP	Badan Pengawas Keuangan dan Pembangunan – State Development and Finance Controller
CAP	Community Action Plan
CCT	Central Coordinating Team
CF	Community Facilitator
CFT	Community Facilitator Team
COSTAB	Cost Table
CPMU	Central Project Management Unit
CU	Community Unit
DC	District Consultant
DED	Detailed Engineering Design
DPMU	District Project Management Unit
DPRD	Dewan Perwakilan Rakyat Daerah – Regional Representative Council
DTT	District Technical Team
ET	Evaluation Team
FGD	Focus Group Discussion
FWO	Family Welfare Organization
HCD	Health & Community Development
HRD	Human Resources Development
IDA	International Development Agency
IMIS	Integrated Management Information System
Kimpraswil	Settlement and Regional Infrastructure
LACI	Loan Administration Change Initiative
LAN	Local Area Network
MI	Madrasah Ibtidaiyah – Islamic Elementary School
MO	Management Organization
MPA	Methodology for Participatory Assessment
MTR	Mid Term Review
NGO	Non-governmental Organization
NTB	Nusa Tenggara Barat – West Nusa Tenggara
PAD	Project Appraisal Document
PCT	Provincial Coordinating Team
Pesantren	Islamic Education Centre
PHAST	Participatory Hygiene and Sanitation Transformation

PHBS	Perilaku Hidup Bersih dan Sehat – Hygiene & Sanitation Behaviour change
PLO	Provincial Liaison Officer
PMC	Project Monitoring Consultant (District level)
PMD	Pembangunan Masyarakat Desa – Rural Community Development
PMR	Project Management Report
PROW	Project Road-show and Ownership Workshop
PS	Provincial Secretariat
PTT	Provincial Technical Team
Puskesmas	Pusat Kesehatan Masyarakat – Public Health Centre
SDCT	Sub-District Coordinating Team
SE-DJA	Surat Edaran Direktur Jenderal Anggaran – Circular Letter of the Director General of Budget
SMA	Sekolah Menengah Atas – Senior High School
SMP	Sekolah Menengah Pertama – Junior High School
SOE	Statement of Expenditures/Expense
TA	Technical Audit
TK	Taman Kanak-kanak – Kindergarten
TOR	Terms of Reference
VIT	Village Implementation Team
VRC	Village Representative Council
WSLIC-2	Second Water & Sanitation for Low Income Communities
WSS	Water Supply & Sanitation

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## EXECUTIVE SUMMARY

### Background

The Government of Indonesia (GOI) has received a loan from International Development Association (IDA) for the Second Water and Sanitation for Low Income Communities (WSLIC2) Project. The project is also supported by a grant from the Australian Agency for International Development (AusAID).

The Project covers seven provinces namely East Java, West Nusa Tenggara, South Sulawesi, West Java, West Sumatra, South Sumatra and Kepulauan Bangka-Belitung.

The objectives of the Project are to improve the health status, productivity and quality of life of poor communities in under served rural villages in project provinces. This will be done by improving the health behaviour and health services of the communities related to water borne disease; providing safe, adequate, cost effective and easily accessible water supply and sanitation facilities; and developing sustainability and effectiveness through community empowerment.

The Project had a target of 2000 villages for implementation over a period of 6 years.

The Project approach is focused at village level to empower the community in planning by identifying the problems and the potentials through the use of MPA/PHAST methodology so that the communities are able to select the programs according to their needs.

Project implementation arrangement have been established under the management of a Central Project Management Unit (CPMU) within the Directorate General Communicable Disease Control and Environmental Health (DGCDC&EH) of the Ministry of Health (MOH).

Key project timeframe information is as follows:

• Loan effectiveness	16 November 2000
• Implementation period	6 years
• CPMU establishment	August 2001
• Consultant mobilisation commenced	September 2001
• Project Management Consultant commenced	October 2001
• District level implementation commenced	March 2002
• Expected planned completion	November 2006

### MTR Objectives

This report is an assessment of the progress of the WSLIC2 project.

The MTR team was tasked with the following activities:

- 1) Review of key project documents including but not limited to the following: Project Appraisal Document (PAD); Credit Agreement; Project Manuals; Guidelines; Training Materials; Progress and Technical Reports; and contract documents; 2) Evaluate the project's implementation progress and status with a particular focus; 3)

Assess the effectiveness of the project's community methodology including community planning and implementation processes, demand responsiveness, cost effectiveness, gender equity, poverty focus, capacity building for community organizations, and sustainability of project outcomes; 4) Assess the adequacy and effectiveness of project management arrangements as well as the institutional and financial arrangements for project implementation; 5) Assess the adequacy and effectiveness of the project's monitoring and evaluation system, including systems, procedures and associated infrastructure. This assessment will include the Baseline survey and proposed follow-up surveys; 6) Review the adequacy of the procurement process to ensure compliance with the World Bank guidelines and procedures; 7) Prepare comprehensive recommendations in support of improved project implementation performance throughout the remainder of the project implementation timeframe.

The MTR team has approached the Scope of Services through an analysis of the four components as described in the Project Appraisal Document (PAD), namely: Component 1 Institutional and Community Capacity Building; Component 2 Improvement of Health Program and Hygiene and Sanitation Behavior Change; Component 3 Infrastructure Development (clean water - sanitation – environmental hygiene); and Component 4 Project Management.

### **Current Status – Overview**

(1) Implementation progress has been slower than planned largely due to delays in the first year of the project. Implementation activity is now proceeding at about the rate planned but this is not sufficient to catch up on the initial delays.

(2) *Implementation status as at December 2004 (comparison with Credit Agreement targets)*

- 1284 villages (64%) shortlisted;
- VITs established in 1087 villages (54%);
- Planning completed in 913 villages (46%);
- Construction substantially completed (water systems functional) in 578 villages (29%);
- Population benefiting 1.35 m (39%);
- Overall progress estimated at 36%;
- Disbursement – IDA US\$ 27.79 million (36%), TF US\$ 3.48 million (53%).

Progress is significantly behind schedule and there are significant variations between provinces.

### ***Project changes***

A major review of implementation planning was undertaken in early 2004. A Document entitled Working Paper On Project Planning & Cap Funding was produced. This led to a number of proposals for changes to the project which were in the process of being implemented during the time of this Mid-Term Review. The key changes include:

- Implementation timeframe extended to 2008 for West Java and South Sulawesi;
- Substantial increase in number of CFs (from 300 to about 460);
- 15% increase in number of target villages without overall budget increase – in best performing provinces (East Java and NTB);
- Changes to funding guidelines for village activities aimed at increasing the focus on health and sanitation;
- A number of policy and procedural changes aimed at ensuring (a) a “whole of village” approach to planning, (b) enhancing informed choice particularly for sanitation - at the family level, (c) improved pro-poor focus in the allocation of funds for household sanitation.

## **A. Component 1: Community and Local Institutions Capacity Building**

### Establishment of Institutions

The WSLIC-2 Project has successfully established a very large number of institutions to facilitate project activities at several levels of government and within the participating communities. These institutions include: the Central Coordinating Team (CCT), the Technical Team, the Core Technical Team and the Central Project Management Unit (CPMU) in Jakarta; 7 Provincial Coordinating Teams (PCT), 7 Provincial Technical Teams (PTT), 7 Provincial Secretariats (PS) and 5 Provincial Liaison Officers (PLO) for 7 Provinces; 34 District Technical Teams (DTT), 34 District Project Management Units (DPMU), and Sub-District Coordinating Teams (SDCT); 1,087 Village Implementation Teams (VIT) and 474 Management Organizations (MO). In addition the Project has fielded 68 District Consultants (DC); 34 Project Monitoring Consultants (PMC); 34 Evaluation Teams (ET) and 330 *Community Facilitators* (CF).

### Significance of project institutions for community empowerment

The existence of these institutions is very significant. Not only do they provide program guidance from the various stakeholders, but also have a controlling and monitoring purpose. The VITs and MOs are community-based organizations which are acknowledged as education and learning institutions that are gradually becoming sustainable empowered institutions. The community has also responded positively to these institutions as they represent decentralization, democratization and transparency. This pioneering approach empowers the community to independently take care of its environment. The dynamics of this process need to be maintained and linked to sustainable development efforts from all elements and stakeholders as expected by the community and VIT or MO management.

### Gender and poverty issues

Nevertheless, when viewed from a gender or poverty focus, membership of the VITs and MOs still largely reflect current village power structures. From the field study results, although no precise figure could be established, it was apparent that the participation of women in these institutions is still substantially below 30%. Participation in decision making is more difficult to assess, however there was anecdotal evidence that more women were involved in “behind the scenes” discussions and decision making than is reflected in membership of formal institutions. Participation of the poor in the project is commonly, but not always,

made difficult by both village social structures and the perception that they lack the skills (management, literacy, technical skills) to actively participate<sup>1</sup>

#### Increasing gender and pro-poor targets

A commitment to gender equity and pro-poor policies needs to be demonstrated through project policies and practices at all levels. The target for involvement of women in various forms of institutions should be increased to 40%, similarly with the involvement of poor groups in institutions within the community (VIT and MO). While increasing targets to 40% does not guarantee to solve gender and poverty issues, it will at least signal the importance of gender inclusiveness and the pro-poor approach in influencing the decision-making processes. The commitment of all stakeholders is important but the direct relationship of the Community Facilitator Team (CFT) with the community members indicates that initial project attention should be directed here.

#### Participatory training approach

The approach to guidance through training (including workshops and other meetings) aimed at all stakeholders has succeeded in achieving a unanimity of perception and commitment to the overall objectives of the WSLIC-2 project, at planning - implementation - usage and maintenance phases. At the planning phase, the introduction, learning and use of the *Methodology for Participatory Assessment (MPA)* and *Participatory Hygiene and Sanitation Transformation (PHAST)*, has proved a successful method of synergizing the need for participation, transparency, ownership, decentralization, and democratization. It is also pro-gender equity, pro-poor, responsive to local needs, and empowerment-oriented. One area where organizational training could be improved is in the training of the Management Organization. To facilitate this it is suggested that the formation of the MO occur before Termin 3 in order to facilitate on-the-job training during implementation from the district consultants and CFs and to give the MO adequate time to learn the skills they will require.

#### CAP and VIT processes: role of CFTs

The CAPs are compiled using MPA/PHAST methodology facilitated by the CFTs. The content and documentation of the CAPs were found to be of variable quality. This is thought to be due to both the low level of understanding of MPA/PHAST philosophy on the part of many CFTs and factors such as: a high number of target villages, difficult natural and environmental conditions and scattered settlements. Given this situation, the CFTs are concerned to finish the process in as short a time as possible. To prevent the incorrect or incomplete use of MPA/PHAST, and subsequent inaccuracy in data and information there are two recommended strategic approaches, namely: continual efforts to promote the understanding of the philosophy of MPA/PHAST through additional or improved training, and establishing a better match between targets and field conditions, including a possible reduction in the number of target villages from the current 3-4 villages/team/year in appropriate circumstances. Many community members interviewed would have preferred the VIT to have been established earlier. VITs are currently established in the middle of the process of MPA/PHAST, but because of the need of the VIT to

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<sup>1</sup> An example from Lumajang (Kalisemut) has been reported after the completion of the MTR mission where 15 out of 18 members of the VIT were illiterate (including the treasurer), but nonetheless displayed effective management of the process.

understand MPA/PHAST from the beginning it is recommended that they be established before MPA/PHAST commences.

#### The MPA/PHAST approach observed in the field

As a fundamental WSLIC2 methodology, MPA/PHAST is used in all project villages. The appeal of MPA/PHAST rests on its very extensive set of tools and instruments. All are designed to enhance participation, democratization and empowerment, through a fully sensitive orientation to gender and poverty. However the quality of the process and the results of MPA/PHAST in the field were found to be quite variable. If all of these tools and instruments are not fully understood, the process and its results may become distorted. Some contributing internal factors are the low level of idealism and level of commitment of the users of the methodology. Community members reported that MPA/PHAST is tiring, ineffective and has too many tools, which may be a consequence of the facilitators not successfully carrying out the socialization and orientation processes in accordance with the existing guidelines. Efforts to continually review and reflect on the effectiveness of MPA/PHAST will support both the process and achievement of quality results, as well as increasing understanding. Community members reported that they considered some tools to be of limited relevance, for example: the daily calendar, *ladder one*, and the *rating scale* for villages, but the extent of their influence, relevance and impact requires further assessment.

### **B. Component 2: Improving Health Behavior and Services**

#### Monitoring of Changes in Hygiene Behavior

The monitoring and recording of changes in hygiene behavior is inadequate. So far the reporting in this area relates to the number of activities that have been carried out, for example: health counseling at schools and communities, procurement of nail scissors and washbowls at schools, and other activities of a similar kind. However, it should be realized that these activities do not automatically equate to reduction in diseases, in enhancing the health level or in improving the hygiene and sanitation behavior at schools and communities. There needs to be specific recording of the observed results undertaken by related parties for example the Community Health Facilitators and the district consultants for health and community development (HCD) coordinated with the observations of the Sanitarian or other PUSKESMAS workers. The effectiveness of these activities can be monitored using forms<sup>2</sup> or methods like H2S, which are designed to monitor changes in health status and hygiene and sanitation behavior.

#### Funding of Sanitation Interventions

The limitation in funding for the development of health and sanitation services was identified as one of the main reasons for the low achievement in the area of Hygiene and Sanitation Behavior change. Although figures were not readily available, it is estimated that around 8-10% of expenditure for each village from the allocation of Rp 200 million was on sanitation activities. This is substantially less than the recommended 12.5%. The project has now changed the guidelines for allocation of

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<sup>2</sup> One model seen in East Java was the Student's Health Card. This card was used as a means of measuring and evaluating student progress (cleanliness of hands and nails, cleanliness and neatness of clothes, cleanliness of teeth, use of footwear, cleanliness of ears and hair). In Mojokerto this card was filled in every week by both teachers and parents.

village grants to increase the amount available for household sanitation and to provide incentives for increased uptake by the poor. To improve the PHBS and sanitation effectiveness, the MTR supports the increase in funding available for each village to an average figure of around Rp 250 million of which up to 40 million (16%) will be available for sanitation and PHBS programs<sup>3</sup>.

#### Challenges for the sanitation program

The sanitation facilities program has not been as successful as the water supply infrastructure program. Some causal factors from the field indicate: low community awareness of the importance of latrines in preventing communicable disease, low fund allocation for building latrines and low intensity of assistance to the community from the CFT, who generally do not live in the villages being assisted. It is recommended that the approach to revolving fund mechanisms be reviewed and adapted to the variety of local conditions and preferences. Technology choice in sanitation often seemed to be determined for a community as a whole, and often the choice was of goose-neck latrines, despite their unsuitability for some areas due to lack of water for flushing. Over-elaborate superstructures also contributed to their relatively high cost for poorer communities. The effort of the project to support individual household choice in selection of sanitation options is strongly supported.

### **C. Component 3: Developing Water Infrastructure**

#### Water supply program and community empowerment

The provision of water supply infrastructure is considered to be largely successful. The following achievements were noted: 1,757 piped water systems completed, 65,338 wells dug<sup>4</sup>; 206 springs protected; wells with pumps; 1,147 school latrines; 16,256 family latrines; 3,324 rainwater storages; and 4,273 hand washing bowls. All of this was brought about through a relatively long planning and consultation process. Moreover, there is community awareness that the process has provided a substantial measure of additional knowledge and skills, for example: understanding of how to choose an appropriate option after considering technical, economic and social aspects; and also in developing skills in physical installation, efficient use and maintenance of the systems. This has a positive impact on equitable system operation and sustainability. For the WSLIC project, this approach is deemed important as it will be a preliminary step in the emergence of a sense of ownership by the communities.

#### Quality of water supply systems

The quality of the installed facilities was assessed in the field. Although a substantial majority of systems inspected were of adequate standard, it was apparent that there was some incidence of substandard construction, for example: installation of pipes above ground or not covered with earth, loose pipe connections, and unsafe building construction methods which led to contamination of the dug wells. The quality of pipe installation is of course related to the fact that much of this work was undertaken by the community, making tight quality control difficult. This is important for community ownership of the facilities, but it is suggested that post

<sup>3</sup> In accordance with proposal contained in draft working paper on project planning & cap funding.

<sup>4</sup> Project Management Report (PMR) period July – September 2004

completion, the Community Facilitators and District Consultants work with the community to evaluate the results of the installation. They can do this by tracking the system network, identifying problems then marking the repairs on the piped system drawings so that unsafe or weak points are highlighted. This should highlight the importance of providing the communities with schematic drawings of the systems upon completion or handover to the MO.

Pre and Post construction: project preparation and system maintenance

Direct assistance to the community or Management Organization (MO) for the correct use and maintenance of the system should be provided, and also assistance in planning for further system development (5 - 15 years). The project, particularly the District Technical Team, should facilitate the procurement of relevant documents including maps, administrative data, contour maps, spatial planning, and ground water quality, and provide it to the village apparatus and MO. It is also recommended that one CFT per Kabupaten should be available for at least six months after completion of the facilities.

#### **D. Component 4: Project Management**

Role of management

For timely feedback on problems in the field it is important that strong and reliable mechanisms for reporting, monitoring and evaluation are in place. Consolidation of basic data and formulation of physical and non-physical performance indicators; preparation of implementation guidelines and technical guidelines; building cooperation of stakeholders; and forging a common commitment to community empowerment and sustainable outcomes are essential activities for the overall success of the project. Of particular importance is the support from the Local Government, for example in the form of integrated guidance and financial contributions, both for physical and non-physical activities.

Suggestions for Change

On the MTR's assessment, a number of aspects of project management could make a greater contribution to overall success, namely:

- a) Monitoring and evaluation should be improved through an integrated reporting and monitoring system
- b) Variance analysis (the difference between plan and realization) needs to be fully utilized to measure the level of emergency and urgency;
- c) The CPMU and central consulting team should formulate performance indicators including the performance of the staff and consultants from all levels;
- d) The function of each staff and consultant position needs to be clearly stated and included in the implementation guidelines and technical guidelines by the CPMU;
- e) Implementation guidelines regarding the main tasks and functions of the CPMU finance division should include a Statement of Expenditure, and costing tables;
- f) General and financial bookkeeping for the VIT and management organization be simplified to make the process of recording and bookkeeping easier and smoother;



g) Computerized data processing and communication via the internet and intranet (Local Area Network) is important for timely communications and technical support to the regions.

### **Closing**

Descriptions and comments contained in this Executive Summary are limited to strategic issues related directly to the four project components. Other significant findings are contained in the Main Report, Section II, "Findings and Recommendations".

The MTR report should not be seen as a final evaluation of the WSLIC-2 performance, but rather as part of the feed back submitted by the MTR team after carrying out, within a relatively short period of time, a field study in the four provinces (East Java, NTB, West Sumatra and South Sumatra). It is certainly possible that the MTR results are not entirely accurate due to limited availability of data and limited time. The CPMU therefore needs to undertake follow-up assessments regarding some of the results submitted by the MTR team.

The recommendations have, as far as possible, tried to avoid statements and recommendations that are too general, abstract or unable to be measured. However it is also recognized that not all recommendations can be written in the form of operational actions. The operationalization of the recommendations should be the task of the project decision makers.

**MATRIX OF STRATEGIC FOLLOW UP SUGGESTIONS**

	<b>Action</b>	<b>Responsibility</b>	<b>Consultant Support</b>
1.	Formation of a team to review and follow up the results of the Mid Term Review including determining priorities and scheduling tasks.	CPMU	PTL, TC & MC
2.	Review and improve the material for the “Road Show” and “Ownership Workshop”	CPMU	TC
3.	Collection of data of WSLIC-2 recipient base in relation to economic status (poor, middle, and rich) accurately.	CPMU, DPMU	MC including PLO, PMC; DTC (CFT)
4.	Collection of gender disaggregated data in WSLIC-2 implementation	CPMU, DPMU	MC including PLO, PMC, DTC (CFT)
5.	Review the possibilities for MPA/PHAST to assess change in PHBS as an indicator of achievement in this area.	CPMU	TC
6.	Assist and enable the CFTs to live in the designated villages (need revision of TOR/contract)	CPMU, DPMU	PTL, TC, DTC
7.	Develop procedures and instruments of performance evaluation mainly for CFT, District Consultant, PMC, Provincial Consultant and Central Consultant	CPMU	MC & TC
8.	Further review the effectiveness of the range of MPA/PHAST tools and assess an appropriate (min and max) timeframe for completion.	CPMU	TC and/or specialist MPA-PHAST Consultants
9.	Write up successful examples of MPA/PHAST process for use in training and road show.	CPMU, DPMUs	TC
10.	Formulate quality standards for CAP (simple and applicable) and write up an example of an eligible CAP	CPMU	MC & TC

	<b>Action</b>	<b>Responsibility</b>	<b>Consultant Support</b>
11.	Assessment of funding systems that may be easier to implement for the family latrine program for the poor communities.	CPMU/DPMU	TC & DTC (Health & Sanitation Consultants)
12.	Assessment of the unit price analysis and unit prices for rural areas, and of appropriate water pricing for each region	CPMU/DPMU	TC
13.	Formulate instruments for training needs assessment and instruments to evaluate the training impact.	CPMU	TC
14.	Revise Juklak and the Technical Guidelines mainly in relation to DED (including the calculation of clean water requirements, piped water systems, and the option of gallery intakes for water supply, planning timeframe and area coverage).	CPMU	TC
15.	Prepare an instrument of institutional status assessment of the Management Boards (develop appropriate categories)	CPMU	TC
16.	Provide maps for assisting in the implementation strategy for WSLIC-2 (down to village level).	DPMU	DTC

## **CHAPTER 1 - INTRODUCTION**

### **1.1 Background**

In an effort to improve the health status, productivity and the quality of life of low income communities, the Government of Indonesia has implemented programs such as WSLIC-2 (Second Water Sanitation for Low Income Communities).

The WSLIC-2 activity has now been implemented in seven provinces which include East Java, West Nusa Tenggara, South Sulawesi, West Java, West Sumatera, South Sumatera and Bangka Belitung, targeting low income communities that live in rural areas. The WSLIC-2 approach is characterized by community empowerment through direct community involvement in the decision making, planning and maintenance of facilities and village activities.

With the implementation of WSLIC-2, it is expected that a wide range of diseases that constitute the main health problems in low-income rural areas such as diarrhea, and a variety of other transmittable illnesses can be reduced by the construction of a number of clean water and integrated sanitation and hygiene facilities, and extension activities which have an impact on improving awareness of sanitation and hygiene behavior that in turn will enhance the community's health level.

The WSLIC-2 activity is funded through a loan from the World Bank and a grant from the Government of Australia. The project commenced in 2001 and is planned to finish in 2006, except for West Java and South Sulawesi.

In order to ensure that the implementation of WSLIC-2 is in accordance with the stipulated objectives and targets, the Government of Indonesia has cooperated with the donors to undertake this Mid Term Review. The outcomes of the Mid Term Review are expected to be able to provide recommendations for improvements so that the WSLIC-2 activity can achieve its expected and planned objectives and outcomes.

### **1.2 Objective**

The objective of the Mid Term Review (MTR) activity is to independently evaluate the WSLIC-2 activity that has been implemented for nearly three years and to identify a range of issues whose analysis can be used to improve the performance of the remaining WSLIC-2 activity. In addition to this evaluation, it is also expected to provide contributions for the planning of the next WSLIC-2 activity/program that is expected to be approved in the late 2004 or early 2005.

### **1.3 Target**

The focus of the Mid Term Review is the activities which have been implemented since 2001, including fiscal years 2001, 2002, 2003 and 2004. It covers work which is still in the planning process, the construction phases, and post construction.

The target of the MTR activity is to independently and representatively evaluate all WSLIC-2 activities at the central, provincial, district, sub-district and village levels where WSLIC-2 activities exist. This will then provide a general description of the implementation of the WSLIC-2 activity and will highlight several specific issues or constraints encountered in implementing the WSLIC-2 activity in the field. This will focus on issues concerning institutions, infrastructures and facilities for clean water, sanitation and hygiene as well as project management.

## 1.4 Scope of Activity

As contained in the Term of Reference (TOR), the scope of the MTR activity includes:

- a) To assess important documents, including but not limited to: Project Appraisal Document, Project Manuals, Credit Agreement, Implementation Guidelines and Technical Guidelines, Training Materials, Progress and Technical Reports and Contract Documents.
- b) To evaluate the progress and status of project implementation with a focus on:
  - Comprehensive assessment of project achievements compared to the key performance indicators as identified in the Credit Agreement.
  - Analysis of project inputs and outputs compared to preliminary planning as described in the Project Appraisal Document (PAD).
  - Analysis of the overall project impacts and outputs.
- c) To assess the effectiveness of the community approach methodology that the project has applied including community participatory planning, implementation processes needs responsiveness, cost effectiveness, gender equality, poverty focus, capacity development of community organizations and continuity of project outputs.
- d) To assess the adequacy and effectiveness of project management related to institutional and financial management in implementing the project.
- e) To assess the adequacy and effectiveness of the monitoring and evaluation system, including related procedures and infrastructures. This assessment is expected to include preliminary, planned and advanced surveys.
- f) To assess the adequacy and effectiveness of procurement processes in order to evaluate their compliance with the procedures and guidelines that the World Bank has stipulated.
- g) To prepare comprehensive recommendations that support the improvement of project implementation performance particularly within the remaining time frame. These recommendations are expected to include the consideration of changes in targets and timeframes for all project implementation phases.

## 1.5 Methodology

The methodology which was developed in the implementation of the MTR activity is described in the diagram of framework of thinking and review stages as seen in Appendices 1a and 1b.

### 1.5.1. REVIEW STAGES

#### 1.5.1.1. Preparation

Consolidation of the “Mid Term Review” team

Assessment of “WSLIC-2” documents

1. Determining methodology
2. Determining samples of Districts and Villages
3. Determining Field Visit Team
4. Production of Questionnaires

#### 1.5.1.2. Implementation

1. Mobilization of the field visit team
2. Field work
3. Qualitative data processing
4. Qualitative data analysis
5. Reporting

#### 1.5.1.3. Review Methods

The method which was used to review the WSLIC-2 program is the Formative Evaluation Research Method as a part of the Survey Research Method (See: Masri Singarimbun - Sofian Effendi, *Metode Penelitian Survei*, LP3ES, Jakarta, 1987). This method is used to examine the implementation of a program and to seek feed back for the improvement of program implementation. The selection of this method is deemed to have significant relevance to the objective of the WSLIC-2 Mid Term Review.

The other method which supported formative evaluation research was the Descriptive Method, a method designed to collect information on the current conditions, and to examine the causes of certain symptoms. (See Travers, 1987 dan Consuelo G. Sevilla - Jesus A. Ochave - Twila G. Punsalan - Bella P. Regala - Gabriel G. Uriarte, *Pengantar Metode Penelitian*, UI-Press, Jakarta, 1993). The Descriptive Method will combine *content analysis* and *trend analysis*.

## 1.6 Systematics of Reporting

Based on the Term of Reference, the collection of field data and internal discussions with the experts involved in this work, the systematics of reporting for the Final Report are as follows:

#### Section - 1 : Introduction

This section provides a general description of the Mid Term Review activity consisting of background, objectives, targets, scope of activity, implementation methodology and systematics of reporting.

#### Section - 2 : Finding Results and Recommendations

This section describes the findings from the assessment of project documents, intensive discussions with the project implementers as well as the field findings

collected when conducting surveys. In addition, it also presents recommendations for each item of the findings.

Section - 3 : Follow-up Suggestions

These follow-up suggestions constitute a set of issues that need immediate follow up, that can be used to improve or increase the performance of the WSLIC-2 project within the remaining time and to undertake similar activities, particularly for WSLIC-3.

This Final Report is also equipped with an Executive Summary and supporting Appendices.

## CHAPTER 2 - RESULTS AND RECOMMENDATIONS

With reference to the scope of services for the Midterm Review, the steps undertaken by the MTR team were to familiarize the team to the WSLIC-2 objectives to create a common understanding of the tasks; the development of a framework of thinking, formulation of methodologies relevant to the tasks, production of question guidelines, field visits, review of documents, presentation of preliminary findings, clarification of data and findings, and the development of a report with a focus on the identification of issues, findings and recommendations.

Field visits were carried out in four 4 Provinces: West Nusa Tenggara, East Java, West Sumatra and South Sumatra, including 12 districts, 32 sub-districts and 44 villages. It was conducted three times for different purposes; the first visit was for orientation, the second was for collecting data and information, and the last was for clarification and verification of data and findings. Discussions were held in the field with various parties, including VIT and community/user, Management Organization (MO), Community Facilitator Team (CFT), Sub-district Coordination Team, District Coordination and Technical Team, DPMU, Provincial Secretariat and Provincial Liaison Officers. In addition, discussions were also held with a wide range of institutions at the central level which consisted of the CPMU and Consultants, the Core Technical Team and Donors.

A series of the above-mentioned activities resulted in several findings that were classified into four groups: institutional and community capacity development, improvement of hygiene and sanitation services, development of clean water and sanitation infrastructures, and project management.

### **2.1 Institutional and Community Capacity Development**

#### **2.1.1. VILLAGE LEVEL INSTITUTIONS**

##### **2.1.1.1. Village Implementation Team (VIT)**

Village Implementation Teams (VIT) have been established in all villages that have implemented the WSLIC-2 project. In general, VIT has worked in accordance with its intended functions: that is, together with the community in planning and implementing project activities. One of the project strengths is that it enables the VITs together with their respective community to develop a Community Action Plan (CAP).

Due to the central role of VIT at the village level, consistency in the application of membership criteria and selection procedures become very significant. If these two things are not given close attention, there will be a possibility that the planning developed by the village will be inappropriate.

Currently, the members of VIT are selected through a village-level selection process, where the candidates are representatives from each Community Unit (CU). The process of selecting candidates for the VIT from the CU level is generally carried out



through an appointment process, which is only attended by people who are village representatives. This process therefore only involves the leaders or elites of the CU which also selected the VIT management team.

In general, representation from women and poor groups in the VIT membership is still low. In the selection process, women and poor groups are frequently not involved, and representation from Community Units is also restricted. This situation is possibly correlated with the unclear and complicated guidelines and rules.

In order to effectively undertake their tasks, the VIT needs support from other parties. The working relationship between the VIT and the existing village institutions is not explained in the implementation guidelines, so that in practice it seems that the VIT did not involve some relevant village institutions including the village administration.

Various kinds of training for the VIT have been provided. The training has been carried out by either third parties or on the job training. There were some complaints from the field that not all of the VIT members obtained the same training.

In implementing their vital tasks, the VITs were not well-supported by adequate equipment and materials such as the lack of typewriters and limited stationery. A few VIT members complained about the unavailability of honorarium. In this regard, there were some VIT members who participated in project work for payment and others who availed themselves of discounts on procurement.

#### *Recommendations*

- a) The selection process of the VIT members should be designed to start from the lowest levels in the community using a participatory selection mechanism rather than one based on appointment. Also the selection of the VIT management should be open to public and not only attended by the representatives of the community.
- b) Qualifications of VIT members should be established and include: ability to read and write and willingness to work voluntarily. For the VIT leader, the qualifications should include experience in leadership.
- c) In order that the VIT membership reflects a gender balance there should be a confirmation in the implementation guidelines stating that the gender ratio is 60:40 males to females.
- d) VIT should be involved early in the MPA/PHAST process so that the intensity of their involvement in the arrangement of the Community Action Plan (CAP) will be higher and the mastery of CAP materials will be improved.
- e) In order that in performing their tasks more effectively and obtaining support from a number of parties, the VIT needs to cooperate with the existing village institutions such as the village administration, the Village Development Bank, and the Family Welfare Organization (FWO), etc. This needs to be included in the implementation guidelines.
- f) Immediately after the VIT has been established, it should be trained, provided with written materials and required equipment, and given intensive guidance.

- g) The working principle of the VIT is voluntary. However, if an honorarium is available, it should be taken from the regional budget (APBD).

#### **2.1.1.2. Management Organization (MO)**

According to the implementation guidelines, the Management Organization must be established and functioning when handing over the assets to the community. In fact, the name of this body varied from one area to another for example Management Organization, Drinking Water User Organization, Drinking Water User Group, Facility Management Unit. In other area, the management of facilities remained with the VIT. In general, a village that has established an MO is a village that has developed clean water facilities with the piped water option. The MO only manages the clean water facilities. In the Implementation Guidelines, the organizational structural of MO consists of at least two divisions: a technical division and a financial division.

To establish the role of the MO, the CPMU developed (draft) guidelines entitled "*Pengelolaan Kegiatan Proyek WSLIC-2 menuju Pasca Konstruksi – Management of WSLIC-2 Project towards Post-Construction*". This draft explains in detail the process and timelines for the establishment of the MO prior to construction, methods of calculating water price and financial administrative systems. However, the description of the MO's role and its organizational structure still needs review. The draft also focuses on the management of clean water facilities but does not include things related to the roles in the field of hygiene/sanitation/Hygiene and Sanitation Behavior change. The draft organizational chart is also unclear.

Most of the existing Management Organizations (MO) do not have not a focused plan for the management and development of Clean Water and Sanitation facilities and Hygiene and Sanitation Behavior change. In general, the MOs have not developed articles of association and household budgets nor have they been trained. In the implementation guidelines, it is also stated that the Community Facilitators (CF) have to provide guidance for six months after construction has finished. This is of vital importance in assisting the Management Organizations to achieve sustainability. The time period of six months should not be fixed and should be able to be extended, in accordance with the needs of each village. Another alternative is that the guidance activity be undertaken together with the sanitation officers, so that after the CFTs have left there is some continuity.

The VIT members were not always re-elected as the MO members. In some places it was found that the MO members were completely new to the task of water management. Therefore, post-construction training (technical and administrative) should be conducted immediately after the MO is established. After construction has been completed, the role of the MO is of vital importance in regard to the continuity and development of the activity at the village level, including the activity of Hygiene and Sanitation Behavior change. Therefore, the name of the Management Organization needs review so it does not have the connotation of only dealing with the management of clean water but also sanitation facilities. In the organizational structure of MO, it should at least comprise three divisions: technical; PHBS/counseling; and financial. As the basis for undertaking its roles, the MO should be provided with "as built drawings" or a location map of the facilities (social map complete with location of facilities constructed).

### *Recommendations*

- a) The Facilities Management Organization should be established through a Community-Based Organization approach (from, by and for the community) and oriented toward independent development of the communities' potential.
- b) It should be stressed that the MO not only deals with the management of clean water facilities, but also with the task of monitoring Clean Water Facilities and Hygiene and Sanitation Behavior change, as well as the development of clean water and sanitation facilities and Hygiene and Sanitation Behavior activities.
- c) In order to perform its roles properly, the MO needs to have training which includes operation and maintenance, bookkeeping, business affairs, and other related topics. Capacity building activities after training should be carried out to follow-up and reinforce the training.
- d) When handing over the facilities to the community (MO), the hand-over documents should be complete with AS BUILT DRAWINGS - particularly for the piped systems and or a map of facility locations that is easily understood and details the location of the facilities built.
- e) To strengthen legitimacy, the MO should be provided with a Decree from the Village Chief.
- f) At the beginning stages, the Management Organization should consist of about 50% of the VIT members. This is to make use of the "initial capital" that VIT members have such as training, knowledge and experience since the process of the CAP arrangement and construction phase. This will ensure that the investment in human resources can be capitalized on for further activities. In addition, with the early involvement of VIT in MO management, it is expected that the process of transferring knowledge and experience from the VIT to MO will more easily occur.

### **2.1.2. SUB-DISTRICT LEVEL INSTITUTIONS**

#### **2.1.2.1. Sub-district Coordination Team (SDCT)**

This team has a vital role to play, as it is a sectoral one that conducts capacity building activities closest and most directly with the community and VIT. After Community Facilitators leave the project village, further capacity building will be entirely undertaken by this team.

In general, the membership of this team is in accordance with the implementation guidelines, where related sectors as well as the Family Welfare Organization (FWO) are also involved. Though the role of the SDCT has been spelt out in the implementation guidelines, operationally this team tends to be less active for a range of reasons, among them low motivation and lack of honorarium. The involvement of SDCT is very much influenced by the district level. The implementation of village guidance has been handled by the CFTs without adequate involvement of the SDCT or related technical sector members of the SDCT. The inactivity of SDCT members is related to the unclear job description of the members. It is stated in the implementation guidelines that each related sector has a role, for example the role of the PMD Section is to "assist the

development of community participation". However, this role has not been clearly described, whether in the preparation, planning, implementation or post-project phases.

In the job description contained in the implementation guidelines, one of the SDCT roles is to "monitor the implementation of activities including community training undertaken by the CFT and district consultants and to submit periodic reports to the District Technical Team (DTT)". This role has not yet been performed. If this activity is undertaken, there will be many positive aspects such as:

- improving communications and concern among the SDCT members towards project implementation.
- improving communications between the SDCT and the CFT.
- creating communication between the SDCT and the DTT

To undertake this activity, the role of the secretariat should be made clearer. Though the secretary of SDCT is the head of the public health centre, the daily activity can be carried out by the sanitation specialist. Therefore, the task of the sanitation officer at each phase of activity implementation should be clarified.

#### *Recommendations*

- a) To activate or enhance the involvement of the SDCT, there should be a job description for each technical sector. This will not only make for better coordination, but will also support capacity building activities and project continuity. This job description should be included in the implementation guidelines.
- b) In order to be able to keep up with developments, the SDCT should actively cooperate with the CFT and seek information on the development of project implementation in the villages within its working area.
- c) There should be implementation guidelines for the sanitation officer for each project phase - preparation, planning, implementation and post-project phases.
- d) Reporting mechanisms for project progress from the SDCT to the DTT should be conducted in accordance with the implementation guidelines.

#### **2.1.2.2. Community Facilitator Team (CFT)**

The CFT has a significant contribution in making the WSLIC-2 project successful in the field. It can be said that the success of the project depends very much on the assistance provided by the CF. In general; the CFTs have undertaken their tasks in accordance with the implementation guidelines.

In accordance with to the implementation guidelines, the CF worked in teams, where each team consists of three persons with different expertise. This is a very good structure, as they can support each other when required. However, it does not mean that the three of them must always be in a particular village. At certain times, they have to be present together and it is strongly suggested that they temporarily stay in a village, particularly at the time of implementation of MPA/PHAST and the arrangement of CAP. When implementing follow-up training or capacity building activity, they could do it individually, in accordance with the needs of the village.

Many CFTs provided less than optimal assistance and were unable to reside in the village due to internal and external constraints. Internal obstacles included unsuitable

educational backgrounds and limited experience in community work and empowerment. The external constraints included the great number of scattered villages that had to be assisted during the same time period, the geographical conditions and transportation, the specified time frame, and the level of preparedness of the community.

Due to the above constraints, there were CFT whose working orientation was focused more in terms of finalization of the CAP and fund disbursement rather than on the empowerment process. Therefore, there were many parts of the CAPs which were carried out by the CFTs. Because of this “target-oriented” approach, there was an impression that CFTs did not cooperate well with SDCTs.

Taking the above matters into consideration, the CPMU has planned to immediately increase the number of CFTs. The increase in the number of CFTs should improve the productivity level in each province.

Up until now, the location of the CFT’s office has been unclear. One district suggested that the CFT have an office in the Public Health Centre (Puskesmas). Occupying an office at the sub-district - Public Health Centre has a positive impact as it will improve the coordination and involvement of the SDCT.

#### *Recommendations*

- a) In order that the assistance process becomes more effective, CFT must stay in a village or an area adjacent to the village being assisted. The time period to stay at each village may be different, depending on the conditions and needs of the village. The CFTs will need to develop a schedule for staying at the villages they work in.
- b) In order to intensify communication and coordination, the transfer of technology and continuing post-project capacity building guidance, the CFT must intensively cooperate with the SDCT. This needs to be included in the Implementation Guidelines. It is also suggested that the CFT be provided with an office at the sub-district Public Health Centre.
- c) The CFT should be fully provided with the development and empowerment paradigm. The understanding of the philosophy of empowerment and of MPA/PHAST should also be enhanced.
- d) The CFT Coordinator needs to be appointed. In this case, it is recommended that the District Consultant be the CFT coordinator.
- e) Procedures and instruments for evaluating the performance of the Community Facilitators need to be developed.

### **2.1.3. DISTRICT-LEVEL INSTITUTIONS**

#### **2.1.3.1. District Technical Team**

The District Technical Team (DTT) has performed their roles in accordance with the Implementation Guidelines. The team conducted several meetings to discuss a number of problems and issues in terms of the project implementation. As a team they also carried out monitoring and field visits.

The Implementation Guidelines state that each team member of the technical sector has a responsibility in line with their job description. However, the implementation of this responsibility has not been spelt out clearly in a detailed job description. This has resulted in a less than optimal performance by the members of the technical sectors. Their involvement thus far in the project implementation has been inclined to be "waiting" to be asked to provide inputs.

The other constraint the Technical team faced was the high frequency of member replacement. This was because of the frequent changes to the team members' positional roles.

#### *Recommendations*

- a) To enhance the involvement of District Technical Team in terms of project implementation and continuity, the responsibility of the team members from each sector as contained in the Implementation Guidelines needs further clarification - for example Kimpraswil (Ministry for Settlement and Regional Infrastructures) is responsible for construction and facility development - and should be spelt out and inserted in the Implementation Guidelines.
- b) In the event of replacement of team members, the new members should be oriented and provided with written information on project-related matters.

#### **2.1.3.2. DPMU**

In all of the districts, the DPMU has played a significant role in implementing the project according to the job description. In general, coordination between the DPMU head and the staff and the district consultants, PMC and CF worked quite well. Due to staff shortages, at some places the head or staff of DPMU also held a role within the Health Service.

As in the CPMU, one task of the Monitoring & Evaluation Division in the DPMU is to conduct monitoring of technical matters concerned with training. This may be a difficult task due to their inappropriate educational background and experience.

In some districts, there was an impression that there was a lack of transparency in the selection of Non-Governmental Organizations to conduct training; for example NGOs engaged to provide training using the special account budget were usually appointed directly by the CPMU. To avoid jealousies between the local NGOs, the DPMUs should select a number of suitably qualified local NGOs to conduct future training.

#### *Recommendations*

- a) In order to have a greater concentration on the task of project management, it is suggested that the Head of the DPMU and his or her staff work full time.
- b) The DPMU Head and staff should be provided with additional knowledge and training on the empowerment philosophy and approach.
- c) The DPMU as the responsible agency for the project at the district level should be able to rent an office which is separate from the office of the Health Service. The office should have separate rooms as follows: the operational room of the DPMU; Consultants offices; PMC staff office; and a meeting room for the coordination of all

project implementers. It is intended to maintain the independence of each unit but not to reduce the level of teamwork.

- d) Procedures and instruments for evaluating the performance of the Head of the DPMU and his/her staff should be developed.

### **2.1.3.3. District Consultants**

Technical consultants for WSS (Water Supply and Sanitation consultants) have generally undertaken their tasks and roles properly. However, there were some consultants who did not respond appropriately to issues of efficiencies and continuity, for example the construction of reservoir for the piped facilities which technically was not required, not installing a filter in front of the pipe on the spring capture building (*bron captering*), imperfect connections and storage of the pipe. In the Implementation Guidelines, it seems that the tasks of the consultants have been duplicated with that of the technical CF, such as "developing an engineering design for clean water and sanitation facilities and presenting the details of the engineering design, cost estimation and contribution tariff".

Basically, health and empowerment consultants have performed their tasks in accordance with the Terms of Reference. As these consultants carried out two different kinds of technical jobs, there was a tendency that they gave a greater concentration on the areas and tasks which accorded with their educational background and experience.

Combining the roles of the health and community development (HCD) consultants in dealing with the problems of community empowerment and health has generally not proved successful as many do not have a background or experience in the health field so that innovations and issues dealing with health are given lower priority and less attention.

In the Management Implementation Guidelines, HCD consultants must be involved in the training activities, but the detailed description of this involvement is unclear. The important role described in the Implementation Guidelines that the HCD consultants have not undertaken is "...to conduct a rapid survey of the water-transmitted diseases, to hold a Focus Group Discussion (FGD) that involves teachers, sanitation specialist, midwives and other community groups". This survey of the occurrence of diseases particularly diarrhea is of vital importance as the decrease in the number of cases of this disease is a significant success indicator for the project.

Field visit frequencies for both WSS (Water Supply and Sanitation) and HCD (Health and Community Development) provided in the TOR varies considerably with the actual number of field visits. Based on the TOR, and related travel funds for WSS and HCD visits, each village of WSLIC-2 will be visited 2-3 times. However in reality, the consultants visited the villages from 8 - 14 times.

### *Recommendations*

- a) To optimize their roles and capacities, the district WSS and HCD consultants should be provided with additional training regarding the empowerment philosophy and approach.

- b) Cooperation between the consultants, the DTT, the SDCT and related sectors should be intensified to enhance coordination and transfer of technology.
- c) The district consultants should be appointed as training coordinator/ supervisor to better coordinate and monitor the training activities at the district level.
- d) If possible, the HCD consultants should be divided into health consultants and empowerment consultants (2 persons), where those with experience in gender issues are given priority. When the HCD consultant remains in the hands of one person, that consultant should have a health background.
- e) In accordance with the Implementation Guidelines, it is recommended that the HCD consultant together with the Community Health facilitator and Public Health Centre monitor the occurrence rate of diseases by periodically conducting quick surveys.
- f) The frequency of field visits as contained in the Term of Reference should be increased.
- g) Procedures and instruments for evaluating the consultants' performance should be developed.

#### **2.1.3.4. Process Monitoring Consultants (PMC)**

In accordance with the Implementation Guidelines, the roles of PMC are: to ensure that the process of community participation is well implemented, to identify the community satisfaction towards the project, to ensure that all of the policies and procedures of project implementation are properly applied, to be responsible for the accounting field.

In general, all of the PMC have undertaken their work in accordance with the job description.

In the Management Guidelines, the qualifications of PMC are not stated. In fact, all of the PMC met by the MTR have technical engineering qualifications.

To undertake the work in accordance with the job description, the PMC must have a sound knowledge of all aspects of the project, including project philosophy, empowerment philosophy, participatory approach, capacity building, construction engineering, hygiene/PHBS, financial management and procurement.

In general, the PMC's and DPMU office are co-located; some are together in one room with the district consultant. This is likely to hamper the concentration and independence of the consultants in undertaking their work.

#### *Recommendations*

- a) In order to optimize their roles, the PMC should be provided with additional training on the empowerment philosophy and approach.
- b) In order to professionally implement their roles in accordance with the Terms of Reference they need to refrain from excessive interference with other parties, including the consultants and CFT.
- c) In order to have greater concentration and to reduce excessive interventions with other parties, the PMC's operational room should be separated from that of the DPMU head, and consultants, etc.



- d) Procedures and instruments for evaluating the performance of PMC should be developed.

#### **2.1.3.5. CAP Evaluation Team (ET)**

Prior to obtaining approval from the DTT, the Community Action Plan (CAP) that has been proposed by the community/village should be evaluated by the Evaluation Team (ET). All of the districts have established ET and the teams have undertaken their tasks in accordance with the Terms of Reference. Based on the Implementation Guidelines, the team membership consists of the staff of the DPMU and the staff of the *Subdin PKL*. The Implementation Guidelines also explain some points in detail, such as the evaluation procedures, materials related to the evaluation of local pricing and evaluation of the sub-contractor.

Though many points have been clarified in the Implementation Guidelines, the evaluation in some areas was faced with a variety of obstacles due to the lack of understanding of local pricing. There is no clear description of the evaluation of plan quality in the Implementation Guidelines. Such a description, including indicators related to each component of the plan, is of vital importance, particularly the plan for the improvement of institutional and community capacity as well as the PHBS (Hygiene & Sanitation Behavior Change) plan. These descriptions will support the tasks of the team members who have differing backgrounds or experience.

#### *Recommendations*

- a) The Implementation Guidelines should be improved, particularly relating to the understanding of the local pricing and evaluation indicators for plan quality.
- b) A workshop for the Evaluation Team should be held to discuss the changes to the improved Implementation Guidelines, including the evaluation process.

#### **2.1.3.6. NGO and Regional Representative Council (DPRD)**

The Project Appraisal Document (PAD) and the Implementation Guidelines do not provide clear information on the roles of NGOs in implementing field activities, other than guidelines on NGO membership in the District Coordination Team (DCT), and the training funded through the special account which should be conducted by third parties/NGO. Training using the special account funds has been conducted by the third party/NGO; however there was almost no involvement of NGOs in the VIT membership due to a variety of reasons. For example in West Lombok where NGOs were previously involved in the DCT, the NGO concerned became a “partner/training implementer” and in another district the reason was that there was no NGO whose mission was in line with that of WSLIC-2. The role of NGOs in the WSLIC-2 project, which uses a participatory, democratic and transparent approach, should be significant, particularly in improving the insight into empowerment and the philosophy of social support in the framework of capacity building and local HRD improvement.

The involvement of the Regional Representative Council, (DPRD) is stated in the PAD, (p. 10), but its role was not clearly defined. The involvement of the Regional Representative Council (DPRD) in supporting the project implementation should be thought through carefully, as the DPRD has a strategic role among other things in terms of gaining political support for adopting or replicating the WSLIC-2 project in other

areas, and the regional budget (APBD) support particularly for follow-up programs post-project.

#### *Recommendations*

- a. The roles of NGOs should be described in the Implementation Guidelines.
- b. Based on the Implementation Guidelines, there should be a representative of NGOs in the District Coordinating Team with selection criteria that state the NGO must have a mission, program or activity similar to that of WSLIC-2.
- c. To create common understandings, a sharing of experiences and an improvement of regional human resources, it is recommended that the representative of NGOs be involved in the training as a trainee, particularly training in identifying needs and problems through MPA/PHAST.
- d. A communication forum should be established with local NGOs.
- e. To obtain political and funding support particularly in the post project period, the involvement of the Regional Representative Council (DPRD) needs to be enhanced through advocacy activities, involvement in the Coordination Team, participation in field visit activities, and provision of information on the project progress, etc.

#### **2.1.4. PROVINCIAL LEVEL INSTITUTIONS**

##### **2.1.4.1. Provincial Coordination Team and Provincial Technical Team**

Since the implementation of the regional autonomy law, the role of the provinces has become less important. In the WSLIC-2 project, the Provincial Coordinating Team is more involved in monitoring and technical guidance. In accordance with the importance of the role, the existence of the Coordinating Team with members from the second echelon should be evaluated. In addition to the Provincial Coordinating Team, a Provincial Technical Team has also been established. In accordance with its role, the existence of technical team is more relevant. Moreover, because the members of the technical team are drawn from the third echelon, the opportunity to undertake the WSLIC-2 activities is relatively greater.

The Provincial Coordination and Technical Teams have had substantial involvement in the implementation of WSLIC-2 project. Though there was no regular schedule, these teams have conducted meetings to discuss some issues and problems as well as having made monitoring visits. However, the role of each technical sector of the team members was not optimal. Some of the technical team members found that their responsibilities have not been clearly described and that they did not obtain adequate information on the progress of project implementation on a regular basis. As the implementation of the hygiene and PHBS component in the field was usually weak, one of the roles of the Provincial Coordination and Technical Team was to encourage districts to activate their health promotion activities, carried out both by the district and sub-district levels. In relation to this, the Provincial Technical Team should coordinate with the related programs and technical sectors.

*Recommendations*

- a. As the cross-sectoral role of the Province concentrates on monitoring and guidance, the Provincial Technical Team should be formed and supported in its duties by adequate funding.
- b. To increase the role of the related sectors, the job descriptions of each sector should be included in the Implementation Guidelines.
- c. The Provincial Technical Team should encourage and motivate districts to improve activities related to PHBS (Hygiene and Sanitation Behavior change) through a number of ways, for example mass media, village competitions, school contests, etc.

**2.1.4.2. Provincial Liaison Officer (PLO)**

The job description of the PLO contained in the Implementation Guidelines consists of three aspects: ensuring that all of the policies, procedures and regulations of project implementation are properly followed; accounting and writing of the Project Management Report (PMR), and district capacity building and identification of district needs. These roles are of vital importance in maintaining the quality of project implementation. In light of these tasks, an assessment of the appropriateness of the position title of PLO is needed.

In general, the PLOs have undertaken their roles properly, particularly the role related to accounting and more specifically to the compilation of the PMR report. It seems that there is a tendency that the project understands the role of the PLO only in terms of PMR reporting.

At the present moment, a PLO has a double task in two provinces and in one other province there is no PLO. This has a significant influence on the implementation of the PLO's roles and tasks.

*Recommendations*

- a. To support the task of carrying out the monitoring process, it is recommended that the understanding of the PLO on the empowerment philosophy and approach be strengthened.
- b. As the PLO is responsible for many tasks covering all aspects of the project, consideration should be given to the provision of staff for the PLO. Priority should be given to staff with experience in gender so as to strengthen the district consultants in the aspect of gender.

**2.1.5. CENTRAL LEVEL INSTITUTIONS****CPMU**

The CPMU is a vital institution in the implementation of the WSLIC-2 project. The CPMU has produced many Guidelines including Implementation and Technical Guidelines that have been applied in the regions. Monitoring the project implementation has also been intensively conducted by the CPMU, through reporting, supervision, and technical guidance that was integrated across sectors by the CPMU itself and the consultants.

Though there was no regular schedule, the meetings of the technical team organized by CPMU have been frequently conducted, particularly to discuss the existing problems and issues. To make the implementation of task more effective, the CPMU has established two sub-team leaders, namely a sub-team leader for the management consultants and a sub-team leader for the technical consultants.

Many management and technical guidelines have been developed by the CPMU, particularly by the consultants. There was a tendency that the process of guideline development was not participatory, where the involvement of the users and field workers was relatively low. In addition, the role of the technical team members and the technical sectors relating to the guideline materials was also less than optimal, as this sector was usually only involved when discussing the final draft and was not involved in the development process. The involvement of the related sectors in the process of guideline arrangement and in other processes is very important in terms of increasing the awareness, synchronization of policies and procedures and transfer of technology or capacity building, especially if related to the post project guidance program which was expected to be undertaken by these sectors. In the framework of increasing awareness, and in the provision of regular information on the project's development to all sectors, the CPMU's performance was seen as inadequate.

To improve project implementation, it is normal to revise the Implementation Guidelines and Technical Guidelines as needed. The revision is expected to be carried out on a yearly basis with the revised guidelines being applied at the beginning of the year.

Some DPMU found that the responses and feed back from CPMU concerning their reports on existing issues was not yet optimal.

A reasonably large number of consultants support the CPMU, both management and technical. After the replacement or contract completion of some consultants, it was difficult to find documents and reports of those previous consultants. The Monitoring and Evaluation Section in the CPMU has a significant role. Based on the Implementation Guidelines. This section also has a task relating to training techniques. This provides a heavier workload and seems to duplicate the roles and tasks of the Training Coordinator.

#### *Recommendations*

- a. Cooperation between the CPMU, particularly the consultants and the related sector members of the core technical teams should be increased, for example in the process of arranging the strategies, the implementation and technical guidelines. In addition, representatives from the field should be involved in the process of compiling guidelines.
- b. Trialing of the Implementation and Technical Guidelines should be carried out before they are put into effect.
- c. The changes in the Implementation Guidelines should be put into effect starting from the beginning of the year.
- d. It is suggested that the CPMU be more active in conducting field monitoring and in providing feedback to the provincial and district levels.
- e. Management of documents and archives should be improved.

### 2.1.6. TRAINING

A great deal of training has been planned and conducted by the project, whether at central, district or village level. In general, the terms of reference and syllabus of the training has been developed by the central-level consultants. Basically, the training implementers, including the third-party implementer, used the terms of reference and syllabus as a basis for conducting training.

Many training programs were held at the villages and districts, but the unit or the personnel responsible for synchronizing, synergizing and monitoring the training process was not clearly stated. In accordance with the Implementation Guidelines, the Monitoring and Evaluation Section of the DPMU has a task to monitor technical matters relating to training. This assignment should be reviewed due to the workload and the limited background and experience in training of DPMU staff.

Monitoring or assessment post-training for some programs indicating training effectiveness and further training needs has not been conducted. In terms of the effectiveness of this training, most of CF and VIT found that the training materials delivered were not sufficient to implement the project. In addition, to improve the capacity of the CF, some CF proposed that a comparative study and workshop be conducted in the regions deemed successful.

Training at the village level which was funded through the special account was sometimes difficult to undertake, because in the village and even in the district there was no NGO that had a mission similar to that of the WSLIC-2 project, as well as because of the low level of funds for implementation. In accordance with the Implementation Guidelines, there are some kinds of training which were conducted only once during the project. This situation is of concern, as there are several villages that still required the training and materials, for example training - workshops on ownership at the sub-district level. This training was only held at the beginning of project and as a result the new sub-districts that were added later did not have an opportunity to receive the training.

At times there were too many training programs with long preparatory processes that had to be conducted around the same time. Changes or postponements of the training were difficult to avoid. If the postponement was too long, it could result in a negative impact such as outdated training materials or was not in accordance with the needs and replacement of facilitators.

#### *Recommendations*

- a. Training should be conducted by professional parties (institutions, teams or individuals) who have recognized qualifications. If necessary, the trainers should be "tested".
- b. To understand the impacts of the training and the needs for further training, each training program should be followed by an on-site post-training assessment.
- c. Timing of the training implementation should be adapted to the needs. Postponement of the training implementation will most likely lead to a decrease in the effectiveness and efficiency of the training.

- d. At the district level, there needs to be a training coordinator and supervisor. It is suggested that the district consultant be appointed as the training coordinator and supervisor.
- e. The training with very limited funding should be conducted internally rather than through third parties.

#### **2.1.7. COMMUNITY COMPLAINT UNIT**

In relation to transparency and improvement of social acceptance, the Community Complaint Unit has been established at various administrative levels. In some regions, there have been complaints concerning project implementation. This complaint has been followed up by the competent authorities. However, the channels and procedures for these complaints have not been clearly described.

#### *Recommendations*

The channels and procedures for complaints in terms of the project implementation should be developed and disseminated to the community.

#### **2.1.8. COMMUNITY ACTION PLAN (CAP)**

A project success is the introduction of a participatory action plan to the community. The community, with intensive guidance from the CFT, has produced a CAP. The compilation of the CAP was carried out through various stages, and through a participatory approach has reflected democratic principles, demand responsiveness, gender sensitivity, and poverty focus. The CAP has also included action plans for capacity building, hygiene and PHBS program, and procurement of clean water facilities.

Though principally the CAP was developed by the community, in fact the role of CFT in the CAP's development was very influential for the following reasons:

- The capacity and skills of the VIT in arranging a participatory plan are limited.
- Requirements that the CAP contain many complex aspects which are "strange" to the VIT, such as drawing a system, making budgetary plans, and writing plans, etc.
- Efforts for community empowerment, including the arrangement of CAP took a relatively long time making the time target difficult to determine precisely. On other hand, the time that CFT had was very limited as there were many *project villages* that needed assistance at nearly the same time.

As a result, what was provided focused more on priorities that met the "stipulated requirements" rather than on the process of empowerment.

The greatest contribution of the VIT in the production of CAP was generally collecting data for the CAP appendices such as a the list of the community contributions, results of material surveys, material price proposals, measurement results, minutes of meeting of activities, etc. In terms of the writing of the CAP, there were few VIT that could be involved. The writing of CAP is dependant on the CF.

The writing of CAP by the CF frequently resulted in the existence of a VIT that did not fully realize the importance of the CAP as a reference source for the implementation of activities in the village. Some VIT stated that they had just seen certain parts of the CAP or only saw it once at a glance, but they neither understood the contents of the CAP nor

had the copy of the CAP as it had already been submitted to the office of the village chief.

The team also found a low correlation between the CAP contents and the field results, for example the distribution of clean water and sanitation facilities that was only enjoyed by the middle-upper class, while the CAP contents showed that the poor groups were more dominant in the village. Also, the implementation of Hygiene and Sanitation Behavior Change (PHBS) activities which were not fully correlated with the CAP contents and results of the MPA/PHAST discussions.

In general, the issues or plan of action for hygiene and PHBS in the CAP are inadequate, seen from both the aspect of budget allocation and the action plan to be undertaken, particularly when related to the key focus of reducing the incidence of illness.

#### *Recommendations*

- a) In order to facilitate the VIT in making a draft CAP, it is suggested that the complex guidelines and systems of the CAP be simplified.
- b) In the framework of empowerment, CF should provide intensive guidance to the VIT in terms of the process and working procedures of the CAP arrangement.
- c) To support the task of VIT in monitoring the implementation of activities contained in the CAP, the VIT should have a copy of the CAP and fully understand its contents.
- d) In order that the Evaluation Team for the CAP can carry out an assessment of the quality of plan in the CAP, the indicators for evaluating the quality of the plan should be clear and reinforced.

#### **2.1.9. MPA - PHAST**

At the planning, introduction and learning phases, the methods used were the *Methodology for Participatory Assessment (MPA) and Participatory Hygiene and Sanitation Transformation (PHAST)*, a methodology which is able to synergize the needs for: participation; transparency; decentralization; democratization; and gender equality, and also in pro-poor action, being responsive to local needs and an empowerment orientation.

#### *Recommendations*

As MPA/PHAST is a vital component of the planning process, there was no village found that did not use this method. The quality of the processes and results of the MPA/PHAST usage in the field are variable. A number of factors that resulted in the weaknesses of the usage of MPA/PHAST in the field include:

- a) Some internal factors that have an effect are the low idealism and commitment of the methodology users. This is because of the low understanding of MPA/PHAST philosophy and materials so that the implementation of FGD MPA-PHAST only became a tool to collect the CAP inputs. The presence of men and women and the participation of the poor was limited to complying with the guidelines; and to fill in the existing tables and matrix.

- b) External factors such as: the number of target villages which is relatively high, the difficult natural and environmental conditions at the villages such as weather, seasons and scattered settlements, and the pressure from the community to immediately implement the program.

The benefits of MPA/PHAST rest on the completeness of the set of tools and instruments. All are designed to create participation, democratization and empowerment, through a fully sensitive orientation to gender and poverty. However, if all of these tools and instruments are not fully understood, the expected process and result may not be as intended. This can be proven from the assessment of the Community Action Plan (CAP) which is one of the outputs of planning processes.

The comment from various communities that the MPA/PHAST process was overwhelming, ineffective and has too many tools, may be a consequence of the facilitators not successfully carrying out the socialization and orientation processes in accordance with the existing guidelines. In this case, efforts to continually review and reflect on the effectiveness of MPA/PHAST will fully support the process and achievement of quality results. Additionally, it will optimize the process of understanding. From the field study results, there was various information both positive and negative including statements that some tools were found less relevant for example: the daily calendar, *ladder one*, and the *rating scale* for villages. The MTR had no means of assessing how large their influence, relevance and impact was, - these tools still require further assessment.

Some aspects of MPA/PHAST for further assessment include:

- a. Number of MPA/PHAST tools, 17 tools are now used.
- b. Tools of the Transect Walk have not been related to the observation of the Hygiene and Sanitation Behavior change.
- c. Standard tools were not found that could be used by villages that have owned clean water facilities and those that have not had them at all.

Though the Community Facilitators (CF) as implementers of MPA/PHAST have obtained training, in practice they have encountered a number of constraints in implementing MPA/PHAST, these have included:

- a. The implementation of MPA/PHAST seemed to be hurried in the field, in order to catch up the time for finalizing the CAP - disbursement for term 1.
- b. It was difficult to separate the community targets particularly for the richer and poorer groups. There was an indication that the FGDs, which should have been conducted separately for each community group, were sometimes actually conducted only once. Rich and poor, men and women were sometimes represented in one FGD. It was difficult to identify the needs of the rich and poor community groups due to the time pressures for the implementation of MPA/PHAST.

The impacts that could be seen in the field as a result of the low quality of the implementation of MPA/PHAST include:



- a. The social map does not function as a community planning map. Based on the team's findings, generally the map only informed the location of the houses of the rich and poor communities and the existing basic village infrastructures.
- b. There was not a strong correlation between the aid beneficiaries and the output of the social map.
- c. Correlation between the results of the FGD particularly relating to health issues and the CAP was not shown.

An issue that requires resolution is the timing for the establishment of the VIT. Up to the present time, VITs are established in the middle of the process of MPA/PHAST, but because of the importance of the VIT in understanding MPA/PHAST from the beginning, it is considered vital to establish the VIT at the beginning or before MPA/PHAST commences.

### *Recommendations*

Following are a number of recommendations from the team to improve the quality of the implementation of MPA/PHAST:

- a. There needs to be a further assessment or study to understand the degree of effect and relevance of each MPA/PHAST tool.
- b. To prevent data manipulation from happening, there should be continual efforts to promote the understanding of the philosophy of MPA/PHAST, for all of the parties directly involved in the implementation of the WSLIC-2 project.
- c. To make the field implementation effective, the number of *guided villages* worked in by one team should be limited (3-4 villages/team/year), or adapted to the productivity level for CF/CFT in each province.
- d. In order that the values of empowerment and the learning of introspection could be achieved, the CF or the user of MPA/PHAST should fully understand the empowerment approach, good facilitation guidelines, philosophy of MPA/PHAST in terms of the purpose and objectives, some benefits of MPA/PHAST compared to other methods such as PRA, CSS, RSA, etc.
- e. There should be a standard of time to implement the MPA/PHAST. Based on the assessment and discussions with the CFT, it should be a minimum of two months for each village, with the understanding that the facilitators really understand the philosophy of MPA/PHAST.
- f. f. Manuals/guidelines of MPA/PHAST need to be equipped among others with criteria of the user of MPA/PHAST, some mistakes in using MPA/PHAST, and minutes of success or history of success in the usage of MPA/PHAST.
- g. A scoring sheet that registers and records the results of implementation tools should be provided with a column that will record "the extent of the participation of women and the poor" and "what is the lesson learned from the tools concerned, as an expression from the poor groups and women who are frequently sidelined".
- h. The VIT, as community members directly involved in the project, should start to be involved in the process of MPA/PHAST, particularly to benefit from its approach, empowerment and contribute to input of the CAP. The involvement of

VIT in the process of MPA/PHAST from the beginning is expected that in the future it can become the community facilitators to be involved in the participatory monitoring.

#### **2.1.10. PROW (PROJECT ROAD SHOW & OWNERSHIP WORKSHOP)**

PROW is a starting point of the empowerment process with a "demand responsive approach that is undertaken by the project". If this process is carried out properly, the community will fully understand the principles and approaches of the WSLIC-2 project, so that the paradigm of "from, by and for the community" can be achieved. In accordance with the Implementation Guidelines, the road show should be conducted gradually, commencing from the provincial, district and village levels.

The Provincial level road-show produced a list of districts to be included in the project area, based on the stipulated criteria and the capability to provide counterpart budget.

At the field level, the most active Stakeholder in the "Road Show" implementation was the District Project Management Unit (DPMU). This included the District Consultant and the Project Monitoring Consultant (PMC), at both a district and a sub-district or village level. From a series of "Road Shows" an initial village list was produced, that is, a list of villages which put forward an aid proposal. This was then evaluated at a district level and a short list developed based on poverty level criteria, level of incidence of diarrhea and data in relation to clean water and sanitation compared with population statistics.

There was an indication that the understanding at the village level in relation to the WSLIC 2 project was still low. It was therefore decided to address these issues via speakers from the District Team during the "Road Shows". Although in one area the concept of conducting large scale meetings for sub-districts at the one time was trialed, this style of meeting proved ineffective as the group was too large and caused further confusion in relation to the philosophy, aims, rules and mechanisms of the project. It was thus decided to offer smaller style meetings as a follow up activity to encourage ease in understanding the project philosophy and principles as well as to promote the development of a sense of "ownership" of the Project.

Political considerations such as the concept of equality of selection for all sub-districts, and specially selected villages, sometimes influenced the final *short list* determination, despite of the existence of agreed criteria. Problems related to short listing, lead to replacements of villages caused by factors such as:

- a. The Letter of Agreement for Aid Provision which was signed by villages as Aid receivers included a statement letter requiring a contribution. Problems were then caused when the particular village withdrew its commitment in the middle of the Project because the community could not afford to make such a contribution (e.g. in Bima District)
- b. In relation to option selection, the highest priority was for sanitation, rather than for Infrastructures for Clean Water. (Province of East Java)
- c. It was frequently difficult to actually reach the locations indicated on the short list due to road conditions. In such cases, there was usually initial cooperation with the

Local Government to rehabilitate the road first and thus work in cooperation with WSLIC in relation to the future budget (Province of East Java)

#### *Recommendations*

- a. The "Road Show" material must be simplified for easier understanding about WSLIC-2 for the benefit of both participants and facilitators
- b. The "Road Show" should not be offered in a rushed manner as it requires time for detailed discussion and requires open dialogue with all stakeholders.
- c. Because the "Road Show" proved to be so important it requires a standardized Reporting Document sheet to keep firm records of any information delivered and matters discussed.
- d. It is important to follow up these "Road Show" initiatives with community meetings to ensure better understanding of WSLIC in the community and in order to ensure that a "sense of belonging" is established.

#### **2.1.11. GENDER**

The WSLIC-2 project has commenced a process to equally value the roles, work and voice of males and females particularly as they relate to the problems of clean water, sanitation and health. Prior to this the role of females was evident only through the Family Welfare Organization or the Integrated Service Post. WSLIC has facilitated women's involvement through a requirement of specific female attendance at each WSLIC meeting. In some WSLIC areas, females have become the leaders of Community Working Teams, or of related committees or other organizations. Thus there has been an active move in the Project towards female participation.

However, the low level of authority of females in making final decisions was seen as a significant obstacle. For instance, the final decision regarding the location of Infrastructures for Clean Water was in the main determined by community leaders who were males. There are many things that form a background in this matter of gender equity such as cultural factors, the low quality of human resources often because of a lack of opportunity for training, and community discrimination.

In order to overcome these issues the Project needs to encourage the continual enhancement of gender equity beyond simply the experience of village meetings or the establishment of Community Working Teams. It is important to encourage women in an active role of developing skills for the continuing maintenance of the village facilities. In this way, women's involvement can be enhanced through such initiatives as:

- a. A decision on the minimum number of female member in Community Working Team management should be made.
- b. A decision as to the number of females required as a standard number for attendance at each WSLIC meeting.
- c. There needs to be a gender consultant in the Central Project Management Unit and at the district level. This could be incorporated with the Provincial Liaison Officer

assistant's position. In this way programs can be produced to support gender equity.

#### *Recommendations*

- a. Gender equity should be seen as one area that needs to be continuously socialized
- b. It would seem to be of significant benefit to provide a gender consultant at the Central and/or District level in order to enhance project implementation that is more gender sensitive. In the Districts a gender specialist could be incorporated into the role of the Provincial Liaison Officer (PLO) by being attached to the PLO as an assistant. Thus the gender consultant can offer strengthening for the district consultant position.
- c. The proportion of females and males can in itself become one of the simplest indicators of gender equity. It is suggested that a standard figure be used to decide the proportion of males and females within the structure of the organization, it is suggested 60%: 40%.

#### **2.1.12. POVERTY**

The main target for WSLIC-2 is to enhance access provision and the development of infrastructure for clean water and sanitation for low income communities. This project has determined indicators for project location decisions in districts and villages. There have been a series of assessment phases, which have been implemented to determine a village's short list.

During interviews conducted by project staff with the community in field visits undertaken by the Mid Term Review team, and as a result of field observation, it was found that in some instances that the *beneficiaries* of the Program were not in fact in the target poverty designated group. Generally, problems of "inappropriate targeting" in WSLIC implementation can be seen to be the result of the following: 1) Technical concerns occurring in aid distribution procedures such as the technique of the Clean Water Facility system, etc., and 2) Non technical concerns such as the failure to initially identify appropriate community groups, specific community culture, etc. The problem with the low target of poverty achievement can be seen as a function of:

- a. The selection process of village beneficiaries
- b. The selection process of community targets as beneficiaries

#### **A. The Process of Village Selection**

The village selection process involves *short list* determination which has been identified as one step where problems occurred in the determination of poor villages as beneficiaries. Besides using poverty indicators, short list determination processes also involved technical considerations within the field such as :

- a. The access to a particular village  
The beneficiaries in villages were in reachable areas that offered a road infrastructure. In cases of concern poor villages were frequently located in remote areas.

b. Capability of contribution

Generally, the poor villages had difficulty in collecting 4% of funds in the specified period of time before the Community Action Plan submission. Because of this the actual village beneficiaries became those villages that were capable of doing so which leaves the poorest of the villages out of the final equation.

c. Infrastructure for Clean Water Location

The construction of Infrastructure for Clean Water away from actual water resources should be avoided as much as possible because these require more funding allocation than is available. This in itself might cause the fund release procedure to be longer and more complicated in terms of the process to the donor, or through the District Budget, and also cause additional concerns in terms of the need for greater community contribution. Thus the appropriate village beneficiaries were seen as the reachable villages with water resources within a sufficient radius and with an availability of funds for contribution.

The above considerations were identified as one of the reasons why poor villages were underrepresented in the selection process.

**B. Process of community target selection**

The initial process in identifying poor communities had been implemented based on the results of the Methodology for Participatory Assessment (MPA) tools, that is, Welfare Classification and Social Mapping. But, in fact, it was found that there were a number of weaknesses in reaching the poor groups, which included:

- a. While the resulting data gained from welfare clarification and social mapping tools was used as input for identifying poor groups in the Community Action Plan, this data was not used effectively in identifying the actual poor groups in the field.
- b. The result of social mapping was not properly reflected in procedures for cooperation with the community in the process of Infrastructure for Clean Water location planning. The planning and placing of this infrastructure frequently used technical rather than social considerations, for instance such as the ease of Clean Water System installation, and permission for using the land from the community leader, etc., than was proportionally appropriate given the results reflected through the welfare clarification and social mapping exercises. Therefore, there were many poor groups that were not serviced with SAB after construction.
- c. Generally, latrines were distributed only to middle or upper economic groups. This was because the value of the installment price for the latrine revolving funds could not be met by poor groups in general.

*Recommendations*

- a. A better fit is required between the WSLIC plans and Regional Development Plans for poor areas, so that the infrastructure establishment can be mutually supporting.

- b. Not all obligations of community contribution (4%) need to be fulfilled prior to the Community Action Plan submission. These can be paid over a period of time by following the value of grant fund release of the village, for instance 25% in advance, 50% in the second term, and 25% in the third term.
- c. Project implementation and planning could be conducted in different years. Therefore, support funds from the District Budget can be based on real needs.
- d. The planning process and the field results must relate to the development of Clean Water services for poor groups.

## 2.2 Development of a Health and Sanitation Service

WSLIC aims to enhance the quality of life and improve the level of health through the development of clean and healthy life behavior and constructing clean water and sanitation facilities. This aim is furthermore achieved through improving hygienic behavior, increase in access to and use of clean water and healthy sanitation. Poor groups are the main target in village areas.

In general, the Team's evaluation is that WSLIC-2 has initiated greater hygienic and improved sanitary behavioral changes in the community as the result of the existence of clean water and the desire for an improvement of the quality of environmental cleanliness. However, the Hygiene and Health Component, with a community program and a school program, and the sanitation program received very limited funding, from 5-25% of the total of the WSLIC grant in one village<sup>5</sup>, compared with the amount provided for the development program for Clean Water Infrastructure.

The limitations of the funding for health and sanitation service development were identified as one cause of the low achievement in the health and hygiene area. In addition the lack of a health and hygiene behavior program strategy in terms of social awareness for the community produced a further challenge. The total actual cost of health and sanitation services development under the WSLIC-2 program from 1/1/2000 – 30/9/2004<sup>6</sup> was Rp 9.341 million, which was only 3% of the total expenditure of Rp 306.638 million.

It has proven difficult for the Mid Term Review Team to find data (notes or reports) about the success of disease prevention and the health and hygiene behavior achievements. Data available are restricted to the type and number of activities carried out by each district, for example the health extension practices and provision supporting facilities for schools' and communities' health and hygiene behavior, such as rubbish baskets, nail cutters, wipers and similar activities. Data mentioned above does not necessarily indicate success in decreasing the disease rate and improving health and hygiene behavior either at a community or school level, unless there exists observational data from the Community Facilitation and District Health Consultants

<sup>5</sup> RKM from 4 provinces: Sumbar, Sumsel, Jatim and NTB

<sup>6</sup> See *Source and Uses of Funds by Category. PMR Period July – September 2004 Vol II: Consolidation Report of Finance, Output Monitoring and Procurement.*

coordinated through the observations of the Sanitation Specialist and other officers at the sub-district health centre.

This data collecting activity would prove easier to implement if a monitoring form was provided for recapitulating the disease rate change, health rate change, and hygiene and sanitation behavior change. All parties can track the movements and changes within the community from the Community Working Team and its Management Board, the community facilitators, Kecamatan Coordinating Team and the District and Central government agencies.

Based on the field result Findings, the Mid Term Review Team also found a number of strengths and weakness in the health and hygiene behavior program implementation and in Sanitation, both at school and community sites. Subsequently the Mid Term Review Team noted a number of recommendations for the improvement of the health and hygiene behavior component.

### **2.2.1. SCHOOL HEALTH AND HYGIENE BEHAVIOR**

#### **2.2.1.1 Health and hygiene behavior curriculum**

WSLIC-2 has initiated the provision of extra curricular material through the health and hygiene behavior local content at elementary schools in the WSLIC target area. The health and hygiene behavior activity includes training for School Hygiene Initiative teachers, health and hygiene behavior education for students, and health and hygiene behavior practices at school, such as making use of the appropriate procedures at latrines such as hand washing with soap, putting rubbish in appropriate disposal places, school environment cleaning etc.

Health and hygiene behavior education at schools has run in parallel with the program from the Health Ministry and Education Ministry. The central government has created an effective initiative by publishing a number of booklets, pamphlets, and leaflets with excellent illustrations in terms of the health and hygiene behavior promotional media. It is important that these resources should be continually developed in the future and revised gradually, in relation to practicing the health and hygiene behavior appropriate procedures. The resources should be distributed to families.

Health and hygiene behavior training for teachers has involved them as the main messengers for health and hygiene behavior at the school level. The training of Participatory Hygiene and Sanitation Transformation (*PHAST*) for Teachers and Sanitation Specialists is also part of the PHBS training. The Participatory Hygiene and Sanitation Transformation approach uses a participative approach for health programs aimed at students and communities in general.

In some Districts, mainly in East Java, a Student's Health Card was in use. This card is a measurement tool to assess students' progress in this area<sup>7</sup>, where the evaluation of health and hygiene behavior is written in this card once a week by the teacher. In some

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<sup>7</sup> With the WSLIC Student Health Card used in Probolinggo District the evaluation of PHBS was used for, inter alia,:: hand and nail cleanliness, neatness and cleanliness of clothes, cleanliness of teeth, use of footwear, ear cleanliness, and hair cleanliness.

districts, such as Mojokerto, the evaluation was completed not only by the teacher but also involved the parents as an initiative of the school committee.

#### *Recommendations*

- a. All agencies connected with education and health, from the central to the sub-district levels should support all schools, particularly in the WSLIC working areas, to include health and hygiene behavior education as extra-curricular activities, for example through the School Hygiene Initiative, Little Doctor, Scouts, Red Cross for Teenagers (PMR), etc.
- b. The use of a student's health and hygiene behavior card in each school to evaluate the student's progress in this area. The filling in of this card should also involve the parents so that indirectly the schools can bring health and hygiene behavior messages to the whole family. The student's health and hygiene behavior progress data is used not only to monitor the student's health and hygiene behavior but also the school's.
- c. In order to monitor the school's health and hygiene behavior, the District Technical Team, mainly the sub-district education board and the Public Health Centre should monitor the school's health and hygiene behavior over a period of time through subsequent visits and assessment of the school's health and hygiene behavior cards.
- d. The health and hygiene behavior education using PHAST tools will prove more effective if the Provincial/District governments provide illustrations based on local conditions.

#### ***2.2.1.2 Component of Infrastructure Development facilities in school***

The school health and hygiene behavior education and training has been supported through the establishment of the health and hygiene behavior facilities at schools by the WSLIC-2 project, such as clean water, latrines (for both teachers and pupils), washbasins and equipment such as rubbish bins, brooms, etc.

In general, there is one or more latrine in each school- a latrine for males and females or a latrine for students and teachers. These latrines are usually found to be functioning, but on occasion are found to be in an unhygienic condition particularly the students' latrines. The lack of hygiene of latrines is seen to be caused by:

- a. Rarely being cleaned
- b. Latrine building too small
- c. Ventilation of latrine room inadequate, so the air circulation is blocked
- d. Inadequate lighting.

The kind of washbasin facility varies from school to school. They are either permanent with washbasin made of tiles, semi permanent using a paint can or bucket with a water tap, as in Lumajang district, or even simply a bucket and scoop. The positioning of washbasin facilities also varies. Some are outside between classrooms; some are inside the classrooms while others are in front of the teachers' room. In general no soap is available at the wash basin facilities.



Trash bin facilities are still rare at schools while concrete bins made from leftover well or septic tanks rings, such as in Dompu district. Activities supporting health and hygiene behavior in regard to trash are still a rarity in schools.

### *Recommendations*

In relation to schools' health and hygiene behavior facilities, the following are the Mid Term Review Team's recommendations in order to develop the quality of these facilities:

- a. It is essential to provide further education in terms of hygiene training and routine hygienic practices at the school level, for example student monitors, voluntary school cleaning etc
- b. Besides encouraging hygiene in classrooms, students need to be taught to assist in maintaining the hygiene of the school's total area, including latrines and the school yard.
- c. When latrines are constructed at schools, many things should be taken into consideration such as the building size, the latrine's shape, the positioning of the water basin, and sufficient air and light for ventilation. There needs to be a water supply.
- d. Permanent water basin facilities should be placed near the classrooms or toilet rather than near the office or the teachers' room. This is to avoid discomfort for students in using the facility. The provision of soap for hand washing is also required for each wash basin facility as part of health education.
- e. The Mid Term Review Team does not recommend the use of a scoop and bucket for latrine facilities as it is neither an efficient nor a hygienic alternative.
- f. The trash bin should be conveniently located for students, such as in front of the classrooms, and should be easy to clean. Plastic bins are therefore suitable. Any trash bins placed outside classrooms should have lids.
- g. The provision of trash bins should be accompanied by training in the handling of trash for students, for example the separation of dry and wet trash and plastic.
- h. The health and hygiene behavior program for schools is not directed only towards elementary schools but is also intended for other levels of schools in the village such as MI, Islamic Education Centers (pesantren), TK, SMP, and SMA.

## **2.2.2. COMMUNITY HEALTH AND HYGIENE BEHAVIOR PROGRAM**

### **2.2.2.1 Sanitation (Family Latrines)**

#### **A. Problems for Latrines**

With the WSLIC program making clean water more readily available, the construction of personal latrines has been encouraged. In some districts, such as Lingsar sub-district in NTB, the Community Working Team leader stated that the number of personal latrines built through self funding is actually greater than the number of latrines built through revolving funds (field data still to be provided). However in most instances

these latrines are owned by villagers with middle/ upper economic ranking rather than by poor villagers who have ongoing funding problems.

Generally, the revolving fund community latrine program was found to be lagging or non-existent. In general, the revolving fund latrine program did not move on from the initial starting point. This reflected upon the sanitation program as few people are therefore able to make use of it. The findings in relation to the problems with these latrines in the community are:

- a. There is a belief that the family latrine is a gift which does not have to be returned, particularly when there have already been similar programs in the village.
- b. In poor communities any available funds are needed just to exist on a daily basis rather than to pay for a latrine. The amount of the loan, which is on average over Rp 300.000, is considered too high by the poor, and is mostly accessed by the middle/ upper economic groups in the village
- c. Community commitment is still low for the revolving fund program for latrines
- d. The lack of socialization for Community Working Teams and Community Facilitators in relation to the revolving fund program for latrines

The following table is constructed from data for the WSLIC-2 sanitation facility up until the second quarter year 2003:

**Table 1. Sanitation Facility  
(Project Implementation Activity Progress; End Quarter Month – September 2004<sup>8</sup>)**

	<b>Washbasin</b>	<b>School latrine</b>	<b>Family latrine</b>
Target	5465	1430	30660
Realization of amount to this quarter	4273	1147	16256
Percentage of realization to this quarter	78%	80%	53%

The table shows that the achievement percentage of sanitation/family latrines in WSLIC-2 project is still low when compared with other health and hygiene component achievements.

The weakness found by the Mid Term Review Team in the distribution of family latrines is the application of the “equality” principle, whereby if clean water facilities are provided to certain parts of the village then other facilities such as toilets should be located in different parts of the village, without considering if there is water or not.

<sup>8</sup> PMR III 2004 Period July – September 2004

*Recommendations*

- a. A latrine should not cost more than Rp 200.000,- per unit or based on a minimum calculation for making a simple and hygienic latrine. Therefore, the credit repayments should not be burdensome for poor community groups.
- b. Promotional media for latrine socialization should be distributed at neighborhood level. It should also involve local leaders in promoting the family latrine, such as village officers, religious leaders, PKK, etc.
- c. In the socialization phase, besides building the awareness of the importance of latrines, an effort should also be made to motivate the community in terms of a collective commitment towards revolving fund latrines such as:
  - agreement on the length/time limit for loans,
  - agreement on the loan interest, and on other efforts to reduce the cost such as cooperative work
  - agreement on sanctions for default, etc.

It is therefore important that all community levels participate in this socialization

- d. Time limit for payments should not be more than 1 year
- e. The revolving fund latrines should also reflect the sanitation options (see sanitation options recommendation)
- f. In the Community Action Plan, the community should be given a choice in distributing the latrines, that is:
  - Latrine revolving fund or
  - Latrine package for poor people only.
- g. The revolving fund can also be considered as a stimulant for latrine construction, but in reality this fund often does not revolve and therefore does not have a large impact. With the existence of a latrine package<sup>9</sup> for poor people, it is expected that the number of aid receivers will be greater because this offers people with better economic backgrounds the opportunity to construct the latrine themselves. It is expected that because this is not a credit package it will not serve to create debt for poor groups.
- h. Aid distribution planning must involve community representatives from all areas of the villages, where each representative is asked to plan and be responsible for the revolving fund or to ensure a commitment to constructing latrines in their area.
- i. Poor communities who have water access should have priority as latrine recipients under this scheme. Water access must be a fixed requirement for family latrine aid.
- j. Public facilities including the local public place for prayer should be provided with water and latrines. They may also be credited to market management as a facility where the lessee pays for facility maintenance and latrine credit.

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<sup>9</sup> The toilet stimulus package provides the basic components of a simple toilet, consisting of materials the community cannot easily provide including steel and plastic pipe, the closet, and cement. the community will adopt the appropriate sanitation options.

## B. Sanitation Options

Field investigations revealed a low incidence of the variety of sanitation options. The community perception of hygienic latrines is as an ideal bathroom with duck neck latrine, permanent wall and roof, and with a big basin. The cost of such facilities is out of range of the poor communities. Pit latrines can be a sanitation option as long as the design meets the requirements of hygiene.

The current aid package reflects a lack of sanitation options. Even though different types of latrines were introduced through Community Facilitators' socialization meetings, in practice only, the duck neck latrine was installed. This made the sanitation options in community more difficult as their perception of latrines is restricted to the duck neck latrine.

### *Recommendations:*

- a. Sanitation options should be offered through the community meetings or Focus Group Discussions, and also through brochures picturing types of family latrines and how to make the latrine for each option. These brochures should be distributed to all Family Heads in the village.
- b. Brochures of sanitation options which are distributed to the community should have a sample of a budget plan for each sanitation option.
- c. Current WSLIC-2 sanitation assistance offers loans for a latrine and a stimulus of the duck neck closet. It is recommended that further sanitation aid should reflect the existence of other sanitation options where the community is able to choose their preferred option based on their economic capability.
- d. The distribution of aid packages with options can be preceded by data gathering on the intended recipients. Each recipient should have the right to choose an aid package option which allows for their capability to provide other material. Only after that is done should the sanitation budget plan be compiled, as set out in the Community Action Plan and based on options chosen by the community.
- e. The Commitment for a specific latrine construction option can be confirmed through an agreement letter.
- f. In meetings, material regarding sanitation options should not be presented as an upgrade path. This is to avoid the perception that the most hygienic and ideal latrine is a tiled duck neck variety. The community assessment of hygienic latrines should not be just related to aesthetic considerations but more on practicality and health.

## C. Hygiene of Latrines

The hygienic nature and condition of family latrines is variable. Only rarely were cleaning tools (brushes and brooms) found near the latrine. Based on interviews with latrine owners, the only cleaning done was to flush the latrine after use.

### *Recommendation*

Provision of material on how to maintain latrines is recommended, as well as providing motivation for people to use latrines for defecation. Cooperation from village midwives, community organizations, and local health centers is very important in this matter.

### ***2.2.2.2 Promotion and Component of Infrastructure Development Activity in Community***

The construction of clean water supplies and sanitation facilities has been followed by the placing of health and hygiene behavior promotion boards in public areas or schools. The construction of these promotion boards was variable: permanent wooden information boards (NTB), and billboards (in East Java and West Sumatra). The messages concerned invited the community towards appropriate health and hygiene behavior.

During field visits, the Mid Term Review Team found the Clean Water Facility was not used just for drinking water, but also for taking baths and for washing. This made the surrounding area look dirty and muddy, particularly if the facilities were not well constructed. The hygiene of such areas also needs attention.

#### *Recommendations*

As part of the health and hygiene behavior promotion, the Mid Term Review Team recommends:

- a. To actively promote the function of WSLIC information boards as promotional media for health and hygiene behavior. The information content should be periodically revised by the Community Working Team/Management Organization with village officers, youth organizations etc. having input. The information can reflect the content of the health and hygiene behavior brochures and could include success stories from a range of health areas in the community.
- b. The cleanliness of the water supply and sanitation facilities is an integral part of the health and hygiene behavior promotion.
- c. The health and hygiene behavior activities should not only be implemented on specific occasions. The health and hygiene behavior effort should be implemented continuously and involve all related stakeholders. At a village level it should include the involvement of village officers and the Family Welfare Organization staff.
- d. With the existence of a yearly cleanliness competition, both at a village level and a district level, change may be motivated and encouragement given to improve environmental hygiene. This could take the form of a competition for a healthy house, a healthy environment, and healthy water-taps.
- e. Involve the health cadre to become the health and hygiene behavior motivator in the village. This will also act to reduce the workload of the health centre sanitation officer.

## 2.3 Development of Clean Water and Sanitation Infrastructure

### 2.3.1. PREPARATION

#### 2.3.1.1. Evaluation and Community Action Plan

##### (1) Evaluation of the Community Action Plan

In order to produce a quality Community Action Plan an evaluation process needs to be developed. Doing so will have a positive input in regard to many issues, from the quality of the document itself through to implementation. A proper Community Action Plan must address specific criteria and be based on appropriate examples. There are no national standards with each province offering its own type, although there is some similarity. Generally, the documents are very thick due to the amount of supporting documentation appended to the report. Uniformity and brevity are desired qualities in the CAP document.

##### *Recommendations*

The evaluation activity will be more effective if it is implemented gradually and makes use of a verification sheet. Every phase of activity must be verified. The suggestions of concrete examples will make the proposals more easily implemented. Community empowerment for the Community Action Plan must be considered as highly significant. Thus further clarification on the Community Action Plan output and from the Community Working Teams and the Community Facilitation Teams is required. Supporting documents should be separated from the main report. The use of tables/figures will assist the Community Working Teams.

##### (2) Community Action Plan Revision

During any implementation both physical and nonphysical changes must always be considered. Physical changes, relate to volume and location. These either related to pipe volume, or material in construction of physical buildings. The changes occurred due to field conditions and market prices. The most likely change was of location. Due to late implementation, the planned location may no longer be available. All changes must be reported in the Community Action Plan in the form of a Community Action Plan Revision Report or Addendum. A complete Community Action Plan revision was rarely conducted. This problem needs to be further addressed as all changes should be accommodated through an official document.

##### *Recommendations*

The Community Working Teams assisted by the CFT should be motivated to revise CAPs where necessary. The revision of the Community Action Plan must be implemented consistently. The preparation of formats for making reporting easier and more uniform is strongly suggested. Further, the Community Facilitation Team should assist in recording every change systematically.

##### (3) As-built drawings

As for the CAP revision, the post-construction Detailed Engineering Design drawing is required as there are changes which can not be avoided in field implementation. The

Mid Term Review Team has not found any district where as-built-drawings are provided, even though this document is important for post-construction facility management.

#### *Recommendations*

All Community Working Groups and Community Facilitation Teams must be motivated to prepare drawing plans. A concrete example would make this easier. In addition there should be a review of the consultant's Terms of Reference in relation to this problem.

#### **(4) Technical Document**

Field level documentation is weak in almost every district. Bound documents are limited to guidelines and the Community Action Plan. Other documents were in general kept in a file or loose but together in one place. Further attention needs to be paid to better structured filing. In Sampang district, there was an effort to keep the documents in a dedicated bag which was always carried to any coordination meetings or available for perusal during field visits by the District Team. With complete information about field conditions planning can be more comprehensive. It often occurs that documents are stored in a cupboard or storeroom. It is rare for important documents to be disseminated to the Kecamatan and village levels.

#### *Recommendations*

The availability of complete documents in the field through a documentation system is required. This should start from initial data, include the result of the transect walk, and all necessary figures and tables of the Rapid Technical Assessment results and reports of discussion results with selection of options and strategic systems. It should also include photographic documentation as well as back-up information both as photocopies and files (CD). Concrete examples make this easier.

### **2.3.1.2. Community Action Plans as a Community Working Team / Community Facilitation Team Document**

#### *Existing CAPs have been created by Community Facilitation Teams*

The Community Action Plan as a strategic document has both strengths and weaknesses. Social maps have been changed into technical maps as they illustrate clean water drains etc... Unfortunately; these maps were not developed specifically. What is required is a map which illustrates the existing condition, future plans and also records problems from time to time e.g. each six months. This is much less confusing if it illustrates only a small number of aspects: population, house conditions, clean water systems, sanitation, etc. Creating such maps is indeed difficult for the community, but must be set as a long term goal. If many aspects are illustrated however, the map will be very complicated. Legend and descriptions are not standardized. There were a few villages that had framed the figure under glass, which caused difficulty when there was a need for further development. The existing Community Action Plan was often a Community Facilitation Team creation and it was not clear from the existing documents, what was made by the Community Working Team and what was not. The

level of understanding of the CWT was unclear. There has also been no effort at cross/multiple-village mapping. This would assist the communities to think more broadly. The utility of such a supporting map should be possible if there is support from the District Government.

#### *Recommendations*

Separating the documents of the Community Facilitation Team and the Community Working Team and their subsequent combination into one unit would be an effective strategy to develop the capability of the Community Working Team. The Community Working Team should be assisted to prepare its material in simple tables, with a narration by the Community Facilitation Team to explain the tables. If all parties concerned are made aware of the importance of the role of the Community Working Team, this concept will be easier to implement, while the Community Facilitation Team provides support and guidance.

The community should be encouraged to develop a broader outlook. In particular, the use of water resources to serve a number of villages, which could be significant later for integrated service and management. The CFTs should consider these aspects initially, and the Sub-District should assist with facilitation. A study tour to the Centre for Research and Development in Bandung is suggested. Here the CFTs will obtain a more complete picture of planning methodology (time, geographical and Sectoral integration).

### **2.3.1.3. Hydrogeological Map**

#### *Hydrogeological Map*

The ability to predict the groundwater condition was not always poor. Some villages were very successful. During field visits, there was no data available which illustrated the relationship between villages. Supporting studies should be available and sometimes were, but the location of many reports was not known. Further, the presence of a geohydrologist would be very helpful in deciding the location of these wells. Sometimes simple technology was inadequate to determine the location of the wells. The success in digging deep wells (more than fifteen meters), was not only determined by equipment factors, but also by knowledge of geohydrology structure in the district. Using existing well data and results of trial drilling provided through specific testing, together with basic maps about the structure of the existing earth layers there would be a greater guarantee of drilling success.

#### *Recommendations*

The availability of important data and information about the condition of the soil layers is very important as it relates to the existence of the aquifer layer. This information is not available for all WSLIC locations, but should be the responsibility of local government or of the consultant to complete. Data concerning water bearing layers is still limited for districts which have the deep well program for irrigation or the results of well trials carried out for PDAM water supplies. The latest satellite photograph should be able to fill the gaps, even though this will be difficult to use in



practice because of the expense involved.

A geohydrologist is recommended for each district to assist in the preparation of deep well locations.

#### **2.3.1.4 Sanitation Options**

The effort to make sanitation a reality for all families was hampered by the lack of socialization of the sanitation options. Selection of options was heavily influenced by the existence of options which were unsuitable due to the high costs involved.

There was a tendency for families to own this facility, without being willing to share it with others. Pit latrines and shared septic tanks were sometimes seen but not in great numbers. The distance factor has a big influence as well. Houses of poor community members are often located in areas separate from the middle /upper community homes.

Most sanitation facilities were based on only one option in many districts, the duck neck latrine with a septic tank. The possibility of choosing other sanitation technology is still dependent on the capability of Community Facilitation Teams in socializing the sanitation options. This can be seen from the photographs taken in the field. There is a perception on the part of the community that goose neck latrines with septic tanks are always the best option. Unfortunately no data were found linking type of sanitation option with the take-up in revolving funds. Pit latrines have been common in the past but have not been brought up to date with available and necessary improvements, for example siting of the facility at an appropriate distance from shallow wells.

#### *Recommendations*

The simplest option of making dual pit latrines must be pushed on a more frequent basis. Other options should only be considered if this option is unsuitable. The existence of hydrogeology maps would be very helpful in order to strengthen the option selection. The selection of options which offer the fulfillment of health requirements, are technically appropriate and cheap and in line with local tradition must become the main option. Brick walls could also be replaced by bamboo screens where these suited the local community. Again, concrete examples should be provided.

#### **2.3.1.5. Budget Needs**

##### **(1) Budget requirements**

Budget proposals must be in line with the agreed platform: Rp 200 million. Often there has been no budget available for public water-taps. This means that the program target was not achieved, due to the basic needs of the poor communities involved being sacrificed.

In general, the budget provided only for the main clean water system: catcher building, pumping, main pipe transmission and distribution network, and reservoir. In general budgets were insufficient for distribution networks to houses, and certainly not for public water-taps for the poor. Although it was possible to propose more than Rp 200 million, the procedure is in practice lengthy and problematic.

*Recommendations:*

The Budget should cover the minimum needs and be adjusted to cover requirements for the next five years. Without this calculation, there is a concern that the funding will only be directed at the middle/upper community. The increase of costs of all materials and tools means that the budget platform should be adjusted to Rp 250-300 million in accordance with both general inflation and also for prices of materials and goods required for water supply infrastructure.

Further, there needs to be an analysis of unit costs for areas with difficult conditions.

**(2) Cost equivalents**

The unit cost of a well across districts is variable, depending on the soil structure and the depth required. Therefore, it is difficult to determine the unit cost for a shallow well. A shallow well should be defined as being not more than fifteen meters.

On the frequent occasions when field conditions are difficult, the calculation for unit cost needs to be reviewed.

Unit costs used by WSLIC and Dinas Cipta Karya/Kimpraswil are different. The WSLIC cost is in general cheaper.

*Recommendations:*

Further review is required for assessing this equivalency. Agreed standard costs need to be developed in each area/district/sub-district, including an evaluation of unit costs with a BOW analysis.

**(3) Requirements for funding of non Water Supply System Infrastructure**

The amount of funding available for the revolving fund family toilets and the health and hygiene behavior program is considered too small for the majority of project villages. The funding composition range is as follows:

No	Component	Percentage
1	Development of organizational capacity	0 - 1,5 %
2	Health and sanitation program	5 - 25 %
3	Water and sanitation system construction	72 - 92 %
4	Management	0 - 3 %

By using the above composition, it can be seen that the development of organizational capacity is the smallest. It is evident that the empowerment funding is not balanced with that for the other components. Ideally empowerment should be increased to at least 5%, with the understanding that the fundamental change will greatly depend on the human factor.

*Recommendations:*

It is estimated that the percentage of budget that should be available for the revolving fund and the health and hygiene behavior activities be in the region of 30%. Therefore the funding composition should be as follows:

<b>No</b>	<b>Component</b>	<b>Percentage</b>
1	<i>Development of organizational capacity</i>	4 –6 %
2	<i>Health and sanitation program</i>	10–20 %
3	<i>Water Supply System Construction</i>	70–80 %
4	<i>Management</i>	4 - 6 %

These proportions still need further review and the composition will be variable depending on field conditions.

**(4) Total budget**

In order to overcome the problems of the provision of clean water and sanitation systems in poor villages the funding should not be based on the existing platform but on the minimum needs, even if funds of more than 200 million rupiah are required.

*Recommendations:*

Funding should be based on the minimum and proportional needs over a five year period, rather than the current two year period, and planning rules need to be changed to reflect this. The extent to which regional development issues and opportunities are considered needs to be enhanced.

**(5) The use of remaining funds**

Generally, leftover funds are still not discussed with any degree of transparency, so that their use is still unclear. Even though the regulations require transparent reporting of such funds in reality this does not always occur.

*Recommendations:*

Monitoring processes for the use of the remaining funds must be further developed.

**2.3.2. IMPLEMENTATION AND SUPERVISION****2.3.2.1. Quality of Material, Work, and Supervision****(1) Quality of material and work**

The quality of clean water supply installation is in general still low, although there are excellent installations in some villages/sub-districts/districts. In addition the Community Participation Team, The Water Supply and Sanitation consultant and the tradesmen in the field all offer a broad influence. There is also supervision from other parties, mainly from higher level areas within the sub-district and district. The impact of this lack of quality is that system age and system service levels will be below standard. In some locations, which have been finished and used for one to two years,

some damage is already evident from pipe leakage and broken water meters so that in some cases the systems are non-functioning.

*Recommendations:*

Continuous training and guidance should be provided by the local government or consultants/NGO. Their assistance should support the importance of quality assurance and control and the preparation of materials (such as pipes) for the post construction period, or a larger fund allocation for Operations and Maintenance. Strict supervision from district consultants and other independent stakeholders such as NGOs will be able to further develop system quality.

**(2) System integration**

There are sometimes two or more systems in one village. The systems of WSLIC-2, the District Water Enterprise (PDAM) and the community are not integrated. Therefore, the differences are not only in water and pressure quality but also in costs to the user.

*Recommendations:*

A joint management system would be ideal but difficult to achieve due to conflicting interests. The involvement of the District Water Enterprise (PDAM) in order to assist the Community Working Teams in system management is highly recommended.

**2.3.2.2. Pipe Installation**

Pipes have sometimes been installed above ground or buried insufficiently deeply. System safety is thereby compromised, particularly where installation is above ground. Improper installation, often without pressure testing, can create leakage particularly at connection points.

*Recommendations:*

Continuous guidance is still needed for better quality, particularly in the implementation of tests needed as quality checks.

Construction training for Community Working Teams and workers needs to be improved. Pressure tests must be implemented more consistently and the results reported to the Community Facilitation Team/ District Technical Consultant.

**2.3.2.3. Shallow Wells**

***Shallow Wells and Reservoirs***

In some locations elevated holding tanks were not functioning. Members of well user groups were often found to be taking electricity from the pump supply. This can cause short circuiting because of the proliferation of unlabelled wires and also shortens the life of the pump and causes uneven distribution of water.

*Recommendations:*

The problem again is how to socialize the agreed procedure within the community. The Community Facilitator Team's assistance on technical matters needs to be

further developed, so that the community has a greater understanding.

#### **2.3.2.4. Well Construction**

There are still cases of surface water infiltration into the well caused by the construction methods. Existing constructions indicate insufficient awareness of the need to protect the water resource and create good filtration inside the well.

##### *Recommendations:*

The issue is how to best socialize the agreed procedure within the community. In addition, training of the Village Implementation Team and any other workers involved needs to be developed.

#### **2.3.2.5. Spare Pumps and Water Control**

##### **(1) Spare pumps**

Most of the villages with pumped systems do not have a spare pump. It is feasible that the pump will face damage after a two year period. The lack of provision of a spare pump is not because it has been omitted from the budget, but due to a desire to extend the piped network as far as possible. The assumption was that the top priority was to cover the entire service area. Also, pump prices tend to increase more than allowed for in the initial budget plan.

##### *Recommendations:*

It is important to socialize the agreed procedure with the community so that the community is aware the issue, even where the budget is insufficient. A way to assist the community develop the capability to acquire pumps themselves should be considered. Good persuasive skills are required when dealing with these issues.

##### **(2) Water Meters**

Less than 50% of WSLIC villages have provided water meters for all connections. Water meters are not considered necessary by villages using piped systems. The community assumed that the water supply was the result of their work and therefore did not understand the need to accumulate money for operations and maintenance costs for the long-term.

##### *Recommendations:*

The introduction of water meters should be gradual, but must be carried out eventually.

#### **2.3.2.6. Waste Water Drains**

Drains for public baths/ toilets, water-taps, public hydrants and wells were still not usually satisfactory. Awareness of the need to have adequate wastewater drains and particularly the consequences of indiscriminate disposal is still low.

##### *Recommendations:*

Community socialization of these issues is always a concern. The Detailed

Engineering Design for public toilets, water-taps, public hydrants and wells, should specify that adequate waste drains must be supplied. Strict construction supervision is required.

### **2.3.3. TECHNICAL MANAGEMENT**

#### **2.3.3.1. Guidelines, Job Descriptions and Personnel Qualification**

##### **(1) Guidelines**

The format of the Community Action Plan and its revision(s) is under-specified in the guidelines. This causes difficulties in the evaluation of the Community Action Plan as supporting data is often lacking.

There also must be encouragement for the community to develop their ideas, for example in the use of reservoirs for gravitational systems.

This issue requires continuous review. The technical guidelines do not include guidance on how to do more holistic planning nor do they require the consideration of a planning horizon of at least five years and perhaps up to twenty years to fit in with the District Spatial Plan. Doing so also avoids overlapping in planning.

The assistance of satellite technology will prove helpful but it will depend on local government policy in acquiring satellite imagery which will be used for more accurate and complete planning. This will prove advantageous not only for the WSLIC-2 program, but also for integrated planning with other sectors.

##### *Recommendations:*

For some fixed technical issues, strict guidelines are required, but for general matters more flexibility is essential in order to enhance creativity. Further review of this issue is essential. Some basic theory presented in a simple way is essential in describing various systems.

##### **(2) Job descriptions of technical personnel**

There is an over-lap between District Consultants and Community Facilitator Team members in making the Community Action Plan. In the implementation guidelines, the District Consultant together with the VIT was assigned to implementing the Rapid Technical Assessment, developing the technology options, estimating the budgets for the technical options, and assisting the VIT to choose the appropriate option (Manual Management, page 38). The activity was not always able to be implemented due to the numbers of villages involved and the distances between them.

##### *Recommendations:*

Job descriptions as set out in the Implementation Guidelines and in the Consultants' Terms of Reference should match.

### **(3) Personnel Qualifications**

It was clear that there were broad variations in the quality of physical and non physical field work. This difference in quality was mainly because of the quality of personnel involved in both government and consultant areas

#### *Recommendations:*

There should be a continuous review related to these issues. It is important to ensure that the standard of field technical personnel is confirmed on a regular basis so that minimum standards are attained for all districts.

### **(4) Handover Process**

Generally, the process was lengthy (years) and was always hampered by missing documents.

#### *Recommendations:*

Guidance on the requirements for handover documents is required, and an appropriate example should be developed.

### **2.3.3.2. Clean Water Business and Payment of Retribution**

#### ***Payment of Fees***

The costs of providing clean water must be recognized by the community. Currently this is an issue and portions of the community are reluctant to pay the fees.

#### *Recommendations:*

It is important to make community aware that the delivery of clean water is a business activity. It follows from this that it is also important to ensure that a good service is provided.

### **2.3.3.3. Price of Water**

The price of water is variable ranging from a free supply to Rp 1000/m<sup>3</sup> or Rp 5000 to Rp 10000 per month. A major issue is that communities are unwilling to pay a particular local price if they see other villages getting water at a reduced price.

#### *Recommendations:*

A specific review is required in order to ensure a sense of equity in relation to water prices in districts and sub-districts.

### **2.3.3.4. Family Latrines and School Latrines**

#### ***Family latrines, school latrines and revolving funds***

School Latrines and Family Latrines have been provided in general, but the number is still low and their condition is poor. The revolving fund was not well run. The overall community capability to pay the installments and also awareness that it should be repaid is still low.

By the year 2010 (Healthy Indonesia target) all Indonesian houses should have a Family Latrine. In general, families living in poverty constitute more than 30% of the population. . Toilets supplied through the revolving fund are mostly taken up by the middle income groups, so that possibly only 5% of the population from the poor groups would be supplied by 2006. Therefore, at the end of the program in 2006, there will be 25% of the village community unsupplied. This makes an assumption that this poor group will still make use of rivers or elsewhere or the simple latrine. If there is no policy change, only small changes will result for poor communities.

*Recommendations:*

There is still a need for an increase in the number of clean, hygienic new or renovated latrines, so that all schools are provided with latrines that meet technical and health requirements.

Alternatives for Family Latrines with the revolving fund:

- Increase the existing fund so that number of users can be increased.
- Extend the period of payment so that it is more affordable
- Choose options that are simpler and more affordable.
- Provide an additional grant fund for poor communities set at about 50% of minimum funding needed.

#### **2.3.4. TECHNICAL TRAINING**

##### **2.3.4.1. Training for Solar Disinfection of Water etc**

###### ***Need for simple management training for solar disinfection of water***

The training for solar disinfection of water is not yet needed as the community is used to drinking boiled water. There are still many shallow wells with poor water quality. In general the quality of shallow wells is poor, except in the mountain areas. Without improvement of the quality of water via this source well contamination is still high

*Recommendations:*

The training for solar disinfection of water (Sodis) should be for information only. Training of advanced water management for shallow wells is still needed. Further teaching aids are required.

##### **2.3.4.2. Three Dimensional Model**

###### ***Three-dimensional model***

Efforts to make it easier for the community to understand how to make a latrine and grey water drainage system and additional buildings have not yet commenced. The three dimensional models and teaching aids which are more interesting to villagers have not yet been developed either in terms of the mini model or the full scale example.

*Recommendations:*

Consultants should be tasked with providing three dimensional models and teaching aids either in mini or actual size. For mass preparation in order to have one set for each village, the assistance of the Central, Provincial and District government is



highly recommended.

### **2.3.5. TOOLS**

#### **2.3.5.1. Lack of Tools**

##### **(1) Lack of test kits and minimum tools for Operation and Maintenance**

Lack of field test kits and measuring tools and basic tools caused problems with Operation and Maintenance activities. Hence, monitoring of water quality in the field has only rarely been undertaken.

##### *Recommendations:*

Plans need to be drawn up for test kit provision for each village. This program must also include guidelines on how to use the kit along with a training program. Tools used to measure length, pipe dimension, water pressure and water flow/volume measurement.

##### **(2) The use of Hand-held radio transmitters/receivers**

During program implementation there are many occasions when rapid communication was a necessity. Natural disasters such as floods, land-slides, and earth-quakes, which cause installation and building damage and a breakdown in clean water supply, require rapid instant repair. Assistance and guidance to the VIT from the Community Facilitation Team is not always as fast as hoped for. Communication is very important. The only concern is that CFT attendance in the field might be reduced with the provision of this equipment. Reports of CFT presence in the field must remain a condition for normal field level guidance.

The use of hand-held radio transmitters/receivers\_aids communication as well as overcoming the problems of distance. The distance between villages is such that cheap, fast and easy technology is required for communication...

##### *Recommendations:*

It is suggested that hand-held radio transmitters/receivers be trialed in remote areas. Although they are not a new technology they have not been widely used in the WSLIC Project. There needs to be further encouragement provided for their use.

##### **(3) Store Room and Workshop**

In general, storage of goods and materials was still inadequate and there was a significant risk of damage and robbery. Few appropriate workshops or offices were found in the field. In general, the materials and tools were kept in a variety of different places such as in houses or in the front yards of the Village Implementation Team leader or of one of his staff.

##### *Recommendations:*

The guidelines need to specify the size of the store room and workshop and their regulation and positioning. The store room and workshop can become one with the

project office which to date is usually located in the house of the Head of the VIT or another community member. This issue should be addressed the Community Action Plan, even though the funding is not WSLIC's responsibility.

### **2.3.5.2. Completeness of Accessories**

#### ***Completeness of Water Supply Systems is important***

Some of the piping systems on hilly areas have not been equipped with air valves and washouts. Some of the Rain Water Storages have not been equipped with drains. Filters at water sources were not provided or were damaged or not functioning adequately.

#### *Recommendations:*

Training of the VIT/Management Board (also CFTs) on these matters needs to be improved

### **2.3.5.3. Procurement of pipes and accessories**

In some districts, the pipe and accessories provided were not equipped with spare parts for repair and maintenance. The standard of supplies was below the specifications. This will reduce the expected life of the facility.

#### *Recommendations:*

Ideally 10% should be added to the procurement budget for spare parts. This becomes very useful at construction stage if there is a shortfall. The spare parts are also useful for maintenance. The pipes and accessories should be of the required standard.

## **2.3.6. ENVIRONMENTAL MANAGEMENT**

### **2.3.6.1. Maintenance of Water Sources**

#### ***(1) Maintenance of Water Sources***

Even though some of the community is aware of the need to maintain the water source area, few have been active in working towards the desired environmental condition. Tree cutting activity and waste pollution in the areas surrounding the water sources was still in evidence. Plans for management of the water source surrounds have not been included in the Community Action Plan. Environmental understanding within the community is still very low.

#### *Recommendations:*

The maintenance/management of the water source must become part of the Community Action Plan with the intention of motivating local government, NGO's and consultants to address these issues with the community.

### ***2.3.6.2. Campaign for Bathroom Construction and Healthy Family Latrine***

In communities with a low socio-economic level, the availability of bathrooms and healthy latrines is still limited. The need to have better bathroom is secondary to the need to survive in terms of food, clothing and shelter.

#### *Recommendations:*

This campaign to construct bathrooms and Family Latrines needs to be further developed, as part of the continuing health and hygiene component activities.

## **2.4 Project Management**

### ***2.4.1. MONITORING, EVALUATION AND REPORTING***

At the village, district, provincial and central levels, data and information on physical and financial progress has been collected and reported on a monthly, quarterly and yearly basis in accordance with the implementation and technical guidelines. However, accuracy and timeliness need to be improved.

The Integrated Management Information System (IMIS) has not integrated the PMR with Sustainability Monitoring nor the Project Management Report (Central Project Management Unit version) with the PLO version, because the PLO did not receive the bank statements from the Bank of Indonesia.

Standard forms in the consultants' and suppliers' contracts for monitoring physical and financial progress do not indicate discrepancies (serious, average, low) between plans and achievements. For example, see Appendix, (Table IV-1) Quarterly Report to Bappenas has not been completed, because it currently only consists of the consultants' contracts and does not include the use of village grants, the most significant amount.

The base line data provided and physical and non physical performance indicators are not yet clear so that the success of WSLIC-2 can not as yet be measured, even though the project has been finished more than one year in some villages.

Specifically the base line data collected by the Research and Social Services Institute of the University of Indonesia has not been synchronized with the results of the Methodology of Participatory Assessment (MPA)/Participatory Hygiene and Sanitation Transformation (PHAST) which was recorded by the Village Implementation Team together with the Community Facilitator Team. Because of this there was base line data that not relevant to WSLIC-2, such as the physical condition of schools, frequency of daily bathing, and Phase One scoring of the number of sanitation facilities in Kindergartens and Junior Secondary Schools.

The filing administration of hard copies and electronic copies has not been systematic so that it was difficult to search due to many items being placed in cartons without having notes attached. This mainly happened in relation to the Village Implementation Team (TKM), District Project Management Unit (DPMU) and Central Project Management Unit (CPMU).

*Recommendations:*

- a. There is a need to strengthen EDP management with internet and intranet access (LAN/Local Area Network).
- b. There is a need to measure both the output and the outcome of this program; Special efforts must be made to compile baseline data and to compare this data with integrated monitoring results (Phase 1 to 4).
- c. There is a need to conduct specific training on filing and documentation management in hard copy and electronic files.

**2.4.2. COOPERATION AMONG STAKEHOLDERS AND CONTINUITY**

Cooperation among stakeholders has been built into the process from the time of the original preparation until the project implementation phase, both centrally and in districts. However, after the construction phase, each sector, government and non government, is expected to continue the assistance to stakeholders based on their main assignments and function. Unfortunately they have not yet established clear plans in this area.

In addition the Budget provided by the Local Government is only a relatively small supporting fund, and the WSLIC-2 Program has not become part of the District Strategic Plan and the District Development Program. Thus the project's priority is lower than for other projects, such as for street building, irrigation, market, local government office, etc.

There is a concern regarding continuity after Project completion because the Management Boards are not yet self-sustaining, meaning that they do not yet have the capability to maintain and develop the existing facilities.

*Recommendations:*

Guidance for the Management Board should begin before initial activity from the VIT and continue until 6 months after completion to enable it to manage all assets developed by WSLIC2: water supply, sanitation, and health and hygiene promotion.

**2.4.3. PROVISION OF GOODS AND SERVICES**

Generally, the processes and procedures have followed the guidelines from the Indonesian Government and the World Bank, but the implementation guidelines still use old regulations, such as the President's Decision (Kepres) year 2002, while there has been a year 2003 update and the latest IBRD guideline available (May 2004).

When all of the regulations have been satisfied, the IBRD releases the "No Objection Letter" as a pre-requisite for funding/loan release, but according to SE DJA No. 104/A/2000 dated 24/7/2000 a copy of Form 384.C must be attached for payment to the Consultant and Form 384.P for supplier.

Although the processes and procedures have followed the guidelines, there were long unexplained delays, such as the agreement from the Project Manager which took 50 days (Package F Consultant Province of East Jawa) and the "No Objection Letter" from IBRD which took 51 days (Package F Consultant West Jawa Province).

In the standard contract documents agreed by the IBRD, according to Chapter Six, paragraph 6.4. "Mode of billing and payment" section (d): payment completion towards contractor/consultant after the Final Report and final statement should be agreed to by the Executing Agency in a period of time not to exceed 90 calendar days.

It is suggested that this *final statement* be required as stated in the contract document.

*Recommendations:*

- a. To accelerate the release of funds, it is suggested that the grant fund release procedures should be simplified.
- b. It is suggested that this *final statement* be required as stated in the contract document.

**2.4.4. FINANCIAL**

By the end of September 2004, the AusAID grant dissemination had reached 53% and IDA credit 36%. Of the total budget provided (the National Budget, District Budget and the Community Contribution) only 70% has been disbursed (See Attachment a.1 and 2) which was caused by the late arrival of the District Budget, the slow process of preparation, planning and implementation in the field, the procurement of consultants and goods, and soothe slow funding release.

Although this process is improving at present, the target level as stated in the Project Appraisal Document and the Credit Agreement is impossible to reach without revising targets.

In relation to financial responsibility, the Financial and Development Evaluation Board (BPKP) implemented a Technical Audit (TA) in 2001, 2002 and 2003 with a resulting "fair" conclusion, but attached certain correction which were required to be followed up. (See Attachment b.1). This issue was caused by (among other things) weak internal control. The implementation/technical guidelines explained the separation of authority functions, administration/bookkeeping and supervision; these were often found in the field to have overlapping functions. In addition there was a lack of accounting knowledge and a lack of assistance in this matter from the Community Facilitation Team, and a lack of guidance from the Financial Section of the DPMU, the Secretariat of Provincial Coordination Team and the CPMU. The duties of the Financial Section of the CPMU were supposed to cover the Loan Administration Change Initiative (LACI), a Statement of Expenditures/Expenses (SOE), and a Cost Table (COSTAB). The Financial and M&E Sections of the VIT, and the DPMU need to understand the financial report prepared by the CFT, the PMC, and the Provincial Liaison Officer (PLO).

The VIT's bookkeeping and the revision of the Community Action Plan were always late and delayed the handover process (to the Management Board) at the completion of the Project.

The portion of expenditure on the sanitation and the health and hygiene behavior activities was very low at less than 10% of budget. This was because the community did not find the Family Latrines option appealing and the achievements of the health and hygiene behavior activities were difficult to monitor and measure.

*Recommendations:*

- a. Increase the investment ceilings per village, the number of villages and CFTs.
- b. Implementation guidelines on job descriptions for the Financial Section and the Monitoring and Evaluation Section of the Central Project Management Unit should be revised.
- c. Implementation/technical guidelines for the VIT bookkeeping and reporting need to be simplified so that they include all the constructed facilities such as Infrastructure for Clean Water, sanitation and the health and hygiene activities.
- d. In light of the importance of the sanitation and health and hygiene behavior activities on decreasing ill-health, activities in this area need to be developed to the level mentioned in the implementation/technical guidelines.

## CHAPTER 3 - FOLLOW-UP SUGGESTIONS

In terms of follow-up suggestions, the responsible agency, technical assistance and schedule will be described in more detailed in this section. Responsible agency means the government agency that consists of the management organization at the central, provincial, sub-district and even village levels. Technical assistance is the assistance of the consultant to support the project implementation. Schedule means the timelines for implementation.

The follow-up suggestions will be divided into two categories:

- a. Strategic suggestions
- b. Technical suggestions

In terms of strategic suggestions, it is expected that they can be seriously followed up, while the technical ones can be undertaken based on the needs in accordance with the field development. Some of the suggestions cannot be carried out by WSLIC-2.

The strategic suggestions are outlined in a matrix at Table 3.1., while the technical ones are presented in the **Appendices**.

These follow-up suggestions have also accommodated all of the comments and inputs presented in the workshop on 17 December 2004. This section is also intended to present in more detail the importance of establishing a small team with the special task of monitoring the implementation of these follow-up suggestions. Some of the suggestions or recommendation presented may be undertaken or not depending on latest developments. In relation to the recommended further assessment, it is expected that it can act to elucidate or complete the recommendations provided.

In brief, the recommendations for the further assessment are on:

### ***A. Component of Institutional and Community Capacity Building***

1. Assessment on the effect of each MPA/PHAST tool
2. Assessment of the minimum and maximum time needed for the implementation of MPA/PHAST
3. Additional guidelines related to MPA/PHAST particularly on the user criteria.
4. Addition to the history of success in the implementation of MPA/PHAST.
5. Road Show materials that require improvements in order that the community/institutions involved can understand the WSLIC-2 project.

### ***B. Component of Improvement of Hygiene and Sanitation Services***

1. Assessment of the use of MPA/PHAST methods for Hygiene and Sanitation Behavior education.
2. Assessment of funding systems that may be easier to implement for the family latrine program for the poor communities.
3. Assessment of integration of all stakeholders (including private industry) in the Hygiene and Sanitation Behavior campaign.

***C. Development of Clean Water and Sanitation Facilities***

1. More complete technical guidelines that include the calculation of clean water requirements, piped water systems, the option of gallery intakes for water supply, etc.
2. Perfection of the preparatory guideline for CAP complete with an example of an eligible CAP.
3. Assessment of the unit price analysis and unit prices for rural areas
4. A Guideline for procurement of an office/warehouse and workshop
5. Assessment of proportional water price in each region
6. A more comprehensive guideline for preparing programs in an integrated, intersectoral, inter-agency, region-oriented and comprehensive way.

***D. Project Management***

1. The development of a web site and the possibility of using the satellite technology facilities for communications/procurement of map/information.
2. Revision of the Implementation Guidelines o Job Description of the Financial Section and Monitoring & Evaluation Section of the CPMU
3. Simplification of the Implementation/Technical Guidelines concerning the bookkeeping and reporting of CAP.



### MATRIX OF STRATEGIC FOLOW UP SUGGESTIONS

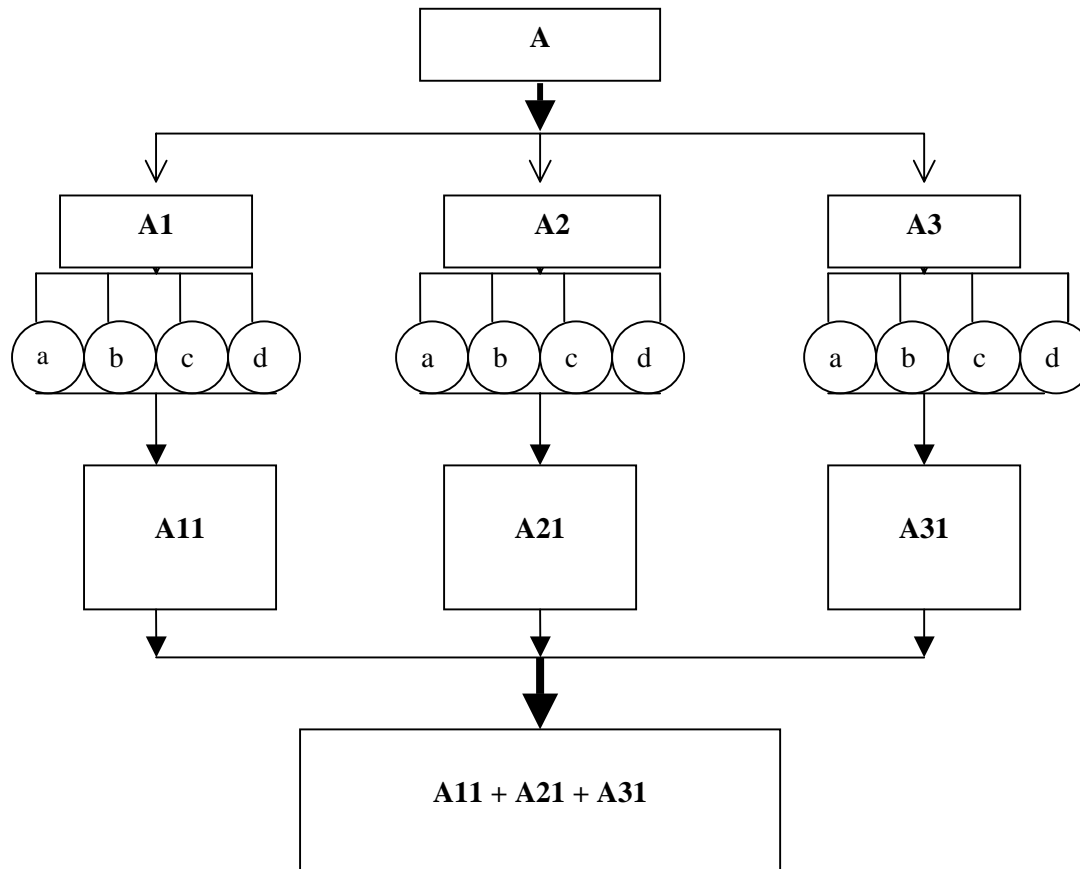
No.	Strategic Issues	In charge board	Technical Aid	Schedule
1.	CPMU needs to form a special team to review and follow up the results of the Mid Term Review by determining the priorities, and determine any urgent work.	CPMU	Consultant	Q1,2000
2.	CPMU needs to review the material for the "Road Show" and "Ownership Workshop"	CPMU	TC	Q1 2005
3.	Central level Consultants/ Advisors need to assist Local government in coordinating district programs so there is "synergy" and continuity of programs as a whole.	TL/CPMU	Bupati/DPMU	Q1 2005
4.	Collection of data of WSLIC-2 recipient base in relation to welfare status (poor, middle, and rich) accurately.	CPMU, DPMU	Advisor MIS, PLO, PMC, CFT	Q1 2005
5.	Collection of data of gender involvement (gender sensitive) in WSLIC-2 implementation	CPMU, DPMU	Advisor MIS, PLO, PMC, CFT	Q1 2005
6.	Need to review the way of assessing PHBS so that it can become an indicator of the PHBS program's achievement in all WSLIC-2 areas	CPMU	Health & Sanitation Consultant (Central and District)	Q1 2005
7.	To stress that CF live in the designated villages (need revision on TOR/contract)	CPMU, DPMU	Project Team Leader, District Consultant, Consortium	Q1 2005

No.	Strategic Issues	In charge board	Technical Aid	Schedule
8.	To develop procedures and instruments of performance evaluation mainly for CFT, District Consultant, PMC, Provincial Consultant and Central Consultant (revision of implementation guidelines)	CPMU	MIS Consultant	Q1-2 2005
9	Further review of the effectiveness of using MPA/PHAST tools	CPMU	MPA-PHAST Consultant	Q1-2 2005
10.	To formulate quality standards for RKM (simple and applicable)	CPMU	Management and Technical Consultant	Q1-2 2005
11.	To formulate instruments for needs assessment and instruments to evaluate the training impact towards work achievement.	CPMU	Training Consultant	Q1 2005
12.	Need to revise Juklak and the Technical Guideline mainly in relation to DED (either priority scale, target of planning time, and scope area).	CPMU	Technical Consultant	Q1-3 2005
13.	To prepare an instrument of institutional status assessment of the Management Boards (develop appropriate categories)	CPMU	Training Consultant	Q1-2 2005
14.	To provide maps for determining the implementation strategy for WSLIC-2 (down to village level).	DPMU	Technical Consultant District	Q1-2 2005

## APPENDIX 1 - DATA PROCESSING MECHANISM & FRAME WORK OF THINKING

### Appendix 1 a. Data Processing Mechanism

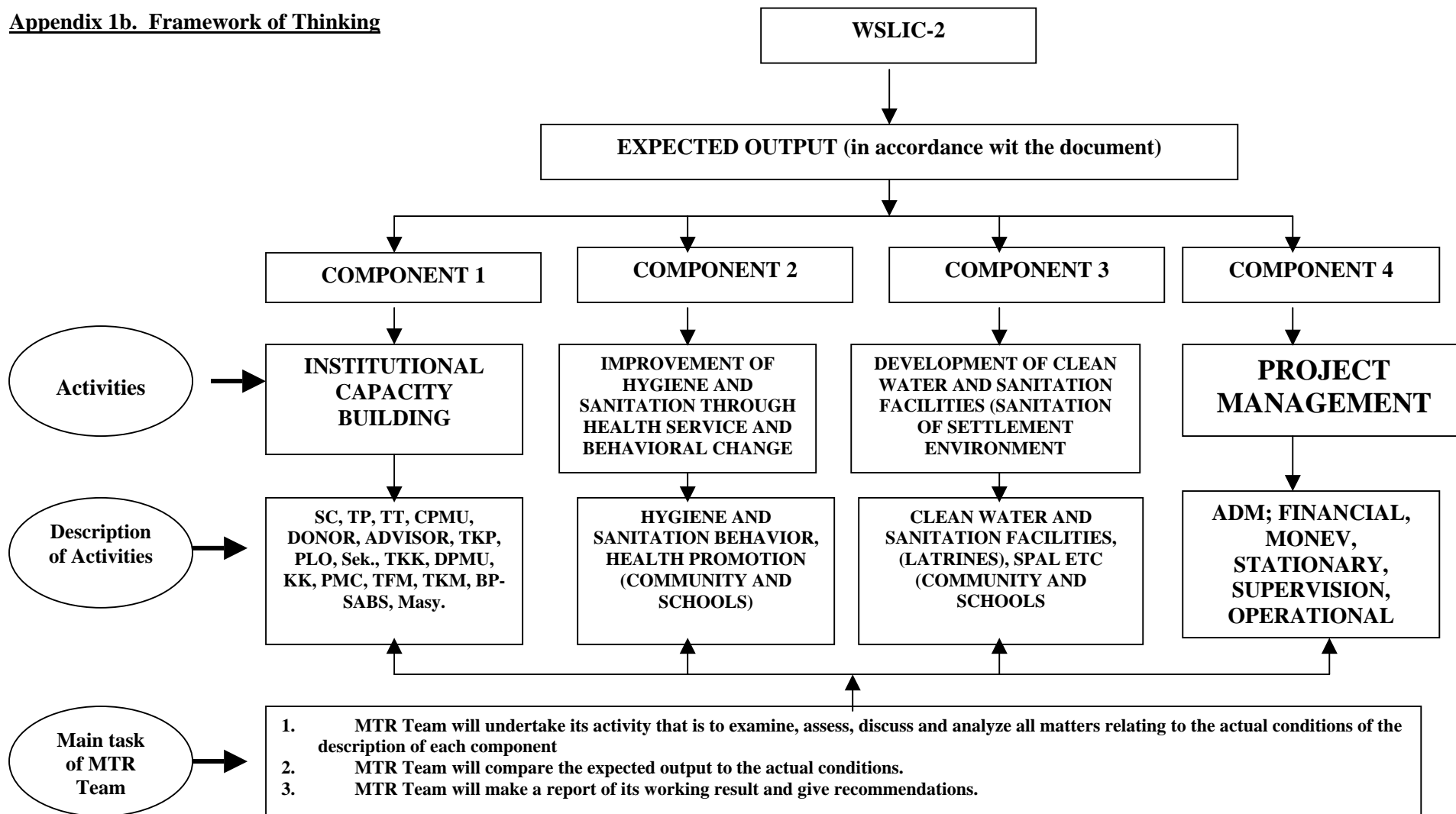
(Example)



Explanations:

- A** = Aspects to be asked/reviewed
- A1, A2, A3** = Scope of items on A
- A,b,c,d** = Respondents
- A11, A21 ..** = Conclusions of A1
- A11+A21 ..** = Conclusions of A

**Appendix 1b. Framework of Thinking**



## APPENDIX 2 – STEPS AND METHODS OF MID TERM REVIEW

### 1. Preparation

1. Consolidation of the “Mid Term Review” team
2. Assessment of “WSLIC-2” documents
3. Formulating the working performance of WSLIC-2
4. Categorizing MTR as a Survey Research
5. Determining samples of districts and villages
6. Determining the field visit team
7. Production of Questionnaires

### 2. Implementation

1. Mobilization of field visit team
2. Field work
3. Qualitative data processing
4. Qualitative data analysis
5. Reporting

### 3. Methods

The method which was used to review the WSLIC-2 program is the Formative Evaluation Research Method as a part of the Survey Research Method (See: Masri Singarimbun – Sofian Effendi, *Metode Penelitian Survei*, LP3ES, Jakarta, 1987). This method is used to examine the implementation of a program and to seek feed back for the improvement of program implementation. The selection of this method is deemed to have significant relevance to the objective of the WSLIC-2 Mid Term Review.

The other method which supported formative evaluation research was the Descriptive Method, a method designed to collect information on the current conditions, and to examine the causes of certain symptoms. (See Travers, 1987 dan Consuelo G. Sevilla – Jesus A. Ochave – Twila G. Punsalan – Bella P. Regala – Gabriel G. Uriarte, *Pengantar Metode Penelitian*, UI-Press, Jakarta, 1993). The Descriptive Method will combine *content analysis* and *trend analysis*).

## APPENDIX 3 - QUESTION GUIDELINES

### QUESTION GUIDELINES

#### Donors

1. MTR team has collected data on some aspects (what story has been carried out). What items need more attention?
2. Besides providing funds, what are the roles of the donors in the project implementation
  - World Bank
  - AusAID
3. What are the opinions/responses to the implementation of the roles of the Technical Team/the Central Core Technical Team and CPMU? What are the strengths and weaknesses of each institution?
4. What is the role of the Provincial Government in supporting the project implementation? Is the role sufficient? If not, what should be improved?
5. From the data collection in 2004, it was apparent that slowness happened in some regions if compared to the plan in the PAD. What were the factors that contributed to the slowness and why?
  - a. At the pre-construction phase for example recruitment of personnel training
  - b. At the construction phase for example fund disbursement, replenishment
  - c. At the post-construction phase for example manuals, technical guidelines
6. MPA /PHAST.
  - a. What were the opinions/responses to the implementation of MPA/PHAST in the field?
  - b. How was the capability of the CFT in providing assistance / implementing MPA/PHAST in the field?
  - c. Who provided technical guidance in the field of MPA/PHAST?
  - d. On the part of counterpart/sector, who/which agency should master the knowledge of MPA/PHAST?
7. Training
  - a. From various training conducted by the project, what training that has run properly?
  - b. What training that is still unsuccessful? Why? How to improve it?

8. Poverty Criteria

In selecting g villages, the poverty criteria used are ones from the Central Bureau of Statistics / National Family Planning Coordination Board, while at the village level, the poverty criteria applied are the criteria that are developed by the community itself, so the coverage of poor households by project may be different from that of the Central Bureau of Statistics. What about this?

9. The Roles of NGO

What are the roles of NGO expected by the project?

10. Post-project

What needs to be done to ensure the proram continuity, (and by who)?

11. In order that the project implementation will be stabulized, what should be improved?

- a. At the central level
- b. At the provincial level
- c. At the district level
- d. At the sub-district level
- e. At the village level

CPMU

1. Donors

- a. Besides providing funds, what are the roles of the donors in the project implementation?
- b. Are the roles stipulated / contained in the project documents?
- c. How were the opinions of the implementation of the roles?

2. Roadshow

- a. What were the materials presented in the roadshow?
- b. Who conducted the roadshow and what were its targets at the provincial, district, sub-district and village levels?
- c. How many times was the roadshow conducted?
- d. Is there a plan to conduct roadshow again? Where / at what level?

3. MPA/PHAST

- a. What were the opinions of the implementation of MPA/PHAST in the field?
- b. Who provided guidance/technical guidance for the CFT in the field of MPA / PHAST?
- c. On the part of counterpart / sector, who / which agency that should master the knowledge of MPA / PHAST?
- d. How was the use of preliminary data collected during the implementation of MPA / PHAST for project monitoring dan evaluation?

4. CAP

Should the CAP of each village be planned / finalized only within one fiscal year?

5. CFT

- a. Who was responsible for providing technical guidance for the CFT in the field of MPA / PHAST?
- b. How was the evaluation process towards the performance of CFT and who undertook it?

6. Consultants / Advisors

- a. How was the working relationship between the central consultants and the members of Technical Team / related sectors?
- b. How was the sustainability of the consultant's work, if replacement occurred?
- c. Who was responsible for synergizing the work among consultants?

7. Training

- a. At the provincial and district levels, who coordinated all of the training activities?
- b. What were the tasks of the training coordinator in the CPMU?

8. Implementation Guidelines, Technical Guidelines and Manuals

How was the process of arrangement, implementation and revision? (if necessary)

9. Slowness

From the data collection in 2004, it was apparent that slowness happened in some regions if compared to the plan in the PAD. What were the factors that contributed to the slowness and why?

- a. At the pre-construction phase for example recruitment of personnel training
- b. At the construction phase for example fund disbursement, replenishment
- c. At the post-construction phase for example manuals, technical guidelines

10. Monitoring and evaluation

- a. Who monitored the aspects of procurement, finance, training and other technical aspects?
- b. How was the working relationship among the Monitoring Section in the CPMU, monitoring personnel in item a, MIS consultants and other consultants/advisors?
- c. How was the reporting process of the central and village level consultants, including its frequency and channel? (through its consortium or directly by each consultant). How to use the report from the consortium and from each consultant?
- d. Based on the observation, the report made by the consortium has a different form and content for each consortium. Will this not affect the compilation process?
- e. What were the mechanisms of providing feed back from CPMU to each report sender?

11. The Roles of Core Technical Team

- a. What were the opinions in regard to the implementation of the roles of the Core Technical Team?



- b. Based on the Implementation Guidelines, the sectoral role/responsibility of the members of Technical Team is to ..... How was the implementation / outline of the role?

### Core Technical Team

1. Meeting of Core Technical team
  - c. What was the frequency of the team meeting?
  - d. What were the opinions of the team meetings that have been conducted?
2. Roles of Core Technical Team
  - a. What were the roles of the members of the Core Technical Team in the implementation of WSLIC project?
  - b. Based on the Implementation Guidelines, the role of your agency is to .....  
How was the implementation / outline of the role?
3. Support of CPMU  
In your opinion, how is the support of CPMU so far towards the role/implementation of your agency's responsibility as above mentioned? How it should be?
4. MPA/PHAST
  - a. MPA / PHAST is a participatory approach method applied by WSLIC-2. What do you think of MPA / PHAST?
  - b. How did you obtain information on the material of MPA / PHAST?
  - c. Do the members of the Technical Team need to be provided with training on MPA / PHAST? Why?
  - d. Which agencies that should master the material of MPA / PHAST?
5. Budget Support  
Is there budget in your agency to support the implementation of WSLIC-2 activities? If yes, for what activities?
6. Working relationship with central consultant  
How was the working relationship between the consultants responsible for the aspects related to your task/responsibility and you?
7. Vertical working relationship
  - a. How was the working relationship between your agency and the similar one at the provincial and district levels?
  - b. Besides through the channels of the Coordination Team, Technical Team or CPMU, Selain melalui jalur Tim Koordinasi, Tim teknis, atau CPMU, was information/issue on the WSLIC-2 also presented through the channel of sectoral agencies?
8. Implementation Guidelines / Technical Guidelines / Manuals
  - a. How was the process of arrangement of the guidelines created by the WSLIC-2? (involvement of the Core Technical Team)
  - b. Are you satisfied with the manual/guidelines relating to your responsibility?
9. Sustainability and replication
  - a. What are the efforts that need to be taken in order that field activity can be sustainable (after the project completion)?
  - b. Can a program with an approach like WSLIC-2 be replicated / adopted by other similar activities? Why? What about the issue of high cost?
10. Reward and punishment
  - a. Has there been an effort to apply the policy of reward and punishment? If yes, for who?

**Province**

No	Items to be reviewed	District					Sub Dist	Community		
		D C T	D P M U	K K C	P M C	C F T	S D C T	V I T	M O	C o m
<b>1</b>	<b>DCT</b>									
	1.1. In terms of the number of the DCT members, is it in accordance with the Decision Letter or not?	X								
	1.2. How important is the involment of NGO in the DCT membership?	X								
	1.3. What should be improved of the content of the current Decision Letter?	X								
	1.4. Did the DCT find difficulty in implementing the job description? Why?	X								
	1.5. Were there any suggestions for the improvement of the DCT's job description? If yes, please clarify?	X								
	1.6. What were the cases that could be solved at the DCT level?	X								
	1.7. How many times were the field visits conducted each month on the average? Were there any suggestions for the frequency of field visit? Please clarify.	X								
<b>2</b>	<b>DPMU</b>									
	2.1. How is the selection process of the current DPMU leader?	X	X	X	X	X				
	2.2. What are the criteria for the current DPMU leaders? Are there any other more important criteria? Please name.	X	X							
	2.3. What is the support that the DMPMU should obtain from the Province? What is the current support?		X							
	2.4. Which one is better: the DPMU leader also holds a position of Project Manager or separated? Why?	X	X	X	X					
	2.5. What is the number of the current DPMU staff? What is the number that should be appropriate? Name, what staff?		X							
	2.6. How many times are the field visits conducted by the DPMU each month? For what pruposes?		X							
	2.7. What are the forms of cooperation between DPMU and the other stakeholders in the district? Who are the stakeholders meant?		X							
<b>3</b>	<b>District Consultants</b>									
	3.1. Specifically, what are the roles of the District Consultants (health/empowerment and		X	X	X	X				

No	Items to be reviewed	District					Sub Dist	Community		
		D C T	D P M U	K K	P M C	C F T	S D C T	V I T	M O	C o m
	technical)?									
	3.2. What are the roles undertaken by the District Consultant but not included in the TOR?		X	X	X	X				
	3.3. How was the empowerment consultant combined with health consultant?		X	X	X	X				
<b>4</b>	<b>PMC</b>									
	4.1. In particular, what are the roles/responsibilities of the PMC?				X					
	4.2. What are the roles actively undertaken by the PMC but not included in the TOR? What are the impacts?		X	X	X	X				
	4.3. What should be different between the task of PMC and the district consultants?		X	X	X	X				
<b>5</b>	<b>SDCT</b>									
	5.1. Who are the current members of the SDCT? Should they be reduced or increased? Why?	X	X			X	X			
	5.2. How important is the involvement of NGO in the SDCT membership?	X	X			X	X			
	5.3. Should there be addition to the content of the SDCT's Terms of Reference? Please name.	X					X			
	5.4. How was the response of the SDCT to the existing Decision Letter?						X			
	5.5. Is it necessary to involve NGO in the SDCT membership?						X			
	5.6. How was the cooperation between the SDCT and CFT when making a planning process?					X	X			
<b>6</b>	<b>CFT</b>									
	6.1. Where does the CFT domicile at present moment? Why?		X	X	X	X				
	6.2. What are the main tasks of the CFT? Please name.					X				
	6.3. How long can the CFT assist the community?					X		X	X	
	6.4. What are the aspects that should be undertaken by the CFT in the WSLIC-2 activities? Please name					X				
	6.5. What are the roles/tasks that have been undertaken? Why?									
	6.6. What are the roles/tasks that can not be undertaken? Why?					X				
	6.7. Assistance on what aspects that should be undertaken to support a sustainable program Pendampingan pada aspek apa yang seharusnya dilakukan untuk mendukung program yang berkesinambungan?		X			X				
<b>7</b>	<b>VIT/Management Organization</b>									
	7.1. How was the percentage of men and women? Please clarify							X	X	
	7.2. How was the composition of economic status? Was it dominated by a certain group or varied? Please clarify							X	X	
	7.3. What are the training materials that are required in order to be sustainable / continual?							X	X	

No	Items to be reviewed	District					Sub Dist	Community		
		D C T	D P M U	K K C	P M C	C F T	S D C T	V I T	M O	C o m
	7.4. What are the assistance materials that are required in order to be sustainable / continual?							X	X	
<b>8</b>	<b>Focus on Low Income Communities (LIC)</b>									
	8.1. How many poor villages that are selected as the WSLIC-2 users? How many village that have not received the benefits? Please mention	X	X	X	X	X	X			
	8.2. How many poor communities (households) that have received services from WSLIC-2? How many that have not? Please mention	X	X	X	X	X	X	X	X	
	8.3. What about the poverty criteria of WSLIC-2 which were different from the criteria of the National Family Planning Coordination Board?	X	X							
	8.4. What is the % estimation of the communities that receive services of clean water and sanitation? Please name the % by the category : rich – average - poor							X	X	
	8.5. What is the % estimation of the communities that do not receive services of clean water and sanitation? Please name the % by the category : rich – average - poor							X	X	
	8.6. What are the differences between pre and post WSLIC-2 project? (Rich – average – poor)							X	X	X
	8.7. What forms of services that are received? (Rich – average – poor)							X	X	X
<b>9</b>	<b>Focus pada Gender &amp; Equity</b>									
	9.1. What is the composition (%) of gender (men and women)? Please clarify	X	X	X	X	X	X	X	X	
	9.2. What are the responses towards the gender issue on the WSLIC-2?	X	X	X	X	X	X	X	X	X
	9.3. Has the application of gender been successful? Why	X	X	X	X	X	X	X	X	X
<b>10</b>	<b>Focus on physical aspects</b>									
	10.1. How many clean water facilities that have been built? Please name the composition of their options, for example piping or non-piping	X	X	X	X	X	X	X	X	X
	10.2. How many sanitation facilities that have been built? Please name their forms	X	X	X	X	X	X	X	X	X
	10.3. How many SPAL that have been built?	X	X	X	X	X	X	X	X	X
	10.4. Give your responses towards the policy relating to the difference of budget for clean water and sanitation facilities.	X	X	X	X	X	X	X	X	X
	10.5. Were the clean water and sanitation facilities built ever broken? Why and how to overcome? Please explain the strategy that was once taken.	X	X	X	X	X		X	X	
	10.6. (Case) How long to fix the damage? Why?	X	X	X	X	X	X	X	X	X
	10.7. How many clean water facilities (tap, etc) from WSLIC-2? How many from the self-support?							X	X	
	10.8. How many guard posts built on a self-supporting basis?					X	X	X	X	X
<b>11</b>	<b>Focus on empowerment aspects (capacity building)</b>									

No	Items to be reviewed	District					Sub Dist	Community		
		D C T	D P M U	K K C	P M C	C F T	S D C T	V I T	M O	C o m
	11.1. What are the workshops or training that have ever been attended?	X	X	X	X	X	X	X	X	X
	11.2. Give your responses towards the training attended	X	X	X	X	X	X	X	X	X
	11.3. What are the meetings that have ever been followed?	X	X	X	X	X	X	X	X	X
	11.4. Give your responses towards the meetings followed	X	X	X	X	X	X	X	X	X
	11.5. In relation to empowerment, what is the training required?	X	X	X	X	X	X	X	X	X
<b>12</b>	<b>Focus on the aspects of Hygine and Sanitation Behavior change</b>									
	12.1. Has the program of Hygine and Sanitation Behavior change been successful in the community? Name the types	X	X	X	X	X	X	X	X	X
	12.2. Has the program of Hygine and Sanitation Behavior change been successful at schools? Name the types a	X	X	X	X	X	X	X	X	X
	12.3. Name the types of the program of Hygiene and Sanitation change that have been successful?	X	X	X	X	X	X	X	X	X
	12.4. How many households that have not yet had a latrine? Why?		X	X	X	X	X	X	X	
	12.5. What is the percentage (%) of the households that still defecate at any place (for example: river or garden)?					X	X	X	X	X
	12.6. What are the health services developed in relation to hygiene and sanitation?	X	X	X	X	X	X	X	X	X
<b>13</b>	<b>Focus on the aspects of planning</b>									
	13.1. Who was dominant in seeking information and planning the needs before the physical implementation commenced?							X	X	X
	13.2. Who was dominant in determining clean water and sanitation facilities?							X	X	X
	13.3. Who was dominant in determining the households that received clean water and sanitation facilities?							X	X	X
	13.4. Who wa dominant in making the budget plan in the CAP?							X	X	X
	13.5. Who was dominant in following MPA/PHAST? Relate to men and women or rich – average – poor			X	X	X		X	X	X
	13.6. Who made the CAP? Why?					X		X	X	X
	13.7. Was it able to make a CAP? Why?							X	X	X
<b>14</b>	<b>Focus on the aspects of implementation</b>									
	14.1. Who was dominant in the procurement of material books?					X	X	X	X	X
	14.2. Who was dominant in the procurement of local materials?					X	X	X	X	X
	14.3. Who did the physical development?					X	X	X	X	X
	14.4. Who controlled the material quality?					X	X	X	X	X

No	Items to be reviewed	District					Sub Dist	Community		
		D C T	D P M U	K K C	P M C	C F T	S D C T	V I T	M O	C o m
	14.5. Who supervised the development process?					X	X	X	X	X
<b>15</b>	<b>Focus on the aspects of management (post-construction)</b>									
	15.1. Who manages the contribution for O&M?					X		X	X	X
	15.2. What is the process of determining the amount of contribution for O&M? Where to keep the money?					X		X	X	X
	15.3. Who organizes the distribution of water?					X		X	X	X
<b>16</b>	<b>Meetings</b>									
	16.1. How many times ( in a month) to conduct a routine meeting?	X	X	X	X	X	X	X	X	
	16.2. Who was dominant in attending the meeting? (Relate to men and women or rich – average – poor)	X	X	X	X	X	X	X	X	X
<b>17</b>	<b>Arrangement of Articles of Association</b>									
	17.1. Have rules for institution been arranged? Name their forms	X	X	X	X	X	X	X	X	
	17.2. Who arranged these rules?	X	X	X	X	X	X	X	X	X

## APPENDIX 4 - FOLLOW-UP SUGGESTIONS

### Component 1 INSTITUTIONAL AND COMMUNITY CAPACITY BUILDING

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
2.1. 2.1.1. 2.1.1.1.	<b>Institutional and Community Capacity Building</b> <b>Village-level Institutions</b> <b>Village Implementation Team (VIT)</b>			
	<p><i>Recommendations (41)</i></p> <p>a. The selection process of the VIT members should be designed to start from the lowest levels in the community using a participatory selection mechanism rather than one based on appointment. Also the selection of the VIT management should be open to public and not only attended by the representatives of the community.</p> <p>b. Qualifications of VIT members should be established and include: ability to read and write and willingness to work voluntarily. For the VIT leader, the qualifications should include experience in leadership.</p> <p>c. In order that the VIT membership reflects a gender balance there should be a confirmation in the implementation guidelines stating that the gender ratio is 60:40 males to females.</p> <p>d. VIT should be involved early in the MPA/PHAST process so that the intensity of their involvement in the arrangement of the Community Action Plan (CAP) will be higher and the mastery of CAP materials will be improved.</p> <p>e. In order that in performing their tasks more effectively and obtaining support from a number of parties, the VIT needs to cooperate with the existing village institutions such as the village administration, the Village Development Bank, and the Family Welfare Organization (FWO), etc. This needs to be included in the implementation guidelines.</p> <p>f. Immediately after the VIT has been established, it should be trained, provided with written materials and required equipment, and given intensive guidance.</p> <p>g. The working principle of the VIT is voluntary. However, if an honorarium is available, it should be taken from the regional budget (APBD).</p>	DPMU	PMC & District Consultant	Q1,2,3,4 2005 - 2009
2.1.1.2.	<b>Management Organization (MO)</b>			
	<p><i>Recommendations (46)</i></p> <p>a. The Facilities Management Organization should be established through a Community-Based Organization approach (from, by and for the community) and oriented toward independent development of the communities' potential.</p> <p>b. It should be stressed that the MO not only deals with the management of clean water facilities, but also with the task of monitoring Clean Water Facilities and Hygiene and Sanitation Behavior change, as well as the development of clean water and sanitation facilities and Hygiene and Sanitation Behavior activities.</p> <p>c. In order to perform its roles properly, the MO needs to have training which includes operation</p>	DPMU	PMC & District Consultant	Q1,2,3,4 2005 - 2009

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	<p>and maintenance, bookkeeping, business affairs, and other related topics. Capacity building activities after training should be carried out to follow-up and reinforce the training.</p> <p>d. When handing over the facilities to the community (MO), the hand-over documents should be complete with AS BUILT DRAWINGS - particularly for the piped systems and or a map of facility locations that is easily understood and details the location of the facilities built.</p> <p>e. To strengthen legitimacy, the MO should be provided with a Decree from the Village Chief.</p> <p>f. At the beginning stages, the Management Organization should consist of about 50% of the VIT members. This is to make use of the "initial capital" that VIT members have such as training, knowledge and experience since the process of the CAP arrangement and construction phase. This will ensure that the investment in human resources can be capitalized on for further activities. In addition, with the early involvement of VIT in MO management, it is expected that the process of transferring knowledge and experience from the VIT to MO will more easily occur.</p>			
<p><b>2.1.2.</b> <b>2.1.2.1.</b></p>	<p><b>Sub-District level Institutions</b> <b>Sub-District Coordinating Team (SDCT)</b></p>			
	<p><i>Recommendations (51)</i></p> <p>a. To activate or enhance the involvement of the SDCT, there should be a job description for each technical sector. This will not only make for better coordination, but will also support capacity building activities and project continuity. This job description should be included in the implementation guidelines.</p> <p>b. In order to be able to keep up with developments, the SDCT should actively cooperate with the CFT and seek information on the development of project implementation in the villages within its working area.</p> <p>c. There should be implementation guidelines for the sanitation officer for each project phase - preparation, planning, implementation and post-project phases.</p> <p>d. Reporting mechanisms for project progress from the SDCT to the DTT should be conducted in accordance with the implementation guidelines.</p>	<p>DPMU</p>	<p>PMC &amp; District Consultant</p>	<p>Q1,2,3,4 2005 - 2009</p>
<p><b>2.1.2.2.</b></p>	<p><b>Community Facilitator Team (CFT)</b></p>			
	<p><i>Recommendations (58)</i></p> <p>a. In order that the assistance process becomes more effective, CFT must stay in a village or an area adjacent to the village being assisted. The time period to stay at each village may be different, depending on the conditions and needs of the village. The CFTs will need to develop a schedule for staying at the villages they work in.</p> <p>b. In order to intensify communication and coordination, the transfer of technology and continuing post-project capacity building guidance, the CFT must intensively cooperate with the SDCT. This needs to be included in the Implementation Guidelines. It is also suggested that the CFT be provided with an office at the sub-district Public Health Centre.</p> <p>c. The CFT should be fully provided with the development and empowerment paradigm. The understanding of the philosophy of empowerment and of MPA/PHAST should also be enhanced.</p> <p>d. The CFT Coordinator needs to be appointed. In this case, it is recommended that the District Consultant be the CFT coordinator.</p> <p>e. Procedures and instruments for evaluating the performance of the Community Facilitators need to be developed.</p>	<p>DPMU</p>	<p>PMC &amp; District Consultant</p>	<p>Q1,2,3,4 2005 - 2009</p>
<p><b>2.1.3.</b> <b>2.1.3.1.</b></p>	<p><b>District level Institutions</b> <b>District Technical Team</b></p>			
	<p><i>Recommendations (62)</i></p> <p>a. To enhance the involvement of District Technical Team in terms of project implementation and</p>	<p>District Coordinating Team</p>	<p>PMC &amp; District Consultant</p>	<p>Q1,2,3,4 2005 - 2009</p>



Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	<p>continuity, the responsibility of the team members from each sector as contained in the Implementation Guidelines needs further clarification - for example Kimpraswil (Ministry for Settlement and Regional Infrastructures) is responsible for construction and facility development - and should be spelt out and inserted in the Implementation Guidelines.</p> <p>b. In the event of replacement of team members, the new members should be oriented and provided with written information on project-related matters.</p>			
<b>2.1.3.2.</b>	<b>DPMU</b>			
	<p><i>Recommendations (66)</i></p> <p>a. In order to have a greater concentration on the task of project management, it is suggested that the Head of the DPMU and his or her staff work full time.</p> <p>b. The DPMU Head and staff should be provided with additional knowledge and training on the empowerment philosophy and approach.</p> <p>c. The DPMU as the responsible agency for the project at the district level should be able to rent an office which is separate from the office of the Health Service. The office should have separate rooms as follows: the operational room of the DPMU; Consultants offices; PMC staff office; and a meeting room for the coordination of all project implementers. It is intended to maintain the independence of each unit but not to reduce the level of team work.</p> <p>d. Procedures and instruments for evaluating the performance of the Head of the DPMU and his/her staff should be developed.</p>	District Head, District Coordinating Team, DPMU	PMC & District Consultant	Q1,2,3,4 2005 - 2009
<b>2.1.3.3.</b>	<b>District Consultant</b>			
	<p><i>Recommendations (72)</i></p> <p>a. To optimize their roles and capacities, the district WSS and HCD consultants should be provided with additional training regarding the empowerment philosophy and approach.</p> <p>b. Cooperation between the consultants, the DTT, the SDCT and related sectors should be intensified to enhance coordination and transfer of technology.</p> <p>c. The district consultants should be appointed as training coordinator/ supervisor to better coordinate and monitor the training activities at the district level.</p> <p>d. If possible, the HCD consultants should be divided into health consultants and empowerment consultants (2 persons), where those with experience in gender issues are given priority. When the HCD consultant remains in the hands of one person, that consultant should have a health background.</p> <p>e. In accordance with the Implementation Guidelines, it is recommended that the HCD consultant together with the Community Health facilitator and Public Health Centre monitor the occurrence rate of diseases by periodically conducting quick surveys.</p> <p>f. The frequency of field visits as contained in the Term of Reference should be increased.</p> <p>g. Procedures and instruments for evaluating the consultants' performance should be developed.</p>	CPMU, Secretary of Central Coordinating Team, DPMU	PLO & PMC	Q1,2,3,4 2005 - 2009
<b>2.1.3.4.</b>	<b>Process Monitoring Consultant (PMC)</b>			
	<p><i>Recommendations (76)</i></p> <p>a. In order to optimize their roles, the PMC should be provided with additional training on the empowerment philosophy and approach.</p> <p>b. In order to professionally implement their roles in accordance with the Terms of Reference they need to refrain from excessive interference with other parties, including the consultants and CFT.</p> <p>c. In order to have greater concentration and to reduce excessive interventions with other parties, the PMC's operational room should be separated from that of the DPMU head, and consultants, etc.</p>	CPMU, Secretary of Central Coordinating Team, DPMU	PLO & PMC	Q1,2,3,4 2005 - 2009

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	d. Procedures and instruments for evaluating the performance of PMC should be developed.			
<b>2.1.3.5.</b>	<b>CAP Evaluation Team ( ET)</b>			
	<i>Recommendations (79)</i> a. The Implementation Guidelines should be improved, particularly relating to the understanding of the local pricing and evaluation indicators for plan quality. b. A workshop for the Evaluation Team should be held to discuss the changes to the improved Implementation Guidelines, including the evaluation process.	DPMU & Evaluation Team	PMC & District Consultant	Q1,2,3,4 2005 - 2009
<b>2.1.3.6.</b>	<b>NGO and Regional Representative Council (DPRD)</b>			
	<i>Recommendations (82)</i> a. The roles of NGOs should be described in the Implementation Guidelines. b. Based on the Implementation Guidelines, there should be a representative of NGOs in the District Coordinating Team with selection criteria that state the NGO must have a mission, program or activity similar to that of WSLIC-2. c. To create common understandings, a sharing of experiences and an improvement of regional human resources, it is recommended that the representative of NGOs be involved in the training as a trainee, particularly training in identifying needs and problems through MPA/PHAST. d. A communication forum should be established with local NGOs. e. To obtain political and funding support particularly in the post project period, the involvement of the Regional Representative Council (DPRD) needs to be enhanced through advocacy activities, involvement in the Coordination Team, participation in field visit activities, and provision of information on the project progress, etc.	Central Coordinating Team, DPMU	PMC & District Consultant	Q1,2,3,4 2005 - 2009
<b>2.1.4.</b>	<b>Provincial Level Institutions</b>			
<b>2.1.4.1.</b>	<b>Provincial Coordinating Team and Provincail Techbical Team</b>			
	<i>Recommendations (85)</i> a. As the cross-sectoral role of the Province concentrates on monitoring and guidance, the Provincial Technical Team should be formed and supported in its duties by adequate funding. b. To increase the role of the related sectors, the job descriptions of each sector should be included in the Implementation Guidelines. c. The Provincial Technical Team should encourage and motivate districts to improve activities related to PHBS (Hygiene and Sanitation Behavior change) through a number of ways, for example mass media, village competitions, school contests, etc..	CPMU, Central Coordinating Team	PLO	Q1,2,3,4 2005 - 2009
<b>2.1.4.2.</b>	<b>Provincial Liaison Officer (PLO)</b>			
	<i>Recommendations (88)</i> a. To support the task of carrying out the monitoring process, it is recommended that the understanding of the PLO on the empowerment philosophy and approach be strengthened. b. As the PLO is responsible for many tasks covering all aspects of the project, consideration should be given to the provision of staff for the PLO. Priority should be given to staff with experience in gender so as to strengthen the district consultants in the aspect of gender..	CPMU, Secretary of Central Coordinating Team	Consultant & CPMU Advisor	Q1,2,3,4 2005 - 2009
<b>2.1.5.</b>	<b>CPMU</b>			
	<i>Recommendations (94)</i> a. Cooperation between the CPMU, particularly the consultants and the related sector members of the core technical teams should be increased, for example in the process of arranging the strategies, the implementation and technical guidelines. In addition, representatives from the field should be involved in the process of compiling guidelines. b. Trialing of the Implementation and Technical Guidelines should be carried out before they are	CPMU	Consultant & CPMU Advisor	Q1,2,3,4 2005 - 2009

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	<p>put into effect.</p> <p>c. The changes in the Implementation Guidelines should be put into effect starting from the beginning of the year.</p> <p>d. It is suggested that the CPMU be more active in conducting field monitoring and in providing feedback to the provincial and district levels.</p> <p>e. Management of documents and archives should be improved.</p>			
<b>2.1.6.</b>	<b>Training</b>			
	<p><i>Recommendations (100)</i></p> <p>a. Training should be conducted by professional parties (institutions, teams or individuals) who have recognized qualifications. If necessary, the trainers should be "tested".</p> <p>b. To understand the impacts of the training and the needs for further training, each training program should be followed by an on-site post-training assessment.</p> <p>c. Timing of the training implementation should be adapted to the needs. Postponement of the training implementation will most likely lead to a decrease in the effectiveness and efficiency of the training.</p> <p>d. At the district level, there needs to be a training coordinator and supervisor. It is suggested that the district consultant be appointed as the training coordinator and supervisor.</p> <p>e. The training with very limited funding should be conducted internally rather than through third parties.</p>	CPMU	Consultant & CPMU Advisor	Q1,2,3,4 2005 - 2009
<b>2.1.7.</b>	<b>Community Complaint Unit</b>			
	<p><i>Recommendations (102)</i></p> <p>a. The channels and procedures for complaints in terms of the project implementation should be developed and disseminated to the community..</p>	DPMU	PMC & District Consultant	Q1,2,3,4 2005 - 2009
<b>2.1.8.</b>	<b>CAP</b>			
	<p><i>Recommendations (109)</i></p> <p>a. In order to facilitate the VIT in making a draft CAP, it is suggested that the complex guidelines and systems of the CAP be simplified.</p> <p>b. In the framework of empowerment, CF should provide intensive guidance to the VIT in terms of the process and working procedures of the CAP arrangement.</p> <p>c. To support the task of VIT in monitoring the implementation of activities contained in the CAP, the VIT should have a copy of the CAP and fully understand its contents.</p> <p>d. In order that the Evaluation Team for the CAP can carry out an assessment of the quality of plan in the CAP, the indicators for evaluating the quality of the plan should be clear and reinforced..</p>	DPMU	PMC, District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.1.9.</b>	<b>MPA/PHAST</b>			
	<p><i>Recommendations (118):</i></p> <p>a. There needs to be a further assessment or study to understand the degree of effect and relevance of each MPA/PHAST tool.</p> <p>b. To prevent data manipulation from happening, there should continual efforts to promote the understanding of the philosophy of MPA/PHAST, for all of the parties directly involved in the implementation of the WSLIC-2 project.</p> <p>c. To make the field implementation effective, the number of <i>guided villages</i> worked in by one team should be limited (3-4 villages/team/year), or adapted to the productivity level for CF/CFT in each province.</p> <p>d. In order that the values of empowerment and the learning of introspection could be achieved, the CF or the user of MPA/PHAST should fully understand the empowerment approach, good facilitation guidelines, philosophy of MPA/PHAST in terms of the purpose and objectives, some</p>	CPMU	Consultant , CPMU Advisor & MTR Team	Q1,2,3,4 2005 - 2009

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	<p>benefits of MPA/PHAST compared to other methods such as PRA, CSS, RSA, etc.</p> <p>e. There should be a standard of time to implement the MPA/PHAST. Based on the assessment and discussions with the CFT, it should be a minimum of two months for each village, with the understanding that the facilitators really understand the philosophy of MPA/PHAST.</p> <p>f. Manuals/guidelines of MPA/PHAST need to be equipped among others with criteria of the user of MPA/PHAST, some mistakes in using MPA/PHAST, and minutes of success or history of success in the usage of MPA/PHAST.</p> <p>g. A scoring sheet that registers and records the results of implementation tools should be provided with a column that will record " the extent of the participation of women and the poor" and "what is the lesson learned from the tools concerned, as an expression from the poor groups and women who are frequently sidelined".</p> <p>h. The VIT, as community members directly involved in the project, should start to be involved in the process of MPA/PHAST, particularly to benefit from its approach, empowerment and contribute to input of the CAP. The involvement of VIT in the process of MPA/PHAST from the beginning is expected that in the future it can become the community facilitators to be involved in the participatory monitoring.</p>			
<b>2.1.10.</b>	<b>PROW (Project Road show &amp; Ownership Workshop)</b>			
	<p><i>Recommendations (124)</i></p> <p>a. The "Road Show" material must be simplified for easier understanding about WSLIC-2 for the benefit of both participants and facilitators.</p> <p>b. The "Road Show" should not be offered in a rushed manner as it requires time for detailed discussion and requires open dialogue with all stakeholders.</p> <p>c. Because the "Road Show" proved to be so important it requires a standardized Reporting Document sheet to keep firm records of any information delivered and matters discussed.</p> <p>d. It is important to follow up these "Road Show" initiatives with community meetings to ensure better understanding of WSLIC in the community and in order to ensure that a "sense of belonging" is established..</p>	CPMU	Consultant , CPMU Advisor & MTR Team	Q1,2,3,4 2005 - 2009
<b>2.1.11.</b>	<b>Gender</b>			
	<p><i>Recommendations (128)</i></p> <p>a. Gender equity should be seen as one area that needs to be continuously socialized.</p> <p>b. It would seem to be of significant benefit to provide a gender consultant at the Central and/or District level in order to enhance project implementation that is more gender sensitive. In the Districts a gender specialist could be incorporated into the role of the Provincial Liaison Officer (PLO) by being attached to the PLO as an assistant. Thus the gender consultant can offer strengthening for the district consultant position.</p> <p>c. The proportion of females and males can in itself become one of the simplest indicators of gender equity. It is suggested that a standard figure be used to decide the proportion of males and females within the structure of the organization, it is suggested 60%: 40%.</p>	CPMU	Consultant , CPMU Advisor & MTR Team	Q1,2,3,4 2005 - 2009
<b>2.1.12</b>	<b>Poverty</b>			
	<p><i>Recommendations (134)</i></p> <p>a. Gender equity should be seen as one area that needs to be continuously socialized.</p> <p>b. It would seem to be of significant benefit to provide a gender consultant at the Central and/or District level in order to enhance project implementation that is more gender sensitive. In the Districts a gender specialist could be incorporated into the role of the Provincial Liaison Officer (PLO) by being attached to the PLO as an assistant. Thus the gender consultant can offer strengthening for the district consultant position.</p>	CPMU	Consultant , CPMU Advisor & MTR Team	Q1,2,3,4 2005 - 2009

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	c. The proportion of females and males can in itself become one of the simplest indicators of gender equity. It is suggested that a standard figure be used to decide the proportion of males and females within the structure of the organization, it is suggested 60%: 40%.			

## Component 2

# Development of a Health and Sanitation Service

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
<b>2.2.</b> <b>2.2.1</b> <b>2.2.1.1.</b>	<b>Development of a Health and Sanitation Service</b> <b>School Hygiene and Sanitation Behavior Change</b> <b>Curriculum of Hygiene and Sanitation Behavior Change</b>			
	<i>Recommendations (145)</i> a. All agencies connected with education and health, from the central to the sub-district levels should support all schools, particularly in the WSLIC working areas, to include health and hygiene behavior education as extra-curricular activities, for example through the School Hygiene Initiative, Little Doctor, Scouts, Red Cross for Teenagers (PMR), etc. b. The use of a student's health and hygiene behavior card in each school to evaluate the student's progress in this area. The filling in of this card should also involve the parents so that indirectly the schools can bring health and hygiene behavior messages to the whole family. The student's health and hygiene behavior progress data is used not only to monitor the student's health and hygiene behavior but also the school's. c. In order to monitor the school's health and hygiene behavior, the District Technical Team, mainly the sub-district education board and the Public Health Centre should monitor the school's health and hygiene behavior over a period of time through subsequent visits and assessment of the school's health and hygiene behavior cards. d. The health and hygiene behavior education using PHAST tools will prove more effective if the Provincial/District governments provide illustrations based on local conditions.	CPMU, Ministry of National Educational	Consultant, CPMU Advisor & MTR Team	Q1,2,3,4 2005 - 2009
<b>2.2.1.2.</b>	<b>Component of Infrastructure Development Facilities in School</b>			
	<i>Recommendations (150)</i> a. It is essential to provide further education in terms of hygiene training and routine hygienic practices at the school level, for example student monitors, voluntary school cleaning etc. b. Besides encouraging hygiene in classrooms, students need to be taught to assist in maintaining the hygiene of the school's total area, including latrines and the school yard. c. When latrines are constructed at schools, many things should be taken into consideration such as the building size, the latrine's shape, the positioning of the water basin, and sufficient air and light for ventilation. There needs to be a water supply. d. Permanent water basin facilities should be placed near the classrooms or toilet rather than near the office or the teachers' room. This is to avoid discomfort for students in using the facility. The provision of soap for hand washing is also required for each wash basin facility as part of health education. e. The Mid Term Review Team does not recommend the use of a scoop and bucket for latrine facilities as it is neither an efficient nor a hygienic alternative. f. The trash bin should be conveniently located for students, such as in front of the classrooms, and should be easy to clean. Plastic bins are therefore suitable. Any trash bins placed outside classrooms should have lids. g. The provision of trash bins should be accompanied by training in the handling of trash for students, for example the separation of dry and wet trash and plastic.	CPMU, Ministry of Public Work	Consultant , CPMU Advisor & MTR Team	Q1,2,3,4 2005 - 2009

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	<p>h. The health and hygiene behavior program for schools is not directed only towards elementary schools but is also intended for other levels of schools in the village such as MI, Islamic Education Centers (pesantren), TK, SMP, and SMA.</p>			
<p>2.2.2. 2.2.2.1</p>	<p><b>Community's Component of Infrastructure Development Sanitation (Family Latrines)</b></p>			
	<p><b>D. Problems for Latrine</b>  <i>Recommendations:</i> (155)</p> <p>i. A latrine should not cost more than Rp 200.000,- per unit or based on a minimum calculation for making a simple and hygienic latrine. Therefore, the credit repayments should not be burdensome for poor community groups.</p> <p>ii. Promotional media for latrine socialization should be distributed at neighborhood level. It should also involve local leaders in promoting the family latrine, such as village officers, religious leaders, PKK, etc.</p> <p>iii. In the socialization phase, besides building the awareness of the importance of latrines, an effort should also be made to motivate the community in terms of a collective commitment towards revolving fund latrines such as:</p> <ul style="list-style-type: none"> <li>• agreement on the length/time limit for loans,</li> <li>• agreement on the loan interest, and on other efforts to reduce the cost such as cooperative work</li> <li>• agreement on sanctions for default, etc.</li> </ul> <p>It is therefore important that all community levels participate in this socialization.</p> <p>iv. Time limit for payments should not be more than 1 year.</p> <p>v. The revolving fund latrines should also reflect the sanitation options (see sanitation options recommendation).</p> <p>vi. In the Community Action Plan, the community should be given a choice in distributing the latrines, that is:</p> <ul style="list-style-type: none"> <li>• Latrine revolving fund <u>or</u></li> <li>• Latrine package for poor people only.</li> </ul> <p>vii. The revolving fund can also be considered as a stimulant for latrine construction, but in reality this fund often does not revolve and therefore does not have a large impact. With the existence of a latrine package<sup>10</sup> for poor people, it is expected that the number of aid receivers will be greater because this offers people with better economic backgrounds the opportunity to construct the latrine themselves. It is expected that because this is not a credit package it will not serve to create debt for poor groups.</p> <p>viii. Aid distribution planning must involve community representatives from all areas of the villages, where each representative is asked to plan and be responsible for the revolving fund or to ensure a commitment to constructing latrines in their area.</p> <p>ix. Poor communities who have water access should have priority as latrine recipients under this scheme. Water access must be a fixed requirement for family latrine aid.</p> <p>x. Public facilities including the local public place for prayer should be provided with water and latrines. They may also be credited to market management as a facility where the lessee pays for facility maintenance and latrine credit.</p>	<p>CPMU, Ministry of Public Work, Ministry of National Education</p>	<p>Consultant , CPMU Advisor &amp; MTR Team</p>	<p>Q1,2,3,4 2005 - 2009</p>
		<p>CPMU, Public Work</p>	<p>Consultant , CPMU Advisor,</p>	<p>Q1,2,3,4</p>

<sup>10</sup> The toilet stimulus package provides the basic components of a simple toilet, consisting of materials the community cannot easily provide including steel and plastic pipe, the closet, and cement. the community will adopt the appropriate sanitation options.

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	<p><b>E. Sanitation Options</b>  <i>Recommendations: (158)</i></p> <p>i. Sanitation options should be offered through the community meetings or Focus Group Discussions, and also through brochures picturing types of family latrines and how to make the latrine for each option. These brochures should be distributed to all Family Heads in the village.</p> <p>ii. Brochures of sanitation options which are distributed to the community should have a sample of a budget plan for each sanitation option.</p> <p>iii. Current WSLIC-2 sanitation assistance offers loans for a latrine and a stimulus of the duck neck closet. It is recommended that further sanitation aid should reflect the existence of other sanitation options where the community is able to choose their preferred option based on their economic capability.</p> <p>iv. The distribution of aid packages with options can be preceded by data gathering on the intended recipients. Each recipient should have the right to choose an aid package option which allows for their capability to provide other material. Only after that is done should the sanitation budget plan be compiled, as set out in the Community Action Plan and based on options chosen by the community.</p> <p>v. The Commitment for a specific latrine construction option can be confirmed through an agreement letter.</p> <p>vi. In meetings, material regarding sanitation options should not be presented as an upgrade path. This is to avoid the perception that the most hygienic and ideal latrine is a tiled duck neck variety. The community assessment of hygienic latrines should not be just related to aesthetic considerations but more on practicality and health.</p>		MTR Team / TA & District Consultant (WSS)	2005 - 2009
	<p><b>F. Hygiene of Latrines</b>  <i>Recommendations (160) :</i>                      Provision of material on how to maintain latrines is recommended, as well as providing motivation for people to use latrines for defecation. Cooperation from village midwives, community organizations, and local health centers is very important in this matter</p>	VIT / MO	District Consultant	Q1,2,3,4 2005 - 2009
<p><b>2.2.2.</b>  <b>2.2.2.2</b></p>	<p><b>Community's Component of Infrastructure Development</b>  <b>Promotion and Component of Infrastructure Development Activity in Community</b></p>			
	<p><i>Recommendations (163)</i></p> <p>o To actively promote the function of WSLIC information boards as promotional media for health and hygiene behavior. The information content should be periodically revised by the Community Working Team/Management Organization with village officers, youth organizations etc. having input. The information can reflect the content of the health and hygiene behavior brochures and could include success stories from a range of health areas in the community.</p> <p>o The cleanliness of the water supply and sanitation facilities is an integral part of the health and hygiene behavior promotion.</p> <p>o The health and hygiene behavior activities should not only be implemented on specific occasions. The health and hygiene behavior effort should be implemented continuously and involve all related stakeholders. At a village level it should include the involvement of village officers and the Family Welfare Organization staff.</p> <p>o With the existence of a yearly cleanliness competition, both at a village level and a district level, change may be motivated and encouragement given to improve environmental hygiene. This could take the form of a competition for a healthy house, a healthy environment, and healthy water-taps.</p>	VIT / MO / other related agencies at the village/sub-district/district levels	District Consultant, NGO & Private	Q1,2,3,4 2005 - 2009



<b>Reference</b>	<b>Strategic Issues</b>	<b>Responsible Agencies</b>	<b>Technical Assistance</b>	<b>Schedule (Start-Finish)</b>
	<ul style="list-style-type: none"> <li>○ Involve the health cadre to become the health and hygiene behavior motivator in the village. This will also act to reduce the workload of the health centre sanitation officer.</li> </ul>			

## Component 3

# Development of Clean Water and Sanitation Infrastructure

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
<b>2.3.</b> <b>2.3.1</b> <b>2.3.1.1</b>	<b>Development of Clean Water and Sanitation Preparation</b> <b>Evaluation &amp; CAP</b>			
	(1) Evaluation of CAP <i>Recommendations (165) :</i> The evaluation activity will be more effective if it is implemented gradually and makes use of a verification sheet. Every phase of activity must be verified. The suggestions of concrete examples will make the proposals more easily implemented. Community empowerment for the Community Action Plan must be considered as highly significant. Thus further clarification on the Community Action Plan output and from the Community Working Teams and the Community Facilitation Teams is required. Supporting documents should be separated from the main report. The use of tables/figures will assist the Community Working Teams.	Evaluation Team	PMC & District Consultant	Q1,2,3,4 2005 - 2009
	(2) Revision of CAP <i>Recommendations (167) :</i> The Community Working Teams assisted by the CFT should be motivated to revise CAPs where necessary. The revision of the Community Action Plan must be implemented consistently. The preparation of formats for making reporting easier and more uniform is strongly suggested. Further, the Community Facilitation Team should assist in recording every change systematically.	Evaluation Team	PMC & District Consultant	Q1,2,3,4 2005 - 2009
	(3) As built drawing <i>Recommendations (169) :</i> All Community Working Groups and Community Facilitation Teams must be motivated to prepare drawing plans. A concrete example would make this easier. In addition there should be a review of the consultant's Terms of Reference in relation to this problem.	VIT	District Consultant & CFT	Q1,2,3,4 2005 - 2009
	(4) Technical Documents <i>Recommendations (171) :</i> The availability of complete documents in the field through a documentation system is required. This should start from initial data, include the result of the transact walk, and all necessary figures and tables of the Rapid Technical Assessment results and reports of discussion results with selection of options and strategic systems. It should also include photographic documentation as well as back-up information both as photocopies and files (CD). Concrete examples make this easier.	VIT	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.1.2</b>	<b>CAP as a Community Working Team / CFT</b>			
	<i>Recommendations (173) :</i> Separating the documents of the Community Facilitation Team and the Community Working Team and their subsequent combination into one unit would be an effective strategy to develop the capability of the Community Working Team. The Community Working Team should be assisted to prepare its material in simple tables, with a narration by the Community Facilitation Team to explain the tables. If all parties concerned are made aware of the importance of the role of the Community Working Team, this concept will be easier to implement, while the Community Facilitation Team provides support and guidance.	CPMU	Central Technical Consultant, MTR Team	Q1,2,3,4 2005 - 2009

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	The community should be encouraged to develop a broader outlook. In particular, the use of water resources to serve a number of villages, which could be significant later for integrated service and management. The CFTs should consider these aspects initially, and the Sub-District should assist with facilitation. A study tour to the Centre for Research and Development in Bandung is suggested. Here the CFTs will obtain a more complete picture of planning methodology (time, geographical and Sectoral integration).			
<b>2.3.1.3</b>	<b>Hydrogeology Map &amp; Geohydrologist</b> <i>Recommendations (175) :</i> The availability of important data and information about the condition of the soil layers is very important as it relates to the existence of the aquifer layer. This information is not available for all WSLIC locations, but should be the responsibility of local government or of the consultant to complete. Data concerning water bearing layers is still limited for districts which have the deep well program for irrigation or the results of well trials carried out for PDAM water supplies. The latest satellite photograph should be able to fill the gaps, even though this will be difficult to use in practice because of the expense involved. A geohydrologist is recommended for each district to assist in the preparation of deep well locations.	Regional Development Planning Board, Technical Agency, DPMU	District Consultant (WSS) & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.1.4</b>	<b>Sanitation Options</b> <i>Recommendations (179) :</i> The simplest option of making dual pit latrines must be pushed on a more frequent basis. Other options should only be considered if this option is unsuitable. The existence of hydrogeology maps would be very helpful in order to strengthen the option selection. The selection of options which offer the fulfillment of health requirements, are technically appropriate and cheap and in line with local tradition must become the main option. Brick walls could also be replaced by bamboo screens where these suited the local community. Again, concrete examples should be provided.	DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.1.5</b>	<b>Budget Needs</b>			
	(1) Budget Needs <i>Recommendations (182) :</i> The Budget should cover the minimum needs and be adjusted to cover requirements for the next five years. Without this calculation, there is a concern that the funding will only be directed at the middle/upper community. The increase of costs of all materials and tools means that the budget platform should be adjusted to Rp 250-300 million in accordance with both general inflation and also for prices of materials and goods required for water supply infrastructure. Further, there needs to be an analysis of unit costs for areas with difficult conditions.	CPMU	Central Technical Team	Q1,2,3,4 2005 - 2009
	(2) Score Equivalency <i>Recommendations (184) :</i> Further review is required for assessing this equivalency. Agreed standard costs need to be developed in each area/district/sub-district, including an evaluation of unit costs with a BOW analysis	DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
	(3) Portion of fund need excluded Infrastructure for Clean Water <i>Recommendations (186) :</i> It is estimated that the percentage of budget that should be available for the revolving fund and the health and hygiene behavior activities be in the region of 30%. Therefore the funding composition should be as follows:	CPMU	Technical Consultant	Q1,2,3,4 2005 - 2009

Reference	Strategic Issues			Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	No	Components	Percentage			
	1	Development of organisational capacity	4 -6 %			
	2	Health and sanitation program	10-20 %			
	3	Clean Water Drains Construction	70-80 %			
	4	Management	4 - 6 %			
	These proportions still need further review and the composition will be variable depending on field conditions.					
	(4) Total Budget Recommendations (188) : Funding should be based on the minimum and proportional needs over a five year period, rather than the current two year period, and planning rules need to be changed to reflect this. The extent to which regional development issues and opportunities are considered needs to be enhanced			VIT	District Consultant & CFT	Q1,2,3,4 2005 - 2009
	(5) Use of remaining funds Recommendations (190) : Monitoring processes for the use of the remaining funds must be further developed.			VIT	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.2</b>	<b>Implementation and Supervision</b>					
<b>2.3.2.1</b>	<b>Quality of Work, Material and Supervisions</b>					
	(1) Quality of Material and Work Recommendations (192) : Continuous training and guidance should be provided by the local government or consultants/NGO. Their assistance should support the importance of quality assurance and control and the preparation of materials (such as pipes) for the post construction period, or a larger fund allocation for Operations and Maintenance. Strict supervision from district consultants and other independent stakeholders such as NGOs will be able to further develop system quality..			DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
	(2) System Adjustment Recommendations (194) : A joint management system would be ideal but difficult to achieve due to conflicting interests. The involvement of the District Water Enterprise (PDAM) in order to assist the Community Working Teams in system management is highly recommended.			CPMU & DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.2.2</b>	<b>Pipe Installation</b>					
	(1) Pipe Installation Recommendations (196) : Continuous guidance is still needed for better quality, particularly in the implementation of tests needed as quality checks. Construction training for Community Working Teams and workers needs to be improved. Pressure tests must be implemented more consistently and the results reported to the Community Facilitation Team/ District Technical Consultant.			DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.2.3</b>	<b>Shallow Wells</b>					
	(1) Shallow Wells and Reservoirs Recommendations (198) : The problem again is how to socialize the agreed procedure within the community. The Community Facilitator Team's assistance on technical matters needs to be further developed, so that the community has a greater understanding.			DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.2.4</b>	<b>Well Construction</b>					

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	(1) Well Construction <i>Recommendations (200)</i> : The issue is how to best socialize the agreed procedure within the community. In addition, training of the Village Implementation Team and any other workers involved needs to be developed.	DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.2.5</b>	<b>Spare Pumps and Water Control</b>			
	(1) Spare Pumps <i>Recommendations (202)</i> : It is important to socialize the agreed procedure with the community so that the community is aware the issue, even where the budget is insufficient. A way to assist the community develop the capability to acquire pumps themselves should be considered. Good persuasive skills are required when dealing with these issues.	DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
	(2) Water Control <i>Recommendations (204)</i> : The introduction of water meters should be gradual, but must be carried out eventually.	DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.2.6</b>	<b>Waste Water Drains</b>			
	<i>Recommendations (206)</i> : Community socialization of these issues is always a concern. The Detailed Engineering Design for public toilets, water-taps, public hydrants and wells, should specify that adequate waste drains must be supplied. Strict construction supervision is required.	DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.3</b>	<b>Technical Management</b>			
<b>2.3.3.1</b>	<b>Guidelines, Job Description and Personnel Qualification</b>			
	(1) Further Guidelines are required in terms of both the general and the specific Pedoman yg lebih rinci <i>Recommendations (208)</i> : For some fixed technical issues, strict guidelines are required, but for general matters more flexibility is essential in order to enhance creativity. Further review of this issue is essential. Some basic theory presented in a simple way is essential in describing various systems.	CPMU & DPMU	Central Technical Consultant, MTR Team / TA	Q1,2,3,4 2005 - 2009
	(2) Job description of each technical personnel member <i>Recommendations (210)</i> : Job descriptions as set out in the Implementation Guidelines and in the Consultants' Terms of Reference should match. (3) Personnel Qualification <i>Recommendations (212)</i> : There should be a continuous review related to these issues. It is important to ensure that the standard of field technical personnel is confirmed on a regular basis so that minimum standards are attained for all districts.	CPMU & DPMU	Central Technical Consultant, MTR Team / TA	Q1,2,3,4 2005 - 2009
	(4) A process of give and take <i>Recommendations (214)</i> : Guidance on the requirements for handover documents is required, and an appropriate example should be developed.	DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.3.2</b>	<b>Clean Water Business and Payment of Retribution</b>			
	(1) Payment of Retribution <i>Recommendations (216)</i> : It is important to make community aware that the delivery of clean water is a business activity. It follows from this that it is also important to ensure that a good service is provided.	DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.3.3</b>	<b>Price of Water</b>			

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	<i>Recommendations (218) :</i> A specific review is required in order to ensure a sense of equity in relation to water prices in districts and sub-districts.	CPMU & DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.3.4</b>	<b>Family Latrines and School Latrines</b>			
	<i>Recommendations (221) :</i> There is still a need for an increase in the number of clean, hygienic new or renovated latrines, so that all schools are provided with latrines that meet technical and health requirements. <u>Alternatives for Family Latrines with the revolving fund:</u> <ul style="list-style-type: none"> <li>• Increase the existing fund so that number of users can be increased.</li> <li>• Extend the period of payment so that it is more affordable</li> <li>• Choose options that are simpler and more affordable.</li> <li>• Provide an additional grant fund for poor communities set at about 50% of minimum funding needed.</li> </ul>	CPMU & DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.4</b>	<b>Technical Training</b>			
<b>2.3.4.1</b>	<b>Training for Water Purification</b>			
	<i>Recommendations (223) :</i> The training for solar disinfection of water (Sodis) should be for information only. Training of advanced water management for shallow wells is still needed. Further teaching aids are required..	CPMU, Training Coordinator	Central Technical Consultant	Q1,2,3,4 2005 - 2009
<b>2.3.4.2</b>	<b>Three Dimension Model</b>			
	<i>Recommendations (225) :</i> Consultants should be tasked with providing three dimensional models and teaching aids either in mini or actual size. For mass preparation in order to have one set for each village, the assistance of the Central, Provincial and District government is highly recommended.	CPMU, Training Coordinator	Central Technical Consultant, District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.5</b>	<b>Tools</b>			
<b>2.3.5.1</b>	<b>Lack of Tools</b>			
	(1) <u>Lack of test kits and minimum tools for Operation and Maintenance</u> <i>Recommendations (227) :</i> Plans need to be drawn up for test kit provision for each village. This program must also include guidelines on how to use the kit along with a training program. Tools used to measure length, pipe dimension, water pressure and water flow/volume measurement.	CPMU, DPMU & VIT / MO	Central Technical Consultant, District Consultant & CFT	Q1,2,3,4 2005 - 2009
	(2) The Use of Walky/Talky radios <i>Recommendations (230) :</i> It is suggested that hand-held radio transmitters/receivers be trialed in remote areas. Although they are not a new technology they have not been widely used in the WSLIC Project. There needs to be further encouragement provided for their use.	DPMU	District Consultant & CFT	Q1,2,3,4 2005 - 2009
	(3) Store Room and Storage Spaces <i>Recommendations (232) :</i> The guidelines need to specify the size of the store room and workshop and their regulation and positioning. The store room and workshop can become one with the project office which to date is usually located in the house of the Head of the VIT or another community member. This issue should be addressed the Community Action Plan, even though the funding is not WSLIC's responsibility.	CPMU, DPMU, VIT / MO	Central Technical Consultant, District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.5.2</b>	<b>Completeness of Accesories</b>			
	<i>Recommendations (234) :</i> Training of the VIT/Management Board (also CFTs) on these matters needs to be improved	DPMU, VIT/MO	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.3.5.3</b>	<b>Pipe Allocation and its Accesories</b>			

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
	<p><i>Recommendations (236) :</i> Ideally 10% should be added to the procurement budget for spare parts. This becomes very useful at construction stage if there is a shortfall. The spare parts are also useful for maintenance. The pipes and accessories should be of the required standard.</p>	DPMU, VIT/MO	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<p><b>2.3.6</b> <b>2.3.6.1</b></p>	<p><b>Environmental Perpetuation</b> <b>Perpetuation/Maintenance of Water Resources</b></p>			
	<p><i>Recommendations (238) :</i> The maintenance/management of the water source must become part of the Community Action Plan with the intention of motivating local government, NGO's and consultants to address these issues with the community.</p>	DPMU, VIT/MO	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<p><b>2.3.6.2</b></p>	<p><b>Campaign for Bathroom Construction and Healthy Family Latrine</b></p>			
	<p><i>Recommendations (240) :</i> This campaign to construct bathrooms and Family Latrines needs to be further developed, as part of the continuing health and hygiene component activities.</p>	DPMU, VIT/MO	District Consultant & CFT	Q1,2,3,4 2005 - 2009

## Component 4

# Project Management

Reference	Strategic Issues	Responsible Agencies	Technical Assistance	Schedule (Start-Finish)
<b>2.4.</b>	<b>Project Management</b>			
<b>2.4.1.</b>	<b>Monitoring, Evaluation and Reporting</b>			
	<p><i>Recommendations : (247)</i></p> <p>a. There is a need to strengthen EDP management with internet and intranet access (LAN/Local Area Network).</p> <p>b. There is a need to measure both the output and the outcome of this program; Special efforts must be made to compile baseline data and to compare this data with integrated monitoring results (Phase 1 to 4).</p> <p>c. There is a need to conduct specific training on filing and documentation management in hard copy and electronic files.</p>	CPMU, Training Coordinator	Central Technical Consultant & MIS Advisor	Q1,2,3,4 2005 - 2009
<b>2.4.2.</b>	<b>Cooperation within Stakeholders and Continuity Kerjasama Antar Stakeholders &amp; Kesenambungan</b>			
	<p><i>Recommendations: (251)</i></p> <p>Guidance for the Management Board should begin before initial activity from the VIT and continue until 6 months after completion to enable it to manage all assets developed by WSLIC2: water supply, sanitation, and health and hygiene promotion.</p>	DPMU, VIT/MO	District Consultant & CFT	Q1,2,3,4 2005 - 2009
<b>2.4.3.</b>	<b>Provision of Goods and Services</b>			
	<p><i>Recommendations (257) :</i></p> <p>a. To accelerate the release of funds, it is suggested that the grant fund release procedures should be simplified.</p> <p>b. It is suggested that this <i>final statement</i> be required as stated in the contract document.</p>	CPMU, Training Coordinator	Central Technical Consultant & MIS Advisor	Q1,2,3,4 2005 - 2009
<b>2.4.4.</b>	<b>Financial</b>			
	<p><i>Recommendations (263) :</i></p> <p>a. Increase the investment ceilings per village, the number of villages and CFTs.</p> <p>b. Implementation guidelines on job descriptions for the Financial Section and the Monitoring and Evaluation Section of the Central Project Management Unit should be revised.</p> <p>c. Implementation/technical guidelines for the VIT bookkeeping and reporting need to be simplified so that they include all the constructed facilities such as Infrastructure for Clean Water, sanitation and the health and hygiene activities.</p> <p>d. In light of the importance of the sanitation and health and hygiene behavior activities on decreasing ill-health, activities in this area need to be developed to the level mentioned in the implementation/technical guidelines.</p>	CPMU, Training Coordinator	Central Technical Consultant & MIS Advisor	Q1,2,3,4 2005 - 2009



## APPENDIX 5 – FIELD VISIT REPORT

**(Collective and Individual)**

**REPORT OF FIELD VISIT  
MID-TERM REVIEW (MTR) TEAM  
(EAST JAVA, WEST NUSA TENGGARA AND WEST SUMATERA)  
27 October – 5 November 2004**

**A. Introduction**

One of the MTR Team's tasks post Inception Report is to conduct a field visit to the target location of the WSLIC-2 focused on three provinces: East Java, West Nusa Tenggara and West Sumatera. The Mid Term Review Team divided themselves into three smaller teams each consisting of three to four members. Each small team was responsible for one province. The composition of the team can be seen in the following table:

**Table 1  
Locations of Field Visit and Composition of Team**

No	Locations of Field Visit (Provinces and Districts)	Composition of Team (Names)
1	<b>East Java</b> 1. Lumajang 2. Probolinggo 3. Sampang 4. Kediri 5. Mojokerto	1. John Wilkinson 2. Dang Uro Wiranata 3. Clarita Koesharto
2	<b>West Nusa Tenggara</b> 1. Lombok Barat 2. Bima 3. Dompu	1. Owin Jamasy 2. Sri Widodo 3. M. Sachry Wiradinata
3	<b>West Sumatera</b> 1. Sawah Lunto 2. Solok	1. Praptono 2. Freddy Buntaran 3. Rudy Wahyu F 4. Soetrisnowati

**Table 1**  
**Names of Districts, Sub-districts and Villages in West Nusa Tenggara**  
**visited by the MTR Team**

Districts	Sub-districts	Villages	Respondents
Lombok Barat	Kuripan	Kuripan utara	DPMU and staff, PMC, District Consultant, CFT, Sanitation Specialist, Village Chief, VIT/Management Organization and community members.
	Gangga	Sambik Bangkol	
	Narmada	Batu kumbang	
Bima	Belo	Ncera	District Coordinating Team and District Technical Team, DPMU and staff, PMC, District Consultant, CFT, Sanitation Specialist, Village Chief, VIT/Management Organization and community members
	Lambu	Mangge	
		Tanah Putih	
Dompu	Kilo	Lasi	District Coordinating Team and District Technical Team, DPMU and staff, PMC, District Consultant, CFT, Sanitation Specialist, Village Chief, VIT/Management Organization and community members
		Kiwu	
	Mangalewa	Bonggo	
	Dompu	Kramabura	

In addition to the discussion with the respondents, the MTR Team also observed some vital objects at each village. The vital objects mentioned can be seen in the Table 2 below:

**Table 2**  
**Villages and Vital Objects observed by the MTR Team**

Districts	Sub-districts	Villages	Objects observed
Lombok Barat	Kuripan	<b>Kuripan Utara</b> Dug wells Family latrines	
	Gangga	<b>Sambik Bangkol</b> 1778 KK (360 kk) 75% poor PP 8 km 7 public bathtubs	1. VIT /Management Organization for facilities 2. Primary Schools 3. Piping 4. Public bathtub 5. Water tap

Districts	Sub-districts	Villages	Objects observed
	Lingsar	<b>Batu Kumbang</b> Piping	1. Spring 2. Public bathtub 3.
<b>Bima</b>	Belo	<b>Ncera</b> 3726 persons 864 KK Poor 57% 33 SGL 275 family latrines	1. VIT 2. Dug wells 3. Family latrines
	Lambu	<b>Mangge</b> 259 KK Poor 76,08% Piping	1. VIT 2. Piping lines 3. Public bathtub 4. Water tap
	Sape	<b>Tanah Putih</b> PP Gravitasi	1. VIT management 2. Piping lines 3. Distribution tub
<b>Dompu</b>	Kilo	<b>Kiwu</b> 345 KK 24 SPT 2 family latrines	1. VIT 2. SPT 3. Family latrines 4. Dug wells
		<b>Lasi</b> 410 KK 58 SGL 3 family latrines	1. VIT 2. Dug wells 3. Family latrines 4. Primary Schools
	Manggelewa	<b>Banggo</b> 500 KK Poor 65% PP pompa	1. VIT 2. Springs 3. Piping lines 4. Public bathtub
	Dompu	<b>Kramabura</b> 555 KK PP Gravitasi 3 km 9 public bathtubs	1. VIT 2. Community 3. Springs 4. Piping lines 5. Public/distribution tub

**B. Processes and results**

Through discussions (plenary and focus group), the MTR team obtained detailed results from: District Coordinating Team, DPMU, PMC, District Consultant, Sub-district Coordinating Team, CFT, VIT/Management Organization, Primary School Manager and community members. All of these results are attached to this report. In this case, the MTR team classified on:

- B.1. The answers of questionnaire from the District of Lombok Barat  
(DPMU, District Consultant, PMC, CFT, Sub-district Coordinating Team, VIT, School Managers)
- B.2. The answers of questionnaire from the District of Bima and Dompu  
(DPMU, District Consultant, PMC, CFT, VIT)

**C. Conclusions and recommendations**

In relation to these conclusions, the MTR team looked at two aspects; success and problem that can be seen in the Table 3 below:

**Table 3  
Success and Problems  
WSLIC-2 Project in West Nusa Tenggara**

Aspects	Success	Problems
<b>VIT</b>	The establishment of VIT has met the target. At each village of WSLIC-2 location, there has been VIT. (In West Nusa Tenggara there was no a facility management organization)	<ol style="list-style-type: none"> <li>1. The VIT was established hastily without an ideal process. The impacts included latent conflict among fellow members and disharmonious coordination with village level institutions.</li> <li>2. The VIT was established during the implementation of MPA/PHAST.</li> <li>3. Community mobilization was hampered due to the lack of support from the VIT (the establishment of the VIT was too late).</li> <li>4. There is no a facility Management Organization. The VIT automatically becomes a management organization.</li> </ol>
<b>CAP</b>	CAP was successfully made but not solely by the VIT or community.	<ol style="list-style-type: none"> <li>1. The CAP was not made by the community but by CFT. The community just gave input.</li> <li>2. The VIT admitted not being able to make the CAP, particularly to count the budget plans and technical drawings.</li> <li>3. The arrangement of CAP seemed to be forced due to catch up the time target.</li> </ol>
<b>CFT</b>	CFT succeeded in fulfilling the target of village planned.	<ol style="list-style-type: none"> <li>1. The number of targeted villages was too high (averagely nine villages). As a result, the CFT could not provide a routine assistance because of their time spent to achieve the target.</li> <li>2. The target of the CFT at the village was limited such as implementing MPA/PHAST and making a CAP.</li> </ol>
<b>MPA/PHAST</b>	MPA/PHAST (MPA/PHAST tools) was carried	<ol style="list-style-type: none"> <li>1. Identification of problems and needs through MPA/PHAST seemed to be</li> </ol>

Aspects	Success	Problems
	out.	forced, not fulfilling the actual rules of the game. This happened because the CFT should immediately work at other village.
<b>DATA ON DISEASES</b>	Malaria, vomiting and diarrhoea decreased.	There was no specific registration conducted by the VIT.
<b>HYGIENE AND SANITATION BEHAVIOR CHANGE</b>	Hygiene and Sanitation Behavior change: there commenced an arrangement of environment, tendency of defecating at any place, taking a bath three times a day, washing hands before and after eating, washing hands after defecating)	<ol style="list-style-type: none"> <li>1. Washing hands using soap is still limited.</li> <li>2. Teachers at school still wait for the provision of media and tools such as brooms, nail cutters, washbowls from the district consultant.</li> <li>3. The excessive use of water for shower can still be found in Bima where the community takes a bath at least for one hour.</li> </ol>
<b>HYGIENE AND SANITATION BEHAVIOR CHANGE AT SCHOOL</b>	Teachers who once knew WSLIC-2 through CFT could teach Hygiene and Sanitation Behavior change and health via a certain subject for example: Physical Education and Hygiene.	Teachers complained about difficulties in explaining the Hygiene and Sanitation Behavior change as there were no media to display.

The success achieved should be maintained, while in terms of the problems their solutions should be sought. In relation to seeking the solutions, the MTR team of West Nusa Tenggara has formulated them in the form of recommendations as can be seen in the Table 4 below.

**Table 4**  
**Aspects being the focus of interest and Types of Recommendations**

No	Aspects	Recommendations
1	VIT	<ol style="list-style-type: none"> <li>1. The VIT should be established before the implementation of MPA/PHAST.</li> <li>2. Before the implementation of MPA/PHAST, the VIT should be provided with training of MPA/PHAST.</li> </ol>
2	Hygiene & Sanitation Behavior change	<ol style="list-style-type: none"> <li>1. The fund allocation for the provision of latrine facilities should be increased at least fifty million rupiah.</li> </ol>
3	Bookkeeping of VIT	The financial bookkeeping should be more simplified, but accountable among others by reducing the number of the filling sheets.
4	Report Format	<ol style="list-style-type: none"> <li>1. The report format should be standardized. If it frequently changes, the report designer will be doubtful.</li> <li>2. The report submitted from the region (district) should be responded in order that there will be motivation to make a good and correct report.</li> </ol>
5	Number of guider villages	The ideal number of the guided villages should be four/CFT. The more the target of village, the more obstacles that hamper the ideal process and put aside the empowerment process and participatory planning.
6	Training	<ol style="list-style-type: none"> <li>1. One key of success lies in the trainer. Trainer for whatever materials should be professional to accelerate the process of understanding and mastery of skills.</li> <li>2. Training materials should be adapted to the activity phases: Planning, implementation and Operation &amp; Maintenance.</li> <li>3. Training materials important for CFT in relation to the low performance of the CFT are: <ol style="list-style-type: none"> <li>a. Empowerment philosophy</li> </ol> </li> </ol>

No	Aspects	Recommendations
		<ul style="list-style-type: none"> <li>b. Profile of empowerment staff</li> <li>c. MPA/PHAST</li> <li>d. Mentoring/counseling skills</li> <li>e. Training skills</li> <li>f. Bookkeeping skills</li> <li>g. Problem-solving skills</li> <li>h. Monitoring-evaluation</li> <li>i. Sustainability philosophy</li> <li>j. Gender philosophy</li> <li>k. Poor and poverty</li> <li>l. Survey skills</li> </ul>
7	MPA/PHAST	<ol style="list-style-type: none"> <li>1. The parties that should be provided with training of MPA/PHAST are: DPMU, District Consultant, PMC, CFT, Sub-district Coordinating Team.</li> <li>2. MPA/ PHAST tools that need for simplification are: .....</li> </ol>
8	Latrines	<p>One of the answers to save the revolving funds for latrines is through an <i>arisan</i> method, a project of providing fund for a group in the amount of the budget for one latrine. The group will then revolve the fund to its members through this method.</p>
9	Membership of the District Coordinating Team	<ol style="list-style-type: none"> <li>1. The Implementation Guidelines should not bind and at the district level they should be adapted with the pattern of maximum and minimum (the needs of the regions are variable).</li> <li>2. The membership consists of: <ul style="list-style-type: none"> <li>Head: The Regional Development Planning Board</li> <li>Secretary: The Education Service</li> <li>Members: <ul style="list-style-type: none"> <li>Settlement and Regional Infrastructure, National Education, PM, Program Building,</li> <li>Assistant to the Development Administration, Forestry Service,</li> <li>Family Welfare Organization</li> </ul> </li> </ul> </li> </ol>
10	Membership of the Sub-district Coordinating Team	Forestry KCD should be increased.
11	Coordination	CFT and SDCT should cooperate in order that they will have no problems when handing over.
12	District empowerment and health consultant	Priority should be given to the district empowerment and health consultant with background in the health field.
13	Gender	<ol style="list-style-type: none"> <li>1. Support from the regional government through the Community Development and Women Empowerment Body.</li> <li>2. It should be emphasized in the Implementation Guidelines that the total number of female personnel in the institution should be minimally at 30%.</li> </ol>
14	CFT	<p>CFT should be stay at the village.  The community needs the presence of CFT in the field. Many significant things that the CFT should undertakes include:</p> <ol style="list-style-type: none"> <li>1. Awareness process</li> <li>2. Empowerment process in terms of knowledge and skills</li> <li>3. Problem-solving facilities</li> <li>4. Mediator of cooperation relationship among the community, VIT, Village Representative Body, village office</li> </ol>

No	Aspects	Recommendations
		apparatus, and other related institutions/parties. 5. Cooperation with the community, village midwives, sanitation specialist and teachers to disseminate information on the Hygiene and Sanitation Behavior change and health at the community and schools. 6. Technical assistance (physics and financial bookkeeping)

**REPORT OF FIELD VISIT RESULTS  
TO EAST JAVA  
(Surabaya, Kediri, Mojokerto)  
MTR WSLIC-2  
OWIN JAMASY**

**MTR IN EAST JAVA  
(SURABAYA, DISTRICTS OF KEDIRI AND MOJOKERTO)  
25 – 30 November 2004**

Locations	Respondents		
	Component of Province/District	Component of Sub-district	Component of Village
Surabaya	<ol style="list-style-type: none"> <li>1. East Java's Technical Team</li> <li>2. East Java's Secretariat Team</li> <li>3. PLO</li> </ol>		
Kediri	<ol style="list-style-type: none"> <li>1. District Consultan (Empowerment and Health)</li> <li>2. DPMU Staff</li> </ol>	CFT (6 persons)	<ol style="list-style-type: none"> <li>1. VIT Leader and Treasurer/UPK of the village of Selo Panggung, Sub-district of Semen.</li> <li>2. Head and Technical Section of Badan Pengelola Sarana Desa Surat</li> </ol>
Mojokerto	<ol style="list-style-type: none"> <li>1. District Technical Team</li> <li>2. DPMU Staff</li> <li>3. District Consultant (Empowerment and Health)</li> </ol>	CFT (6 persons)	Head, Treasurer, Technical and Health Section of KUPPAS of the village of Simo Ngagrok, Sub-district of Dawar Blandong.



**RECAPITULATION OF THE DEVELOPMENT OF WSLIC-2 PROJECT**  
**Period of 2001 – 2004**

Province: East Java

Year: 2001 - 2004

N0	Information on ....	Plans/targets (Total)	Realization					General Total %	Comments
			2001 (Total) %	2002 (Total) %	2003 (Total) %	2004 (Total) %			
<b>A. Guided Locations</b>									
1	Districts	<b>14</b>	<b>9</b>	<b>14</b>	<b>14</b>	<b>14</b>	<b>14</b>	Commencing 2002 - 2004, the number of districts remains fifteen.	
			<b>64%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>		
2	Sub-districts	<b>134</b>	<b>25</b>	<b>58 (new) 12 (old)</b>	<b>33 (new) 40 (old)</b>	<b>18 (new) 25 (old)</b>	<b>134</b>	In old sub-district, the number of villages increased.	
			<b>19%</b>	<b>43%</b>	<b>25%</b>	<b>13%</b>	<b>100%</b>		
3	Villages	<b>500</b>	<b>41</b>	<b>117</b>	<b>127</b>	<b>119</b>	<b>404</b>	The remaining villages for 2005 – 2006 are ninety six. It is planned that each district will build three to four villages per year.	
			<b>8%</b>	<b>23%</b>	<b>25%</b>	<b>24%</b>	<b>81%</b>		
4	Schools						<b>380</b>	Data on recapitulation are not yet available.	
							Source: PLO report		
5	User communities						<b>200.066</b>	There is no recapitulation of the user (how many rich and poor community users/members for each year)	
							Source: PLO report		
<b>B. Institutions</b>									

N0	Information on ....	Plans/targets (Total)	Realization					General Total %	Comments
			2001 (Total) %	2002 (Total) %	2003 (Total) %	2004 (Total) %			
1	Provincial Coordinating Team	1	1	1 (old)	1 (old)	1 (old)	1	No. of members = 7 persons M : F ( 6 : 1 ) (BAPPEPROP, Dinkes, Diknas, Kimpraswil, Bapelmas, Dirjen Anggaran, Biro Administrasi pembangunan)	
			100%	100%	100%	100%	100%		
2	Provincial Technical Team	1	1	1 (old)	1 (old)	1 (old)	1	No. of members = 7 persons M : F ( 6 : 1 ) (BAPPEPROP, Dinkes, Diknas, Kimpraswil, Bapelmas, Dirjen Anggaran, Biro Administrasi pembangunan)	
			100%	100%	100%	100%	100%		
3	PLO	1	1	1 (old)	1 (old)	1 (old)	1	Mo. of members = 1 person Male. Due to work volume and no. of districts, there should be an assistant to PLO (Technical and Empowerment). At present, PLO is supported only by one operator/supporter.	
			100%	100%	100%	100%	100%		
4	Provincial Secretariat	1	1	1 (old)	1 (old)	1 (old)	1	No. of members = 6 persons M : F ( 4 : 2 ) Supporting the programs as it functions as a kitchen (*)	
			100%	100%	100%	100%	100%		
5		14	14	14 (old)	14 (old)	14 (old)	14		

N0	Information on ....	Plans/targets (Total)	Realization					Comments
			2001 (Total) %	2002 (Total) %	2003 (Total) %	2004 (Total) %	General Total %	
	District Coordinating Team		100%	100%	100%	100%	100%	Recapitulation on the number of the District Coordinating Team members is not available. From the survey result, it can be seen that district has different membership.
6	District Technical Team	14	14	14 (old)	14 (old)	14 (old)	14	Recapitulation on the number of the District Technical Team members is not available. From the survey result, it can be seen that district has different membership.
7	Sub-district Coordinating Team	134	25	58 (new) 12 (old)	33 (new) 40 (old)	18 (new) 25 (old)	134	Recapitulation on the number of members of 134 Sub-district Coordinating Team.
			19%	43%	25%	13%	100%	
8	District Consultant	14	14	14 (old)	14 (old)	14 (old)	14	No. of members = 28 persons M : F ( )
9	PMC	14	14	14 (old)	14 (old)	14 (old)	14	No. of members = 14 persons M : F ( )
			100%	100%	100%	100%	100%	
10	CFT	29 CFT	29	29	29	29	29 CFT	No. of members = 87 persons (29 CFT) M : F ( )
			100%	100%	100%	100%	100%	
11	NGO							No. of members = M : F ( )
12	VIT	500	41	117	127	119	404	No. of members = 2020 persons M : F ( 70% : 30%)
			8%	23%	25%	24%	81%	
13		500	41	117	127	119	285	No. of members =

N0	Information on ....	Plans/targets (Total)	Realization					Comments
			2001 (Total) %	2002 (Total) %	2003 (Total) %	2004 (Total) %	GeneralT otal %	
	Management Organization		8%	23%	25%	24%	57%	M : F ( )
14	Cadre of Development Motivator						1425	On the average each village has 3 – 4 persons.
<p>(*) <b>The Tasks of the WSLIC-2's Provincial Secretariat are to:</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">Coordinate district and provincial planning</a></li> <li>2. <a href="#">Monitor project activities at the district and provincial levels</a></li> <li>3. <a href="#">Make a report periodically and submit it to the Provincial Coordinating Team</a></li> <li>4. <a href="#">Monitor the absorption of funds particularly in terms of loan</a></li> <li>5. <a href="#">Record the progress of project implementation and prepare materials for the meeting of the Provincial Coordinating Team</a></li> </ol> <p style="text-align: center;"><b>C. Construction</b></p>								
1	Piping	1,078,455 m					<b>Realization 95%</b>	The installation of pipe had not yet fully met the standard due to lack of supervision when doing something together with the community (community participated in the installation). Limitation of 200 million can have an effect on the quality of goods.
2	Handpump wells	1466 units	-	-	-	-	<b>Realization 100%</b>	
3	Dug wells	1.526 units	-	-	-	-	<b>Realization 100%</b>	
4	School latrines	414 units	-	-	-	-	<b>Realization 100%</b>	380 schools
5	Family latrines	11.209 units	-	-	-	-	<b>Realization 75%</b>	Not absolutely from the revolving fund and return fund but from the community self-support.

N0	Information on ....	Plans/targets (Total)	Realization				General Total %	Comments
			2001 (Total) %	2002 (Total) %	2003 (Total) %	2004 (Total) %		
6	Springs	278 locations	-	-	-	-	Realization 100%	
7	Drilled Wells	76 units	-	-	-	-	Realization 100%	
8	Electrical Pumps	388 units	-	-	-	-	Realization 100%	
<b>D. Health &amp; Hygiene and Sanitation Behavior Change</b>								
1	Diseases							Belum ada data rekap.
2	Hygiene and Sanitation Behavior Change in the Community	1.335 packages					Realization 100%	The total number of activity package in 404 villages (14 districts). Activity: Inspection of sanitation, monitoring of the Hygiene and Sanitation Behavior change of the community, brochures (diarrhea, worms, skin disease, clean water and healthy latrines, healthy toilets) and health counseling.
3	Hygiene and Sanitation Behavior Change at schools	1.146 packages					Realization 100%	Jumlah total dari paket kegiatan yang berada di 380 sekolah. Kegiatannya: Inspeksi sanitasi, data pengetahuan dan sikap, pemeriksaan kuku, bak cuci tangan, pengadaan gunting kuku, pengadaan bak sampah, pengobatan cacangan, penyuluhan kesehatan.
4	Facilities of Hygiene and Sanitation Behavior Change in the community	881 units					Realization 100%	Washbowls, nail scissors, brooms, trash can.

N0	Information on ....	Plans/targets (Total)	Realization					Comments
			2001 (Total) %	2002 (Total) %	2003 (Total) %	2004 (Total) %	General Total %	
	and at schools							
<b>E. Training</b>								
1	Non-technical training							No clear information
2	Technical training							No clear information
3	Training, meetings and workshops	<b>Sumber: Final Report PLO per June 30 2004, II-8 s/d 11-27.</b>	<b>9 x/kab</b>	<b>3 x/kab</b>	<b>3 x/kab</b>	<b>4 x/kab</b>	<b>19 x/kab</b>	Training has been conducted at each district. In general, the quality of training should be increased particularly it was impressed that there was no training need analysis so that the materials given were not ones that were fully required.
<b>F. Finance</b>								
1	Community Contribution							
2	Fund from the Regional Government							
3	Subsidy Fund/Grant							
4	Fund from other sources .....							

Source: Provincial Liaison Officer (PLO) Final Report, Period of March 2002 – June 30, 2004 (East Java)

## RECAPITULATION OF INFORMATION OF THE WSLIC-2 PROJECT (A Case Study in Kediri and Mojokerto)

Locations	Respondents		
	Component of District	Component of Sub-district	Component of Village
Kediri	<ol style="list-style-type: none"> <li>1. District Consultant (Empowerment and Health)</li> <li>2. DPMU Staff</li> </ol>	CFT (6 persons)	<ol style="list-style-type: none"> <li>1. VIT Leader and Treasurer/UPK of the Village of Selo Panggung, Sub-district of Semen.</li> <li>2. Head and Technical Section of Badan Pengelola Sarana Desa Surat</li> </ol>
Mojokertop	<ol style="list-style-type: none"> <li>1. District Tehnical Team</li> <li>2. DPMU Staff</li> <li>3. District Consultant (Empowerment &amp; Health)</li> </ol>	CFT (6 persons)	Head, Treasurer, Technical and Health Section of KUPPAS of the Village of Simo Ngagrok, Sub-district of Dawar Blandong.

### INFORMATION, PROBLEMS AND RECOMMENDATIONS

No	Activities/Information	Problems	Recommendations
1	PROW	<ul style="list-style-type: none"> <li>• There was an indication that when conducting a road show not all of the participants fully understood the rules of game and mechanisms of the WSLIC-2 project.</li> <li>• VIT always complained and demanded an incentive, but actually far before they had been informed on the WSLIC-2 at the village concerned with all consequences.</li> </ul>	<ul style="list-style-type: none"> <li>• Materials should be improved so that information on WSLIC-2 can really be understood by the participants including facilitators.</li> <li>• It should not hastily be conducted so there will be time for open discussion and dialogue.</li> </ul>
2	<p><b>When and how did the CFT work?</b></p> <ol style="list-style-type: none"> <li>a. MPA/PHAST for one month (process – plenary – reporting)</li> <li>b. Survey - calculation - Budget Plan – plenary (2 months)</li> <li>c. Arrangement and verification of CAP (Communiry – District Consultant – ET – District Coordinating Team – PMC) lebih took about one month.</li> <li>d. Total of time was four months (a</li> </ol>	Process: consultation of CFT with the District Consultant .....ET ..... PMC. In fact, it did not always run smoothly (there was always an obstacle) as there was an indication of testing each other.	<ul style="list-style-type: none"> <li>• During the implementation process of CAP, the District Consultant and PMC should be active in providing inputs so the verification will not totally be failed. Events that examined each other may result in fatality towards the arrangement process of CAP and hamper the implementation process of construction including fund disbursement.</li> <li>• Ideally, one CFT should guide 2 – 3 villages/year.</li> </ul>

No	Activities/Information	Problems	Recommendations
	to c) e. RPPD by CFT (1 day) f. Process of term I (4 days). Process for the next term was the same.		
3	<b>Establishment of VIT</b>  a. The establishment of VIT was facilitated by CFT. b. The VIT membership was variable for each village. c. In the case of Kediri; the members of VIT consisted of 23 persons (Advisor, leader, vice leader, secretary, UPK 4 persons, UKT 12 persons, UKK 5 persons). Men were 15 persons and women were 8 persons. The head of UKK was the midwife. d. The great number of VIT members to (avoid conflict, Banyaknya anggota TKM untuk tujuan (menghindari konflik, banyak dukungan, kerjanya banyak dan tidak ada insentif).	<ul style="list-style-type: none"> <li>• No typewriter</li> <li>• No fund to buy stationary</li> <li>• Design drawing</li> <li>• Counting technical specifications</li> <li>• Budget</li> <li>• Need for three months with intensive guidance of the CFT</li> </ul>	<ul style="list-style-type: none"> <li>• After its establishment, it should intensively be guided.</li> <li>• Provided with some training (currently faced with the Project Filling List) particularly concerning the roles and responsibilities of the VIT personnel</li> <li>• Provided with a set of books</li> <li>• A lot of costs that must be paid by the VIT</li> </ul>
4	CAP averagely finished in September – Oktober	<ul style="list-style-type: none"> <li>• It was admitted that the CAP was not purely made by the community but dominated by the CFT. The reason was that the making of CAP would be more difficult if it was always carried out by the VIT.</li> <li>• The VIT and its members had limited capability to make CAP. To know it, it will take relatively long time.</li> <li>• In general the VIT members had problems in:               <ul style="list-style-type: none"> <li>. Conducting a field survey</li> <li>. Drawing a system</li> <li>. Making a budget plan</li> <li>. Carrying out computerized system writing.</li> </ul> </li> </ul>	The systematics of CAP arrangement should be simplified.
5	Revolving fund for latrine construction	<ul style="list-style-type: none"> <li>• Difficult to develop due to limited fund</li> </ul>	System of arisan and system of lottery should be



No	Activities/Information	Problems	Recommendations
		<p>and slow understanding of the community on the importance of a latrine.</p> <ul style="list-style-type: none"> <li>• A revolving system is not always accepted by the community.</li> </ul>	<p>conducted for the small community groups, at least five households per group</p>
6	Village-level training	<ul style="list-style-type: none"> <li>• Training from LKPMD was too late (the knowledge had been known first) due to the effect of the DIP</li> </ul>	<p>The NGO that trained should be one being the member of the District Coordinating Team.</p>
7	MPA/PHAST	<ul style="list-style-type: none"> <li>• Too many tools</li> <li>• Community felt saturated.</li> <li>• Tools were difficult to respond by the community (decision making and ladder 2) particularly for mothers.</li> <li>• Tools were difficult to respond by the community (conro and suster tanak) particularly by fathers</li> <li>• Drawings were not relevant for developed community</li> <li>• Men were separated from women (why)</li> <li>• The rich were separated from the poor (why)</li> <li>• Classification of welfare (in general there was a problems as the criteria was not clear)</li> <li>• In terms of contribution, it was always made uniform (rich – middle and poor) so there had no effect on the tools of welfare classification.</li> </ul>	<ul style="list-style-type: none"> <li>• Setiap hasil tool diberi catatan kaki (kapan dan dimana digali)</li> <li>• Mendalami filosofi MPA/PHAST</li> <li>• Mendalami metodologi</li> <li>• Mendalami tehnik fasilitasi</li> <li>• MPA/PHAST bukan menjual tool</li> <li>• Memahami kenapa program WSS perlu ada implementasi tool</li> </ul>
8	MPA/PHAST Tools	<p>Though the target was to increase the number of community who participated, but it was not yet effective.</p> <p>MPA/PHAST tools which were less relevant:</p> <ol style="list-style-type: none"> <li>1. Ladder</li> <li>2. Suster tanaka</li> <li>3. Daily calendar</li> <li>4. Rating scale</li> <li>5. Training sssessment</li> </ol>	<p>Tools MPA/PHAST yang relevan:</p> <ul style="list-style-type: none"> <li>• Pemetaan</li> <li>• Klasifikasi kesejahteraan</li> <li>• Kantong suara SAB</li> <li>• Kantong suara SS</li> <li>• Conro and blocking (gambar)</li> <li>• 3 pile sorting (gambar)</li> <li>• Matrik kontribusi</li> <li>• Transect walk</li> <li>• Kalender musim</li> </ul>
9	Intensive assistance was not undertaken by CFT	<ul style="list-style-type: none"> <li>• Time was wasted due to catching up the target of village</li> <li>• Time was wasted for administrative affairs.</li> </ul>	
	Sanitation specialist	<ul style="list-style-type: none"> <li>• Not active (passive), waiting for information</li> </ul>	

No	Activities/Information	Problems	Recommendations
		from CFT • Not active due to the absence of honor (reviewed)	
10	Working system among CFT, District Consultant and PMC (TOR should be reviewed)	• PMC directly reprimanded the CFT without coordination with the District Consultant. • PMC went directly to village. • CFT became a courier of the District Consultant, PMC and DPMU.	
11	District Consultant (Empowerment and Health)	District Consultant (Empowerment and Health) whose background was not in the health field was always lack of health information, including efforts to improve the programs of health and Hygiene and Sanitation Behavior change.	Posisi Konsultan kabupaten (Pemberdayaan dan kesehatan), sebaiknya diduduki oleh konsultan yang mempunyai latarbelakang kesehatan.

**LAPORAN HASIL KUNJUNGAN  
KE SUMATRA BARAT  
(Padang, Solok dan Sawahlunto/ Sijunjung)  
MTR WSLIC – 2  
RUDHY WAHYU FINANSYAH**

**MTR DI SUMATRA BARAT  
(Padang, Kabupaten Solok dan Kabupaten Sawahlunto/ Sijunjung)  
25 – 30 Nopember 2004**

Lokasi	Responden		
	Unsur Propinsi/ Kabupaten	Unsur Kecamatan	Unsur Desa
Padang	1. Tim Koordinasi Propinsi 2. Pimbagpro/ Tim Sekretariat Propinsi. 3. PLO		
Solok	1. Tim Koordinasi Kabupaten 2. DPMU dan Staf 3. Konsultan Kabupaten ( WSS dan Pemberdayaan/ Kesehatan)	1. CFT ( 5 orang) 2. TKKc / Sanitarian	1. Ketua Jorong 2. BP/ TKM dan staf
Sawahlunto/ Sijunjung	1. Tim Koordinasi Kabupaten 2. Tim Teknis Kabupaten 3. DPMU dan Staf 4. Konsultan Kabupaten ( WSS )	1. CFT (6 orang)	1. Wali nagari 2. BP dan staf

## INFORMASI, MASALAH DAN REKOMENDASI

No.	Item Kegiatan/ Informasi	Masalah	Rekomendasi
1.	PROW <ul style="list-style-type: none"> <li>Waktu Pelaksanaan ( rata-rata 2 bulan)</li> <li>Materi</li> </ul>	<ul style="list-style-type: none"> <li>Turunnya DIP di bulan April atau Mei menyebabkan keterlambatan dimulainya PROW. Upaya mensiasati yang dilakukan Daerah bervariasi , dimungkinkan menimbulkan eksekusi lain, yang dapat menimbulkan masalah baru.</li> <li>Prinsip “Ownership” masih belum melekat di masyarakat pengguna. Hal ini dimungkinkan saat PROW belum optimal (kemampuan pelaksana atau materi atau metode)</li> </ul>	<ul style="list-style-type: none"> <li>Perlu juklak/ petunjuk yang kongkrit dari CPMU untuk mengantisipasi hal tersebut, sehingga PROW dapat dimulai bulan Januari.</li> <li>Perlu petunjuk “Kurikulum” dalam pelaksanaan PROW, sehingga memperoleh hasil yang lebih optimal</li> </ul>
2	SPKMB	Form SPKMB dibagikan pada saat PROW di Kecamatan, diisi dengan indikasi persepsi “proyek pemerintah”. Di sebagian tempat masyarakat “kurang mengetahui” masalah tersebut. Hal ini berakibat sulitnya mengumpulkan in cash.	Rembu warga desa dalam PROW Di tingkat desa perlu penguatan/ sosialisasi prinsip-prinsip kegiatan WSLIC yang membutuhkan keterlibatan warga.
3	Shortlist ( perlu waktu 2 – 4 minggu dari longlist)	Ada Kabupaten yang mensyaratkan bukti masyarakat telah mulai mengumpulkan in cash dalam penentuan shortlist, dengan didasarkan pada pengalaman sebelumnya.	Perlu kesepakatan apakah hal tersebut dapat digunakan sebagai salah satu alternatif ?
4	CFT <ul style="list-style-type: none"> <li>Peran CFT dalam MPA/PHAST sampai Penyusunan RKM</li> <li>Waktu pelaksanaan MPA/ PHAST (1 bulan pelaksanaan Solok, 2 bulan Saw/Sijj)</li> <li>Pembentukan TKM</li> <li>Penyusunan RKM</li> <li>SPPB</li> <li>Termin – 1</li> <li>Rencacana kerja dan pendampingan CFT untuk lokasi yang pasca konstruksi</li> <li>Jumlah CFT per kabupaten</li> <li>Problem Teknis SAP</li> </ul>	<ul style="list-style-type: none"> <li>CFT memegang peran yang cukup menentukan, mengingat kondisi masyarakat miskin yang kualitas pendidikannya relatif rendah. Ada sebagian CFT yang kualitasnya relatif kurang memadai sebagai akibat latar belakang pendidikan atau kualitas pelatihan atau faktor lainnya.</li> <li>Ada kecenderungan pelaksanaan MPA/PHAST “potong kompas” terutama dalam upaya memenuhi target termin-1 bulan Desember</li> <li>TKM terpilih tingkat pendidikannya rendah/ tidak memahami prinsip WSLIC karena</li> </ul>	<ul style="list-style-type: none"> <li>Supervisi dan monitoring oleh konsorsium konsultan yang menaungi perlu ditingkatkan, terutama pembinaan kualitas.</li> <li>Kualitas Pelatihan perlu ditingkatkan. Kajian terhadap kualitas Pelatih/ materi / metode pelatihan , perlu dilakukan, terutama terhadap binjut pasca pelatihan.</li> <li>Perlu penyederhanaan tool MPA/PHAST , namun tetap menapai tujuan dan target yang diharapkan.</li> <li>Monitoring terhadap masyarakat terhadap proses MPA/PHAST perlu dilakukan PMC sehingga pencapaian tujuan dapat terlaksana</li> </ul>



No.	Item Kegiatan/ Informasi	Masalah	Rekomendasi
	<ul style="list-style-type: none"> <li>Problem Sanitasi</li> </ul>	<p>tidak mengikuti MPA/PHAST</p> <ul style="list-style-type: none"> <li>Pemberdayaan masyarakat terhadap penyusunan RKM, di sebagian lokasi masih kurang (kasus)</li> <li>Perlu waktu yang lama dalam penyusunan RKM, yang diantaranya disebabkan oleh kelengkapan-kelengkapan dokumen, yang seharusnya kurang perlu</li> <li>Terkadang memerlukan waktu &gt; 3 minggu, rerutama terkait dengan evaluasi RKM oleh Tim Evaluasi RKM</li> <li>Dana APBD pendamping belum siap/ kas kosong</li> <li>Belum ada rencana kerja dan laporan pendampingan CFT di lokasi pasca konstruksi (hingga 6 bulan pasca erah terima)</li> <li>Jumlah CFT per Kabupaten kurang memadai</li> <li>Filosofi terhadap sistem SAB sangat terbatas, terpaku pada juklak/ juknis (kasus : pembangunan reservoir untuk mata air yang kapasitasnya melebihi kebutuhan)</li> <li>Beberapa kabupaten memaksakan 1 opsi (jamban leher angsa dengan septi tank), beban biaya yang harus ditanggung masyarakat jadi tinggi.</li> <li>Jamban dengan dana bergulir relatif sulit dilakukan, karena terbatasnya dana.. (kasus kecuali di daerah perpipaan dengan memaksakan pembangunan jamban bila pasang SR di Sawahlunto/ Sijunjung)</li> </ul>	<ul style="list-style-type: none"> <li>Pembinaan lanjutan terhadap TKM perlu dilakukan secara intensif oleh CFT, peran PMC untuk memonitor hal tersebut cukup menentukan.</li> <li>Bila tak ada presentasi RKM oleh TKM, maka diharapkan sebelum final RKM diplenokan bersama antara CFT, TKM, Kepala Desa dan Toma</li> <li>Perlu penyederhanaan format RKM, yang sederhana, komunikatif, namun dapat menggambarkan rencana kerja masyarakat secara menyeluruh.</li> <li>Peningkatan koordinasi dengan lembaga/ staf terkait.</li> <li>Perlu koordinasi dengan Pemda terkait, jauh hari sebelum realisasi</li> <li>Monitoring PMC terhadap hal tersebut perlu dilakukan..</li> <li>Di Sumbar masing-masing Kabupaten pelaksana WSLIC-2 perlu tambahan 1 CFT kecuali Solok 3 CFT</li> <li>Pelatihan lanjut CFT tentang SAB serta diskusi antar bidang masing-masing kabupaten perlu dilaksanakan.</li> <li>Pelatihan dan peningkatan kapasitas kemampuan CFT perlu dilakukan lebih lanjut.</li> <li>Dana bergulir ditingkatkan, prosedur peminjaman disederhanakan.</li> </ul>
5	Konsultan Kabupaten	<ul style="list-style-type: none"> <li>Sebagian masih ada yang belum mampu berkoordinasi secara optimal dengan DPMU, PMC dan CFT.</li> <li>Kualifikasi sebagian KK dianggap kurang memadai</li> </ul>	<ul style="list-style-type: none"> <li>Perlu pemantauan kinerja Konsultan kabupaten secara fair, dengan menentukan indikator yang dievaluasi. Evaluasi dilakukan secara periodik oleh Tim monitoring Pusat/ Propinsi setiap 6 bulan sekali.</li> <li>Konsorsium konsultan regional bertanggung jawab terhadap kesalahan advisory yang</li> </ul>

No.	Item Kegiatan/ Informasi	Masalah	Rekomendasi
			diberikan oleh konsultan kabupaten., secara moril maupun materil.
6.	PMC	<ul style="list-style-type: none"> <li>• Independensi PMC belum dapat dilaksanakan</li> <li>• Peran PMC melampaui batas wewenangnya (kasus)</li> </ul>	<ul style="list-style-type: none"> <li>• Perlu ruangan khusus dalam kantor DPMU dengan fasilitas yang mandiri</li> <li>• Perlu penegasan Tupoksi PMC, Konsultan dan CFT.</li> </ul>
7.	DPMU	<ul style="list-style-type: none"> <li>• Peran DPMU di PROW cukup optimal mulai dari tingkat Kabupaten hingga Kecamatan. Untuk tingkat desa diserahkan ke CFT dan Konsultan, bahkan PMC</li> <li>• Peran DPMU terhadap keberlanjutan relatif masih kurang memadai.</li> </ul>	<ul style="list-style-type: none"> <li>• Materi PROW perlu dikaji ulang, dibuatkan pedoman dari CPMU sehingga pelaksanaan PROW dapat mencapai tujuan dan target yang telah ditentukan.</li> <li>• Perlu pelatihan, terutama manajemen pasca konstruksi, sehingga dapat menjamin keberlanjutan, sekurang-kurangnya selama masa jabatan.</li> </ul>
8.	TKKc	Keterlibatannya (dalam pendampingan TKM/BP) relatif kurang.	Insentif dana dari APBD. Hal ini penting guna peran serta dalam proses keberlanjutan.
9.	Peran Pemerintah Kabupaten (umumnya bersifat sebagai fasilitator dan mendukung penuh)	Dana APBD/ dana talangan terkadang realisasinya kurang sesuai dengan waktu yang dibutuhkan.	Peningkatan koordinasi DPMU, TKK dengan Pemda (Bupati dan DPRD )
10	PLO	Overload, karena memegang dua Propinsi (kasus)	Pembentukan PLO di Propinsi yang PLO nya kosong segera dilakukan, agar kinerja PLO tak terganggu.
11	Badan Pengelola (BP)	<ul style="list-style-type: none"> <li>• Badan Pengelola belum mampu melaksanakan tugasnya secara efektif, seperti iuran, monitoring SAP maupun merencanakan pengembangan fasilitas..</li> <li>• Konsep AD/ART disiapkan oleh CFT/ Konsultan Kabupaten. Seringkali dalam kajian di Musyawarah Desa yang melibatkan masyarakat, tidak seluruh isi pokok AD/ART dikaji dan disepakati bersama.</li> </ul>	<ul style="list-style-type: none"> <li>• Perlu mengkaji ulang kualifikasi Badan Pengelola dan materi pelatihan.</li> <li>• CFT merumuskan hal-hal penting dalam AD/ART untuk dikaji secara tuntas dengan masyarakat pemanfaat sarana.</li> </ul>
12.	Pelatihan	<ul style="list-style-type: none"> <li>• Pelatihan tingkat propinsi hampir seluruhnya telah dilaksanakan. Binjut dan monitofring terhadap hasil pelatihan belum ada</li> <li>• Pelatihan tingkat kabupaten yang menggunakan dana Rekening Khusus (RK) sulit dilaksanakan karena harus di pihak ketigakan sedang dana terlalu kecil.</li> <li>• Pelatihan lanjutan/ refreshing bagi CFT dianggap membosankan.</li> </ul>	<ul style="list-style-type: none"> <li>• Perlu mekanisme bimbingan lanjut terhadap setiap pelatihan yang telah dilaksanakan</li> <li>• Perlu ditinjau ulang dana RK yang terlalu kecil, bila memang tak ada dana dan bila substansi pelatihan tak perlu, kegiatan tersebut perlu dihapus. Namun bila perlu dana ditinjau ulang atau dibebankan pada APBD.</li> </ul>



No.	Item Kegiatan/ Informasi	Masalah	Rekomendasi
		<ul style="list-style-type: none"> <li>• Pelatihan yang diberikan relatif belum mencukupi untuk diimplementasikan dalam pelaksanaan proyek, terutama pelatihan CFT dan TKM</li> </ul>	<ul style="list-style-type: none"> <li>• Pelatihan lanjut/ refreshing yang akan dilaksanakan bentuknya perlu dikaji ulang. Berdasar kebutuhan lapangan akan lebih bermanfaat bila dalam bentuk studi kaus yang disertai dengan studi banding.</li> <li>• Perlu peninjauan terhadap kualitas raw in put (termasuk latar belakang pendidikan), materi pelatihan, pelatih/ Narasumber, metode dan waktu pelaksanaan pelatihan.</li> </ul>
13.	Lingkungan Hidup	Masalah ekses terhadap lingkungan dari pembangunan sarana belum dikaji dalam RKM	Pernyataan ekses tersebut perlu dicantumkan, terutama yang menggunakan sumber air dari mata air, sehingga masyarakat menyadari bersama untuk sejak dini melakukan upaya perlindungan terhadap mata air yang digunakan.
14.	Pandangan terhadap CPMU	<ul style="list-style-type: none"> <li>• Pedoman / juklak yang sering berubah</li> <li>• Dukungan Technical Assistance kurang memadai, terutama terhadap pengadaan CFT</li> <li>• Banyak laporan yang ditembuskan ke tingkat pusat sering tidak ditindaklanjuti (feedback) sehingga Daerah tidak mengetahui apakah laporan yang telah dikirim formatnya dan substansi yang dilaporkan benar dan informatif.</li> </ul>	<ul style="list-style-type: none"> <li>• Bila tidak bersifat prinsip diharapkan tidak berubah (misal PMR) sehingga tidak menyulitkan pelaksana ditingkat bawah</li> <li>• CPMU diharapkan segera menindak lanjuti permasalahan daerah, sehingga kegiatan WSLIC dapat berjalan dengan lancar.</li> <li>• Perlu penanganan khusus berkaitan dengan feedback ini dan dapat diberikan pada saat pertemuan rutin dengan CPMU.</li> </ul>

**LAPORAN HASIL KUNJUNGAN**  
**Dalam Rangka Pre-Mid Term Review**  
**Ke Kabupaten Malang**  
 Tanggal 7 - 9 Oktober 2004  
 (Revisi)



**LAPORAN HASIL KUNJUNGAN KE KABUPATEN MALANG**  
**Tanggal 7 – 9 Oktober 2004**

Agenda/Lokasi/Peserta	Isyu Utama	Komentor / Tindak Lanjut
<p><b><u>Kamis 7 Oktober 04 (13.30 -14.30)</u></b>  <b><u>Pertemuan Awal</u></b>                      Kantor DPMU Kab.Malang                      Jl. Nusa Barong 39 Malang</p> <p><b>Peserta :</b></p> <ol style="list-style-type: none"> <li>1. Pimbagpro WSLIC-II - Sudiby</li> <li>2. Staf DPMU – Anwar (Kimpraswil)</li> <li>3. TKK/Kon.Kabupaten – Susilo</li> <li>4. Kon.Teknik /Kon Kab– Harry</li> <li>5. Kon.Pemberdayaan/PMC – Eko</li> <li>6. CFT</li> <li>7. Tim MTR</li> </ol> <p><b>ISYU UTAMA :</b></p> <ol style="list-style-type: none"> <li>1. Desa yang akan ditinjau</li> <li>2. Fasilitas kantor &amp; dokumen</li> <li>3. Proses kegiatan dari awal sampai akhir</li> </ol>	<ol style="list-style-type: none"> <li>1. Desa yg akan ditinjau (Ds.Tlogo Sari – 2003, dinilai berhasil, Ds.Pucang Songo – 2002, kurang berhasil ???)</li> <li>2. Fasilitas kantor &amp; dokumentasi. semua pedoman &amp; petunjuk teknis.</li> <li>3. Proses kegiatan dari awal sampai akhir..</li> </ol> 	<ol style="list-style-type: none"> <li>1. Ds. Tlogo Sari selesai dengan pembangunan fisik ttp blm selesai dengan kegiatan PHBS di tingkat sekolah. Ds. Pucang Songo dianggap kurang berhasil krm belum dipasangnya meter air, sehingga penggunaan air oleh pelanggan tidak dapat dihitung.</li> <li>2. Fasilitas ruang kerja DPMU lengkap, demikian juga dokumen2 pedoman, petunjuk &amp; laporan2 dari 24 desa yang memperoleh program . Selain ruang untuk DPMU &amp; staf tersedia juga ruang untuk konsultan pendamping (PMC, konsultan kesehatan &amp; pemberdayaan serta teknis &amp; CFT). Ruang rapat terpisah dan cukup besar.</li> <li>3. Secara umum semua kegiatan telah melalui suatu proses yang sesuai dengan pedoman.</li> </ol> 
<p><b><u>Kamis 7 Oktober 04 (16.00 -19.00)</u></b>  <b><u>Pertemuan di kantor ds.Tlogo Sari</u></b>                      Pengamatan lapangan &amp; konsultasi.</p> <p><b>Peserta :</b></p> <ol style="list-style-type: none"> <li>1. TKM / Badan Pengelola – Eko Budi</li> <li>2. Teknis – M.Yatim</li> <li>3. Teknis – Subur</li> <li>4. CFT – Tyas Budi</li> </ol>	<ol style="list-style-type: none"> <li>1. Penerima manfaat SPAB : 401 KK (9 KK miskin dan bbrp fasilitas umum juga gratis) dari 764 KK, ada pengusaha swasta (p.Jarik) dg sumur bor terlayani 70 KK . ± 300 KK masih harus membeli Harga per m3 = Rp. 1000,-</li> <li>2. Pompa yg dibeli dg garansi selama 5 (lima) tahun. Kapasitas pompa maksimal bila jumlah SR = 350 KK . Direncanakan dalam kurun 2 – 3 tahun sudah dapat membeli pompa seharga ± 9 juta rup.</li> </ol>	<ol style="list-style-type: none"> <li>1. Dengan penambahan penduduk lima tahun kedepan diperhitungkan supply air masih cukup. Diperkirakan debit mata air sumber = 22,9 lt/det. Untuk saat ini baru diambil 2,5 lt/det.. Harus ada subsidi silang dari penduduk kaya kpd penduduk miskin Merupakan target pengembangan sistem yi melayani 100% penduduk.</li> <li>2. Ttg garansi ini masih harus dibuktikan ??? Sedangkan untuk pembelian pompa baru diperlukan pengelolaan keuangan yg hati2 dan cermat..</li> </ol>











Agenda/Lokasi/Peserta	Isyu Utama	Komentar / Tindak Lanjut
<p>5. Puskesmas – Sri Hariani                      6. Dinkes kab – Setyo Budi                      7. DPMU – Sudibyoy                      8. Bendahara TKM – Didik                      9. Tim Teknis – Anwar                      10. Sekretaris – Wiwit                      11. KD – Hari Pramono                      12. KD – Sucipto                      13. PMC – Susilo Tri Budiyo                      14. Tim MTR – DUW &amp; Owin</p> <p>Catatan :                      PMC = Process Monitoring Consultants</p> <p><b>ISYU UTAMA :</b></p> <ol style="list-style-type: none"> <li>Penerima Manfaat</li> <li>Pemanfaatan optimal dp pompa dan masalah garansinya.</li> <li>Fungsi PDAM</li> <li>Masalah biaya O &amp; P</li> <li>Kegiatan LOMBA &amp; Predikat desa Teladan.</li> <li>Program sanitasi</li> <li>Kelembagaan yg ada</li> <li>Koordinasi &amp; kerja sama antar dinas / instansi terkait.</li> <li>Laporan Manajemen (PMR).</li> <li>Masalah PLO</li> <li>Jaminan &amp; kontrol kualitas</li> <li>Biaya program PHBS yg terlalu kecil</li> </ol>  	<ol style="list-style-type: none"> <li>Tidak ada pendampingan PDAM Kabupaten. Karena lokasi kantor dan daerah pelayanannya masih jauh dari desa ini. Dalam jangka panjang harus difikirkan adanya semacam kerja sama ataupun pembinaan dari PDAM thd PSAB di tingkat desa ini.</li> <li>Ada saldo setelah berjalan sejak April – Juni (???) sebesar ± 2,8 juta. Pd dua bulan pertama masih defisit, baru pd bln ketiga ada saldo.</li> <li>Desa ini telah menjadi DESA TELADAN 2004 dari Bakorwil 5 (lima) Kabupaten Malang, Tulung Agung, Probolinggo, Jember, Banyuwangi.</li> <li>Ttg sanitasi masih diartikan pembuatan jamban &amp; tangseptik / Cubluk. Program jamban bergulir dan baru terlayani 27 unit atau KK (termasuk utk fasilitas umum di kantor desa) dari sehrsnya hanya 24 unit..</li> <li>Struktur organisasi : (1) unit teknis – 4 orang, sesuai dengan pembagia zone pelayanan; (2) unit kesehatan; (3) unit pemberdayaan – belum ada.</li> <li>Kejadian yg sangat sering muncul adalah adanya instansi lain yg Minta perhatian ttg keharusan meminta ijin dan bahkan pembayaran thd penggalian sumber daya alam (termasuk air baku utk PSAB) Ada tiga instansi yg penting yg sangat terkait dg masalah ini yaitu : Dinas Kehutanan, Pengairan dan Sumber Energi dan Sumber Daya Mineral. Sangat diharapkan koordinasi tidak hanya terjadi di tingkat kabupaten, akan ttp bahkan sampai dipusat. Bgm di Pusat dapat diupayakan adanya kejelasan ttg masalah kewenangan ke-empat lembaga (Energi, Kimpraswil, Kehutanan &amp; Kesehatan) dlm menyikapi masalah air, sanitasi dan kesehatan.</li> <li>Masalah Project Management Report (PMR), ada format2 yg kelihatannya terlalu memudahkan persoalan dilapangan. Contoh ttg hal tsb al. masalah : jumlah penerima manfaat yg selalu harus dikategorikan dengan penduduk miskin, menengah dan kaya. Pola laporan yg harus makin ringkas/mengerucut dan bersifat konsolidasi kurang terlihat di dalam sistem pelaporan WSLIC-II.</li> <li>Masalah Project Liason Officer (PLO) yg jarang hadir pd saat rapat koordinasi di tingkat propinsi. Sebagai salah satu penanggung jawab program ditingkat Propinsi, maka keberadaanya sangat diperlukan. Terutama dalam rangka koordinasi di tingkat Propinsi. Bersama dengan Provincial Coordinating Team. Ada masalah yg tidak jelas dg kelembagaan ini, sebab antara kelembagaan berdasar PAD dg Pedoman Pelaksanaan terdapat perbedaan.</li> <li>Dari sisi teknis ada kecenderungan bahwa soal kualitas adalah masalah nomor dua. Dari mulai penggunaan pipa air bersih yang</li> </ol>	<ol style="list-style-type: none"> <li>Selama ini Consultan Fasilitation Team (CFT) yg mendampingi masyarakat dalam melaksanakan kegiatan2. Baik yg bersifat teknis maupun kesehatan / pemberdayaan. Hal yg sangat nyata bgm kalau sistem tdk berfungsi optimal krn pompa atau tingkat kebocoran yg sangat tinggi. Apalagi kalau sdh dikaitkan dgn sistem manajemen.</li> <li>Pembukuan telah dilakukan dengan baik mulai April - Agustus 2004 &gt; Pembukuan masih dilakukan secara manual.</li> <li>Merupakan desa teladan tingkat wilayah pembangunan aspek ..... (lingkungan sehat dan manajemen / administrasi / ruangan di kantor desa sangat lengkap dan baru)</li> <li>Bantuan yg diberikan utl kegiatan sanitasi Rp.320 ribu utk pembuatan bangunan bawah dari tangki septik (???). Pembayaran dilakukan dalam dua kali panen. Tidak setiap bulan selama 10 bulan.</li> <li>Masih belum dapat merealisasikan fisik gender, yi kehadiran pengurus wanita.. Pendidikan yang masih sangat rendah kaum wanita desa menjadi pangkal utama.</li> <li>Pd tgl 23 Oktober 2004 direncanakan akan ada rakor dgn tiga instansi ini. Akan dihadirkan pula pd kesempatan ini seluruh TKM – WSLIC-II Kab. Malang yi sebanyak 24 unit. Hal ini juga ada kaitannya dg perlindungan thd kelangngan sumber air dari mata air ybs. Kewenangan Dinas Kehutan utk melestarikan hutan harus didukung oleh penduduk. Hal ini ternyata sdh diantisipasi juga oleh masyarakat dg mencantumkan masalah perlindungan mata air di dalam Rencana Kerja Masyarakat (RKM) nya.</li> <li>Sebenarnya tidak terlalu masalah kalau hanya terkait dengan kategori masyarakat miskin, menengah dan kaya. Karena ternyata masyarakat dg otomatis mampu membedakannya , walaupun berdasarkan persepsi mereka. <i>Kalaupun ada masalah ttg format ini, maka mungkin dikaitkan dengan terlalu banyaknya format. Harus selalu difikirkan bahwa laporan yg dibuat adalah merupakan satu sistem DATA BASE shg diharapkan tidak menyulitkan, karena formatnya dapat dibakukan.</i> Kebutuhan lembaga tertentu tidak selalu harus dipenuhi dgn format khusus.</li> <li>Bekerja hanya sendiri dan hanya terkait dg masalah keuangan menyebabka posisi PLO menjadi sangat lemah. Sebaiknya seorang PLO menguasai baik masalah teknik maupun keuangan sekaligus. Dengan demikian dia harus orang yg telah mempunyai pengalaman yg cukup. Mengingat Propinsi Jatim cukup luas dan jumlah kabupaten yg mendapat program WSLIC-II juga cukup banyak (ada 14 kabupaten), maka pejabat PLO minimal 2 orang, yang dibantu oleh masing2 satu asisten keuangan dan satu asisten teknis /manajemen.</li> <li>Pengetahuan masyarakat khususnya Unit Pengendali Teknis di tingkat Desa belum memahami akibat2 yg buruk ttg masalah ini. Mereka lebih mengedepankan jumlah / panjang pipa dp kualitas pipa yg digunakan. Prioritas mereka masih pada bgm agar air dapat sampai ketitik terjauh dari daerah pelayanan.</li> </ol>

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	<p>selalu mempunyai kualitas yg sama, padahal untuk keamanan harus sudah ,mulai difikirkan penggunaan pipa jenis lain (besi atau galvanis).</p> <p>12. Masalah lain yg juga sangat penting adalah pembinaan manajemen. Termasuk juga masalah PHBS, sangat ironis kondisinya, karena biaya utk kegiatan ini sangat sangat kecil shg tidak memadai utk pelaksanaan kegiatan pembinaan.</p>	<p>12. Kegiatan UKS yg diberikan disekolah hanya sebatas ..... ,padahal disamping UKS perlu juga mendapat perhatian tentang masalah manajemen kesehatan dan mungkin juga teknis.</p>

Agenda/Lokasi/Peserta	Isyu Utama	Komentar / Tindak Lanjut
<p><b><u>Jumat 8 Oktyober 04 (09.00 – 10.00)</u></b>  <b><u>Pertemuan di ruang rapat DPMU</u></b>                      Rapat khusus terkait persoalan yg timbul di ds. Waja &amp; Ngadi Reso akibat pengrusakan pipa &amp; masalah mata air.</p> <p><b>Peserta :</b></p> <ol style="list-style-type: none"> <li>1. Camat</li> <li>2. Kades Waja &amp; Ngadirejo</li> <li>3. Ka BPD</li> <li>4. Ka TKM</li> <li>5. Sekcam</li> <li>6. DPMU &amp; staf</li> <li>7. Konsultan Kabupaten (lengkap)</li> <li>8. Tim MTR</li> </ol> <p><b>ISYU UTAMA :</b></p> <ol style="list-style-type: none"> <li>1. Penyelesaian masalah secara musyawarah &amp; mufakat.</li> </ol>	<ol style="list-style-type: none"> <li>1. Bermula dari pengambilan air baku oleh TKM Waja dari ds. Ngadi Rekso dg kompensasi uang sebesar Rp. 10 juta dan pembagian bagi hasil sebesar 7% dari keuntungan bersih setiap bulan. Ternyata uang ganti rugi yang dijanjikan sampai sekarang belum dapat direalisasi. Penyebabnya ternyata proses administrasi yg sulit dari BRI cabang Ngadi Rekso.</li> <li>2. Akibat hal ini rencana TKM Waja untuk melakukan tes pipa tidak kesampaian karena pipanya kadung ditutup sampah oleh oknum dari ds.Ngadi Rekso. Persoalan tidak sampai berlanjut karena segera diadakan pertemuan ini.</li> </ol> <div style="display: flex; justify-content: space-around;">   </div>	<ol style="list-style-type: none"> <li>1. Hal ini merupakan pelajaran dari banyak fihak tentang pentingnya pemenuhan kesepakatan secara konsisten. Disisi lain komunikasi yang juga berkesinambungan harus selalu dilakukan. Ditambah sikap etis untuk selalu meminta ijin atau paling tidak memberitahuan bila akan melakukan sesuatu kpd desa tetangga. Masalah air ini ternyata sangat sensitif.</li> <li>2. Penyelesaian masalah memang belum selesai ttp semua fihak dapat memahami semua persoalan dengan lebih baik. Suatu proses yang akan sering terjadi bila hal2 yang telah disampaikan tidak dilakukan dengan sungguh2. Direncanakan akan ada pertemuan kedua utk penyelesaian akhir dari kasus ini setelah upaya pencairan dana dpt diselesaikan dalam 1 – 2 minggu ini.</li> </ol> <p><b>Catatan :</b></p> <p>Walaupun penyampaian serba sederhana, akan ttp persoalan kelihatnya sudah sangat jelas utk mereka. Pada saat pemaparan masalah oleh TKM Waja sama sekali tidak digunakan alat peraga . Bagi fihak yg baru pertama kali mengetahui masalah ini mungkin masih akan belum jelas. Penggunaan alat bantu sebaiknya mendapat perhatian.</p>

<p><b><u>Jumat 8 Oktober 04 (11.30 – 14.30)</u></b>  <b><u>Pertemuan di kantor TKM Pucang Songo</u></b>                      Kunjungan dlm rangka Pre – Mid Term Review dengan TKM dan para konsultan pendampingnya.</p> <p><b>Peserta :</b></p> <ol style="list-style-type: none"> <li>1. Aparat Desa Pucang Songo</li> <li>2. TKM (Sugeng Utomo) dan staf</li> <li>3. Tokoh masyarakat</li> </ol>	<ol style="list-style-type: none"> <li>1. Sumber air baku air tanah dalam (± 30 meter), dinaikan ke reservoir dengan kapasitas 36 M3 (3m x 3m x 4m). Kondisi awal hanya 10% yg memperoleh air bersih. Dengan kapasitas pompa 15 lt / det, saat ini baru digunakan ± 3,5 t /det sekarang sudah meningkat menjadi ± 80% bahkan mungkin 90%. Sebagai upaya utk adanya efisiensi akan diupayakan adanya meteran air disetiap sambungan. Direncanakan pd bln Desember 2004 sdh terpasang meteran disetiap rumah.</li> <li>2. Pemasukan saat ini ± 1,6 – 1,7 juta / bulan, sedangkan pengeluaran listrik 900 watt sebesar 350 ribu/bulan. Honor hanya diberikan kpd petugas teknik (Marjani) dg jumlah sekitar 340 ribu. Belum ada</li> </ol>	<ol style="list-style-type: none"> <li>1. Dengan kapasitas pompa sebesar itu sebenarnya dapat disupply lebih banyak penduduk. Akan ttp dengan keterbatasan jaringan pipa yg ada cakupan maksimal saat ini hanya 80%.</li> <li>2. Biaya Operasi &amp; Pemeliharaan (O &amp; P) terlihat masih memadai padahal sebenarnya terlalu murah sebab hanya dipungut 3 – 5 ribu / bulan. Hanya sedikit saja warga yang dibebaskan tidak membayar. Dengan pemasangan</li> </ol>
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Agenda/Lokasi/Peserta	Isyu Utama	Komentar / Tindak Lanjut
<p>4. DPMU &amp; staf 5. Konsultan pendamping 6. Tim MTR</p> <p><b>ISYU UTAMA :</b> 1. Sumber air baku 2. Biaya O &amp; P 3. Kendala teknis 4. PHBS 5. Keterpaduan dg PPK</p> 	<p>keluhan, bahkan ketua TKM tidak dapat honor. Dana selalu disimpan di bank</p> <p>3. Yang sering menjadi masalah adalah pompa rusak, sehingga menjadi target pengurus kalau dalam kurun waktu 2 – 3 tahun sudah dapat membeli pompa baru.</p> <p>4. Program PHBS belum sepenuhnya berhasil karena desa dilalui saluran irigasi, shg kebiasaan buang hajat dan cuci serta mandi disungai masih belum sepenuhnya dihilangkan. <u>Program pembangunan jamban, walaupun tanpa promosi sudah berjalan cukup baik sebagai contoh telah terjadi pembangunan pembuatan jamban keluarga dari semula 108 unit, pada bulan Juli sudah 384 unit yang terbangun.</u></p> <p>5. Ada keterpaduan dg program PPK ( Rp. 87 juta utk jalan).</p>  	<p>meter air diharapkan akan ada penambahan pemasukan, sekaligus penghematan air.</p> <p>3. Kemampuan teknisi setempat utk memperbaiki pompa sangat diperlukan, lebih dari itu tersedianya pompa cadangan juga diperlukan. Pompa yg digunakan adalah submersible dengan H = ..... (50 m ???).</p> <p>4. Kegiatan PHBS masih memerlukan waktu dan biaya, masih sangat diperlukan adanya kerja sama dan koordinasi dengan desa tetangga yang kebetulan dilalui saluran irigasi yang sama. Demikian juga masalah pembinaan melalui sekolah belum berjalan baik. Biaya juga dirasakan terlalu kecil.</p> <p>5. Program Pengembangan Kecamatan (PPK) walaupun bersifat sektoral juga sangat diperlukan sebab selain kebutuhan akan air dan sanitasi, penduduk juga memerlukan sarana jalan yang memadai.</p>
	 	 

## CATATAN KHUSUS

### 1. Penataan Ruang

Adalah suatu langkah antisipasi agar dalam jangka panjang (5 - 10 tahun kedepan), akan ada jaminan tidak tumbuh menjadi lokasi yang kumuh. Penataan ruang tidak berarti ada pemaksaan untuk melakukan pergeseran bangunan secara semena-mena, justru akan dilakukan dengan memperhatikan aspirasi masyarakat agar kondisi lingkungan suatu ketika sesuai dengan kaidah suatu lingkungan yang tertata, sehat, indah dan dinamis. Pengenalan tentang bagaimana cara menata ruang perlu mendapat perhatian dalam kegiatan pelatihan dan pembinaan. Dimulai dengan bagaimana tanah2 kosong harus mulai dimanfaatkan, pengaturan lahan terbangun dan terbuka dll.

### 2. Honorarium bagi petugas dan upaya utk meningkatkan kesejahteraan

Tidak dapat dipungkiri salah satu penyebab dari kegagalan suatu organisasi adalah karena tidak cukup dana untuk memberikan insentif yang menarik bagi para petugas atau pengurus. Walaupun dalam prakteknya penghasilan seseorang tidak selalu harus dari satu sumber, akan tetapi penghargaan yang layak bagi mereka yang berprestasi memerlukan perhatian yang besar. Seharusnya ada jaminan bahwa apabila suatu ketika para pengurus ini hidup hanya dari pengabdian nya dengan lembaga ini, maka harus ada jaminan imbalan yang diperolehnya memadai bukan hanya untuk kehidupan se-hari2 akan ttp juga untuk persiapan masa tua.

Memang untuk ini masih akan memerlukan banyak pertimbangan. Salah satu yang mungkin harus mulai difikirkan adalah bagaimana kegiatan pengelolaan air bersih dipedesaan juga merupakan suatu kegiatan bisnis atau perusahaan yang walaupun tidak bersifat mencari keuntungan, akan tetapi tetap dapat menjamin kelangsungan pelayanan secara profesional.

### 3. Jaminan & kontrol kualitas

Memang faktor pengetahuan dan pengalaman sangat menentukan, apalagi pengawasan terhadap pelaksanaan pembangunan fisik yang dilakukan juga masih sangat lemah. Adalah satu kebutuhan bila dalam jangka panjang para petugas teknis maupun manajemen dibina secara bertahap untuk memperoleh kemampuan dibidang jaminan dan kontrol kualitas. Artinya kegiatan pembinaan yang ada sekarang harus terus dilakukan sampai mereka benar2 mampu memberikan jaminan & kontrol kualitas thd semua pembangunan fisik maupun pelayanan jasa yang mereka lakukan.

### 4. Keterpaduan pembinaan

Program2 yang akan bergulir dipedesaan akan bertambah, bukan saja terkait dengan air bersih dan sanitasi, akan ttp mungkin juga kebidang2 yang bersifat lebih luas seperti ekonomi dengan misalnya pembinaan dibidang pertanian. Semua program yang muncul atau datang dari Pusat / Kabupaten seharusnya dapat saling melengkapi dan memperkuat (sinergis). Harus sangat dihindari adanya kegiatan yang justru akan memperlemah.

### 5. Kesenambungan

Hal yang sangat mudah dislogankan akan tetapi sangat sulit untuk merealisasikanya. Kemampuan aparat pengurus (Badan Pengelola) dibidang manajemen keuangan sangat menentukan selain faktor pengabdian. Walaupun kegiatan ini sifatnya pengabdian akan tetapi tidak berarti semua serba gratis, banyak hal tetap harus dibeli dan dibayar dengan uang. Dengan demikian upaya kesinambungan selalu harus dikaitkan dengan bagaiman akan selalu tersedia dana yang cukup untuk membayar kebutuhan2.

### 6. Indikator keberhasilan

Keberhasilan tidak selalu berarti adanya bangunan fisik yang megah dan terawat baik. Keberhasilan yang sesungguhnya adalah apabila masyarakat meningkat kesehatan & kesejahteraannya serta wawasannya dan bahkan pola hidupnya berubah mengarah pada satu pola hidup yang lebih dinamis, lebih inovatif, lebih produktif dan tidak kalah pentingnya lebih berahlak mulia. Dengan demikian indikator yang digunakan seharusnya tidak hanya sekedar yang dapat diukur akan ttp juga yang tidak dapat diukur akan ttp jelas mengalami perubahan, seperti perubahan perilaku tadi.

## **7. Sistim Dokumentasi & Filing**

Walaupun untuk saat ini memang belum terlalu dirasakan kesulitannya, akan tetapi dalam kurun waktu 2 sampai 5 tahun kedepan sudah dapat dipastikan sistem pendokumentasian dan pengadministrasian akan bertambah rumit dan luas karena berbagai faktor. Adalah bijak apabila didalam pelatihan ataupun pembinaan manajemen mulai dipertimbangkan tentang tata cara pengelolaan data dan informasi secara modern melalui komputerisasi. Sebab satu ketika sebagai dampak dari globalisasi yang sudah mulai sangat terasa aparat dipedesaanpun akan dituntut mampu menguasai teknologi ini.

**RINGKASAN HASIL KUNJUNGAN  
MID TERM REVIEW (MTR) WSLIC - II**  
Di Kabupaten Kediri, Mojokerto, Lumajang, Probolinggo & Sampang  
Propinsi Jawa Timur  
Tanggal 27 Oktober - 5 November 2004

**RINGKASAN HASIL KUNJUNGAN  
MID TERM REVIEW (MTR) WSLIC-II**  
Di Kabupaten Kediri, Mojokerto, Lumajang, Probolinggo & Sampang  
Propinsi Jawa Timur  
Tanggal 27 Oktober - 5 November 2004

NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
<b>A. KELEMBAGAAN</b>			
1.	<b>Pendampingan paska proyek</b>	<ul style="list-style-type: none"> <li>○ Pendampingan paska proyek padahal masih sangat diperlukan, terutama untuk daerah2 tertentu yang dinilai sangat lemah SDMnya.</li> </ul>	<ul style="list-style-type: none"> <li>○ Diperlukan pertimbangan yang cukup terkait kebutuhan pendampingan paska proyek. Mencakup kebutuhan pelatihan, target grup sampai waktu dan biaya yang dibutuhkan. Tidak selalu harus enam bulan atau satu tahun. Sangat tergantung dari kondisi lokasi yang ditinjau.</li> <li>○ Dalam kasus secara umum bila diserahkan sepenuhnya kepada Pemda setempat..</li> </ul>
2.	<b>Forum TKM</b>	<ul style="list-style-type: none"> <li>○ Forum TKM tingkat desa / kecamatan/ kabupaten dan mungkin Propinsi. Kegiatan saling berbagi pengalaman dan kerja sama diantara TKM akan sangat penting dalam rangka percepatan program. Walaupun dalam juklak telah dianjurkan akan tetapi dalam prakteknya masih perlu didorong dan difasilitasi.</li> </ul>	<ul style="list-style-type: none"> <li>○ Makin banyak anggota forum yang terlibat aktif dalam setiap kegiatan koordinasi / pertemuan maka akan makin baik hasilnya.</li> <li>○ Dorongan pembentukan forum mulai dari tingkat Kecamatan sampai Kabupaten masih sangat diperlukan, terutama dalam rangka saling berbagi pengalaman dan upaya untuk adanya kompetisi / lomba secara tidak langsung.</li> <li>○ Pembentukan sekretariat bersama di tingkat kecamatan</li> </ul>

NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
			ataupun kabupaten akan membantu kegiatan ini menjadi lebih berkesinambungan.
3.	<b>Kerja sama</b>	<ul style="list-style-type: none"> <li>o Kerja sama antar dinas / sektor (kasus penggundulan hutan / pencurian kayu, penggunaan sumber daya air dll).</li> </ul>	<ul style="list-style-type: none"> <li>o Merupakan kegiatan yang mutlak harus dilakukan agar setiap program dapat berjalan lebih efektif dan optimal hasilnya.</li> <li>o Dilapangan hal ini masih diperlukan, terutama untuk kabupaten kabupaten yang masih tertinggal. Himbauan kepada Bupati untuk menegaskan perlunya kerja sama ini sangat diperlukan..Hal ini dapat dilakukan melalui perbaikan juklak / juknis, terutama dikaitkan dengan dalam rangka koordinasi bulanan / regular.</li> </ul>
4.	<b>Keseragaman anggota TKK / Tim Teknis</b>	<ul style="list-style-type: none"> <li>o Keseragaman anggota TKK / Tim Teknis.</li> </ul>	<ul style="list-style-type: none"> <li>o Penjelasan ttg jumlah anggota minimal &amp; maksimal ?</li> </ul>
5.	<b>Media</b>	<ul style="list-style-type: none"> <li>o Media di tingkat Kabupaten &amp; Propinsi secara berkala.</li> </ul>	<ul style="list-style-type: none"> <li>o Diperlukan pembinaan yang terus menerus mengenai hal ini. Kehadiran yang tetap dari media ditingkat Propinsi aka memberi contoh ke kabupaten dan seterusnya.</li> </ul>
<b>B. TEKNIK</b>			
1.	<b>Analisa biaya</b>	<ul style="list-style-type: none"> <li>o Analisa biaya khusus (karena lokasi yang umumnya sangat sulit / berat).</li> </ul>	<ul style="list-style-type: none"> <li>o Perlu kajian khusus</li> </ul>
2.	<b>Kualitas pekerjaan</b>	<ul style="list-style-type: none"> <li>o Kualitas pekerjaan khususnya perpipaan, banyak penempatan yang mudah untuk rusak dan penggunaan pipa kualitas rendah / bekas. Hal ini akan sangat berdampak pada usia sistem.</li> </ul>	<ul style="list-style-type: none"> <li>o Pendampingan harus lebih memberikan dorongan pentingnya jaminan dan kontrol kualitas dan perlunya persiapan masa paska dengan bahan (pipa dll) atau ketersediaan dana O &amp; P yang lebih besar.</li> </ul>
3.	<b>Kerja sama dg PDAM</b>	<ul style="list-style-type: none"> <li>o Kerja sama dengan PDAM (ada dua sistem di satu desa).</li> </ul>	<ul style="list-style-type: none"> <li>o Sesuatu yang sangat mendesak untuk mendapat perhatian. Sejauh ini masih sangat kurang keterlibatan PDAM dalam upaya membantu para TKM dibidang pengelolaan sistem yang telah dibangun.</li> </ul>
4.	<b>Pompa cadangan</b>	<ul style="list-style-type: none"> <li>o Tidak ada pompa cadangan disemua desa yang menggunakan sistem pemompaan.</li> </ul>	<ul style="list-style-type: none"> <li>o Karena dana yang ada tidak memungkinkan. Perlu difikirkan agar masyarakat mempunyai kemampuan untuk mengadakan dengan cara swadaya.</li> </ul>
5.	<b>Harga air</b>	<ul style="list-style-type: none"> <li>o Harga air yang sangat berbeda (dari gratis – 1000).</li> </ul>	<ul style="list-style-type: none"> <li>o Perlu kajian khusus untuk adanya keseimbangan dan kewajaran serta keseragaman harga air. Dampak</li> </ul>



NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
			yang akan ditimbulkan adalah bahwa akan semacam keengganan dari masyarakat untuk membayar kalau harganya terlalu beda dengan desa2 tetangganya.
6.	<b>Meter air</b>	<ul style="list-style-type: none"> <li>Meter air belum dianggap perlu oleh sebagian besar desa yang menggunakan sistem perpipaan.</li> </ul>	<ul style="list-style-type: none"> <li>Upaya penyadaran melalui sosialisasi yang bersifat persuasif.</li> </ul>
<b>C. PHBS</b>			
1.	<b>Waktu kegiatan PHBS</b>	<ul style="list-style-type: none"> <li>Waktu untuk kegiatan PHBS &amp; perguliran dana untuk jamban bergulir kurang.</li> </ul>	<ul style="list-style-type: none"> <li>Perlu dipertimbangkan ttg waktu yang lebih sesuai untuk setiap desa. Paling tidak dimungkinkan adanya perbedaan lama waktu yang dibutuhkan untuk setiap desa. Desa2 yang dinilai sangat responsif dan dapat menerima secara cepat memperoleh waktu lebih sedikit dari desa2 yang dinilai kurang.</li> <li>Perlu dipertimbangkan adanya waktu minimal dan maksimal untuk kegiatan2 ini..</li> </ul>
2.	<b>Metoda PHBS</b>	<ul style="list-style-type: none"> <li>Mengingat kegiatan mengubah perilaku ini sangat sulit, maka sangat diperlukan adanya upaya2 yang terus menerus untuk memperbaharui metoda yang lebih efektif.</li> </ul>	<ul style="list-style-type: none"> <li>Selain kegiatan yang bersifat ceramah (baik disekolah2 maupun di masyarakat) , peragaan melalui billboard/poster, kompetisi / perlombaan yang dilakukan secara tetap antar keluarga / RT / RW / Desa serta percontohan perlu difikirkan metoda2 lain yang bersifat pelengkap atau bahkan metoda yang lebih sesuai lagi dengan kondisi setempat.</li> </ul>
3.	<b>Kandang khewan</b>	<ul style="list-style-type: none"> <li>Kandang bersatu / dekat dengan fasilitas sanitasi bahkan rumah (terutama di Sampang)..</li> </ul>	<ul style="list-style-type: none"> <li>Sosialisasi ttg masalah ini masih memerlukan waktu dan upaya2 yang lebih efektif.</li> </ul>
4.	<b>Kampanye kamar mandi sehat</b>	<ul style="list-style-type: none"> <li>Kampanye membuat kamar mandi yg sehat bersamaan dengan jaga.</li> </ul>	<ul style="list-style-type: none"> <li>Bagian dari kegiatan PHBS.</li> </ul>
5.	<b>Lomba</b>	<ul style="list-style-type: none"> <li>Perlunya gerakan masal dengan komando dari Bupati agar menjadi pendorong semangat berprestasi. Terutama kesan adanya gerakan PHBS ditingkat desa / kecamatan.</li> </ul>	<ul style="list-style-type: none"> <li>Bagian dari kegiatan PHBS</li> </ul>
<b>D. MANAJEMEN PROYEK</b>			
1.	<b>Proses yang terlalu lama</b>	<ul style="list-style-type: none"> <li>Untuk penyelesaian RKM secara baik diperlukan alat bantu sebagai bagian dari kegiatan</li> </ul>	<ul style="list-style-type: none"> <li>Diperlukan upaya yang lebih sungguh agar ada kajian terhadap metoda ini dengan tujuan agar dimungkinkan</li> </ul>



NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
		<p>MPA/PHAST. Sangat dirasakan oleh masyarakat bahwa kegiatan ini terlalu lama, sehingga sangat diharapkan adanya pengurangan. Sejauh ini untuk kegiatan ini diperlukan sampai ± 50 - 60 kali pertemuan</p> <ul style="list-style-type: none"> <li>○ Sulitnya mengumpulkan masyarakat mengikuti kegiatan MPA/PHAST</li> <li>○ Proses dirasakan oleh masyarakat terlalu lama, disisi lain para konsultan menganggap masih kurang. Sebagai diketahui kegiatan normal untuk MPA / PHAST yang normal sampai selesai dengan penyiapan RKM adalah empat bulan. Disisi lain karena jumlah desa, jarak antar desa dan tenaga termasuk dana yang tersedia sangat terbatas.</li> </ul>	<p>adanya penyederhanaan.</p> <ul style="list-style-type: none"> <li>○ Disisi lain diperlukan upaya<sup>2</sup> yang praktis agar kegiatan juga dapat lebih disederhanakan dengan memperhatikan pengalaman pelaksanaan selama ini (lebih dari 3 tahun).. Penggunaan alat tidak perlu sampai 17 – 20 akan tetapi sesuai dengan kebutuhan yang utama, artinya alat<sup>2</sup> yang tidak relevan dapat dihilangkan.</li> </ul>
2.	<b>Jumlah desa binaan</b>	<ul style="list-style-type: none"> <li>○ Jumlah desa binaan pertahun dan pelaksanaannya dalam tahun yang sama.. Mengingat waktu yang sangat terbatas dan jumlah desa yang terus berkembang, maka diperlukan pengaturan yang lebih hati<sup>2</sup> agar kualitas pemberdayaan masih tetap dapat dijaga.</li> </ul>	<ul style="list-style-type: none"> <li>○ Diperlukan adanya telaahan tentang kebutuhan waktu minimal dan maksimal untuk pelaksanaan kegiatan MPA/PHAST perdesa.</li> </ul>
3.	<b>Dokumentasi</b>	<ul style="list-style-type: none"> <li>○ Dokumentasi yg terlihat rumit menyebabkan sulitnya penyimpanan..</li> </ul>	<ul style="list-style-type: none"> <li>○ Perlu diupayakan pedoman yang lebih sederhana.</li> </ul>
4.	<b>Papan informasi</b>	<ul style="list-style-type: none"> <li>○ Papan informasi tidak disemua desa dipasang secara terbuka.</li> </ul>	<ul style="list-style-type: none"> <li>○ Perlunya pengarah dan dorongan untuk melaksanakan pembuatan papan informasi secara terbuka dan berkelanjutan.</li> </ul>
5.	<b>Tanda terima kasih kpd Ka TKM</b>	<ul style="list-style-type: none"> <li>○ Tanda terima kasih kpd para ketua TKM. Sejauh ini mereka banyak memberikan waktu, tenaga, fikiran dan juga biaya. Tetapi kurang mendapat imbalan dan penghargaan.</li> </ul>	<ul style="list-style-type: none"> <li>○ Perlu dikembangkan kegiatan yang berorientasi pada bisnis, sehingga setiap pelaku akan diharapkan memperoleh imbalan dari setiap usahanya..</li> </ul>
6.	<b>Dana insentif bagi TKK / TKKc</b>	<ul style="list-style-type: none"> <li>○ Dana insentif bagi TKK / TKKc, kadang ada adang tidak. Berpengaruh pada kinerja mereka.</li> </ul>	<ul style="list-style-type: none"> <li>○ Memprogramkan secara tetap kebutuhan dana untuk biaya operasional TKK &amp; TKKc.</li> </ul>
7.	<b>Evaluasi keberhasilan</b>	<ul style="list-style-type: none"> <li>○ Evaluasi keberhasilan dengan tolok ukur yang jelas dan dilakukan secara transparan. Sejauh ini masih sangat bervariasi penilaian yang dilakukan</li> </ul>	<ul style="list-style-type: none"> <li>○ Sosialisasi tentang indikator 2 keberhasilan sangat diperlukan oleh TKK, TKKc dan TKM.</li> </ul>

NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
		oleh tingkat Pusat / Propinsi.	
8.	<b>Pedoman yg lebih rinci</b>	<ul style="list-style-type: none"> <li>○ Guide line khusus yang lebih rinci utk aspek2 tertentu (mis. ttg tupoksi kelembagaan, UKS).</li> </ul>	<ul style="list-style-type: none"> <li>○ Dalam proses</li> </ul>
9.	<b>Biaya perlu lebih dari 200 juta</b>	<ul style="list-style-type: none"> <li>○ Perlunya pertimbangan biaya lebih dari 200 juta dengan banyaknya kenaikan harga). Diusulkan 300 juta, termasuk untuk dana bergulir utk jaga &amp; PHBS jadi ± 30%) Sering kali dana utk kran mum dikorbankan</li> </ul>	<ul style="list-style-type: none"> <li>○ Sangat jelas mengingat adanya kenaikan yang cukup besar dari semua komponen bahan dan alat.</li> </ul>
10.	<b>Beda antara TOR dan kebutuhan lapangan</b>	<ul style="list-style-type: none"> <li>○ Kunjungan lapangan antara TOR &amp; kenyataan sangat berbeda.</li> </ul>	<ul style="list-style-type: none"> <li>○ Perlu diingatkan</li> </ul>
11.	<b>Sinkronisasi data</b>	<ul style="list-style-type: none"> <li>○ Data yg kadang tidak sinkron antara statistik, Podes / Bapemas dan aktual.</li> </ul>	<ul style="list-style-type: none"> <li>○ Perlunya koordinasi dan kerja sama yang lebih diantara para pelaku.</li> </ul>
12.	<b>Pedoman teknis yg kaku</b>	<ul style="list-style-type: none"> <li>○ Pedoman teknis yang kaku menyebabkan TKM / konsultan kehilangan kreativitas.</li> </ul>	<ul style="list-style-type: none"> <li>○ Selain harus dimungkinkan juga perlu dorongan untuk kreatifitas.</li> </ul>
	<b>J. GENDER</b>		
1.	<b>Gender</b>	<ul style="list-style-type: none"> <li>○ Masalah gender masih sangat sulit direalisasikan.</li> </ul>	<ul style="list-style-type: none"> <li>○ Kurangnya pendidikan kaum wanita di pedesaan masih sangat menonjol..</li> </ul>

**KABUPATEN KEDIRI**

NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
	<b>A. KELEMBAGAAN</b>		
1.	<b>TKM kelompok</b>	<ul style="list-style-type: none"> <li>○ TKM kelompok (beberapa desa).</li> </ul>	<ul style="list-style-type: none"> <li>○ Masih sangat sulit selama unsur arogansi dan faktor ego yang masih tinggi.</li> <li>○ Sosialisasi dalam rangka perlunya TKM tingkat kecamatan perlu lebih ditingkatkan.</li> </ul>
2.	<b>Program mengisi waktu luang</b>	<ul style="list-style-type: none"> <li>○ Program pengisian waktu luang.</li> </ul>	<ul style="list-style-type: none"> <li>○ Merupakan bentuk keterpaduan yang sangat penting dilakukan. Kegiatan ini akan sangat memotivasi masyarakat untuk meningkatkan kesejahteraan mereka.</li> <li>○ Pendampingan dan inisiator harus muncul dari Bapemdes / PKK ataupun dinas teknis lain yang ada</li> </ul>

NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
			kaitannya dengan upaya meningkatkan tingkat kesejahteraan / kegiatan ekonomi.
	<b>B. TEKNIK</b>		
1.	<b>Kurang tes kit</b>	<ul style="list-style-type: none"> <li>Kurangnya fasilitas tes kit lapangan &amp; alat ukur (usul alat yg lebih maju GP3).</li> </ul>	<ul style="list-style-type: none"> <li>Perlu mendapat perhatian leih dari Pusat dan propinsi ttg kelengkapan semua sarana ini.</li> </ul>
2.	<b>Bisnis air bersih</b>	<ul style="list-style-type: none"> <li>Kegiatan bisnis dibidang air bersih (semacam aqua).</li> </ul>	<ul style="list-style-type: none"> <li>Didorong untuk mengarah pada kegiatan yang bersifat meningkatkan kegiatan ekonomi.</li> </ul>
3.	<b>Nilai kesetaraan dan penggunaan sisa dana</b>	<ul style="list-style-type: none"> <li>Nilai kesetaraan dan penggunaan sisa dana.</li> </ul>	<ul style="list-style-type: none"> <li>Perlu dikembangkan standar kesetaraan dimasing2 daerah / kabupaten / kecamatan.</li> <li>Hal yang sama perlu dilakukan thd penggunaan sisa dana.</li> </ul>
4.	<b>Penggunaan radio HT</b>	<ul style="list-style-type: none"> <li>Penggunaan radio HT.</li> </ul>	<ul style="list-style-type: none"> <li>Sangat dianjurkan untuk dicontoh didaerah lain terutamadengan kondisi lapangan yang sulit dijangkau.</li> </ul>
	<b>D. MANAJEMEN PROYEK</b>		
1.	<b>Pembayaran retribusi melalui bunga pinjaman</b>	<ul style="list-style-type: none"> <li>Pembayaran retribusi melalui bunga dari pinjaman.</li> </ul>	<ul style="list-style-type: none"> <li>Kasuistik sangat tidak direkomendasikan didaerah lain.</li> </ul>

## KABUPATEN MOJOKERTO

NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
	<b>A. KELEMBAGAAN</b>		
1.	<b>Tim audit internal ?</b>	<ul style="list-style-type: none"> <li>Tim audit internal.</li> </ul>	<ul style="list-style-type: none"> <li>Sudah ada Unit Pengaduan Masyarakat, hanya saja belum efektif bahkan belum ada satu kabupatenpun yang melaksanakannya</li> </ul>
	<b>B. TEKNIK</b>		
1.	<b>Kualitas pipa</b>	<ul style="list-style-type: none"> <li>Penggunaan kualitas pipa yang lebih rendah karena dana tidak mencukupi. Sangat rawan kebocoran.</li> </ul>	<ul style="list-style-type: none"> <li>Sesuatu yang sangat dilematis. Akan tetapi biasanya masyarakat lebih memprioritaskan dalam rangka pemerataan dibanding untuk kualitas pelayanan.</li> </ul>

NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
<b>D. MANAJEMEN PROYEK</b>			
1.	<b>Penyerahan fisik</b>	<ul style="list-style-type: none"> <li>Penyerahan bangunan fisik yang terlalu lama, sehingga pemasangan sambungan kerumah - rumah terhambat / kurang terkoordinasi.</li> </ul>	<ul style="list-style-type: none"> <li>Penyerahan aset dari pemerintah kepada masyarakat seharusnya dipercepat. Masalah kurangnya dokumen yang diperlukan untuk adanya penyerahan ini menjadi tugas khusus task force dari Kabupaten / DPMU dibantu oleh para TKM dan CFT.</li> </ul>
2.	<b>Format yg sering berubah</b>	<ul style="list-style-type: none"> <li>Format yang sering berubah.</li> </ul>	<ul style="list-style-type: none"> <li>Penyampaian perubahan yang kadang sangat mengganggu proses pembelajaran.. Perubahan kalau dapat dilakukan pada awal tahun anggaran / awal tahun pelaporan akan sangat baik.</li> </ul>
3.	<b>Dana pendamping kurang</b>	<ul style="list-style-type: none"> <li>Dana pendamping yg kurang (terlalu dekat, sebaiknya penyipian program &amp; DED dengan pelaksanaan tidak ditahun yang sama).</li> </ul>	<ul style="list-style-type: none"> <li>Penyediaan dana pendamping sebaiknya tidak terbatas hanya pada 8% dari keseluruhan dana fisik. Selain untuk kegiatan Biaya Operasional Proyek (BOP) dalam rangka manajemen, juga dimungkinkan adanya dana cadangan untuk mengatasi kemungkinan kekurangan dana, baik yang bersifat fisik maupun non fisik.</li> </ul>
4.	<b>Rumor yg menyesatkan</b>	<ul style="list-style-type: none"> <li>Sering ada rumor yang menyesatkan.</li> </ul>	<ul style="list-style-type: none"> <li>Fungsi media resmi akan sangat diperlukan untuk menghindari adanya rumor.</li> </ul>
<b>E. PELATIHAN</b>			
1.	<b>Pelatihan sodis</b>	<ul style="list-style-type: none"> <li>Kegiatan pelatihan sodis dirasa tidak perlu.</li> </ul>	<ul style="list-style-type: none"> <li>Manfaatnya kecil sehingga tidak perlu dilakukan, bersifat fakultatif saja. Dan harus melihat budaya masyarakatnya. Bila masyarakat setempat terbiasa dengan minum air matang, sangat mustahil akan menggunakan teknologi ini.</li> </ul>

## KABUPATEN LUMAJANG

NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
<b>A. KELEMBAGAAN</b>			
1.	<b>Keterpaduan sektor</b>	<ul style="list-style-type: none"> <li>Keterpaduan lintas sektor.</li> </ul>	<ul style="list-style-type: none"> <li>Sesuatu yang sangat diharapkan terwujud. Akan tetapi</li> </ul>

			merupakan hak prerogatif Kepala Daerah untuk melakukannya. Pusat hanya bersifat mendorong dan memfasilitasi kemungkinan kegiatan seperti ini.
2.	<b>Keterpaduan lintas pemerintahan</b>	o Keterpaduan lintas pemerintahan	o Idem diatas.
3.	<b>Program dana sehat</b>	o Ada program dana sehat.	o Sangat menarik bila dilakukan secara terpadu dengan kegiatan WSLIC. Hanya saja tidak dapat dipaksakan.
4.	<b>Warung sholeh</b>	o Warung soleh (tanpa penunggu).	o Sangat menarik bila dilakukan secara terpadu dengan kegiatan WSLIC. Hanya saja tidak dapat dipaksakan.
<b>B. TEKNIK</b>			
1	<b>Model tiga dimensi</b>	o Model tiga dimensi dan alat peraga yang lebih menarik.	o Contoh yang baik.
<b>C. PHBS</b>			
1.	<b>Baliho / bill board</b>	o Baliho / bill board yg banyak terpasang.	o Contoh yang baik
<b>D. MANAJEMEN PROYEK</b>			
1.	<b>Banyak desa yg masih membutuhkan</b>	o Masih banyaknya desa yg membutuhkan Program (dari 24 hanya 2 desa yg punya sumber sendiri).	o Perlunya sumber2 lain yang memungkinkan kegiatan dilakukan diluar desa2 yang telah dibantu oleh WSLIC-II.
<b>H. KEBERLANJUTAN</b>			
1.	<b>Desa binaan</b>	o Desa binaan / teladan /panutan.	o Menyiapkan satu atau beberpa desa binaan dalam arti lengkap akan sangat membantu Pemda merelisasikan contoh2 kongkrit tentang perlunya desa2 teladan skala Kecamatan./ Kabupaten.

<b>Sampang</b>	
1. Selalu dinilai kurang untuk kegiatan PHBS & Sanitasi.	1. Perlu penjelasan lebih rinci thd sistim penilaian yang dilakukan melalui pedoman penilaian yang lebih rinci.
2. Kesulitan dilapangan bagi CFT (terutama kaum wanita) dikaitkan dengan kondisi masyarakatnya yg masih kurang pendidikannya serta lokasinya yg sangat berjauhan..	2. Penggantian secara bergulir atau penggantian secara tetap - Tambahan tenaga CFT pria.
3. Kondisi istimewa yang tidak kondusif (al. Klebun).	
4. Penggantian pedoman yang berkali-kali.	

<b>Sampang</b>	
5. Transportasi untuk sanitarian.	
6. Tas dokumen yang sangat memudahkan TKM untuk dibawa dan disimpan.	
7. Dana bergulir lebih baik sebagai dana stimulan saja (terutama untuk kelompok masyarakat miskin).	

**KABUPATEN PROBOLINGGO**

NO	ITEM KEGIATAN/INFORMASI	ISYU UTAMA	REKOMENDASI AWAL
<b>A. KELEMBAGAAN</b>			
2.	<b>A. KELEMBAGAAN</b> <b>Obyek wisata</b>	○ Obyek wisata.	○ Sangat menarik bila dilakukan secara terpadu dengan kegiatan WSLIC. Hanya saja tidak dapat dipaksakan
<b>B. TEKNIK/MANAJEMEN PROYEK</b>			
1.	<b>Komputerisasi</b>	○ Komputerisasi.	○ Sangat menarik bila dilakukan secara terpadu dengan kegiatan WSLIC. Hanya saja tidak dapat dipaksakan
<b>C. PHBS</b>			
3.	<b>Kampanye pembuatan kamar mandi &amp; jaga yg sehat</b>	○ Kampanye pembuatan kamar mandi yang lebih layak.	○ Merupakan bagian dari PHBS
<b>D. MANAJEMEN PROYEK</b>			
4.	<b>Pemilihan desa</b>	○ Pemilihan desa yg sering terlambat.	○ Karena keliru didalam menetapkan desa2 awal, maka tidak tertutup kemungkinan munculnya pencarian desa2 baru sebagai pengganti.

## Laporan Hasil Kunjungan ke Prop. Nusa Tenggara Barat

**Kab. Lombok Barat  
Kab. Dompu  
Kab. Bima**

**MTR WSLIC 2  
25 – 30 November 2004**

**Clarita Kusharto**

**Summary Temuan Hasil Kunjungan Lapangan MTR  
Prop. NTB 25 - 30 November 2004**

No	Bahasan	Masalah	Rekomendasi
1	PROW/Road Show	<ul style="list-style-type: none"> <li>o Ketergantungan pihak kecamatan terhadap pihak kabupaten (DPMU) dalam menjalankan PROW di level kecamatan-desa. Materi PROW level kecamatan-desa mengandalkan pembicara dari pihak kabupaten karena keterbatasan pemahaman terhadap proyek WSLIC</li> <li>o Proses penggantian desa hanya dapat dilakukan jika dalam jangka waktu 14 bulan (sejak PROW dilakukan) desa bersangkutan tidak dapat menjalankan komitmennya, terutama dalam hal kontribusi (Kab. Bima).</li> </ul>	<ul style="list-style-type: none"> <li>o Komitmen kontribusi uang yang ditandatangani bersama dengan form SPPD sebaiknya juga melampirkan rincian (awal) beban kontribusi masyarakat.</li> <li>o PROW (termasuk di level masyarakat desa) minimal 1 tahun, dengan harapan masyarakat lebih siap menerima bantuan dan proses tidak tergesa-gesa karena mengejar pencairan dana termin ke-1</li> </ul>
2	APBD - APBN	<ul style="list-style-type: none"> <li>o Pencairan dana APBD kurang fleksibel, mengikuti ketentuan tahun anggaran. Jika terlambat, dana APBD tidak dapat diambil sebaliknya APBN dapat diambil dalam tahun anggaran berikut</li> <li>o Prosedur pencairan dana APBD dikeluhkan lebih sulit daripada APBN.</li> </ul>	<ul style="list-style-type: none"> <li>o Prosedur pencairan dana pemerintah dari kas APBD yang lebih fleksibel, sehingga proses pemberdayaan &amp; perencanaan di level masyarakat tidak dilakukan terburu-buru.</li> <li>o Jika kas APBN lebih fleksibel, dipertimbangkan agar kas APBN yang dipakai untuk mendanai</li> </ul>

No	Bahasan	Masalah	Rekomendasi
			komponen pemerintah untuk hibah desa <ul style="list-style-type: none"> <li>o Untuk dana pembangunan di masyarakat, sebaiknya tenggang waktu pencairan bantuan bukan berdasarkan tahun anggaran pemerintah (pada umumnya jika terlambat tidak dapat dicairkan) sehingga proses lebih fleksibel</li> </ul>
	Kontribusi masyarakat	<ul style="list-style-type: none"> <li>o Dana kontribusi masyarakat harus terkumpul 100% sebelum pencairan termin ke-1. Besarnya persentase ini dirasakan sangat menyulitkan masyarakat terutama desa-desa yang sangat miskin. Akibatnya komitmen desa untuk berkontribusi saat penandatanganan form SPPB seringkali berubah saat pembuatan RKM.</li> </ul>	<ul style="list-style-type: none"> <li>o Persentase pengumpulan dana kontribusi masyarakat mengikuti persentase pencairan dana bantuan yaitu 25% termin ke-1, 50% termin ke-2, dan 25% termin ke-3 sehingga keikutsertaan desa-desa yang sangat miskin tidak terhambat karena masalah kontribusi</li> <li>o Perkiraan waktu pengumpulan kontribusi sebaiknya mengikuti kalender musim (berdasarkan mata pencaharian masyarakat), dalam hal ini bukan mengikuti kalender anggaran pemerintah</li> </ul>
3	Masalah pelaporan	<ul style="list-style-type: none"> <li>o Prosedur pelaporan proyek kurang melibatkan TKK, akibatnya pihak TKK merasa mengetahui permasalahan yang terjadi di wilayahnya belakangan, setelah pihak pusat mengetahui lebih dahulu (Kab. Dompus)</li> <li>o Kurangnya komitmen dari anggota TKK dan Tim Teknis Kabupaten dalam menyikapi issue yang muncul akibat seringnya pergantian orang-orang yang duduk di dalamnya</li> </ul>	<ul style="list-style-type: none"> <li>o Adanya tebusan setiap laporan kabupaten bagi TKK</li> <li>o Adanya pembahasan/rapat bersama antara TKK, DPMU, PMC, dan Konsultan untuk membahas masalah-masalah yang terjadi di lapangan sedikitnya sebulan sekali</li> <li>o Komitmen dari anggota TKK dan Tim Teknis Kabupaten untuk terlibat dalam monitoring WSLIC dan menanggapi issue yang muncul</li> <li>o Adanya monitoring bersama untuk melihat feedback masyarakat</li> </ul>
4	Masalah Pelatihan	<ul style="list-style-type: none"> <li>o Untuk penyelenggaraan pelatihan dari dana hibah desa, seringkali alokasi dana sangat kecil dibandingkan kebutuhan penyelenggaraan. Akibatnya sulit mencari LSM/pihak ke-3 yang mau menjadi penyelenggara</li> <li>o Ownership workshop untuk level kecamatan (yang merupakan bagian awal dari kegiatan WSLIC) hanya diberikan 1 kali saja diawal</li> </ul>	<ul style="list-style-type: none"> <li>o Alokasi dana dibuat berdasarkan usulan atas penawaran biaya pelatihan yang dibuat oleh pihak ke-3</li> <li>o Meninjau ulang pelatihan-pelatihan yang harus diadakan secara berkala dan mana pelatihan yang cukup dilakukan 1 kali saja, contohnya ownership workshop tetap diselenggarakan untuk kecamatan-kecamatan yang baru menerima</li> </ul>



No	Bahasan	Masalah	Rekomendasi
		<p>proyek, akibatnya hanya kecamatan-kecamatan yang terlibat pada tahun ke-1 yang mendapatkan</p> <ul style="list-style-type: none"> <li>o Adanya ketentuan proyek untuk tidak mengadakan pelatihan yang sama selama proyek WSLIC berjalan</li> <li>o Untuk pelatihan yang bersumber dari rekening khusus (RK), proses penentuan LSM pelaksana merupakan penunjukkan langsung dari Bank Dunia.</li> <li>o Belum ada unit khusus yang mengkoordinasi materi pelatihan yang diselenggarakan di daerah (Propinsi/Kabupaten). Materi pelatihan umumnya diserahkan pada pihak pelaksana berdasarkan TOR proyek.</li> <li>o Belum ada refresh training bagi CF</li> <li>o Belum ada monitoring dampak pelatihan</li> </ul>	<p>program WSLIC</p> <ul style="list-style-type: none"> <li>o Perlu adanya training coordinator di level kabupaten (dibawah training coordinator pusat) untuk menjaga kualitas pelatihan-pelatihan yang diselenggarakan di daerahnya</li> <li>o Perlu diadakannya refresh training baik untuk Konsultan dan CF</li> <li>o Perlu adanya monitoring dampak pelatihan oleh tim training coordinator untuk mendapat feedback pasca pelatihan dan pengembangannya</li> <li>o Kebutuhan proyek di daerah disesuaikan dengan hasil <i>training need assessment</i> sehingga jenis pelatihan di setiap daerah dapat difokuskan pada kebutuhan spesifik setiap daerah</li> </ul>
5	Badan Pengelola	<ul style="list-style-type: none"> <li>o Belum ditemukan adanya Badan Pengelola di NTB, namun rencana pembentukan badan pengelola hanya ditemukan dalam sistem perpipaan</li> <li>o Di Kab. Lobar, TKM yang masa kerjanya telah selesai tugas pengelolaan diserahkan pada pihak kantor desa, namun : <ul style="list-style-type: none"> <li>- Belum ada unit yang khusus mengelola SAB WSLIC</li> <li>- Konsentrasi pengelolaan hanya pada SAB</li> <li>- Belum memiliki perencanaan dalam O &amp; M (termasuk iuran)</li> <li>- Belum memiliki pelatihan O &amp; M</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>o Perlu adanya BP yang terbentuk pasca TKM, dimana BP ini mendapatkan SK pengangkatan dari Kepala Desa untuk mengelola sarana. Kedudukan BP yang memiliki SK diharapkan memiliki kewenangan untuk mengelola sarana dan merencanakan pengembangan O &amp; M.</li> <li>o Perlu adanya rencana yang jelas untuk pembinaan/bimbingan BP pasca WSLIC baik di level kecamatan maupun kabupaten, contoh kejelasan peran sanitarian/puskesmas pasca proyek</li> <li>o BP umumnya dibentuk hanya untuk pengelolaan SAB, belum ditemui adanya peran dalam mengelola SAN dan PHBS</li> <li>o Perlu adanya pelatihan O &amp; M (teknis dan administrasi) untuk BP, terutama untuk BP yang memiliki anggota non TKM</li> </ul>
	TKM	<ul style="list-style-type: none"> <li>o Proses pemilihan TKM biasanya lebih banyak didominasi oleh tokoh-tokoh desa, baik pemilihan calon maupun orang-orang yang memiliki hak</li> </ul>	<ul style="list-style-type: none"> <li>o Sebaiknya pemilihan calon TKM dimulai dari tingkat yang paling rendah RT/RW/Dusun dan adanya kriteria yang jelas untuk calon TKM</li> </ul>

No	Bahasan	Masalah	Rekomendasi
		suara untuk memilih TKM o Tidak adanya kriteria pengurus TKM menyebabkan seringkali latar belakang (a.l pendidikan, pengalaman kerja dll) TKM tidak memadai untuk menjalankan fungsi TKM o Banyak TKM yang terbentuk pasca MPA-PHAST menyebabkan mereka tidak terlibat dalam mensosialisasi WSLIC ke masyarakat. Hal ini juga berakibat mereka tidak dapat membuat RKM o Format LB1 tidak dapat dikerjakan oleh TKM, untuk mengisi ini seringkali konsultan dan CF yang harus mengerjakannya (kab. Dompu & Bima) o	contohnya berjiwa sosial, pendidikan minimal (kemampuan baca tulis) dll. o Proses pemilihan TKM dibuka untuk seluruh masyarakat, bukan dilakukan oleh perwakilan masyarakat o Proses pembentukan TKM sebaiknya dilakukan sebelum proses MPA PHAST (setelah desa menyatakan mendatangi SPPD dan kelengkapannya), sehingga unsur masyarakat sudah terlibat sejak proses awal dan dapat diajak terlibat lebih banyak dalam menyusun RKM
	CF	o Keluhan konsultan (terutama teknik) tentang pengalaman kerja, latar belakang pendidikan, dan pengetahuan (khususnya hidrologi) CF kurang o Wilayah dampingan yang banyak dan seringkali berjauhan menyebabkan CF tidak dapat tinggal di desa secara intensif (atau hanya menginap di desa saat ada kegiatan). Saat ini CF umumnya bertempat tinggal di ibukota kabupaten	o Khusus untuk CF teknik pendudukan min. Teknik Lingkungan atau Sipil o Materi dan lamanya pelatihan CFT, khususnya materi hidrologi, sebaiknya ditambah o Adanya patokan yang jelas untuk batas maksimal jumlah wilayah dampingan 1 tim CF dalam 1 tahun anggaran (dengan catatan tidak memiliki hutang dampingan untuk tahun anggran sebelumnya) o 1 tim CF sebaiknya mendampingi lokasi tidak lebih dari 4 desa yang letaknya berdekatan (1 cluster) o Adanya tim CF khusus yang melakukan pendampingan pasca konstruksi min. 6 bulan
	Konsultan	o Untuk konsultan HCD yang non kesehatan, CF Kesehatan umumnya mengeluhkan minimnya pendampingan dari konsultan HCD berkaitan dengan kegiatan PHBS. Inovasi kegiatan terutama diperoleh setelah berkonsultasi dengan sanitarian puskesmas	o Konsultan HCD (jika tetap disatukan) sebaiknya yang memiliki latar belakang, pendidikan atau pengalaman, bidang kesehatan
	PLO	o Tidak ada PLO untuk propinsi NTB. Tugas PLO berkaitan dengan masalah administrasi dan	o Sebaiknya 1 propinsi didampingi oleh 1 PLO untuk membantu tugas pimpro propinsi

No	Bahasan	Masalah	Rekomendasi
		pendampingan dalam hal pembuatan laporan masih sangat dibutuhkan	
	TKK	<ul style="list-style-type: none"> <li>o Kerjasama TKK yang dikeluhkan kurang aktif dan kurang peka dalam menangani persoalan-persoalan yang terjadi di lapangan (Kab. Dompu)</li> <li>o Kunjungan lapangan pihak TKK yang kurang karena kesibukan</li> <li>o Belum ada komitmen yang jelas tentang kelanjutan kegiatan TKK maupun DPMU pasca WSLIC. Fungsi DPMU pasca proyek akan diserahkan di bawah sub dinas penyehatan lingkungan/air minum</li> </ul>	
	CPMU	<ul style="list-style-type: none"> <li>o Kunjungan dari pihak CPMU yang jarang ( ± 1 kali dalam 2 bulan atau jika ada masalah serius di lapangan</li> </ul>	
6	PHBS	<ul style="list-style-type: none"> <li>o Tidak ada pedoman kegiatan untuk PHBS</li> <li>o Tidak adanya alat ukur untuk mengetahui keberhasilan atau kegagalan dari program PHBS. Saat ini kuesioner untuk menilai capaian PHBS pra dan pasca proyek masih merupakan inisiatif dari masing-masing HCD atau CF Kesehatan</li> <li>o Kebersihan di sekitar sarana AB yang seadanya a.l becek, sampah bekas mencuci atau mandi.</li> </ul>	<ul style="list-style-type: none"> <li>o Perlu adanya pedoman pelaksanaan PHBS di lapangan berikut alat mengukur perkembangan PHBS yang dilakukan pra dan pasca konstruksi. Alat mengukur perkembangan PHBS sebaiknya merupakan alat yang dapat dipergunakan juga untuk CF (kuesioner yang ada saat ini merupakan alat monitoring PMC)</li> <li>o Perlu adanya aturan pemeliharaan sarana, khususnya SAB yang dibuat dan disepakati seluruh masyarakat</li> </ul>
	Sanitasi	<ul style="list-style-type: none"> <li>o Program jamban bergulir yang tidak berjalan</li> </ul>	<ul style="list-style-type: none"> <li>o Perlu adanya inovasi-inovasi dalam perguliran jamban yang disesuaikan dengan kebiasaan setempat, misalnya melalui media arisan masyarakat, perguliran berkelompok – gotong royong kelompok dll</li> </ul>
	SAB	<ul style="list-style-type: none"> <li>o Sarana SPAL di fasilitas AB yang kurang memadai a.l lantai sumur yang kurang lebar sehingga sekeliling sarana menjadi becek, lubang peresapan yang jarang dibuat</li> <li>o Pengecekan kualitas air (untuk perpipaan) hanya dilakukan 1 kali saat pra konstruksi, sedangkan</li> </ul>	<ul style="list-style-type: none"> <li>o Pada umumnya SAB tidak saja menjadi tempat untuk ambil minum tapi juga untuk mandi dan cuci, sebaiknya lebar lantai SAB juga dibuat memadai dengan SPAL yang baik, sehingga tidak menimbulkan genangan air dimana-mana</li> <li>o Pengecekan kualitas air dilakukan secara berkala</li> </ul>

No	Bahasan	Masalah	Rekomendasi
		<p>untuk sumur gali umumnya hampir jarang dilakukan</p>	<p>pasca konstruksi, untuk sumur sebaiknya juga dilakukan pengecekan daripada hanya mengandalkan kualitas sumur yang pernah terbangun sebelumnya</p>
7	MPA PHAST	<ul style="list-style-type: none"> <li>o Waktu pelaksanaan FGD MPA-PHAST kurang dari 2 minggu efektif, bahkan proses MPA-PHAST dapat dikerjakan dalam hitungan hari kurang dari 1 minggu.</li> <li>o Proses MPA sampai penyusunan RKM membutuhkan waktu rata-rata 2 bulan, bahkan lebih (kab. Bima) karena menunggu pengumpulan kontribusi uang</li> <li>o CF mengalami kesulitan untuk mengidentifikasi kelompok masyarakat (kaya/miskin) untuk FGD tools MPA – PHAST.</li> <li>o FGD tools yang seharusnya dilakukan beberapa kali - perkelompok masyarakat seringkali dilakukan hanya 1 kali saja, dimana jawaban kaya/miskin diidentifikasi berdasarkan kondisi fisik (penampilan) dari si pemberi jawaban</li> <li>o FGD MPA PHAST seringkali hanya difasilitasi oleh 1 orang CF</li> <li>o Pemahaman CF, Konsultan, PMC, dan DPMU terhadap filosofi MPA PHAST masih kurang, MPA-PHAST masih dilihat sebagai alat untuk mengumpulkan data untuk pembuatan RKM</li> <li>o Tidak ada patokan yang jelas mana tools yang perlu dilakukan jika belum ada SAB terbangun dan telah memiliki SAB, akibatnya banyak tools yang dirasakan tidak relevan dengan lapangan</li> <li>o Peta Sosial belum memperlihatkan sebagai peta perencanaan sarana bersama masyarakat. Peta umumnya hanya memberikan informasi mengenai lokasi rumah kaya-miskin.</li> <li>o Peta sosial belum dimanfaatkan sebagai sarana untuk monitoring bersama (baik oleh</li> </ul>	<ul style="list-style-type: none"> <li>o Minimal untuk tools MPA PHAST adalah 14 hari efektif (dengan memperhitungkan pleno desa dan pertemuan-pertemuan kaya/miskin/laki-laki/perempuan)</li> <li>o Sampai pada pembuatan RKM diharapkan tidak kurang dari 78 hari (2,5 bulan)</li> <li>o Perlunya refresh training MPA PHAST baik untuk CF, serta Konsultan, DPMU, dan PMC. Refresh dilakukan juga untuk memantapkan filosofi dari alat-alat MPA yang dipergunakan, review praktek di lapangan, dan rasionalitas dari setiap alat yang dipakai.</li> <li>o Fungsi Peta Sosial : <ul style="list-style-type: none"> <li>- Merupakan peta perencanaan</li> <li>- Menjadi alat untuk mengidentifikasi tempat tinggal kelompok kaya/miskin sehingga semua lapisan terlibat</li> <li>- Merupakan peta monitoring perkembangan, sehingga peta sebaiknya tidak diberikan pada proyek maupun konsorsium tapi ditinggal untuk TKM/BP</li> </ul> </li> <li>o Fasilitasi MPA PHAST harus dilakukan oleh min. 2 orang, proses MPA sebaiknya tidak dilakukan oleh 1 orang saja</li> <li>o Adanya panduan yang jelas antara mana tools wajib MPA dan mana tools tidak dapat dilakukan jika tidak pernah ada SAB terbangun di lokasi</li> <li>o Pengadaan alat bantu MPA perlu diperhatikan, sehingga proses tidak berjalan setengah-setengah karena keterbatasan bahan. Dalam hal ini diperlukan juga kreativitas CF tanpa mengabaikan perlunya hasil MPA yang ditinggal</li> </ul>

No	Bahasan	Masalah	Rekomendasi
		masyarakat/TKM, CF maupun PMC). <ul style="list-style-type: none"> <li>o Hasil peta sosial seringkali tidak dapat ditemukan lagi di masyarakat karena alasan dipinjam oleh CF, diserahkan pada konsorsium (kab. Dompu), diserahkan pada pihak kantor desa (kab. Lobar, Bima)</li> <li>o Penggunaan alat-alat bantu MPA-PHAST seringkali kurang sehingga partisipasi peserta FGD kurang aktif, umumnya CF lebih banyak menggunakan metode tanya jawab yang hasilnya ditulis di selembar kertas plano</li> <li>o Pengadaan alat bantu MPA PHAST di lapangan berkesan seadanya, a.l kertas plano yang terbatas sehingga seorang CF seringkali hanya menggunakan 1 kertas plano untuk mengirrit atau penggunaan kertas plano bolak-balik</li> <li>o Belum ditemukan adanya monitorong partisipatif/ MPA PHAST baik oleh CF maupun PMC</li> <li>o Tidak ada TKM yang pernah mendapatkan pengetahuan/keterampilan MPA PHAST</li> </ul>	di masyarakat, sehingga dapat menjadi bahan rencana tindak lanjut kegiatan oleh masyarakat
	Pemberdayaan	<ul style="list-style-type: none"> <li>o Pendekatan pemberdayaan terletak pada proses MPA PHAST, namun proses ini dirasakan tergesa-gesa dan terbatas waktu karena mengejar batas waktu pencairan termin ke-1 (terutama yang menggunakan komponen dana dari APBD)</li> </ul>	<ul style="list-style-type: none"> <li>o Penggunaan sumber dana pemerintah yang prosedur pencairan (administrasi) lebih fleksibel sehingga proses pemberdayaan tidak dikorbankan (lihat rekomendasi tentang dana APBD/N)</li> </ul>
	Gender	<ul style="list-style-type: none"> <li>o Keterlibatan perempuan masih kurang, belum ada ketentuan yang mewajibkan jumlah minimal perempuan yang harus terlibat dalam pertemuan. Perempuan baru disadari sebagai pemakai air terbanyak</li> <li>o Suara perempuan kurang terlihat, sejauh ini peletakan sarana AB/SAN masih berdasarkan ijin dari tokoh-tokoh masyarakat atau kepala rumah tangga (laki-laki)</li> </ul>	<ul style="list-style-type: none"> <li>o Adanya penetapan jumlah minimum kehadiran perempuan dalam setiap pertemuan dan kewajiban untuk mengadakan pertemuan khusus untuk perempuan dalam membahas opsi dan penempatan lokasi SAB</li> <li>o Mendorong keterlibatan aktif perempuan melalui kelompok-kelompok kegiatan perempuan a.l PKK, pengajian dll sehingga mereka mau ambil bagian dalam WSLIC</li> </ul>
	Kemiskinan	<ul style="list-style-type: none"> <li>o Minimnya keterlibatan kelompok miskin dalam</li> </ul>	<ul style="list-style-type: none"> <li>o Proses pemilihan TKM dibuka untuk seluruh</li> </ul>

No	Bahasan	Masalah	Rekomendasi
		<p>pembentukan TKM, menyebabkan proses penentuan sistem AB, lokasi penempatan SAB, pengelolaan dsb didominasi oleh keputusan tokoh-tokoh masyarakat. Kepentingan kelompok miskin seringkali dikalahkan oleh kepentingan kepala desa, tokoh-tokoh dsb.</p>	<p>masyarakat, bukan dilakukan oleh perwakilan masyarakat sehingga kelompok miskin dapat ikut terlibat</p> <ul style="list-style-type: none"> <li>o Pemilihan opsi dan penentuan titik sarana harus ditetapkan secara terbuka dan disepakati melalui forum musyawarah</li> <li>o Fungsi peta sosial sebagai peta perencanaan harus dijalankan</li> </ul>
10	RKM	<ul style="list-style-type: none"> <li>o Saat ini hampir semua isi RKM dibuat oleh CF. TKM hanya terlibat untuk mengumpulkan berkas-berkas pelengkap a.l surat penyerahan tanah untuk sumber air, daftar kontribusi, hasil pengukuran dll. TKM belum dapat menyusun RKM karena keterbatasan pendidikan dan alat bantu (a.l mesin tik)</li> <li>o Banyak TKM yang tidak memiliki RKM tertinggal atau bahkan belum pernah melihat RKM</li> </ul>	<ul style="list-style-type: none"> <li>o Melibatkan TKM sejak proses MPA PHAST (lihat rekomendasi TKM), sehingga TKM dapat terlibat lebih banyak dalam penyusunan RKM</li> <li>o Outline RKM dibuat sederhana sehingga dapat dibuat oleh masyarakat/TKM. Untuk detail RKM dilampirkan kelengkapan RKM a.l DED, RRR, RAB yang dibuat oleh CF</li> </ul>
11	Lingkungan Hidup	<ul style="list-style-type: none"> <li>o Belum ada usaha untuk peningkatan kualitas lingkungan hidup yang dikaitkan dengan kelestarian sumber AB</li> </ul>	<ul style="list-style-type: none"> <li>o Adanya tools khusus (FGD) untuk topik bahasan pelestarian lingkungan, atau memanfaatkan peta sosial untuk perencanaan dan diskusi pelestarian sumber</li> <li>o Topik pelestarian lingkungan dimasukkan dalam komponen RKM</li> </ul>

## Lampiran 2

**PERKEMBANGAN PROGRAM WSLIC-2**

Provinsi: NTB

Tahun: s/d 2004

No	Informasi tentang .....	Perencanaan/Usulan (Jumlah)	Realisasi (Jumlah)	Komentar
(1)	(2)	(3)	(4)	(5)
<b>A. Lokasi Binaan</b>				
1	Kabupaten	6	6	
2	Kecamatan		Tidak ada data	
3	Desa	388	202	Termasuk tambahan 88 desa
4	Sekolah		Tidak ada data	
5	Masyarakat pemanfaat			
6	Lain-lain .....			
<b>B. Kelembagaan</b>				
1	Tim Koordinasi Provinsi/TKP			
2	Tim Teknis Provinsi	1 tim	1 tim	
3	PLO	-	-	Ditarik ke pusat
4	Sekretariat Provinsi	1 Tim	1 Tim	
5	Tim Koordinasi Kabupaten/TKK	6 orang	6 orang	
6	Tim Teknis Kabupaten	6 orang	6 orang	
7	Tim Koordinasi Kecamatan/TKC		Tidak ada data	
8	Konsultan Kabupaten	12 orang	12 orang	
9	PMC	6 orang	6 orang	
10	CFT	18 orang	18 orang	
11	LSM/NGO	-	-	
12	TKM	202	198	
13	Badan Pengelola		Tidak ada data	
14	Lain-lain .....			
<b>C. Konstruksi SABS</b>				
1	Perpipaan (PP)	60 sistem	60 sistem	

No	Informasi tentang .....	Perencanaan/Usulan (Jumlah)	Realisasi (Jumlah)	Komentar
2	Sumur Pompa Tangan (SPT)	664	664	
3	Sumur gali (SGL)	3527	3527	
4	Jamban sekolah (Jumlah)	146	146	
5	Jamban keluarga (Jaga)	3388	3388	
6	Mandi Cuci Kakus (MCK)	98	98	Jamban Umum
7	Saluran pembuangan air limbah (Spal)	Tidak ada data		
8	Penampungan Air Hujan (PAH)	-	-	
9	Perlindungan Mata Air (PMA)	131	131	
<b>D. Kesehatan &amp; PHBS</b> (- Tidak dapat diisi; data ada di kabupaten -)				
1	Penyakit .....	Penyakit apa yang sering muncul?	Apakah ada angka penurunan?	Apa komentar?
2	PHBS di Masyarakat	Jenis perilaku yang buruk?	Jenis perilaku buruk yang sulit diatasi?	Idem
3	PHBS di Sekolah	Idem	Idem	Idem
4	Sarana PHBS di Masyarakat	Jenis sarana yang dibangun sesuai peencanaan	Jenis sarana yang dibangun	Idem
5	Sarana PHBS di Sekolah	Idem	Idem	Idem
3	Lain-lain .....			
<b>E. Pelatihan</b>				
1	Pelatihan non teknis	Keuangan, admistrasi, dan logistik	Semua sektir/program yang terlibat di propinsi	Hanya dilakukan pada tahun 2002
2	Pelatihan teknis	-	-	-
3	Lain-lain .....			
<b>F. Keuangan</b> (- Tidak dapat diisi; data ada di kabupaten -)				
1	Kontribusi Masyarakat			
2	Dana Pemerintah Daerah			
3	Dana Subsidi/Hibah			
4	Dana dari sumber lain .....			



**RANGKUMAN TEMUAN KUNJUNGAN LAPANGAN BERIKUT REKOMENDASI  
SEPT-NOP 2004<sup>11</sup>**

No	Issue	Masalah	Rekomendasi
	<b>SOSIALISASI: PROJECT ROAD SHOW AND OWNERSHIP WORKSHOP</b>	<ul style="list-style-type: none"> <li>- Umumnya sosialisasi di pusatkan di Kabupaten dengan penyelenggara DPMU (termasuk PMC) dan TKK.</li> <li>- Sosialisasi yang menggunakan metode tradisional (ceramah) dengan peserta dari seluruh kecamatan dan desa menyebabkan tujuan (objective) proyek tidak dipahami secara benar dan menyeluruh. Akibatnya WSLIC2 hanya dipahami secara sepotong-sepotong sesuai dengan keterbatasan daya cerap peserta sosialisasi. Misalnya, WSLIC2 hanya dilihat sebatas proyek peyediaan air bersih dan tidak sampai memahami aspek sanitasi dan perubahan perilaku hidup bersih dan sehat</li> <li>- keterlibatan pihak kecamatan sekedar sebagai pendengar sehingga pihak kecamatan dalam seluruh rangkaian proyek bersikap pasif.</li> <li>- kesediaan masyarakat untuk berkontribusi seringkali rendah karena rendahnya kesadaran atau kemampuan ekonomi yang kurang dengan akibat: aspek kemiskinan desa peserta WSLIC2 menjadi relative (yang terpilih bukan desa sungguh miskin); terjadi kelambatan dalam pemenuhan target proyek; lokasi desa yang masuk seleksi tersebar sehingga sulit membuat kluster</li> </ul>	<ul style="list-style-type: none"> <li>- sosialisasi sebaiknya dilakukan secara berjenjang dari kabupaten, kecamatan sampai ke tingkat desa dengan waktu yang memadai: 1 hari untuk seluruh aparat kecamatan yang ada di kabupaten yang dilakukan oleh DPMU/TKK dan 1 hari untuk seluruh desa yang ada di kecamatan yang dilakukan oleh pihak kecamatan dibantu oleh DPMU/TKK.</li> <li>- materi sosialisasi disampaikan dengan metode yang menarik sesuai dengan prinsip partisipatoris kalau perlu dengan mempersiapkan orang yang secara khusus mempunyai ketrampilan memfasilitasi workshop sosialisasi.</li> <li>- Membekali peserta sosialisasi dengan bahan-bahan tertulis yang relevan</li> <li>- medium sosialisasi diperkaya dengan memanfaatkan media massa dan elektronik local</li> <li>- memanfaatkan pengalaman keberhasilan WSLIC2 di beberapa lokasi sebelumnya untuk membangun kepercayaan masyarakat bahwa WSLIC2 betul-betul menggunakan pendekatan berbeda daripada proyek sebelumnya. Karena itu sosialisasi bisa memanfaatkan video dokumentasi proyek WSLIC2 yang sudah berjalan di tempat lain dan dianggap cukup berhasil. Dokumentasi menggambarkan secara jelas dan menarik garis besar proses WSLIC2 dari tahap perencanaan sampai pasca serah terima</li> </ul>
	<b>MPA/PHAST</b>	<ul style="list-style-type: none"> <li>- proses MPA/PHAST dilaksanakan tergesa-2 dengan alasan keterbatasan waktu dalam mekanisme pencairan dan pertanggung jawaban dana pendamping APBD (Juli – Desember), atau untuk mengejar keterlambatan proyek</li> </ul>	<ul style="list-style-type: none"> <li>- waktu pelaksanaan MPA/PHAST harus diberi keleluasaan dengan memperhatikan kondisi masyarakat dan waktu yang tepat</li> <li>- dilakukan pelatihan/pendalaman mengenai MPA/PHAST secara lebih baik oleh institusi yang kompeten, diikuti dengan monitoring pasca pelatihan secara intensif dan kesempatan untuk terus</li> </ul>

<sup>11</sup> Rangkuman ini terbatas pada temuan Freddy dalam kunjungan lapangannya di NTB (7-9 Okt.), Sumbar (27 Okt. s/d 5 Nop.) dan Sumsel (25 s/d 30 Nop. 2004)

No	Issue	Masalah	Rekomendasi
		<ul style="list-style-type: none"> <li>- proses dilaksanakan seadanya karena kemampuan CF dalam penguasaan materi MPA/PHAST masih kurang. Ada anggapan bahwa yang terpenting asal mengimplementasikan semua tools secara lengkap tetapi kurang memperhatikan kedalaman proses. Akibatnya peserta merasa bosan, kurang memahami dan kurang berpartisipasi.</li> </ul>	<p>menerus memperbaiki implementasi MPA/PHAST di lapangan. Peningkatan kemampuan CF dalam menguasai tools yang tersedia sesuai situasi dan kondisi yang ada (bukan sebaliknya, dikuasai oleh tools)</p>
	<b>TKM</b>	<ul style="list-style-type: none"> <li>- pembentukan TKM kadang menimbulkan konflik di antara masyarakat</li> <li>- peranan perempuan dalam kepengurusan TKM terhalang adat istiadat setempat</li> <li>- anggapan bahwa sumberdaya manusia di masyarakat masih terbatas sehingga membatasi peranan TKM dalam melaksanakan kegiatan</li> <li>- tidak adanya insentif bagi TKM</li> </ul>	<ul style="list-style-type: none"> <li>- CF harus peka dan menjamin bahwa proses pemilihan TKM benar-2 partisipatif melibatkan semua kalangan masyarakat desa secara adil, jujur dan transparan.</li> <li>- pendampingan dan pelatihan TKM harus ditangani secara serius. Pelatihan DRA dan pelaksanaan "on the job training" harus diberikan secara kompeten disertai indicator output dan outcome yang jelas dan terukur</li> <li>- prinsip kepemilikan proyek oleh masyarakat: bahwa TKM dipilih dari, untuk dan oleh masyarakat harus ditekankan terus menerus sejak sosialisasi</li> <li>- pemberian insentif bagi TKM dimungkinkan bila ada anggaran dari APBD sebagai bagian dari tanggungjawab pemerintah daerah kabupaten</li> <li>- memanfaatkan sebaik mungkin papan informasi dan kesempatan-kesempatan pertemuan masyarakat untuk melaporkan proses dan hasil kegiatan TKM</li> <li>- mengajak dewan adat membentuk badan monitoring di desa yang terpisah dari TKM</li> </ul>
	<b>RKM</b>	<ul style="list-style-type: none"> <li>- tingkat kesulitan yang cukup tinggi bagi TKM dalam menyusun anggaran dan rencana teknis dalam RKM</li> <li>- kualitas RKM dalam mengangkat isu kesehatan dan sanitasi belum memadai</li> <li>- adanya gap antara RKM dengan implementasi</li> </ul>	<ul style="list-style-type: none"> <li>- proses penyusunan RKM harus melalui tahapan, memanfaatkan data MPA/PHAST dan RTA (hasil partisipasi masyarakat) sebanyak dan sebaik mungkin</li> <li>- rencana kerja harus spesifik, terukur, dapat dicapai, relevan dan terjadwal</li> <li>- proses review dan verifikasi RKM memberi kesempatan partisipasi TKM</li> <li>- sosialisasi dan internalisasi RKM di masyarakat diupayakan dalam pelbagai kesempatan secara intensif dan terus menerus oleh TKM maupun CFT (pengumuman di pengajian, pada waktu jumat'an,</li> </ul>

No	Issue	Masalah	Rekomendasi
			<p>pada saat selamatan desa, rapat sekolah, kunjungan camat, melalui papan informasi, penyuluhan, dsb.)</p> <ul style="list-style-type: none"> <li>- laporan keuangan TKM (9 buku) perlu disederhanakan</li> </ul>
	<b>IMPLEMENTASI</b>	<ul style="list-style-type: none"> <li>- secara umum penekanan implementasi terlalu berat pada konstruksi SAB</li> <li>- sekalipun secara kuantitas SAB sudah cukup baik tapi secara kualitas masih perlu perbaikan (soal sambungan pipa bocor, pipa tidak ditanam, kualitas air sumur gali yang masih keruh, ukuran reservoir yang berlebihan, sumur gali diletakan di dalam rumah pribadi yang dikunci, dsb)</li> <li>- JAGA bergulir gagal di banyak lokasi sekalipun masih ada yang berhasil. Yang dimaksud gagal adalah: bisa jadi JAGA tidak diminati karena merasa berat mengangsur, bisa jadi JAGA diterima tapi tidak mengangsur sehingga tidak ada penambahan pemanfaat</li> <li>- PHBS di sekolah kurang komitmen dari pihak sekolah (masih bergantung pada CF, sanitarian, bidan desa yang harus mendampingi guru UKS)</li> <li>- PHBS di masyarakat kurang mendapat penekanan yang cukup dari TKM (masih bergantung pada CF, sanitarian, dan bidan desa yang sering merangkap sebagai UK)</li> </ul>	<ul style="list-style-type: none"> <li>- Menegaskan peranan ketua/pengurus inti TKM dalam menjalankan fungsi supervisi dan monitoring terhadap keseluruhan implementasi</li> <li>- Peranan CF, Konsultan, aparat terkait dalam mensupervisi dan memonitor pembangunan infrastruktur harus ditingkatkan</li> <li>- CF perlu mensosialisasikan disain JAGA yang memenuhi standar sanitasi dengan biaya minimum, pengembangannya diserahkan pada swadaya masyarakat.</li> <li>- Pengguliran dana JAGA harus konsisten dan transparan dalam memprioritaskan peminat dari kalangan masyarakat miskin maupun dalam pengumpulan dan pencatatan angsuran</li> <li>- Pihak sekolah harus dilibatkan dari awal perencanaan untuk membangun komitmen dalam pelaksanaan PHBS sekolah</li> <li>- Pelatihan PHAST untuk guru dan UK TKM harus dijalankan</li> </ul>
	<b>KEBERLANJUTAN</b>	<ul style="list-style-type: none"> <li>- tidak semua desa pasca proyek mempunyai Badan Pengelola</li> <li>- program Badan Pengelola tidak ada/belum siap</li> <li>- iuran O&amp;M ada yang sudah berjalan ada yang belum tapi umumnya belum didasarkan perhitungan real mengenai kebutuhan O&amp;M</li> <li>- rencana pengembangan belum ada atau belum matang, terutama untuk aspek PHBS</li> </ul>	<ul style="list-style-type: none"> <li>- rencana keberlanjutan harus sudah dibuat dan disepakati oleh TKM (bukan ditentukan oleh CFT) dan dicantumkan dalam RKM</li> <li>- CF harus menyiapkan pembentukan BP segera sebelum serahterima dimulai dengan melakukan sosialisasi ulang, pembentukan dan pelatihan BP</li> <li>- Pembuatan AD/ART BP harus partisipatif dan transparan dan kemudian dilanjutkan dengan sosialisasi kepada masyarakat</li> <li>- BP harus bertanggungjawab atas semua aspek termasuk SAB, PHBS dan sanitasi</li> </ul>
	<b>TKKC</b>	<ul style="list-style-type: none"> <li>- Tidak ada perhatian cukup dari TKKc terhadap</li> </ul>	<ul style="list-style-type: none"> <li>- Harus ada ketegasan dari Bupati bagi peranan TKKc (tidak cukup</li> </ul>

No	Issue	Masalah	Rekomendasi
		persiapan, pelaksanaan dan keberlanjutan WSLIC2 dengan alasan tidak ada honor untuk menjalankan kegiatan	hanya SK) - Mungkin perlu memikirkan honor untuk TKKc dari APBD - Pelatihan bukan hanya untuk sanitarian/Puskesmas tapi juga untuk camat, Kaur Sosbud dan Pembangunan di kecamatan
	<b>TKK</b>	<ul style="list-style-type: none"> <li>- Umumnya kepala dinas tidak punya waktu untuk monitoring ke lapangan. Tugas monitoring sering dilimpahkan kepada Tim Teknis</li> <li>- Kebijakan mengenai keberlanjutan WSLIC2 belum jelas</li> <li>- Tidak banyak TKK yang memiliki LSM sebagai anggota</li> </ul>	<ul style="list-style-type: none"> <li>- Tim teknis diikutsertakan dalam pelatihan-2 yang relevan dengan tugasnya (mis., MPA/PHAST, PHBS)</li> <li>- TKK perlu membuat disain keberlanjutan WSLIC2 di masing-2 kabupaten untuk dibahas dalam Rakorbang</li> <li>- Peranan LSM secara formal dalam TKK ditiadakan diganti dengan forum public hearing dengan LSM secara terprogram</li> <li>- Tugas Dinas/Badan/kantor PMD untuk memperkuat Badan Pengelola kalau memungkinkan dengan melibatkan LSM local yang kompeten</li> <li>- Perlu dukungan realisasi kebijakan dari Diknas setempat dalam menetapkan petugas UKS sekolah dan dana keberlanjutan UKS</li> </ul>
	<b>DPMU</b>	<ul style="list-style-type: none"> <li>- Peranan DPMU belum maksimal: merangkap jabatan di dinas (ketua maupun staf, karena alasan keterbatasan sumberdaya yang memadai), pergantian staf, kapasitas manajemen yang lemah,</li> <li>- Tidak ada transparansi dari DPMU dalam pengadaan pelatihan oleh pihak ke-3 (LSM)</li> </ul>	<ul style="list-style-type: none"> <li>- perlu penegasan kembali mengenai tugas DPMU yang full time, meminta komitmen Bupati/Kepala Dinas juga dalam pemenuhan masa tugas (minimal 3 tahun). Ketua DPMU tidak harus mempunyai jabatan tinggi di Dinas tetapi memiliki kemampuan manajemen yang cukup dan mau belajar</li> <li>- pengadaan pelatihan oleh pihak ke-3 harus diketahui dan dibahas dengan PMC dan CF/konsultan.</li> <li>- Mengkoordinir rapat rutin dengan konsultan dan CF</li> </ul>
	<b>KONSULTAN KABUPATEN</b>	<ul style="list-style-type: none"> <li>- sejumlah konsultan diragukan kapasitas dan kompetensinya</li> <li>- fungsi dan peranan konsultan dan DPMU terhadap CF</li> </ul>	<ul style="list-style-type: none"> <li>- tes kompetensi bagi konsultan kabupaten baik yang lama maupun yang baru</li> <li>- pengadaan TOR yang sejalan dengan Juklak termasuk memperjelas fungsi dan peranan Konsultan kabupaten terhadap CF</li> <li>- menerapkan target setting dengan system insentif yang transparan, fair dan tegas</li> </ul>
	<b>CF</b>	<ul style="list-style-type: none"> <li>- sejumlah CF diragukan kapasitas dan kompetensinya</li> <li>- jumlah CFT dibanding wilayah dampingan tidak seimbang</li> <li>- tempat tinggal CF di kota kabupaten menyebabkan</li> </ul>	<ul style="list-style-type: none"> <li>- pelatihan awal CF harus mantap diberikan oleh institusi yang berkompeten dengan materi dan proses yang jelas disertai monitoring pasca pelatihan dengan memperhatikan: latar belakang pendidikan, latar belakang social budaya, kematangan pribadi,</li> </ul>

No	Issue	Masalah	Rekomendasi
		tidak efektif nya pendampingan masyarakat, tetapi CF juga tidak bias tinggal di desa karena desa dampungannya tersebar dengan arah yang berlainan	<ul style="list-style-type: none"> <li>- pengalaman kerja, kemampuan teamwork</li> <li>- pelatihan refreshing CF harus rutin</li> <li>- membangun komitmen CF dan menyusun team secara partisipatif dalam pembagian wilayah kerja.</li> <li>- Menempatkan CF berkantor di Puskesmas (contoh rencana DPMU Solok)</li> <li>- Pengadaan TOR yang sejalan dengan Juklak</li> </ul>
	<b>PMC</b>	<ul style="list-style-type: none"> <li>- sejumlah konsultan diragukan kapasitas dan kompetensinya</li> <li>- fungsi dan peranan PMC terhadap DPMU, Konsultan Kabupaten dan CF</li> </ul>	<ul style="list-style-type: none"> <li>- tes kompetensi bagi konsultan kabupaten baik yang lama maupun yang baru</li> <li>- pengadaan TOR yang sejalan dengan Juklak termasuk memperjelas fungsi dan peranan PMC terhadap DPMU, Konsultan Kabupaten dan CF<sup>12</sup> Karena itu penting sekali penguasaan PMC yang baik atas Juklak dan Juknis beserta semua perubahan yang ada</li> </ul>
	<b>MANAJEMEN SDM</b>	<ul style="list-style-type: none"> <li>- Tidak ada asesmen performance yang jelas bagi DPMU, Konsultan, CF sehingga sulit mengadakan perbaikan kinerja</li> </ul>	<ul style="list-style-type: none"> <li>- Perlu dibuat asesmen performance yang jelas dan standar untuk semua DPMU, Konsultan dan CF</li> </ul>
	<b>CPMU</b>	<ul style="list-style-type: none"> <li>- Juklak dan juknis sering berubah</li> <li>- kurang memberi technical assistance dan monitoring untuk bidang tehnik</li> <li>- kurang memberikan feed back hasil monitoring</li> <li>- database belum maksimal pengumpulan dan kegunaannya</li> </ul>	<ul style="list-style-type: none"> <li>- perubahan juklak dibatasi pada yang prinsipil. Tinjauan menyeluruh baru diadakan setelah 2 tahun pelaksanaan</li> <li>- memberikan technical assistance (yang aplikatif) dan monitoring tehnik lebih rutin seimbang dengan bidang pemberdayaan, kesehatan, manajemen</li> <li>- memberikan feed back dari hasil monitoring</li> <li>- segera menyediakan MIS yang mudah diaplikasikan dan tepat guna</li> </ul>
	<b>KETERLAMBATAN</b>	<ul style="list-style-type: none"> <li>- beberapa sebab keterlambatan:</li> <li>- kendala pencairan dana APBD (ada yang baru dicairkan bulan Juli) dan harus dipertanggungjawabkan buan Desember. Itu berarti waktu implementasi proyek efektif hanya enam bulan dalam setahun</li> <li>- jumlah CF yang tidak sebanding dengan wilayah dampingan dengan kondisi geografis dan</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>

<sup>12</sup> Menurut PLO Sumsel, tugas PMC adalah “meluruskan kembali jalannya proyek bila menyimpang dari rel (Juklak/Juknis)”

<sup>13</sup> Lihat Cisarua Workshop – Planning Data Implications

No	Issue	Masalah	Rekomendasi
		transportasi yang relative sulit - kendala musim panen (di Sumatra selatan: panen kopi antara bulan Juni s/d Agustus tiap tahun) - kemampuan TKM dalam membuat dan menyelesaikan RKM masih rendah <sup>13</sup>	

## APPENDIX 6 – FINANCE TABLE

Lampiran : Tabel 6.1.

## IKHTISAR HIBAH &amp; PINJAMAN

I.	Nama Proyek	: Second Water and Sanitation for Low Income Communities (WSLIC-2)																																			
II.	Penanggung jawab	: Direktorat Jenderal P2M & PL, Departemen Kesehatan																																			
III.	Tanggal Surat Perjanjian Pinjaman & Hibah	: 20 Juni 2000																																			
IV.	Tanggal Proyek Selesai	: 31 Desember 2008																																			
V.	Tanggal Akhir Masa Pinjaman	: 30 Juni 2009																																			
VI.	Jumlah Hibah / Pinjaman	: <table border="1"> <thead> <tr> <th>Grant Aus Aid TF.023692</th> <th>IDA Credit/IBRD 3328-IND</th> <th>JUMLAH</th> </tr> </thead> <tbody> <tr> <td>US\$ 6.500.000 (100%)</td> <td>US\$ 77.400.000 (100%)</td> <td>US\$ 83.900.000</td> </tr> <tr> <td>US\$ 3.476.204 (53%)</td> <td>US\$ 27.788.465 (36%)</td> <td>US\$ 31.264.669</td> </tr> </tbody> </table>	Grant Aus Aid TF.023692	IDA Credit/IBRD 3328-IND	JUMLAH	US\$ 6.500.000 (100%)	US\$ 77.400.000 (100%)	US\$ 83.900.000	US\$ 3.476.204 (53%)	US\$ 27.788.465 (36%)	US\$ 31.264.669																										
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VII.	Pencairan (1/1/2001–30/9/2004)	: <table border="1"> <thead> <tr> <th>Grant Aus Aid TF.023692</th> <th>IDA Credit/IBRD 3328-IND</th> <th>JUMLAH</th> </tr> </thead> <tbody> <tr> <td>US\$ 3.476.204 (53%)</td> <td>US\$ 27.788.465 (36%)</td> <td>US\$ 31.264.669</td> </tr> </tbody> </table>	Grant Aus Aid TF.023692	IDA Credit/IBRD 3328-IND	JUMLAH	US\$ 3.476.204 (53%)	US\$ 27.788.465 (36%)	US\$ 31.264.669																													
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		US\$ 4.660.046 (6,02%)	6. Cadangan	US\$ 4.660.046																																	
IX.	Target PAD (2001 – 2004)	: US\$ 49.300.000																																			
X.	Part A. Peningkatan Kelembagaan Pemerintah & Masyarakat (Rp. Juta)	: 101.106 ( 33%) = US\$ 11.234																																			
	Part B. Peningkatan Pelayanan dan PHBS	: 9.341 ( 3%) = US\$ 1.038																																			
	Part C. Pembangunan Prasarana Air Bersih & Sanitasi	: 138.733 ( 45%) = US\$ 15.414																																			
	Part D. Manajemen Proyek	: 57.458 ( 19%) = US\$ 6.384																																			
	Jumlah Pengeluaran (1/1/2001 – 30/9/2004) = 69% dari target PAD	: 306.638 (100%) = US\$ 34.070																																			
XI.	Lokasi (Propinsi)	: Jawa Timur, Nusa Tenggara Barat, Sumatra Barat, Sumatra Selatan + Bangka Belitung + Sulawesi Selatan dan Jawa Barat																																			

**CONTACT PERSON OF THE PROJECT**

## 1. KANTOR DIREKTORAT JENDERAL

Nama : Dr. Umar Fahmi Achmadi, PhD  
 Jabatan : Direktur Jenderal P2M & PL  
 Alamat Kantor : Jl. Percetakan Negara No.29  
 Jakarta  
 No. Telp : 4247608  
 No. Fax : 4207807  
 E-mail : [Ditjen@ppmplp.go.id](mailto:Ditjen@ppmplp.go.id)

## 2. CENTRAL PROJECT MANAGEMENT UNIT

Nama : Sutjipto, MSc  
 Jabatan : Kepala CPMU  
 Alamat Kantor : Jl. Percetakan Negara No.29  
 Jakarta  
 No. Telp : 428 76 816  
 No. Fax : 428 76 866  
 E-mail : -

## 3. PIMPINAN PROYEK

Nama : Zainal Nampira, SKM, M.Kes  
 Jabatan : Pimpinan Proyek  
 Alamat Kantor : Jl. Percetakan Negara No.29  
 Jakarta  
 No. Telp : 428 76 816  
 No. Fax : 428 76 866  
 E-mail : [znampira@wslic-2.or.id](mailto:znampira@wslic-2.or.id)

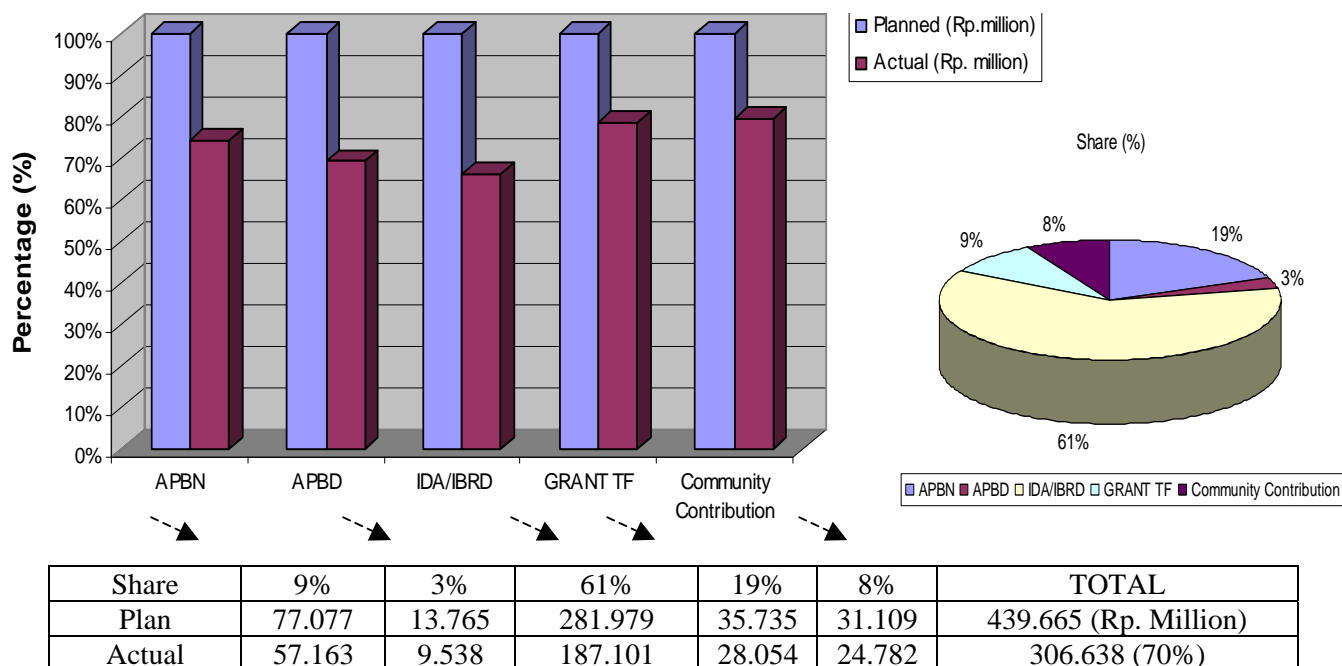
Second WSLIC Source and Uses of Funds by Category For Quarter Ending : September 2004							Lampiran Tabel 6.2a Appendix :			
Province/District	: All Province + CPMU									
PMR, Quarter	: III									
Period	: Jan 2001 - September 2004									
Source & Uses of Funds	Planned (Rp. million)			Actual (Rp. million)			Variance (Rp. million)		Description	
		%	% Share		%	% Share		%		
1	2	3	4	5	6	7	8	9	10	
<b>I. Source of Funds :</b>										
1. APBN	77,077	100%	18%	57,163	74%	19%	19,914	26%		
2. APBD	13,765	100%	3%	9,538	69%	3%	4,227	31%		
3. IDA/IBRD No.3382-IND	281,979	100%	64%	187,101	66%	61%	94,878	34%		
4. Grant TF	35,735	100%	8%	28,054	79%	9%	7,681	21%		
5. Community Contribution	31,109	100%	7%	24,782	80%	8%	6,327	20%		
<b>Grand Total</b>	<b>439,665</b>	<b>100%</b>	<b>100%</b>	<b>306,638</b>	<b>70%</b>	<b>100%</b>	<b>133,027</b>	<b>30%</b>	DIP delayed	
(Equivalent (\$1 = Rp.9.000,00))	\$ 48.852			\$ 34.071						
<b>II. Uses of Funds:</b>										
<b>GOI</b>										
a. Goods (materials & supplies)	3,096	100%		2,599	84%		497	16%		
b. Village Grant	17,407	100%		11,652	67%		5,755	33%		
c. Project Management	70,339	100%		52,450	75%		17,889	25%		
<b>Total</b>	<b>90,842</b>	<b>100%</b>	<b>21%</b>	<b>66,701</b>	<b>73%</b>	<b>22%</b>	<b>24,141</b>	<b>27%</b>	Slow imple- mentation	
<b>IDA/IBRD No. 3382-IND</b>										
a. Goods (materials & supplies)	790	100%		595	75%		195	25%		
b. Village Grant	137,683	100%		92,266	67%		45,417	33%		
c. Service Delivery Contract	129,690	100%		84,223	65%		45,467	35%		
d. Consultant's Service	5,254	100%		4,894	93%		360	7%		
e. Project Management	8,559	100%		5,120	60%		3,439	40%		
<b>Total</b>	<b>281,976</b>	<b>100%</b>	<b>64%</b>	<b>187,098</b>	<b>66%</b>	<b>61%</b>	<b>94,878</b>	<b>34%</b>	Slow disburs- ment	
<b>GRANT TF</b>										
a. Consultant's Service	27,448	100%		19,767	72%		7,681	28%		
b. Service Delivery Contract	0	0%		0	0%		0	0%	Budget not available	
c. Special Studies	8,286	100%		8,286	100%		0	0%		
<b>Total</b>	<b>35,734</b>	<b>100%</b>	<b>8%</b>	<b>28,053</b>	<b>79%</b>	<b>9%</b>	<b>7,681</b>	<b>21%</b>		
<b>Community Contribution</b>										
- In Cash	6,471	100%		5,739	89%		732	11%		
- In Kind	24,642	100%		19,047	77%		5,595	23%		
<b>Total</b>	<b>31,113</b>	<b>100%</b>	<b>7%</b>	<b>24,786</b>	<b>80%</b>	<b>8%</b>	<b>6,327</b>	<b>20%</b>		
<b>Grand Total</b>	<b>439,665</b>	<b>100%</b>	<b>100%</b>	<b>306,638</b>	<b>70%</b>	<b>100%</b>	<b>133,027</b>	<b>30%</b>	Slow progress	





Table 6.3

### Source of Funds (January 2001 – September 2004)



### Uses of Funds by Component (January 2001 – September 2004)

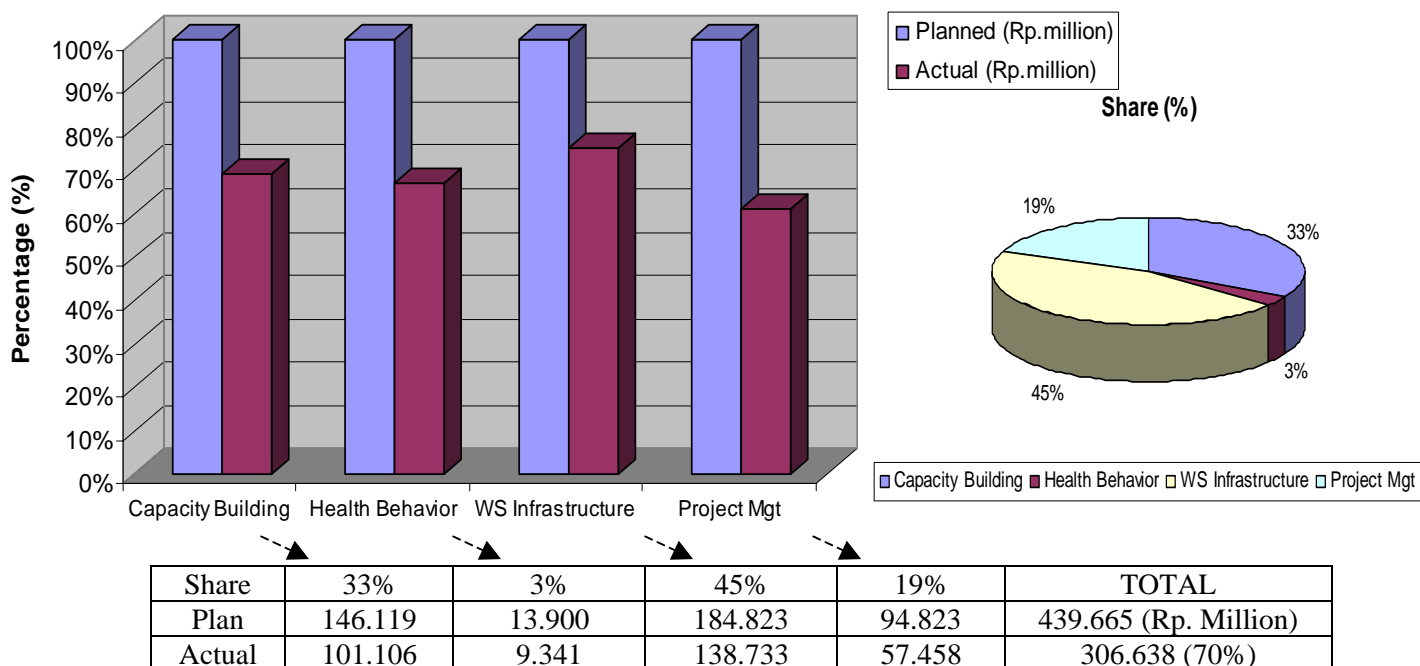


Table 6.4

**WSLIC-2**  
**Monitoring Progress Report of Contractors / Suppliers (30/09/2004)**

No.	Location & Scope of Activities	Contract Period	Name of Contractor / Supplier	Contract value Rp (000,-)	Fund Disbursed Rp (000,-)	Progress (%)					Rating	Remark
						Time elapsed	Finance	Variance I	Physical	Variance II		
a	b	c	d	e	f	g	h=f/e	i=g-h	j	k=g-j	l	m
1	Example	Jan-Oct 2004 (10 months)	BAUNTUNG	200.000	100.000	90	50	40	60	30	P	Waiting for pipes
2												

## WSLIC-2

**Monitoring Progress Report of Consultancy Services (30/09/2004)**

Grant: Aus Aid TF.23692

No.	Location & Scope of Activities	Contract Period	Name of Consultant	Contract value	Fund Disbursed	Progress (%)			Rating	Remark
						Time elapsed	Finance	Variance		
a	B	c	d	e	f	g	h=f/e	i=g-h	j	K
1	Example	Jan 2003-Jun 2005 (30 months)	NN	USD 2000.000	USD 1000.000	67	50	17	G	Contract addendum, waiting for Credit Amendment
2										

**Notes:**

**Time elapsed (g) = From the beginning of contract period up to this reporting month Performance indicators:**

Variance > 20% : Poor (P) = slow disbursement/progress  
 Variance 10%-20% : Moderate (M)  
 Variance < 10% : Good (G)

## WSLIC-2

## Monitoring Progress Report of Contractors / Suppliers (30/09/2004)

No.	Location & Scope of Activities	Contract Period	Name of Contractor / Supplier	Contract value Rp (000,-)	Fund Disbursed Rp (000,-)	Progress (%)					Rating	Remark
						Time elapsed	Finance	Variance I	Physical	Variance II		
a	b	c	d	e	f	g	h=f/e	i=g-h	j	k=g-j	l	M
1	Example	Jan-Oct 2004 (10 months)	BAUNTUNG	200.000	100.000	90	50	40	60	30	J	Waiting for pipes
2												

## WSLIC-2

## Monitoring Progress Report of Consultancy Services (30/09/2004)

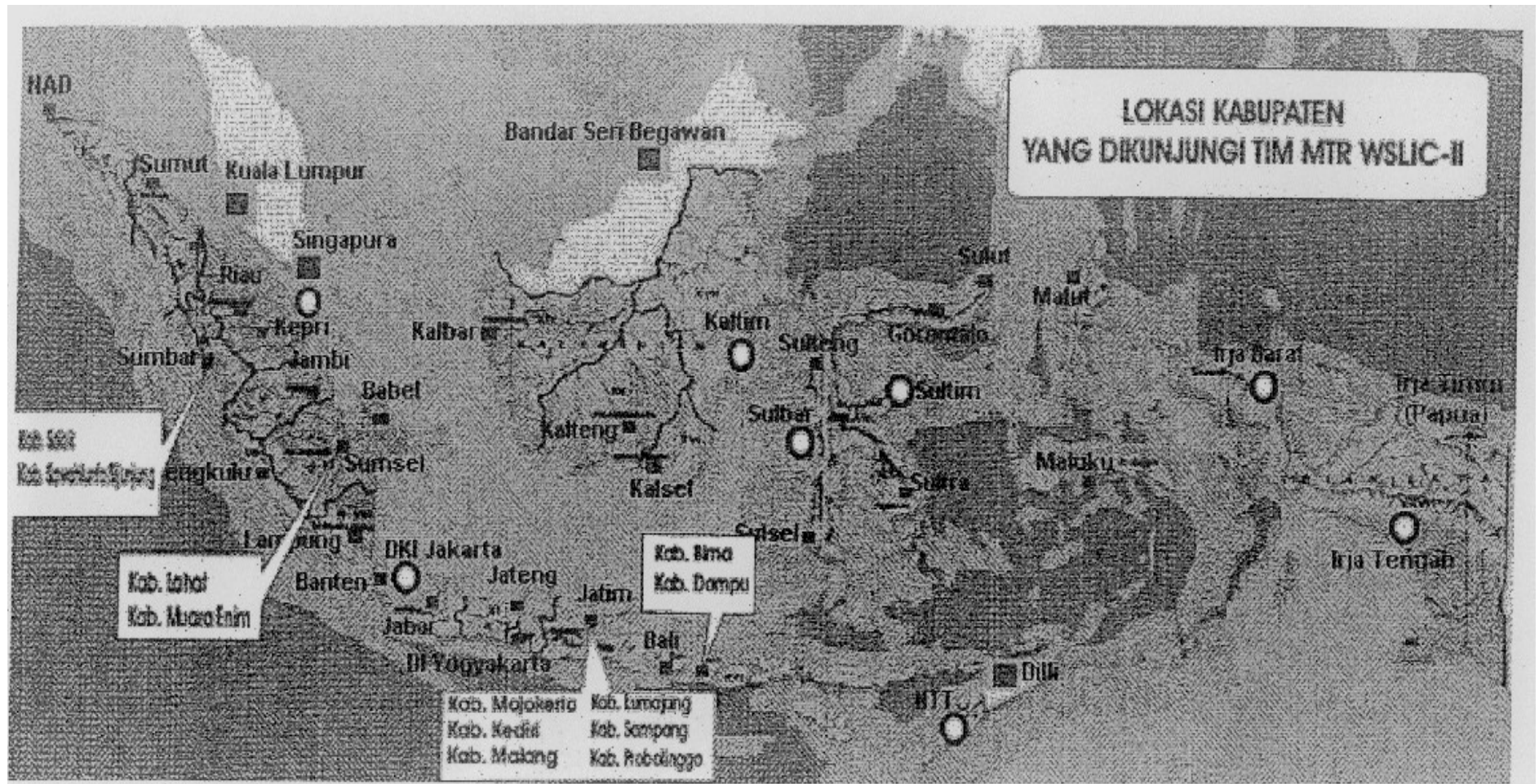
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## Notes:

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Variance > 20% : Poor (P) = slow disbursement/progress  
 Variance 10%-20% : Moderate (M)  
 Variance < 10% : Good (G)

## APPENDIX 7 - DISTRICT LOCATION MAP



## REFERENCE LIST

NO	Title	DATE / PACKAGE	Writer
1.	Project Implementation Plan	31/3/2000	Project Preparation Consultant Team
2.	Project Appraisal Document	16/5/2000	World Bank
3.	Development Credit Agreement	20/6/2000	IDA / IBRD
4.	IBRD Supervision Mission Reports (First up to sixth Report)		World Bank
5.	PMR (Project Management Report) Quarter II and III (September 2004)	Volume I, II and III	CPMU WSLIC-2
6.	Guidelines Selection and Employment of Consultants by World Bank Borrowers	May 2004	World Bank
7.	Guidelines Procurement Under IBRD Loans and IDA Credit	May 2004	World Bank
8.	Keppres No. 80 tentang Pedoman Pelaksanaan Pengadaan Barang/Jasa Pemerintah Tahun 2003	November 2003	Sekretaris Negara RI
9.	Laporan Auditor Independen Tahun Anggaran 2001, 2002 dan 2003	28 Juni 2004	BPKP
10.	Petunjuk Pelaksanaan Manajemen Proyek	2004	CPMU WSLIC-2
11.	Petunjuk Pelaksanaan Operasional Tingkat Desa	2004	CPMU WSLIC-2
12.	Petunjuk Teknis Sistem Dana Bergulir Jamban Keluarga	Maret 2003	CPMU WSLIC-2
13.	Petunjuk Teknis Pelaksanaan Monitoring Kestinambungan dan Efektifitas Penggunaan Sarana Air Bersih dan Sanitasi	2004	
14.	Petunjuk Pelaksanaan Manajemen Pelatihan	Mei 2002	
15.	Panduan Pembelajaran Partisipatif Bagi Siswa		Binnie Black & Veatch (Int'l) Ltd
16.	Panduan Perencanaan Partisipatif di Sekolah		Ditjen PPM & PL WSLIC-2
17.	Fieldbook Proses Perencanaan dan Monitoring	Oktober 2004	
18.	Kumpulan Kurikulum dan Silabus Pelatihan Proyek WSLIC-2		CPMU WSLIC-2
19.	Monthly Progress Report (June, 2004): Kab. Lumajang (Jatim), Lombok Timur, Lombok Barat, Lombok Tengah, Bima dan Sumbawa	Package E	PT. Multi Area Conindo, Jakarta
20.	Monthly Progress Report (July, 2004): Kab. Probolinggo, Kediri, Dompu, Sampang, Mojokerto, Pasaman, Muara	Package E: Finance, Procurement and Process Monitoring	PT. Multi Area Conindo, Jakarta

NO	Title	DATE / PACKAGE	Writer
	Enim, Musi, Banyuasin dan Lahat		
21.	Executive Summary (August 2004): Prop. Sumatera Selatan, Sumatera Barat dan Jawa Timur	Package F: Regional Level Consultants	PT. Montgomery Watson, Arkonin Engineering MP
22.	Rangkuman Laporan Konsultan Sub-Teknis (Paket C) April – Mei 2004	Package C	PT. Lenggogeni
23.	Laporan Konsultan Sub-Teknis (Paket C) April – Mei 2004	Package C	PT. Lenggogeni
24.	Modul 1, 2, 3 dan 4 Diklat Financial Monitoring Report	Agustus 2004	BPKP
25.	Executive Summary Package E Consultant – June 2004	Package E	PT. Multi Area Conindo
26.	Executive Summary – July 2004, the Consortium of Package E Consultant	Package E	PT. Multi Area Conindo
27.	Executive Summary – Agustus 2004 Jatim		PT. Bina Karya Persero
28.	Executive Report – Agustus 2004	Package F : Regional Level Consultants and Service Contract	PT. Multi Area Conindo Jakarta
29.	Final Report – West Nusa Tenggara	Package F	PT. Surya Abadi Konsultan
30.	Informed Choice Catalogue (Sanitation)		CPMU WSLIC-2
31.	Informed Choice Catalogue (Water)		CPMU WSLIC-2
32.	Community / School Health Program		CPMU WSLIC-2
32.	Final Report Baseline Impact Survey for Second Water and Sanitation for Low Income Communities Project	November 2003`	Directorate of Research and Community Service UI
33.	Laporan I Kunjungan Lapangan Team Reconnaissance (6-9 Oktober 2004)	Tim Mid Term Review WSLIC-2	SAGRIC & PT. Firtasari & Sehat Pratama Sejati
34.	Laporan II Kunjungan Lapangan 1 (27 Oktober – 5 November 2004)	TIM MTR	SAGRIC & Association
35.	Laporan III Inception Report (25 Oktober 2004)	TIM MTR	SAGRIC & Association
36.	Laporan Brief Progress Report (24 November 2004)	TIM MTR	SAGRIC & Association
37.	Laporan Kunjungan Lapangan 2 (25 - 30 November 2004)	TIM MTR	SAGRIC & Association
38.	Laporan Draft Final Report (17 Desember 2004)	TIM MTR	SAGRIC & Association
39.	Laporan Draft Final Report (Edisi Revisi) (23 Desember 2004)	TIM MTR	SAGRIC & Association
40.	Riset Partisipatoris – Riset Pembahasan	1993	W Fernandes – R Tandon
41.	Metode Penelitian Survei	1987	M Singarimbun, S. Effendi
42.	Pengantar Metode Penelitian	1993	B.P. Regala, C.G. Sevilla
43.	Pendampingan Komunitas Pedesaan	2001	E. Aritonang, H. Terome
44.	Pembangunan Berkelanjutan – Konsep dan Kasus	2001	Samodra Wibawa
45.	Keadilan, Pemberdayaan dan Penanggulangan Kemiskinan	2004	Owin Jamasy
46.	Pembangunan Daerah dan Pemberdayaan Masyarakat	1996	Dr. Gunawan Sumodiningrat

<b>NO</b>	<b>Title</b>	<b>DATE / PACKAGE</b>	<b>Writer</b>
47.	Kemiskinan dan Kesenjangan di Indonesia	1995	Awan Setya Dewanta
48.	Pengembangan Sumberdaya Manusia	1992	Soekidjo Notoatmojo
49.	Strategi Pembangunan dan Kemiskinan	2000	Tjahya Supriatna
50.	Sekitar Kemiskinan dan Keadilan	1999	A Yusra, Almuzzammil
51.	Rencana Kerja Masyarakat (RKM) Kediri (Desa Pagung, Surat), Lombok Barat (Batukumbung, Tegalmaja), Sampang (Majangan), Probolinggo (Paras)	2002, 2003, 2004	TKM & CFT
52.	Laporan Pelatihan Demand Responsive Approach Insite pada 8 Desa Penerima WSLIC-2 Lombok Barat	2004	LSM Mitra Samya
53.	Surat Edaran Dirjen Anggaran No. 43, 70/2001, No. 207/2002 dan 170/2003		DJA-Dep. Keuangan



## DOCUMENTATION PHOTOGRAPHS

### Field Visit at Province:

- East Java
- Nusa Tenggara Barat
- West Sumatera
- South Sumatera

**DESA PAKEL, KECAMATAN GUCIALIT, KABUPATEN LUMAJANG, PROPINSI JAWA TIMUR**



Diskusi Sambil Jalan di Desa Binaan dengan Warga Masyarakat, TKM & CFT



Pertemuan Tim dengan TKM & Tokoh Masyarakat



Kantor Sekretariat Merangkap Rumah Ka TKM



Papan Informasi tentang Laporan Keuangan & Kegiatan di Kantor Sekretariat



Salah Satu Contoh Terminal Air/ Hidran Umum



Peragaan untuk Tempat Cuci Tangan Sederhana

**DESA DILEM & KEMIRI, KECAMATAN PACET, KABUPATEN MOJOKERTO, PROPINSI JAWA TIMUR**



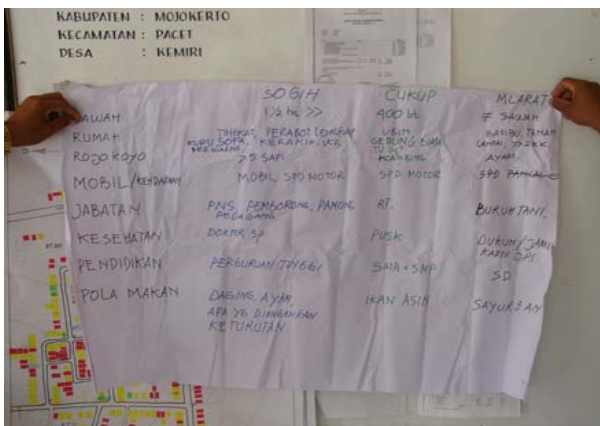
Suasana Jalan Masuk Desa Dilem



Pertemuan Tim dengan TKM & Para Konsultan Kabupaten di Kantor Desa Dilem



Kantor Sekretariat WSLIC Desa Dilem



Salah Satu Hasil MPA/PHAST Desa



Kemiri Jembatan Pipa Air Bersih yang Terkesan Masih Darurat



Kepala DPMU (Ibu Titis) & Konsultan Kabupaten



## DESA BANJAR, KEC. KEDUNGUNG, KABUPATEN SAMPANG, PROPINSI JAWA TIMUR



Foto Bersama Tim dengan  
TKM & Konsultan Kabupaten/CFT



Pertemuan di Serambi Rumah Ka TKM



Kantor DPMU Kabupaten Sampang



Struktur Organisasi TKM Desa Banjar,  
Kec. Kedungung



Menara Air yang Hampir Selesai



Salah Satu Contoh Sumur Dangkal yang  
Banyak Dimanfaatkan Penduduk



**DESA PARAS, MENYONO, & WRINGIN ANOM, KEC. KURIPAN, KAB. PROBOLINGGO, PROP. JAWA TIMUR**



Kondisi Rumah Masyarakat Miskin



Pertemuan Tim di Rumah Ka TKM



Ruang Kerja Tim Konsultan Kabupaten Yang Sangat Sempit



Papan Informasi Menggambarkan Foto-Foto Kegiatan Desa Wringin Anom & Menyono, Kec. Kuripan



Salah Satu Kran Umum di Desa paras



Bak/Sumur Penangkap Mata Air (Bron Kaptering) Desa Paras

**DESA TLOGOSARI, KECAMATAN DONOMULYO, KABUPATEN MALANG, PROPINSI JAWA TIMUR**



Kondisi Rumah Mantan Kades Tlogosari  
(Seperti halnya rumah penduduk lainnya)



Suasana Saat Pertemuan Tim dengan  
Anggota TKM



Kelengkapan Sarana Ruang Sekretariat TKM



Gambaran Sistem Perpipaan Air Bersih yang Dilengkapi Meteran Dimana Air Sampai di Rumah (Kamar Mandi)  
atau di Halaman (Kran Umum)



**DESA PUCANG SONGO, KECAMATAN PAKIS, KABUPATEN MALANG, PROPINSI JAWA TIMUR**



Kondisi Jalan, Perumahan & Penghijauan



Ka TKM & Wakil Sedang Menjelaskan Semua Program



Contoh Papan Informasi (Foto Kegiatan)



Papan Informasi (Laporan Kegiatan, Keuangan & Struktur Organisasi)



Tokoh Masyarakat yang Bangga Menunjukkan Hasil-hasil Program WSLIC Bidang Air Bersih & Sanitasi (Kran Umum, Jamban Umum & Tempat Cuci Umum)





**DESA SIMAN, KECAMATAN KEPUNG, KABUPATEN KEDIRI PROPINSI JAWA TIMUR**



Kebiasaan Masyarakat Mandi Sebelum Ada Program WSLIC-2



Kelompok Wanita yang Aktif Terlibat Dalam Pertemuan dengan Tim MTR



Foto Bersama Tim dengan DPMU, Konsultan, & CFT di Depan Kantor Sekretariat



Rumah Pompa untuk Mendorong Air ke Daerah Pelayanan



Salah Satu Jenis Hidran Umum



Kondisi Umum Kamar Mandi & Jamban yang Dimiliki Masyarakat Setempat



**DESA BATUKUMBUNG, KABUPATEN LOMBOK BARAT, PROPINSI NUSA TENGGARA BARAT**



Salah Satu Bak Distribusi Air



Kantor Sekretariat TKM



Fasilitas Keran Air Bersih di SD Batukumbung



Dokumentasi Kegiatan WSLIC-2



JAGA di Rumah Penduduk



**DESA TEGALMAJA, KABUPATEN LOMBOK BARAT, PROPINSI NUSA TENGGARA BARAT**



Padasan SD Tegalmaja



Pertemuan Tim dengan Warga di Kantor Desa Tegalmaja



Signboard WSLIC-2



Salah Satu Bak Distribusi Air Bersih



Keran Air di Salah Satu Rumah Warga



**DESA CAMPA – MADAPANGGA KABUPATEN BIMA PROPINSI NUSA TENGGARA BARAT**



Proses Pemasangan Pipa



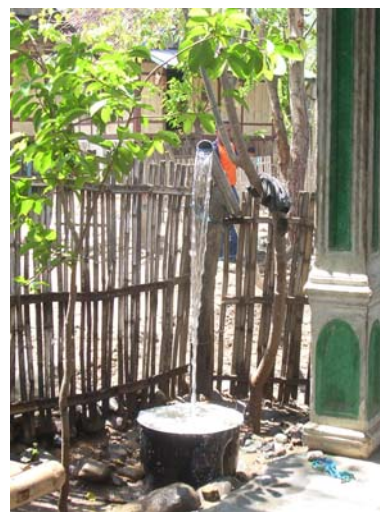
Papan Informasi WSLIC



Percabangan Pipa Air Bersih



Pipa yang Belum Ditanam



Keran Air Sementara



Pemanfaatan Air

**DESA RISA KECAMATAN WOHA KABUPATEN BIMA PROPINSI NUSA TENGGARA BARAT**



Lingkungan Perumahan Penduduk



Hasil Peta Sosial



Sumur Masyarakat Bantuan WSLIC



Papan Informasi WSLIC  
(Lingkungan yang Kurang Bersih)



Sumur Bantuan WSLIC



**DESA DAHA KECAMATAN HU'U KABUPATEN BIMA PROPINSI NUSA TENGGARA BARAT**



Papan Informasi PHBS



Pertemuan TKM/Pemanfaat Air



SPAL yang Dibuang Langsung ke Aliran Sungai



Keran Umum



Keran Umum



Jamban Sekolah (WC Siswa)

**DESA DAHA KECAMATAN HU'U KABUPATEN BIMA PROPINSI NUSA TENGGARA BARAT**



TCT Sekolah



Kran Umum Sekolah



Tempat Sampah Sekolah



**DESA DORE BARA KECAMATAN PAJO KABUPATEN DOMPU PROPINSI NUSA TENGGARA BARAT**



Papan Informasi WSLIC



Hasil MPA PHAST



Pembuatan Sumur

**DESA JAMBU KECAMATAN PAJO KABUPATEN DOMPU PROPINSI NUSA TENGGARA BARAT**



Kran Umum & SPAL



Bak Penampung Air & Kran Umum



Restriktor



Kran Umum



Papan Informasi WSLIC-2





**DESA JAMBU KECAMATAN PAJO KABUPATEN DOMPU PROPINSI NUSA TENGGARA BARAT**



Kran Umum WSLIC-2



Lokasi Bak Penampung



Papan Informasi WSLIC-2

**DESA KERU KECAMATAN NARMADA, LOMBOK BARAT**



SPAL



Lingkungan Sekitar SAB (Sumur)



SPAL Sumur



Bak Penampung Air



Sumur



**DESA SEMBUNG KECAMATAN NARMADA, LOMBOK BARAT**



Sumur WSLIC

Sarana Air Bersih Sekaligus MCK Umum



SPAL & Lingkungan Sekitar SAB

**NAGARI KOTO BARU, KABUPATEN SIJUNJUNG, PROPINSI SUMATERA BARAT**



Rumah Pemanfaat Sarana



Anggota TKM yang Menunjukkan Sistem Perpipaan yang Dibangun



Diskusi dengan Wali Nagari & Ketua TKM Lengkap dengan Stafnya



Data WSLIC-2



Kran Umum



Sarana JAGA yang Dibangun dengan Dana Bergulir



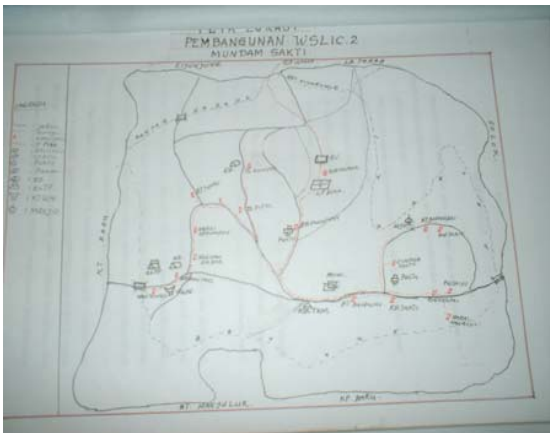
**DESA MUNDAM SAKTI, KABUPATEN SIJUNJUNG, PROPINSI SUMATERA BARAT**



Diskusi dengan Wali nagari, Ketua TKM beserta Staf



Sekolah yang Menerima Renovasi Jamlah



Peta Sosial



Kran Umum dan Pemanfaat



JAGA dengan Dana bergulir

**DESA PALANGKI, KABUPATEN SIJUNJUNG, PROPINSI SUMATERA BARAT**



Diskusi dengan Masyarakat Pemanfaat



Diskusi dengan TKM dan Staf



Sumur WSLIC-2 yang Dilengkapi dengan Pompa Swadaya Masyarakat (Pribadi)



JAGA dengan Dana Bergulir



**DESA TELAGA BIRU, KABUPATEN SIJUNJUNG, PROPINSI SUMATERA BARAT**



Diskusi dengan TKM, Staf & Ketua Kelompok Pemanfaat Sumur Bor Dangkal



Posko TKM



Foto Dokumentasi dan Data WSLIC-2



Sumur Bor yang Masih Dalam Proses Pembangunan



Masyarakat yang Menggunakan Kabel Listrik & Pipa Selang



**JORONG TIMPEH ABADI, KABUPATEN SIJUNJUNG, PROPINSI SUMATERA BARAT**



Jalan Menuju Jorong Timpeh Abadi yang Sulit Ditempuh



Diskusi dengan Pemanfaat



Diskusi dengan Ketua TKM & Staf



Papan Informasi WSLIC-2



Sumur & JAGA Bergulir WSLIC-2



Sumur Gali WSLIC-2



**JORONG TRIMULYA, KABUPATEN SIJUNJUNG, PROPINSI SUMATERA BARAT**



Jalur Jalan Menuju Ke Jorong Trimulya yang Sulit



Diskusi dengan Ketua TKM & Staf



Data WSLIC-2



Foto Dokumentasi yang Ditempel di Papan Informasi Kantor WSLIC-2



Sumur gali WSLIC-2



JAGA Bergilir WSLIC-2

**JORONG BALAI-BALAI, NAGARI KUNCIR, KEC. X KOTO DIATAS, KAB. SOLOK, PROP. SUMATERA BARAT**



Rumah Warga Pemanfaat WSLIC-2



Diskusi dengan TKM Kuncir



Diskusi dengan Ibu Wali Nagari, Ketua & Anggota TKM Kuncir



Sumur Gali WSLIC-2 yang Terletak di Lembah



Sumur di Jorong Balai-balai yang Kering Setelah Sekitar 2 Bulan Dipakai



Sumber Mata Air, Tempat Pengambilan Air Minum di Jorong Binasi



**JORONG DATA/BUAH JAMBU, KEC. X KOTO SINGKARANG, KAB. SOLOK, PROP. SUMATERA BARAT**



Kondisi Alam Jorong Data/Jambu



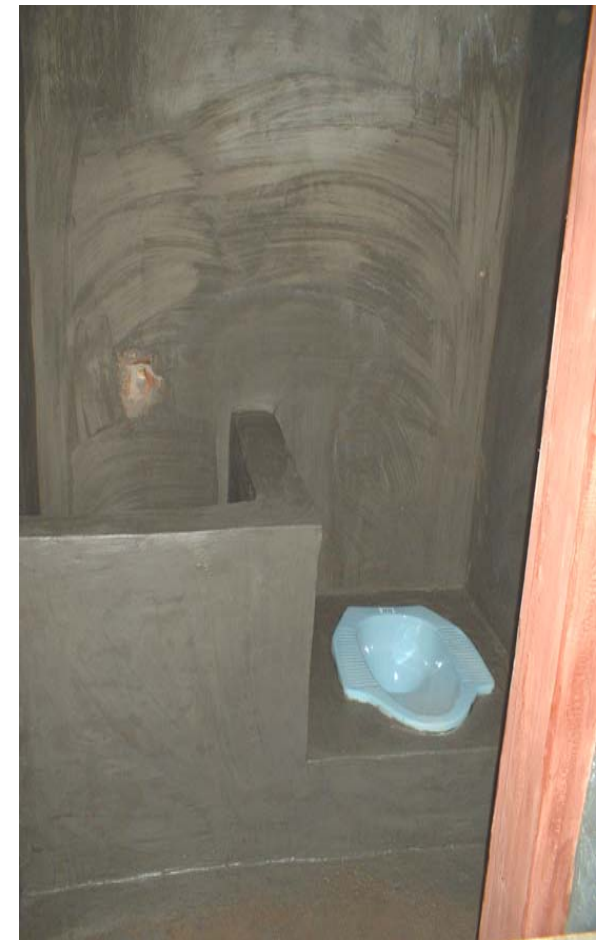
Diskusi dengan Wali Nagari, TKM, DPMU & Konsultan Kabupaten



Selesai Diskusi di Kantor Wali Nagari Menuju Lokasi Proyek



PAH yang Belum Selesai Dibangun



Sarana Sanitasi Jamlah

**JORONG KOTO ATEH, KEC. GUNUNG TALANG, KAB. SOLOK, PROP. SUMATERA BARAT**



Diskusi dengan Warga Pemanfaat Kran Umum



Diskusi dengan Warga Pemanfaat



Kondisi Rumah Pemanfaat WSLIC-2



Warga yang Memanfaatkan Sarana Kran Umum yang Dibangun



Salah Satu Baliho Untuk Penyuluhan Masyarakat



**JORONG KAMPUNG BARU, KEC. KUBUNG, KAB. SOLOK, PROP. SUMATERA BARAT**



Diskusi dengan Ketua & Sekretaris BP



Diskusi dengan Ketua & Anggota BP di Rumah Ketua BP



Diskusi dengan Pemanfaat WSLIC-2



Kran Umum & Baliho Penyuluhan WSLIC-2



Warga yang Memanfaatkan Sarana WSLIC-2



Sarana MCK yang telah Dibangun



**NAGARI SEILASI, KABUPATEN SOLOK, PROPINSI SUMATERA BARAT**



Diskusi dengan Wali Nagari, Ketua TKM & Staf di Rumah Wali Nagari



Sumur Gali WSLIC-2 Dibangun Dekat Sarana KU & Sumur Gali Proyek Sebelumnya



Sumur Gali dan Pemanfaat



Sumur Gali yang Dibangun di Dapur dalam Rumah Pemanfaat

**DESA SIMANAU, KABUPATEN SOLOK, PROPINSI SUMATERA BARAT**



Proses MPA/PHAST yang Dilakukan Tim dengan Masyarakat di Dalam Masjid



MPA/PHAST di Masjid, Setelah Pengajian Mayoritas Peserta Ibu-ibu (Pk.22.00 WIB)



Sebagian Peserta yang Beristirahat Dalam Masjid



**DESA BANDU AGUNG, KABUPATEN LAHAT, PROPINSI SUMATERA SELATAN**



Rapat TKM



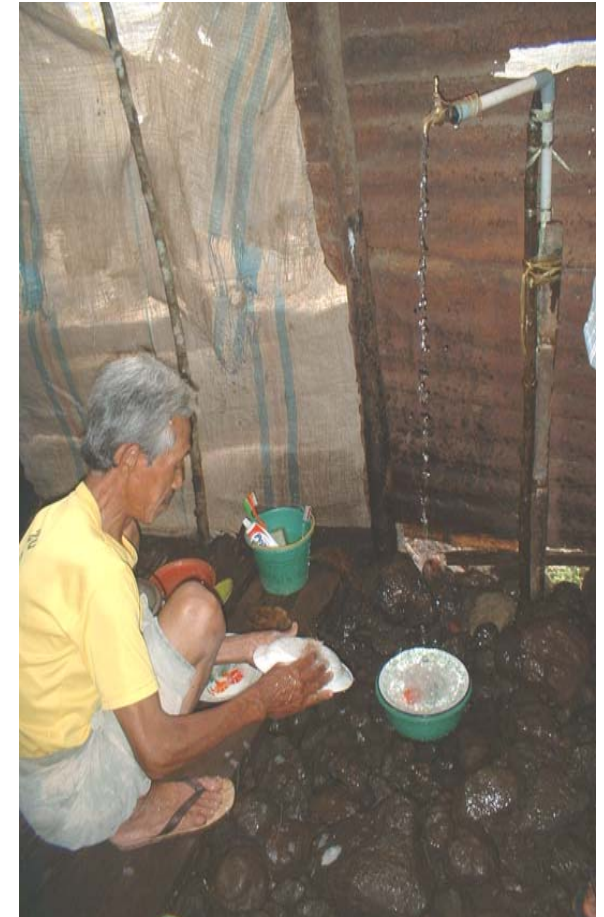
Kantor Sekretariat TKM



Papan Informasi Tentang Struktur Organisasi TKM



Jaga Semi Permanen, dinding Kamar Mandi Kurang Tertutup & Posisi Kran-Bak Air yang Tidak Berhubungan



Penggunaan Kran Air Langsung untuk Cuci Piring & Mandi





**DESA TANAHPILIH, KABUPATEN LAHAT, PROPINSI SUMATERA SELATAN**



Kondisi Rumah Penduduk Desa



Pemanfaatan Ruang Bawah Rumah Untuk JAGA



Kualitas Pekerjaan Saluran Limbah yang Masih Kurang Rapi & Arah Aliran Tidak Jelas



Hasil Pemetaan Sosial



JAGA dengan Dinding Non Permanen



**DESA DARMO, KABUPATEN MUARA ENIM, PROPINSI SUMATERA SELATAN**



Pengurus TKM



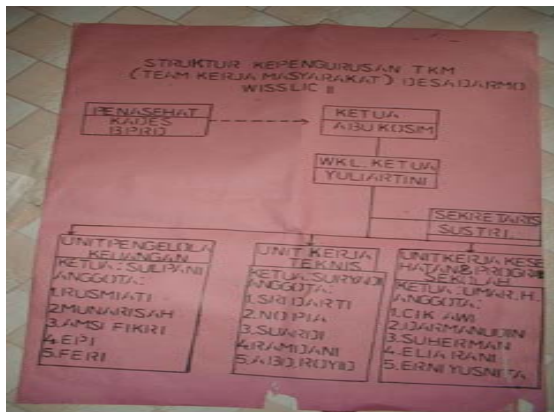
Kantor Sekretariat TKM

MASALAH KESEHATAN / SUSTER TAKWA  
DESA DARMO

DOKTER	BIPAN	PUKUN	PERUMAS	TORO UMPT	UMPT TRADISIONAL
BAPAK & IBU	PARAH TINGGI - KURANG BPH	- KEJANG 3 - DARAH TINGGI	- MALARIA - "TETANUS" - DIABE - SAKIT MATA	- SAKIT KEKHA - SAKIT KEKHA	- DEMAM TIF - DEMAM TIF
ANAK LAKI & ANAK PEREMPUAN	DEMAM ENAK - DEMAM ENAK	- KEJANG 3	- PENY. KULIT - CACINGAM		
BALITA	- PEMAM ENAK		- CACINGAM - DIABE		

ALBUM PHOTO TKM DARMO

Informasi Tentang Masalah Kesehatan



Struktur TKM

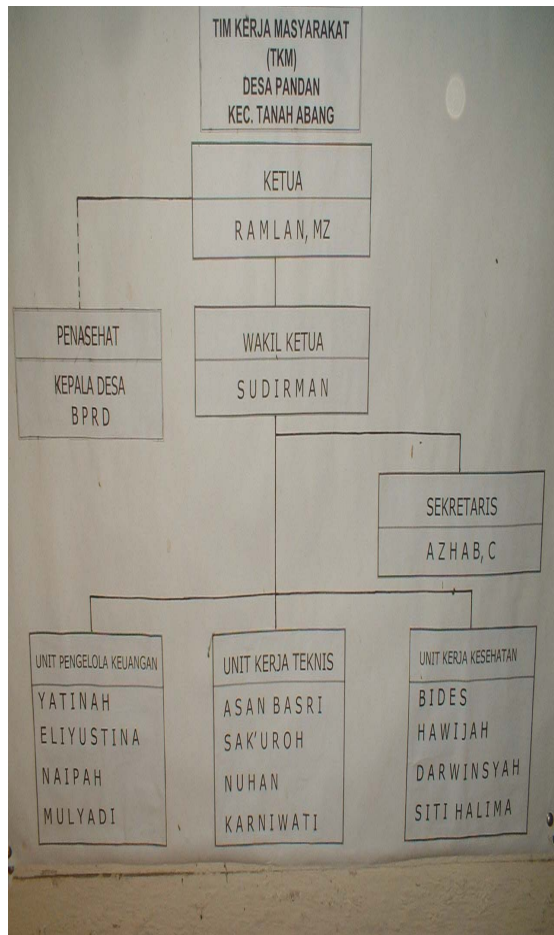


Sumur Dalam Ruang



Posisi Kloset yang Kurang Ergonomis  
(Lihat Posisi Kloset-Bak)

**DESA PANDAN, KABUPATEN MUARA ENIM, PROPINSI SUMATERA SELATAN**



Gambar Struktur Organisasi



Kantor Sekretariat & Papan Informasi



Pertemuan TKM



Gambar Peta Sosial Desa



Contoh Sumur Dangkal yang Dibangun



**DESA TANJUNG RAYA, KABUPATEN MUARA ENIM, PROPINSI SUMATERA SELATAN**



Pertemuan TKM



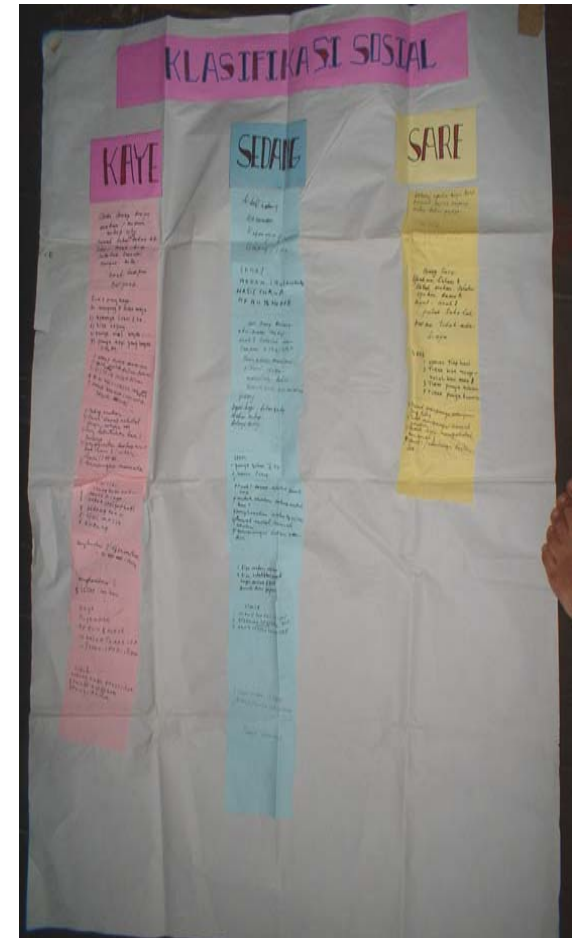
Pertemuan TKM



Bak Penampung Sekaligus Keran Umum



Calon Terminal Air



Hasil Kegiatan MPA / PHAST